ATTACHMENT 7

WORKGROUP/OTHER COMMITTEES CHARGE STATEMENTS AND MATERIALS

Inpatient Treatment Review Workgroup Value and Charge Statements

Value Statement

High quality inpatient services that are culturally sensitive and appropriate for clients and their family members (or significant support persons) are an important component in the continuum of mental health care.

Charge Statement

To review data and indicators and make recommendations related to inpatient psychiatric hospital services within the context of the continuum of care including, but not limited to: issues of access, utilization and quality.

Performance Indicator Workgroup Charge Statement

To review, discuss and recommend policies and procedures related to the development and implementation of performance indicators and performance outcome systems in public mental health care, in an effort to ensure the highest quality and most effective and efficient care for California's mental health consumers.

Cultural Competence Advisory Committee

Purpose

To serve as an advisory group to the California Department of Mental Health, Office of Multicultural Services as mandated in the Federal Waiver Request. Its role is to provide expertise, consultation and recommendations to the DMH in the development and direction of culturally and linguistically competent mental health services. To provide and develop tools and resources to support culturally competent services with mental health plans.

Charge of SQIC to Cultural Competence Advisory Committee

To review DMH ethnicity data and make recommendations to the SQIC.

Compliance Advisory Committee

Mission-Vision

- DMH should oversee local programs to ensure compliance with Federal and State regulations, with the Compliance Advisory Committee (CAC) as a source of evaluative feedback and assessment.

- The environment in which the CAC will function must be of collaboration and commitment to building consensus.

- The purpose of the CAC must be to assess, clarify and improve the Department's Compliance function.

- The State, by establishing the CAC, will provide leadership that reinforces the importance of equitable and adequate delivery of public mental health services.

Client and Family Member Task Force

Charge Statement

- Advise DMH on policies, regulations, and other documents such as the Federal waiver and notices to beneficiaries.

- To communicate to DMH the impact managed care has had on Clients and family members.

- To identify areas in need of attention (i.e. interface between DMH and DHS.

In addition:

- We serve as an advisory body to the CMHDA Managed Care Committee

- Serve as advisory to DMH Ombudsman Services.

- We are participants in the oversight review process – including the selection and training of client and family member experts, development of contracts, procedures, etc.

DRAFT Outline
Rehospitalization Special Study
Inpatient Treatment Review Workgroup

Focus of Study

Between FY93/94 and FY98/99, although the total number of persons served in inpatient services statewide decreased by 867, the persons who were readmitted within 30 days increased by 860 or 26%. (Source: Short-Doyle/Medi-Cal Approved Paid Claims File, Fee for Service Paid Claims File and Inpatient Consolidation Paid Claims File – Claims paid through January 2000.

Objective

The objectives of this Special Study are to: 1) analyze rehospitalization data; 2) investigate potential factors related increased rehospitalizations; 3) identify opportunities to improve care; and 4) remeasure to evaluate success and redirect efforts.

Methodology

The Special Study will be organized into three phases:

Phase One - Information Gathering
Phase Two - Directed Study of Specific Factors (identified in Phase One)
Phase Three - Convert Results of Study to Performance Measurement

Phase One – Information Gathering

A. General survey of rehospitatization data in relationship to the following parameters:

- Age of clients rehospitalized
- Diagnosis of clients rehospitalized
- Race/Ethnicity of clients rehospitalized
- Length of inpatient stay
- Rehospitalization and length of stay by selected characteristics (age, race/ethnicity, diagnosis
- Time to rehospitalization from initial admission by selected characteristics (age, race/ethnicity, diagnosis)
- Time elapsed between inpatient discharge and first outpatient contact

B. Detailed analysis of specific hypotheses in the ten mental health plans** with the lowest and the highest rates of rehospitalization (readmissions within 30-45 days). Hypotheses include:

- Relationship of acuity of illness to rehospitalization (also dual diagnoses)
    i. Review data for diagnoses from Medi-Cal claims (both initial and rehospitalizations – are there any differences?)
    ii. Review CSI data for multiple diagnoses
- Relationship between rehospitalization rates and substance abuse
    i. Review CSI data for incidence of substance abuse
    ii. Check the literature, including AB 34 grant applications.
- Availability of lower levels of care/community housing/family or caregiver support and their relationship to rehospitalization
    i. Utilization of case management services (discharge planning information to the degree it is possible to obtain – survey counties?)
    ii. Phone survey of counties on availability of lower levels of care (Need to develop list of standardized questions for this.)
    iii. Review Table H data for target counties.
    iv. County study of Administrative Days charges.
- Determine if these variables are significantly different for different race/ethnic groups and age groups
    i. Review all data gathered for differences across age and race/ethnic groups.
- Rehospitalization rates may be an indication of a more client-focused system.
    i. Client satisfaction (Applicable MHSIP data)
    ii. Cultural awareness/sensitivity

(Review of data already presented but for target counties not initially included)

**Staff will review data to check for natural groupings of counties rather than looking at an arbitrary number of counties.

Phase Two – Directed Study of Specific Factors (identified in Phase One)

Work with a voluntary sample of counties to:

- Design appropriate interventions
- Collect and analyze data related to the interventions
- Suggest range of appropriate rehospitalization rates

Phase Three – Converting Results of Study to Performance Measurement

- Work with SQIC to develop indicators of rehospitalization for on-going monitoring.

- Work with SQIC to determine appropriate performance goals for the rehospitalization indicator(s) adopted.

12/19/00 – QIC mail-out

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\CSI Test Data Submissions SDA 2.xls

Client and Service I nation (CSI) System
Implementation Status
Updated: December 18, 2000

COUNTY (#)	Current Analyst	Vendor	Date of Most Recent Test File	CSI Production Release	Most Recent Production File	COMMENTS
ALAMEDA (01)	BJF	ECHO		08/23/00	September 2000	Berkeley City will report CSI data through Alameda County Mental Health.
ALPINE (02)	BJF	ENKI	NONE			
AMADOR (03)	BJF	ECHO t/s		03/28/00	August 2000	
BUTTE (04)	BJF	ECHO		06/20/00	September 2000	
CALAVERAS (05)	TEC	ECHO t/s		06/21/00	August 2000	
COLUSA (06)	BJF	ECHO t/s		05/24/00	August 2000	
CONTRA COSTA (07)	TEC	ECHO		08/24/00	July 2000	
DEL NORTE (08)	BJF	ECHO t/s		07/17/00	August 2000	
EL DORADO (09)	BJF	ECHO t/s		06/26/00	August 2000	
FRESNO (10)	DGS	CSM		10/11/00	October 2000	
GLENN (11)	BJF	ECHO t/s		03/28/00	August 2000	
HUMBOLDT (12)	TEC	CMHC		09/14/00	October 2000	
IMPERIAL (13)	BJF	CSM		06/08/99	October 2000	
INYO (14)	TEC	ECHO t/s		05/23/00	August 2000	
KERN (15)	BJF	ECHO		03/02/00	October 2000	
KINGS (16)	TEC	KV		07/27/00	September 2000	
LAKE (17)	BJF	CMHC	12/14/00			
LASSEN (18)	BJF	Y		10/07/99	July 1998	
LOS ANGELES (19)	BJF	NV		07/21/99	August 2000	
MADERA (20)	TEC	KV		07/17/00	September 2000	
MARIN (21)	TEC	ECHO		08/17/00	June 1999	
MARIPOSA (22)	DGS	KV		08/02/00	September 2000	
MENDOCINO (23)	TEC	CSM		02/03/00	October 2000	
MERCED (24)	TEC	NV		10/21/99	October 2000	
MODOC (25)	BJF	ECHO t/s		06/30/00	August 2000	
MONO (26)	BJF	ECHO t/s		05/23/00	August 2000	
MONTEREY (27)	BJF	ECHO		10/27/00	July 1998	
NAPA (28)	TEC	Y		10/07/99	July 1998	
NEVADA (29)	BJF	ECHO t/s		05/22/00	August 2000	
ORANGE (30)	TEC(PCBH) BJF (CSM)	PCBH/CSM		11/03/99 (PCBH) 09/07/00 (CSM)	October 2000 (PCBH) July 1998 (CSM)	Orange County MH is responsible for reporting all Orange Co. Inpatient services and must be certified for CSI Production separately from PCBH, which is responsible for reporting all Orange Co. Outpatient services.
PLACER (31)	BJF	Y		10/05/99	October 2000	
PLUMAS (32)	BJF	ECHO t/s		06/28/00	December 1999	Vendor is CMHC as of 12/99.
RIVERSIDE (33)	TEC	ECHO		05/26/00	August 2000	
SACRAMENTO (34)	TEC	CSM		05/01/00	May 2000	
SAN BENITO (35)	DGS	ECHO t/s		07/17/00	August 2000	
SAN BERNARDINO (36)	TEC	ECHO	07/31/00			
SAN DIEGO (37)	BJF	ECHO		08/17/00	September 1998	
SAN FRANCISCO (38)	TEC	ECHO		08/17/00	July 1998	
SAN JOAQUIN (39)	TEC	ECHO		09/14/00	November 2000	
SAN LUIS OBISPO (40)	TEC	ECHO		06/12/00	July 1998	
SAN MATEO (41)	TEC	NV		10/14/99	September 2000	

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ECHO=ECHO Mgmt. Group, ENKI=ENKI, ITWS=DMH IT Web Services, KV=Kings View, NV=No Vendor, PCBH=PacifiCare Behavioral Health, Y=Yolo Group

Client and Service Information (CSI) System
Implementation Status
Updated: December 18, 2000

COUNTY (#)	Current Analyst	Vendor	Date of Most Recent Test File	CSI Production Release	Most Recent Production File	COMMENTS
SANTA BARBARA (42)	BJF	ECHO		09/01/00	September 1998	
SANTA CLARA (43)	TEC	ECHO		10/26/00	October 1998	
SANTA CRUZ (44)	BJF	ECHO		07/10/00	October 2000	
SHASTA (45)	BJF	ECHO t/s		03/08/00	August 2000	
SIERRA (46)	BJF	NV		08/17/00	July 2000	Sierra County Mental Health will submit CSI production data to DMH via the CSI On-Line System.
SISKIYOU (47)	BJF	CMHC	04/28/00			
SOLANO (48)	TEC	ECHO t/s		05/01/00	August 2000	
SONOMA (49)	TEC	ECHO t/s		03/28/00	August 2000	
STANISLAUS (50)	DGS	ECHO		05/23/00	October 2000	
SUTTER/YUBA (63)	TEC	NV		06/08/99	September 2000	
TEHAMA (52)	BJF	ECHO t/s		05/23/00	December 1999	Vendor is CMHC as of 7/00.
TRINITY (53)	BJF	ECHO t/s		06/28/00	November 1999	Vendor is CMHC as of 7/99.
TRI-CITY (66)	BJF	ECHO		11/06/00		
TULARE (54)	TEC	CMHC	12/13/00			
TUOLUMNE (55)	BJF	KV		08/04/00	September 2000	
VENTURA (56)	BJF	NV		08/21/00	July 1999	
YOLO (57)	BJF	Y		10/13/99	July 1998	
TOTAL COUNTIES IN CSI PRODUCTION:						**53**

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