

Nebraska Division of Behavioral Health (DBH)  
**Statewide Quality Improvement Team (SQIT)**

June 6, 2012 / 2:00-4:00 p.m.

DBH/Live Meeting

Meeting Minutes

**I. Welcome and Attendance**

*Heather Wood*

Heather welcomed everyone to the meeting and introductions were made. Attendees were asked from where they were calling and what their role is or what they believe is important about their participation with SQIT.

<b>Region 1:</b>	Internal meeting and unable to attend
<b>Region 2:</b>	Kathy Seacrest, Nancy Rippen (Consumer Specialist), Theresa Ward
<b>Region 3:</b>	Ann Tvrdik
<b>Region 4:</b>	Amy Stachura, Bev Ferguson, James Alderman (Consumer Representative), Amanda Theisen (Consumer Specialist), Jill Drahota (Family Consumer)
<b>Region 5:</b>	Linda Wittmuss, Patrick Kreifels, Susan Hancock (Consumer Specialist), Christine McCollister (CenterPoint), Kathleen Hanson (Consumer Representative), Shawna Mason (Consumer Advocate), Phyllis McCaul (Consumer Specialist)
<b>Region 6:</b>	Kathy Cassel (Consumer Representative), Stacey Brewer, Joel Case, Tom Adams, Dan Jackson (Consumer Representative), Joseph Dulka (Consumer Representative)
<b>Medicaid:</b>	Lowell Sedlacek
<b>Division of Behavioral Health:</b>	Heather Wood, Renee Faber, Robert Bussard, Jan Goracke, Carol Coussons de Reyes, Jim Harvey, Cody Meyer, Dan Powers, Ruth See (recorder)
<b>Magellan:</b>	Lisa Christensen
<b>Reasons for participation included:</b>	<ul style="list-style-type: none"> <li>• Quality improvement is central in terms of making sure we find ways to improve, update, and continue moving forward in the right direction.</li> <li>• Work on measurement and analysis of the data so we know when QI occurs and demonstrate that.</li> <li>• QI is important in our work from a network aspect and also the prevention community because we highly value effective practices so QI has to be looked at.</li> <li>• We can't improve and get better without looking at what we have done.</li> <li>• Work with Regions, families, consumers, advocates, coalitions to help us understand how well we are doing. Using data meaningfully, and help group to review the data.</li> <li>• Bringing consumer voice to the group.</li> <li>• The only way you can prove the quality of the work providers are doing is through outcomes and looking at something that is quantitatively based to show you the quality is there (proving what you already know).</li> <li>• Staying informed on statewide initiatives and relay to providers and other stakeholders. Good place to find out what other regions are doing for outcome measures.</li> <li>• Leading the way for others to have better quality of life.</li> <li>• Looking for information to help consumers of behavioral health services..</li> <li>• Input from perspective of parent with child in MH system.</li> <li>• Becoming a part of a learning collaborative in the quality improvement arena.</li> </ul>

	<ul style="list-style-type: none"> <li>• Partnerships in QI are very important and coordinating efforts.</li> <li>• Building effective and efficient systems and this group is a great way that we understand all the moving parts and how they work together.</li> <li>• Believe in and expect recovery that can be measurable.</li> <li>• Huge support for position and organization and reveals things they might not already be looking at.</li> <li>• Learning community.</li> <li>• Collaborate and share information.</li> <li>• Compass that allow us to put priorities and initiatives together.</li> </ul>
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**II. Review of Agenda & Minutes**

*Heather Wood*

1. Heather reviewed the current agenda.
2. The floor was opened for comments on the minutes from the March 7, 2012 meeting. There was no discussion. One change was made and no other changes recommended.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Motion made to approve March 7, 2012 minutes.	Group	Approved

**III. PowerPoint Presentation Review**

*Heather Wood*

PowerPoint Handout

1. SQIT is primarily responsible for:
  - a. The identification and prioritization of opportunities for regional/community improvement
  - b. Quality initiatives and development of the annual plan
  
2. SQIT Voting membership will include Office of Consumer Affairs Representatives and Consumer Representatives. Regional and provider representation is limited to 2 per Region and 1 for the PG provider. SQIT Membership consists of:
  - a. Office of Consumer Affairs Representative(s)
  - b. Regional Staff
  - c. Providers
  - d. Consumer Specialists and other Consumer / Family Members (50% of voting membership should have disclosed lived behavioral health experience(s)). We are over the 50% mark at this time.
  - e. Heather briefly reviewed the process for increasing Consumer/Family Membership, the selection process, and thanked those who have joined and are willing to participate in the group.
  
3. SQIT Consultants will consist of:
  - a. DBH Staff
  - b. Regional Center Staff
  - c. Magellan Staff
  - d. DHHS Partners (e.g. Medicaid and CFS)
  
4. Overview of the responsibilities of SQIT in Continuous Quality Improvement (CQI) include:
  - a. Developing and giving guidance in developing the Annual Program Plan
  - b. Evaluating the effectiveness of the QI Program each year
  - c. Monitoring quality improvement activities of the sRegional Continuous Quality Improvement Teams (RCQITs or RQIT)

- d. Recognizing and recommending system-wide corrective actions for improvement
  - e. Offering recommendations on policies, procedures, service definitions, and data quality and recommendations on our methodologies, reporting, communication
  - f. Analyzing results of Consumer, Family, and other satisfaction surveys of studies
  - g. Ensuring adequate training, workgroups exists to support the QI Program
  - h. Ensuring communication of SQIT activities to the agency/organizations/individuals the members represent
5. Quality Initiative Updates
- a. QI Manual (Kathleen Hanson; Work Group Facilitator)
    - We are creating a QI Manual to help consumers and new consumer members of SQIT understand the content and purpose of the meetings. It will be a resource for new consumers and other members.
    - Consumer led project
    - Invited new consumer members to be a part of the writing of the manual
    - Volunteers to work on manual: James Alderman, Joseph Dulka
  - b. Co-Occurring Workgroup (Blaine Shaffer, Work Group Facilitator)
    - Continuing internal work on Roadmap in order to break it down to action items and timeframes. Internally drafting a document then will hold a work shop for COD workgroup with facilitator. Share formalized implementation document with SQIT in September.
    - Provided COMPASS EZ overview on Webinar and trainings that followed. Will implement in agencies and programs. Completion is end of 2012. State wants to establish same type of baseline.
  - c. Evidence Based Practices Workgroup (Jim Harvey; Work Group Facilitator)
    - Dr. Blaine Shaffer, DBH Chief Clinical Officer, Chartered the EBP Workgroup that works under umbrella of SQIT.
    - Charge: recommendations to DBH leadership by September 29, 2012 on a consistent and sustainable way of doing fidelity monitoring linked to outcomes on Evidence Based Practices (EBPs). Using EBPs is an investment in what works.
    - Use EBPs to achieve a more efficient use of limited community resources
    - Limiting focus to EBPs to those currently funded by DBH:
      - Assertive Community Treatment (ACT)
      - Integrated Treatment for Co-Occurring Disorders
      - MedTEAM (Medication Treatment, Evaluation, and Management)
      - Permanent Supportive Housing
      - Supported Employment
    - Fidelity Monitoring
6. Quality Improvement Goals - **FY11/12**
- a. Incorporate the Co-Occurring Quality Initiative Roadmap into the DBH Strategic Plan (ongoing)
  - b. Develop and implement performance measurement monitoring and reporting process that is efficient and timely (ongoing)
7. Quality Improvement Goals - **FY12/13**
- a. Incorporate the Co-Occurring Quality Initiative Roadmap into the DBH Strategic Plan

- b. Develop and implement performance measurement monitoring and reporting process that is efficient and timely
  - c. Provide education for consumers about quality improvement
    - Comments: Access Nebraska telephone number/Web Site needs improvement per consumer (Heather will share feedback with appropriate division). Magellan and the Network of Care sites are good alternatives for DBH consumers.
8. Quality Initiatives - **FY11/12**
- a. Completed recommendations for FY12 Consumer/Family Survey
  - b. Co-Occurring Service Delivery Roadmap Integrations into the Strategic Plan
  - c. Evidence Based Practice & Fidelity Monitoring Project [DIG (Data Infrastructure Grant Baseline)]
9. Quality Initiatives - **FY12/13**
- a. Co-Occurring Service Delivery Roadmap Integrations into the Strategic Plan
  - b. Evidence Based Practice & Fidelity Monitoring Project [DIG Baseline]
  - c. Quality Improvement Manual (Tied to education of consumers.)
  - d. Consumer Survey Report 2012 - Process for getting information out to consumers
    - If there is greater understanding = higher trust = greater response?
    - Do survey results seem too high? Are consumers answering the way they think they should instead of the truth for fear of losing benefits, etc?
    - How should people that are asking the questions be trained? They should be trained very well in how to present it/ask the questions/how to describe what the survey is for/the purpose/how information will be used. Also, they need to understand the scope of service/level of care of the people being surveyed. Can organizations help share information about the survey/do they even know before the survey is being given?
    - DBH should notify the Region when the FY13 survey is going to start.
    - **Heather proposed for initiative: Improve process of communication for the consumer survey report.** (Tied to education of consumers.)
  - e. Additional ideas for FY13 initiatives? No comments.
10. Volunteers were requested to be a part of a Consumer Survey Communication Improvement Work Group. Work Group volunteers are:
- a. Joel Case, Phyllis McCaul (is considering), Ann Tvrdik, Jill Drahota, Dan Powers, Kathleen Hanson

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Approve Initiative <i>"Improved process of communication for the consumer survey report"</i> for Program Plan for FY13.	Group	Approved
Email communication to work group volunteers	Heather	Complete
Annual Plan will be sent out with minutes	Heather, Kelly Dick	
Dan and Heather will set up follow up call with new members	Heather, Dan Powers	Complete

**IV. Items for next agenda**

*Group*

- Lisa Christensen and Heather will present preliminary information from 2012 Magellan Consumer Survey
- Sections of QI manual
- Team may share additional agenda items with Heather as they come up

**V. Adjournment and next meeting**

- Thanks to team on phone and in person
- Meeting was adjourned at 4:00 p.m.
- Next Meeting is scheduled for Wednesday, September 5, 2012, 2:00 – 4:00 p.m. CDT

*Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.*