

Section 223 Waiver Demonstration for Certified Community Behavioral Health Clinics Kentucky Required Evidence Based Practices

Update September 2024

Cabinet for Health and Family Services

Department for Medicaid Services (DMS)



CCBHC Evidence Based Practices (EBPs)

Evidence-based practice (EBP) is an approach to treatment that is based on the best available scientific evidence. It involves using modalities and interventions that have been shown to be effective through research studies, clinical trials, and meta-analyses.

As a condition of participating in the CCBHC demonstration program, CCBHC services must incorporate a minimum set of evidence-based practices (EBPs) established by state and based on community needs. Additional EBPS may also be recommended that CCBHCs have the option to implement.

In 2024, with input and suggestions provided by CCBHC clinics, the following EBPs were identified by the KY Department for Medicaid Services (KY DMS) and the KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Subject Matter Experts (SMEs), for use by KY CCBHC demonstration clinics. During the KY CCBHC Demonstration, it is expected that the included list of specific, approved EBPs be incorporated into agency practice, as indicated, to enhance service delivery and to provide consistent and uniform reporting of CCBHC Quality Measures data. These EBPs should be used whenever appropriate and/or clinically indicated.

Key:

Universally administered: Administered to all CCBHC clinic patients as indicated.

<u>Clinically indicated</u>: A term used to suggest that a certain procedure or test might be needed based on the patient's symptoms or results from previous tests.

Recommended: Not required for use, but DMS recommends that clinics have available when a patient's condition warrants it or as supported by the Community Needs Assessment.

<u>Supports QM</u>: Required for CCBHC data collection and reporting of CCBHC Quality Measures.



KY CCBHC Demonstration Evidence-Based Practices

Scre	ening Tools		
Tool	Administration Frequency	Supports QM	Age Range
Patient Health Questionnaire-9 [PHQ-9]	Universally administered	Y	12+
CRAFFT Screening Tool 2.1 + N versions [NOTE: recommend self-administration]	Universally administered	N	12-21
Columbia - Suicide Severity Rating Scale [C-SSRS] – 6 Question Screener	Universally administered (12+) *When clinically indicated for 8-11 years	N	12+
Single Question Screen for Tobacco Use	Universally administered	Y	12+
NIAAA Single-Question Screening for Unhealthy Alcohol Use	Universally administered	Y	18+
Social Needs Screening Tool – Standardized screening tool of the provider' choice. Must be approved by DMS for use.	Universally administered	Y	18+
Drug Use Questionnaire [DAST-20]	Clinically indicated	N	18+
Generalized Anxiety Disorder [GAD-7]	Clinically indicated	N	13+
Post-Traumatic Stress Disorder Checklist [PCL-5]	Clinically indicated	N	18+
Strength & Difficulties Questionnaire [SDQ]	Clinically indicated	N	3-16
PRIME Screening Tool	Clinically indicated	Ν	12-25
Trauma Symptom Checklist for Young Children Screening	Clinically indicated	Ν	3-12
Trauma Symptom Checklist for Children Screening Form	Clinically indicated	N	8-17

Primary Care Screening and Monitoring			
Tool	Administration Frequency	Supports QM	Age Range
BMI	Universally administered	N	All ages
A1C	Universally administered	N	All ages

Level of Care & Assessment			
Tool	Administration Frequency	Supports QM	Age Range
Functional Assessment: Child and Adolescent	Universally administered	N	0-18/21
Needs and Strengths [CANS]			
[Use Kentucky versions] *See Note at end of document			



Level of Care Utilization System [LOCUS]	Clinically indicated	N	19+
Columbia - Suicide Severity Rating Scale [C-	Clinically indicated	N	6+
SSRS] – full scale life-time recent			
Early Childhood Service Intensity Instrument	Clinically indicated	N	0-5
[ECSII]			
Child and Adolescent Service Intensity	Clinically indicated	N	5-19
Instrument [CASII]			
Multi-Dimensional Evidence Based Assessment	Clinically indicated	N	18+
Tool for SUD [ASAM]			
Structured Interview for Psychosis-Risk	Clinically indicated	N	12-25
Syndrome [SIPS]	*Based on positive screen on		
	either the PRIME or PQ-B		
Assessing and Managing Suicide Risk [AMSR]	Clinically indicated	N	All ages

Services & Supports			
Tool	Administration Frequency	Supports QM	Age Range
Person Centered Recovery Planning [PCRP]	Clinically indicated	N	All ages
Illness Management and Recovery [IMR]	Clinically indicated	N	18-65
Assertive Community Treatment [ACT]	Clinically indicated	N	18+
Peer Support [PS]	Clinically indicated	N	Adolescents- adults *Peers should be close in age to the client
Targeted Case Management [TCM]	Clinically indicated	N	All ages
IPS Supported Employment [IPS SE]	Clinically indicated	N	16+
Permanent Supportive Housing [PSH]	Clinically indicated	N	18+
Coordinated Specialty Care for First Episode Psychosis [CSC]	Clinically indicated	N	Typically, 16- 30
Wellness Recovery Action Plan [WRAP]	Clinically indicated	N	All ages
Integrated Treatment for Co-occurring Disorders OR Integrated Dual Disorder Treatment [NOTE: Agency choice]	Clinically indicated	N	All ages
Family Psychoeducation	Clinically indicated	N	All ages
Medication Management [NOTE: Typically part of another billed service]	Clinically indicated	Ν	All ages, but most often used with clients with SMI/SED, or who are older (60+)



High Fidelity Wraparound [HFW]	Clinically indicated	N	Birth-21
Nurturing Parenting Programs [NPP] - Parenting Groups	Clinically indicated	Ν	Parents and their children, ages 5-11
Psychological First Aid [PFA]	Clinically indicated	N	All ages
Screening, Brief Intervention and Referral to Treatment [SBIRT]	Screening is Universally administered; other components when clinically indicated	N	SBIRT is an approach; age ranges depend on screener utilized

Treatment Modalities			
ΤοοΙ	Administration Frequency	Supports QM	Age Range
Cognitive Behavior Therapy [CBT]	Clinically indicated	Ν	All ages
Motivational Interviewing [MI]	Clinically indicated	Ν	10+
Managing and Adapting Practice [MAP]	Clinically indicated	Ν	birth-17
Child Parent Psychotherapy [CPP]	Clinically indicated	Ν	0-5
MOUD and MAT [NOTE: co-prescribe naloxone]	Clinically indicated	Ν	Buprenorphine 16+ Methadone 18+ Naltrexone 18+
Contingency Management [CM] [NOTE: for clients with SUD]	Clinically indicated	N	18+
Collaborative Assessment and Management of Suicide (CAMS)	Clinically indicated	Ν	12+
Collaborative Assessment and Management of Suicide (CAMS) - 4 Teens	Clinically indicated	Ν	12+
Cognitive Processing Therapy [CPT]	Recommended	Ν	14+
Eye Movement Desensitization and Reprocessing [EMDR] & Accelerated Resolution Therapy [ART]	Recommended	Ν	Preschool- adult Preschool- adult



Cognitive Behavioral Therapy for Psychosis [CBT]	Recommended	N	All ages, CBT for Psychosis delivered after initial psychosis episode
Trauma-Focused Cognitive Behavioral Therapy [T- F CBT]	Recommended	N	3-18
Trauma Affect Regulation Guide for Education and Therapy [TARGET]	Recommended	N	13-45
Multidimensional Family Therapy [MDFT]	Recommended	N	10-26
Adolescent Community Reinforcement Approach [ACRA]	Recommended	N	12-14
Dialectical Behavioral Therapy [DBT]	Recommended	N	13-adult there is an adaptation, DBT-C for ages 6-12
Parent Child Interaction Therapy [PCIT]	Recommended	N	2-7 with adaptations for 12-24 month and for 7-10 yrs. old



CCBHC Implementation Support Resources

Patient Health Questionnaire-9 [PHQ-9]	https://med.stanford.edu/fastlab/research/imapp/msrs/_j
	cr content/main/accordion/accordion content3/downloa
	d 256324296/file.res/PHQ9%20id%20date%2008.03.pdf
CRAFFT Screening Tool 2.1 + N versions	ttps://crafft.org/get-the-crafft/#dl-clin
[NOTE: recommend self-administration]	
Columbia - Suicide Severity Rating Scale [C-SSRS] –	https://www.cms.gov/files/document/cssrs-screen-
6 Question Screener	version-instrument.pdf
	https://cssrs.columbia.edu
Single Question Screen for Tobacco Use	In the PAST YEAR, on how many days did you smoke
	cigarettes or use other tobacco products?
	https://nida.nih.gov/bstad/
NIAAA Single-Question Screening for Unhealthy	https://www.niaaa.nih.gov/health-professionals-
Alcohol Use	communities/core-resource-on-alcohol/screen-and-
	assess-use-quick-effective-methods#pub-toc0
	"How many times in the past year have you had (4 for
	women, or 5 for men) or more drinks in a day?"
American Academy of Family Physicians [AAFP]	Social Needs Screening Tool (aafp.org)
Social Needs Screening Tool	
Drug Use Questionnaire [DAST-20]	https://adai.uw.edu/instruments/pdf/drug_abuse_screeni
	ng_test_105.pdf
Generalized Anxiety Disorder [GAD-7]	https://adaa.org/sites/default/files/GAD-7_Anxiety-
	updated 0.pdf
Post-Traumatic Stress Disorder Checklist [PCL-5]	https://www.ptsd.va.gov/professional/assessment/adult-
	sr/ptsd-checklist.asp#obtain
Strength & Difficulties Questionnaire [SDQ]	https://www.corc.uk.net/outcome-experience-
	measures/strengths-and-difficulties-questionnaire-sdq/
	https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Engl
	ishqz(USA)
	https://www.eehelew.org/essessment.toel/ctrengths
	https://www.cebc4cw.org/assessment-tool/strengths-
DDIME Corporating Tool	and-difficulties-questionnaire/
PRIME Screening Tool	https://www.schoolmentalhealth.org/media/som/microsit
	es/ncsmh/documents/healthy-transitions-2019-/PRIME-
	SCREEN-REVISED-WITH-DISTRESSScoring-and-
	Administration.pdf
	*Email DBHDID First Episode Psychosis team at
	KEINetwork@ky.gov for additional support.



Trauma Symptom Checklist for Young Children Screening	Trauma Symptom Checklist for Young Children Screening Form (TSCYC-SF) PAR (parinc.com)
Trauma Symptom Checklist for Children Screening Form	Trauma Symptom Checklist for Children Screening Form (TSCC-SF) PAR (parinc.com)
Functional Assessment: Child and Adolescent Needs and Strengths [CANS] [NOTE: Use Kentucky versions]	https://praedfoundation.org/tcom/tcom-tools/the-child- and-adolescent-needs-and-strengths-cans/ Kentucky has an Early Childhood version (age birth-4) of the CANS and a CANS for children and youth (age 5-21 and can be used up to age 25) For information about the KY CANS tools and for staff
Level of Care Utilization System [LOCUS]	training, contact Lizzie Minton <u>Lizzie.Minton@ky.gov</u> <u>https://www.communitypsychiatry.org/keystone-</u> <u>programs/locus</u> for training. <u>https://www.deerfieldsolutions.com/locus-calocus</u> for licensing.
Columbia - Suicide Severity Rating Scale [C-SSRS] – full scale life-time recent	https://cssrs.columbia.edu/the-columbia-scale-c- ssrs/about-the-scale/
Early Childhood Service Intensity Instrument [ECSII]	https://www.aacap.org/ecsii
Child and Adolescent Service Intensity Instrument [CASII]	https://www.aacap.org/AACAP/Member_Resources/Pract ice_Information/CASII.aspx#:~:text=The%20Child%20and% 20Adolescent%20Service,and%20his%20or%20her%20fam ily.
Multi-Dimensional Evidence Based Assessment Tool for SUD [ASAM]	https://www.asam.org/asam-criteria
Structured Interview for Psychosis-Risk Syndrome [SIPS]	https://easacommunity.org/PDF/SIPS 5- 5_032514%5B1%5D%20correct.pdf Email DBHDID First Episode Psychosis team at KEINetwork@ky.gov for additional support and training opportunities.
Assessing and Managing Suicide Risk [AMSR]	https://solutions.edc.org/solutions/zero-suicide- institute/amsr/amsr-services/amsr-training
Person Centered Recovery Planning [PCRP]	https://ncbi.nlm.nih.gov/pmc/articles/PMC10088648/
Illness Management and Recovery [IMR]	Illness Management and Recovery Evidence-Based Practices (EBP) KIT SAMHSA Publications and Digital Products
Assertive Community Treatment [ACT]	Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT SAMHSA Publications and Digital Products Current fidelity tool DACTS: https://case.edu/socialwork/centerforebp/sites/default/fil es/2021-03/act-dacts-protocol.pdf



Peer Support [PS]	Peer Support Workers for those in Recovery SAMHSA
Targeted Case Management [TCM]	KY Regulations: https://apps.legislature.ky.gov/law/kar/titles/908/002/260/ https://apps.legislature.ky.gov/law/kar/titles/907/015/060/ Overview of TCM services: https://www.ncbi.nlm.nih.gov/books/NBK562214/
IPS Supported Employment [IPS SE]	The IPS Employment Center – Research, Dissemination, Training, and Consultation (uky.edu)
Permanent Supportive Hou sing [PSH]	Permanent Supportive Housing Evidence-Based Practices (EBP KIT) SAMHSA Publications and Digital Products
Coordinated Specialty Care for First Episode Psychosis [CSC]	https://easacommunity.org Sign up for the PEPPNET listserv to follow national and international trends: <u>https://med.stanford.edu/peppnet.html</u>
	Email DBHDID First Episode Psychosis team at <u>KEINetwork@ky.gov</u> for additional support and training opportunities.
Wellness Recovery Action Plan [WRAP]	https://www.wellnessrecoveryactionplan.com/what-is- wrap/
Integrated Treatment for Co-occurring Disorders OR Integrated Dual Disorder Treatment [NOTE: Agency choice]	Integrated Treatment for Co-occurring Disorders: <u>https://www.samhsa.gov/resource/ebp/integrated-</u> <u>treatment-co-occurring-disorders-evidence-based-</u> <u>practices-ebp-kit</u> Integrated Dual Disorder Treatment: <u>https://case.edu/socialwork/centerforebp/sites/default/fil</u> <u>es/2021-03/iddtclinicalguide.pdf</u>
Family Psychoeducation	www.easacommunity.org Email DBHDID First Episode Psychosis team at <u>KEINetwork@ky.gov</u> for additional support and training opportunities.
Medication Management [NOTE: typically part of another billed service]	Patient-Centered Priorities for Improving Medication Management and Adherence: <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5595249/</u> Medication Management Strategy: Intervention: <u>https://www.ahrq.gov/patient-</u> <u>safety/reports/engage/interventions/medmanage.html</u>
High Fidelity Wraparound [HFW]	https://nwi.pdx.edu/ https://nwi.pdx.edu/NWI-book/index.php https://www.nwic.org/
Nurturing Parenting Programs [NPP] - Parenting Groups	https://www.nurturingparenting.com/



	https://www.nctsn.org/treatments-and-
Psychological First Aid [PFA]	practices/psychological-first-aid-and-skills-for-
	psychological-recovery/about-pfa
Screening, Brief Intervention and Referral to	Screening, Brief Intervention, and Referral to Treatment
Treatment [SBIRT]	(SBIRT) SAMHSA
Cognitive Behavior Therapy [CBT]	https://beckinstitute.org
Motivational Interviewing [MI]	Providers Clinical Support System Motivational
	Interviewing: Talking with Someone Struggling with Opioid
	<u>Use Disorder</u>
	SAMHSA: Enhancing Motivation for Change in SUD
	Treatment: SAMHSA TIP 35 Enhancing Motivation for
	Change in Substance Use Disorder Treatment
Managing and Adapting Practice [MAP]	https://www.practicewise.com/
	https://welcome.practicewise.com/product/managing-
	and-adapting-practice-map/
Child Parent Psychotherapy [CPP]	https://childparentpsychotherapy.com/
MOUD and MAT	SAMHSA TIP 63: Medications for OUD
[NOTE: co-prescribe naloxone]	TIP 63: Medications for Opioid Use Disorder (samhsa.gov)
	Providers Clinical Support System (PCSS) SUD 101
	Curriculum: SUD 101 Core Curriculum (2023) - PCSS-MOUD
	SAMHSA: Clinical Guidance for Treating Pregnant and
	Parenting Women with OUD
	Clinical Guidance for Treating Pregnant and Parenting
	Women With Opioid Use Disorder and Their Infants
	SAMHSA: A Brief Guide Clinical Use of Extended-Release
	Injectable Naltrexone in the Treatment of Opioid Use
	Disorder: <u>Clinical Use of Extended-Release Injectable</u>
	Naltrexone in the Treatment of Opioid Use Disorder: A
	Brief Guide
	SAMHSA: Practical Tools for Prescribing and Promoting
	Buprenorphine in Primary Care Settings: Practical Tools for
	Prescribing and Promoting Buprenorphine in Primary Care
	Settings (samhsa.gov)
	SAMHSA: Buprenorphine Quick Start Guide:
	Buprenorphine Quick Start Guide
	Clinical guidelines for the use of depot buprenorphine
	(Brixadi [®] and Sublocade [®]) in the treatment of opioid
	dependence: <u>Clinical guidelines for use of depot</u>



	buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependencePrescribe to Prevent - Information to prescribe and dispense naloxone (Narcan) rescue kits. PrescribeToPrevent
Contingency Management [CM] [NOTE: for clients with SUD]	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based
Collaborative Assessment and Management of Suicide (CAMS)	https://cams-care.com/about-cams/
Collaborative Assessment and Management of Suicide (CAMS) - 4 Teens	https://cams-care.com/training-certification/cams-4teens- trained/
Cognitive Processing Therapy [CPT]	Not identified – Contact DBHDID for resources
Eye Movement Desensitization and Reprocessing [EMDR] & Accelerated Resolution Therapy [ART]	https://www.emdr.com/what-is-emdr/ https://acceleratedresolutiontherapy.com/
Cognitive Behavioral Therapy for Psychosis [CBT]	https://nasmhpd.org/sites/default/files/DH- CBTp_Fact_Sheet.pdf
Trauma-Focused Cognitive Behavioral Therapy [T-F CBT]	https://tfcbt.org/
Trauma Affect Regulation Guide for Education and Therapy [TARGET]	https://nationalgangcenter.ojp.gov/spt/Programs/4393
Multidimensional Family Therapy [MDFT]	https://www.mdft.org/
Adolescent Community Reinforcement Approach [ACRA]	https://www.chestnut.org/ebtx/treatments-and- research/treatments/a-cra/
Dialectical Behavioral Therapy [DBT]	https://dialecticalbehaviortherapy.com/
Parent Child Interaction Therapy [PCIT]	https://www.pcit.org/

*March 2024 - For the purposes of the CCBHC Demonstration, *universal* administration of the CANS functional assessment applies to youth (0-21) with child welfare involvement (i.e., those in custody of their parents/caregivers AND those in DCBS custody), AOC involvement, and/or DJJ involvement (i.e., those in custody of their parents/caregivers AND those in DJJ custody). This population shall be administered the age-appropriate version of the Kentucky CANS upon intake and every 90 days thereafter.

This requirement aligns with Kentucky SIX CMHC contractual expectations beginning July 1, 2024. Universal administration to **all** youth will be explored but is not yet a requirement.

- Please consult with your DBHDID Children's Services Director for questions related to CANS training needs.

