

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

**DoubleTree Hotel
Sacramento, California**

**April 3, 2007 11:00 am – 5:00 pm
April 4, 2007 9:00 am - Noon**

Co-Chairs: Penny Knapp, Michael Borunda (absent)

DMH Staff: Stephanie Oprendek, Maureen Price,

Members Present: Ann Arneill-Py , Liz Freitas, Rachel Guerrero, Karen Hart, Jack Joiner, Steve Leoni, Rita McCabe, Joyce Ott-Havener, Mark Refowitz, Daphne Shaw, Ed Walker, Rob Walton, Uma Zykofsky

Members Absent: Martie Drinan, Carolyn Cooper, Rollin Ives, Maria Maceira-Lessley, Sharon Saul, Marvin Southard

Others Present: Jean Anderson, Jennifer Bianchi, Dottie Burnett, Candace Cross-Drew, Alice Chen, Cherie Dockery, David Jones, Kyle Freeman, Carolyn Michaels Linda Okupe, Terrie Smith

Tuesday, April 3, 2007

I. Welcome, Introductions, Minutes Review

- The meeting was called to order by co-chair Penny Knapp at 11:15 a.m.
- Committee members and members of the audience introduced themselves.
- The minutes from the January 4-5, 2007 meeting were approved as written.
- The agenda was adjusted due to schedule changes for Michael Borunda, Stephanie Oprendek and Rita McCabe.

II. Update on Latino Access Studies

Rachel Guerrero, Chief of the Office of Multicultural Services provided an update on obtaining the Latino Access Studies (LAS) originally requested in FY 2002-03. To date, 17 counties responded to the recent efforts to gather the LAS. Ms. Guerrero reported that she would send a letter to those counties who have not yet submitted their studies to obtain their completed

LAS. Once all studies have been received, the results will be analyzed and a summary will be provided to the SQIC.

III. CaIMEND

Penny Knapp provided a presentation on CaIMEND, a Mental Health Services Act initiative that is focused on developing and implementing a statewide mental health care management program that:

- is consumer focused
- is evidence driven
- increases quality and safety
- improves efficiency
- improves health outcomes
- promotes shared decision-making
- supports client's individual wellness/recovery journey

CaIMEND is sponsored by the California Department of Mental Health and the California Department of Health Care Services, Medi-Cal Policy, Pharmacy Division. Several state agencies are participating as well as other interested stakeholders. The California Institute for Mental Health (CIMH) is serving as the Project Manager. The CIMH contact for additional information is Karin Kalk. Ms. Kalk can be reached at Karin.kalk@cox.net.

IV DMH Quality Strategy

Rita McCabe, Chief of Medi-Cal Mental Health Policy provided a brief overview of the DMH Quality Strategy written in 2003. The Medicaid Managed Care Final Rules published in the *Federal Register* on June 14, 2002 required states to have a written strategy for assessing and improving the quality of services offered by Medicaid managed care programs. In California, this requirement applies to the Medi-Cal Managed Mental Health Care Program.

Although the Department of Mental Health had quality improvement strategies in place for the Medi-Cal Managed Health Care Program prior to the federal requirement identified above, the development of the State Quality Strategy provided an opportunity to consolidate the quality related contract provisions, regulations, policies, and procedures in one document.

Action Item: Council members were asked to review the Quality Strategy and to be ready to discuss any needed changes and/or updates by the next SQIC meeting in June, 2007.

V External Quality Review (EQR) Process

Rita McCabe reviewed selected sections from the Scope of Work in the EQRO contract. These selected sections included technical assistance, coordination with DMH, Performance Improvement Projects (PIPs) design, implementation, and collaboration among counties.

Several council members familiar with the EQR process provided feedback and suggestions. It was acknowledged that given the breadth of the reviews and that it is only the third year of the process, there are many opportunities for learning what's working, what's not working and for the identification and implementation of quality improvement strategies. The Council members and guests participated in a practical exercise to help identify the types of technical assistance desired and suggestions for improving the EQR process. Those suggestions are included in Attachment A.

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

Wednesday, April 4, 2005

I Welcome and Introductions

- The meeting was called to order at 9:15 a.m. by Penny Knapp
- Committee members and members of the audience introduced themselves.

II Mission/Vision/Values Statement

The draft Mission/Vision/Values statement was reviewed. It was agreed that efforts should be made to shorten the statement to make it more concise. If possible, getting all of the information onto one page should be the goal.

Action Taken: Penny Knapp volunteered to work on revising the mission/vision/values statement. Others interested in assisting can contact Maureen Price at Maureen.Price@dmh.ca.gov.

III DMH Program Plans: Walking Through Complexities

Stephanie Oprendeck presented an overview of DMH program plan requirements that call for counties to submit reports and/or provide information for on-site reviews. Through discussion, it was determined that additional items need to be added to the overview in order to get a more complete picture of what DMH requires of the counties. It was suggested that it would be helpful to have input from the California Mental Health Directors Association (CMHDA).

Action Taken: The SQIC will contact CMHDA for consultation in developing a more complete picture of the requirements counties must comply with on a regular basis.

IV Exploring Redundancies in County Reporting

Stephanie Oprendeck presented a model for how a specific set of data could be gathered by a county, but then used for a variety of DMH reporting requirements. For example, the same access data measuring penetration rates, unmet needs, disparities analyses and quality improvement strategies could be used for Cultural Competency Plans, Community Services and Supports Plans, Quality Improvement Plans, Compliance Reviews, Medi-Cal Waiver, and/or Performance Improvement Projects, etc. The goal of using such a model would be to reduce duplicative work for counties and to design meaningful quality studies that can be used to move the mental health system forward.

V Next Steps

- DMH Quality Strategy Council members should review the DMH Quality Strategy included in April 2007 meeting's materials and be ready to discuss needed changes and/or revisions at the next SQIC meeting.
- Penny Knapp and other interested members will revise the Mission/Vision/Values statement.
- Continue Discussion on the External Quality Review Process and Performance Improvement Projects
- SQIC will make a formal request to the CMHDA Governing Board to have a joint committee to explore redundancies in DMH required reporting.

- **Next Meeting: Doubletree Hotel, Sacramento**
Thursday, June 28, 2007 from 11:00 a.m. – 5:00 p.m.
Friday, June 29, 2007 from 9:00 a.m. – Noon

Attachment A
SQIC Feedback on EQR Process

Question 1: What are the ingredients of a positive Performance Improvement Project (PIP) review process?

- It would be helpful if the comments at the exit interview correspond to the written report the EQRO subsequently provides to the county.
- It would be helpful if the EQRO would review and rate the county's PIP report before the on-site visit; then discuss it with the county during the on-site visit.
- Counties would like the opportunity to discuss with the EQRO what "makes or breaks" a PIP.
- When EQRO reviews and discusses the PIP, would like the orientation of the EQRO to be to assist the county to shape and modify the proposed PIP rather than the county having to discard the PIP and start over.
- Would like to see a mutual willingness to understand each other using respectful communication throughout the process.
- Would like to see acceptable data sources be defined better.

Other general comments about the EQR process:

- It would be helpful if the County and the External Quality Review Organization (EQRO) could improve their understanding of each other's culture and expectations.
- Counties would like the EQRO to provide constructive feedback on improvement that matches the county's actual capacities to achieve the improvements recommended.
- It would be helpful if the EQRO did not apply a medical management template to the MHP's.
- It would be helpful to have a universal protocol review process.

Question 2: What technical assistance from DMH or EQRO would be helpful?

- There should be a uniform processes for gathering data and uniform data sets to be used for reference or benchmarking.
- DMH in collaboration with the EQRO and the counties should disseminate statewide PIP templates or topics that could be used to identify trends and common issues.
- There should be uniform criteria for writing up PIPs.
- There should be options for counties to propose unique PIPs relevant to that county's quality concerns in advance of the process.

- It would be helpful if DMH/EQRO would better define elements of an adequate PIP.
- Would appreciate if reviewers could identify their capacity/limitations to provide technical assistance.
- Would like to see Inter-reviewer consistency (similar to inter-rater reliability) so that variability between county review experiences is reduced.
- Would suggest a telephone conference take place between the EQRO and the county approximately six months prior to the review during which the EQRO could receive “coaching” toward a successful PIP.