

Practice Improvement Steering Committee (PISC) Charter

Draft

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Background

The Practice Improvement Steering Committee (PISC), formerly the Evidence-Based Practice Steering Committee, was established by the Michigan Department of Community Health (MDCH) in 2004 to identify, implement and assess evidence-based practices (EBPs) in Michigan's public mental health system. This initiative grew out of national mandates from the President's "New Freedom Commission" and the resulting "Federal Action Agenda," the Institute of Medicine's "Improving Quality of Health Care for Mental and Substance Use Conditions," the federal Mental Health Block Grant (MHBG) funding requirements, and the Michigan Governor's "Mental Health Commission." All called for using EBPs where they exist, and improving other practices that are currently being used by the public mental health system. The 2008 Concept Paper and the 2009 Application for Renewal and Recommitment continue the emphasis on adoption of evidence-based, promising and best practices. The scope of the PISC includes not only evidence-based practices, but also practices with an emerging evidence base. The focus is toward making these practices available to everyone with the characteristics for which the evidence-based practices have shown themselves to be effective; measuring efficacy, including progress towards individuals' goals; and employing continuous quality improvement methods. MDCH has and will continue to assist the PIHPs in meeting the requirements for EBPs that are articulated in the Balanced Budget Amendment (BBA) and attachments P6.7.1.1, P6.7.41 and P6.7.42 of the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Agreement.

Purpose of the PISC

Primary Goal

The primary goal of the PISC is to identify, recommend and develop sustainability plans for statewide implementation of practices that are sufficiently supported by sound research to be considered evidence-based, best, promising and emerging (all hereafter referred to as Practices, See Attachment A). It is also the goal of the PISC to identify and promote the use of measurement to assure that the intended outcomes of these Practices are achieved. These Practices will promote recovery for adults with Serious Mental Illness (SMI) and persons with Substance Use Disorders (SUD). These Practices will also promote a life of engagement for persons with Developmental Disabilities (DD); and resiliency for children with Serious Emotional Disturbance (SED), substance use disorder (SUD), DD, along with their families.

Primary Functions

The purpose and focus of this committee is to ensure the efficient and effective implementation and sustainability of Practices. This responsibility is carried out by performing the following functions:

1. Identify and promote Practices that support recovery, resiliency and active engagement and are aligned with system-change efforts, including primary health care integration, recovery-oriented systems of care development, children's system of care development, and a culture of gentleness.
2. Provide recommendations regarding communications to the public mental health system and the substance use disorder treatment system related to Practices.
3. Make specific recommendations to MDCH related to the identification, implementation, evaluation and sustainability of Practices. Sustainability includes, but is not limited to, a specific plan for developing standards for provider training, core competencies, and fidelity.
4. Work collaboratively with each PIHP's Improving Practices Leadership Team (IPLT) to promote Practices.
5. Work collaboratively and share information with other stakeholders (including but not limited to the following) in order to obtain diverse input:
 - Advisory Council on Mental Illness (ACMI);
 - Community Mental Health Services Programs (CMHSP);
 - Consumers;
 - Family Members/Caregivers;
 - Michigan's Department of Community Health (MDCH);
 - Mental Health Advisory Committee (MHAC);
 - Michigan Association of Substance Abuse Coordinating Agencies (MASACA) and its practice workgroups;
 - Pre-paid Inpatient Health Plans (PIHPs);
 - Quality Improvement Council (QIC);
 - Recovery Council;
 - The Standards Group (TSG).
6. Support and provide technical assistance for the Michigan Association of Community Mental Health Board's (MACMHB) annual Evidence-Based Practice Conference.
7. Develop an annual work plan, including subcommittee/workgroup reporting requirements, to guide the activities of the PISC.

Membership

The Committee is intended to be made up of representatives from all eighteen (18) PIHPs who are also members of each PIHP's IPLT, Substance Abuse Coordinating Agencies (CAs), funders of evidence-based practices, universities, the Developmental Disabilities Performance Improvement Team (DDPIT), the Recovery Council, other advocacy organizations, consumers, providers, and MDCH/MHSA. MDCH will provide leadership, coordination and logistics for the PISC.

Role of a PISC Committee Member

The PISC leverages the knowledge, experience and insight of its members. The members are committed to the advancement of Practices and may or may not be directly responsible for implementation of said Practices. Members should:

- Understand the purpose of the PISC;
- Participate in the identification, selection, evaluation and sustainability of specific Practices for statewide implementation and monitoring;
- Complete work activities, as identified by the PISC, between meetings;
- Communicate with various stakeholders on Practices and the work of the PISC;
- Promote Michigan Practices at the local, regional, state, national and international level.

PISC Subcommittees/Workgroups

Subcommittees/Workgroups membership will include PISC members, consumers and providers.

Current Subcommittees address the development and implementation of evidence-based practices throughout the State, and make recommendations to the PISC regarding State standards, reporting, evaluation, and sustainability of these practices. Current standing Subcommittees include:

1. Measurement;
2. Co-occurring Disorders: Integrated Dual Disorders Treatment (COD: IDDT) ;
3. Family Psychoeducation (FPE);
4. Parent Management Training-Oregon Model (PMTO);
5. Supported Employment (SE);
6. Assertive Community Treatment (ACT).

Subcommittees to be added will include:

7. Consumer Direction and Control

This Subcommittee will focus on issues such as consumer-run services, peer support activities, and methods to increase consumer empowerment.

Additional Subcommittees/Workgroups will be established as needed to address the following (and any other indicated) areas, including regular reporting back to the PISC:

- Oversight of practice implementation;
- Monitoring of fidelity;
- Technical assistance;
- Identification of training needs and development of training plans;
- Plans for sustainability.

PISC Meetings

The PISC will meet quarterly for three hours.

PISC Charter - Attachment A

An Explanation of Key Terms and Concepts

Evidence-Based Practices (EBPs) – Evidence-based practice represent the integration of best research evidence with clinical expertise and patient values (Institute of Medicine, 2001), or clinical or administrative interventions or practices for which there is consistent scientific evidence showing that they improve client outcomes (Drake et al., 2001). The term evidence-based practices sometimes encompasses all the terms that follow, referencing best, promising, and emerging practices.

Best Practices – Best practices are the best clinical or administrative practice or approach at the moment, given the situation, the needs and desires of consumers or families, the evidence about what works for this situation/need/desire, and the available resources. Sometimes, the term “best practices” is used synonymously with the term “evidence-based practices.” Sometimes, “best practices” is used to describe guidelines or practices driven more by clinical wisdom, guild organizations, or other consensus approaches that do not include systematic use of available research evidence. Care in using these terms is recommended.

Promising Practices – Promising practices are clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.

Emerging Practices – Emerging practices are new innovations in clinical or administrative practice that address critical needs of a particular program, population or system, but do not yet have scientific evidence or broad expert consensus support.

References

Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L., Mueser, K.T. & Torrey, W.C. (2001). Implementing evidence-based practices in routine mental health service settings. *Psychiatric Services*, 52:2, pp. 179-82.

Hyde, P.S., Falls, K., Morris, J.A. & Schoenwald, S. (2003). *Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners about Understanding and Implementing Evidence-Based Practices*. The Technical Assistance Collaborative, Inc. The American College of Mental Health Administration.

Institute of Medicine’s Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: National Academy Press.