**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 | It used within our programming for Adults diagnosed with Serious Mental Illness such as our ACT teams | No. We do not have fidelity monitoring but are capable of achieving fidelity. | We have been using IMR since at least 2014 so our use predates our CNA |
| Integrated Dual Diagnosis Treatment (IDDT) | No | Yes we would like and our planning as part of our EBP to incorporate IDDT within our programming for Adults with Serious Mental Illness such as with our ACT team consumers, Group Home Consumers, and Sargent Plan Consumers | Not applicable | The decision to add IDDT to our EBP array was made prior to the completion of our CAN. The driving factor for adding this is that we currently have our ACT teams in 4 distinct counties, 2 Group Homes, and are the supportive service provider for Sargent Place (supportive housing for homelessness-substance use) and we assessed within the consumer base a growing substance use comorbidity that is driving our decision to move toward IDDT |
| Assertive Community Treatment (ACT) Indicator to fidelity | Yes | We have ACT teams currently in Cass, Miami, Fulton, and Howard counties | No. However we are capable of achieving that fidelity and expanding ACT to Pulaski county | 4C Health never stopped doing ACT after most CMHCs in the sate did upon some historical change in funding. The Cass county area had a large population of Adults diagnosed with SMI to not have specialty programming in the area. We expanded to Miami and Fulton counties just a couple years ago and then expanded to Howard county in the last year. So our utilization and expansion of ACT predates our CNA |
| Forensic Assertive Community Treatment (FACT) | No | No plans but would love to. Our initial plan was to focus in getting IDDT up and running for our Adult SMI population. | Not applicable | Not applicable |
| Motivational Interviewing | Yes | Yes. Currently we are using with substance use population and training in general for all agency clinicians. | No. The challenge is quality of training, quality of clinical supervision oversight, and training to scale within our organization | 4C Health has been training/using Motivational Interviewing within our programming prior to CNA. However, the CNA does indicate substance use disorder treatment needs in our communities to address more robustly and MI is critical piece of that approach |
| MATRIX Model | Yes | Yes. We use MATRIX in our adult substance use disorder programming | Yes | We have been using Matrix at least since 2015 |
| Clubhouse Participation | Yes | Yes, we have an existing Clubhouse names “Stepping Stones” in Cass County. This is part of our programming within Adult SMI service array | Yes, Stepping Stones was certified by Clubhouse International for many years. We chose about two years ago to drop that certification while maintaining all standards. We dropped the certification as the cost was extreme. We would be open to re-certifying | 4C Health was using the Clubhouse Model prior to the completion of our CNA. |
| Peer Support Involvement | Yes | Yes. Peer Support is occurring in our Substance Use Disorder treatment programming, on our Mobile Crisis Teams, embedded in our local jails.  Would like to expand to Peer Support within our Adult SMI programming.  Also, presenting have a federal grant that will allow us to start youth peer support for substance use disorder. | Yes | 4C Health started using Peer Recovery support prior to completion of our CNA. However, continuing to expand peer support especially within Substance Use Disorder Treatment is supported by our CAN in the aspect that more workforce for substance use is needed. For our rural area, that translates to 4C Health building the Peer Recovery workforce |
| Family Psychoeducation | No | No plans for future use but would love to consider incorporation along within our Adult Intensive Services | Not applicable | Not Applicable |
| Supported Housing | Yes | Yes, We have a partnership in Howard County with Kokomo Housing Authority and Advantage Housing for Sargent place. Sargent place is a 35 unit supportive housing location for individuals, couples, and families presenting with imminent homeless and substance use disorder concerns. 4C health is the designated supportive service provider for Sargent place | Yes | Sargent Place, while not informed by 4C Health;s CAN, was informed by Howard County needs assessment through the Housing Authority. Kokomo Housing Authority then approached 4C Health about willingness to partner on all supportive services. |
| Supported Employment | Yes | Yes. Our supported employment program sits within our Adult SMI programming in Cass county | No, we presently have no fidelity monitoring | 4C Health has been doing Supported Employment in Cass County for many years now. It was jump started by a historical DMHA grant. So it predates our CAN. However 4C health saw a need for it given the larger population of Adult SMI in Cass County. |
| Strengthening Families Program | No | No. We currently are not trained in this EBP but would be open to learning | Not Applicable | Not Applicable |
| Child-Parent Psychotherapy (CPP) | No | No. We currently are not trained in this EBP but would be open to learning | Not Applicable | Not Applicable |
| Cognitive Behavioral Therapy (CBT) | Yes | Yes, CBT withing our clinical therapy services is our primary approach to treatment we support. CBT use cuts across our outpatient, inpatient, and other crisis care.  CBT is also a core component/underlying framework for all curriculum used within our Skills training programming. | CBT has many variations by population, by age, etc. It also can be viewed as an underlying framework or core component for what is call the Unified Protocol or Transdiagnostic approach (which is also rooted in evidence based practice). So I saying all that I cannot say CBT is done to fidelity in all situations | CBT has been a core component approach to therapy for many, many years at 4C Health. Its use predates our CAN. |
| Trauma Focused Cognitive Behavior Therapy (TF-CBT) | Yes | Yes TF-CBT is used within our clinical therapy services for treating Post-traumatic Stress Disorder | No. We would like to achieve fidelity. We would like to achieve more therapists being trained. The challenge is quality of clinical supervision oversight, and training to scale within our organization | TF-CBT has been in use with various therapists at 4C Health for many years predating our use of CNA. |
| Cognitive Behavioral Therapy for psychosis (CBTp) | No | No. We currently are not trained in this EBP but would be open to learning | Not applicable | Not Applicable |
| Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) | No | No. We currently are not trained in this EBP but would be open to learning | Not applicable | Not Applicable |
| Cognitive Behavior Intervention for Therapy in Schools (CBITS) | No | No current plans but would love to consider its implementation as we currently have staff embedded in over 145 schools across 16 counties. What we need is both CBITs for Skills trainers and CBITS for Therapists in our schools | Not Applicable | Not Applicable |
| Dialectical Behavior Therapy (DBT) | Yes | Yes. We have several therapists (not all) trained in DBT. We use it within our outpatient therapy approach.  We have decided also though that DBT will be a core EBP for our inpatient care approach which is currently being implemented | No. We would like to achieve fidelity. We would like to achieve more therapists being trained. The challenge is quality of clinical supervision oversight, and training to scale within our organization | 4C Health’s use of DBT predates our CNA. |
| Incredible Years | No | No. We currently are not trained in this EBP but would be open to learning | Not Applicable | Not Applicable |
| Functional Family Therapy (FFT) | No | No plans but we would love to add this to our youth services both in clinic and in the home | Not applicable | Not applicable |
| Motivational interviewing (MI) | This is a repeat line item, please see responses for MI earlier in this grid | This is a repeat line item, please see responses for MI earlier in this grid | This is a repeat line item, please see responses for MI earlier in this grid | This is a repeat line item, please see responses for MI earlier in this grid |
| Multisystemic Therapy (MST) | No | No. We currently are not trained in this EBP but would be open to learning | Not applicable | Not applicable |
| Transition to Independence Process (TIP) | No | Currently, we have a Transition Age Youth grant to build these services and the EBPs associated with that are: Positive Action, ARISE life Skills Program, and Sources of Strength  We would be open to exploring this as an alternative to the above | Not applicable | The decision to pursue TAY services more robustly was a combination of what are school-based and youth -based services both external community stakeholders and staff were providing feedback to us on gaps, internal data that we look at annually on the age populations we are serving. So while not driven directly from recent CNA, it absoutely was born from similar process prior to CNA just more informal. |
| Enrolled in/ Provides Child Mental Health Wraparound (CMHW) Services | Yes | Yes, we use in our Youth programming. | Yes and we are audited for fidelity and have to submit corrective action plans when audits suggest we have veered off fidelity | 4C Health is required by CMHC contract to be an enrolled provider of CMHW. We have been an enrolled provider for many years |
| Enrolled in/ Provides Children's Mental Health Initiative (CMHI) | Yes | Yes, we use in our youth programming | Yes and we are audited for fidelity and have to submit corrective action plans when audits suggest we have veered off fidelity | 4C Health has been a CMHI provider under our Indiana DCS service provider contract for many years. This predates our CNA. |
| High Fidelity Wraparound | Yes | Yes, we use in our youth programming, specifically CMHW/CMHI services | Yes and we are audited for fidelity and have to submit corrective action plans when audits suggest we have veered off fidelity | 4C health has been using High Fidelity Wraparound within CMHI/CMHW services for many years. Thus its use predates out CNA |
| Brief Strategic Family Therapy (BSFT) | No | No plans but are open to our therapists learning this model. | Not applicable | Not applicable |
| Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) | No | No we have no training in this area but would love to consider this given the scope of our crisis care services, opening up youth inpatient in the coming months, and the large continuum of care we currently have for SMI populations. This EBO would allow us to intervene even more effectively early on. | Not applicable | Not Applicable |
| Seeking Safety | Yes | We use this EBP in our substance use programming. | No not consistently. There is variation amongst the practitioners using. | We have been using Seeking Safety for many years predating the CNA. |
| Parent Management Training | Yes | PMT is used in our youth/family services including school-case, home-based, and clinic level services | No but we can achieve fidelity in this practice | We began training and educating on PMT interventions many years ago and thus its use predates our CNA. |
| Long-acting injectable medications to treat both mental and substance use disorders | Yes | Yes based on our psychiatric providers orders and when these medications are medically relevant for the consumer. Our nursing staff are each location where we do medication management (7 locations) have injection clinics | Yes, our psychiatric providers and associated nursing staff follow medical guidelines. | Use of long acting injectables at 4C Health predate our CNA. |
| Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation | Yes | Yes, our psychiatric providers are trained in use of Clozapine where it is medically appropriate. Our psychiatric providers are trained to use Vivitrol and Suboxone. We have a MOU with Porter Starke for OTP/Methadone Services. | Yes, we have policies connected to the use of these medications | 4C Health’s medication management approach in this vein predates our CAN. However, the CAN speaks to substance use community needs and thus we need to focus in on supporting, enhancing training, and access to our providers who do MAT particularly. |

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.

|  |
| --- |
| **The other EBPs that 4C health uses (none 100% to fidelity) include:**   * **Acceptance & Commitment Therapy—Therapists in outpatient trained to use this EBP** * **Wellness Recovery Action Plan (WRAP)—Our Peer Recovery Specialists use WRAP in their service provision for Substance Use Disorder Treatment** * **My Ongoing Recovery Experience- Our Peer Recovery Specialists use WRAP in their service provision for Substance Use Disorder Treatment** * **SMART Recovery-- Our Peer Recovery Specialists use WRAP in their service provision for Substance Use Disorder Treatment** * **Botvin Like Skills Training (LST)—LST is used as a core approach in our Youth Skills Training services** * **Skills Streamining- Skills Streaming is used as a core approach in our Youth Skills Training services** * **Love & Logic- Love & Logic is used in our youth/family programming** * **123 Magic- 123 Magic is used in our youth/family programming** * **Teen Intervene- This EBP is used for Adolescent Substance Use treatment programming (this one is done to fidelity and is limited to Pulaski county currently)** * **Get Smart and Get Smart Jr- These are the adult and teen substance use education/prevention curriculums we use** * **Health Living for Tobacco treatment—This EBP is used as part of tobacco cessation programming** * **Shared Decision-Making- This is overarching EBP that we recently started training all clinical staff in.** * **MET-CBT- This is used in our substance use disorder programming** * **Contingency Management- This is used in our substance use disorder programming (involved currently in a grant with fidelity monitoring)** * **Moral Reconation Therapy (MRT)- This is used in our substance use/criminal justice programming** * **Positive Action- This is use in our Transition Age Youth programming-we are implementing as part of grant and it is to be to fidelity** * **Sources of Strength—this is used in our Transition Age Youth programming and school based programming—this is to fidelity** * **ARISE Like Skills Program—this is used in our Transition Age Youth programming- we are implementing as part of grant and it is to be to fidelity**   **\*We also for Play Therapy. I state this as an asterick because there is controversy and disagreement about Play Therapy as an evidence based practice\***  **\*\* We also use the Choose Love curriculum with youth and families which has an underlying CBT framework\*\***  **To speak broadly on the question of how the CNA informs use of EBPs. 4C Health has only done 2 CNAs. One during our CCBHC-E federal grant and then recently completed a 2nd one (submitted with this RFS). Many if not most of the EBPs we use well pre-date any CNA. I would offer that much of the decisions we have made in what to add in care over many years has been informally informed by community voices and stakeholders just not in the form CNA process we recently went through.**  **4C Health has what we refer to as a “4C Health EBP Framework”. To date, EBPs are used, have some clinicians trained, most are not done to true fidelity. So we decided to start to develop a framework under which we identified our CORE approaches that then guide Center investment in training. We are defining Evidence Based Practice as the intersection of Common Factors research, Empirically Supported Treatments (which is the aspect we just reviewed in this part of the RFS), and clinical expertise/incorporation of contextual factors. We are modeling our approach after the VA’s approach to supporting EBPs for their clinicians. This approach includes that everyone should be receiving a Shared Decision Making session, identifying the EST to be used, identifying the associated Measurement based tools, Supervision tools, Decision-Making Aids, and Digital supports.**  **What does 4C health need to be successful in implementation of CCBHC selected EBPs? We need additional, coaching in how to scale some of these interventions, and supervise effectively to fidelity, and sustain that fidelity. Fidelity monitoring is a major component to enhance for us. If we are not using a specific EBP that is selected for CCBHC currently then would also need training.**  **In responding to whether we are using something to fidelity, I responded either no or yes. There is no “partially” response here. Also, when we are using something to fidelity that may only be a few therapists or clinicians trained whereas the goal under CCBHC may be expand that number/scale the EBP.** |

**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 | We can use LOCUS though as it is available for use in our Electronic Health Record, Streamline Healthcare services |
| Child and Adolescent Level of Care Utilization System (CALOCUS) | No | We can use LOCUS though as it is available for use in our Electronic Health Record, Streamline Healthcare services |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | No | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) | No | We have policy and process for oversight of metabolic monitoring for antipsychotics just have not pulled as a data metric to date. Our EHR is capable of pulling this metric |
| Depression Screening and Follow-Up for Adolescent and Adults (DSF-E) | No | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future |
| Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E) | Yes | Please see sample Clinical Dashboard as we monitor some use of the PHQ and are capable of expanding or refining that |
| Ages and Stages Questionnaires (ASQ) | No |  |
| Medication Management in Older Adults with Dementia (DDE/DAE) | No |  |
| Daily Living Activities (DLA)-20 Functional Assessment | No | We can use DLA-20 though as it is available for use in our Electronic Health Record, Streamline Healthcare services |
| Preventive Care Measurement using Annual Physical and Follow-Up | No | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future |
| Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions | No | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future |
| Adverse Childhood Experiences (ACEs) | No | There is growing data that using ACES as an assessment measure may be limited as compared to using this data as a risk stratification tool for population health management. We are capable of using ACES in future. |
| Adult Needs and Strengths Assessment (ANSA) | Yes | See example of our Clinical Dashboard submitted as attachment to this RFS for how we are using specific items in the ANSA as part of Social Determinants of Health monitoring at time of episode discharge |
| Child and Adolescent Needs and Strengths Assessment (CANS) | Yes |  |
| General Anxiety Disorder-7 (GAD-7) | Yes | Please see sample Clinical Dashboard as we monitor some use of the GAD and are capable of expanding or refining that |
| Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) | No | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) | Yes | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future. Please see example of Clinical Dashboard submitted as attachment to this RFS |
| Ask Suicide-Screening Questions (ASQ) | No |  |
| Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) | Not specifically but see comments | The 5 step process in our Crisis care response is consistent with SAFE-T, we just don’t reference that this is the model we are using. Embedded within our Emergency Services/Comprehensive Risk Assessment is all these pieces associated with SAFE-T |
| Columbia Suicide Severity Rating Scale (C-SSRS) | Yes |  |
| Suicide Risk Assessment (SRA) Follow-Up Assessment | No | As mentioned in the Quality section of RFS, 4C Health and our electronic health record vendor are capable to pull and report that data in future |

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.

|  |
| --- |
| **Additional measures are reported in attachment to this RFS “4C Health Evidence Based practices” for full measure list.**  **Most commonly used measures embedded in our electronic health record include:**  **Ohio Scales for youth**  **AUDIT for substance use screening**  **DAST for substance use screening**  **Other screeners we support our clinicians in use at their discretion and as needed of but are NOT withing our electronic health record:**  ADULTS   * GAD (General Anxiety Disorder)   + HAM-A (Hamilton Anxiety Rating Scale)   + Zung Anxiety Scale   + SCAARED-A (Screen For Adult Anxiety Related Disorders) * MDD (Major Depressive Disorder)   + Geriatric Depression Scale   + Zung Self-Rating Depression Scale   + HAM-D (Hamilton Depression Rating Scale)   + MDI: Major Depression Inventory * Mix of MDD and GAD   + DASS (Depression Anxiety Stress Scale) * Addiction/Substance Use   + ASI (Addiction Severity Index)   + South Oaks Gambling Screen Assessment   + CAGE: Substance Abuse Screening Tool * Mood disorders (Bipolar, borderline personality disorder)   + Mood Disorder Questionnaire   + BSDS (Bipolar Spectrum Diagnostic Scale) * ADHD (Attention-Deficit Hyperactive Disorder)   + ASRS (Adult ADHD Self-Report Scale) * PTSD (Post Traumatic Stress Disorder)   + Post-Traumatic Stress Disorder Checklist   + Kessler Psychological Distress Scale   + ACEs test (Adverse Childhood Experiences) –for general screening purposes only, not diagnostic * Eating disorders   + Eating Disorder Diagnosis Scale   CHILDREN   * GAD (General Anxiety Disorder)   + RCADS (Revised Children's Anxiety and Depression Scale)   + SCARED (Screen for Child Anxiety Related Disorders-Parent)   + BAI (Beck Anxiety Inventory) * MDD (Major Depressive Disorder)   + PHQ-A (Patient Health Questionnaire-Adolescent) * PTSD (Post Traumatic Stress Disorder)/ trauma   + Traumatic Events Screening Inventory for Children (TESI-C)   + ACEs test (Adverse Childhood Experiences) –general screening, not diagnostic   + Child PTSD Symptom Scale   + CATS: Child and Adolescent Trauma Screen - Caregiver 3-6   + CATS: Child and Adolescent Trauma Screen - Caregiver 7-17   + CATS: Child and Adolescent Trauma Screen - Youth * Mood disorders (Oppositional Defiance Disorder, Mood Dysregulation Disorder)   + MFQ (Mood and Feelings Questionnaire)- Child & parent versions   + ODDRS (Oppositional Defiant Disorder Rating Scale)   + CADBI (Child and Adolescent Disruptive Behavior Inventory Screener) * Addiction/ Substance Use   + CRAFFT Screening Test   + RAPI (Rutgers Alcohol Problem Index) * ADHD (Attention-Deficit Hyperactive Disorder)   + Vanderbilt ADHD Diagnostic Parent Rating Scale * Universal screeners   + PSC/ PSC17 (Pediatric Symptom Checklist) |