DRAFT Charter Document for
System Integration and Transformation in Marin County
April 2013

The Systems Integration Steering Committee is a representative quality improvement partnership between County Health and Human Services leadership, Community Based Organization leadership, Advisory Boards, Consumer and Family stakeholders, and Front Line Change Agents. *Refer to Appendix A for membership representation.*

VISION: The vision of the Systems Integration Steering Committee is to create a compassionate community that is welcoming and responsive to those with complex needs.

MISSION: The mission of the Systems Integration Steering Committee is to promote a welcoming, integrated system of care that respects the complexity and diversity of all those served.

This charter document is a working document that outlines agreed upon action steps for Steering Committee membership to implement the mission. *Refer to Appendix B for the framework and principles of the Comprehensive, Continuous Integrated Systems of Care (CCISC) framework and the Marin County Road Map for Integration.*

ACTION STEPS FOR THE SYSTEMS INTEGRATION STEERING COMMITTEE

1. **Adopt this charter document** as an official statement, and disseminate officially to all stakeholders.
2. **Ensure ongoing involvement of change agents** representing the front line voice of county staff, provider agency staff, and consumers/families/other stakeholders, and ensure empowered representation of the Change Agents at the Steering Committee.
3. **Develop annual goals and benchmarks** that align with and further the vision and mission of the Systems Integration partnership. Examples could include: implementing integrated screening and assessment, and stage-matched treatment and recovery planning; developing funding and billing policies; and/or developing strategies for continuing education for all levels of the workforce to provide recovery/resiliency-oriented complexity capable services.
4. **Align all current and new related initiatives** in the direction of a common vision of systems integration. Examples include alignment with: AB109; the 10-year plan to end homelessness; primary health/behavioral health integration; and prevention/early intervention activities.
5. **Incorporate the Systems Integration and Continuous Quality Improvement language and philosophy** into all formal documents, including policies, procedures and contracts.

PRACTICAL STEPS FOR THE STEERING COMMITTEE PARTNERSHIP MEMBERS

1. **Establish a Multi-Level Continuous Quality Improvement Team** of leadership, supervisors, front line staff, and consumers who are interested in creating welcoming, complexity capable services.
2. **Select representative Change Agents** to support internal change and to participate regularly in the Change Agent Team meetings, trainings and activities.
3. **Conduct an annual self-survey** for each program using established tools such as the COMPASS-EZ or DDCAT for the purpose of continuous quality improvement.
4. **Develop and implement program-specific Quality Improvement Action Plans outlining measurable changes** to move toward complexity capability. Monitor the progress of the action plan at six-month intervals. Examples may include: adopting welcoming access policies; implementing or improving integrated screening, strengths-based assessment and stage-matched treatment and recovery planning; and enhancing workforce competency.