



7.2.6 PRACTICE GUIDELINES

Issue Date: 04/02/2018

Revision History: 01/21/2025

References:

1. State MHP Contract
2. DMH Letter No. 04-07
3. CCR Title 9, Chapter 11, 1810.326
4. 42 CFR 438.236

Policy Owner: DHS-BHD QAPI QA MANAGER

Director Signature: **Signature on File**

I. Policy Statement

It is the policy of the Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) to establish clinical practice guidelines for all Mental Health Plan (MHP) staff and providers. This policy sets forth a formal process for the development, distribution, and training of evidence-based and community-defined mental healthcare practices that will improve client outcomes increase clinical efficacy and sustainability and build foundational skills and mindsets that allow client-centered work grounded in evidence-based practice.

II. Scope

This policy applies to all DHS-BHD Covered Persons who provide Specialty Mental Health Services, which includes all County of Sonoma employees (full-time, part-time, extra help) and all additional persons who are performing services for DHS, with the exception of Community Based Organization (CBO) staff.

III. Definitions

- A. Clinical Practice Guidelines:
Evidence-based recommendations designed to assist providers in making informed clinical decisions.
- B. Evidence-based practices (EBP):
Approaches that are guided by the best available research evidence, clinical expertise, and patient preferences.

IV. Policy

DHS-BHD will comply with Federal and State laws and regulations and provide clinical care/process guidelines that are standardized and of high quality. DHS-BHD will adopt practice guidelines that:

- A. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the applicable field;
- B. Consider the needs of the members;
- C. Are adopted in consultation with network providers;
- D. Are reviewed and updated periodically as appropriate; and,
- E. Are disseminated to all affected providers and, upon request, to beneficiaries of the Division. Additionally, signage on how enrollees and potential enrollees may obtain the practice guidelines shall be posted in provider offices, DHS-BHD will ensure that decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

V. Procedures

- A. General Principles
 - 1. Practice guidelines represent factors to be considered in the provision of behavioral health services but are not comprehensive treatment protocols. An in-depth knowledge of the clinical skills essential for the provision of quality behavioral health services to members should result from ongoing clinical training and regular review of relevant professional literature and education.
 - 2. Practice guidelines represent the best thinking or consensus among behavioral health clinicians and experts.
 - 3. Practice guidelines do not substitute for member/clinician dialogue and respect for members that is at the core of sound clinical practice.

4. Changes in current regimens made for the purpose of conformity to practice guidelines should be initiated only after careful consideration of the original reason for initiating the current treatment.
5. Practice guidelines reflect the current interpretations of best practices and may change as new information and/or technology becomes available.
6. Special efforts must be given in respect to the unique values, culture, spiritual beliefs, lifestyles, and personal experience in the provision of promising practices that address culture-centered approaches for underserved populations.

B. Development and Revision of Practice Guidelines

1. DHS-BHD will develop practice guidelines under the direction of the Medical Director, or designee, and the Quality Improvement Committee (QIC) and will use ad hoc workgroups to obtain input from appropriate groups, including psychiatric and/or other medical staff, selected contractors, and stakeholders, as needed.
2. Practice guidelines will be reviewed and updated annually as appropriate and recommended for approval by the Quality Improvement Committee (QIC).
3. Final approval will be given by the Director of Behavioral Health.

C. Evidenced-based Practices (EBPs)

1. DHS-BHD will implement at least two (2) evidence-based practices, per provider service modality, and will regularly review to ensure the EBPs are implemented and are used to fidelity.
2. DHS-BHD will provide training on new practice guidelines to MHP staff and providers who are expected to utilize the guidelines.

D. Dissemination of Practice Guidelines

1. Practice guidelines will be distributed to all Program Managers for dissemination to MHP staff, to all contractors affected by the guidelines, and to beneficiaries upon request.

VI. **Forms**

None

VII. **Attachments**

None