

Overview of Regional Quality Councils: Examples from Four States
Analysis by Human Services Research Institute for the Minnesota Quality Assurance Panel

How are Regional Quality Councils Services Formed (4 state examples)?

Pennsylvania	Massachusetts	Florida	Tennessee
<p>Currently PA has quality councils operating at many levels: a statewide council, 2 functioning regional councils (state has 4 regions), county councils and provider councils. "Redundancy is institutionalized", so the plan is to streamline QCs. This may result in eliminating regional and county QCs, retaining the statewide council and requiring providers to have their own QCs. The MR agency is planning a retreat this month with Celia Feinstein to determine a new QC structure.</p> <p>While no formal policies & procedures are in place regarding QC membership, a restructured QC would be smaller & more functional. QCs could be composed of 2 key state staff, 2 provider staff, 2 county representatives, & consumers and family members. 51% of QC</p>	<p>DMR initiated QCs in March 2005 with a statewide council & 4 regional councils (one per DMR region). Each regional QC nominates a liaison to the statewide council.</p> <p>Guidelines were drawn up for QC membership including minimum numbers of members and affiliations (DMR staff, providers, self-advocates, family members). To recruit members, QA staff and regional directors spread the word to providers, self-advocates & family members. DMR wanted individuals to participate who wouldn't be intimidated & who could speak beyond their own personal experience. Self-advocate QC members were asked to identify someone to be their support person to attend meetings with them, help them prepare for meetings & with whom to discuss info after meetings.</p> <p>All QCs (both regional & statewide) meet every other month, although quarterly</p>	<p>The FL legislature required establishment of a state level Interagency Quality Council (IQC) to include self-advocates & family members with responsibility for oversight of APD agency quality assurance. As part of receiving a CMS Real Choice grant, the APD agency created Area Quality Leaders in the agency's 14 service areas. These quality leaders were charged with developing QCs at the local area level that parallel the state level IQC. Although membership on the state level and area QCs is separate, in a few cases members overlap. Meetings of the state level & area QCs are open to the public.</p> <p>Each area QC is made up of a Steering Committee & an Advisory Group. Each Steering Committee is to include representation by consumers, family members, state Medicaid agency staff, & APD program staff. Individuals with developmental disabilities & family members comprise the largest cohort of members. Advisory groups are made up of non-voting members of the steering committee including APD</p>	<p>TN has a statewide Quality Management Committee (QMC) and 3 regional QMCs, one per DMRS region. Regional QMCs are comprised of DMRS staff & state Medicaid agency staff (TennCare) & are chaired by the deputy director of the regional office. Regional QMC membership is between 15 and 20 members.</p> <p>The statewide QMC membership includes the DMRS QA Director, regional directors & deputy directors, other key DMRS staff including those with information about incidents, lawsuit compliance, complaints, etc., & representatives from TennCare.</p> <p>The statewide QMC meets monthly. 2 of the regional QMCs meet monthly & 1 meets every 2 weeks.</p> <p>In addition to the QMCs, DMRS formed a statewide Advisory Council to provide input on issues at DMRS' discretion. A prior Advisory Council existed but was responsive to both TennCare & DMRS. This committee is focused just on DMRS. Advisory Council membership includes</p>

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<p>membership would consist of consumers & family members.</p>	<p>meetings was the expectation. Term limits are currently 2 years for self-advocates & family representatives. However, the 2 year term limit may be adjusted in future so that sufficient time is provided to these members to gain expertise in QM and serve before being rotated off.</p> <p>[Excerpted from DMR Guidelines] At a minimum, the Regional Quality Councils (the facilities will be developing a separate quality council) should have the following membership:</p> <ol style="list-style-type: none"> 1. The regional director or designee 2. Area Directors or designee 3. Regional QE Director 4. Senior Investigator 5. Risk Management Director 6. Regional Legal Counsel 7. Human Rights Specialist 8. Representative from each Citizen Advisory Board (CAB) 9. Individual and Family representative(s) (may be drawn from CAB) 10. Provider representative(s) <p>At different points in time, the Councils may benefit from individuals with expertise in a specific area under review and discussion. Further input from</p>	<p>district office staff & representatives from provider agencies, family and other advocacy groups.</p> <p>[Excerpted from the APD document 5/4/05] The Area Quality Leader (AQL) will serve as the facilitator for the group and cannot be a member of the steering committee. The Area Program Administrator will be a participant on the steering committee....The Program Administrator in collaboration with the AQL, central office staff, Family Care Councils and the Council on Quality and Leadership will appoint the initial steering committee. Future members will be elected by the steering committee. Interested stakeholders may submit their name, bio and/or letter of interest for consideration to the area AQL. The AQL will present names of interested stakeholders to the steering committee for review and consideration. Steering committee members can be recommended by the area staff, central office staff, Family Care Councils, steering committee members or by other stakeholders in the area.</p> <p>A. The steering committee size and make-up may vary depending on the size of the area. It is recommended that the membership be made up of representatives from the following stakeholder groups:</p> <p>• 2-4 consumer representatives</p>	<p>external stakeholders & those who receive services including people with disabilities & family members, providers, TennCare staff, direct support staff representation, & DMRS staff. The Advisory Council has approximately 25 members, 7 of which are individuals with developmental disability or a parent or guardian. The Advisory Council meets monthly. Some members are supported to attend with stipends, paying transportation expenses, etc. The purpose & membership of the Advisory Council is posted to the main page of DMRS' website: http://www.state.tn.us/dmrs/advisory_council/index.html</p>

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	<p>individuals outside of the DMR system, specifically, individuals from academic settings may be able to provide a unique perspective and set of skills to enable the Councils to better accomplish their work. Involvement of such individuals will be on an as needed basis.</p> <p>The Statewide Quality Council will have the following membership:</p> <ol style="list-style-type: none"> 1. Deputy Commissioner and Assistant Commissioners, 2. General Counsel or designee, 3. Director of Investigations, 4. Director of Human Rights. 5. Director of Health Services, 6. Director of Risk Management, 7. Director of Survey and Certification, 8. Individual/family representative(s) 9. Provider representative(s) 10. Representative from each Regional Quality Council 11. Representative from State Advisory Council 12. Representative from Governor’s Commission on Mental Retardation <p>Employees of the Department shall have permanent membership on the Councils. Individuals. family members.</p>	<p>(must include a CDC+ participant)</p> <ul style="list-style-type: none"> • 3-4 family member representatives (must include a Family Care Council member) • 1-2 APD representatives to include the Program Administrator. (Additional APD representatives may attend as necessary as a resource to the Steering Committee) • 1-2 waiver support coordinator representatives • 1-2 other waiver provider representatives <p>B. Family members and self-advocates, who are Medicaid waiver providers and otherwise qualify, are not excluded from filling the family member or self-advocate role on the steering committee.</p> <p>C. Family members who are employees of APD will be considered agency representatives and cannot fill a family member role on the steering committee.</p> <p>D. Attendance at meetings is expected at a minimum four (4) times per year. A member missing two (2) consecutive meetings will receive a “warning” letter and “an intent to continue” will be solicited.</p> <p>E. Tenure for each member will be a two-year term, which may be renewed up to a maximum of eight (8) years.</p>	

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	<p>citizen advisory board members and provider representatives shall serve a term not to exceed two years, in order to assure broad representation from outside stakeholders. Members may have their term on the quality council terminated for cause, if they violate any of the guidelines for participation set forth in this document.</p>	<p>F. Replacement of members will be an open review and approval process. G. Members can be replaced due to resignation or removal for cause. H. Replacing a member will be by consensus/voting of the steering committee members.</p> <p>Selection Criteria for Steering Committee and Advisory Group Members The steering committee members will need to:</p> <p>A. Attend training sessions provided by the AQL on quality management and other education and training sessions as recommended on the process and various techniques associated with quality improvement. B. Be knowledgeable about the DD program. C. Be customer focused. D. Be supportive of an outcome-oriented process. E. Get along with others. F. Be open to ideas. G. Communicate effectively. H. Work effectively as a group member. I. Be a team builder with ability to integrate various perspectives and direct activities of a diversified group.</p>	

What Information Do Regional Quality Councils Receive & From What sources?

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<p>Currently there is no alignment regarding what information or data the various levels of QCs are receiving. Along with restructuring the levels at which QCs operate, the MR agency intends to set quality performance indicators and to have QCs focus in the future on: a) risk management, b) employment, c) family living, d) human rights, and perhaps e) IM4Q data points (IM4Q is an adaptation of the National Core Indicators). The next stage of data analysis would be to align performance indicators with rate setting & programmatic objectives.</p>	<p>The Annual QA plan is a key source of information used to track progress on overall system goals. QA staff surveyed the full membership of each QC and asked what members considered the most critical area for quality improvement & used this info to determine what issues the statewide QC should prioritize. The current statewide goals are improving employment outcomes & increasing friendships & relationships.</p> <p>DMR is still working on how much data to provide from the various data sources. Updates are provided from all data sources to each regional QC:</p> <ul style="list-style-type: none"> • Survey & certification • National Core Indicators • Medication occurrence & reporting system • Investigations • Critical incident reporting system • Restraint reporting system • Employment supports performance outcome reports. <p>While the QA Report & 2 statewide goals guide all QCs, each regional QC has additional areas of interest. Regional QCs are now requesting data be provided by region & DMR is moving in this direction.</p>	<p>Area specific & statewide data from the Delmarva's Florida Statewide QA Program & other data sources is provided to the QCs. Data is available by regions & is provided to the QCs in tabular format sans manipulation including:</p> <ul style="list-style-type: none"> • Key performance indicator data • Monthly reports • Incidents • Deaths • Assault reports • Delmarva reports • Special initiatives • Supported living • Trend data • Employment <p>APD staff are considering how to deliver data in more user-friendly formats without appearing to massage any data.</p>	<p>Provider monitoring is a primary QA activity at DMRS and is conducted on an annual basis. Regional QMCs review & discuss all provider monitoring reports and track targeted outcomes and indicators. Regional QMCs recommend whether providers receive technical assistance (TA), are complying with recommended/mandated TA & monitor the impact of TA.</p> <p>The statewide QMC reviews data from many sources:</p> <ul style="list-style-type: none"> • Provider monitoring reports & recommendations from regional offices • Demographic info • Transitions • Conversions to HCBS from state funded services • TennCare's utilization reviews & monitoring of DMRS • Support plan management • Protection from harm • Incident management • Complaints • Personal funds

How Do Regional Quality Councils Summarize Data and What Do They Do With the Information?

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<p>At present there is not yet a systematic method QCs examine data, make recommendations, or interact with other levels of QCs, including the statewide QC.</p>	<p>QCs in MA are charged with examining data & looking for trends, not to recommend solutions. Both the regional and statewide quality councils serve in an advisory capacity to the regional directors and commissioner respectively. Any recommendations made by the QCs are subject to final review and approval by the regional director for the regional QCs and the commissioner for the statewide QC.</p>	<p>Both statewide & local QCs are charged with determining the QA agenda. At the state level, the IQC has a legislative mandate to assess data, make recommendations for change & assure that interventions are on track. At the area QC level, the QCs are structured the same but they do not have the legislative authority.</p> <p>The statewide IQC determines quality issues for itself and the local QCs to address but local QCs are free to determine additional quality agendas. Thus there is variation in QC activity. Some QCs are extremely active with projects underway; other QCs are less self-directing. Neither the statewide nor area QCs are at this time generating reports.</p> <p>[Excerpt from APD document 5/4/05] Steering Committee Functions The steering committee with assistance and input from an advisory group (Refer to Section VI.) will:</p> <ul style="list-style-type: none"> A. Recommend and respond to key indicators and monthly reports. B. React to standardized data (statewide and locally) gathered the previous month (decide what data will come to the steering committee, frequency, etc.). C. Recommend to the area and central 	<p>Data from all the above sources is combined in one monthly report for discussion at the monthly meeting. The 1st half of each state QMC meeting is used to discuss regional QMC provider monitoring findings & recommendations. The 2nd part of the meeting is used to identify & discuss trends, and to track progress toward system change objectives.</p> <p>The Advisory Council reviews data and/or issues presented by DMRS & makes recommendations. Recently, the Council reviewed policies & procedures around personal funds.</p>

		<p>office, if appropriate, actions to take based on the data received.</p> <p>D. Evaluate the aggregate big picture (outcome data).</p> <p>E. Assist in summary reports of quality improvement initiatives as necessary.</p> <p>F. Assist in the development of quality improvement initiatives at the local level that support state level priorities such as Supported Employment and Supported Living.</p> <p>G. The steering committee will use the data collected to help with the solutions and make recommendations to the areas for systemic problem identification and resolution.</p> <p>H. Assist in additional “search” for best practices.</p> <p>I. Use “funding partners” and other resources to assist in systemic problem resolution.</p> <p>J. Identify organizational practices that demonstrate improved outcomes for consumers to be considered for replication.</p>	
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How Do Regional Quality Councils Interact and Relate to the State?

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<p>The State has a Policy Advisory Committee (PAC) that developed a number of committees tied to quality, yet these committees are relatively unstructured and thus not reliably functional. The PAC itself is a statewide committee of 50 to 70 members that could benefit from further mission development and streamlining.</p> <p>While there are 2 functioning regional councils, there is not a systematic means of interacting inter-QC with other QCs or with the statewide council. Next step is to determine a new structure for MR agency quality councils. Such a new structure may retain the statewide QC and perhaps county level councils but eliminate regional QCs.</p>	<p>Regional QCs operate independently from one another. Each regional QC nominates a member (up to each regional QC to determine their representative) to the statewide QC. One regional QC nominated a provider, one an assistant area director, one a self-advocate.</p> <p>Regional councils are chaired by DMR regional directors. The statewide council is chaired by DMR's QA Director who attends, but does not chair, all meetings of the regional QCs.</p> <p>While the overall quality goals have been established, DMR has asked QC members to give feedback on whether DMR is looking at the right things. QCs are showing initiative in areas DMR has not previously tracked as QM issues, for example, safety in transportation & staff turnover.</p> <p>Next step: DMR is considering committees for the statewide QC.</p>	<p>The statewide QC meets quarterly. Each of the 14 local Steering Committees meets at least quarterly, some are meeting monthly. There is no formal relationship between either the state level IQC and local QCs or amongst the local QCs. However, as the Area Quality Leaders who facilitate the area QC meetings are APD staff, These staff share information amongst themselves regarding QC activity.</p> <p>APD is hosting 2 quality symposiums this summer to share information across QCs.</p> <p>[Excerpted from APD doc 2/16/05] B. Ongoing communication between the area office and the steering committee related to quality management functions, including but not limited to:</p> <ol style="list-style-type: none"> 1. Working knowledge of the process and various techniques associated with quality improvement; 2. Coordinating with APD headquarters and area office Program Administrators on key performance indicators 	<p>Regional deputy directors serve as the chair of the regional QMCs and also participate in the state level QMC meetings. Provider monitoring reports are reviewed at both the regional & state level.</p>

		<p>and monthly reports (e.g., incident, death, and assault reports; Delmarva reports; special initiatives; employment; supported living);</p> <ol style="list-style-type: none"> 3. Reacting to standardized data (statewide and locally) through appropriate trend data (facilitate decisions on what data will come to the committee, frequency, etc.); 4. Recommending steps to take based on data received; 5. Making recommendations to the area office and the Steering Committee based on the data; 6. Analyzing and presenting the aggregate (big picture) outcome data; 7. Publishing reports (i.e., quarterly or as directed); 8. Developing a data book and recording trends, analysis, measures implemented and improvement, policy changes standardizing improved organizational practice; 9. Evaluating, presenting and identifying barriers through employment data, independent living data, and other key indicators deemed a priority by the Agency for Persons with Disabilities. <p>C. Ongoing communication between the area office and Delmarva (contracted quality</p>	
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General Comments:

Massachusetts
<p>“Having this open process is surprisingly very productive. It’s a very open process and there are risks with that. But having self-advocates on the QCs has given us rich feedback. For example, one individual brought his pay stub to the meeting & passed it around. At another QC meeting an individual who had been supported to move into an independent living situation, an apartment with nice furniture, wanted to throw a celebration party. He invited guests but no one showed. This direct exposure to outcomes is helpful.”</p>

Contact Information:

Pennsylvania	Massachusetts	Florida	Tennessee
<p>Jeff Petraco Director Bureau of MR Program Operations Email: jpetraco@state.pa.us Phone: (717) 783-5753</p>	<p>Gail Grossman Assistant Commissioner Office of Quality Management Department of Mental Retardation Email: Gail_Grossman@dmr.state.ma.us Phone: (617) 624-7779</p> <p>(See powerpoint from Reinventing Quality Conference, 2006)</p>	<p>Steve Dunaway Management & Review Specialist Agency for Persons with Disabilities State of Florida Phone: (850) 488-3677 Email: steve_dunaway@apd.state.fl.us</p>	<p>Pat Nichols Director of Quality Enhancement Department of Finance & Administration Division of Mental Retardation Services Email: pat.nichols@state.tn.us Phone: (615) 532-6548</p>