ATTACHMENT 3

MINUTES OF QIC MEETING
November 20, 2000

DRAFT 12/14/00

STATE QUALITY IMPROVEMENT COMMITTEE
MINUTES, November 20, 2000

Type of Meeting:	State Quality Improvement Committee	**Date:**	November 20, 2000
Place:	Red Lion Hotel, 1401 Arden Way, Sacramento	**Starting Time:**	10:20 am
Chairperson:	Penny Knapp, M.D.	**Ending Time:**	3:00 pm
Members Present:	Penny Knapp, Rachel Guererro, Beverly Abbott, Neal Adams, Ruben Lozano, Daphne Shaw, Joyce Ott-Havenner, Steve Leoni		
DMH Support:	Carol Hood, Teri Barthels, Dee Lemonds, Ann Arneill-Py, Jim Higgins, Paula Agostini, Sara-Jane Gilb, Kari Yoshizuka, Sheila LaPolla		
Other Attendees:	Pat Jordan, Fred Hawley, Nancy Callahan, Karen Polastri, Dan Brzovic, Melissa Bittner, Gary Spicer, Alice Washington, Rudy Arrieta, Dick Ratledge, Diane Van Maren		

Agenda Item & Presenter	Factors Considered	Recommended Action	Scheduled Tasks
Introduction, Updates, Housekeeping Items Penny Knapp	Dr. Penny Knapp called the meeting to order at 10:20 am. SQIC members, DMH staff and other attendees introduced themselves.	Rosters should be corrected as necessary.	DMH staff will make roster corrections.
DMH Presents Proposed Agenda Penny Knapp	The agenda was accepted as proposed.		
Minutes from Previous Meeting Penny Knapp	Dr. Knapp asked for approval of the minutes from the September 19, 2000 meeting.	Minutes were approved without changes.	
Review and Discussion of Penetration Rate Data Carol Hood, Sara-Jane Gilb	Carol Hood explained that the penetration rate data to be presented was required by "Access Indicator A. Penetration Rate" in the Performance Measurement framework. Other penetration rate data that would be presented at another time would include displaying penetration rates by gender, age, diagnosis and race/ethnicity. The data being presented today was displayed by aid group and shown for counties, regions and statewide. She asked that the data sheets be returned after the discussion because they are still under review by DMH. This data will be redistributed to members at the next meeting.		

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	Sara-Jane Gilb distributed the data sheets and explained that the numbers represent an eligible person receiving a Medi-Cal eligible service – it does not address intensity of service received. She reviewed each of the aid groups and discussed the advantages and disadvantages of showing small county data in various ways. By small county, she meant counties with populations of less than 75,000 – Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Sierra, Siskiyou, Tehama, Trinity and Tuolumne. She also explained the difference between a statewide penetration rate and a CANOLA statewide rate that is state data minus the Los Angeles Region. Ms. Gilb displayed the data and tables and made the following observations: ▪ The statewide penetration rate in FY 93/94 was 4.98%. The rate for FY 97/98 was 6.21% ▪ In viewing aid groups by county, the Foster Care and Disabled aid codes had the highest penetration rates and the Other Adult aid group had the lowest rates. ▪ The Family Adult aid group and the All Other Children aid groups showed the greatest variability in penetration across counties. Smaller counties seem to have higher penetration rates for these aid groups that may reflect the unavailability of alternate providers in smaller, more rural counties.	During this discussion and later on in the meeting, members concluded that in the future: ▪ Mean, median and mode will be included on graphs/tables. ▪ Small counties will be shown individually and as a group in data displays. ▪ Total county population and total eligible county Medi-Cal population should be available to assist in analysis. ▪ A description of each of the aid groups is necessary. ▪ All data should be shown by region and ranked by county population size within each region. ▪ There needs to be more policy discussion about the implications of the data presented.	DMH staff will adjust data displays in the future to conform to the Committee's requests for change. DMH staff will develop a Charge Statement for a proposed Outpatient Services Workgroup which could serve as a forum for further discussion of penetration rate data.

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	▪ In comparing penetration rates between FY 93/94 and FY 97/98, only eight counties had a decrease in penetration rate. Three of these counties are above the statewide penetration rate for FY 97/98. ▪ For the Foster Care aid group, 21 counties showed a decrease in penetration between the two fiscal years with four of these counties above the statewide rate in FY 97/98. ▪ The Disabled aid groups also showed decreases in 21 counties across the two fiscal years with six counties higher than the state rate for FY 97/98. ▪ The Other Adult aid group had the lowest penetration rates of the five aid groups. Because this is a small group overall, a few clients can have a substantial effect upon the rate. ▪ In viewing the data by regions, the Southern California Region had the least variation in penetration rate across counties for FY 97/98. The Disabled Aid Group appears to have the least variability across all regions. Ms. Gilb discussed the variability of the data by demonstrating the relationship between the data points and one and two standard deviations. There is less overall variability in the data when the smaller counties group is		

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	rolled up into one figure. The last data displays were colored bar charts showing penetration rates and costs by aid group and annual unduplicated eligible. The penetration rate data stimulated considerable discussion among members, and other attendees including the following: ▪ This data covers the period during which counties were transitioning into outpatient specialty mental health services and this could have a significant influence. ▪ It would be helpful to have the mean, median and mode shown on each graph. ▪ The Foster Care aid group decreases are a concern. ▪ Perhaps the SQIC should follow penetration rates for specific aid groups in Fee-For-Service delivery system for comparative purposes. ▪ It would be helpful to look at the data sorted by region and by county population size. ▪ Mental health staffing at the local level could influence penetration rate. ▪ There needs to be a consideration of critical case mix variables since this will clarify some of the observed variability in data between counties. ▪ Analysis of this data might best be handled in a workgroup setting. ▪ What kind of follow-up should occur in cases where there were decreases in penetration rates in vulnerable groups?		

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Review and Discussion of MHSIP Access Subscale and Individual Access Items Jim Higgins, Ann Arneill-Py	Jim Higgins explained he was piloting new data and a means of presenting that data to the SQIC. His goal was to make the data accessible and helpful without it becoming overwhelming. He stated he would need to collect the data booklets at the end of the discussion because it was still under review at the Department. The data being presented was MHSIP survey data relating to "Access Indicator H. Consumer Perception of Availability of Services" in the Performance Measurement framework. He explained the contents of the data booklet, especially the calculation of the expected number of surveys that could potentially have been received for analysis. Statewide, over 12,000 responses have been received to date. These are not unduplicated client responses. Findings to date include the following: ▪ 85% of responses were from White, Hispanic and African American ethnic groups. Numbers of responses in other race/ethnic groups were too small for statistical analyses. ▪ Consumers who received services are either satisfied or very satisfied with their ability to access services. ▪ Overall, consumers are least satisfied with written materials they are presented. (MHSIP Item 19) ▪ Overall, on the six items intended to measure satisfaction with access to care, consumers reported being most satisfied with both the location of services and the promptness with	Based on the MHSIP presentation, members requested: ▪ Counties be informed of the numbers of expected MHSIP surveys that could have been collected to date along with the calculations used to arrive at those numbers. ▪ The Performance Indicators that use MHSIP subscales as a data source should be reflected to correctly state how the MHSIP measure is obtained. ▪ Staff check the calculations for the statewide scores in light of the regional averages and make corrections if necessary. ▪ Staff should supply MHSIP data by race/ethnicity at a future meeting. ▪ Box plots and histograms should be considered for displaying data in future presentations when appropriate.	DMH staff will adjust data displays in the future to conform to the Committee's requests for change. DMH staff will communicate the preliminary MHSIP results to counties along with the expected response numbers for each county. DMH staff will double-check statewide and regional calculations for averages.

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	which staff returned phone calls. (Items 4,6) ▪ In most counties there were no statistical differences between the scores of males and females on specific items that comprise the MHSIP Access Subscale. ▪ While there were some statistically significant differences in access ratings by ethnicity, there were generally too few individuals representing those ethnicities in any given county to allow for reliable statistical analysis. This will be re-run at a later date when more results are available for analysis. Higgins pointed out that statistical significance is not the same as clinical significance. Members had a number of comments about the data including the following: ▪ The importance of distinguishing a final from an on-going MHSIP score. ▪ A concern that medications only clients aren't part of the target population. ▪ Concern that methods of administration are highly variable and may be impacting scores. ▪ Confusion about how the statewide averages relate to the average by regions and whether or not there was an error. ▪ Questioning the necessity of seeing data if there were no statistical		

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	significance (as in gender). ▪ Concern about the fact that the target population won't include those who don't remain in the system at least 60 days and will therefore tend not to reflect the views of some race/ethnic groups. ▪ Concern that the counties have not seen the calculations related to expected numbers of surveys that could have been received to date. Ann Arneill-Py presented two methods of displaying data that are useful when data is skewed (i.e. not normally distributed). She suggested that histogram and a box plot method might be a useful way to view MHSIP data in the future.		
DMH Staff Report Carol Hood, Marilynn Bonin	Carol Hood distributed copies of a letter from HCFA approving the DMH 1915(b) waiver program for Medi-Cal services until November 2002. She noted that the conditions HCFA was requiring for the approval were items with which DMH could work. Ms. Hood explained the California Healthcare Foundation report had been included in the mail-out as an information item. The general feeling was that the report authors knew more about the private sector than the public one and the report reflected this experience bias. Marilynn Bonin asked that members of the committee and workgroup members review the mailing lists and eliminate any home		

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	phones, addresses or emails that should be kept confidential. Since the list is a public document, privacy could not be guaranteed. Ms. Bonin reported she had presented the Performance Measurement Indicators to the Northern and Southern QI Coordinators. In the future, Rosaria Bulgarella (San Bernardino) will attend SQIC meetings as a liaison with the Southern California group. A liaison has not yet been named in the North. Beverly Abbott said she had presented the indicators to CMHDA and they were received without too much comment. Rachel Guerrero said the Cultural Competence Advisory Committee had devoted considerable discussion to the indicators in their last meeting. They are generally supportive though they continue to have concerns about the data source for the access and satisfaction measures.		
Changes to Performance Measurement Indicators and Special Studies Marilynn Bonin	Marilynn Bonin explained changes made to the Performance Measurement Indicators and Special Studies in response to the last meeting in September. She said she would be reviewing the indicators to make sure that they were as consistent as possible, particularly in regards to analyzing results by age, gender, aid code, race/ethnicity and diagnosis wherever possible. She also explained in response to a question that Access is reported as a separate domain in the draft Performance Measurement indicators both because of its critical importance and because major nationally recognized performance measurement	Committee members approved the changes presented with two provisos: ▪ Members will comment on necessary changes to the" Type of Service" Indicator. ▪ Further work is needed on the numerator description for indicators using a MHSIP subscale as a data source.	DMH staff will make the necessary changes and include all of them in the draft legislative report to be sent to members in the next SQIC mail-out.

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	systems also handle Access in this manner – as a separate domain. She mentioned that the Special Studies had been converted to a new format that was more suitable to their actual content and that all of them had been included in the mail-out for that reason. In terms of specific changes, Ms. Bonin pointed out that a "Type of Service" Indicator had been added to the Access Domain as requested in September. She requested members' and attendees' assistance in reviewing the explanation of the measure and to give her suggested language if possible. She noted that "Average Length of Time Between First and Second Contact" Indicator had been added to the Access Domain – again at the Committee's instruction. Some members expressed concern that, as phrased, the indicator didn't distinguish between very brief and very lengthy contacts, between telephone and face-to-face contacts or identify contacts that were not a billable service under Medi-Cal. However inadequate the data source, it was determined that it was still valid data with which to get started. More detailed information might be gathered during the Timeliness Special Study of which this is a part. Ms. Bonin reviewed the special studies in the Structure Domain. After extensive discussion at the last meeting, the following special studies are being proposed: Structural Elements of Mental Health Plans, Content Analysis of Mental Health Annual Quality Improvement Work Plans and Client/Family		

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	Member Involvement in Mental Health Plans. As a last item, Ms. Bonin solicited comment on corrected language describing the numerator in those indicators using a MHSIP subscale as a data source. The language was proposed to incorporate needed corrections determined to be necessary after Jim Higgins worked with the actual MHSIP data. Members indicated that the wording still did not seem accurate since it should employ average scores and not percents. Ms. Bonin will make further changes and members can review them in the draft legislative report.		
Review and Discuss Sample Chapter for Legislative Report Marilynn Bonin	Ms. Bonin reminded the Committee of the deadlines for the legislative report. She asked for general guidance about how comprehensive to make the report. Different members had different thoughts and feelings. One attendee asked for at least some historical background. Another member felt there should be mention of CSIS in the Executive Summary. In response to a request from Ms. Bonin, members volunteered Neal Adams and Karen Hart to work with her in reviewing drafts of the report in the next few weeks. It was suggested that review by a person unfamiliar with this subject matter area would be helpful.		
Receive Updates from Workgroups/committees and Regular Standing Reports **Performance Indicator Workgroup**	Ann Arneill-Py reported for the Workgroup. The Workgroup has been looking at the Planning Council Indicators. The next step is to revise the data sources for the indicators to reflect the new performance outcome instruments. There is also a concern about looking at testing procedures to determine if		

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Ann Arneill-Py	they could be biasing results.		
Inpatient Treatment Review Workgroup Marilynn Bonin	A conference call is scheduled for 12/19/00.		
Compliance Advisory Committee (CAC) Ruben Lozano	Ruben Lozano explained that the Compliance Advisory Committee would be meeting in January to continue work on the inpatient portion of the protocol for the next fiscal year. The Committee wants to have a final product by April. He is soliciting selected groups for a private industry member that could be added to the CAC.		
Cultural Competence Advisory Committee (CCAC) Rachel Guerrero	Rachel Guerrero reported that the Committee had spent time on the Performance measurement indicators and the Latino Underutilization special study. The CCAC stands by its earlier recommendations for further research which it had already presented to the SQIC. However, they will also consult with noted experts in the field to determine if there are other steps that could be taken while waiting for further research. She expressed the Committee's serious concern that more resources can't be devoted to this area. The group is also continuing to work on revisions to the Cultural Competency Plan requirements.		
Client and Family Member Task Force Joyce Ott-Havenner	Joyce Ott-Havenner reported there has been a substantial expansion of the responsibility of the Task Force. The group will now be advisory to the entire System of Care Division, in addition to Medi-Cal waiver services. Darlene Prettyman is the newly elected Chairperson. Ms. Ott-Havenner is the Vice Chairperson. The Task Force will be staffed		

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	by Wendy Walker-Davis.		
Client and Services Information System (CSIS) Implementation Update Paula Agostini	Paula Agostini noted tremendous strides recently in bringing the CSI database up. There are 10 million records with very few errors. 53 counties have passed the error threshold and 18 counties are completely current. Staff can now turn their attention to pulling data out of the system for analysis.	A Committee member asked that sample CSI reports be included in SQIC mail-outs as soon as they are developed.	DMH staff will share CSI reports with the SQIC as they become available.
DMH Ombusman Services Carol Hood	Carol Hood reported the office is fully staffed with the addition of Lisa Martin and Jasmine Delaney. Part of Ombudsman Office staff training will include visits with counties and participation in focus groups.		
EPSDT Nancy Mengebier	Nancy Mengebier reported recent activities related to EPSDT. The advisory group working with DMH on this issue has made suggestions for DMH monitoring of EPSDT in the coming year. Those suggestions are currently being reviewed. They include: looking at counties with populations less than 50,000; using an incidence rate of 9-13%; asking for action plans from those counties with penetration rates below this level; considering the possibility for focused reviews in those counties substantially higher than this incidence rate. DMH should also consider refining the measure to include services to clients up to 21 years of age.		

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Report on HCFA/SAMHSA Quality Assessment Conference Marilynn Bonin	Marilynn Bonin reported on a HCFA/SAMHSA Quality Conference she had attended in September in St. Louis. The conference was devoted to quality assessment and improvement. Ms. Bonin expressed the view that the Committee's efforts in quality improvement are very much in line with national directions and DMH will be well positioned in the event new requirements are issued in a forthcoming Medicaid Managed Care regulation. Increasingly stringent requirements can probably be expected in the area of requiring states to have performance standards for quality and external quality reviews. The Quality Improvement System for Managed Care (QISMC) lays out many of the federal expectations around standards. It is available on the HCFA website. HCFA has also developed protocols that would be used to evaluate state level external quality reviews. Implementation dates for any of these changes are uncertain because regulations are under review by the federal Office of Management and Budget. Ms. Bonin also noted the Committee had asked at the 3/00 meeting about the frequency of meeting for other QI bodies in other states. Based on her research and discussion with other state quality staff at the conference she reported that during periods of intense development, groups met every two months. Once operations became established, quarterly meetings were more common.		

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Confirm Scheduled Meeting and Meeting Wrap-up Dr. Knapp and all members	Dr. Knapp reminded the Committee that the next meeting of the SQIC is 1/9/01. There was discussion about the frequency of future meetings. Committee members reiterated their concern that the group continues to look at data but also continue to refine the data presentations into the most useful formats and displays. • The meeting was adjourned at 3:00.		