



## Cobb County Community Services Board

<b>Policy # 8156</b>	<b>Evidence Based Practices</b>	<b>Service Delivery</b>
Origination Date: June 17, 2019		
Revision Date		
Reviewed Date:		
Approved: <i>Foster Norman</i>		
Foster Norman Executive Director		

### **POLICY**

It is the policy and philosophy of the Cobb County Community Services Board (CCCSB) to provide quality care through the use of evidence based treatment and approaches to address the needs of the individuals we serve.

<b>Procedure # 8156</b>	<b>Evidence Based Practices</b>	<b>Service Delivery</b>
<b>Origination Date: June 17, 2019</b>		
<b>Revision Date</b>		
<b>Reviewed Date:</b>		
<b>Approved:</b> <i>Foster Norman</i>		
<b>Foster Norman Executive Director</b>		

**PROCEDURE:**

1. The CCCSB may utilize several different evidence based treatment practices (EBP) and approaches, including, but, not limited to:
  - a. Cognitive Behavioral Therapy and Social Skills Training
  - b. Motivational Interviewing
  - c. Illness Management and Recovery (IMR)
  - d. Social Skills Training
  - e. Cognitive Remediation
  - f. Integrated Dual Diagnosis Treatment (IDDT)
  - g. Psycho-education and Skill Development (vocational, social, coping, leisure)
  - h. GAIN (Global Appraisal of Individual Needs) Assessment Tool for Substance Use disorder programs
  - i. Seven Challenges Model
  - j. Solution-Focused Therapy
  - k. Individual Placement and Support (IPS) Model
  - l. TIP 42 (Treatment Improvement Protocols)
  - m. Trauma Recovery and Empowerment Model (TREM)
  - n. Dialectical Behavioral Therapy (DBT)
  - o. Matrix Model
  - p. Motivational Enhancement Therapy (MET)
  - q. Gorski Relapse Prevention
  - r. Integrative Dual Diagnosis Treatment (IDDT)

- s. Harm Reduction Therapy
  - t. Strengthening Families
2. The CCCSB ensures fidelity to these best practice models by assigning only those clinicians/staff who have received formalized training, or receive clinical oversight by those with training (as allowed by the model), in these EBPs, to provide the service.
  3. In order to begin using a new evidence based practice not on the list, the staff member or program submit a request to the agency's Clinical Director and Chief Quality Officer (CQO).
    - a. This request should include:
      - i. Name of the EBP
      - ii. Purpose of the EBP
      - iii. Population it will serve
      - iv. Evidence of effectiveness
  4. The Clinical Director and CQO will review the above data. If the decision is that the EBP will benefit the individuals we serve, it will be brought to the agency's Quality Improvement Committee (QIC) for review.
  5. If approved by the QIC, it will be sent to the Executive Director for final approval of use.
    - a. If not approved, the QIC will provide the reasons why it is not approved and/or request more information.
      - i. A staff member can appeal the QIC decision to the CEO.
        1. Any decision by the CEO is considered final.