**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 | Community Support Services; ACT Team | We need additional training/instruction and fidelity monitoring process. Additional administrative capacity is needed to monitor fidelity. | The CNA confirms we have a high population with poor mental health and with other disabilities and thus, using this EBP makes sense for those we serve. |
| Integrated Dual Diagnosis Treatment (IDDT) | Yes | Community Support Services; ACT Team | We need additional training/instruction and fidelity monitoring process. Additional administrative capacity is needed to monitor fidelity. | The CNA reflects a higher than average number of individuals with co-occurring mental health and substance use disorders in our geographic area which confirms use of this model is necessary. |
| Assertive Community Treatment (ACT) Indicator to fidelity | Yes | Seriously Mentally Ill population in community care, and adult residential settings | Team approach.  We are due for a fidelity review, yet to be scheduled. | The CNA confirms we have a high population with poor mental health and with other disabilities and thus, using this EBP makes sense for those we serve. |
| Forensic Assertive Community Treatment (FACT) | No | Cost Prohibitive at this time. | Standardized training is needed to ensure fidelity across all settings. |  |
| Motivational Interviewing | Yes | All populations | Training is readily available to ensure persons work MI processes. Additional administrative capacity is needed to monitor fidelity. Peer reviews do assist with monitoring. | The CNA speaks to Blackford and Grant counties being ranked some of the least healthy in the state. See pages 15-18 of CNA. This coupled with poor mental health lends to overwhelm for those suffering from mutliple health issues. MI is a staple EBP for us as we work to motivate the desire for change in those we serve. |
| MATRIX Model | Yes | Adults with Substance Use Disorder | We are working toward fidelity by implementing IOT within the first quarter of 2024 | The CNA- provides information on substance use in Grant and Blackford counties. Both areas have had highter rates of drug overdose deaths than the State and continue to battle high numbers of individuals with substance use disorders. The matrix model has allowed for more intensive services and greater success for those we serve. |
| Clubhouse Participation | Yes | ACT and Community Support Program | We have used in the past and will return to model first quarter of 2024. This is a model we had pre-pandemic and one we are reimplementing post-pandemic. Those served in our CSP and ACT programs have been relentless about how much they miss clubhouse. We served 339 individuals in our CSP program in 2023 and feel this model is needed for socialization skill development. | While the CNA does not specifically address the SMI population or the role of psychosocial rehabilitation, it does speak to stigma and transportation struggles, which many of our clients are faced with when rejoining or interacting with the greater community. We will provide transportation when needed for those we serve and this EBP gives them critical social skills needed to interact in the community. |
| Peer Support Involvement | Yes | Peers work with substance use clients, as well as M.H. clients in crisis stabilization; Inpatient treatment; Community based settings. | Yes, Peers are trained per Mental Health America and ICCADA | Given the bleak statistics for Grant and Blackford counties reported in the CNA and the high needs of individuals and families, engagement and motivation to change is difficult to achieve. Peer support is a critical component of the change agent for those we serve. |
| Family Psychoeducation | No | Cost Prohibitive at this time. |  |  |
| Supported Housing | Yes | Community Support Program, ACT; we also have a sober living home. | We need additional training/instruction and fidelity monitoring process. Additional administrative capacity is needed to monitor fidelity. | Housing in general is a struggle in our area like many other rural areas of the State. Lack of adequate affordable housing is a problem. The CNA shares that renters face higher costs then mortgagees and also that 24% of housing units are substandard. These challenges affect those we serve and compound their overall struggles. |
| Supported Employment | Yes | ACT, Community  Support Program with plans to expand to other populations. | We use the IPS model and have a fidelity visit scheduled for this month. | While the CNA does not specifically address the SMI population or the role of supported employment, it does speak to stigma and transportation struggles, which impact the likelihood for those we serve of finding employment. Overall the CNA provides information on unemployment for both counties, stating that both counties have more unemployed individuals than the state rate. We know from experience that those with disabilities or SMI/SUD issues experience much higher rates of unemployment. |
| Strengthening Families Program | No | Cost Prohibitive | We would need training/instruction. Additional administrative capacity is needed to monitor fidelity |  |
| Child-Parent Psychotherapy (CPP) | No | Cost Prohibitive | We would need additional training/instruction and fidelity monitoring process. Additional administrative capacity is needed to monitor fidelity. |  |
| Cognitive Behavioral Therapy (CBT) | Yes | All therapy services | We need additional training/instruction and fidelity monitoring process. Additional administrative capacity is needed to monitor fidelity. | The CNA’s local statistics for mental well-being report that both counties have higher poor mental health statistics than the state and also high numbers of individuals reporting depression and suicidal ideation. CBT is at the heart of therapy we provide and is shown to improve many disorders those we serve suffer from, including: Depression, Anxiety disorders, PTSD, Substance use disorders, bipolar, schizphrenia and sexual disorders. |
| Trauma Focused Cognitive Behavior Therapy (TF-CBT) | Yes | General therapy clients- focused on youth | Several Outpatient clinicians are trained or being trained through November 2023. Additional administrative capacity is needed to monitor fidelity. | The CNA points to some bleak numbers for poverty, obesity, nutrition, and other social determinants of health. These statistics along with numbers provided around PTSD and psychotic-like experiences are indicators that trauma needs are most likely great. |
| Cognitive Behavioral Therapy for psychosis (CBTp) | Yes | ACT, Community Support Program | We need additional training/instruction and fidelity monitoring process. Additional administrative capacity is needed to monitor fidelity. | The CNA states that 84.57 people per 100,000 are at risk of psychotic-like experiences. We served 339 through our CSP program in fiscal year 2023 and utilizing this EBP is critical for those served. |
| Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) | No | No plans to implement at this time. |  |  |
| Cognitive Behavior Intervention for Therapy in Schools (CBITS) | Yes | Therapy is offered in the school setting in two school systems within our scope of work. | Additional administrative capacity is needed to monitor fidelity. | The CNA suggests higher than state average poverty rates for Grant and Blackford citizens. Several indicators such as county poverty rate, household make up, reading litteracy by 3rd grade, and other Adverse Childhood Experiences (ACES) impact overall social determinants of health within Grant and Blackford County. It is imparative to have robust Evidenced Based Practices to help mitigate issues of ACE and social determinants of health. |
| Dialectical Behavior Therapy (DBT) | Yes | General therapy, all populations | Additional administrative capacity is needed to monitor fidelity. | The CNA suggests higher than state average poverty rates for Grant and Blackford citizens. Several indicators such as county poverty rate, household make up, reading litteracy by 3rd grade, and other Adverse Childhood Experiences (ACES) impact overall social determinants of health within Grant and Blackford County. It is imparative to have robust Evidenced Based Practices to help mitigate issues of ACE and social determinants of health. |
| Incredible Years | No | Cost Prohibitive at this time. |  |  |
| Functional Family Therapy (FFT) | No | Cost Prohibitive at this time. |  |  |
| Multisystemic Therapy (MST) | No | Cost Prohibitive at this time. |  |  |
| Transition to Independence Process (TIP) | No | Cost ineffective for population impacted. Focused on a population that Grant County may not have a larger number of. |  |  |
| Enrolled in/ Provides Child Mental Health Wraparound (CMHW) Services | Yes | On hold, shifting provider and leader of program |  | The CNA suggests higher than state average poverty rates for youth. Several indicators such as county poverty rate, household make up, reading litteracy by 3rd grade, and other Adverse Childhood Experiences (ACES) impact overall social determinants of health within Grant and Blackford County. Said social determinants of health if not impacted positively in childhood, can lead to continued adult mental health and substance use struggles. It is imparative to have robust Evidenced Based Practices to help mitigate issues of ACE and social determinants of health. |
| Enrolled in/ Provides Children's Mental Health Initiative (CMHI) | Yes | On hold, shifting provider and leader |  | The CNA suggests higher than state average poverty rates for youth. Several indicators such as county poverty rate, household make up, reading litteracy by 3rd grade, and other Adverse Childhood Experiences (ACES) impact overall social determinants of health within Grant and Blackford County. Said social determinants of health if not impacted positively in childhood, can lead to continued adult mental health and substance use struggles. It is imparative to have robust Evidenced Based Practices to help mitigate issues of ACE and social determinants of health. |
| High Fidelity Wraparound | No | We will implement this process when we return to CMHW/CMHI services. |  |  |
| Brief Strategic Family Therapy (BSFT) | No | Cost prohibitive at this time. |  |  |
| Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) | No | No plans to implement at this time. |  |  |
| Seeking Safety | Yes | Group offering to all clients | Several clinicians offer seeking safety groups. Additional administrative capacity is needed to monitor fidelity. | The CNA points to some bleak numbers for poverty, obesity, nutrition, and other social determinants of health. These statistics along with numbers provided around PTSD and psychotic-like experiences are indicators that trauma needs are most likely great. |
| Parent Management Training | No | We offer a nurturing parenting program. |  |  |
| Long-acting injectable medications to treat both mental and substance use disorders | Yes | Used for both population- mental health and substance use disorders | We utilize these within the standards of care and within FDA guidelines. | The CNA provides information on substance use in Grant and Blackford counties. Both areas have had highter rates of drug overdose deaths than the State and continue to battle high numbers of individuals with substance use disorders. |
| Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation | Yes | Across all center services | We comply with Risk Evaluation Mitigation Strategy (REMS) for clozapine and use the CDC’’s QUIT NOW and SAMHSA’s Smokefree My Quit Plan for smoking cessation. | The CNA states that 84.57 people per 100,000 are at risk of psychotic-like experiences and just under 25% smoke cigarettes with easier access to tobacco in our service area than in other area of the state. The CNA also provides information on substance use in Grant and Blackford counties. Both areas have had highter rates of drug overdose deaths than the State and continue to battle high numbers of individuals with substance use disorders. |

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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| * BOTVIN lifeskillstraining.com - Botvin is used in schools with 3rd grade and up. We are using it to fidelity and have a third party evaluator that checks fidelity and helps us monitor outcomes. Botvin is used to help address concerns mentioned in the Depression and Suicide section of the CNA which include school staff survey results that mention concerns around anxiety, anger/fighting, stress, depression and suicidal ideation as their top concerns for students. * Play Therapy - Play therapy is used in therapy services with young children. Peer review helps with fidelity, but more administrative capacity is needed to assit in ensuring fidellity. Additionally, we struggle to find therapists wanting to provide services to young children. The CNA describes CHINS cases and points to the high number of children experiencing trauma in our service area. * Nurturing Parenting – NP is used with parents referred by DCS or the courts. All staff providing the services have been trained on NP and use it to fidelity. Statistics provided in the CNA around poverty, household make-up, obsesity, nutrition, and education point to the need for increased parent education. * SOP- and SAY- Sexually Maladaptive Programing for youth and adult offenders. Offered separately. We do have staff trained by INAJSOP. Unfortuanately, we see many who were childhood vicitms of trauma, including sexual trauma, who then become offenders themselves. The CNA reflects data around trauma for our service area. These programs encompass our fartherst reaching geographical footprint with more than 14 counties using these services. * SAY (Sexually Maladaptive Programming for Youth Offenders): Therapy and case management are offered through the program; intensive involvement with probation, and court to ensure client improves maladaptive thinking, implements and remains in compliance with safety plan, family involvement as well as other community entities as designated and approved by court, client, and Radiant Health. * WHY Try- Prevention training within school settings with training and support from the Why Try themselves. Botvin is used to help address concerns mentioned in the Depression and Suicide section of the CNA which include school staff survey results that mention concerns around anxiety, anger/fighting, stress, depression and suicidal ideation as their top concerns for students. * Mindfulness training within school settings and within our Addictions program – staff have been trained and certified in the pracitce of mindfulness. Mindfulness provided in the schools is part of a larger project which includes a third party evaluator to assist with outcome evaluation. Botvin is used to help address concerns mentioned in the Depression and Suicide section of the CNA which include school staff survey results that mention concerns around anxiety, anger/fighting, stress, depression and suicidal ideation as their top concerns for students. |
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**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) | Yes |  |
| Child and Adolescent Level of Care Utilization System (CALOCUS) | Yes | We are using for mobile crisis and CRSS |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | No | We do have a nutrition assessment and a referral process to refer as needed. |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) | No | We may be interested in utiliziing this in the future. |
| Depression Screening and Follow-Up for Adolescent and Adults (DSF-E) | No | We utilize the PHQ-9 and our intent is to implement the PHQ-9A for youth/adolescents. |
| Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E) | Yes |  |
| Ages and Stages Questionnaires (ASQ) | No | We would be very interested in utilizing this product/program |
| Medication Management in Older Adults with Dementia (DDE/DAE) | No | We have protocols for fall risk and for monitoring adverse reactions, but are not currenlty using this measure. |
| Daily Living Activities (DLA)-20 Functional Assessment | No | Previously prepared to utlize but elected not to move forward with the additional paperwork burden with the current CANS/ANSA. Willing to implement if needed. |
| Preventive Care Measurement using Annual Physical and Follow-Up | Yes | We refer for primary care wellness follow up services. Internally, we have a health screening utilized annually. |
| Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions | Yes | This is part of our health screening. |
| Adverse Childhood Experiences (ACEs) | Yes | We are utilizing this for Same Day Access with the intent expanding the use to include all intakes for services. |
| Adult Needs and Strengths Assessment (ANSA) | Yes |  |
| Child and Adolescent Needs and Strengths Assessment (CANS) | Yes |  |
| General Anxiety Disorder-7 (GAD-7) | Yes | We use this in our same day access services. |
| Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) | No | We are using the PHQ9 and will tranistion to using the PHQ9A fir adolescents. We also use the C-SSRS |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) | No | We are using the PHQ9 and will tranistion to using the PHQ9A for adolescents. We also use the C-SS |
| Ask Suicide-Screening Questions (ASQ) | No | We use C-SSRS and the SAFE-T |
| Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) | Yes | Used across all services. |
| Columbia Suicide Severity Rating Scale (C-SSRS) | Yes | Used across all services. |
| Suicide Risk Assessment (SRA) Follow-Up Assessment | Yes | We use C-SSRS and the SAFE-T and are doing this at each encounter |

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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| We do use the SASSI for substance use disorder screening. |