Outcome Monitoring Program (OMP) Implementation Workgroup (IWG) Meeting
SUMMARY
Friday, June 25, 2004
9:00 AM – 12:00 PM

Participants

ADP Staff:
Michael Cunningham
Kami Browning
Larry Carr
Craig Chaffee
Sharon Dais
Ann Drolette
Sally Jew-Lochman
Robin Madsen
Marjorie McKisson
Claudio Mejia
Jon Meltzer
David Monti
Judy Morris
David Murphy
Rick Richardson
Susan Rushing
Greg Schuett
Paul Strandburg
Jacqueline Tinetti

External Participants:
George Feicht
Yvonne Frazier
Gino Giannavola
Toni Moore
Ken Nyberg
Patrick Ogawa
Joel Phillips
Rick Rawson
Shirin Vakharia

By Phone:
Jim Sorg (for Al Senella)

Meeting Purpose and Desired Outcome(s):

To:
- Provide updates on the work of the Sub Workgroups to date
- Discussion and final concurrence on proposed requirements, plan and schedule for CalOMS implementation for treatment services
- Discussion and concurrence on select policy papers
- Schedule future Workgroup meetings

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1. **Welcome, Introductions and Agenda Review – Michael Cunningham**

   Michael Cunningham opened the meeting by welcoming and thanking everyone for participating in today's meeting, and expressed appreciation for the members continuing commitment to working for a successful OMP implementation. Michael reviewed the agenda with the members and briefly discussed what we hoped to accomplish under each item.

2. **Sub Workgroups Updates- Michael Cunningham, George Feicht, Carmen Delgado, Toni Moore, and Yvonne Frazier**

   The Co-Chairs of the Treatment and Prevention Sub Workgroups were asked to provide the Workgroup members at large with an update on the work and progress accomplished to date.

   Prevention Sub Workgroup

   George Feicht reported that the Prevention Sub Workgroup focused on looking at core prevention measures and domains and then developing questions from there. The required core measures will be dealt with first and then the voluntary ones. ADP will negotiate with the federal control agencies on desired elective measures to be included in the Performance Partnership Grants (PPGs). Questions relative to demographics are also under consideration.

   The goal is to finalize this work by July 2004. The timeline is being revisited to expedite testing. Local pilot testing is key to validate the questions and gain feedback. The Prevention Sub Workgroup is also looking at the experience of other states and is reaching out to as many prevention constituencies as possible for rich, robust input.

   Michael Cunningham noted that *who* we collect information from is also a question. How broadly should the net be cast? Do we only ask publicly funded programs or include others? Ken Nyberg questioned whether we know the population of programs other than publicly funded? Currently, only the publicly funded program population is in our census.

Gino Giannovola asked if the question isn't also applicable to treatment. Comments on expanding data collection beyond the publicly funded program population included that it does not seem feasible at this time, and that due to recent court rulings, this information is now more difficult to obtain.

Michael suggested that one option is to restrict data collection to the publicly funded program population, but work within venues such as the Governor's Prevention Advisory Committee (GPAC) to explore the issue of common data, and build a strategy over a period of time. There was consensus on this point.

The next teleconference of the Prevention Sub Workgroup is scheduled from 9:30 a.m. to 12 noon, on August 5, 2004.

Treatment Sub Workgroup

Yvonne Frazier, Carmen Delgado and Toni Moore reported that the Treatment Sub Workgroup attempted to finalize the proposed outcome questions for treatment services (see attached). There was a lot of hard work around psychiatric domain but no consensus yet.

The latest data matrix, containing the questions agreed upon to date, are provided in the meeting materials packet. This data matrix represents the second statewide effort (the first being CADDS). Currently, the data matrix is composed of 40 questions based on CADDS, 9 questions based on the federal PPGs, 28 questions developed by the workgroup, and 12 Unique Client Identifier (UCI).

The Sub Workgroup spent a great deal of time on questions #55 and #56 relating to sexually transmitted diseases and HIV. Additionally, there remains a strong desire to differentiate degrees of mental illness from "severe" to "less severe".

Shirin Vakharia suggested that it would be useful to be clear in the data matrix which questions are descriptive and which are outcome.

The Sub Workgroup also looked at the two policy issues that are also to be considered at today's meeting: Data Collection for Detoxification services and Treatment Episode.

The members accepted the data matrix for purposes of rolling out the CalOMS System Development Request for Proposal with the caveats that:

- For narcotic treatment follow-up, work will continue on specifying certain questions as progress outcomes, and there is a differentiation between an annual review and a discharge.
- Question(s) relating to psychiatric domain is still pending secondary evaluation by the sub workgroup
- It is recommended that "Declined to state" be added to the range of possible responses.

The data matrix is therefore adopted by group agreement.

The next meeting of the Treatment Sub Workgroup will be via teleconference from 9-11 a.m., on July 21, 2004.

3. Discussion and Final Concurrence on Treatment Sub Workgroup Recommendations for CalOMS Scope and Requirements, Implementation Plan and Schedule - Michael Cunningham

Michael Cunningham advised the members that in light of today's decisions on the previous agenda and with the understanding that work will continue in the areas noted above, it appears that we have final concurrence on the data requirements and ADP may now move forward pursuant to the timeline and schedule discussed at the May 21, 2004 meeting of the full OMP IWG and all counties and direct providers. There was concurrence by the IWG and work will proceed accordingly.

The above mentioned materials will be redistributed with the summary of today's meeting for the benefit of all the members.

4. Discussion and Concurrence on Select Policy Papers- Toni Moore and Carmen Delgado

The workgroup members were asked to provide input to ADP on two policy issues that have surfaced as the CalOMS project has progressed. The workgroup members reviewed and discussed:

1. Minimum Treatment Outcomes Dataset Collection for Detoxification Services
2. CalOMS Treatment Episode Definition (Continuum of Care)

Minimum Treatment Outcomes Dataset Collection for Detoxification Services

Larry Carr, Ph.D., provided an overview of this policy issue, discussing the philosophy of detoxification services and its place in the continuum of care. The paper presented contains two recommendations:

1. The state should collect the minimum treatment outcomes dataset at admission for all clients receiving detoxification services, once the client is stabilized.

   Include only those detoxification clients whose treatment episode contains subsequent other services in the sampling follow-up procedure.

2. If a client is in detoxification services for seven days or less, the data from admission (T1) plus CADDS is duplicated to the discharge dataset.

   If the client is in detoxification services over seven days, the T2 data would be collected.

The assumptions and rationale underlying these recommendations are that:

- Most detoxification services are short-term and include plans for continued treatment; and
- data shows the length of stay in detoxification services to be five days for alcohol abuse, six days for other drugs, and 13 days for narcotics

The Workgroup members agreed to data collection at admission, but identified the need to look at the discharge dataset and the need to consider the continuum of care aspect. The seven day threshold identified in the recommendation is also put aside, in order to explore whether another threshold would make better sense, given what the research and provider experience may tell us.

CalOMS Treatment Episode Definition (Continuum of Care)

Carmen Delgado provided an overview to the members regarding this policy issue. The objective is to present the paper, get feedback, formulate recommendations based on that input, and go forward from there.

The intent of this paper is to define treatment episode and the business rules necessary to issue the RFP to build the system. Ken Nyberg asked whether there is any information that would guide us in determining what the “x” number of days should be, and allow us to consider such things as degradation effect, to inform when these “x” day thresholds should be established at, or determine optimal condition criteria.

The paper was accepted, with the recognition that some revisions based on the input will be made. The paper will be reviewed further by the Treatment Sub Workgroup and then go to ADP executive management for review and distribution.

5. Finalize Next Meeting Dates and Times- Michael Cunningham

Per the decision of the OMP Implementation Workgroup Members, the next meeting will be held via teleconference from 2-4 p.m., on July 22, 2004. Specific information regarding this meeting will be distributed to members in advance of the meeting date.

6. Next Steps

Carmen noted the following action steps for the Treatment Sub Workgroup:

- Work on identifying the appropriate "x" factor for determining thresholds for detoxification and treatment episode;
- Interim data collection for the next budget hearings;
- Address detoxification services and continuum care.