Team Name
Meeting Minutes

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>May 3, 2013</th>
<th>Meeting Leader</th>
<th>Juliette Reese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Time</td>
<td>9:00</td>
<td>Meeting Scribe</td>
<td>Juliette Reese</td>
</tr>
<tr>
<td>Meeting Location</td>
<td>Go To Meeting</td>
<td>Next Meeting</td>
<td>Not scheduled</td>
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Attendees:

<table>
<thead>
<tr>
<th>Tracy Buchanan</th>
<th>Donna Dungan</th>
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<tbody>
<tr>
<td>Ben Banahan</td>
<td>Charles Terry</td>
</tr>
<tr>
<td>Kris Jones</td>
<td>Tamela Harris</td>
</tr>
<tr>
<td>Cindy Dittus</td>
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Agenda:
This is the 3rd meeting being January 9, 2013, Feb. 6, 2013 and May 3, 2013.

Considerations for selecting a Measure of Outcome for Quality Improvement

Discussion

Consider:

-the outcome measure to be used is for quality improvement not accountability?

-factors that influence outcome

-at what point in the care is the outcome to be measured?
baseline focus that identify problems, comparisons and/or opportunities for improvement and motivation for change

-verifying accuracy

Notes and comments made at the Go-to-meeting on-line discussion are as follows:

Comments were made to focus and define the approach for assessing quality:

-home base services vs institutionalization= global measures needed as focus for service utilization and administered quality

-potentially 1-2 sets of measures, who, what, how long to process (static indicators) and personal outcome that addresses the quality by the person and their needs with the service providers role

-quality of life-defined by person/s, supportive networks, goal-oriented.

-develop a process that supports input from person receiving services. connection vs disconnection by supportive, and sustainability for future measures and quality

-we must be sure to line quality measures with the Division of Medicaid requirements to include:

-Service outcomes along with measureable data inclusive to current status of task=data collection protocol for service data, plan from sv team, RFP that may lead to outsourcing

MDRS has some measures in place that incorporates quality

Possible starting point is to view other data sets and define our procedure using history of what is already accessible

Collaborative effort of other entities/agencies toward common goals for data collection

MDRS and DMH collects a lot of data and the outline of what potentially can become the quality for outside influence and motivators
A. Conclusions

We cannot define quality for a person versus the person defining his/her own quality versus an entity or program defining what quality is for that person

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Person Responsible</th>
<th>Completed/Needs to Be</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey consumers</td>
<td>Juliette Reese</td>
<td>Near future</td>
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Quality Assurance Data
Meeting Minutes

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>August 26, 2013</th>
<th>Meeting Leader</th>
<th>Juliette Reese</th>
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<tbody>
<tr>
<td>Meeting Time</td>
<td>11:00</td>
<td>Meeting Scribe</td>
<td>Juliette Reese</td>
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<tr>
<td>Meeting Location</td>
<td>Louisville MS</td>
<td>Next Meeting</td>
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Attendees:

<table>
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<tr>
<th>29 consumers of mental health services</th>
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Agenda:

A. Discussion—Explanation to consumers of “No Wrong Door” and the changes related to Medicaid. Consumers gave their opinions, thoughts and feelings about moving forward.

How do you feel quality assurance should be measures based upon your needs? What do you want?

B. Conclusions

Categories identified at meeting include: Support Systems and/or lack of support; Transportation; Housing; Medical

Support System—systems include family, church, community resources

(Positives)

Family available
Church family
Friends
Relatives
Support System
Negatives:
No support system available
Vulnerable to them and aware of being taken advantage of but have no other help
Feeling like an inconvenience
Lack of trust

Transportation:
Medicaid Transportation is limited to doctors
(Pharmacy, grocery store, rural locations where other needs are not met
Taxi or friends charge $10-16 per trip if they have time
Kids are hurting due to lack of transportation
No one to help when you get to where you are going (medical buildings) or lack of support

Housing
Section 8 limits to 3 years with no other option to rent at same location
Long waiting list, cannot afford location in walking distance to town in rural areas
Appropriate housing for kid's sake

Knowledge needed
Literacy on computers needed at the level
Psychosocial programs help with providing more knowledge now
Skills and job readiness needed
Role play or modeling to help with knowledge
Lack of access especially in rural area

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</tr>
</thead>
<tbody>
<tr>
<td>Share this information at next Work Group meeting to incorporate with assessing quality</td>
<td>Juliette Reese</td>
<td>Within one month schedule a meeting</td>
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