SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy 26-02 Attachment A: QIC Subcommittee List and Descriptions

QIC Subcommittees are organized under 5 areas of focus: 1) Research and Evaluation, 2) Policy, 3) System of Care Coordination, 4) Workforce Development, and 5) Quality of Care. Below are descriptions of the subcommittees associated with each Area of Focus.

I. Research and Evaluation

A. Performance Improvement Project (PIP) Committee

Responsible for identifying PIP topics, oversees development and implementation of PIPs for both the MHP and DMC-ODS. Subcommittees may be formed to work on specific PIPs.

B. Performance Monitoring Committee (PMC)

Monitors system health based on analysis of key performance measures. Performance measures include measures required by regulation and additional internal measures identified by SMC Health or BHRS. This committee also helps identify performance measures and updates the list of performance measures as needed.

C. Performance Reporting Group (PRG)

Provides overall guidance on the collection of BHRS data and presentation of data, such as reports, and to serve as a coordinating body for monitoring and reporting needs. This includes addressing data issues related to quality of the data and how it is input, how to organize and interpret data, and creating a framework for how reports are selected, developed, tested, and put into production. An overarching goal of the PRC is to assure easy access to data for management and staff so that they can monitor what they desire and create their own reports to better support decision-making.

D. Institutional Review Board [IRB]

The IRB operates following Policy 25-XX, which serves as the governing procedures for the conduct and review of all human research conducted under the auspices of BHRS.

E. Policy Committee

Manages all BHRS policies and establishes protocols and procedures for policy management. Policy management includes the review/modification/retirement of existing policies and the creation of new policies. Issues regarding policies, including new regulations that impact BHRS policies, are brought to this committee for review and determination of next steps. Determines needs for training and education, makes recommendations to content area experts to conduct additional training or communication to ensure compliance with all current polices. Maintains indexes of current and obsolete policies. Posts policies on the Health System website at http://www.smchealth.org. Maintains signed hard copies of all policies in the QM office.

II. System of Care Coordination

A. Behavioral Health Integration Committee

Responsible for planning implementation of an integrated behavioral health system (MHP and DMC-ODS).

B. Transitions of Care Committee

Evaluates and provides guidance on processes for transitions of care. Transitions of care include transitions between BHRS and Mild-to-Moderate providers, transfers from one BHRS program to another BHRS program (including contracted agency programs), and coordination of care when a client is receiving services concurrently from multiple service delivery systems.

III. Workforce Development

A. Workforce Development and Education Committee

Identifies training needs and coordinates and establishes priorities for workforce education programs/trainings/etc. Sets standards on process for requesting, providing, and getting feedback on trainings.

B. Credentialing Committee

The Credentialing Committee was established as a confidential multi-disciplinary body appointed by our BHRS Director, consisting of representative members from various BHRS departments (such as payroll, contracts, billing, and quality management) to review the different types of providers being credentialed/recredentialed within our system, including psychiatry, nursing, clinicians, and non-clinical disciplines. The Credentialing Committee serves as an oversight body responsible for approving of standards pertinent to credentialing and re-credentialing (to assure that initial, ongoing, and termination) of providers
BHRS network of care.

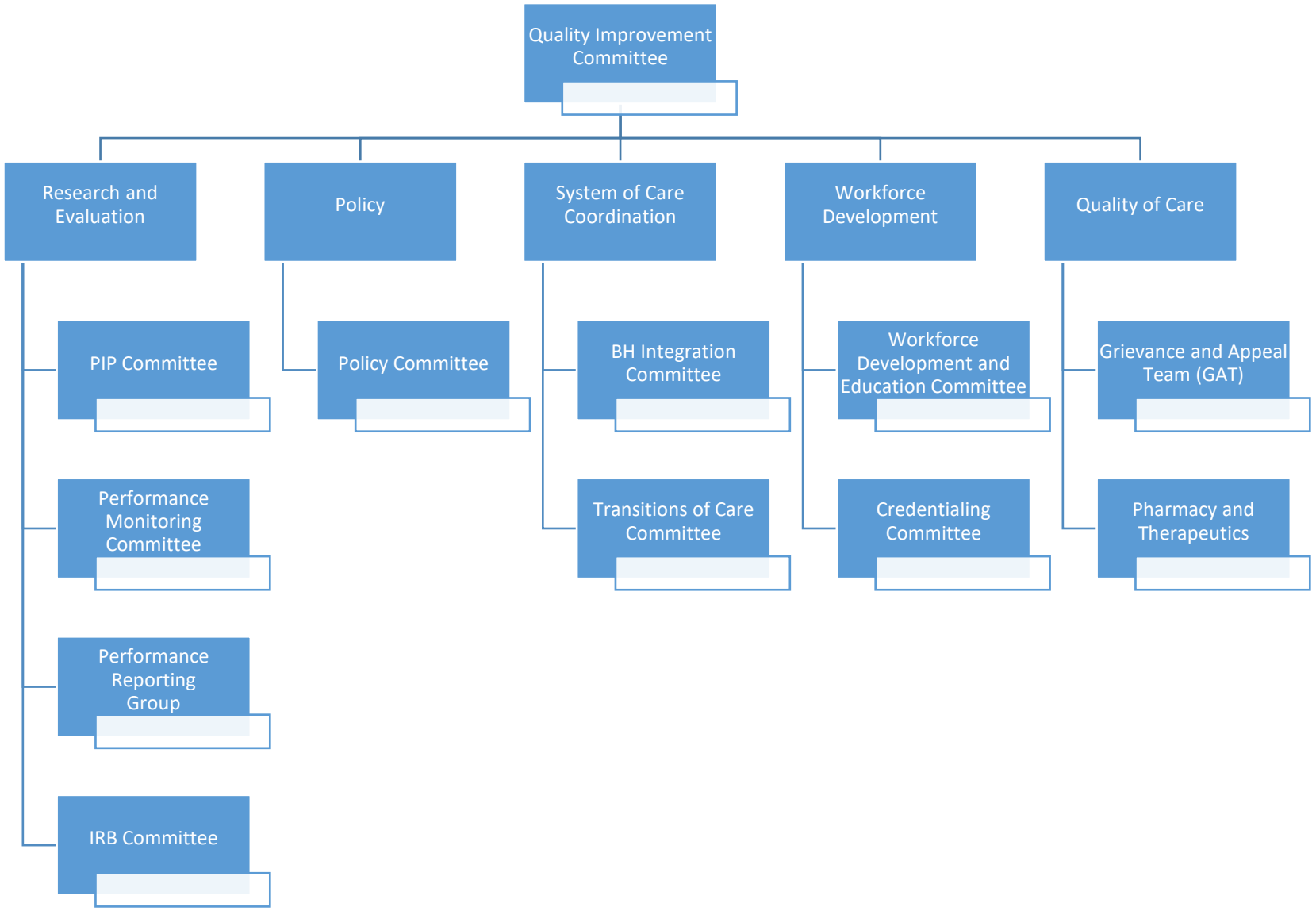
IV. Quality of Care

A. Grievance and Appeal Team (GAT)

The GAT is comprised of BHRS staff members from several BHRS programs including members of the Office of Consumer and Family Affairs (OCFA), Quality Management (QM) and Substance Use Disorder (SUD) program managers. The GAT meets regularly to review all grievances and appeals received by OCFA. During GAT meetings, consultation regarding complex grievances and appeals are discussed. The goal of the GAT is to ensure all grievances and appeals are investigated, resolved to satisfaction within a timely manner and to ensure that BHRS beneficiaries are receiving high quality of care.

B. Pharmacy and Therapeutics Committee

Under the directives of BHRS Medical Director, the P&T Committee provides guidance, planning, reviews, and support of the Medication Monitoring Process.


Quality Improvement Committee
Research and Evaluation
Policy
System of Care Coordination
Workforce Development
Quality of Care
PIP Committee
Performance Monitoring Committee
Performance Reporting Group
IRB Committee
Policy Committee
BH Integration Committee
Transitions of Care Committee
Workforce Development and Education Committee
Credentialing Committee
Grievance and Appeal Team (GAT)
Pharmacy and Therapeutics