Health, Safety and Wellbeing KPA Workgroup Charter
Established: September 7, 2017
Revised: June 24, 2024

MISSION

To identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; to collect and evaluate data to identify and respond to trends to ensure continuous quality improvement.

PURPOSE

As a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Developmental Disabilities (DD) Quality Improvement Committee (QIC), the Health, Safety and Wellbeing (HSW) Key Performance Area (KPA) Workgroup is charged with responsibilities associated with collecting and analyzing reliable data related to the domains of safety and freedom from harm, physical, mental, and behavioral health, and well-being, and avoiding crises. The HSW KPA Workgroup assesses whether the needs of individuals enrolled in a DD waiver are met, whether individuals have choice in all aspects of their selection of services and supports, and whether there are effective processes in place to monitor the individuals' health and safety. The HSW KPA Workgroup establishes goals and monitors progress toward achievement through the creation of specific KPA performance measure indicators (PMIs).

The HSW KPA Workgroup has established two outcomes reflective of its purpose:
Individual: People being served are safe, receive routine, preventative healthcare, and holistic, person-centered behavioral health services and supports.

Engagement of Communities: Communities work together to address health-related issues, identified and prioritized by DBHDS, as indicated through the mechanisms such as Behavioral Health Index and others, to promote well-being to achieve positive health impact and outcomes through the provision of training opportunities, support for coalition capacity-building, and leveraging community resources to enact environmental changes that support the social, emotional, spiritual, and physical well-being of individuals served.

AUTHORIZATION/SCOPE OF AUTHORITY

This workgroup has been authorized by the DBHDS DD QIC. This workgroup's scope of authority includes identifying concerns/barriers in meeting the PMIs and implementing and/or recommending quality improvement initiatives (QIIs). The subcommittee is to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated setting and evaluate data to identify and respond to trends to ensure continuous quality improvement. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional focus groups may be established as needed.

DEFINITIONS

Term	Definitions
Advisory Members	Members of the quality committees without the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval. Members do provide input and feedback to voting members.
Continuous Quality Improvement	An ongoing process of data collection and analysis for the purpose of improving programs, services, and processes.
Designee	A person selected to carry out a duty or role within a quality committee on behalf of a voting member. This person assumes voting member responsibilities when acting on behalf of voting member and should be in a position reflective of that authority, including awareness of the organization or system impact of actions taken by the QIC. Designees may also be selected by an advisory member to fill in when the advisory member is unable to attend. Person should have the same/similar role as that of the advisory member.
Eight Domains	Designated spheres of knowledge, influence, or activity within the structure of the DD QMS: safety and freedom from harm; physical, mental, and behavioral health and wellbeing, avoiding crises, stability, choice and self-determination, community inclusion, access to services, and provider capacity.
Key Performance Areas	DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services. The DD QMS has established three: health, safety and wellbeing, community inclusion and integration, and provider capacity and competency.
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)	Outcome and output measures used to report the progress towards specified targets established by DBHDS DD QMS, designed to address areas of importance, or need for DBHDS.
Provider Reporting Measures	Measures that providers report progress on to DBHDS that assess both positive and negative aspects of health and safety and of community integration.
Quality Committees	A collective term used to describe the groups of people with the DD QMS who consider, investigate, act, and report on quality assurance, risk management, and quality improvement. Groups include quality improvement committee (QIC), subcommittees, work groups, and councils.
Quality Improvement Committee	Overarching quality committee that exists as part of the DD Quality Management System (QMS)
QIC Subcommittees	Committees, councils, and workgroups that exist as part of the DD QMS and who report to the DD QIC.
Quality Improvement Initiative (QII)	A formal plan, based upon data reviews, that addresses identified areas for improvement and uses the Model for Improvement.

Quality Plan aka Quality Management Plan (QMP)	Three part document that describes (1) the programs involved in the DD QMS, and processes deployed by the programs, (2) the quality committee structure, and (3) an annual report detailing the work of the DD QMS including evaluation of the quality committees.
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 (RQCs)	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.
Surveillance Data	Data that is not specific to a performance measure indicator; all other data that is collected and reviewed
Voting Members	Members of the quality committees with the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval. Voting members must designate a proxy, who can attend meetings when the voting member is unable to do so.

RESPONSIBILITIES, DUTIES, ACTIVITIES

List what the committee will do, who the committee will report to, and anything that members will be responsible for (See Examples Below)

Writing Tips: Simplify bullets to no more than two lines, use active voice, lead with action words
DELETE PRIOR TO PUBLICATION

General
- Includes internal stakeholders with experience in:
  - Clinical training
  - Quality improvement
  - Quality management
  - Resource management
  - Developmental disabilities
  - Behavioral health
  - Compliance
  - Behavioral analysis
  - Provider services
  - Data analytics
- Commits to a culture of quality characterized by:
  - Supported by leadership
  - Person Centered
  - Led by staff who continuously learn and empowered as change agents

- o Supported by an infrastructure that is sustainable and continuous
- o Driven by data collection and analysis
- o Responds to identified issues by using QIIs and other mitigating strategies as indicated
- Implements continuous quality improvement processes or practices
- Develops and reviews annually the charter with revisions as needed
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the HSW KPA Workgroup
- Provides orientation and training to members to include:
  - o DBHDS DD Quality Management System
  - o HSW KPA Workgroup charter
  - o Member responsibilities
  - o Continuous quality improvement
- Reports to the DD QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs
- Provides relevant data (statewide aggregate, regional) to the RQCs including comparisons to other internal or external data with multiple years as available
- Shares data with quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee
- Adheres to agency policy on HIPAA compliance and protecting confidentiality (IT.001 – Privacy Policies and Procedures for the Use and Disclosure of PHI)

Data Review and Analysis
- Establishes performance measure indicators (PMIs) that align with the eight domains when applicable
- Assesses PMIs overall annually and based upon analysis, PMIs may be added, revised, or retired
- Monitors progress towards achievement of identified PMIs, and for those falling below target, determines actions designed to raise the performance
- Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns
- Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
- Establish at least one PMI for each domain, identified as either an outcome or output measure, using the identified dataset process document template
- Determines priorities when establishing PMIs
- Considers a variety of data sources for collecting data and identify the data sources to be used
- Determines and finalizes surveillance data from a variety of sources.
- Uses surveillance data to establish a PMI or develop a QII
- Monitors surveillance data on a regular schedule
- Monitors surveillance data in each domain and responds to identified trends or concerns
- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly
- Utilizes data analysis to identify areas for improvement and monitor trends; identifies and priorities QIIs as needed
- Reviews the results of Quality Service Reviews (QSRs) to identify system level findings for proposing a QII

- Reviews the results of the National Core Indicators (NCI) In-Person Survey to identify areas for improvement
- Utilizes the NCI adult family, family guardian and child family surveys as part of surveillance data review as applicable

Quality Improvement Initiative(s)
- Identifies areas for development of quality improvement initiatives (QIIs) using:
  - data reviews
  - data collection
  - analysis of data including trends and patterns
  - noted problems at individual service delivery and systemic levels
- Utilizes the Model for Improvement, which includes the Plan-Do-Study-Act cycle when considering a quality improvement initiative (QII)
- Develops QII Toolkit, per directions, when proposing a QII
- Proposes at least one QII per year, consistent with the Model for Improvement and Plan-Do-Study-Act cycles
- Implements approved QIIs within 90 days of the date of approval, and as directed by the DD QIC
- Monitors progress of assigned, approved QII(s) and addresses concerns/barriers as needed, via updates to QII Toolkit(s)
- Evaluates the effectiveness of the approved QII(s) for its intended purpose
- Provides updates to the DD QIC on QII(s) status

Meetings
- Conducts regular meetings to ensure continuity of purpose
- Maintains reports and/or meeting minutes as necessary and pertinent to the committee's function
- Discusses, at a deeper level, PMIs, and associated surveillance data at scheduled intervals
- Aligns work to the assigned key performance area (KPA), including the domains associated with the KPA
- Utilizes approved system for tracking PMIs, the efficacy of preventive, corrective and improvement measures, and work of the subcommittee
- Discusses and responds to the DD QIC assignments or directives
- Updates members on QII status according to data review schedule

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair Developmental Services Assistant Commissioner **Co-chair** – as designated by Chair	• Ensures subcommittee executes responsibilities • Ensures subcommittee performs its functions • Facilitates meetings • Ensures response to RQCs' suggestions, questions, or requests • Provides update to DD QIC as scheduled
Logistic Support Quality Management Coordinator	• Develops agenda per schedule • Develops draft minutes, finalizes approved minutes

	• Schedules meetings • Develop reports, presentations • Develop data review schedule • Distributes materials via Teams • Distributes, via Teams, when voting members need to act • Provides orientation to all members
Voting Members	• Maintains decision making capability and voting status. • Responsible to enter, review and analyze assigned data when indicated • Review surveillance data to identify any concerns for discussion at the scheduled time • Reviews data and reports for meeting discussion; comes prepared • Assigns a designee when unable to attend; designee serves as voting member with all rights • Informs Chair and Logistic Support when unable to attend, and if a designee will be attending.
Advisory Members	• Performs in an advisory capacity by identifying issues and concerns • Contributes to discussions and assigned work • Supports the subcommittee in performing its functions

MEMBERSHIP

Voting Members	• Director, Office of Human Rights, or designee • Assistant Commissioner for Developmental Disability Services, or designee • Senior Director, Clinical Quality Management, or designee • Director, Community Quality Management, or designee • Director, Office of Integrated Health Network Supports, or designee • Director, Office of Licensing, or designee • Mortality Review Office Clinical Manager, or designee • Data Coordinator, Office of Clinical Quality Management • Director, Office of Provider Network Supports, or designee • Director, Office of Waiver Network Supports, or designee • Manager, Office of Individual and Family Support, or designee • Director, Office of Housing, or designee • Director, Community Networks Supports, or designee • Quality Management Contracts Manager, or designee • Representative, Crisis Services, or designee
Advisory Members	• QM/QI Coordinator • Quality Improvement Specialist • Director, Office of Transition Network Supports (formerly Settlement Agreement Advisor) • Other as determined by the HSW KPA Workgroup

MEETINGS

Meeting Frequency	Meetings shall be held monthly, at least 10 times per year; additional meetings may be scheduled as determined by the urgency of issues. Meetings can occur in the absence of quorum; however, no actions can be taken during the meeting.
Quorum	A quorum is 50% plus one of the voting members. Actions requiring quorum include approving minutes, subcommittee recommendations to the DD QIC, and approval/denial of proposed QIIs, proposed PMIs (new, revised, ending) and charter revisions.
Agenda and Minutes	The agenda, meeting materials, and draft minutes from previous meetings shall be posted to Teams prior to the scheduled meeting. All meeting materials are stored in Teams for members to view.

CONTACT

Division, Office, or Program	Role Title
Developmental Services	Assistant Commissioner
Office of Clinical Quality Management	Quality Management Coordinator