

Behavioral Health Quality Improvement Committee Charter

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# Document Information

**Revision History**

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# Committee Background and Purpose

In March of 2018, to improve system integration and efficiency and to promote a Medi-Cal beneficiary-centered approach to quality improvement, the County of Santa Clara Behavioral Health Services Department (BHSD) integrated the quality improvement committees for mental health (Mental Health Performance and Quality Improvement Committee [PQIC]) and substance use treatment services (Substance Use Treatment Services Quality Improvement Committee [SUTS QI Committee]). This integrated committee became the Behavioral Health Quality Improvement Committee (BHQIC).

The purpose of the BHQIC is to provide oversight and direction in assessing the appropriateness of care and service delivered and to continuously enhance and improve the quality of care and services provided to beneficiaries. The BHQIC will review the access, timeliness, quality, and effectiveness of direct services delivery with the aim of improving the processes of providing care and better meeting the needs of Medi-Cal beneficiaries consistent with state and federal requirements. The BHQIC will be responsible for providing input in the development of the annual integrated Medi-Cal Quality Assurance and Performance Improvement (QAPI) Work Plan, conducting a landscape review of departmental QI activities, and assisting in the development of Quality Teams to address agreed upon priorities, including Performance Improvement Projects (PIPs) for both mental health and substance use disorder treatment, which are required by the State.

# Commitment

BHQIC will be an on-going group and will meet quarterly on afternoon of the fourth Wednesday, unless otherwise moved (holidays, etc.). Membership terms last up to two years, unless otherwise designated by the QI Division Director and QI Team.

# Decision Making

Each official member shall have one (1) vote. BHQIC members who will not be present for an in-person or virtual meeting may notify the co-chairs of their vote in advance of the meeting.

* + Proxy voting is permitted and contributes to the voting quorum.
  + In addition to the chairperson (who holds the tie-breaking vote), one quarter (1/4) of the BHQIC Membership shall represent a voting quorum. A majority vote of the quorum is required unless otherwise specified.
  + Votes may take place during BHQIC meetings or via an electronic poll.
  + Meeting minutes reflect decisions. The minutes are distributed to committee members for review prior to approval at the next meeting.
  + When unable to reach consensus on a matter, the chair(s) shall determine the appropriate processes for handling disagreements on a case by case basis.
* BHQIC makes recommendations and decisions as appropriate to the topic’s need and group’s role, which may include the need for smaller sub-committees to explore specific system needs and improvements.
* Sub-committee leads will bring summaries and recommendations to the BHQIC, either via smaller check-in meetings or to the meeting, itself.
* Lead of the BHQIC or their designee to bring decisions and recommendations to the Executive Team for any needed final approval.
* Each member is responsible for communicating decisions and recommendations to agency leadership for appropriate dissemination.

# Group Membership

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| --- | --- | --- | --- |
| **Area** | **Title of Member** | **Role in Committee** | **Voting Member** |
| **Quality Improvement** | * Division Director * Program Manager III * Program Manager II * Health Care Program Analyst * Administrative Assistant | Co-Chair  Co-Chair  Attendee/ Sub-Committee Chair  Attendee/ Report-outs  Recorder | Yes  Yes  No  No  No |
| **Quality Management/**  **Managed Care** | * Director of Quality Management | Executive Sponsor | No |
| **Quality Assurance/ Provider Relations** | * Program Manager III | Member/ Sub-Committee Chair | Yes |
| **Utilization Management** | * Program Manager II (SUTS and MH) | Member/ Sub-Committee Chair | Yes |
| **Cultural Competency** | * Program Manager II | Member/ Sub Committee Chair | Yes |
| **Analytics and Reporting** | * Director of Research and Outcome Measures | Member | Yes |
| **Access & Unplanned Services** | * Program Manager II | Member | Yes |
| **BHSD Clinical Directors** | * Director, AOA SOC or designee * Director, CYF SOC or designee | Member  Member | Yes  Yes |
| **Service Providers Contracted Provider (5-7)** | * Agency Designee | Member/Stakeholder | Yes |
| **Current or Prior Beneficiaries (1-2)** | * Peer/Beneficiary Member | Member/ Stakeholder | Yes |
| **Family Members (1-2)** | * Family Member | Member/ Stakeholder | Yes |
| **Health Plans/ MCP’s** | * Santa Clara Family Health Plan * Blue Cross | Member/Stakeholder | Yes |

# Group Agreements

* Meetings should begin and end on time.
* Be on time and practice active listening. Stay engaged and refrain from multitasking as much as possible.
* Be inclusive and sensitive to the diversity of committee membership being mindful about comments and remarks.
* Avoid interrupting others, being mindful of taking too much or too little space.
* Seek first to understand and assume best intentions in all interactions.
* Be accountable for the impact of your actions and words and recognize that intent is different from impact.
* When challenging someone’s ideas or behavior, give feedback respectfully. When your own ideas or behavior are challenged, receive feedback respectfully.
* Key discussions and any decisions are recorded.
* If attending virtually, mute your microphone when not speaking.
* Send a message via chat when needed.
* Follow the agenda to keep the group moving toward its goals.
* Control the flow of the meeting by recognizing members who ask to speak.
* Let all members speak once before allowing anyone to speak a second time.
* When discussions get off-track, gently guide the group back to the agenda.
* Meeting conducted with parliamentary procedure by properly using motions and points of order.

# Agenda

* Agenda items will be Quality Improvement needs and updates across BHSD
* Standing Items will be report-outs from the sub-committees
* Agendas will be sent to committee members at least five days in advance of each meeting for comment or adjustments.
* Any presentations or reports will be provided to members.
* Minutes will be taken, transcribed, and distributed within one week following each meeting for review and comment, to be approved by quorum at the beginning of the next meeting

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# Roles and Responsibilities

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| **Role** | **Title/Division** | **Responsibilities** |
| **Executive Sponsor** | Managed Care  Deputy Director | * Provides sponsorship and advocacy * Makes decisions that cannot be made at a lower level * Ensures resources are available and committed to the Committee |
| **Committee Co-Chairs** | Quality Improvement Division Director  Quality Improvement Program Manager III | * Ensures Committee operating guidelines are followed * Ensures full participation during meetings * Ensures that all relevant matters are discussed * Ensures effective decisions are made and carried out * Reports up to Executive Leadership meetings |
| **Recorder** | Administrative Assistant | * Records meeting minutes at all Committee meetings * Provides meeting minutes to committee members within 5 business days of the meeting occurrence for review * Corrects meeting minutes and distributes prior to the following meeting * Counts and records motions and votes * Ensures that all decisions are documented and archived |
| **Sub Committee Chairs** | Program Managers | * Develop Sub-committees based on BHQIC priorities * Meet regularly as a sub-committee * Report on committee progress and recommendations to BHQIC |
| **Members** | Division Directors, Program Managers, Quality Improvement Representatives, Agency Designees, Beneficiaries, Family Members, Health Plan Representative | * Attends and participate in Quarterly meetings * Voting members * Understands the strategic implications and outcomes of initiatives being pursued through project outputs. * Familiar with the CSC System of Care |
| **Attendees** | Members of the BHSD Quality Improvement team | * Responsible for Decision Support report-outs * Will report and analyze trends in the data * Subject Matter Experts on the data and how it is reported |
| **Ad Hoc Subject Matter Experts** | Division Directors, PMIIIs, Senior Managers, Program Representatives | * Attend when area is impacted, strategic implications and outcomes of initiatives with proposed policy approval * Communicates with their director/standing member about |