S.Q.I.T. Meeting Minutes

September 27, 2011
Live Meeting, 2:00 – 4:00 P.M.

Attendance

Region 1: Mia Knotts
Region 2: Nancy Rippen and Teresa Ward
Region 3: Ann Tvrdik and Tammy Fiala
Region 4: Amy Stachura
Region 5: Linda Wittmuss, Patrick Kreifels, Christene McCalester
Region 6: Laurie Thomas, Jean Hartwell, Kathy Castle

Magellan: Lisa Christensen
St. Francis: Jolene Stalker
Consumer rep: Kathleen Hanson

Division of Behavioral Health (DBH): Host : Sheri Dawson (in Kearney), Sue Adams, Karen Harker, Robert Bussard, Ying Wang, Jan Goracke, Jim Harvey, Kermit Spade, Iliana Martin and Kathy Wilson

Welcome & Start-Up
Attendees introduced themselves.

SQIT.
Region 5: Need to improve on purpose and what to report. So far, it does not seem to be reflected on divisional flow chart. Need ideas on how to share data.
Region 6: Difficult to be timely with the state data.
Region 3: Put info into annual report to regions, including meeting Quality Improvement Objectives.
Magellan: Two advisory groups: Children and Providers; taking in all feedback before going forward.
Maya: GQIT has been added and a model is being worked on to improve integration with SQIT.
Kathleen: More Consumer voice would be helpful. There is a desire to participate further.
Region 5: RQIT is in the formulation stage as data is cleaned up from all network providers and will include Consumers in the future.
Kathleen: It is more important to view the work as a life rather than a profit-maker. There should not be a fear of speaking out. The fresh view from those not being employed result in a balance of approaches. Hear the voice to improve the service.
Region 3: Holding quarterly meetings with consumers.

Goals for FY12
- More internal meetings on Co-Occurring Quality Initiative Roadmap, but must get it into operation.
- New QI staff will help with development and implementation performance measurement monitoring.

Performance Measurement
Region 6: How to record patients who want to see therapists more than prescribed?
Sheri: Compare client perception versus actual data on access. It is a convoluted process among managing agencies.
Magellan: 87% to 90% approve access.
Sue: Measure whether the service is used versus available. A patient will not profit from service if not ready for it.
Bob: Continue to look at process, data integrity and NOMS.
- Trauma specific services seek safety (EBP). CBT and DBT are individuals based on trauma.
- Open minds increase in performance.
- Process the validity of data.
- Add Peer Support to measurements.

Carol: Include Strategic Planning and Focus Groups

Next meeting will be held on October 20, from 2:00pm to 4:00pm