

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: August 8, 2016

BHRS POLICY: 16-11

SUBJECT: Quality Improvement Committee

AUTHORITY: County Contract with Department of Health Care Services (DHCS) for Mental Health, Substance Use Disorders Services (SUDS), and Drug Medi-Cal (DMC)

AMENDED: June 25, 2019

PURPOSE:

Every California county behavioral health system is required by the Department of Health Care Services (DHCS) to have a Quality Improvement Committee (QIC). This policy describes the membership, responsibilities, policy input/voting processes, and QIC subcommittee assignments.

POLICY:

BHRS's QIC performs many activities that evaluate the provision of behavioral health services. QIC reviews the quality of behavioral health services provided to BHRS clients. QIC recommends policy decisions; reviews and evaluates the results of Quality Improvement (QI) activities; institutes needed QI actions; ensures follow-up of QI processes; and documents QIC meeting activities regarding decisions and actions taken. QIC examines quality of care/systemic issues and impact, and works with BHRS management and others on improvements.

Specific QIC Responsibilities include:

- Helps to develop and lead the annual "Quality Improvement Work Plan" focused on mandated topics/projects.

- Helps BHRS leadership and Quality Management (QM) staff to develop and manage two annual “Performance Improvement Projects” and receives and shares progress reports about them.
- Gathers input on QIC topics from QIC members (clients/family members, staff and providers) and communicates relevant information to management or others as appropriate.
- Discusses and votes for approval of new policies and policy revisions, amendments and most BHRS procedures prior to them going into effect.
- Remains informed about BHRS programs, asks questions and gives input.
- Receives reports – monthly, quarterly or annually on various measures (e.g. data regarding hospitalizations, clinical practice, grievances, patients’ rights, incident reports, cultural competency, AOD/SUD issues).
- Reviews audit results, such as from the 3-year DHCS Medi-Cal audit.
- Identifies opportunities for improvement of county behavioral health services and, in collaboration with management, decides which opportunities to pursue.
- QIC members led by the Quality Manager conduct a self-evaluation annually to review their effectiveness. The outcomes are discussed and inform membership needs and recommendations.
- Coordinates with QIC subcommittees and other related workgroups and committees.

QIC Membership:

Many stakeholders make up the QIC; this diversity helps inform larger BHRS decisions and communicates the information throughout BHRS, contracted providers and the many communities we serve. Our goal is to have 35 voting members of QIC, however the number of voting members may fluctuate, due to staffing changes and other factors.

The membership represents a variety of groups including:

- BHRS Managers, Supervisors, Executive Team
- QM staff
- Clinical and Administrative staff
- Clients/Consumers and Family Members
- Representatives from BHRS teams: Includes OCFA (Office of Consumer & Family Affairs), ODE (Office of Diversity & Equity), MAT (Medication Assisted Treatment) and others.
- Non-BHRS Health System, such as San Mateo Medical Center Psychiatric Emergency Services.
- Contracted community-based providers of behavioral health services

Structure:

- Chair: The Chair of the QIC is the Quality Manager. The Quality Manager possesses the content knowledge and is responsible for preparing agendas, assigning staff responsibilities, and doing follow up to make sure assigned work is being done. The Chair facilitates the meetings or appoints a substitute.
- The Compliance Officer/Assistant Director Co-Chair of the QIC. The Compliance Officer is familiar with and trained in compliance matters with oversight of compliance related policies, requiring coordination with the QIC. As the Assistant Director, executive representation is formally identified.
- Secretary: Responsible for maintaining accurate records and supporting the Chair. Takes and distributes the minutes, records the votes, distributes the agendas and other materials, tracks online voting. Minutes taken are concise and clear and draft minutes are emailed to QIC members for review prior to the next meeting.
- QM Staff members: Maintain contact with members and are available for assistance and questions. Assist in preparation of the agendas. Ensure meeting minutes are written and distributed. Provide background information on agenda items.
- Members in Good Standing: Members in good standing attend meetings, respond to QM staff requests in a timely manner and meet deadlines. They also disclose any conflicts of interest.
- Members in Questionable Standing: Members who miss two consecutive meetings (in person or by conference call) or three meetings in a fiscal year. (July 1 – June 30)

Committee Voting:

- Voting Members: When a voting member joins the QIC, she/he/they receive an orientation to the committee and the responsibilities/expectations. They are involved in developing the annual QI work plan and strategic direction of the committee. They actively participate in the work, read the required materials and attend the required number of meetings in person or by conference call.
- Non-Voting Members: From time to time guests who are content area experts may attend a QIC meeting to provide information or to make a presentation. Invited guests do not vote. In addition, some members may attend but are unable to commit to the additional time needed to be a voter; non-voting members include the Chair, BHRS Director, and guests.

Voting Rules

Members in good standing may vote. Voting is accomplished by a simple majority of total number of voting members. At least 18 “yes” votes of the 35 members are required to pass new policies or policy amendments.

Voting members should have read and/or heard all the relevant information prior to voting. Members may choose to abstain if they do not have a good understanding of the policy despite the information presented or if they have a conflict of interest. All voting is conducted electronically. The items to be voted on are distributed by email to the committee along with an invitation to vote by an electronic survey. If the member does not have electronic voting capability, the documents will be mailed and the member may phone their vote to QM staff.

Voting is not anonymous. Votes are tracked by the name of each voting member. A member's voting history is available upon request.

Replacing Members:

The chair of the QIC will discuss participation with a voting member who has not been meeting the membership responsibilities before releasing them from the committee. The QIC chair may decide to allow the member to stay on the committee, depending on the circumstances.

Reasons that the committee may replace a member:

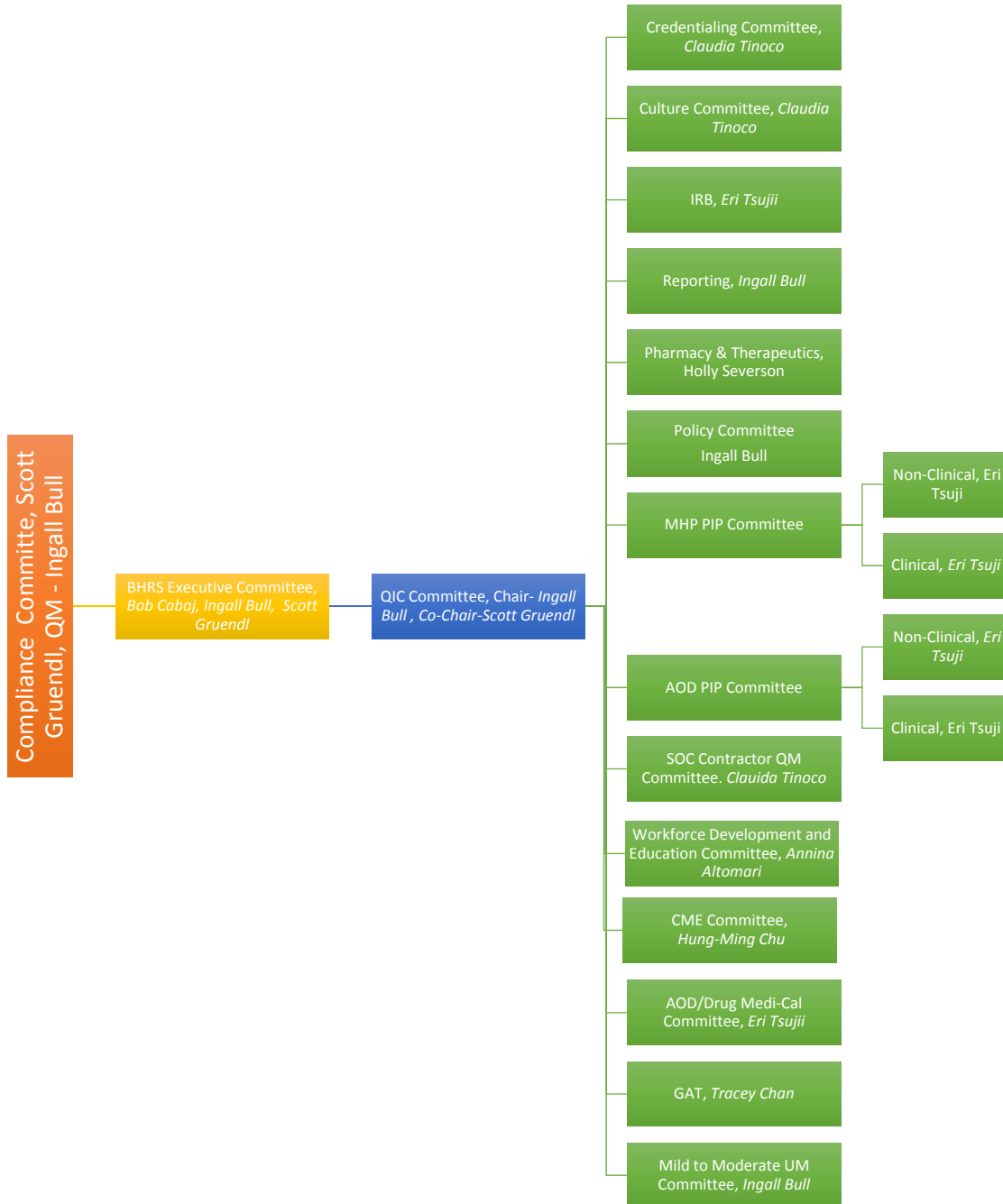
1. Member did not respond for voting requests for three policies in a row without notifying the Chair of the reason for their non-participation.
2. Member did not attend two QIC meetings in a row or more than three QIC meetings in a fiscal year (July 1-June 30).
3. If a member is on a leave of absence or medical leave: The Chair will not count the absence against total membership. During an absence, the member may be temporarily replaced by an alternate at the Chair's discretion.
4. Most voting members will alternate every three years.
5. Some members, such as BHRS employees with key positions will be permanent members (e.g, the Quality Manager, the BHRS Medical Director, etc.)

Quality Management members:

All licensed members of the QM team attend all QIC meetings but only two are voting members at a time. Voting alternates annually among QM staff to provide an opportunity for different QM staff to have voting privileges.

Approved: _____ *Signature on File*

Scott Gilman, MSA
BHRS Director



QIC subcommittees and other related workgroups