**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 | SMI, SUD | No, we do not use fidelity scales, we individualize curriculum to client’s needs and individual goals | SMI and SUD identified in CNA as having a high need for services. |
| Integrated Dual Diagnosis Treatment (IDDT) | Yes | SMI, SUD, SED | No, principles are embedded in daily work through training and observation, we do not use fidelity scales | Co-Occurring SUD treatment was identified as being a treatment gap in the community. |
| Assertive Community Treatment (ACT) Indicator to fidelity | Yes | SMI, SUD | No, we do not adhere to staffing hours required for nursing and psychiatry, although both are part of the team; supported employment is completed in collaboration with Vocational Rehabilitation | CNA identified the SMI population as a population in need of increased services, specifically those with frequent hospitalizations and incarcerations. |
| Forensic Assertive Community Treatment (FACT) | No | We are open to using it if staffing allows for specific forensic-based ACT. Currently, forensic cases are seen within the general ACT team. Volume does not warrant a separate team. | N/A | CNA did not support FACT based on volume of forensic SMI cases, which are absorbed within ACT and Mental Health Court Liaison work. |
| Motivational Interviewing | Yes | All populations served | No; We provide training for all clinicians and clinical supervision to monitor compliance, but do not use fidelity scales to monitor | Our CNA identified a need for increased services for justice-involved and DCS clients and our research found that those referred by an external source with external motivating factors (legal system, DCS) are best served using Motivational Interviewing |
| MATRIX Model | Yes | SUD | No; We follow the model as close to fidelity as resources allow. We may not always have a peer available due to staffing issues. | The CNA identified the SUD population as needing services, specifically more intensive treatment services. |
| Clubhouse Participation | No | We partner with Peace Zone, which is a separate nonprofit in Indiana’s Regional Recovery Hub | N/A | N/A |
| Peer Support Involvement | Yes | SMI, SUD | Yes, we employ Certified Peer Support Specialists | Current staffing is 87% consumers, Board of Directors is 77% consumers |
| Family Psychoeducation | Yes | ALL | No; psychoeducation is provided in individualized manner | Our CNA identified the need to incorporate family support into treatment. |
| Supported Housing | Yes | SMI, SUD | Yes, we partner with Aurora to provide intensive services to support permanent housing, but do not use fidelity tools to monitor programming | Our CNA identified that the SMI and SUD populations often lack permanent or stable housing. |
| Supported Employment | No | We partner with Vocational Rehabilitation and provide skills training to support individuals as clinically indicated | N/A | Through engagement with clients to inform programming we learned they face significant barriers in obtaining competitive employment. |
| Strengthening Families Program | No | Currently utilizing Nurturing Parenting which is more cost effective, but open to this EBP | N/A | N/A |
| Child-Parent Psychotherapy (CPP) | No | Currently utilizing Parent Child Interactive Therapy (PCIT); open to this EBP if affordable training and implementation | N/A | N/A |
| Cognitive Behavioral Therapy (CBT) | Yes | ALL | No; therapists trained in this model and clinically supervised to monitor; do not use fidelity monitoring tools | The CNA revealed depression, anxiety, and SUD as prevalent diagnoses in the community. CBT is found to be effective in addressing these diagnoses. |
| Trauma Focused Cognitive Behavior Therapy (TF-CBT) | Yes | ALL | Yes; on site supervisors and supervision groups monitor for fidelity through live supervision, case consultation, and documentation reviews | Our CNA identified a need for evidence-supported interventions for persons with a trauma history. 92% of clients scored at least a 1 on the ACE, with 32% scoring 6 or more. |
| Cognitive Behavioral Therapy for psychosis (CBTp) | Yes | SMI, SUD | No; staff trained in this model, but not monitoring for fidelity | Our CNA identified a need for an intervention for those with psychotic disorders needing specialized EBP. |
| Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) | No` | Currently focused services on CBT and Trauma Informed CBT; open to this EBP if training and implementation is affordable | N/A | N/A |
| Cognitive Behavior Intervention for Therapy in Schools (CBITS) | No | Currently focused services on CBT and Trauma Informed CBT; open to this EBP if training and implementation is affordable | N/A | N/A |
| Dialectical Behavior Therapy (DBT) | Yes | ALL | Yes; most DBT programs are implemented with fidelity; others use parts of DBT in an individualized manner | CNA noted a need for evidence-supported treatment for those with trauma and personality disordered diagnoses, also helpful with SUD population. The CNA identified the need for services in Spanish and we ensure a minimum of one Spanish speaking clinician is trained in DBT. |
| Incredible Years | No | Open to this EBP if training and implementation is affordable | N/A | N/A |
| Functional Family Therapy (FFT) | No | Open to this EBP if training and implementation is affordable | N/A | N/A |
| Motivational interviewing (MI) | Duplicate from above | See answers above | See answer above | See answer above |
| Multisystemic Therapy (MST) | No | Cost prohibitive | N/A | N/A |
| Transition to Independence Process (TIP) | No | Open to this EBP if training and implementation is affordable | N/A | N/A |
| Enrolled in/ Provides Child Mental Health Wraparound (CMHW) Services | Yes | SED | Yes; Site Coaches from DMHA monitor fidelity of the program | Our CNA identified a need for an intervention for children with high needs; 55% of children served have ACE of 4+ prior to age 17 |
| Enrolled in/ Provides Children's Mental Health Initiative (CMHI) | Yes | SED | Yes; DMHA Site Coaches assure fidelity | Our CNA identified a need for an intervention for children with high needs; 55% youth served have ACE of 4+ prior to age 17 |
| High Fidelity Wraparound | Yes | SED | Yes; DMHA Site coaches assure fidelity | Our CNA identified a need for an intervention for children with high needs; 55% of youth served have ACE of 4+ prior to age 17; 11% of youth served have LON 5 or 6 |
| Brief Strategic Family Therapy (BSFT) | Yes | SED | No; we are not using a fidelity monitoring tool | Our CNA identified a need for an intervention for children and families with high needs; 55% of youth served have ACE of 4+ prior to age 17 |
| Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) | No | Open to this EBP if training and implementation are affordable | N/A | N/A |
| Seeking Safety | Yes | SMI SUD | No; in some programs it is used with fidelity, other programs use sessions in individualized manner | Our CNA indicated a need for an evidence-supported intervention for those who have experienced trauma. 32% of clients have an ACE score of 6 or more. The CNA identified the need for services in Spanish and we ensure a minimum of one Spanish speaking clinician is trained in DBT. |
| Parent Management Training | No | Currently using Nurturing Hearts; Open to this EBP if training and implementation is affordable | N/A | N/A |
| Long-acting injectable medications to treat both mental and substance use disorders | Yes | SMI, SUD | Yes; following FDA guidelines for prescribing and monitoring | Our CNA indicated a need to provide pharmaceutical interventions for the SMI and SUD populations. |
| Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation | Yes | SMI, SUD | Yes; following FDA guidelines for prescribing and monitoring | Our CNA indicated a need to provide pharmaceutical interventions for the SMI and SUD populations. |

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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| **Prolonged exposure- SMI – fidelity Yes—Population served with history of trauma**  **Cognitive processing therapy-SMI-fidelity Yes – Population served with history of trauma,**  **Parent Child Interaction Therapy (PCIT)-SED fidelity Yes, Population served with SED**  **EMDR- SMI, SED, fidelity Yes- Population Served with history of trauma**  **Child Centered Play Therapy (CCPT)- SED fidelity No, Population served with SED**  **Nurturing parenting- SED fidelity Yes, Population served with SED**  **Cognitive Behavioral Therapy – Insomnia (CBTI)- SMI SUD fidelity No, Not informed by CNA—symptom focused application of CBT**  **CBT Chronic pain -SMI SUD fidelity No, Not informed by CNA—useful for population with comorbid chronic pain** |

**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 | Cost prohibitive |
| Child and Adolescent Level of Care Utilization System (CALOCUS) | No | Cost prohibitive |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | No | Not currently using this measure but open to future implementation |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) | Yes |  |
| Depression Screening and Follow-Up for Adolescent and Adults (DSF-E) | No | PHQ-A used for adolescents |
| Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E) | Yes | PHQ-A used for adolescents |
| Ages and Stages Questionnaires (ASQ) | No | Not currently using this measure but open to future implementation |
| Medication Management in Older Adults with Dementia (DDE/DAE) | No | Not currently using this measure but open to future implementation |
| Daily Living Activities (DLA)-20 Functional Assessment | No | Not currently using this measure but open to future implementation |
| Preventive Care Measurement using Annual Physical and Follow-Up | No | Not currently using this measure but open to future implementation |
| Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions | No | Not currently using this measure but open to future implementation |
| 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 | Columbia Suicide Severity Rating Scale (CSSRS) for all suicide risks |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) | No | Not currently using this measure but open to future implementation |
| Ask Suicide-Screening Questions (ASQ) | No | Not currently using this measure but open to future implementation |
| Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) | No | Not currently using this measure but open to future implementation |
| Columbia Suicide Severity Rating Scale (C-SSRS) | Yes |  |
| Suicide Risk Assessment (SRA) Follow-Up Assessment | Yes | Suicide risk assessment every six months and more frequently based on risk, using Columbia |

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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| **BASC – Behavior Assessment System for Children. Utilized at Neurodevelopmental Clinic for assessment and monitoring of behavioral and emotional functioning**  **GARS – Gilliam Autism Rating Scale - Prescreening tool for Autism**  **PCL-5 – PTSD Checklist for DSM-5**  **DAST-10 -- Drug Abuse Screening Tool**  **Audit -- Alcohol Use Disorders Identification Test**  **SOGS – South Oaks Gambling Screen**  **CONNERS Comprehensive Rating Scale -- ADHD/Behavior** |