



PUBLIC SECTOR SERVICES

Behavioral Health

Escaping the Crisis-Response-Crisis Cycle



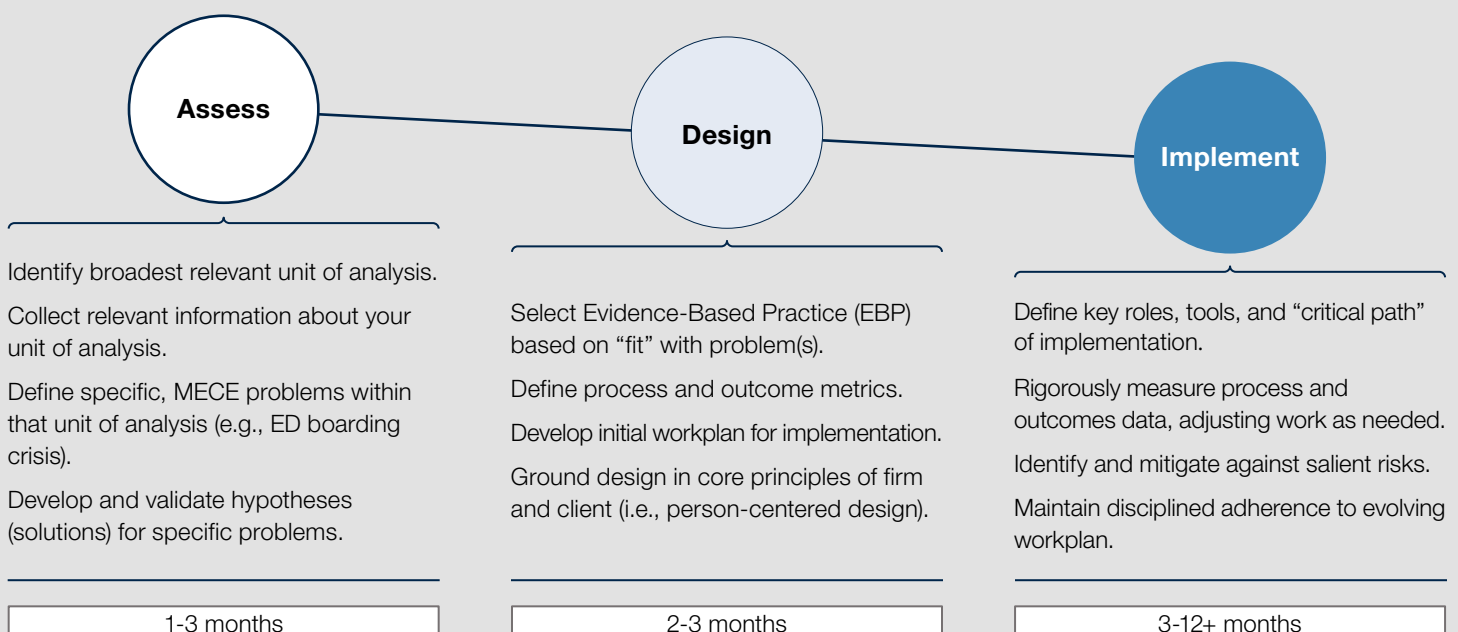
Delivering a full and effective continuum of behavioral health is one of the toughest responsibilities for any state government. Beneficiaries and their families want services to be better. Legislators want delivery to be more cost-effective. Clinicians want patients to better prioritize their treatments. With so many competing needs, state behavioral health officials are under intense pressure. There is no room for wasted resources or false steps.

The reality is that every behavioral health agency struggles with the design, finance, implementation and outcome measurement of delivering the right services to the right people at the right times.

There is no one-size-fits-all approach to these challenges, but carefully tailored solutions can deliver fixes to specific problems. The key for state agencies is to get out of “crisis-response-crisis” cycle and instead leverage a strategic framework with the power to resolve difficult issues as they arrive.

At A&M, we help our state government clients use a problem-solving framework based on three key stages: assessment, design and implementation. We start with a systemic review that collects relevant data and identifies specific problems. We then design and tailor solutions based on evidence and identify models that are most likely to deliver the best results. Finally, during implementation, we identify and mitigate risks and enact solutions through a resilient data-driven process that enables us to fine-tune the plan based on evolving realities. Because behavioral health is such a complex undertaking, it’s essential to identify and remain disciplined about the “critical path” – that is, the right combination, order and timing of tasks to ensure implementation is on time and on budget.

Summary of Approach | Assess, Design, Implement



We work especially hard to make sure proposed solutions are sustainable. Few things are more frustrating than agency reforms that wither from lack of follow-through or sustainable financing. Behavioral health solutions are only as good as stakeholders' willingness and ability to implement them, so we put top priority on securing the buy-in from both agency leadership and political leadership. Constant and proactive stakeholder engagement is one of the best ways to ensure that a state stays on the promised path to reform.

CASE-IN-POINT

We recently worked with a state department of health and human resources that, like many others, struggled with a statewide psychiatric hospital readmission problem. These readmissions, many of which are avoidable with better treatment and care coordination in the community, were costly to taxpayers, added pressure to already burdened hospital staff and were heartbreaking to patients and families.

In response, we designed and implemented a Critical Time Intervention program that helps patients during the pivotal transition period after being released from a facility. We began the program with three "pilot" community mental health centers and then expanded statewide. In just the first year of operations the new program achieved remarkable results, reducing hospital readmission rates and lengths of stay for participants. The state health and human services commissioner was so pleased that she cited it as a significant policy accomplishment during her tenure.

One behavioral health expert described the promise and peril of behavioral health fixes this way: if you step on a nail at home, you can slap on a bandage, hobble around and hope it eventually gets better. Or you can clean the wound and remove the bad nail from the floor, so you and others don't get hurt again. The latter may require more time, focus and effort, but it's the only way to achieve lasting outcomes.

Behavioral health solutions are rarely easy. But if they are thoughtfully designed and implemented correctly, they can be some of the strongest and most effective services delivered by state government.

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