

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

**Radisson Hotel  
Sacramento, California**

**October 5, 2006 11:00 am – 5:00 pm  
October 6, 2006 9:00 am - Noon**

**Co-Chairs:** Penny Knapp, Michael Borunda

**DMH Staff:** Stephanie Oprendek, Maureen Price, Tom Wilson

**Members Present:** Carolyn Cooper, Martie Drinan, Liz Freitas, Rachel Guerrero, Karen Hart, Fred Hawley, Jack Joiner, Steve Leoni, Joyce Ott-Havenner, Sharon Saul, Kathy Seay, Daphne Shaw, Ed Walker, Uma Zykofsky

**Members Absent:** Ann Arneill-Py, Rollin Ives, Maria Maceira-Lessley, Rita McCabe, Mark Refowitz, Marvin Southard

**Others Present:** Daniel Brzovic, Jean Campbell, Candace Cross-Drew, Tracy Herbert, Marti Johnson, Brenda Golladay, Alice Chen, Traci Fujita

**October 5, 2006**

**I. Welcome, Introductions, Minutes Review**

- Co-chairs Penny Knapp and Michael Borunda welcomed State Quality Improvement Council members and guests. Mike is the current acting Deputy Director of the Systems of Care Division at the Department of Mental Health and has taken over the position of Co-chair from Carol Hood.
- Committee members and members of the audience introduced themselves.
- The draft minutes from the June 29, 2006 meeting were reviewed. The following changes were requested:
  - Page 1: Spelling of Martie Drinan's name was corrected
  - Page 2: 2nd paragraph, changed "lead" to "led"
  - Page 5: The following was added under the Waiver Renewal Section: Latino Access Studies - a plan to gather information on already completed Latino Access Studies.
- The minutes were accepted with the changes noted above.

## **II. Meeting Purpose**

The purpose of the meeting was identified as being a “retreat” that would focus on the future direction of the SQIC since so many changes have occurred at DMH since the SQIC began. Examples of changes include:

- Passage and implementation of the Mental Health Services Act
- Increased DMH focus on recovery vs. medical model of service delivery
- Establishment of the Performance Measurement Advisory Committee (PMAC)
- Commencement of the reviews of county mental health plans by the APS Healthcare, the external quality review organization in California.

## **III. History, Legislative Mandate**

Penny Knapp provided a brief history of the State Quality Improvement Council. The Council was officially recognized in law in 2000, but had been meeting prior to that as the State Quality Improvement Committee. The group was originally an outgrowth of the Department’s federal waiver to consolidate specialty mental health services, both inpatient and outpatient. Per the legislation passed in 2000, the SQIC was mandated to establish and measure indicators of access and quality to provide information needed to continuously improve the care provided in California’s public mental health system. To accomplish this task, there are three primary sources of quality improvement data: Medi-Cal Claims data, Client and Services Information System (CSI) data and Performance Outcomes data.

Maureen Price reviewed Welfare and Institutions Code 5614.5 which describes the mandate for the State Quality Improvement Council.

## **IV Council Purpose, Roles, Relationships with Other Groups**

There was discussion regarding the role of the SQIC in relation to the California Department of Mental Health (DMH). Mike Borunda pointed out that DMH is responsible for establishing quality improvement indicators and the State Quality Improvement Council’s role is to act in an advisory role to DMH regarding performance measures and quality improvement. In the future, the Council will not likely be requested to analyze data results as much as it has in the past. Instead, Council members may be asked to review and provide input on documents central to DMH’s work such as those provided in their meeting packets including:

- SQIC Report to the Legislature, 2001
- MHSA Community Services and Supports (CSS) Requirements
- Cultural Competency Plan Requirements
- SAMHSA Community Block Grant Application

- DMH Medi-Cal Compliance Review Tool
- County Mental Health Plan (MHP) Contract Requirements

Upon review of a document or program, SQIC members would provide comments and recommendations to DMH on policy issues.

At the suggestion of Ed Walker, the report on Quality Partnerships will be sent out to members so it can be added to the above packet from DMH.

In further discussing the role of the SQIC, the following points were included in the discussion:

- Sometimes there are conflicting State mandates given to the counties. The challenge for counties becomes deciphering the ambiguities.
- The SQIC could focus on how policies and directives impact quality care.
- SQIC members need more understanding of the multiple layers of requirements that are put on counties to determine if there are ways to lessen the burden on counties.
- The meanings of quality improvement and quality assurance should be clarified.

In addition to co-chairs Penny Knapp and Michael Borunda, the roles of other staff working with the SQIC were clarified. Stephanie Oprendek, Ph.D is now the Acting Chief of the Evaluation, Statistics and Support Branch. She is the subject matter expert on outcomes, evaluation and statistics. Maureen Price, MFT provides staff support for the Council, is a subject matter expert on older adults and maintains a small practice as a Marriage and Family Therapist.

To assist Council members in understanding the role of other DMH related groups, the following SQIC members provided explanations:

- Kathy Seay, Acting Chief of the Compliance Unit related that the Compliance Advisory Committee's role is to assist the department in developing and editing a compliance review protocol for conducting county Medi-Cal Plan reviews. Each county is reviewed once every 3 years. The Committee is comprised of a variety of stakeholders including consumers and family members of consumers who also participate in the county reviews.
- Rachael Guerrero, Chief of the Office of Multicultural Affairs related that the role of the Cultural Competence Advisory Committee is to assist the department in developing cultural competence standards in the public mental health system including the development of standards for county cultural competency plans. The Committee is comprised of a variety of stakeholders including DMH staff, county ethnic services managers, and consumers and family members of consumers.

- Daphne Shaw provided information on the Mental Health Planning Council's Quality Improvement Committee. The Committee in collaboration with the SQIC and other groups prepared a discussion paper in 2004 called "Partnerships for Quality". The committee works on various special study topics, as needed. Currently, the group is writing a quality improvement manual for local mental health boards.
- Stephanie Oprendeck provided information on the Performance Measurement Advisory Committee (PMAC). The PMAC is responsible for determining how best to measure outcomes as well as to establish quality benchmarking.
- Mike Borunda briefly discussed the External Quality Review Organization (EQRO). The EQRO conducts annual county mental health plan reviews related to quality issues. The EQRO's work is focused only on Medi-Cal claims and services.
- Mike Borunda also briefly talked about the Mental Health Services Oversight and Accountability Commission (MHSOAC). It also has a quality improvement role through its work overseeing the Mental Health Services Act related programs and services.

Per discussion:

- Several Council members indicated interest in having a presentation from the EQRO. All agreed that this will be done at a future meeting.
- Several members expressed interest in knowing what, if any, input the SQIC might have in the Prevention and Early Intervention (PEI) activities of the MHSOAC.
- Members also expressed interest in having county operations staff come to SQIC meetings to increase the dialogue between quality improvement activities and the realities in the counties.
- Several members identified other quality improvement initiatives such as the Cal-MEND Project, the California Learning Collaborative, and work related to Evidence-Based Practices.

## **V. Exploring Quality Improvement**

Stephanie Oprendeck gave a presentation on the process of quality improvement. The discussion included a description of the cyclical nature of the quality process, how the process could be used to determine benchmarks and the difference between quality improvement vs. compliance.

Following the discussion, the Council members and audience members were divided into small groups. The small groups were given a written quality improvement exercise that helped identify elements of the quality improvement process. Following the exercise, the groups shared the results of the exercise with the entire group.

## VI. Roster

Changes to the member roster were made as follows:

- Karen Hart - The name of the organization is changed to UACC
- Fax number is the same as her home number
- Daphne Shaw - email address corrected
- Joyce Ott-Havener - spelling of her last name corrected
- Uma Zykofsky - Fax number added (916) 875-0877
- Martie Drinan - 2nd phone number changed to (213) 305-3527
- Jack Joiner – Jack’s title is Deputy Director. His email address is: [jjoiner@countyofcolusa.org](mailto:jjoiner@countyofcolusa.org)

The meeting was adjourned at 5:00 p.m.

### October 6, 2006

#### I. Future Work of the SQIC

Following introductions, there was discussion of how to proceed with incorporating quality improvement into DMH policy. Using the examples of some of DMH’s current interests (cultural competence, consumer and family driven services, recovery/resiliency/wellness), Mike Borunda asked the Council to discuss areas of potential focus. The following is a brief review of Council member’s comments:

- Eliminating disparities/ studying multicultural issues: Study disparities including (but not limited to) age, gender, language, and differences related to access and/or fairness.
- Access: Improve strategies that welcome users into the system; seek feedback about access from those who use the system; develop successful exit strategies; improve strategies to publicize what services are available and how to obtain services; improve and increase early intervention strategies for children and other age groups
- Data: Incorporate best practice uses of data; reduce burden of data collection on counties
- Client and Family Driven Services: Incorporate client and family driven feedback at all levels of system design to increase shared decision-making and improve communication among all stakeholders.

Mike Borunda and Stephanie Oprendeck facilitated a discussion on incorporating a quality paradigm into the public mental health system. Briefly, an example that was discussed was to look at Early Periodic and Screening Diagnosis Treatment Programs (EPSDT) that targets children using a WRAP approach. The process would be to review the findings of the WRAP approach to evaluate what, if any, policy recommendations could be made to improve EPSDT services. The status

of Latino Access Studies was used as another example of how a quality improvement orientation could be used to review a policy or action and then take further action based on the results of the initial review.

The following comments were made during the course of the discussion on incorporating a quality paradigm:

- It is important to not over burden the counties with requests for additional studies and information, as they are already quite busy responding to other quality improvement initiatives.
- When studies are done, it is important to publicize the results.
- When reviewing an issue, strategy, and/or product for the purpose of making recommendations, members are encouraged to consider policy and cost/benefit issues.
- There needs to be a balance between vision and reality.

## **II. Quality Improvement Exercise #2**

Stephanie provided a hand-out (quality improvement exercise #2) which describes the quality improvement process. Since there was not time to work with the exercise in the group, Stephanie requested that Council members use the hand-out questions to evaluate an issue, program or strategy of their own choosing before the next meeting. A copy of the Exercise #2 is attached.

## **III. Community comments**

There were no community comments.

## **IV. Next Steps**

There was agreement that the Council would use Robert's Rules of Order to run meetings.

There was agreement that the Council would continue to meet in the 2-day format until determined otherwise.

There was agreement that the SQIC would continue to meet on a quarterly basis.

Future agenda items:

- Ask APS Healthcare, the External Quality Review Organization for information regarding their data sources.
- Review DMH data sources.
- Review Quality Improvement Exercise #2 provided at this meeting.
- Distribute and discuss the Draft Timeliness Study to Council members.

- Determine what future projects the SQIC will pursue.
- Update progress on the review of county Latino Access Studies previously completed and the disparity study approved in previous meetings.
- Revisit the SQIC mission statement.

The next meeting is scheduled for Thursday, January 4 and Friday, January 5, 2007 in Sacramento.

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## Quality Improvement Exercise #2

1. Choose a topic/problem within mental health to study?
2. Within the topic, what were three possible interventions that could address the problem?
3. Prioritize the interventions in terms of potential impact on the problem?
4. Choose the intervention with the greatest potential impact.

5. Identify specific goals/objectives that the intervention should achieve. (Be sure to consider interim objectives as well as an ultimate goal.)
  
6. Determine the who, what, where, when and how of your study measurement/evaluation process:
  - i. Who will be measured?
  - ii. What will be measured?
  - iii. Where will things be measured (e.g., local/county, etc)?
  - iv. When, how often, and/or at what points in the process will things be measured?
  - v. How will things be measured? (What tools will you use, e.g., surveys, focus groups, supporting IT system, etc.)
  
7. Anticipate the kinds of data/results/outcomes you might get from your study/evaluation. Determine within your group which outcomes you would call successes (e.g., the percent improvement you will require to call

your result a success) versus those which will need further quality intervention in the future? (This is the beginnings of benchmarking and standard setting).

8. What interventions might you suggest for those areas that need improvement? How would these be implemented in the public mental health system?

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