

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	<i>Policy</i> <i>Clinical Practices Guidelines</i>
Department: Clinical Performance Team	Local Policy Number (if used)
Approval Date 4/27/2020	Implementation Date 6/1/2020

I. PURPOSE

To establish a regional policy for the consistent and effective review, adoption, and implementation of Clinical Practice Guidelines (CPGs), Evidence-Based Practices (EBPs) and Promising Practices (PPs) for the region.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
10/2/2013	1	Revised to reflect the new regional entity effective January 1, 2014.
11/17/2016	2	Revised per scheduled review.
4/16/20	3	Name changes: Utilization Management/Utilization Review Committee, Managed Care Rules (References)

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. DEFINITIONS

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Clinical Practice Guidelines (CPG): Systematically developed standardized specifications for care to assist provider and consumer decisions about appropriate health care for specific clinical circumstances. Practice guidelines are typically developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus.

Evidence Based Practices (EBP): A prevention or treatment practice, regimen, or service that is grounded in consistent scientific evidence showing that it improves consumer outcomes in both scientifically controlled and routine care settings. The practice is sufficiently documented through research to permit the assessment of fidelity. This means elements of the practice are standardized, replicable, and effective within a given setting and for particular populations. As a result, the degree of successful implementation of the service can be measured by the use of a fidelity tool that operationally defines the essential elements of the practice.

Fidelity: The degree of exactness with which something is copied or replicated

Promising Practices (PP): A prevention or treatment practice, regimen or service that is supported by a moderate level of evidence for effectiveness. They may be based on quasi-experimental design of weak to moderate vigor. These practices rely on evidence derived from a literature review (i.e., expert opinion).

V. Policy

The Regional Clinical Performance Team (CPT) will be responsible for evaluating, and recommending Clinical Practice Guidelines (CPG's), Evidence Based (EBP's) and Promising (PP's) Practices and developing implementation and monitoring plans upon adoption of CPG's, EBP's or PP's. Any staff member of an affiliate CMHSP or contracted provider may present a CPG, EBP, or PP to the CPT for analysis and consideration.

VI. Standards

Recommended Guidelines and Practices should be:

- Based upon a review of valid and reliable clinical evidence. If they are not evidence-based, the recommended guidelines/practices should represent the consensus of health care professionals. CPT will ensure the review and feedback includes representation from all appropriate health care disciplines.
- Based upon and responsive to the needs of the consumers served by the Community Mental Health Partnership of Southeast Michigan.
- Consistent with the values, mission, and vision of the Community Mental Health Partnership of Southeast Michigan.

- Responsive to the issues of the local CMHSP's.
- Specific with regard to the degree of fidelity with which the practice will be implemented and developed to include a plan for on-going monitoring of fidelity and/or other measures of progress.

If, based on the above factors, the CPT decides to recommend a CPG/EBP/PP for use within the network, a representative of the CPT will present this recommendation to the Regional Operations Committee (ROC). The ROC will decide whether the recommended guidelines/practices:

- Will be adopted
- If adopted, will require regional implementation
- If adopted, will be a local option to implement

Once a guideline/practice is adopted by the ROC, the affiliates will be responsible for developing an implementation plan and disseminating this plan, along with a copy of the guidelines/practices, to contracted providers.

Adopted guidelines/practices should be reevaluated annually by the Clinical Performance Team regarding effectiveness of implementation and maintenance of fidelity, and recommendations made to the ROC to continue, modify, or discontinue the use of the current guidelines/practices.

Copies of guidelines/practices should be made available, upon request, to consumers.

Authorization and utilization decisions should be consistent with the adopted guidelines/practices. The Regional Utilization Management/Utilization Review Committee and the CPT will monitor whether the adopted guidelines/practices are being implemented in an effective manner.

VII. Exhibits

A. [Evidence-Based Practices List](#)

VII. References

- MDHHS/PIHP Contract
- MDHHS/CMHSP Contract
- Managed Care Rules 42 CFR §438.236