

Document Type:¹

Policy & Procedure Process Guideline
 Plan System Description

Adopted: 07/11/19
Last Reviewed: 02/15/2023
Retired: _____

Revisions: 6/16/2021, 2/7/2023

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO 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.

PURPOSE: To ensure that Greater Columbia Behavioral Health BH-ASO (GCBH BH-ASO) 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.

Toward those ends, GCBH BH-ASO 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:** 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:** 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. **Culturally Appropriate Care:** Providing individual service needs from a perspective of Cultural Humility and an understanding of the patient’s culture and community, and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences. This includes 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.

¹See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

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

- IV. Evidence-Based Practice: 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.
- V. Practice Guidelines: 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 BH-ASO will adopt 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 BH-ASO enrollees. GCBH BH-ASO encourages its Provider Network to utilize these Concepts in their delivery of services to Individuals.
- B. Clinical Concepts and treatment approaches are implemented in concert with the ethnic, cultural and linguistic characteristics of GCBH BH-ASO enrollees.
- C. GCBH BH-ASO will utilize its website to disseminate information about these Clinical Concepts.
- D. GCBH BH-ASO shall include its Behavioral Health Medical Director in the evaluation of emerging technologies for the treatment of behavioral health conditions and related decisions. GCBH BH-ASO 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.
- E. GCBH BH-ASO shall monitor its Network to ensure services are delivered in a manner consistent with the diverse needs of individuals being served.

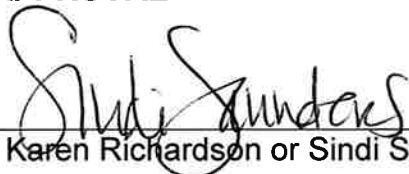
PROCEDURE:

- 1. GCBH BH-ASO adopts and encourages the use of 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.
 - b. Consider the needs of the Individual and support Individual and family involvement in care plans
 - c. 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.
 - d. Be chosen with regard to utilization management, an individual's education, coverage of services, and other areas to which the guidelines apply.
- 2. GCBH BH-ASO 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. Providers are encouraged to employ these Clinical Concepts in the services provided to Individuals.
4. GCBH BH-ASO will monitor for use of these Practice Guidelines during its Clinical Site Audits.
 - a. The monitoring process will review for evidence that Practice Guidelines are being considered as manifested in the clinical record that the individual's cultural, ethnic, linguistic, disability, or age related needs were addressed (i.e. specialist consults, interpreter services, auxiliary aids, treatment goals or interventions tailored to the individual's culture, ethnicity, spiritual beliefs, traditions, language, age or disability, etc.) in a strength-based manner.
 - b. Monitoring results will be reviewed in the QMOC on an annual basis with less than optimal findings being addressed through provider education and possible increased oversight.
5. Guidelines are reviewed periodically (at least every two years) by the GCBH BH-ASO Medical Director and the GCBH BH-ASO Clinical/Crisis Providers Committee and the GCBH BH-ASO 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



Karen Richardson or Sindi Saunders, Co-Directors

2/15/2023
Date

Attachment A

GCBH BH-ASO, through its Clinical/Crisis Providers Committee, encourage Behavioral Health Providers to 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 BH-ASO 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):

- SUD Providers should provide Trauma Informed Treatment.
 - Potential resources include:
 - Trauma Informed Care for Substance Abuse Counseling: A Brief Summary. 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
 - Trauma Informed Care Implementation Resource center. Center for Health Care Strategies (including a webinar on “Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment, June 2019).
 - Trauma Informed Care resources from the National Center on Substance Abuse and Child Welfare (<https://ncsacw.acf.hhs.gov/topics/trauma-informed-care.aspx>)
- Crisis Providers should complete appropriate assessments of suicidal issues and risk for Individuals seen in an Emergency Department
 - Potential resources include:
 - National Action Alliance for Suicide Prevention, “Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care”. 2019
 - “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.
 - Department of Veteran’s Affairs and Department of Defense: Clinical Practice Guideline Assessment and Management of Patients at Risk for Suicide (2019)
 - American Psychiatric Association: Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition; Published 2016; Reviewed February 2018

- Behavioral Health Providers should endeavor to provide Culturally appropriate and Recovery Oriented Healthcare that is built on Strength-based assessments
 - Potential Resources include:
 - Fogel A, Nazir S, Hirapara K, et al. Cultural Assessment And Treatment Of Psychiatric Patients. [Updated 2022 Sep 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482311/>
 - 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.
 - Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health and Human Services; 2014.
 - Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
 - Sommers-Flanagan, J., Suicide Assessment and Treatment Planning: A Strength based Approach. January 2021 as mentioned in Counseling Today (American Counseling Association) "Taking a strengths based approach to suicide assessment and treatment, July 7, 2021.