

CSoC Quality Assurance Committee (QAC) Meeting Minutes – DRAFT*DRAFT*DRAFT*DRAFT

<p><u>Date of Meeting</u> January 14, 2016</p> <p><u>Meeting Time</u> 2:00 – 3:30 p.m.</p>	<p align="center"><u>PARTICIPANTS</u></p> <p>Members</p> <p><input checked="" type="checkbox"/> Cindy Guitrau, Chair (DCFS) <input type="checkbox"/> Karen Faulk (DCFS) <input type="checkbox"/> Lillie Burns (DOE) <input checked="" type="checkbox"/> Kristin Savicki (OBH) <input type="checkbox"/> Patty Thomas (OJJ) <input type="checkbox"/> Candace Ricard (OBH) <input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>Guests</p> <p><input checked="" type="checkbox"/> Connie Goodson (OBH) <input checked="" type="checkbox"/> Sheila A. Jordan (OBH) <input checked="" type="checkbox"/> Lisa Longfellow (OBH) <input checked="" type="checkbox"/> Pamela Honore (OBH) <input checked="" type="checkbox"/> Janice Zube (OBH) <input checked="" type="checkbox"/> Carolina Jones (NCFS) <input checked="" type="checkbox"/> Ree Fisher (NCFS) <input checked="" type="checkbox"/> Keith Durham (Medicaid) – via teleconference <input checked="" type="checkbox"/> Curtis Eberts (Wraparound Service) – via teleconference <input checked="" type="checkbox"/> Lynn Henderson (Eckert) <input checked="" type="checkbox"/> Jodie Roberts (Eckert) – via teleconference</p>
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Agenda Item/Topic	Discussion	Action	Responsible Party	Target Date
I. Call to Order	Cindy Guitrau called the meeting to order at 2:04 pm.	None	None	None
II. Roll Call	<p>Members announced themselves.</p> <p><u>Context-setting comments by Connie</u> Connie introduced new guests to the role of the QAC, and to Cindy. Based upon many of the quality assurance boards of wraparound agencies, there always is a presence of diverse stakeholders. We wanted to make sure that our QAC is also diverse, so we are now including the CSoC team and wraparound directors. We are looking more intensely at the actual quality of the work that is being done in Louisiana. There is no objection to adding members to this meeting, and would be especially open to adding family members, and making the time changes to make their attendance possible. Cindy is the newly appointed chairperson.</p>	None	None	None

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<p>III. Approval of Minutes</p>	<p>Due to the lack of quorum, this item will be moved to the next meeting agenda.</p>	<p>Include on April agenda</p>	<p>Sheila A. Jordan</p>	<p>4/14/2016</p>
<p>IV. Discussion of Outcomes Measures/Tool</p>	<p>Dr. Savicki shared OBH’s view that we need to do a better job looking deliberately at quality of the work we are doing. As we look at whether children are experiencing greater outcomes, we view information from Magellan and the Bayou Health Plans. She provided a document “CSoC Quality Dashboard” that is intended to help OBH get a real picture of what is happening.</p> <p>Page 1 – These are the three big outcomes of CSoC:</p> <p>Reduce OOH placement, Manage Costs, Improve Outcomes (each outcome has a list of specific reports/goals, and whether the review is system-wide or CSoC-specific). Kristin encouraged WAAs to share suggestions/questions they have, especially if their ideas track or monitor quality differently.</p> <p><u>Discussion</u></p> <p>Curtis asked about whether the current WAA reports include the same information as the “living situation at discharge” report mentioned on page 1. Connie and Kristin clarified that these are two different things, but that we will continue to report on both (degree of success at discharge, and actual living situation at discharge). Carolina echoed that she, like Curtis, likes the direction the dashboard will take us.</p> <p>Keith inquired about whether the dashboard would be publicly-posted, or if they will be kept internal only. What other opportunities would there be for people to stay up to date regarding where we are with CSoC. Connie mentioned that all of this information would also be included in the SGB Director’s report, and that this would continue. The goal is that the dashboard will also be used to inform practice, although she is not sure where it will “live.” Kristin confirmed that these reports would be included in the QMT (formerly IMT). The goal is that the QMT would review reports and bring the reports/results to the QAC for further review/thinking.</p>			

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	<p>Kristin provided an overview of the process that has moved the reports/committees to the place of having the QMT and QAC, instead of the QAC.</p> <p>Manage Costs section – this is claims-based data that will be secured from Magellan and the Bayou Health Plans.</p> <p>Ree asked if this fully captures all ER visits (direct admit, to unit, or no hospitalization) – Kristin advised that she will look into this.</p> <p>Improve Outcomes section – This data response to “are kids getting better?” The CANS scores (with the increased use of the CANS throughout wraparound) will be good indicators. Also using the “Improved School Functioning” module will be helpful.</p> <p>Page 2 – These are key inputs to get the big outcomes</p> <p>Taken from the adult report, the High Utilizers report will give a picture of where high utilizer youth are getting referred to CSoC or MST. The Access report will track system timeliness of movement from MCO to first WAA meeting. Kristin and Connie were clear that it is not expected that 100% would be met, but now we can actually show it. Carolina noted that Magellan and the Bayou Health Plans are getting referrals to the WAAs quickly. The Agency Involvement report will help us message to the partner agencies the numbers of their consumers that are being served by CSoC. Kristin reviewed the Utilization of HCBS, Youth receiving services, Utilization of HCBS (Bayou Health report 318), and Treatment Outcomes reports (Bayou Health Report 320).</p> <p><u>Discussion</u></p> <p>Connie stated that OBH hopes to ensure that we get a clear picture of youth involved with juvenile justice or DCFS, in addition to those who have been referred by juvenile justice or DCFS.</p> <p>Page 3 – High-quality wraparound practice</p> <p>PIP – Connie shared that OBH has asked Magellan to take on the task of ensuring at least one provider on each Child and Family</p>			
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	<p>Team, by signature on the POC. This will help is get a sense of the barriers to provider participation in wraparound.</p> <p>Kristin says that the first round of these reports is in progress. Connie says the reports should be reviewed in March.</p> <p><u>Discussion</u> Curtis asked if the state-level reports would be sophisticated enough to compile at the regional level. Lisa shared that some of the statewide reports have been requested to be broken into regional reports. Kristin shared that some of the reports, specifically Bayou Health Plan reports, will be more global.</p> <p>Kristin challenged everyone to think about how we might eventually track/report long-term outcomes 6 months, years later.</p> <p>Curtis shared that MST has some ability to work with a target group, and CSoc serves different population.</p>			
<p>V. Other Items for Discussion</p>	<p>Connie reminded everyone that this is a public meeting, advertised on our website and bulletin board. If attendees can think of others who need to be at the table, please advise Connie.</p> <p>Keith asked about the outreach to have a family member attendee. Connie advised that this is an ongoing effort.</p> <p><u>State Governance Board Meeting</u> Connie advised that the SGB meeting is scheduled for January 28, 2016 (Room 173) and that Cindy will present the QAC report.</p>			
<p>VI. Public Comment</p>	<p>None. Next meeting schedule for April 14, 2016.</p>	<p>Send meeting update and minutes</p>	<p>Sheila</p>	<p>Before next meeting</p>
<p>VII. Adjournment</p>	<p>The meeting was adjourned at 3:11 p.m.</p>			

Cindy Guitrau, Chair, CSoc QAC

Date