	General Policy			
	Chapter:	Board Service and Program Administration	Policy #	2-1-1
	Section:	Clinical Oversight Committee	Revision #	2


- I. **PURPOSE:** To establish policy and procedures for the West Michigan Community Mental Health's Clinical Oversight Committee (COC).
- II. **APPLICATION:** The policy and procedures stated herein apply to all clinical staff members at West Michigan Community Mental Health.
- III. **REQUIRED BY:** Accrediting bodies.
- IV. **DEFINITIONS:** Not applicable.
- V. **POLICY:** It is the policy of the West Michigan Community Mental Health to establish a Clinical Oversight Committee (COC). The goal of the Clinical Oversight Committee is to oversee the clinical services provided to our targeted consumers.

Focus areas of the Clinical Oversight Committee:

1. Conduct special case reviews: death reviews, suicide attempts, treatment issues, diagnostic reviews, sentinel events, review root cause analysis, conflicting treatment issues.
2. Competency requirements for internal clinical staff (job descriptions).
3. Review recommendations for additions to the provider panel including:
 - a. Contracted licensed professionals
 - b. Network providers – recommendations made by the Network Coordinator.
4. Review clinical policies and program plans.
5. Review and approve new evidenced based clinical treatment approaches used at WMCMH. Remove prior approved clinical approaches/practices.
6. Focus on clinical issues, not administrative issues.
7. Review, recommend, and approve preferred practice approaches, program service protocols, treatment approaches and Evidence-based Practices.
8. Review and make recommendations as to the overall educational needs of the clinical staff.

VI. PROCEDURES:

1. The Committee will be chaired by the Chief Healthcare Integration Officer or Chief Clinical Officer. Other Committee members include Clinical Directors that bring expertise from population areas of Adult Services, Children and Family Services, Healthcare Integration Services, and ACCESS and Crisis Stabilization Services. The committee also includes the Director of Network, QI, and Compliance, and the Medical Director.
2. Other staff members will be invited, as needed.
3. The Committee will meet on a monthly basis, or as needed, to review clinical issues and make necessary clinical recommendations to the Senior Management Team.
4. The Executive Committee of the CoC is comprised of the Chief Healthcare Integration Officer, Chief Clinical Officer, and the Medical Director.

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5. The Executive Committee of the CoC is responsible for Credentialing and Privileging of direct service providers as outlined in Policy 2.1.2.

VII. SUPPORTING DOCUMENTS:

Appendix 2-1-1A: Re-Evaluation of the Clinical Approach for Cases with Limited Outcomes

VIII. POLICY/PROCEDURE REVIEW:

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		01/2011
NC	Unknown		05/2014
	Unknown		01/2017
	Unknown		05/2019
2	COC	Policy	05/2021
2	COC	Annual Review	03/2022
2	COC	Annual Review	02/2023
<i>Board Approval Date: 02/20/1996</i>			

IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:

I have reviewed and approved of policy # 2-1-1 Revision# 2.

CEO: Lisa A. Williams Approval Signature: _____

Re-evaluation of the Clinical Approach for Cases with Limited Outcomes

Re-evaluation of the Clinical Approach: The purpose of these procedures is to provide a process that staff members are to implement when an individual does not appear to be progressing toward his/her stated treatment Outcomes at the pace that would be clinically expected.

- 1. Indicators that an individual is not making expected progress toward outcomes:**
 - i. There is no measurable positive movement in the consumers' Stage of Change AND/OR worsening of symptoms when the amount of time in treatment is longer than is clinically expected for progress toward outcomes to have occurred. This is a clinical determination based upon the severity of the issues, the treatment interventions utilized, and other clinical and/or situational factors.

OR

- ii. There is no measurable positive movement toward outcomes or worsening of symptoms AND the consumer is disengaging from services at any point in treatment.

2. Available Resources for Re-evaluating the Clinical Approach:

Below is a list of options that a clinician has available to assist in re-evaluating the current clinical approach. The purpose of each step is the same: to identify alternative strategies to utilize with an individual when there does not appear to be measurable progress toward their treatment outcomes. The steps should routinely be followed in the sequence presented, unless some situational factor warrants more intense consultation sooner in the process.

a. Step 1: Supervisor Consultation

Staff will consult with his/her direct supervisor to discuss the clinical concerns. Through a consultation process the Supervisor will work with clinical staff to identify whether the apparent lack of progress toward outcomes is indeed outside of what would be expected given the situation. If so, a thorough case review will be conducted and treatment strategy adjustments will be identified or a plan will be made for further consultation.

b. Step 2: Treatment Team and/or Natural Supports Consultation

With the help of the supervisor, it may be determined that consultation with some or all of the individuals involved in the treatment and support of the individual is needed. The clinician will facilitate a meeting and will include those persons involved in the recovery process of this particular person. Individuals could include:

1. The individual who is involved in treatment
2. Any/All CMH Treatment Team Members
3. Other professional in the community who are treating the individual.
4. Natural supports of the individual (family, friends, etc.).

Note: At this point, this group may consider more intensive alternative interventions that are available such as: residential placements, various legal contingencies, Alternative Outpatient Treatment, payee-ships, medications, alternative housing, referral to a different treatment team, etc., as clinically appropriate, beneficial, and least restrictive.

c. Step 3: Clinical Oversight Committee Consultation

As outlined in the Administrative Manual Policy 2.1.1, one of the duties of the Clinical Oversight Committee (COC) is to *“To conduct special case reviews: death reviews, treatment issues, diagnostic reviews, sentinel events, review root cause analysis, conflicting treatment issues.”*

A clinician, in coordination with his/her supervisor, may request consultation with the COC. Clinical staff requesting a consultation with COC will be required to present the case, providing overview and outcomes of all previous treatment applications, current and past medication/medical interventions and all other pertinent information that assists the committee in their consultation duties, and expected outcomes. Recommendations will be made.

d. Step 4: External Consultation

In some instances, the Clinical Oversight Committee may recommend conducting a consultation with an external individual/group that is considered an “expert” or qualified resource in the discipline or problem area involved in the case. Arrangements and planning for the consultation will be made in coordination with the Deputy Director for Clinical Services, the Supervisor, and the clinician involved in this case. The clinician will ensure that he/she is sufficiently prepared for the consultation through obtaining necessary releases of information, creating a clear case presentation with all critical history, road blocks, and facts, as well as an identified outcome for the meeting with the expert.

3. Documentation of Consultations

Clinicians shall document in a consumer progress note the information from the consultations that were conducted. Included in the notes shall be those in attendance, recommendations made, and any other relevant details. This progress note shall be the record of the consultation event, as the notes from the consultation are not routinely included in the consumer record.