

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-14-01
	Effective Date	04-01-2008
	Revision Date	10-01-2020
Title: Review Process for Implementation of New Clinical Practices	Functional Area: Clinical Care	
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs, LMFT Program Manager, Quality Management		

BACKGROUND/CONTEXT:

The Sacramento County Division of Behavioral Health Services (BHS) supports the adoption of Evidence-Based Practices (EBP), Promising Practices (PP), Community-Defined Evidence (CDE) and innovative service efforts to meet the needs of behavioral health clients. This support is anchored in a vision of clients achieving maximum positive outcomes based on a system of service providers that deliver safe, effective, culturally and linguistically competent services.

The Division of Behavioral Health Services recognizes that adoption of EBP’s PP’s and other innovative service efforts require significant new efforts in the area of education, training, documentation and evaluation. These initiatives are expected to evolve as the guidelines and directions are released.

DEFINITIONS:

The following definitions will be applied by the BHS to evaluate proposed EBPs, PPs, CDEs and SSs.

Evidence-Based Practice (EBP): The range of treatment and services of well-documented effectiveness. An EBP has been, or is being evaluated and meets the following criteria:

- Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive outcomes.
- And**
- Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in research literature. [Adapted from President’s New Freedom Commission & MHSa Prevention & Early Intervention Guidelines Enclosure 4]

Promising Practice (PP): Innovations in clinical or administrative practice that respond to critical needs of a particular program, population or system and which seem to produce good outcomes but do not have enough research or replication to support generalized outcomes. [Adapted from California Institute of Mental Health “Toward Values-Driven, Evidence-Based Mental Health Practices”]

Community-Defined Evidence (CDE): Practices that have a base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway that will develop specific criteria by which effectiveness may be documented that will eventually give the procedure equal standing with current EBP. [National Network to Eliminate Disparities Latino Work Group] (MHSa Prevention & Early Intervention Guidelines Enclosure 4)

Service Strategies (SS): Programs, interventions and approaches that are focused on particular population groups as the target for receiving service(s) with goal of positive outcomes in prevention or intervention. Frequently, service strategies are non-proprietary and have great variability in use and application.

Practice Review Panel (PRP): The PRP is the DBHS structure responsible for reviewing EBPs, PPs, CDEs and SSs.

PURPOSE:

The purpose of this policy is to outline the decision making process by which the BHS will determine whether proposed EBPs, PPs, CDEs or SSs will be implemented by contracted providers and county-operated programs.

DETAILS:

A. Roles and Responsibility

The review process described below applies to proposed practices that fall within the definitions provided. The only exceptions to these definitions are the six SSs currently approved for Client Service Information (CSI) coding and included in documentation training by the DBHS. The approved SSs currently utilized are: Peer and/or Family Delivered Services (Code 50); Psychoeducation (Code 51); Family Support (Code 52); Supportive Education (Code 53); Delivered in Partnership with Law Enforcement (Code 54); and Unknown Evidence-Based Practice/Service Strategy (Code 99).

Any proposed EBP, PP, CDE or SS must be submitted in writing via a Clinical Practice Submission Packet (if the proposal is for a new EPB, PP, CDE, or SS that has **NOT** been identified and approved through the PRP), or Implementation Packet (if the proposal is for an EBP, PP, CDE, or SS that has been previously reviewed and approved), for review. Coding and documentation guidelines will be provided following approval. For example, if a CSI Senior age-specific SS is reviewed and approved, an existing CSI code (Code 61) will be utilized. Other Sacramento County specific practices will be coded with special local codes. For example, Cue-Centered Therapy or Parent Child Interaction Therapy (PCIT) are local practices. When approved for local coding and tracking, a newly developed code would be utilized, separate from CSI tracking.

B. PRP for EBPs, PPs, CDE & SSs

The BHS PRP was established as an extension of the DBHS Executive Quality Improvement Committee (QIC) structure. This panel includes: Adult Mental Health Services Division Manager or designee, Child & Family Mental Health Services Division Manager or designee, Substance Use, Prevention and Treatment (SUPT) Division Manager or designee, Support Services Division Manager or designee, Quality Management (QM) Manager or designee, Research, Evaluation and Performance Outcomes (REPO) Manager or designee, Cultural Competence Manager or designee, and an Advocate representation (Consumer, Family and/or Child and/or Adult Family), Program Coordinators, Medical Directors (Child and/or Adult) as needed, Mental Health Services Act representatives or other subject matter experts are included as participants in the PRP as indicated.

Any member of the PRP with direct involvement or perceived potential conflict of interest in any proposal shall disclose such involvement as part of the initial review process and can choose to recuse themselves for specific reviews. In addition, a consensus determination is made by the PRP members to include or exclude such member from final review decisions based on the type and level of involvement.

The charge of the PRP will be to review any EBP, PP, CDE or SS packet submitted by providers. In addition to the approval process, the PRP will conduct an annual system review.

During this review the PRP will work on specific topics and administrative issues related to this subject, including exploring and making recommendations regarding EBPs, PPs, CDEs and SSs and related knowledge base. The PR will report findings and make recommendations to the QIC

C. Provider Responsibility

A provider must request and receive approval to implement the selected EBPs, PPs, CDEs or SSs. To receive this approval, a provider is required to submit a packet to the designated Contract Monitor or Program Manager for review. The designated Contract Monitor or Program Manager reviews the packet for completion of all requested materials, attaches any additional pertinent information or comments, and submits the documents to the Chair of there. Pertinent information may include contract or system impact or other information available to the Contract Monitor or Program Manager with relevance to the proposal.

Should a proposal be applicable across multiple providers or programs, the Contract Monitor or Program Manager may attach that information to the packet. The PRP decision will consider and approve a standard applicable to all providers within BHS implementing this practice. This proposal may also be coordinated by the BHS SUPT, Adult or Children's Programs on behalf of multiple providers (e.g. System wide Motivational Interviewing, Trauma Focused CBT, etc.).

1. Clinical Practice Submission Packet: If the proposal is for a new EPB, PP, or CDE, or SS that has **NOT** been identified and approved through the PRP the following information must be provided as part of the Clinical Practice Submission Packet below:
 - a. Model Description - Information about the model including: Who within the Sacramento County MHP would this model benefit, proposed target population, supporting evidence/literature discussing the merits of implementation with the target population including cultural groups served in the Sacramento County MHP, modifications available to increase cultural competence, and any other information relevant to how this model differs from models currently approved by the MHP.
 - b. Training: Cost analysis for initial training and implementation, what type of training is available (Train-the-trainer, one time training, on-line models, training stages, local trainer's vs out-of-town trainers, annual re-certification requirements, etc.)

2. Implementation Packet: If the proposal is for an EBP, PP, CDE, or SS that has been previously reviewed and approved by the PRP BHS, and QIC or has submitted through the process outlined above, the provider will only need to submit an Implementation Packet that will outline the implementation strategies for the specific program to the Contract Monitor or Program Manager. Once the Contract Monitor and/or Program Manager have reviewed and provided any feedback, the Implementation Packet will be sent to the PRP to begin the approval process.

The Implementation Packet must include:

 - a. Strategies: An outline of strategies to assess model fidelity including the provider's plan to adhere and monitor model fidelity. This plan or procedure should contain sufficient detail for the PRP to determine the feasibility of efforts to assess fidelity including outcome tools and measures such as pre-posttests.
 - b. Sustainability: A sustainability analysis addressing such factors as staff turnover, supervision, ongoing funding for oversight and training activities, etc.
 - c. Training (Program Specific): Describe the selection criteria of staff to be trained, how training will be conducted, and by whom, to provide the EBP, PP, CDE or SS and ongoing staff oversight and training, and re-certification needs.

- d. Other Key Information: For any proposed EBP, PP, CDE or SS, EPSDT providers must include the number of clients using EPSDT dollars from existing contracted slot capacity.

D. Panel Review And Approval Process

The PRP will convene a meeting to review a proposed request within 30 days of receipt of the packet from the Contract Monitor or Program Manager. The PRP may request additional information or meet with additional subject matter experts prior to making a final decision.

Within 30 days of the meeting, the PRP will submit a written response to the requestor, indicating the results of the review. "Approval," "Disapproval" or "Resubmission with instructions." Any requests for additional information will also be included in the response to the requestor.

E. Post Approval Plan

After approval by the PRP, the following administrative activities are conducted:

1. Provider submits response to approval letter, if applicable, and proceeds to incorporate updates, data and other information as part of quarterly report to Contract Monitor or Program Manager.
2. Contract Monitor works with the provider and DBHS administrative units to set up cost centers provider episodes in Avatar or other means of tracking services as decided by the PRP.
3. REPO, QM and Ethnic Services/Cultural Competence units will work with provider or Program Manager/designee to determine method of recording outcomes, including the documentation of the appropriateness of the model for services to cultural, ethnic and racial groups. In addition, providers will be given specific coding and documentation requirements to record information accurately into client records. Any unique coding or tracking decisions relating to EBP, PP, CDE and SS will be resolved on a case by case basis consultation with QM, Cultural Competence, REPO and Program staff.

F. Post-Implementation Review

Contract Monitors and Program Managers will receive updates of any significant changes related to the approved EBP, PP, CDE or SS in the quarterly report. Some examples of relevant areas for updates are staff turnover, additional costs for implementation of the model, new or additional training. PRP approval letter or subsequent Contract Monitor follow-up letters will provide any specific items requiring ongoing quarterly report from provider.

At the end of the first year of implementation the outcomes will be assessed by the PRP, with particular attention paid to the appropriateness of the model for services to cultural, ethnic and racial groups.

An annual or otherwise determined schedule for review of EBP, PP, CDE, and SS will be established.

REFERENCE(S)/ATTACHMENTS:

N/A

RELATED POLICIES:

N/A

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		
X	Specific grant/specialty resource		

CONTACT INFORMATION:

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