

**SFY2024 Regional Quality Council Charter**  
**QIC Approved 6.26.23**

<b>Committee / Workgroup</b>	<b>Regional Quality Councils</b>
<b>Statement of Purpose</b>	As a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Quality Improvement Committee (QIC), the Regional Quality Councils (RQCs) are to identify and address risks of harm and ensure the sufficiency, accessibility, and quality of services to meet individuals’ needs in integrated settings. RQCs review and evaluate state and available regional data related to performance measure indicators (PMIs) and monitoring efforts to identify trends and recommend responsive actions in their respective regions to ensure continuous quality improvement.
<b>Authorization / Scope of Authority</b>	<p>The RQCs are part of the DBHDS quality oversight structure and represent each of the five DBHDS regions in Virginia. DBHDS provides the RQCs with relevant and reliable data to include comparisons with other internal or external data, as appropriate, as well as multiple years of data (as it becomes available). The PMIs guide the RQC’s discussion and monitoring. The QIC directs the work of the RQCs.</p> <p>RQCs may request data that may inform quality improvement initiatives (QIIs) and if requested data is unavailable, RQCs may make recommendations for data collection to the QIC.</p>
<b>Charter Review</b>	The RQC charter is reviewed/ revised on an annual basis or as needed and submitted to the QIC for approval.
<b>DBHDS Quality Improvement Standards</b>	<p>DBHDS is committed to a Culture of Quality that is characterized as:</p> <ul style="list-style-type: none"> <li>• Supported by leadership</li> <li>• Person Centered</li> <li>• Led by staff who are continuously learning and empowered as change agents</li> <li>• Supported by an infrastructure that is sustainable and continuous</li> <li>• Driven by data collection and analysis</li> <li>• Responsive to identified issues using corrective actions, remedies, and QIIs as indicated</li> </ul>
<b>Model for Quality Improvement</b>	<p>With the approval of regional QIIs implemented at the direction of the QIC, each RQC QII work group will report to the respective RQC regarding the status of the QII being implemented. This report, including associated data, will help the RQCs track implementation of the regional QII.</p> <p>The RQCs use the presented data (including trends and patterns), along with their analysis, to identify areas for development of QIIs at the individual, service-delivery, or systemic levels.</p> <p>To that end, the committee determines the:</p> <ul style="list-style-type: none"> <li>• Aim: What are we trying to accomplish?</li> <li>• Measure: How do we know that a change is an improvement?</li> <li>• Change: What change can we make that will result in improvement?</li> </ul>

	<p>Implements the Plan/Do/Study/Act Cycle:</p> <ul style="list-style-type: none"> <li>• Plan: Defines the objective, questions and predictions. Plan data collection to answer questions.</li> <li>• Do: Carry out the plan. Collect data and begin analysis of the data.</li> <li>• Study: Complete the analysis of the data. Compare data to predictions.</li> <li>• Act: Plan the next cycle. Decide whether the change can be implemented.</li> </ul> <p>Additionally, the RQC:</p> <ul style="list-style-type: none"> <li>• Reviews and evaluates data, trends, and monitoring efforts</li> <li>• Based on topics and data reviewed, recommends at least one QII to the QIC annually</li> <li>• Completes a committee performance evaluation annually that includes the accomplishments and barriers of the RQC</li> </ul> <p>Data reviews occur as part of quality improvement activities and as such are not considered research.</p>
<p><b>Structure of Committee / Workgroup:</b></p>	
<p><b>Membership</b></p>	<p>An interdisciplinary team approach will be achieved through representation from the following stakeholder groups:</p> <ul style="list-style-type: none"> <li>• Residential Services Providers</li> <li>• Employment Services Providers</li> <li>• Day Services Providers</li> <li>• Community Services Board (CSB) Developmental Services Directors</li> <li>• Support Coordinators/Case Managers</li> <li>• CSB Quality Assurance/Improvement staff</li> <li>• Provider Quality Assurance/Improvement staff</li> <li>• Crisis Services Providers</li> <li>• Individuals receiving services or on the Developmental Disability Waiver waitlist (self-advocate)</li> <li>• Family members of an individual previously or currently receiving services or on the waitlist (<i>Defined as within the past 3 years, either the individual having passed or lost services for whatever reason.</i>)</li> </ul> <p>Membership will include one person from each of these stakeholder groups with an additional Support Coordinator/Case Manager and Family Member for each region.</p> <p>In addition, the following DBHDS employees shall be standing members of each RQC:</p> <ul style="list-style-type: none"> <li>• Director, Community Quality Management or designee</li> <li>• Regional Quality Improvement Specialist</li> <li>• Community Resources Consultant</li> </ul> <p><u>Process for recruiting/approval of members:</u></p>

	<p>RQC members and alternates (excluding DBHDS standing employee members) are nominated by other RQC members, DBHDS regional staff, or DBHDS Quality Improvement staff. Quality Improvement staff contact nominees regarding the nominee’s willingness to serve. All nominations of RQC members and alternates are reviewed and approved by the QIC chair/co-chair.</p> <p><u>Role of Alternates:</u> An alternate for each membership role will serve as a proxy at meetings when the incumbent cannot attend. The alternate represents the same stakeholder group (i.e. employment provider) as the member and serves as the member’s proxy for voting. Alternates receive meeting agendas, meeting minutes and reports to be considered at meetings, and attend meetings in order to listen to and participate in discussions and be aware of decisions. This ensures continuity by providing the alternate with the ability to be informed in the event the member is not able to attend and the alternate is called upon to represent the stakeholder group.</p> <p><u>Membership Term(s):</u> RQC members (excluding DBHDS standing employee members) can serve up to two consecutive terms (one term is three years). The member would have one year of non-membership before being eligible to serve as a member again. If a member resigns for any reason prior to the fulfillment of the term, if willing, the alternate will fill the vacated membership position. If the alternate agrees to fill the vacated membership position, another alternate representing the same stakeholder group will be nominated and approved by the QIC chair/co-chair to fill the now vacated alternate position. If the alternate is not willing to serve as the member, they will serve as proxy until a new member is nominated and approved by the QIC chair/co-chair. Alternates do not have term limits. Members/alternates need only to be approved once by the QIC chair/co-chair and do not need to be approved for role changes.</p>
<b>Meeting Frequency</b>	The RQCs will meet on at least a quarterly basis. Each RQC shall meet with a quorum at least three (3) of the four (4) quarterly meetings in a state fiscal year. Additional workgroups may be established as needed.
<b>Quorum</b>	<p>A quorum is defined as at least 60% of members or their alternates, including representation from the following groups (One member may satisfy two roles):</p> <ul style="list-style-type: none"> <li>• a representative from the DBHDS QIC</li> <li>• an individual experienced in data analysis</li> <li>• a Developmental Disability (DD) service provider</li> <li>• an individual receiving services or on the DD Waiver waitlist or a family member of an individual receiving services or on the DD Waiver waitlist</li> </ul> <p>Meetings can occur in the absence of quorum; however, no actions can be taken during the meeting. These actions require quorum: approval of minutes, subcommittee recommendations to the QIC, approval/denial of QIIs, and proposed charter approval.</p>
<b>Leadership and Responsibilities</b>	The DBHDS Regional Quality Improvement (QI) Specialist shall serve as chair of the RQC. The chair will be responsible for ensuring the council performs its functions.

Standard Operating Procedures:

- Develop, update, and review annually the subcommittee charter
- Meet regularly to ensure continuity of purpose
- Maintain reports, meeting minutes, and/or actions taken as necessary and pertinent to the subcommittee's function
- Analyze data to identify and respond to trends to ensure continuous quality improvement
- Recommend QIIs (at least one per fiscal year, based on data analysis), which are consistent with Plan, Do, Study, Act model and implement QIIs as directed by the QIC

Each RQC will:

- Review and assess (i.e., critically consider) the data that is presented to identify:
  - a) possible trends;
  - b) questions about the data; and
  - c) any areas in need of QIIs and identifies and records themes in meeting minutes
- Determine for each identified topic area if:
  - a) more information/data is needed for the topic area;
  - b) a QII should be prioritized for the region and/or recommend a QII to DBHDS;
  - c) or if no action is needed/will be taken in that area at this time
- Propose at least one measurable outcome for each QII recommended by the RQC
- Monitor the regional status of any statewide quality improvement initiatives implemented as directed by the QIC
- Monitor and review provider reporting measures at least semi-annually and provide input to the QIC on these measures
- Review the results of Quality Service Reviews (QSR) and use findings to make recommendations to the QIC regarding identified needs.
- Review and approve meeting minutes to ensure accurate reflection of discussion, evaluation of data, and recommendations of the RQC. The DBHDS Office of Community Quality Improvement maintains approved meeting minutes for 100% of meetings.
- Report to the QIC for oversight and system-level monitoring at least three times per state fiscal year
- Report annually to the QIC on the results of the RQC implemented QIIs
- Present 100% of agreed upon recommendations to the QIC

Member Responsibilities:

Each member, including alternates, will be oriented to the purpose, operations and member responsibilities including quality improvement, data analysis and related practices. This orientation is completed independently online or

	<p>virtually/live with a QI Specialist. This training shall be offered and suggested to be completed within one month of receiving notification of approval of membership.</p> <p>All RQC members, including alternates, will have the opportunity to review relevant training resources as they become available.</p> <p>Members are responsible for reviewing data and reports provided and engaging in discussions, which include an exchange of ideas from the perspective of the stakeholder group they represent.</p> <p><u>RQC Liaison:</u> Each RQC will appoint a member (excluding DBHDS employees) to serve as liaison to the QIC. Liaisons attend the QIC meetings, either in-person or remotely, representing their respective RQC. Liaisons are responsible for reporting all agreed upon RQC recommendations to the QIC. If the liaison cannot attend the QIC (in-person or remotely), another member of that RQC shall be asked to represent that RQC at the QIC meeting.</p>
<p><b>Definitions</b></p>	<p>The following standard definitions as referenced in Part I of the Quality Management Plan (Program Description) are established for all quality committees:</p> <ul style="list-style-type: none"> <li>• Advising Members - Members of the quality committees without the authority to approve meeting minutes, charters, PMIs and other activities requiring approval.</li> <li>• Corrective Actions - DBHDS OL imposed requirements to correct provider violations of Licensure regulations</li> <li>• Data Quality Monitoring Plan - Ensures that DBHDS is assessing the validity and reliability of data, at least annually, that it is collecting and identifying ways to address data quality issues.</li> <li>• Eight Domains - Outline the key focus areas of the DBHDS quality management system (QMS): (1) safety and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4) stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity.</li> <li>• Home and Community-Based Services (HCBS) Waivers - provides Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia’s CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver.</li> <li>• Key Performance Area (KPA) - DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well-Being; Community Inclusion and Integration; and Provider Competency and Capacity.</li> <li>• Key Performance Area Workgroups - DBHDS workgroups that focus on ensuring quality service provision through the establishment of performance measure indicators, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains.</li> <li>• N - Sample size</li> </ul>

- National Core Indicators - Standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks. Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health and safety.
- Performance Measure Indicators (PMIs) - Include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review.
- Provider Reporting Measures - Provider reporting measures are those measures that providers report progress on to DBHDS.
- Quality Committees - The QIC and QIC Subcommittees collectively
- Quality Improvement Committee (QIC) Subcommittee/Quality Committee - DBHDS quality committees, councils and workgroups existing as part of the QMS (Case Management Steering Committee, Key Performance Area Workgroups, Mortality Review Committee, Regional Quality Councils, and the Risk Management Review Committee).
- Quality Improvement Committee (QIC)-Oversees the work of the QIC subcommittees
- Quality Improvement Initiative - Addresses systemic quality issues identified through the work of the QIC subcommittees.
- Quality Service Review - Review conducted for evaluation of services at individual, provider, and system-wide levels to evaluate: whether individuals' needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers' services, quality improvement and risk management strategies, and provide recommendations to providers for improvement.
- Quorum - Number of voting members required for decision-making.
- Regional Quality Councils (RQC) - DBHDS formulated councils, comprised of providers, CSBs, DBHDS quality improvement personnel, and individuals served and their family members that assess relevant data to identify trends and recommend responsive actions for their respective DBHDS designated regions.
- State Fiscal Year (SFY) - July 1 to June 30
- Voting Members - Members of the quality committees with the authority to approve meeting minutes, charters, PMIs and other activities requiring approval.
- Waiver Management System (WaMS) - The Commonwealth's data management system for individuals on the HCBS DD waivers, waitlist, and service authorizations.