

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: July 9, 2014

BHRS POLICY: 14-03

SUBJECT: Selection of Evidence Based and Community Defined Practices

AUTHORITY: BHRS Policy 11-01 – Standards of Care in an Integrated Behavioral Health System; BHRS Policy 08-03 – Practice Guidelines

SUPERSEDES: New Policy

BACKGROUND

BHRS has adopted policies (see above) that support the use of practice guidelines and standards of care in the delivery of services. To move towards more systematic implementation of these policies, in 2012 a study committee was charged by BHRS management to recommend an inclusive process for the selection of clinical and non-clinical interventions that could be utilized throughout Behavioral Health Services. These interventions need to include evidence-based, promising and community based or defined practices. The most important consideration is that the practice has been proven to lead to a desired result or is likely to lead to a desired result. The cost to implement any specific proposal, whether substantial or very low, is to be considered but is not the primary deciding factor. This policy is written to implement the recommendations of the committee which were conceptually approved on 4/15/14.

DEFINITIONS

Best Practice: A technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success.

Community Based or Defined Evidence: A set of practices that communities have used and that have been found to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community (adapted from statement of National Latina/o Psychological Association, Fall/Winter 2008).

Evidence-Based Practice: is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. (American Psychological Association).

PURPOSE

To define a process for selection and evaluation of proposed evidence based and community defined practices that:

- Facilitates broad based and consistent evaluation of these proposals,
- Can make thoughtful recommendations for training and implementation among the many clinically and non-clinically defined promising and best practices,
- Is inclusive of a broad range of multi-cultural practices, and
- Places key importance on the relationship of the proposal to reducing disparities in access to care and appropriateness of care.

POLICY

A. Practice Evaluation Committee

a. Charge

- i. To receive and evaluate proposals to implement best practices, promising practices and community based practices.
- ii. Proposals shall be submitted by BHRS treatment and supportive teams and by agencies providing services to BHRS clients under contract with BHRS.
- iii. If needed, the committee can request a meeting with the creator or “sponsor” of the proposal to obtain further information.
- iv. The Practice Evaluation Committee may find the practice appropriate for implementation, not appropriate for implementation, or needing further explanation.
- v. The Practice Evaluation Committee is not responsible for implementing any approved practice and committee approval is not a mandate that the proposal must be implemented.
- vi. After review and, as indicated, committee findings in support of a proposal will be forwarded to policy committees, training committee, workforce development committee, agencies, or involved teams for their further review and decisions about implementation.

b. Committee will be chaired by the Workforce Education and Training Coordinator.

c. Membership

- i. Appointed by executive management.
- ii. Will include representatives of BHRS Alcohol and Other Drugs (AOD), the Office of Consumer and Family Advocacy (OCFA), Office of Diversity and Equity (ODE), Quality Management (QM), adult and youth managers, BHRS staff, consumers and subject matter experts.

- d. Frequency of Meetings
 - i. Will meet on an as-needed basis so that proposals can be evaluated in a timely manner.
 - ii. Services meeting the criteria defined within this policy that are intended to be provided by contractors through a Request for Proposals (RFP) process must be reviewed prior to the issuance of the RFP. The committee will expedite such requests for review in order not to delay the RFP process.

B. Procedures

- a. The proposal for implementation of a new practice will be submitted in writing to the Practices Evaluation Committee chairperson. NOTE: Practices approved and/or implemented prior to the signed date of this policy are not subject to retroactive review by the committee.
- b. Approval from the BHRS Supervisor/Manager or the agency director where the practice will occur must accompany the proposal.
- c. The committee chairperson will distribute the proposal to the committee for consideration.
- d. Committee members will review the proposal in a timely manner and submit their recommendations to the committee chairperson.
- e. Extending an approved practice from one site to another, without substantive changes in the practice, will not require an additional submission to the committee.
- f. Approval of a Pilot Project is limited to the site defined in the proposal. Extension to other sites for additional testing or general implementation will require additional committee review.
- g. The committee chairperson will post a list of approved practices in order to avoid duplication of efforts.

C. Proposal Format

- a. Proposals must be submitted in writing.
- b. Approval by the BHRS supervisor/manager or the Agency director where the proposal will be implemented must be included.
- c. The rationale for identifying the proposal as a best or promising practice or a community developed practice must be established and included in the proposal.

- d. Include a brief justification for why the practice is likely to be effective for the defined population.
- e. Brief description of the practice.
- f. If known, how much staff time and training will be needed to implement the practice?
- g. Brief description on how much effort will be needed to implement the practice. If known, what are the challenges for the start-up?
- h. Will this practice replace or augment an existing practice within our system, or is it a new practice?
- i. Is the practice intended to be explored as a pilot?
- j. Is there applicability to other teams or to BHRS as a whole?
- k. Will consumers/family members be involved in planning and implementation?
- l. How will issues of culture and diversity and linguistic needs be addressed in training and implementation concerning the practice?

D. Other Considerations for the Committee

- a. Are there existing policies that apply to the proposal (ex., Spirituality Policy)?
- b. Implementation Plan and proposal timelines – one time or ongoing? Is proposal designed to be piloted before full implementation?
- c. Sustainability Plan
- d. Implications for documentation and billing
- e. Implementation costs

Approved: _____
 Stephen, Director
 Behavioral Health and Recovery Services Division

Approved: _____
 Jei Africa, Manager
 Health Equity Initiatives Manager

Reviewed: _____
