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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - The requirements herein apply, verbatim, to GCBH and its network providers².
 - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: To ensure that Greater Columbia Behavioral Health (GCBH) and its Provider Network utilize Practice Guidelines and Evidence Based Practices to enhance the quality of care to individuals through the use of Clinical Concepts and treatment approaches that are based on those Guidelines and Practices.

Towards these ends, GCBH will provide ongoing references to quality publications and resources that Providers are expected to disseminate to their staff during Orientation and ongoing training activities.

DEFINITIONS:

- I. Behavioral Health Services are mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.
- II. Clinical Concepts are treatment approaches that promote safe, high-quality, cost-effective care and to allow clinicians to learn, develop, and deliver cutting-edge treatments to individuals receiving Behavioral Health Services. A Clinical Concept is supported by published Practice Guidelines, Evidence Based Practices and/or Consensus Statements. *A single Clinical Concept may be supported by more than one specific Guideline or Evidence Based Practice (see attachment A).*
- III. Cultural Competence is the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.
- IV. Evidence-Based Practice is a program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.

¹See definitions of document types in AD100, "Development, Approval & Review of Formal BHO Documents"

²"Network Provider" – An organization with which GCBH is contracted for the provision of direct services.

V. A Practice Guideline are systematically developed statements designed to assist in decisions about appropriate behavioral health treatment. The guidelines are intended to assist practitioners in the prevention, diagnosis, treatment and management of clinical conditions. Practice Guidelines are based on valid and reliable clinical scientific evidence (or in the absence of scientific evidence, professional standards they are based on a consensus of Health Care Professionals in the particular field).

POLICY:

- A. GCBH and its Provider Network adopt and adhere to Clinical Concepts that are based on well-developed Practice Guidelines and/or Evidence Based Practices. These concepts are selected in consideration of the needs of GCBH enrollees.
- B. Clinical Concepts and treatment approaches are implemented in concert with the ethnic, cultural and linguistic characteristics of GCBH guidelines.
- C. GCBH and its Network Providers provide ongoing staff development to facilitate the implementation and uniform application of the Clinical Concepts.
- D. GCBH shall include its Behavioral Health Medical Director in the evaluation of emerging technologies for the treatment of behavioral health conditions and related decisions. GCBH has a Child or Adolescent Psychiatrist available for consultation related to other emerging technologies for the treatment of behavioral health conditions in children and youth.

PROCEDURE:

- 1. GCBH adopts and implements a minimum of two Clinical Concepts. The Concept must:
 - A. Be supported by valid and reliable guidelines from recognized sources that develop or promote evidence-based clinical practice guidelines such as voluntary health organizations, National Institute of Health Centers, or SAMHSA.
 - 1. If the GCBH does not adopt a Clinical Concept and treatment that is based on such recognized sources, board certified BH Providers must participate in the development of the Concepts and treatment so that they reflect a generally accepted practice among the Behavioral Health Professionals in the community.
 - C. Consider the needs of the Individual and support Individual and family involvement in care plans
 - D. Be adopted in consultation with Behavioral Health Professionals in the Provider Network. This will be done through the involvement of the Clinical/Crisis Providers Committee and the GCBH-ASO Executive Committee.
 - E. Be chosen with regard to utilization management, Enrollee education, Coverage of services, and other areas to which the guidelines apply.
- 2. GCBH will provide ongoing references to quality publications and resources

supportive of the Clinical Concepts to all affected providers and, upon request, to HCA and Consumers .

3. Provider compliance will be defined by them providing evidence to GCBH that clinicians receive information about the Clinical Concepts and supporting materials during Orientation and ongoing training activities.
4. Adherence with this policy is ensured by inclusion of this requirement in provider contracts and through ongoing oversight during contract/performance audits. The results of these reviews will be reviewed as part of the GCBH Quality Improvement and Utilization Management programs.
5. Guidelines are reviewed periodically (at least every two years) by the GCBH Medical Director and the GCBH Clinical/Crisis Providers Committee and the GCBH Executive Committee to ensure their ongoing applicability with requirements and clinical relevance. Such reviews will also occur more frequently if national guidelines that support a Clinical Concept change during this time.

APPROVAL

Sindi Saunders

Signed Electronically Due to COVID-19

Karen Richardson or Sindi Saunders,
Co-Directors

6/29/2020

Date

Replaced CL319 – Best Practices

Attachment A

GCBH, through its Clinical/Crisis Providers Committee, will expect that all Behavioral Health Providers provide clinicians with the knowledge and ongoing supervision that supports the following Clinical Concepts. There may be many Practice Guidelines or Evidence Based Practice Publications that support each of these Clinical Concepts – so while GCBH provides some examples of such supporting literature, each Behavioral Health Provider may choose to train staff using their own choice of Guideline (as long as it meets the criteria outlined in the above Policy):

- All SUD Providers will provide Trauma Informed Treatment.
 - Potential resources include:
 - Center for Health Care Strategies - Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment, June 2019 at <https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-treatment/>
 - CHCS also maintains an extensive Trauma-Informed Care Implementation Center at [https://www.traumainformedcare.chcs.org/Trauma Informed Care for Substance Abuse Counseling: A Brief Summary](https://www.traumainformedcare.chcs.org/Trauma%20Informed%20Care%20for%20Substance%20Abuse%20Counseling%20-%20A%20Brief%20Summary). Butler Center for Research (Hazelden Foundation), 2018.
 - Key Ingredients for Trauma-Informed Care. Center for Health Care Strategies, 2017.
 - Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57. Substance Abuse and Mental Health Service Administration, 2014.
 - L Porter, K Martin & R Anda (2016) Self-healing Communities. Robert Wood Johnson Foundation
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- All Crisis Providers will complete appropriate assessments of suicidal issues and risk for Individuals seen in an Emergency Department
 - Potential resources include:
 - National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, Substance Abuse and Mental Health Service Administration, 2020.
 - “Zero Suicide” – A model for reducing suicide in United States behavioral healthcare, *Suicidologi*. 2018; 23(1): 22–30.
 - “Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments”, Suicide Prevention Resource Center, 2015.
 - VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide. 2013 (Update in Progress); Department of Veterans Affairs; US Department of Defense

- Practice Guideline for the Assessment and Treatment of Patients With Suicidal Behaviors. American Psychiatric Association, 2010.
- All Behavioral Health Providers will endeavor to provide Recovery Oriented Healthcare that is built on Strength-based assessments
 - Potential Resources include:
 - Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care. National Council for Behavioral Health, November 2019 at <https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/>
 - Guiding Principles: Resilience and Recovery, New England Mental Health Technology Transfer Center, February 2019
 - Mental Health Commission of Canada, Guidelines for Recovery Oriented Practice, 2015.
 - Connecticut Department of Mental Health and Addiction Services and Prepared for the Connecticut Department of Mental Health and Addiction Services by the Yale University Program for Recovery and Community Health (Tondora, Heerema, Delphin, Andres-Hyman, O'Connell, & Davidson, 2008).
<http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf>
 - Davidson, L., Tondora, J., O'Connell, M.J., Lawless, M.S., & Rowe, M. (2009). A practical guide to recovery-oriented practice: Tools for transforming mental health care. New York: Oxford University Press.
 - Huiting Xie•, Strengths-Based Approach for Mental Health Recovery, Iran J Psychiatry Behav Sci. 2013
 - Grothaus, T., etal, Cultural Competence and Advocacy Into Strength-Based Counseling. Journal of Humanistic Counseling, April 2012.