

Chapter: Clinical Practice
Title: Behavioral Health Screening

Prior Approval: N/A
Current Approval: 10/20/2026

Proposed by: Traci Smith 10/20/2026
Chief Executive Officer Date

Approved by: Al Lorenzo 10/20/2026
County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, implementing two behavioral health screening programs based on scientific evidence or establishing best practices and the needs of the population served. One program addresses coexisting mental health and substance use disorders through screening in both directions. A second program addresses another identified behavioral health priority.

II. APPLICATION

This policy shall apply to direct and contracted providers of MCCMH.

III. POLICY

It is the policy of MCCMH that at providers utilize at least two behavioral health screening programs based on scientific evidence or established best practices and the needs of the population served.

IV. DEFINITIONS

None.

V. STANDARDS

MCCMH reviews population needs, its Comprehensive Community Needs Assessment, and findings from quality monitoring to identify screening priorities.

VI. PROCEDURES

The Clinical Department reviews relevant evidence-based guidelines, scientific literature, and validated screening instruments and obtains practitioner and provider input through the Utilization Management Committee, Quality Committee, MCCMH Contracted Provider meetings, and Quarterly MCCMH Psychiatric meetings. This review informs program selection, eligible populations, screening instruments, screening frequency, and implementation processes. MCCMH documents these decisions in its screening program description and reviews the programs at least every two years, or sooner when new evidence or identified needs warrant revision.

VII. REFERENCES / LEGAL AUTHORITY

MCCMH Community Behavioral Health Needs Assessment. Publication date 2026.

VIII. EXHIBITS

None.

Annual Revision Attestation/Revision History

Revision #	Review Date	Revision Summary/Policy Update Notice Date	Reviewer/Department