**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 EBPs 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 EBPs 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) | Yes | Adults with serious mental illness coming out of hospital or at risk of being hospitalized. | Close and in process. | Oaklawn works closely with local hospitals and FQHCs to ensure that hospitalized people have continuous and continuity of care as they leave hospital settings and transitions individuals from inpatient into this EBP treatment. |
| Integrated Dual Diagnosis Treatment (IDDT) | Yes | Adults with dual diagnoses of mental health and substance use. | Close and in process. | Noted as a significant need in our CNA, as no other community partners target this population. |
| Assertive Community Treatment (ACT) Indicator to fidelity | No, what we have is an ACT lookalike that is not up to fidelity | We would like to use it in the future but would need further funding to implement at fidelity. | No, we are not at fidelity, both a funding and a workforce issue. | This intervention would help us to improve outreach and services to unhoused individuals. |
| Forensic Assertive Community Treatment (FACT) | No | We think that this could be very helpful to our developing behavioral services court, but would likely work on ACT before FACT. |  | Oaklawn has strong connections with local authorities to serve justice involved people. Our needs assessment indicates there is a greater need for ACT than for FACT |
| Motivational Interviewing | Yes | We are using this across populations of SED, SMI, SUD. | Yes, We have in-house MINT trainers who train, evaluate practice and teach supervisors to code client interactions. | Our CNA underscores the importance of outreach and engagement of people with SMI, SED, and SUD/COD, particularly those reluctant to engage in treatment. |
| MATRIX Model | Yes | Adult women with SUDs.  Adolescents with SUDs. | Yes, per fidelity markers | Our CNA identifies a need to try to expand this service for adolescents |
| Clubhouse Participation | Yes | Adults with SMI. | Yes, Clubhouse International Accreditation | We are affiliated with 3 separate clubhouses in our 2 counties. |
| Peer Support Involvement | Yes | Substance use, SMI, PSH, Families of SED and transitional age youth. | Yes, We are requiring training and certification | Peers play a vital role in outreach and engagement across all people needing services, but more so for traditionally underserved populations. |
| Family Psychoeducation | Yes | Families of Youth in a variety of multi-family groups, Families in our First Episode Psychosis program, Families of IDDT and other SUD program participants | Yes, We address many of the required components of FEP work and could easily become more focused on developing a checklist of the core competencies. | The CNA suggests a need to expand our family programming, including making this service available to more families. |
| Supported Housing | Yes | Adults with SMI who are in our Permanent Supportive Housing. | Yes, Housing first model of services. | St. Joseph and Elkhart Counties have the highest relative social vulnerability in the state, which includes measures of housing and employment. The CNA shows a clear need for more permanent supported housing. |
| Supported Employment | Yes | Adults in Clubhouse programming and in our First Episode Psychosis program. | Yes per guidelines of those programs. | Our CNA suggests that an ACT program might elevate supported employment. It is an under-utilized EBP. |
| Strengthening Families Program | No |  |  |  |
| Child-Parent Psychotherapy (CPP) | Yes | Youth 0-5 and their parents. | Yes, per fidelity markers. | The CNA shows that more child and family services are needed in the community. |
| Cognitive Behavioral Therapy (CBT) | Yes | Across all populations | Yes—CBT groups are adhering to the models of either Burns or Beck. | Consistent with needs of our service population as described by the Community Needs Assessment. |
| Trauma Focused Cognitive Behavior Therapy (TF-CBT) | Yes | Youth and families with trauma | Yes, we certify staff and utilize the fidelity checklist. |
| Cognitive Behavioral Therapy for psychosis (CBTp) | Yes, getting started | Wrapping up training. Will be using it initially in our First Episode Psychosis program. | Yes, implemented to fidelity and utilizing best practices. | Oaklawn has recently implemented an FEP program. Prevalence estimates in our service area suggest nearly 6,000 youth and adult’s may need FEP treatment. |
| Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) | No | No future plans because of cost of implementation. |  | There is a need for more capacity for children and family services, but efforts should center on existing EBPs. |
| Cognitive Behavior Intervention for Therapy in Schools (CBITS) | No | Would need to bring it up again to school partners to see whether they would entertain this. School absenteeism has become a factor in the provision of services because of the need to have students in class. |  | There is a need for more capacity for children and family services, but efforts should center on existing EBPs. |
| Dialectical Behavior Therapy (DBT) | Yes | Adults and adolescents | We train skills but do not have the full fidelity of program. | There is a need for more capacity for children and family services, staffing plan should prioritize this service. |
| Incredible Years | No | Much of our service area is covered by the Triple P Parenting program which has a strong evidence base (practitioners are spread out among agencies and we have 2 practitioners as well). We also have robust Parent Cafes. |  | Triple P is meeting the need. |
| Functional Family Therapy (FFT) | No | No future plans because of cost of implementation. |  | There is a need for more capacity for children and family services, but efforts should center on existing EBPs. |
| Multisystemic Therapy (MST) | No | No future plans because of cost of implementation and workforce issues. |  | There is a need for more capacity for children and family services, but efforts should center on existing EBPs. |
| Transition to Independence Process (TIP) | Yes | Transitional age youth and young adults | Yes, outside audits by STARS Academy prove fidelity. | Current services are appropriate based on needs assessment. |
| Enrolled in/ Provides Child Mental Health Wraparound (CMHW) Services | Yes | Youth and families who meet program criteria. | Yes, audited by the state. | There is a need for more capacity for children and family services, staffing plan should prioritize this service. |
| Enrolled in/ Provides Children's Mental Health Initiative (CMHI) | Yes | Youth and families who meet program criteria. | Yes, audited by the state. | There is a need for more capacity for children and family services, staffing plan should prioritize this service. |
| High Fidelity Wraparound | Yes | Youth and families who meet program criteria | Yes, audited by the state. | There is a need for more capacity for children and family services, staffing plan should prioritize this service. |
| Brief Strategic Family Therapy (BSFT) | No | No future plans because of costs and limits of population focus. |  | May be needed, but other program capacity should be enhanced first. |
| Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) | Yes | Those with First Episode Psychosis. | Yes, currently on a grant with outcome/fidelity requirements. | Prevalence rates suggest up to 6,000 in our service area might need treatment for FEP or bipolar disorder. |
| Seeking Safety | Yes | BIPOC clients with trauma, SUD clients | Yes, Manualized treatment | This meets a significant need for populations that often face disparities in access to services. |
| Parent Management Training | No | Much of our service area is covered by the Triple P Parenting program which has a strong evidence base. We also have robust Parent Cafes. |  | Triple P meets this need. |
| Long-acting injectable medications to treat both mental and substance use disorders | Yes | Those with SMI for whom there are challenges with oral medication use. | Yes, According to medical guidelines and ethics. | This service is meeting the need for MH and SUD services in the area. |
| Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation | Yes | Adults with SMI, SUD | Yes, Per medical guidelines and ethics utilizing labs, monitoring risk | This service is meeting the need for MH and SUD services in the area. |

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.

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| The following Table outlines the additional EBPs that Oaklawn is implementing to fidelity:  Table1.a. Additional EBPs   |  |  |  |  |  | | --- | --- | --- | --- | --- | | EMDR | Yes | Adults and youth presenting with trauma | Yes, we have therapists that are trained as EMDR therapists. | This service is meeting the need for MH and services in the area. | | MRT | Yes | Adults and youth with criminal justice involvement | Yes, fidelity checklist/ manual. | This service is meeting the need for MH and SUD services in the area. | | Acceptance and Commitment Therapy | Yes | Adults with social anxiety | Yes, to fidelity through manualized treatment. | This service is meeting the need for MH and SUD services in the area. | | Beyond trauma | Yes | Women with history of trauma | Yes, to fidelity through manualized treatment. | This service is meeting the need for MH and SUD services in the area. | | Harm Reduction | Yes | Adults in early stages of change, with significant destructive or addictive behaviors. | Yes, utilizing the evidence supported framework in some key areas. | This service is meeting the need for MH and SUD services in the area. | | Brief Marijuana Treatment | Yes | Adults with marijuana use. | Yes, per manualized treatment protocol. | This service is meeting the need for MH and SUD services in the area. | |

**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) | In process of purchasing and training | Have signed the agreements, finalizing implementation |
| Child and Adolescent Level of Care Utilization System (CALOCUS) | In process of purchasing and training | Have signed the agreements, finalizing implementation |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | No | we obtain weight at every OP medical encounter and nutrition counseling as indicated but no screening |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) | Yes | We order labs and monitor |
| 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 |  |
| Daily Living Activities (DLA)-20 Functional Assessment | No |  |
| 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) | No |  |
| 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) | Yes | As needed a risk assessment |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) | Yes | As needed a risk assessment |
| Ask Suicide-Screening Questions (ASQ) | No |  |
| Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) | No |  |
| Columbia Suicide Severity Rating Scale (C-SSRS) | Yes |  |
| Suicide Risk Assessment (SRA) Follow-Up Assessment | No |  |

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.

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| For substance use we utilize the following screeners:   * SASSI * AUDIT * CAGE-AID * TP-ORAT for Opiate Risk of Overdose   For diagnosis as a part of the initial comprehensive assessment:   * DSM Cross –Cutting Symptoms   + Each used for the identified population (adult, C and A, parent/guardian) |