

## **RFS 24-77045**

### **Attachment G**

#### **Evidence-Based Practices, Assessments, and Screeners Response Template**

**Background:** This Attachment includes two tables for response. Please enter information into the open columns as applicable.

**Table 1** includes the evidence-based practices (“EBPs”) that the State is considering requiring for selected Demonstration Sites. This list is non-exhaustive. As part of the Demonstration Program Application, the State will finalize a list of required EBPs that CCBHCs must employ and other optional, recommended EBPs that the State will track the use of during the Demonstration.

**Table 2** includes assessment and screening tools that the State is considering for use by CCBHCs. As part of the Demonstration Program Application, the State will finalize a list of pre-approved assessments and screeners that a CCBHC may use.

These lists will be finalized based on responses to this RFS; submitted Community Needs Assessments; data submitted in DARMHA and other State systems; and continued engagement with stakeholders, including input from all prospective CCBHCs (not just those selected through this RFS).

## Table 1: Evidence-Based Practices

**Instructions:** In the table below, please indicate which of the following EBP's you currently employ. If you do not employ the practice, please add commentary explaining past or planned use of the practice and/or reasons the practice is not currently utilized. For each EBP currently being used, please indicate the population you are using the EBP with, whether/how it is being implemented with fidelity, and how its use was informed by your Community Needs Assessment ("CNA"). In the text box provided below Table 1, please list any EBP's that you currently use that are not listed in the table below and provide the requested information.

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
Illness Management and Recovery (IMR)	No	Sandra Eskenazi MHC has established core EBP's. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Integrated Dual Diagnosis Treatment (IDDT)	Yes	Sandra Eskenazi MHC does dual diagnosis treatment for all populations at all outpatient clinics.	It is not practiced at high fidelity according to the SAMHSA best practices for IDDT.	The CNA confirmed the need for mental health and substance use treatment in Marion County.

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
Assertive Community Treatment (ACT) Indicator to fidelity	No	We intend to implement an ACT team once we have been notified as a receipt of the demonstration projected	N/A	CNA indicated that ACT team or teams are needed in Marion County to address high utilizers of emergency services. To be able to provide high intensity level of services in the community to include clinical services, nursing services, medication management, psychiatric rehabilitation services.
Forensic Assertive Community Treatment (FACT)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Motivational	Yes	All populations	SEMHC has an MI	Sandra Eskenazi MHC

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
Interviewing			Committee with 6 Motivational Interviewing Network of Trainer inductees that ensure high fidelity of training and practice	has been using MI since 2002. The MI Committee was established at that time.
MATRIX Model	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Clubhouse Participation	No	SEMHC clients who seek clubhouse services would be referred to the Circle City Clubhouse.	Clients are referred to Circle City Clubhouse. A Care Coordination Agreement will be established with Clubhouse in Marion County	The CNA indicated that 26,000 adults with SMI have not sought treatment within Marion County. The CNA highlighted that practitioners need an array of service lines to offer clients a variety of

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				services that may draw them to treatment. Clubhouse models can serve as one such model due to their peer driven structur3.
Peer Support Involvement	Yes	Adult SMI and Addiction populations	Sandra Eskenazi MHC strongly believes in peer recovery and has established a peer recovery apprenticeship program, desiring to be a leader in peer recovery in Central Indiana. As a site sponsoring training of nascent peer recovery coaches, our supervisors receive ICAADA supervisor training.	We used peer support in our workforce prior to the CNA. However, the CNA, as well as the research literature, indicated the need for peer recovery as a modality that helps reduce stigma and improves treatment navigation. The CNA identified that there is a gap in peer workforce in Marion County.
Family Psychoeducation	Yes	Children's Services	Sandra Eskenazi MHC is not familiar practical clinically oriented fidelity scales. The scales we	This was implemented prior to the CNA.

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
			are familiar with are primarily research tools.	
Supported Housing	Yes	Adult populations with chronic homelessness.	Sandra Eskenazi MHC believes in and follows Housing First best practices.	Sandra Eskenazi MHC has long been associated with the Marion County Continuum of Care, being a permanent supportive housing provider since the early 2000's. We know from this experience and the CNA that homelessness is health emergency and that nearly 75% of those in permanent supportive housing have a mental health condition.
Supported Employment	Yes	Adult SMI populations.	Yes. Supported Employment is practiced according to State and Vocational Rehabilitation guidelines.	Sandra Eskenazi MHC first implemented supported employment in 1994. It was not informed by the CNA.

<b>Evidence-Based Practice</b>	<b>Are you currently utilizing this practice? (Yes/No)</b>	<b>If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?</b>	<b>Are you currently implementing it with fidelity? Please explain.</b>	<b>How was this informed by your CNA?</b>
Strengthening Families Program	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Child-Parent Psychotherapy (CPP)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Cognitive Behavioral Therapy (CBT)	Yes	All client populations	Yes. In 2022 and 23, Sandra Eskenazi MHC entered into a significantly large contract to retrain 80	This was not informed by the CNA. Sandra Eskenazi MHC is familiar with the research literature that

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			<p>clinicians at Sandra Eskenazi MHC in the foundations of CBT through the Beck Institute. Additionally, 6 leaders went through additional consultation in how to establish CBT sustainability across the organization, including clinician training.</p>	<p>demonstrates the effectiveness of CBT across multiple populations and contexts for common disorders such as depression and anxiety. It is also the foundation for third generation CBT informed practices like Schema Therapy, DBT, MET-CBT, and TF-CBT. We believe a foundation in CBT only strengthens the work in the other modalities.</p>
Trauma Focused Cognitive Behavior Therapy (TF-CBT)	Yes	Clients at our Children's and School-Based programs.	It is operated at high fidelity. Sandra Eskenazi MHC has the internal mechanisms through train the trainer to ensure sustainability and fidelity. It is currently the designated modality of the SAMHSA Children's	The CNA confirms the concern in Marion County regarding childhood trauma and the need for service provision.



Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
			Trauma Stress Network Initiative clinical service steam we have initiated. This team has a dedicated person to provide trauma-informed education about childhood/adolescent mental health and addiction issues to child-serving organizations and parents in Marion County. This grant service is available to all Children's and School-based clients.	
Cognitive Behavioral Therapy for psychosis (CBTp)	No	Sandra Eskenazi MHC chose MERIT as the EBP for SMI populations. See explanation below.	N/A	N/A
Alternatives for Families: A Cognitive-	No	Sandra Eskenazi MHC has established core	N/A	N/A

<b>Evidence-Based Practice</b>	<b>Are you currently utilizing this practice? (Yes/No)</b>	<b>If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?</b>	<b>Are you currently implementing it with fidelity? Please explain.</b>	<b>How was this informed by your CNA?</b>
Behavioral Therapy (AF-CBT)		EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.		
Cognitive Behavior Intervention for Therapy in Schools (CBITS)	Yes	School-based	Staff trained as “train the trainer” through IU’s IMPACT children’s trauma grant under Dr. Zack Adams.	This was not informed by the CNA and was provided through an IMPACT grant.
Dialectical Behavior Therapy (DBT)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Incredible Years	No	Sandra Eskenazi MHC	N/A	N/A

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
		has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.		
Functional Family Therapy (FFT)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Motivational interviewing (MI)	Yes	All populations	SEMHC has an MI Committee with 6 Motivational Interviewing Network of Trainer inductees that ensure high fidelity of	Sandra Eskenazi MHC has been using MI since 2002. The MI Committee was established at that time.

<b>Evidence-Based Practice</b>	<b>Are you currently utilizing this practice? (Yes/No)</b>	<b>If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?</b>	<b>Are you currently implementing it with fidelity? Please explain.</b>	<b>How was this informed by your CNA?</b>
			training and practice	
Multisystemic Therapy (MST)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Transition to Independence Process (TIP)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Enrolled in/ Provides Child Mental Health Wraparound (CMHW)	Yes	Children's	Yes, by State contract Staff are trained by the University of Maryland.	This was started years prior to the CNA.

<b>Evidence-Based Practice</b>	<b>Are you currently utilizing this practice? (Yes/No)</b>	<b>If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?</b>	<b>Are you currently implementing it with fidelity? Please explain.</b>	<b>How was this informed by your CNA?</b>
Services			DMHA is involved and provide on-site coaches. The coaches review everything in the state system "TOBI."	
Enrolled in/ Provides Children's Mental Health Initiative (CMHI)	Yes	Children's	Yes, by State contract Staff are trained by the University of Maryland. DMHA is involved and provide on-site coaches. The coaches review everything in the state system "TOBI."	This was started years prior to the CNA.
High Fidelity Wraparound	Yes	Children's	High Fidelity Wraparound is done as part of CMHW and CMHI. Staff are trained by the University of Maryland. DMHA is involved and provide on-site coaches. The coaches review everything in the state system "TOBI."	This was started years prior to the CNA.

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
Brief Strategic Family Therapy (BSFT)	No	Sandra Eskenazi MHC has established core EBPs. Due to cost and ability for ongoing training to fidelity, if the State chooses this EBP as a core EBP, Sandra Eskenazi MHC will implement as appropriate.	N/A	N/A
Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)	Yes	Young adult SMI. The Sandra Eskenazi MHC PARC clinic is a leader in CSC for FEP treatment in the Midwest, training several other CMHCs.	SEMHC provides annual fidelity reports to DMHA documenting fidelity to the CSC model	SEMHC was the first recipient of FEP block grant set-aside funds in Indiana in 2014 and has continuously received funding from the state since that time. Our early psychosis program was initiated in 2009 through a collaboration with the IU Department of Psychiatry to promote ongoing research, education, and clinical care to improve the lives of individuals with

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				psychotic illnesses.
Seeking Safety	Yes	Adults with substance use disorder	This is not practiced to high fidelity, as clinicians often select the modules that are most appropriate for the group attendees and the number of group sessions. However, the modules themselves are practiced to high fidelity.	Seeking Safety has been used for many years prior to the CNA, however, it is useful for individuals with the trauma history indicated in the CNA.
Parent Management Training	No	No. We currently provide, but there is not a parent management curriculum or best practice model that is used. If the State mandates as an EBP, Sandra Eskenazi MHC would implement, but would require State assistance in determining training and expense.	N/A	N/A

Evidence-Based Practice	Are you currently utilizing this practice? (Yes/No)	If you are currently utilizing the EBP, what population do you use it for? If you are not currently utilizing it, do you have future plans to or reasons why you will not?	Are you currently implementing it with fidelity? Please explain.	How was this informed by your CNA?
Long-acting injectable medications to treat both mental and substance use disorders	Yes	All service areas	This is done according to clinical practice guidelines followed by licensed mental health providers.	This has been done for many years prior to the CNA.
Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation	Yes	Clozapine for SMI populations; Smoking cessation for all populations; MAT when appropriate for all populations.	Yes, prescribers follow all recommended best practices and also work directly with psychiatric pharmacists who have expertise in psychotropic medication management.	This has been occurring long before the CNA.

Are you currently utilizing any EBPs that are not listed above? If so, please list the EBP, which population you are using it for, whether you are implementing it with fidelity, and how its use was informed by your CNA.

**Metacognitive Reflection and Insight Therapy (MERIT)** – we use this for adult SMI populations – It is an evidence-based psychotherapy created specifically to address the barriers that individuals experiencing serious mental illness may face (Lysaker & Klion, 2017). MERIT is an integrative framework that allows therapists to integrate other evidence-based approaches while using assessment methods and intervention strategies in which therapists intervene upon metacognition. Sandra Eskenazi MHC adult SMI outpatient programs offer MERIT as an evidence-based, recovery-oriented psychotherapy to individuals experiencing serious mental illness. All therapists, supervisors, and psychologists in these programs received classroom training in MERIT,



followed by ongoing supervision and training from SEMHC clinical psychologists who are considered MERIT experts. Weekly group and individual supervision are offered to promote fidelity and sustainability of this model. MERIT was chosen as the EBP for these clinics due to the high complexity of mental health needs experienced by the clientele. Many of the long-term clients have already been offered other traditional EBPs, such as CBT and psychosocial rehabilitation approaches (e.g., IMR). MERIT is a recovery-oriented psychotherapy that offers a novel approach to address the specific, unique deficits that these populations face that can pose barriers to achieving meaningful recovery.

**MET-CBT** – This is used in our children’s dual diagnosis populations – It is being implemented to high fidelity with external supervision (and initial training) from IU – The CNA indicated the issues with co-occurring disorders in youth populations and this EBP addresses that need.

**Medications for Opioid Use Disorder (MOUD)** – This is utilized in our OTP for adult populations who require methadone treatment for opioid use disorder – It is practiced to clinical best practice guidelines. – This directly addresses what the CNA has identified in terms of the threat of opioid addiction to our community.

**Medication Assisted Treatment (MAT)** – This is utilized across our clinics for treatment for alcohol use disorder and smoking cessation – It is practiced to clinical best practice guidelines. – Per the CNA this helps address issues of addiction and substance use in our community.

**Feedback Informed Treatment (FIT)** – This is utilized in all our service lines – it is practiced to high fidelity as Sandra Eskenazi MHC was taught by its originator Dr. Jason Seidel. – This was not informed by our CNA. Rather, this was driven from being a recovery oriented and data driven organization that wanted to ensure that clients were the drivers of their treatment.

**Housing First** – This is utilized in our adult Permanent Supportive Housing program – it is practiced to very high fidelity by contract and yearly evaluation. – This directly addresses concerns in our community regarding homelessness and return to homelessness.

## Table 2: Assessments and Screeners

**Instructions:** In the table below, please indicate which of the following assessments and screeners you currently utilize. The State will ultimately define a pre-approved list of assessment and screening tools that a CCBHC may use and is considering the following. For each assessment or screener, please indicate whether you are currently employing it and provide any additional commentary on its use. In the text box provided below Table 2, please list any assessments or screeners that you currently use that are not listed in the table below and provide the requested information.

Assessment or Screener	Are you currently using this? (Yes/No)	Please share any additional thoughts.
Level of Care Utilization System (LOCUS)	No	
Child and Adolescent Level of Care Utilization System (CALOCUS)	No	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	No	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	No	
Depression Screening and Follow-Up for Adolescent and Adults (DSF-E)	No	
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Yes	
Ages and Stages Questionnaires (ASQ)	No	
Medication Management in Older Adults with Dementia (DDE/DAE)	No	

Assessment or Screener	Are you currently using this? (Yes/No)	Please share any additional thoughts.
Daily Living Activities (DLA)-20 Functional Assessment	No	This was evaluated and the WHODAS (below) chosen instead.
Preventive Care Measurement using Annual Physical and Follow-Up	No	
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions	No	
Adverse Childhood Experiences (ACEs)	Yes	
Adult Needs and Strengths Assessment (ANSA)	Yes	
Child and Adolescent Needs and Strengths Assessment (CANS)	Yes	
General Anxiety Disorder-7 (GAD-7)	Yes	
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)	No	Sandra Eskenazi MHC utilizes the C-SSRS with the SAFE-T
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA)	No	Sandra Eskenazi MHC utilizes the C-SSRS with the SAFE-T
Ask Suicide-Screening Questions (ASQ)	No	Sandra Eskenazi MHC utilizes the C-SSRS with the SAFE-T
Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)	Yes	

Assessment or Screener	Are you currently using this? (Yes/No)	Please share any additional thoughts.
Columbia Suicide Severity Rating Scale (C-SSRS)	Yes	
Suicide Risk Assessment (SRA) Follow-Up Assessment	No	Sandra Eskenazi MHC utilizes the SAFE-T

Are you currently utilizing any assessments or screeners that are not listed above? If so, please list the assessment or screener, and provide any additional commentary.

**Children's Assessment of Trauma (CAT)** – This is used by the Children's clinicians practicing TF-CBT

**Rating of Outcome Scale/Session Experience Scale (ROSES)** – This is used by all staff across all service lines to ensure high fidelity practice of Feedback Informed Treatment

**Substance Use Recovery Evaluator (SURE)** – Quick to complete self-rated outcome measure for those in recovery from substances.

**World Health Organization Disability Assessment (WHODAS)** – This is used in adult populations, especially those with SMI.

**ASAM 6 Dimensions** – We use ASAM to determine level of care through our biopsychosocial assessment that has been arranged and taught consistent with ASAM.