

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.

