ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 1/24

CHAPTER	**CHAPTER**	**SECTION**	**SUBJECT**
Administrative	01	002	0015
SECTION	**SUBJECT**		
Operations	Clinical Service Protocols / Practice Guidelines		
WRITTEN BY	**REVISED BY**	**AUTHORIZED BY**	
D. Grimski; E. Baugh	Latina K. Cates	Tracey Pingitore	

I. APPLICATION:

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair Community Mental Health Authority (SCCCMHA) shall implement Evidence Based Practices and other clinically approved guidelines and disseminate those Practice Guidelines to its provider network to guide and determine appropriate behavioral health care and substance use services.

III. DEFINITIONS:

A. Applicant: An individual, Medicaid enrollee, potential enrollee, or their legal representative who makes a request for behavioral health or specialty services.

B. Beneficiary: An individual who is currently (active) receiving services and/or supports from SCCCMHA for Behavioral Health services or a sub-contract provider. A beneficiary is also referred to as a recipient, or an individual.

C. Certified Community Behavioral Health Clinic (CCBHC) Enrollee: any individual with mental health or substance use diagnosis. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability developmental disability are eligible for CCBHC services. The individual/guardian is to sign the MDHHS-5515 consent or sign a consent with more stringent requirement under federal law. Note, the individual may refuse to sign the MDHHS-5515 and still receive services.

D. Practice Guidelines: Michigan Department of Health and Human Services (MDHHS) developed guidelines for specific service supports or systems models of practice derived from empirical research and sound theoretical construction and are applied to the implementation of public policy.

E. Potential Enrollee: An individual who is a Medicaid enrollee, resides in the service area, and is making application for covered services through the specialty benefit plan. A potential enrollee

CHAPTER	CHAPTER	SECTION	SUBJECT
Administrative	01	002	0015

SECTION	SUBJECT
Operations	Clinical Protocols / Practice Guidelines

may also be an individual who (a) is making application for Medicaid program eligibility; or (b) an individual who is looking to reside in the service area and is (or may become) a Medicaid beneficiary, and (c) potential CCBHC eligible individuals.

IV. STANDARDS:

A. SCCCMHA shall adopt and disseminate practice guidelines for providing behavioral health care and substance use services to eligible individuals requiring specialty services.

B. SCCCMHA practice guidelines shall be based upon valid and reliable evidence-based practices; OR, an expert-consensus of health care professionals in the behavioral health care field, such as medical specialty societies.

C. SCCCMHA practice guidelines shall be based upon knowledge of best practices for treating behavioral health disorders.

D. SCCCMHA shall review its practice guidelines at least every two years, and revise them as necessary.

E. SCCCMHA practice guidelines shall be adopted with input from practitioners and enrollees as well as community agency providers as appropriate.

F. SCCCMHA shall distribute the practice guidelines to its providers and their practitioners, and, upon request to its beneficiaries of and services and potential enrollees.

G. SCCCMHA shall annually measure the adherence of its provider network to its practice guidelines. Sections of the guidelines may be prioritized for review and measurement, and may be changed over time.

H. SCCCMHA will make decisions in utilization management, customer relations and education, interpretation of covered services, and other areas to which the practice guidelines are applicable with the posted guidelines.

I. SCCCMHA shall have a process for managing exceptions to its practice guideline use. For purposes of policy/administrative procedure implementation exception decisions shall referred to the Medical Director/Designee

J. SCCCMHA shall ensure consistency between its (enrollee) education efforts and it's Utilization Management (UM) criteria regarding the practice guidelines.

K. SCCCMHA shall have a written practice guideline development and adoption process that addresses the standards of the policy guideline, with the practice guideline program distributed to

CHAPTER	CHAPTER	SECTION	SUBJECT
Administrative	01	002	0015

SECTION	SUBJECT
Operations	Clinical Protocols / Practice Guidelines

its provider panel, including appropriate professional practitioners; and, upon request, to its enrollees and potential enrollees.

L. SCCCMHA shall post and maintain its practice guideline process on its business website.

M. SCCCMHA shall incorporate external review feedback and improvement recommendations into its practice guideline development and maintenance efforts.

V. PROCEDURES:

Administrative Clinical Staff

1. Researches, recommends and adopts practice guidelines for the provider network based on MDHHS requirements and provider input.

2. Ensures that users of services have an opportunity to provide input via the Advisory Council and/or surveys prior to the adoption of any guideline.

3. Distributes relevant sections of the practice guidelines to the Consumer Advisory Councils for input and feedback.

4. Shares users of service input with the Quality Management (QM) Department.

Medical Director

5. Recommends adoption of all finalized practice guidelines to the Quality Assessment and Performance Improvement Program (QAPIP).

Administrative Designees

6. Distributes all finalized practice guidelines to direct run programs and provider network.

7. Ensures the posting and updating of the practice guidelines on SCCCMHA website.

Administrative Clinical Staff

8. Reviews and updates the practice guidelines at least every two years.

9. Obtains users of services` and Consumer Advisory Council input on any substantive changes to the practice guidelines to ensure clarity prior to dissemination.

CHAPTER	CHAPTER	SECTION	SUBJECT
Administrative	01	002	0015

SECTION	SUBJECT
Operations	Clinical Protocols / Practice Guidelines

UM and QM Department

10. Incorporates the performance measurement process into the QM Department and UM programs as applicable.

11. Issues performance measurement reports to Region 10 PIHP.

Marketing Department

12. Ensures consistency between consumer education efforts and UM criteria regarding practice guidelines.

SCCCMHA Program Director / Designee

13. Either conducts or arranges the provision of any required training on the new/revised practice guidelines, as it determines necessary.

Medical Director / Designee

14. Manages exception requests to the practice guidelines, as appropriate.

VI. REFERENCES:

A. MDHHS Contract FY 2023 Attachment C6.9.3.3 Consumerism Practice Guideline

B. PIHP Contract

C. MI Certified Community Behavioral Health Clinic Handbook Version 1.1

VII. EXHIBITS:

A. SCCCMHA Evidence Based Practices, Promising Practices and other clinical practices

VIII. REVISION HISTORY:

Dates issued 06/03, 08/05, 05/08, 01/12, 05/14, 05/15, 05/16, 05/17, 05/18, 03/19, 03/19, 11/20, 01/21, 11/22, 01/23.

EXHIBIT A

St. Clair CMH Clinical Service Practice Guidelines

Evidence-Based Practices, Promising Practices and other clinical practices: Typical Case Status at Admission and Discharge

Practice Area	Typical Case Status at Admission	Typical Case Status at Discharge
Applied Behavior Analysis (EBP) (Contractual)	• Scores obtained from valid evaluation tools meet eligibility criteria • Medically able to benefit from BHT	• Treatment goals achieved • Scores obtained from valid evaluation tools no longer meet eligibility criteria • No measurable improvement or progress demonstrated at six-month evaluation • Show-rate is less than 75%
A-CRA Adolescent Community Reinforcement Approach	• Ages 12 to 25 • Present with substance abuse or use disorder • Discouraged parents/caregivers	• Decrease to abstinence in substance use • Increased in social activities • Increased family relationships • Increased recreational activities • Increased problem solving
Assertive Community Treatment (EBP)	• Individual with SMI/COD with difficulty managing medications due to symptoms, behavioral issues and/or complex medical conditions • Socially disruptive behavior placing the person at high risk for arrest and/or re/incarceration • Frequent use of psychiatric inpatient or other crisis services, or homeless shelters • Disruptions or limited ability to attend to basic needs, socialization or other role expectations	• No longer meets severity criteria and is able to function receiving less intensive services/supports • No longer engaged in services despite ongoing, assertive outreach • Individual and team agree to terminate services • Individual transitions to similar services in another catchment area
Cognitive Behavioral Treatment (CBT)	• The individual reacts to core beliefs often formed	• The individual is able to identify and better control

	in childhood of what they know to be true, which are not true in reality and are harmful to the individual.	maladaptive thought and behaviors • The individual is able to implement cognitive behavioral and other physiologic techniques learned in therapy
Community Living Supports	• Individual may present unable to access community independently. • Individual needs assistant with meal preparation, laundry, routine, seasonal and heavy household care and maintenance. • Individual may not have ability to independently carry out all adult living skills. • Individual may need assistance with money management, socialization and relationship building.	• Increased Community Integration. • Increased independence. • Increased productivity. • Increased or improved self- sufficiency. • Increased ability to function adaptively in interpersonal and social relationships.
Critical Incident Stress Management	• Individual/family present with a traumatic incident or intrusive situation (Staff)	• Individual/family or staff have increased ability to navigate through incident • Individual/family or staff have increased ability to link to resources and supports
Dialectical Behavior Therapy (EBP)	• Persons with SMI presenting socially maladaptive behaviors due to emotional dysregulation • Para-suicidal behaviors • Patterns of unstable relationships linked to extremes of idealization and devaluation • Persistently unstable self-image or sense of self • Impulsivity in at least two life domains leading to risk of self-damaging behavior • Relatively brief bouts of intense anxiety, dysphoria, irritability • Stress-induced displays of paranoid ideation or dissociation	• Completion of modules along with weekly participation • Strengthened skills to effectively reduce or cease self-harm behaviors • Individual and team agree to discontinue based on the 4 and Out Rule • Service plan goals have been met • Individual requests and receives an alternative, medically necessary service • No longer engaged in services despite ongoing, assertive outreach taking place for over 35 calendar days

Dual Recovery	• The individual presents with mild to moderate mental health and substance use disorder symptoms. • Individual presents with beginning of losing control of life's: increasing family problems, financial , housing/living arrangements • Motivated to change	• Individual has increased understanding of triggers for mental health and SUD • Individual progressively selects recovery options: decreased intoxication • Decreased potential to relapse
Eye Movement Desensitization and Reprocessing (EMDR) (2019)	• The individual presents with symptoms of psychological and or physiological trauma	• The individual is able to process unpleasant memories without describing the event in details. • Individual progressive results within a short timeframe (six to twelve secessions)
Health Matters	• Individual present with an intellectual developmental disability with a desire to improve their overall health. • Individuals present with a qualifying physical health issue such as, diabetes, cardiovascular disease, obesity, etc.	• The individuals display increased understanding of nutrition and healthy food selection. • The individuals exercises more readily • Individuals have better health diagnosis
Infant Mental Health (promising practice) (Contractual or Discontinued)	• Parent or child identified as having attachment concerns • Multiple complaints or substantiated child abuse/neglect currently or historically • DECA scores indicate concerns • Parent diagnosed with current Postpartum Depression	• Minimal to no concerns with parent child attachment • Child is placed in foster care or minimal to no complaints substantiated at time of case closure • Improved DECA scores • Postpartum Depression is being treated and/or in a phase of remission
Individual Placement and Support / Supported Employment (EBP)	• Consumer with SMI/COD chooses to pursue a goal of attaining meaningful employment in the community	• Time unlimited for as long as the consumer wants and needs the support
InSHAPE-adults	• Individuals with mental illness present with acute	• Individual participates in a health plan, which include

	physical health concerns such as, diabetes, COPD, obesity, cardiovascular disease, etc. • Individuals are excluded from the community or feel excluded from the community due to stigmatism associated with mental illness.	physical exercise and better health eating habits. • Individuals are more thoughtful about their physical health, which directly affects their mental health. • Individuals participate in community resources, such as the YMCA, and other fitness centers. • Individuals make healthier food choices. • Individuals have increased self-esteem. • Individual report a decrease in physical health issues.
Integrated Dual-Disorder Treatment (EBP)	• Co-Occurring SMI and SUD (often engaged via active outreach) • Individual presents with significant problems in various life areas: housing, food, finances, health, relationships, legal, etc.	• Person-served chooses not to continue services (time-unlimited service) • Increased independence • Maintenance stage of change with a recovery lifestyle
Interactive Journaling	• Individual present ambivalent to problem behaviors associated with excessive substance use or certain mental illnesses.	• Individuals are equipped to identify and examine emotions thoughts and maladaptive behavior through graphic- enhance text. • Individuals display stages of change through journaling, which helps them process through issues and reach desired goals.

Medication Assistant Treatment (MAT)	• Individual present with addiction(s) to alcohol, opioids and / or prescription pain relievers. • Individual may have a co-Occurring disorder	• Improve patient survival • Increase retention in treatment • Decrease illicit opiate use and other criminal activity among people with substance use disorders • Increase patients' ability to gain and maintain employment • Improve birth outcomes among women who have substance use disorders and are pregnant
Mental Health Court	• Individual presents with legal issue or court order due to mental health issue(s)	• Improved employment status • Increased educational status • Increased adherence to medication • Increased quality of life • Decreased recidivism • Decreased legal issues
Mental Health First Aid (MHFA)	• Individuals present with an un-informed, un-aware or limited awareness and understanding of signs or warning signals of mental illness or substance use disorders. • Individual desires to assist during a crisis. • Individual desire to be a first responder to someone with mental illness or substance use disorders.	• The ability to identity and have some understanding of mental illnesses and substance use disorder. • The ability to implement basic first responder skills and to assist or support an individual in crisis.
Motivational Interviewing (EBP)	• This practice is applicable across clinical populations and levels of care • MI engages the individual to think forward by drawing out their own meanings, importance and capacity for change • Individuals present with high ambivalence and low	• Individuals feel increased empowerment • Individual feels respected • Individual engages on a partnership or nonjudgement level • Individual engages in information sharing

	confidence, desire and low importance	
Next Step	• Individual may present with MI, ID, Personality Disorder and or SUD. • Individual may be frequently going to the ER for psychiatric, medical and/or substance related issues • Housing, legal, or court issues	• Achieved management of symptoms for 6 months • The individual has decreased behaviors whereby their community activities or living situation is no long in jeopardy. • The individual is able to participate in the management of any medical illness they may have. • The prescriber thinks medication have achieved significant effectiveness and no medication changes are imminent. • If substance use is present then use is not leading to physical risk, increased symptoms or hospital admissions
Opportunities for Success	• Individual presents with I/DD • Motivated to work • Individual is unsure how to complete application form • Individual may not know how to interview or ask for a job	• Increased self-esteem. • Increased satisfaction with finances. • Increased community involvement. • Individual working in the competitive labor market.
Outpatient	• The individual presents with MI, SUD, COD and or I/DD. • Treatment is no-invasive, individual, family, and group therapies • Treatment includes Person-Centered Planning Individualized Plan of Service or Treatment Plan for SUD	• Increased relaxation • Increased coping skills and motivation • Increased social skills • Increased community involvement • Decreased hospitalizations
Parent Management Training Oregon Model (PMTO)	• Parents feel overwhelmed due to lack of support or understanding of new parenting role. • Parents have limited parenting skills	• Mothers are able to self-regulate their emotions • Parents are able to successfully implement non-coercive discipline

	• Single parent with recent break-up or divorce.	• Parents are able to do skill encouragement • Parents are able to problem solve
Parent Support Partners	• The parent is in jeopardy of losing or has lost custody of children • Parent may present with past experiences that have had negative consequence on the their family	• Parents has made strides to overcome barriers and has renewed hope of restoring family
Prolonged Exposure Therapy	• Individuals present with PTSD in which events are emotional and have not been process accurately. • Fear is associated with the PTSD and is not congruent with reality • Individuals tend to avoid the anything that reminds them of the PTSD event • Individuals may present with comorbidities including substance use disorder	• Individuals are in control of their PTSD symptoms and sometimes lose their PTSD diagnosis • The individual is able to engage in meaningful activities that were avoided due to stressors associated with the PTSD
Screening, Brief Intervention and Referral to Treatment (SBIRT) (EBP)	• Individual (adult and child) present with moderate to high usage of alcohol and other drugs. • Individual present with increased risky behaviors • Individual presents with physical health or potential health risk due to alcohol and/or drug usage.	• Individual is knowledgeable and connected to resources, services and supports if help is needed. • Individual has increased knowledge of interventions to decrease/ subvert alcohol and/or drug use. • Decreased alcohol and /or drug usage. • Improving health.
SSI/SSDI Outreach, Access, and Recovery (SOAR)	• Individuals with mental illness, co-occurring or substance use disorders present in a critical state of homelessness or near homelessness • Individual lack ability and/or understanding of how to access Social Security benefits	• Individuals learn how to access and obtain Social Security benefits as well as, other supportive community agencies. • Individual housing needs are stabilized • Individual are empowered.

Supported Employment Individual Placement Service (IPS) EBP	• Individual present with MI, COD or SUD and want to work • Individual is motivated to work	• Individual is working in competitive job market • Increased self-esteem • Increased satisfaction with finances
Trauma-Focused Cognitive Behavioral Therapy (EBP)	• Individual present with trauma resulting from the destructive effect of sexual abuse, physical abuse, violence or grief. • Families participate in the therapy.	• Significant decrease in short-term and longer-term negative effects of trauma • Individual uses coping skills. • Individual is better able to process events and regulate emotions
Trauma Recovery and Empowerment (TREM)	• For women who have experienced a terrifying event in which grave physical harm occurred or was threatened. • Individual present with other SMI diagnosis such as depression, substance abuse or poor overall health.	• The individual is able to replace debilitating negative thoughts with realistic thinking. • The individual is able to engage in a group session. Share thoughts and glean from the thoughts of peer group members • The individual is able to feel safe from trauma.
Wellness Recovery Action Plan (WRAP)	• Individual presents with a desire to control their future, but without knowing how or tools to do so. • Motivated	• The individual is able to identify triggers and use learned wellness tools to develop and implement an action/response plan. • Individual has a crisis and post-crisis plan. • Individual displays empowerment.
Whole Health Action Management (WHAM)	• Individual present not only a mental health and/or substance use disorders, but also with physical health conditions such as, diabetes, heart disease and obesity.	• Individual possess and implement healthy lifestyle routines and habits. • Individuals routinely implement stress management via relaxation techniques. • Individuals implement learned cognitive skill to manage negative thinking. • Individuals display increase resiliency and self-management. •

Wraparound (promising practice)	• Child with SED or I/DD presenting with at least one other issue, below • Involved in multiple systems of care/service • Current or potential risk for out of home placement • Risk factors exceed and/or compromise the capacity for community based services to be effective	• Child is experiencing reduced symptoms and improved behaviors across multiple settings • The family/community support system is effectively providing essential care, and there is no longer risk of out of home placement • The family is unwilling to make changes necessary to ensure safety in the home for staff • The family chooses to withdraw from services
Youth Peer Support (EBP)	• Youth presents with Serious Emotional Disturbance	• Youth has increased ability to build strong connection/relationships as well as, increased confidence • Youth has increased self-advocacy and decision making skills
Zero Suicide	• Individual displays changes in patterns e.g. sleeping, eating, hygiene, emotional behaviors, withdrawal from enjoyed activities, school or work performance • May stop taking prescribed medications • The individual increases use of substances • Engages in risky behaviors • Entertains the idea of dying or suicide • Individual increases absence at school or work • May have had previous suicide attempts • Expressing hopelessness • Individual expresses having no purpose in life • Feels trapped • Expresses anger/rage or seeks revenge	• The individual displays positive plans or goals • Expresses having hope • Displays self-care, hygiene appearance • Re-engaged in activities: school, work, friends • Engaged in a Support Group