

Treatment Philosophy

Comprehensive Behavioral Health Management/College Health IPA (CHIPA) treatment philosophy, integrated throughout our intensive and outpatient programs, reflects the clinical “values” we believe research and clinical practice have shown to be the most effective means of producing the kind of rapid, generalizable behavioral gains which we and our patients seek.

- We mutually identify and actively address the critical biological, psychological, and social impairments, which have necessitated each patient’s treatment.
- We strive to develop an empathetic understanding of each patient.
- We focus on reinforcing each patient’s strengths and resources, and together build on this healthy foundation through the teaching of specific, practical cognitive/behavioral and interpersonal skills.
- We Coordinate care with other healthcare providers.
- We promote patient empowerment, rather than dependency.
- We promote interventions, which emphasize goals of self-efficacy and self-mastery, beginning at the point of first patient contact.
- We assist each patient in the process of his or her ongoing development.
- We employ interactive techniques, which promote self-efficacy skills and stable, generalized treatment gains.
- We encourage the active involvement of significant others in treatment.
- We avoid producing iatrogenic illness by discouraging overt or covert reinforcement of regression or an unhealthy fixation on psychopathology.
- We maintain an awareness of time, by recognizing the effectiveness of therapy and the overcoming resistance to change is unrelated to length or frequency of therapy.

Recommended Practices

CHIPA has developed some policy and procedures to provide guidance to our staff and Clinicians when providing clinical services to patients with Attention Deficit/Hyperactivity Disorder (ADHD), Bipolar Disorder, Major Depression, and Treatment of Minors. These policies provide suggestions and recommended practices but does not prescribe treatment. The Clinician should consider these guidelines in the treatment of a patient but may depart from them when clinically indicated. These are available online or upon request through the Quality Improvement Department.

Treatment Discharge Planning

Effective discharge planning addresses how a member’s needs will be met during transition from one level of care to another or to a different treating Clinician. This planning begins with the onset of care and should be documented and reviewed over the course of care. Treatment planning will focus on achieving and maintaining a desirable level of functioning after the completion of the current episode of care. Effective treatment and discharge planning is a key indicator of the ongoing health and well-being of a member following acute care. (See also the “Treatment Record Documentation Requirements” chapter of this manual.)

Case Managers will work with you to begin the discharge or treatment planning process for members at the time that services are initiated. As appropriate, the discharge or treatment planning process will involve you, a Case Manager, the member, the member’s family and/or representative, the Clinician at the next level of care, and/or relevant community resources.

Discharge planning involves assessment of the member's needs including current functioning, resources, and barriers to treatment access or compliance.

Discharge instructions should be specific, clearly documented and provided to the member at least two sessions prior to discharge. For discharge from an acute inpatient level of care, CHIPA expects that a patient's follow-up appointment will be scheduled prior to discharge and within seven days of the date of discharge. This time frame is part of the Health Plan Employer Data and Information Set (HEDIS®) measure established by NCQA to compare health plans on meeting this follow-up standard for mental health services. It is assessed on an annual basis. Throughout the treatment and discharge planning process, it is essential that members be educated regarding the importance of enlisting community support services, communicating treatment recommendations to all treating professionals, and adhering to follow-up care. Members have the right to decline permission to release information to other treating professionals, but should be informed about the potential risks and benefits of this decision and how it affects coordination of care.

Communication with Primary Physicians and Other Health Care Professionals

To coordinate and manage care between behavioral health and medical professionals, CHIPA expects that you will seek to obtain the member's consent to exchange appropriate treatment information with medical care professionals (e.g., primary physicians, medical specialists) and/or other behavioral health Clinicians (e.g., psychiatrists, therapists). Coordination and communication should take place at: the time of intake, during treatment, the time of discharge or termination of care, between levels of care and at any other point in treatment that may be appropriate. Coordination of services improves the quality of care to members in several ways:

- It confirms for a primary physician that his or her patient followed through on a behavioral health referral
- It minimizes potential adverse medication interactions for members who are prescribed psychotropic medication
- It allows for better management of treatment and follow-up for members with coexisting behavioral and medical disorders
- It can reduce the risk of relapse with members in some populations, as with substance use disorders

The following guidelines are intended to facilitate effective communication among all treatment professionals involved in a member's care:

- During the diagnostic assessment session, request the member's written consent to exchange information with all appropriate treatment professionals
- After the initial assessment, provide other treating professionals with the following information within two weeks:
 - Summary of member's evaluation
 - Diagnosis
 - Treatment plan summary (including any medications prescribed)
 - Primary Clinician treating the member
- Update other behavioral health and/or medical Clinicians when there is a change in the member's condition or medication(s)

- Update other health care professionals when serious medical conditions warrant closer coordination
- At the completion of treatment, send a copy of the discharge summary to the other treating professionals
- Attempt to obtain all relevant clinical information that other treating professionals may have pertaining to the patient's mental health or substance use problems

Some members may refuse to allow for release of this information. This decision must be noted in the clinical record after reviewing the potential risks and benefits of this decision. CHIPA, as well as accrediting organizations, expect you to make a “good faith” effort at communicating with other behavioral health Clinicians or facilities and any medical care professionals who are treating the member.

Member Rights and Responsibilities

You will find a copy of the CHIPA Member Rights and Responsibilities at the end of this manual and on our website. You may request a paper copy by contacting Network Management. These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting. CHIPA requests that you display the Patient Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to CHIPA members.

Services of Interpreters

It is typically your responsibility to arrange for the services of interpreters, when indicated, for members under your care. Financial responsibility for such services varies depending on the benefit plan and/or governing law; accordingly, these costs may be assigned to you, to CHIPA, to the member or may be shared between any or among all three of these parties. You may contact an Intake Specialist to determine who is financially responsible.