

Quality Improvement Committee Charter

Ratified on December 5, 2024

Purpose

This Charter sets forth the duties and responsibilities and governs the operations of the Ventura County Behavioral Health (VCBH) Quality Improvement Committee (QIC).

The VCBH QIC's role is to oversee and promote:

- Alignment with the VCBH Strategic Plan;
- Delivery of quality care to the people and communities VCBH serves;
- Full compliance with applicable contracts, Federal, state and county laws and regulations, and adherence to professionally recognized standards of care and best practices;
- A department-wide culture of continuous improvement, safety, cultural competence, accountability, and just behavior; and,
- Data driven decision-making.

Guiding Principles

The QIC and its subcommittees must abide by the following guiding principles to ensure alignment with the VCBH Vision, Mission, and Values and to support the implementation of the Strategic Plan:

- **Client and Community Engagement:** Actively engage, empower, and build trust through culturally appropriate services, partnering with clients, their families, and the community for their care and well-being.
- **Service Excellence and Innovation:** Provide an enhanced continuum of care through system-wide integration, drawing on evidence-based, trauma and culturally informed practices, innovative technologies, and appropriate levels of services.
- **Quality:** Expand care management quality and effectiveness through data-driven, continuous process improvement, training, education, and stakeholder engagement.
- **Growth and Access:** Serve as a behavioral health leader and community partner through accessible, timely, appropriate, and comprehensive care.
- **Staff Engagement and Leadership Development:** Develop and sustain a skilled, collaborative, and motivated workforce who have a passion for service and quality at all levels of the organization.
- **Financial Stability and Performance:** Ensure efficient, responsible, and strategic use of resources for long-term sustainability.

Scope and Responsibilities

The QIC will be comprised of a central committee which will establish permanent or ad-hoc subcommittees. These subcommittees will work at the direction of, and report on their activities to, the QIC. Additionally, the QIC will:

- Review and revise this Charter as applicable.
- Oversee and evaluate the effectiveness of the designated subcommittees; re-organize or dissolve subcommittees as needed.
- Promote a system-wide organizational culture focused on safety, cultural competence, accountability, and just behavior.
- Review safety event data trends, risk assessments and management, health care quality, and other areas of focus.
- Utilize data-driven decision making to review, audit and monitor departmental metrics and benchmarks.
- Maintain oversight of audit readiness, including staying abreast of significant developments relating to regulatory requirements and associated standards and expectations.
- Ensure that VCBH develops and implements timely, appropriate corrective and preventative actions in response to any monitoring activities and audit findings.

Voting Members

The QIC is chaired by the Compliance and Managed Care Operations (MCO) team members and includes the following:

- VCBH Director
- VCBH Assistant Director
- VCBH Medical Director
- Chief Financial Officer
- All Division Chiefs / Designees
- Office of Health Equity
- Subcommittee Delegates

The non-voting list of attendees includes, but is not limited to: QIC Planning Leads, Operations Senior Managers, MCO and Quality Care Managers and Staff, Strategic Planning & Administration and Facilities Managers, Human Resources Personnel, Assistant Public Guardian representatives, and Patients' Rights Advocate.

QIC Meetings

The QIC shall meet every other month for two (2) hours and may call special meetings as necessary. Meetings may be held in-person or as a video conference. At every meeting, the Chair will designate a

secretary to take and maintain minutes. The minutes from each meeting will be reviewed and approved when the QIC reconvenes. It is the expectation that all QIC members will attend every meeting.

Voting

QIC members will attempt to reach a consensus on significant issues. If consensus cannot be reached, majority vote will prevail. Voting can only occur if a quorum is present. A quorum represents 60% of the core members (for example, nine of sixteen).

Subcommittee Requirements

The primary purpose of the subcommittees is to oversee, monitor, and implement activities based on the areas of focus, with particular emphasis on continuous quality improvement and compliance with associated policies. Subcommittees are expected to self-organize under the guidance of the QIC or representatives of the QIC. The subcommittees will stay focused on the intended area of expertise and operate under a defined set of responsibilities, hold scheduled meetings, and keep minutes of subcommittee proceedings.

All levels of the organization and a cross-section of the department must be represented at each subcommittee to effectively achieve each subcommittee's goals.

A subcommittee may adjust its structure depending on need, but it should always aim to include diverse levels of staff to facilitate accountability and agility across VCBH. A subcommittee should attempt to limit attendance to fifteen (15) participants.

Subcommittees are expected to establish and maintain their individual charters, policies, metrics, trend analyses, and risk management activities, as well as appropriate coordination with other Subcommittees when necessary.

Subcommittees reporting to the QIC are as follows:

- **Community Experience Committee**
Focus Areas: health equity, beneficiary satisfaction, access to services, client experience, and community engagement through outreach and prevention efforts
- **Provider Experience Committee**
Focus Areas: contract review, contracted provider compliance, provider support, care coordination, credentialing
- **Fiscal Responsibility Committee**
Focus Areas: claims review, payment reform, contract performance, grant funding opportunities and review
- **Information Architecture Committee**
Focus Areas: Electronic Health Record (EHR) and other data sources management, software

management, data integration, data exchange and sharing, reporting and internal/external dashboards

- **Operational Excellence Committee**

Focus Areas: training and integration of best practices, quality assurance, operational workflow effectiveness

- **Quality Oversight Committee**

Focus Areas: audits and reviews, performance improvement projects, Healthcare Effectiveness Data and Information Set (HEDIS) reporting, department-wide performance and outcomes metrics reporting and analysis, development and review of Quality Assurance and Performance Improvement (QAPI) metrics

- **Staff Experience Committee**

Focus Areas: employee engagement efforts, contractor employee satisfaction, training and development

This charter is in Draft as of last update on November 8, 2024 and will be presented to the QIC to review and ratify on December 5, 2024.