

Clinical Guidelines and Related Provider Requirements: Trauma and Stressor-Related Disorders (TSRD)

Community Behavioral Health (CBH) has adopted Clinical Practice Guidelines (CPGs) to outline best practices for treating specific disorders or certain populations. CBH will use these guidelines to assess the quality of care provided to CBH members. As such, providers are advised to review and, where appropriate, implement these best practices in their care. CPGs apply to all clinical settings where care is delivered to members. CPGs should be used in conjunction with any level-of-care-specific performance standards, as well as all other required CBH, state, and federal regulations and standards.

CBH has created new guidelines for the treatment of treatment of trauma and stressor-related disorders (TSRD). The most recent version of all CPGs can be found on the [CBH Clinical Practice Guidelines webpage](#).

To ensure alignment and best practices, CBH recommends that providers review the CPGs and make any necessary updates or revisions to provider policies and procedures.

Adherence to the CPGs will be assessed through CBH monitoring and oversight, including protocols from the Quality, Clinical, and Compliance Departments. To assess the quality of care and align with state and regulatory requirements, CBH will also utilize several specific metrics for the CPG, which are detailed in the table below.

Clinical Guidelines	Quality Metrics
Clinical Practice Guidelines for Trauma and Stressor-Related Disorders (TSRD)	<ol style="list-style-type: none">1. HEDIS FUH Measure for Follow-up After Hospitalization for Mental Illness will be adapted to capture follow-up after hospitalization due to suicidal ideation or attempted suicide. The FUH measure is two-part and includes:<ul style="list-style-type: none">» 7-day follow-up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioners, within seven days of discharge.» 30-day follow-up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner, within 30 days of discharge2. HEDIS FUM Measure for Follow-up After Emergency Department Visit for Mental Illness will be adapted to capture follow-up after ED presentation due to suicidal ideation or attempted suicide. The FUM measure is two-part and includes:<ul style="list-style-type: none">» 7-day follow-up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner, within seven days of discharge.» 30-day follow-up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner, within 30 days of discharge.

These requirements take effect **January 26, 2026**. Please direct questions regarding *Clinical Practice Guidelines for TSRD* to michelle.reece@phila.gov.