

Governing Body -MVBCN Mental Health and Chemical Dependency Outpatient Services		Pages: 1 Date: Sept. 2010
Subject: Standards for Provider Quality Assessment and Performance Improvement Process	Prepared By: Quality Management Committee	Approved By: MVBCN Regional Advisory Council

POLICY: All provider members of the MVBCN will maintain a Quality Assessment and Performance Improvement program consistent with the Integrated Services and Supports Rule (ISSR) (OAR 309-032-1555).

The annual Performance Improvement Plan and a six-month report of progress on the plan will be reviewed by the MVBCN Quality Management Committee. The Plan evaluation will be used as one requirement of provider profiling and membership renewal. The MVBCN Quality Management Committee (QMC) and MVBCN staff will provide technical assistance to MVBCN member agencies in support of meeting the requirements of this policy.

The ISSR requires that the agency Quality Improvement Committee must include representatives of individuals served and their families. Consistent with MVBCN’s strong commitment to advocate involvement in systems improvement efforts, QMC recommends the following guidelines for consumer and family member participation in agency quality processes:

- Advocates should represent the range of agency programs (i.e. child, adult, mental health, alcohol and drug)
- It is recommended that agency quality committees include a minimum of two advocate representatives. No single person can represent the diversity of experience and opinion among consumers and family members. The most powerful advocacy happens when people make themselves vulnerable by sharing personal experience. Advocates can feel disempowered in relationship to agency staff; therefore it is important that advocates have peer support during meetings and for debriefing.
- There are a wide variety of structures that BCN agencies have found successful for carrying out quality improvement tasks. Some providers have a single committee, with the number of members and frequency of meetings proportionate to the size and complexity of services. Others have one committee designated as the formal quality committee, with numerous sub-committees carrying out specific functions and reporting to the larger group. These may be linked with the local mental health or alcohol and drug planning structures required of counties. The level of advocate involvement in sub-committees and task groups will vary depending on the functions assigned to the group. It is preferable to include multiple advocates who bring a variety of views and provide each other peer support.
- MVBCN’s Consumer Affairs Specialist is available to provide assistance with recruiting, orienting and supporting advocates to participate at the agency level.

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