BHRS POLICY: 11-01

SUBJECT: Standards of Care in an Integrated Behavioral Health System

AUTHORITY: BHRS Welcoming Framework (Policy 08-01); BHRS Practice Guidelines (Policy 08-03)

SUPERSEDES: 10-04 – Standards of Care in Treatment of Substance Use Disorders (Incorporated herein)

BACKGROUND

There is growing international appreciation that articulation of core values, goals and standards plays an important role in enhancing quality of care for consumers. San Mateo County Behavioral Health and Recovery Services (BHRS) adopted a Welcoming Framework (BHRS Policy 08-01) that defines principles of service delivery in a respectful environment that supports culturally competent, recovery based services for child/youth, adult, and older adult clients.

Evidence-based practices (EBP’s) have become a focus of licensing and certification organizations (including the California Department of Alcohol & Drug Programs), state task forces (including Little Hoover Commissions), and most recently, federal legislation (for Mental Health/AOD parity). Furthermore, third party payers are increasingly requiring that interventions be evidence-based. Locally, Strategic Directions 2010 emphasizes the need to implement and utilize EBP’s.

DEFINITION

A best practice is 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.

Best practices in health promotion are those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment and that are most likely to achieve health promotion goals in a given situation. (Interactive Domain Model)
POLICY

The standards of care listed below apply to all consumers within BHRS, regardless of age, culture, and physical/behavioral health issues. It is understood that these standards are not new and are already accepted and being applied throughout BHRS. They are restated here to emphasize ongoing commitment to the values and perspectives they endorse. Specific standards for AOD Providers, other adult/older adult providers and providers of services for children/youth and their families will be attached when written and will be implemented as Division policy. Despite this separation, necessary for clarity and specificity of best and promising practices, it is anticipated that their application will occur in an integrated way throughout BHRS.

SOC 1: Welcoming Environment

Programs will provide for a client’s physical and emotional safety and create an engaging and predictable environment.

SOC 2: Engagement & Retention

Programs will utilize strategies specific for engagement and retention of clients and their families, and will promote access to care through effective efforts to reduce the stigma surrounding mental health challenges and substance use problems.

SOC 3: Client-Centered Care

Programs will provide individually tailored and client-driven treatment, while balancing the health, safety, and integrity of the program.

SOC 4: Culturally Competent Care

Providers are expected to be culturally fluent and responsive to the historical, linguistic, spiritual and cultural experiences and needs of each client.

SOC 5: Co-occurring Capable Care

Programs will be engaged in continuously improving their co-occurring capability. Policies, procedures and programming and staff competencies are designed to meet the anticipated needs of individuals with co-occurring disorders. Within BHRS, the provision of co-occurring care is the expectation, and not the exception.

SOC 6: Treatment Planning

Treatment Plans must consider the client’s stage of change, developmental needs and stage of life issues.

Treatment Plans must consider the readiness/ability of each client to address each problem, and be informed by the integrated assessment of substance use and mental
SOC 7: Effective Treatment based on Evidence-based Practices and Promising Practices

Providers will offer effective treatment for all clients. Evidence-based practices (EBP’s) and promising practices will be utilized during all phases of treatment with awareness that the application of these treatment standards must occur in a culturally sensitive manner.

Approved: Signature on File
Stephen Kaplan, Director
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Attachment A: Standards of Care for AOD Providers
Attachment B: Standards of Care for Transition Age Youth/ Adult/Older Adult Providers (Mental Health)
Attachment C: Standards of care for Child/Youth Providers (Mental Health)