



CLINICAL CARE COMMITTEE CHARGE

Partnership Mission:

To assure the delivery of quality services to consumers so as to achieve their desired outcomes.

Partnership Vision:

Recognition as a model of excellence for a system of care that is confirmed by our customers' successes.

Values:

- Consumers are best served using care models of demonstrated quality in the areas of clinical outcomes, consumer satisfaction, and resource efficiency. Whenever feasible, the results of published outcomes research and other formal studies should guide the choice of practice models.
- Service delivery models should utilize principles of person-centered planning and service implementation based on the strengths, competencies, values, and beliefs of the community within which individuals reside in order to promote full inclusion in community life and full citizen participation.
- Consumers are better and more economically served when multiple needs are addressed in the collaboration and coordination with service providers and community agencies, which reduce redundancy and inefficiencies, and increase the availability and use of natural resources and supports in an environment that reflects the community where consumers reside.
- Programming and quality of care are directed, developed, and implemented based on local needs and values, which reflect the cultural identity of all individuals within the service area.
- Access and quality of care are enhanced and strengthened leading to better outcomes and expectations when developed with consumer

participation and supported by providing the necessary accommodations to facilitate that participation.

- The concepts of recovery, effective freedom, and normalization guide the development and provision of supports and services to consumers across the region.
- Consumer education and participation are essential components of an effective service delivery system.

Committee Purpose:

- Identify clinical approaches or practices to ensure consumers receive the most appropriate and effective services.
- Identify common standards of practice across the affiliation in order to compare and contrast practices and patterns to enhance the development of programs and services, identify centers of excellence or opportunities for improvement, and explore opportunities for increased efficiencies.
- Promote consensus about implementation of evidence-based, best practice models of service delivery across the region to enhance standardization of clinical care and ensure the quality of the supports and services provided consumers.
- Ensure the supports and services needed by consumers and authorized through the person-centered planning process are available and provided in a coordinated manner.
- Identify and monitor critical aspects of care for the region that indicate the right services are being provided to the right consumers in the right way, at the right time, for the right cost.
- Oversee and coordinate the workgroup process for clinical practice related workgroups. (Initially, these existing groups will continue to report to the AEC at 6 month intervals.)
 - Co-Occurring Disorders
 - Employment
 - Self Determination/Independent Facilitation/PCP
 - Jail Diversion

Consumer Role and Plan for Consumer Involvement:

- The committee will include consumer participation at the beginning based on recommendations by the Regional Consumer Advisory Council (RCAC). The RCAC will be requested to recommend to the AEC 6 consumers from across the region who preferably is not current members of the RCAC. The AEC shall appoint 4 individuals from among the candidates recommended by the RCAC.
- Consumers will be involved in reviewing data and will assist with the design/redesign of regional best practice standards and will assist to

identify outcome measures for ongoing assessment and analysis of service delivery systems and programs.

- Consumers will be assisted, supported, and accommodated according to their need in order to successfully participate in this workgroup.

Relationship to Affiliation Executive Committee

- The committee will follow the charge established by the Affiliation Executive Committee.
- The committee will provide the AEC with oral and written progress reports toward the identified outcomes. Requesting clarification when needed and consultation regarding direction as it develops.
- The AEC will provide oversight, clarification, steering and consultation as needed by the committee.

Committee scope, guidelines, and recommendations:

- Review the array of services and supports available to consumers across the affiliation and any best practice models that are in use and those that are planned to be implemented.
- Identify national, state, and local elements of best practice and application for incorporation within the region.
- Develop a strategy (including time frames) to evaluate, identify improvement opportunities, implement and re-evaluate the plan for the Affiliation.
- Benchmark affiliation performance standards against best practice standards and DCH performance indicators.

Relevant Resources:

- Michigan Department of Community Health Medicaid contract including Best Practice attachments and Medicaid Chapter III
- Balanced Budget Act
- Substance Abuse & Mental Health Services Administration
- National Council Community Behavioral Healthcare
- National Institute of Mental Health
- JCAHO
- Relevant publications such as journals and periodicals
- National Association of Social Work standards
- Any other relevant best practice standards
- Affiliation position paper on Care Management

Goals and Time Frames:

May 31, 2003 group	Affiliation partners to identify members for the
June 2003	RCAC to recommend consumers to AEC
June 2003	First meeting—review charge and begin group dev.
August 2003	Begin development of plan for committee activities
September 2003	First report to AEC on progress

JST/MCMHA
06/03
Approved by AEC