SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy Number:	**26-02**
Policy Name:	**Quality Improvement Committee (QIC)**
Authority:	County Contract with Department of Health Care Services (DHCS) for Mental Health and Drug Medi-Cal Organized Delivery System (DMC-ODS)
Original Policy Date:	February 27, 2026 Effective Date: 02/27/26
Supersedes:	16-11
Attachments:	**A.** QIC Subcommittee List and Descriptions

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.

BACKGROUND

As part of the contract with the Department of Health Services, SMC BHRS must establish a QI Committee to review the quality of Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services provided to beneficiaries. The QI Committee shall recommend policy decisions; review and evaluate the results of QI activities, including performance improvement projects; institute needed QI actions; ensure follow-up of QI processes; and document QI Committee meeting minutes regarding decisions and actions taken.

The QIC is embedded in the Quality Improvement Program that aims to monitor SMC BHRS' delivery systems with the aim of improving the processes of providing care and better meeting the needs of its beneficiaries.

POLICY

BHRS will maintain a Quality Improvement Committee that meets regularly to review, evaluate, and provide feedback on the systems of care.

I. QIC Responsibilities

Specific QIC Responsibilities include:

A. Policy

Provides feedback on BHRS policies and procedures. The QIC follows the procedures for policy management outlined in BHRS Policy 08-02: Policy Management, Development, and Approval

Process.

B. QI Work Plan

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

C. Performance Improvement Projects

Helps BHRS leadership and Quality Management (QM) staff to develop and manage annual "Performance Improvement Projects." A minimum of two Performance Improvement Projects (PIPs) in each delivery system (MHP and DMC-ODS) will be conducted per year, including any PIPs required by DHCS or CMS. Each delivery system will include one PIP which shall focus on a clinical area and one PIP which shall focus on a non-clinical area. There may be times in which a PIP may be counted toward both the MHP and DMC-ODS, which would result in fewer than 4 total PIPs needing to be completed.

D. Review of Data

Reviews the following data at a minimum on a quarterly basis to align with External Quality Review Organization (EQRO) requirements. The EQRO shall measure defined data elements to assess the quality of service provided by SMC BHRS. These data elements shall be incorporated into the EQRO protocol:

1. Number of days to first MHP or DMC-ODS service at appropriate level of care after referral.
2. Existence of a 24/7 telephone access line with prevalent non-English language(s).
3. Access to DMC-ODS services with translation services in the prevalent non-English language(s).

Additionally, SMC BHRS will report to the QIC (monthly, quarterly or annually) on various measures (e.g. data regarding hospitalizations, clinical practice, grievances, patients' rights, incident reports, cultural competency, AOD/SUD issues).

E. System-Wide Improvements

1. Gathers input on QIC topics from QIC members (clients/family members, staff and providers) and communicates relevant information to management or others as appropriate.
2. Remains informed about BHRS programs, asks questions and gives input.
3. Reviews audit results, such as from the 3-year DHCS Medi-Cal audit.
4. Identifies opportunities for improvement of county behavioral health services and, in collaboration with management, decides which opportunities to pursue.

F. Grievances

SMC BHRS shall include a procedure to transmit issues identified as a result of the grievance, appeal or expedited appeal processes to the QIC, the SMC BHRS administration or another

appropriate body within SMC BHRS operations. SMC BHRS shall consider these issues in the Contractor's Quality Improvement Program, as required by Cal. Code Regs., tit. 9, §1810.440(a)(5). (Cal. Code Regs., tit. 9, § 1850.205(c)(7).). Refer to BHRS Policy 19-01: Consumer Problem Resolution & NOA for more information on the Grievance an Appeal process and reporting requirements.

G. Other Responsibilities

1. Coordinates with QIC subcommittees and other related workgroups and committees.

II. 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. A minimum of 9 members with at least one member from each of the groups below is required to form the QIC.

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

III. Membership Structure

A. 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.

B. Co-Chair

The BHRS Compliance Officer is 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. The Compliance Officer is also a member of the BHRS Executive Leadership, ensuring that executive representation in the QIC is formally identified.

C. 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.

D. 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.

E. 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.

F. 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)

Members identified as being in questionable standing will be contacted by the QIC Chair to review participation expectations and determine whether continued membership is appropriate. The Chair may implement actions such as clarifying expectations, confirming ongoing commitment, or recommending replacement to ensure active participation and required representation on the Committee.

IV. Membership Commitment:

Members 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.

V. Subcommittee Structure

The QIC may name subcommittees to perform specific tasks that support QM Program activities. Subcommittees meet regularly or on an ad hoc basis and report findings and recommendations to the QI Committee. The Quality Manager or staff delegate may serve on any and all committees.

See Attachment A for full list and description of QIC Subcommittees.

PROCEDURE/PROTOCOL

I. Meeting Structure

The QIC meets every other month. The QI Committee has a broad-based membership that is multidisciplinary and representative of BHRS groups and service programs. Membership includes lived experience peers and family members.

Contemporaneous and dated minutes reflect all QIC decisions and activities. Minutes are distributed to QIC members and are reviewed, confirmed, and finalized at the next meeting.

II. Meeting Minutes

Meeting minutes will include information on decisions made and actions taken by the committee. Minutes and presentations will be saved on a secure server and distributed for review by members prior to the next scheduled QIC meeting. Members will vote to approve or amend meeting minutes at the next scheduled meeting.

III. Adding or Replacing Members:

A. Adding a new member

New members shall receive an orientation to the committee and the responsibilities / expectations by a member of the QM department.

B. Replacing an existing member

The chair of the QIC will discuss participation with a 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 attend two QIC meetings in a row or more than three QIC meetings in a fiscal year (July 1-June 30).
2. 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.
3. Some members, such as BHRS employees with key positions will be permanent members (e.g, the Quality Manager, the BHRS Medical Director, etc.)

SIGNATURES

Approved: _____*Signature on File*_____
Dr. Jei Africa, PsyD, FACHE
BHRS Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description