**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 | Adult SMI and Co-Occurring Disorders. | Yes, training and oversight by leadership, HSPP, and Clinical Excellence Committee who audits documentation and utilization. | IMR is a peer facilitated EBP, our CNA discusses the need for Peer Supported Services and ongoing need for addictions treatment options in the community. |
| Integrated Dual Diagnosis Treatment (IDDT) | Yes (embedded in specialist trainings and therapists where to find manual, etc.) | Adult SMI and Co-Occurring Disorders. | Yes, training and oversight by leadership, HSPP, and Clinical Excellence Committee who audits documentation and utilization. | Our CNA discusses the need for continued addictions treatment options in the community, including culturally and linguistically informed SUD treatment for the Burmese population. |
| Assertive Community Treatment (ACT) Indicator to fidelity | Yes | Adult SMI experiencing homelessness. | Yes, we have an ACT grant and evaluator for fidelity review. | According to our CNA, 1 in 4 homeless people in Indiana have a serious mental illness. This finding highlights the necessity for the Assertive Community Treatment approach in the community and the population demographic A&C currently serves. |
| Forensic Assertive Community Treatment (FACT) | No | Currently we are not serving a large forensic population, however we are open to evaluating the need as our population served changes. |  |  |
| Motivational Interviewing | Yes | All populations served, used in first clinical interaction and ongoing. | We are not currently measuring or auditing for fidelity. We are adding a certified MI training to our training program. | Our CNA discusses populations served including youth, young adults, adults, and older adults. Many individuals enter the mental health system at various stages of change, and MI is identified as an appropriate EBP, suitable for most populations served. |
| MATRIX Model | Yes | Patients with SUD diagnoses. | Yes, A&C follows the Matrix manual and protocol and guidelines, including length and time of treatment. | Our CNA identified the need for continued addictions treatment. |
| Clubhouse Participation | Yes | SMI and co-occurring disorders, based on LON. | Yes, Clubhouse services include a partnership with Circle City Clubhouse. Their most recent certification was received. | Our CNA addresses the SMI population, prevalence, and need in our communities. |
| Peer Support Involvement | Yes | SMI, Addictions, Mobile Crisis, Outpatient, and Young adults. | Yes, A&C only utilizes certified Peer Specialists and provides ongoing supervision and support by a licensed clinical psychologist. | Our CNA addresses the prevalence of addiction needs and SMI needs in our community. |
| Family Psychoeducation | Yes | SMI | Not to Fidelity |  |
| Supported Housing | Yes | In partnership with the City’s Coordinated Entry system, serving adults with SMI and other disabilities. | Yes A&C’s supportive housing team are trained, and A&C has been Certification through CSH. | Our CNA addresses housing instability and rates of mental illness within our communities and the overlap of mental illness and persons experiencing homelessness. |
| Supported Employment | No | A&C recently closed our Supported Employment team/services but have strong partnerships in the community. A&C will continue to evaluate future plans. | n/a | Our CNA addresses employment and rates of unemployment, as well as the intercept with mental health/wellness. |
| Strengthening Families Program | No | Our agency is working on implementation of EBP with our child welfare services and will continue to consider Strengthening Families as an option. |  | Our CNA includes data on children living in poverty and needs of youth/families in our communities. A&C identifies being an LCPA which provides a unique advantage. |
| Child-Parent Psychotherapy (CPP) | No | Our child welfare services and child home-based teams would consider this EBP in the future as we evaluate needs in the community. |  | Our CNA includes data on children living in poverty and the needs of youth/families in our communities. A&C identifies being an LCPA which provides a unique advantage. |
| Cognitive Behavioral Therapy (CBT) | Yes | CBT is widely recognized and utilized with a majority of our school-based, community-based, and outpatient populations. | Yes, A&C utilizes CBT to fidelity, utilizing training and oversight by leadership, supervision, HSPP oversight, clinical auditing and review of documentation. | Our CNA addresses prevalence of mental illness within the community (SMI/SED) and modalities utilized including CBT. |
| Trauma Focused Cognitive Behavior Therapy (TF-CBT) | Yes | CBT is widely recognized and utilized with a majority of our school-based, community-based, and outpatient populations. | Yes, A&C implements TF-CBT to fidelity, utilizing training and certification. Oversight by an external certified trainer and by leadership, supervision, HSPP oversight, clinical auditing and review of documentation. | Our CNA the prevalence and impact of trauma within our community |
| Cognitive Behavioral Therapy for psychosis (CBTp) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in future |  | Our CNA addresses the prevalence of SMI within our communities. |
| Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) | No | Our child welfare services and child home-based teams would consider this EBP in the future as we evaluate needs in the community. |  | Our child welfare services and child home-based teams would consider this EBP in the future as we evaluate needs in the community. |
| Cognitive Behavior Intervention for Therapy in Schools (CBITS) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in future. |  | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED) and modalities utilized including CBT. |
| Dialectical Behavior Therapy (DBT) | Yes | Complex SMI clients, parasuicidal clients, clients with borderline personality disorder or traits.  DBT interventions are frequently utilized with the adolescent population, although not to full fidelity of the Marsha Linehan’s Model. | Yes, A&C implements adult DBT treatment to fidelity, utilizing training and certification.  Oversight by an external certified trainer and by leadership, supervision, HSPP oversight, clinical auditing and review of documentation. | Our CNA addresses the prevalence of SMI as well as rates of suicide within our communities as well as the top mental health diagnoses within our client population, many of which benefit from DBT. |
| Incredible Years | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in future. A&C has previously trained Child Welfare treatment teams to provide Incredible Years; however, due to turn over rates, A&C does not currently have any providers certified or trained in the IY model. |  | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED) as well as behavioral and disruptive disorders. |
| Functional Family Therapy (FFT) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in future. |  | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED) and modalities utilized. Workforce shortages, particularly licensed therapists trained in FFT have limited the implementation of this EBP. |
| Motivational interviewing (MI) | Yes | All populations served, used in first clinical interaction and ongoing. | Not implemented to full fidelity; however, A&C will soon be adding certified MI training for all new and existing clinical staff. | Our CNA discusses populations served including youth, young adults, adults, and older adults. MI is an EBP suitable for most populations served. Our CNA discussed the utilization of MI within our organization. |
| Multisystemic Therapy (MST) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in future- in relation to juvenile justice involved youth. |  | Our CNA explores youth juvenile justice involvement as well as SMI/SED; however, workforce shortages create limitations due to the small caseloads required by MST treatment providers. |
| Transition to Independence Process (TIP) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in future. |  |  |
| Enrolled in/ Provides Child Mental Health Wraparound (CMHW) Services | Yes | Youth ages 6-17 with SMI and LON. | Yes- Certified Agency and Fidelity review by DMHA | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED) and DCS involved families. |
| Enrolled in/ Provides Children's Mental Health Initiative (CMHI) | Yes | Youth ages 6-17 with SMI and LON. | Yes- Certified agency and fidelity review | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED). |
| High Fidelity Wraparound | Yes | Youth ages 6-17 with SMI and LON. | Yes- Certified Agency and participates in HFW training. | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED). |
| Brief Strategic Family Therapy (BSFT) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in the future. |  |  |
| Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) | No | As an agency we are continuing to evaluate EBPs as part of our CQI plan and would consider this EBP in the future. |  | Our CNA addresses rates of SMI in our communities. |
| Seeking Safety | Yes | Adults who have experienced trauma and have co-occurring disorders and a clinical need to understand link between trauma and substance abuse. | Yes A&C implements Seeking Safety to fidelity, utilizing training and certification. Oversight by an external certified trainer and by leadership, supervision, HSPP oversight, clinical auditing and review of documentation. | Our CNA explores substance abuse and trauma within the communities we serve and need for continued intervention services to address the specific needs of and link between trauma and SUD. |
| Parent Management Training | Yes | Youth with SED/behavior problems | Implemented to fidelity, utilizing training and certification. Oversight by an external certified trainer and by leadership, supervision, HSPP oversight, clinical auditing and review of documentation. | Our CNA addresses prevalence of mental illness within the community and school settings (SMI/SED). School based service providers work not only within the school environment with also with student’s families in behavioral and parent management training. |
| Long-acting injectable medications to treat both mental and substance use disorders | Yes | Adult patients with clinically indicated diagnoses complete a medical evaluation and may be prescribed long-acting injectable medication to reduce improve adherence and symptomatology in clients with SMI.  If appropriate clients may be treated by a board certified addictionologist for MAT treatment. | Yes, patients are clinically assessed both from biopsychosocial and medical evals, ongoing physical and appropriate lab levels are obtained. | Our CNA assessment identified the need for continued addictions and SUD treatment modalities including IOP and MAT interventions. |
| Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation | Yes | Adult patients with clinically indicated diagnoses are assessed for MAT and appropriate medications for substance abuse treatment. | Yes, patients are clinically assessed both from biopsychosocial and medical evals, ongoing physical and appropriate lab levels are obtained. | Our CNA assessment identified need for continued addictions treatment, including MAT services to reduce community overdoses and death. |

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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| **PCIT, C-SAYC (Credential Sexually Abusive Youth Clinician), Measurement Based Care, Stages of Change (Trans Theoretical Model), Zero Suicide** |

**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.** |
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| Level of Care Utilization System (LOCUS) | No | This is not currently available in our EMR, if this tool is chosen as a requirement, A&C will continue to collaborate with our EMR vendor to access the LOCUS. |
| Child and Adolescent Level of Care Utilization System (CALOCUS) | No | This screening tool will be available and embedded in our EMR by February 2024. |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | No | A&C has the capacity to screen and document counseling for nutrition and physical activity for children and adolescents as well as report completed assessments within our EMR. |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) | No | A&C has the capacity to complete and assess metabolic monitoring for children and adolescents on antipsychotics assessments within our EMR. |
| Depression Screening and Follow-Up for Adolescent and Adults (DSF-E) | No | A&C currently assesses and reports depression screening and follow up in the FQHC. A&C currently conducts depression screenings within our FQHC and CMHC and completes appropriate referrals. A&C will expand that scope of the population considered within the metric for monitoring outcomes of all served. |
| Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E) | Yes | A&C currently completes the PHQ-9 across our FQHC and CMHC. |
| Ages and Stages Questionnaires (ASQ) | No | A&C does not currently have the ASQ within our EMR but utilizes other developmental screening tools within our primary care clinics. |
| Medication Management in Older Adults with Dementia (DDE/DAE) | No | A&C screens patients with medical concerns and conditions when prescribing psychotropic medications. A&C does not currently utilize this HEDIS metric as it requires payor claims data. |
| Daily Living Activities (DLA)-20 Functional Assessment | No | A&C does not currently have the DLA within our EMR. |
| Preventive Care Measurement using Annual Physical and Follow-Up | No | A&C does screen all patients to determine if they have seen a primary care medical doctor within the past year and refer as needed. |
| 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 | A&C utilizes the C-SSRS |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) | No | A&C utilizes the C-SSRS |
| Ask Suicide-Screening Questions (ASQ) | No | A&C utilizes the C-SSRS |
| Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) | No | A&C utilizes the C-SSRS |
| Columbia Suicide Severity Rating Scale (C-SSRS) | Yes |  |
| Suicide Risk Assessment (SRA) Follow-Up Assessment | No | A&C utilizes the C-SSRS for initial and follow-up risk assessment and screening. |

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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| **A&C utilized the PRAPARE assessment and screening tool to identify social determinants of health and complete necessary referrals to address client areas of need (e.g., food insecurity, housing, transportation, etc.) and reduce barriers to care.** |