Thank you so much for your recent participation at the Statewide Efficiency Committee (SEC) meeting on September 27th. I enjoyed hearing from each of you during our discussion on the purpose of the steering committee as well as during the brainstorming exercise that was conducted. With the assistance of Bré and Dara, I have carefully reviewed the list generated, including the top priorities, resulting from the brainstorming and want to share my plans for moving forward.

As we approach the 3-year anniversary of the release of the Paperwork Reduction Report (March 2008), Dara, Bré and I had a candid discussion about the continued frustration expressed by the provider community. I have been consistently trying to instill a culture of efficiency, both within ADHS/DBHS and throughout the Arizona behavioral healthcare system; this is indeed a slow and painful process. While some progress has been made, I am acutely aware that much more still needs to be done. Bré, Dara, and I discussed at length how to best impact this desperately needed culture shift. As a result, we have decided to disband the Statewide Efficiency Committee and focus the Division’s efforts differently and in a manner that will push harder for continued streamlining and efficiency.

Before I get into the next steps, I want to reflect on a few of the concrete improvements that have been made.

1. The reduction/streamlining of record reviews;
   a. The Behavioral Health Service Planning reviews conducted by DBHS’ QM area have been decreased to quarterly and utilize electronic submissions of records or direct access to provider EHR systems;
   b. The RBHA Administrative Reviews are now conducted through electronic submission of needed material, alleviating onsite paperwork review and disruption of business;
   c. Transfer of the CFT reviews from the RBHAs to a contractor who uses the System of Care Practice Review (SOCPR) tool and handles the phone surveys;
2. The reduction or elimination of previously required reports
   a. Elimination of the mortality review forms and incorporation of these reviews into the Quality of Care process;
   b. Elimination of the Children’s Structural Elements Report
3. The elimination of 31 demographic fields;
4. The dramatic reduction in the demands and requirements around clinical practice protocols (e.g.
moved from an expected focus on ~30 protocols to a focus of 5); and

5. The commitment to eliminate the Core Assessment in 2011. (DBHS will be issuing a formal announcement very soon on this topic.)

While these are all positive changes, one of my primary concerns has been the consistent feedback I hear from providers and consumers that they are not feeling any relief at their level. Moving forward, our plans include:

- A request again this year to present with the RBHAs (and, hopefully, providers as well) at the Summer Institute in Sedona. This public accountability serves as a great incentive and allows for broader stakeholder/community participation as well for providers to hear directly from the T/RBHAs and DHBS. The audience is encouraged to provide feedback to the panel. (Please look for more information to come from Bré and Dara on preparation for the panel discussion.)

- Clarification with T/RBHAs of DBHS’ expectations that they demonstrate real improvements felt at the provider level. I want to build this into the Children’s and Adult’s System of Care (SOC) Plans this next year, since that established process successfully drives concrete activities and measurable outcomes that are reported to DBHS on a quarterly basis. Part of building and sustaining strong SOCs is increasing the face-to-face time our providers have with the individuals we serve, so I see this as a natural fit.

- DBHS’ continued commitment to hearing directly from each and every one of you as well as those not on the committee, about specific recommendations that would increase your productivity. Dara and Bré will continue to be your contacts for such requests and they will work directly with me and within DBHS to address each request.

- DBHS will keep efficiency and paperwork reduction at the forefront in our work on the Behavioral Health Licensing Rules; we are hopeful these Rules will be opened soon for revisions.

- I will continue to drive home the message to DBHS staff about the unintended impact any initiative or request from here may have on T/RBHAs and providers.

The energy and efforts that have gone into this committee exemplify our commitment toward a common goal. I look forward to hearing your thoughts as well as your participation at the panel discussion at Summer Institute in July of 2011. Lastly, please follow the link to the most recent version of workingSmarter where we outlined the accomplishments from last year.