California Department of Mental Health
State Quality Improvement Council (SQIC)

Meeting Minutes
March 30, 2006
Doubletree Hotel, Sacramento

Committee Attendance

Co-chairs: Penny Knapp, M.D., Carol Hood

DMH Staff: Stephanie Oprendek, Maureen Price

Members: Ann Arneill-Py, Daphne Shaw, Ed Walker, Mark Refowitz, Joyce Ott-Havener, Karen Hart, Naga Kasarabada, Jack Joiner, Steve Leoni, Rachel Guerrero

Others: Rory Osborne, Jean Campbell, Candace Cross-Drew, Brenda Golladay, Traci Fujita, Alice Chen, Minerva Reyes, Marti Johnson, Kari Yoshizuka

Welcome, Introductions, Agenda Review, Minutes Review

Committee members and members of the audience introduced themselves. Maureen Price was introduced as the new State Quality Improvement Council Coordinator. The SQIC is now a part of the Performance Outcomes and Quality Improvement Section of Systems of Care, supervised by Stephanie Oprendek.

The agenda was presented and accepted with one change: It was agreed that the agenda item regarding discussion of future meeting dates would occur after lunch rather than at the end of the meeting.

Minutes from the previous meeting (May 4, 2005) were reviewed with one correction to page 3 under Progress Report 2005: SQIC Performance Measurement Framework. The word "not" will be added to the last sentence in the first paragraph so that it will read: "Dr. Nancy Callahan presented the data itself. Key findings include but are **not** limited to the following:"

DMH Staff Report

Carol Hood provided an update on the sections of the Mental Health Services Act (MHSA) including:

1. CSS Plans:

    - DMH has received 44 plans.
    - There are 6 review panels working on the plans.
    - DMH County Operations has been working closely with the counties to accomplish the county reviews. Feedback from counties about the review process has been positive. The review teams have used the feedback as a learning process and incorporated the feedback into later review processes.
    - Six plans have been approved: Stanislaus, Los Angeles, Placer, Kern, San Mateo and San Francisco
    - Some small counties report having a difficult time completing the plan process. California Mental Health Directors Association has hired Don Kingdon (former Shasta County Director) to consult with small counties on their CSS plans.
    - Guidelines for the CSS annual updates are being developed.

2. Education and Training:

    - Warren Hayes, the new Chief for this section of MHSA, has put together a 5 year draft strategic plan which was shared with stakeholders on March 29th.
    - The draft contains information on developing a comprehensive statewide workforce education and training needs assessment as well as goals and objectives stipulated by the MHSA.

3. Prevention and Early Intervention:

    - Bev Whitcomb, formerly of the Planning Council, is the acting chief of the new Prevention and Early Intervention Section at DMH
    - DMH and the Mental Health Oversight and Accountability Commission (MHSOAC) are working together to define their individual roles regarding Prevention and Early Intervention policies and strategies.

4. Miscellaneous DMH Staff Comments:

    - Electronic Health Records (EHR's): DMH is developing content and functionality standards that include interoperability (locally and within the state) by looking at

national criteria for EHR's. DMH will review the vendor software programs to determine their consistency with DMH standards. A list of vendor programs and their capabilities with respect to the standards will be made available to counties to assist them in making decisions regarding EHR software. The standards are expected to be available in September, 2006.

- Part of one-time MHSA funds can be used for counties to update their computer systems for MHSA related needs and also, in anticipation of beginning EHR's at a later date.

Anticipating the SQIC's Contribution to System Transformation Through the MHSA:

Section 5614.5 of the Welfare and Institutions (W&I) Code which describes the establishment of the State Quality Improvement Council was reviewed with the Council. With the passage of the MHSA, it was noted that the responsibilities of the SQIC are broadened.

Stephanie Oprendek, Chief of the Performance Outcomes and Quality Improvement Section and Maureen Price presented a draft paper describing new methods and focus for the SQIC that will incorporate the challenges of the transformative process being instituted in state and local public mental health systems per the MHSA.

Discussion of the document included the following points:

- The SQIC Mission Statement should be discussed in the future to update and include recovery language, DMH Core Values, and other items related to the MHSA.
- In general, language in the draft document should reflect similar language used in the "President's New Freedom Commission" and the DMH Core Values documents.
- The word "reinvigorated" should replace the word "reintroduced" in the third paragraph.
- Some members expressed concern that the word "intervention" implied that the SQIC would take on the role of being too directive to the counties. DMH staff explained that the use of the word "intervention" describes the opportunity to have impact and realize change. It was not meant to imply a "one-way" approach to improvement, but rather that when the SQIC takes on a project, there would be a complete plan of how it will be accomplished, to whom it will get disseminated, and what follow-up actions will be taken.

- It was suggested that the Council "keep it simple" by identifying a few universal goals for the public mental health system, consistent with recovery and the MHSA, on which to focus in the future. These goals would then drive the projects with which the SQIC would work.
- The SQIC could be a role model for using data to manage decisions. In addition to providing education about data both for members of the SQIC and outside of the SQIC, data should be used to inform next steps (i.e. interventions) for quality improvement.
- The SQIC should improve collaboration among the other quality related groups. For example, the information gathered by the External Quality Review Organization (EQRO) could provide opportunities to utilize a significant amount of data gathered at the local county level to inform the SQIC of areas of interest to pursue for quality related studies. One member suggested that a workgroup could be formed to determine how best to use the EQRO information.
- The relationship between what the SQIC does, and what is needed by the counties from the SQIC, was discussed. For example, how can the SQIC communicate its findings to the local level in the most financially feasible and efficient manner?
- The SQIC should differentiate its focus from compliance related groups to insure that its focus is on quality improvement.
- In response to the draft document's suggestion that perhaps MediCal compliance data could be automated and studied, the group expressed its concern that the compliance tool would not yield useful information. Also, concern was expressed that changes in how the tool is answered might introduce rater subjectivity, an issue that has arisen and been addressed in the past.

SQIC Reflections: What's Working/What's Not/What the Future Holds

The group was asked to complete an exercise**:** Following are the group's responses to the above three statements:

What's Working?

- Casual, comfortable group
- Internal process works, e.g. consensus
- The group zeroed in on data and special studies in the past. These are successes.
- The SQIC had the trust of counties so far.
- Data received and the data analyses set tones and gave opportunities – valuable and should continue.

- Balance between presentation and conversation.
- Group has worked together no matter where they came from; good working relationships among members.

What's Not Working?

- Don't have County QI involved as much as would like to have – but working on this through CMHDA/CAL-QIC.
- Have lost client/family member participants, as well as ethnic/cultural and geographic diversity. Bring back diversity in mental health field – in the studies/evaluation and in the client/family member membership.
- Move forward with disparity analyses – and look at disparities as a quality of care issue.

What the Future Holds…

- Need to finish the Outpatient Timeliness Services Study and then publish the findings and results.
- The Council should use data to determine the next steps in the quality improvement process.
- Consider updating other previous studies/evaluations by using data that is more recent.
- Consider using previous studies as baseline information – e.g., pre MHSA – to evaluate those who were un-served and underserved and the changes to the same populations after MHSA.
- Special Studies – for example, the Latino access study. Want to get feedback from counties on what they found from previous studies. Then, could put the findings together in a more formal way so that we have some lessons learned with which to move forward in the quality improvement process.
- Latino access study results are reported in the County QI plans. Needs to be a better internal interface between DMH divisions so that information gathered from various bodies can be shared among interested groups.
- Special Studies need to have staff resources tied to them to insure they are completed in a timely fashion.
- Need to define what we mean by "distributing" or "publishing" information. How can we do this best? (web postings, send copies, cost issues, etc). Methods of distribution would reflect the preferences and needs of the audiences we are trying to reach.

- The SQIC needs to set goals; however, also need to realize that there are limits to the SQIC's statutory authority to require counties to complete studies. Could perhaps, identify a few specific counties who might be particularly interested in specific studies and the Council could provide collaboration, technical assistance and follow-up with them.
- Would like to see a better way to post SQIC information on the website so it is easier to find.
- Need further discussion regarding how the County QI plans already being completed can be used in the SQIC process.

Motion #1:

The SQIC will complete the Community Mental Health Services Timeliness Study and distribute it using varied methods to reach the intended audiences.

The motion was unanimously accepted.

Motion #2:

The SQIC will support the development and completion of a study looking at the disparity issues beginning with Latino, Pacific Islander and Native Americans 'access to Services/Supports.

The motion was unanimously accepted.

Discussion:

- Current data analysis shows that Latinos, Pacific Islanders and Native Americans have the lowest access and, consequently, require further investigation.
- It was noted that one of the difficulties in completing the disparity study will be to obtain information on those who are not being served.

SQIC Work Projects: Moving Forward

Stephanie Oprendek provided an overview of the Performance Measurement Advisory Committee (PMAC), its purpose and how it can collaborate with the SQIC. Since a principle focus of the PMAC is to recommend methods of measurement administration and data capture, analysis and reporting, the SQIC and the PMAC could collaborate on quality improvement studies.

Through discussion with participants, some changes were made to the PowerPoint slides to reflect Council feedback:

- On the slide entitled, “Examples of Possible Specialized Studies Related to MHSA”,

  ♦The 5th bulleted statement now reads, “Integration and coordination of needed services, including physical healthcare, substance abuse, etc.

  ♦Suggestions for other possible specialized studies include:

    Research clients who are in locked settings unnecessarily (e.g. Institutes of Mental Disease (IMD’s)

    Research the effectiveness of ethnic providers (e.g. alternative healers) in working with their respective groups and identify promising practices

  ♦There will be future opportunities to discuss the specialized studies the SQIC will undertake. Also, members can send in “afterthoughts” to DMH staff.

(Attachment A reflects the updated PowerPoint presentation)

Coming Attractions: The Future Look of Meetings

Membership:

- In an effort to improve collaboration with local county quality improvement personnel, Maureen Price announced that additional Cal-QIC members would be joining the Council. There will be one member from each of the four Cal-QIC areas (North, South, Bay and Central). Each member will also have a back-up from their area.

- The SQIC has lost members and will need to add new members. There was discussion regarding how to choose additional members. DMH staff will create a SQIC application which will also describe the scope of commitment including workgroup participation. The application will also serve to obtain the applicant’s background and experience with quality improvement.

- When adding new members, the SQIC will focus on increasing the diversity of the membership to include more ethnic diversity, more representation from various age groups, more family members of children and youth, more consumers and more persons who speak English as a second language. Further, it was suggested that the SQIC include a member who could serve as a liaison to the Mental Health Services Oversight and Accountability Commission.

- There is also a need for a policy for action to be taken when committee members are unable to attend regularly.

Decision-Making:

- It was agreed that the Council would use a consensus model of decision-making, but record the concerns of those who dissent.

Presentations from Related Groups

- It was agreed that presentations to the SQIC from related groups would be limited to one per meeting so that the members could have enough time to reflect on new information as well as to conduct regular meeting business.

- It was suggested that presentations from partner groups could be sent to Committee members prior to SQIC meetings and be included in member packets.

- It was suggested that partner groups could work with Maureen if they require SQIC input.

Miscellaneous:

- Several members requested that future meetings be scheduled from 10:00 am to 3:00 pm and include a working lunch to accommodate those who must travel from out of town. DMH will attempt to comply with that request whenever possible and look into working lunch options.

- It was suggested that guest participation be structured. DMH staff will include guest comments periods on the agenda.

- It was suggested that a member from the EQRO, currently APS, be invited to a part of the SQIC.

Proposed Agenda Items

- Follow-up on motions approving the Outpatient Timeliness Study;
- Provide information on the status of Performance Outcomes and alignment with federal requirements.
- Have a presentation from the CAL-MEND Project.
- The committee would like future presentations to deal with how to apply data to the quality improvement process.

Next Meetings:

It was agreed to schedule the SQIC at least 2 meetings in advance. Possible dates for future meetings are:

June 28th or 29th, 2006

October 4th or 5th, 2006

Maureen Price will check with members of the SQIC who were not present at this meeting to check availability and then notify participants of the final dates.