Evidence-Based Practice

EVIDENCE-BASED PRACTICES

and

SYSTEM LEADERSHIP

REPORT

October 2017 Update

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BACKGROUND & INTRODUCTION

Since 2005, both the Saginaw County Community Mental Health Authority (SCCMHA) and the Michigan Department of Health and Human Services (MDHHS) have supported Improving Practices Steering Committees, respectively at the local Pre-Paid Inpatient Health Plan (PIHP) and statewide levels, as part of the system transformation to embed evidence-based practices across Michigan in the public mental health system. MDHHS actively supported key practices, and SCCMHA elected to expand beyond these key practices to additional evidence-based practices to best meet SCCMHA consumer and family needs. Since that time, many changes have taken place in the mental health system. In 2011, MDHHS reorganized the state level body, now called the Practice Improvement Steering Committee (PISC). There were also evolving changes in state staff involved in leadership roles in this area at MDHHS. MDHHS ceased any formal expectation that PIHPs continue Improving Practice Leadership Teams (IPLTs). In addition, MDHHS supported a PIHP restructuring that also directly impacted SCCMHA. Effective January 2014, SCCMHA ceased being a separate county-specific PIHP, and as one of 12 local Community Mental Health Services Programs (CMHSPs), became part of a larger regional PIHP, named Mid-State Health Network (MSHN). This PIHP change also resulted in an impact on SCCMHA's direct oversight of substance use disorder evidence-based practices, as MSHN assumed the role of a new regional SUD Coordinating Agency and initiated direct contracts with local SUD providers in Saginaw County effective January 2014. Lastly, SCCMHA was a contender for Certified Community Behavioral Health Clinic (CCBHC) status in 2016 as part of a state bid opportunity, and, while ultimately Michigan was not a federally funded state, there were many requirements for evidence-based practices that SCCMHA successfully met as part of this process, including but not limited to, assuring service provider cultural competency in areas of military culture, sexual orientation, suicide prevention and American Indians, as well as all adult service populations and subpopulations, including persons with primary or co-occurring substance use disorders.

Given these changes, including SCCMHA no longer being a PIHP, SCCMHA elected to discontinue the broad, previously state-prescribed IPLT structure, and instead developed a tighter workgroup structure named the Evidence-Based Practice Leadership Team (EBPLT) in 2014. The first meeting of the new EBPLT was held in September 2014. Further, SCCMHA had developed a specific job description for an Evidence-Based Practice Coordinator at the CMHSP level, and that position was filled in April 2014. Given system quality structure changes at SCCMHA in 2016, this new EBPLT also then created a formal charter for this refocused role. However, a key element was the continued overall oversight of all evidence-based practice related areas at SCCMHA across the provider network in keeping with SCCMHA's strategic plan. SCCMHA continues to see value in maintaining this oversight in order to: sustain the appropriate use of evidence-based practice models at SCCMHA; encourage the use of new models where indicated; seek to ensure overall fidelity across the network; and plan for new or refreshed training needs, as staff or program changes continue to occur. Members of the new EBPLT include the EBP Coordinator, the Director of Clinical Services, the Director of Network Services & Public Policy, and two contracted consultants who continue to provide various administrative and clinical supports in areas that include or touch evidence-based practices in their work for SCCMHA. SCCMHA has entered a new phase of EBP leadership support and oversight, from implementing system transformation to ensuring ongoing integrity and sustainability. In addition, as SCCMHA has broadened its scope of services into health and wellness areas with direct implications for evidence-based practice leadership, recent additions to the EBPLT are the Director of Health Home & Integrated Care and the Wellness Coordinator.

SCCMHA issued an initial five (5) year EBP report in March 2011, as well as a brief update in June 2012. SCCMHA also issued an update in March 2014, primarily focused on fidelity review content. These reports are publicly available from SCCMHA on the SCCMHA website. It is not the intent of this report to reiterate content from those prior summary publications. Please refer to those reports for foundational definitions of evidence-based practice and fidelity as well as this EBP history at SCCMHA.

This fourth (4th) September 2017 EBP report content includes a variety of EBP update areas for SCCMHA, including new EBPs, updates on

existing EBPs, and new and future directions at SCCMHA. SCCMHA also presented at the MDHHS Practice Improvement Steering Committee (PISC) meeting in September 2016, with the focus on the overall administrative oversight of evidence-based practice work at SCCMHA. SCCMHA's ambitious approach to promote and maintain a number of key practices across all relevant service providers or teams, rather than isolated single sites as some CMHSPs or PIHPs did, has proven to be an important factor in sustainability as well as promoting broader access to meet consumer needs. An example of this is the policy that all SCCMHA service providers will have dual disorder capable knowledge and basic skills, regardless of the type of service being provided. This intentional broad-based approach has also been one of SCCMHA's greatest challenges as staff turnover and other competing demands for provider programs' time and focus continue to occur over time and impact the ability of specific programs to maintain key trained staff as well as fidelity to specific practice model(s).

This report is intended to be a current overview of evidence-based practices across SCCMHA at this time, including accomplishments, challenges and future predictions.

NEW EVIDENCE-BASED PRACTICES AT SCCMHA

SCCMHA has continued to add new evidence-based practices in a judicious manner, as needs of consumers and their families are recognized, and with accompanying staff leadership available to support such new practice implementation. New practices include: **Parenting with Love and Limits (PLL), Trauma Focused Cognitive Behavior Therapy (TF-CBT), Parenting Through Change (PTC) and Parenting Through Change - Reunification (PTC-R), Resource Parent Trauma Training, Let's Talk Recovery, Strengthening Families, Thinking for a Change, and Cognitive Behavior Therapy for Hoarding Disorder (CBT for HD**). Often additional EBPs have been added by SCCMHA now without specific funding to support the new training costs. Implementation and training costs were more typically supplemented by state grant funds in the past as part of the statewide system transformation, which SCCMHA had assertively sought and secured. Other new key EBP areas for SCCMHA include health and wellness related evidence-based practices and expansion in the area of trauma-informed care.

Cognitive Behavior Therapy for Hoarding Disorder (CBT for HD)

As a key part of the effort of the new county wide Saginaw Hoarding Task Force, SCCMHA developed clinical expertise to offer treatment and interventions for persons with hoarding disorder. Four clinicians in two contract agencies offering Enhanced Outpatient Services (Training & Treatment Innovations, Inc. and Saginaw Psychological Services, Inc.), now provide this intensive home and office-based treatment for adults diagnosed with hoarding disorder. Services were initiated in October 2016. The treatment is generally 6 months in duration and must take place in the home setting, with gradual changes being made to abate this persistent behavioral health condition. SCCMHA is also engaging Community Health Workers (CHWs) to support individuals with hoarding conditions as this evidence-based model specifically supports persons in their homes with any multiple chronic health conditions. Unfortunately, there is no current specific evidence-based practice for animal hoarding; however, specific harm reduction efforts can be used and reinforced. At this time ten (10) persons with object hoarding conditions are engaged in this clinical treatment. Kelley Feltman and Nicole Bailey are the team supervisors overseeing this practice implementation at the two program sites.

Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

SCCMHA hosted training in 2013 to help initiate TF-CBT, with coaching/fidelity conference calls and a booster training in 2014. Following the initial local training, SCCCMHA supported staff to attend state endorsed training for certification in TF-CBT. Certification takes up to twelve months, and five (5) staff are currently certified with five (5) more expected to become certified in the coming year across three children's case management teams. TF-CBT focuses on children ages three (3) or older with a trauma history. The goal of TF-CBT is to help children and their parents or primary caregivers address biopsychosocial needs associated with Post Traumatic Stress Disorder (PTSD) or other problems related to traumatic experiences. The model combines trauma-sensitive interventions with cognitive behavioral therapy, including education and skill building. Robert White and Stephanie Morin are the current clinical team supervisors with this specific certification.

Parenting with Love and Limits (PLL)

In partnership with the 10th Judicial Circuit Court-Family Division in Saginaw, this practice implementation supported twenty-nine (29) youth and their families between 2015 and 2017, with a 62% successful completion rate. Families participated in group therapy and family coaching sessions. This intensive treatment model promotes feelings of family closeness, with an emphasis on restoration of parental authority and behavioral contracts. Family trauma experiences are identified and individual 'wound work' is completed to address the behavioral impacts of trauma. The goal of PLL is to have a significant reduction in problem behaviors, and the program utilizes the Child Behavior Checklist (CBCL) and the Family Adaptability and Cohesion Effectiveness Scales (FACES-IV) to track changes. Pre- and post-tests measure rule breaking behaviors, aggressive behaviors, oppositional defiant behaviors, conduct disorder and PTSD, as well as family satisfaction, family communication, family cohesion and family flexibility. Joe Dula is the supervisor overseeing this practice at SCCMHA.

Parenting Through Change (PTC) / Parenting Through Change Reunification (PTC-R)

PTC and PTC-R are group practice components of PMTO (Parent Management Training–Oregon). SCCMHA began implementation in 2016 as part of a state pilot program, and services were initiated in 2017. This practice supports parents with school aged children ages 6 through 12 and includes specific focus on parents who feel disconnected and their children or children who exhibit difficult behaviors. Joe Dula is the supervisor for this practice. Short and long term benefits include increased parenting satisfaction, increased child cooperation at home and school, decreased child delinquent behavior, decreased parent and child sadness and anxiety and decreased risk of juvenile incarceration. PTC-R focuses on children who have been placed outside of the home. Currently nine (9) families are engaged in this treatment at SCCMHA.

Resource Parent Trauma Training

As part of the Saginaw MAX System of Care project, SCCMHA has offered National Traumatic Stress Network, Resource Parent Trauma Training since 2016. To date 295 participants have completed this one day training. National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. Wardene Talley is the SCCMHA supervisor for the system of care grant project.

Let's Talk Recovery

This practice is included in the MDHHS Peer Support Specialist pre-certification training curriculum and was provided by Training and Treatment Innovations, Inc. (TTI) peers in 2017. The group model engages in the use of Recovery Dialogues. Recovery Dialogues are discussion groups that have as their major focus re-building a positive self-image and strengthening the belief in one's own abilities and potential for growth. Recovery Dialogues are designed to help a person achieve awareness and increase confidence. Recovery Dialogues are different from the more traditional self-help/mutual support groups. While both involve sharing experiences, Recovery Dialogues do this initially by focusing on a topic. Let's Talk Recovery was created by the Appalachian Consulting Group, which defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential".

Strengthening Families Program (SFP)

As part of the Saginaw MAX System of Care, a Strengthening Families Program group was started in 2015. This group for high-risk families with children ages six (6) to eleven (11) offers a ten (10), twelve (12) or fourteen (14) session curriculum depending upon the family's specific risk factors identified. Wardene Talley is the SCCMHA supervisor for the system of care grant project. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce program behaviors,

delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. SFP is nationally and internationally recognized for use with both high-risk and general population families.

Thinking for a Change (T4C)

One clinician from the Community Support Services adult case management team initiated a Thinking for a Change group in 2014 with seven (7) successful completions by consumers in 2015. T4C is an integrated cognitive behavioral change program of twenty five (25) group lessons that incorporates research from cognitive restructuring theory, social skills development and the learning and use of problem solving skills. It is intended for justice-involved adults and youth and is endorsed by corrections systems nationally as an effective cognitive restructuring and social skills intervention curriculum to address thinking, beliefs, attitudes and values. Steve Gonzalez is the supervisor overseeing this practice.

UPDATES ON OTHER EVIDENCE-BASED PRACTICES

Clubhouse or Psychosocial Rehabilitation (PSR)

MDHHS changes that began in 2015 now require all funded Clubhouses in Michigan achieve national accreditation standards by December 30, 2018, and maintain these standards as part of revised state Medicaid requirements. The Saginaw clubhouse, Bayside Lodge, had achieved this accreditation in the past and attended national training in 2016 to become re-accredited. This SCCMHA funded clubhouse, one of forty (40) in the state, is operated under contract with Training and Treatment Innovations, Inc. (TTI), and is a consumer directed, psychosocial rehabilitation program with a work-ordered day, serving adults with serious mental illness, including many persons with co-occurring conditions. Bayside Lodge developed a work plan to comply with these new Michigan Medicaid standards and plans to achieve accreditation to become state certified by Fall 2017. Jim Nesbit is the clubhouse supervisor for TTI.

Whole Health Action Management (WHAM)

There are currently five (5) peer support specialists certified in WHAM in the SCCMHA network. The model is used at this time within an adult case management program as well as planned for use at the peer operated and wellness focused drop-in program for adults with serious mental illness. WHAM is a training program and a peer led support program for adults with chronic physical and behavioral conditions that promotes self-management to develop and sustain new healthy behaviors. Eight (8) weeks of peer support groups with a weekly action plan to create new health habits is provided. The primary goal is to teach skills to better self-manage chronic physical health conditions, mental illnesses and addictions to achieve whole health. Miley Stuller is the Friends for Recovery Center Drop-In program Director. WHAM was developed by the Center for Integrated Health Solutions to encourage increased resiliency and wellness among people with both mental illnesses and substance use disorders. WHAM is a powerful program intended to strengthen the peer workforce' role in healthcare delivery and provides peer support professionals a format for peer meetings as participants work toward, achieve and maintain whole health goals.

Wraparound

Wraparound is a highly individualized planning process facilitated by specialized coordinators and a required component of the mental health service array for children with severe emotional disturbance and their families. A Child and Family Team, with members determined by the family, develop the highly individualized wraparound plan. Children must meet several specific risk criteria to receive wraparound services. In November 2011, the SCCMHA Wraparound Team attended both National and Michigan wraparound trainings

to learn the high fidelity EBP model of Wraparound. The SCCMHA Wraparound Team currently serves sixty eight (68) consumers and families through eight (8) Wraparound coordinators.

The SCCMHA Wraparound Unit has experienced routine internal and external reviews to help ensure fidelity to the model with both National and MDHHS Wraparound Fidelity Review Teams pivotal in the support of SCCMHA's Wraparound Team. A SCCMHA "Wraparound of Wraparound" group (WOW) was created in 2015 to help foster positive outcomes for the Wraparound unit. WOW members include the Wraparound Supervisor, Administrative Assistant to the Clinical Director, EBP Coordinator, Provider Network Auditing Supervisor, Program Coding and Compliance Specialist, and several contractual consultants providing data collection and analysis. The WOW team is also developing a Wraparound program manual. Dawna Westbrook is the current Wraparound Supervisor.

Motivational Interviewing (MI)

Motivational Interviewing continues to be a foundational practice at SCCMHA with mandatory training provided. Motivational Interviewing is a client centered directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. The training prepares clinicians to implement interviewing strategies and recognize and elicit change talk. The EBPLT determined the need for an enhanced model of training to help ensure retention of skill competency in use of the practice across the network in 2017, and supported an expanded training program including supervisory training to support coaching of staff and reinforce core elements of MI skills through practice. In addition, monthly advanced topics and mini-training sessions with testing have commenced to further enhance competencies and skill sets. As a foundational practice expectation across the SCCMHA network, MI is an important tool in the engagement of consumers in their own goal setting as well as treatment and supports. Heidi Wale as a contracted consultant of SCCMHA provides leadership in the area of motivational interviewing including but not limited to training and coaching.

Permanent Supportive Housing (PSH)

In 2015, the Salter Place Housing Resource Center of SCCMHA fully implemented the SAMHSA model for Permanent Supportive Housing. SCCMHA anticipates completing a fidelity review of this program before the end of the year. Rocky Archangeli is the supervisor of this program. Permanent Supportive Housing (PSH) offers voluntary, flexible supports to help people with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. The key principles of PSH are: choice of housing, separation of housing and services, decent, safe, and affordable housing, integration of care, access to housing, and flexible voluntary services. SCCMHA began using the best practice version of Permanent Supportive Housing in 1996 with a decision to move toward full fidelity to the model in late 2015. In 2016, ninety-nine (99) consumers received PSH services. The PSH staff includes one peer currently serving SCCMHA consumers.

Adult Drug Court

The Saginaw County Adult Drug Court was organized by 10th Circuit Court Judges in 2012 with thirty-one (31) successful graduates to date. The mission of the court is to 'improve the overall quality of life in our diverse community by providing a court supervised program for substance abusing offenders, to enhance public safety, reduce crime, more effectively hold offenders accountable and ultimately transform the offender into a positive, contributing member of the community." SCCMHA has participated as a member of the advisory board to this county hosted EBP program that offers treatment diversion for persons with SUD disorders in the judicial system. Amy Murawski, SCCMHA's Substance Use Disorder Coordinator is the current liaison for SCCMHA to this court program.

Adult Mental Health Court

Saginaw County offers a diversionary adult mental health court for persons with serious mental illness who have misdemeanor offences and voluntarily agree to receive mental health treatment. In some cases these persons have felony offenses and have also not yet been successful in compliance with treatment. The SCCMHA Community Support Services adult case management forensic team offers treatment for these

persons and a SCCMHA assigned liaison works collaboratively with the Saginaw County Mental Health Court to support these individuals and provide clinical treatment while they are under the court's jurisdiction and intervention. Steve Gonzalez is the supervisor for this collaborative EBP arrangement with the court. Thirty-three (33) consumers served by SCCMHA participated in the adult mental health court in 2016.

Other Evidence-Based Practices

SCCMHA continues to offer services through varied practices, including but not limited to Integrated Dual Disorder Treatment (IDDT) for persons with co-occurring mental health and substance use disorders across the adult case management teams. Another example of an ongoing EBP practice in use at SCCMHA is Dialectical Behavioral Treatment (DBT). New consumer group members continue to complete this program and are recognized for their achievement of graduation status in DBT. In some cases additional versions of practices have now been implemented such as G TREM which is a TREM (Trauma Recovery and Empowerment Model) group that is specifically designed for girls. Some practice areas have been expanded regarding the number or age of consumers served; for example, Applied Behavior Analysis (ABA) now includes older children and young adults diagnosed on the autism spectrum. SCCMHA has also reviewed a few practices for potential use but has not yet implemented them, such as Illness Management & Recovery. For a complete list of all EBPs endorsed by SCCMHA for use with specific populations served, please see the Appendix. (This EBP list in the Appendix also includes notation of the EBPs used in FY 2017, some of which are not highlighted specifically in this report.) Actual use of EBPs may vary over time as well across the system based on changing consumer needs as well as availability of trained, privileged staff. In addition, SCCMHA continues to exert research-based, valid practice usage influence in the community with various partners regarding evidence-based practices, including, but not limited to, faith-based, court affiliated, and many other community collaboration venues.

RELATED UPDATES

Evidence-Based Practice Coordinator

SCCMHA recognized that in order to support, coordinate and help to sustain all elements of the varied evidence-based practices across the provider programs in the network, a dedicated leadership role was needed. In April of 2014 Sarah Denman was hired to fulfill the role of the SCCMHA Evidence-Based Practice Coordinator.

The EBP Coordinator, under the general supervision of the Director of Network Services & Public Policy, provides overall coordination of evidence-based practice planning and service delivery throughout the Saginaw County Community Mental Health Authority (SCCMHA) network. The EBP Coordinator also coordinates and provides key state linkages for various practices and populations of evidence-based and best practice oversight at SCCMHA, including reporting, ongoing education/training, development, fidelity review and evaluation.

Accomplishments of the EBP Coordinator include: implementation of the privileging process; updates and network instruction through regular EBP 101 trainings; coordination and completion of internal fidelity reviews; provision of fidelity support to various programs such as for the Wraparound Program as a member of the WOW group; creation of clinical protocols to treat hoarding disorder based on the evidence-based practice of CBT for HD; and, the provision of EBP consultation to the Saginaw Max System of Care as well as with other community partners. The EBP Coordinator also serves as the SCCMHA trauma specialist, and has developed Trauma 101 trainings for both clinical and non-clinical staff, and leads the coordination of the Trauma Informed Care (TIC) Learning Community and TIC implementation team associated with the National Council for Behavioral Health's project in 2017. In addition, the EBP Coordinator facilitates the EBPLT, participates in state EBP related committees and trainings, and provides oversight and training and consultation to community partners on various EBPs as well as trauma and Trauma-Informed Care.

Future priorities, as resources allow, include: continued team and staff coaching or refresher orientation in various practice areas and concepts; ongoing fidelity reviews; updated and expanded privileging activities; more systematic and early matching of consumer needs with appropriate practices and trained staff;

improvements in data collection integrity and scope; outcome reviews; and, continued leadership in the area of Trauma-Informed Care (TIC).

Policies

SCCMHA clearly emphasizes the standards of each endorsed evidence-based practice model through the issuance of policies that help guide supervisors, clinical teams and all staff in the proper implementation of specific EBPs in the delivery of services across all programs. These SCCMHA policies serve as a uniform reference for those engaged in specific practices and support the practice training received by staff as well as the overall integrity of each practice model or framework in order to promote the intended valid research-based outcomes. In June 2017, SCCMHA updated all policies relative to EBPs, including new policies for existing or new practices as needed.

Fidelity Reviews

SCCMHA has directly conducted a number of key fidelity reviews since the publication of the 2014 EBP report. Some reviews of specific practices were conducted by external sources. Additional fidelity reviews are indicated in some practice areas, but must be balanced with demand on limited resources at SCCMHA, including in other EBP priority areas.

Fidelity refers to the degree to which a practice model is delivered as intended. SCCMHA strives to ensure that Evidence-Based Practices are provided with high fidelity to applicable standards. Certain practices within the SCCMHA network receive regular external fidelity reviews, either by MDDHS or through a recognized expert consultant, model originator or as part of a grant requirement. Other EBPs have received internal fidelity reviews by SCCMHA using practice specific fidelity measures. Some practices do not have a specific fidelity tool associated with the model.

Full fidelity review processes include gathering information through record review as well as consumer and staff interviews. Internal full fidelity reviews conducted directly by SCCMHA with record review and consumer and staff interviews, have included reviews of Assertive Community Treatment (ACT) and Supported Employment (SE). The Supported Employment internal fidelity review was conducted in May 2017. The overall fidelity outcome was a score of 68 out of a possible 75.

The SCCMHA ACT program has received past fidelity reviews as noted in prior reports. The most recent SCCMHA Assertive Community Treatment review was conducted in January 2017. The ACT team achieved a fidelity score of 110 out of a possible total of 140. As with all fidelity reviews conducted, the specific findings are paired with supportive recommendations for improvement from the review team and noted in the written report. Fidelity reviews are not program or provider audits, but rather serve as quality improvement guidance for staff and programs engaged in the delivery of services and supports through EBPs.

Some external reviews have been conducted between 2014 and 2017, for example, MDHHS Michigan Fidelity Assessment and Support Team (MiFAST) conducted reviews of DBT and IDDT programs in Saginaw, as well as others mentioned in this report. All fidelity reviews, whether conducted by MDHHS, SCCMHA or other appropriate sources, use the recognized fidelity tool for the specific EBP practice.

Privileging

A key accomplishment between 2014 and 2017 was the development of a privileging process for core evidence-based practices endorsed by SCCMHA. While individual supervisors have responsibility to ensure proper training, knowledge and competency as well as provide oversight of their staff who are engaged in evidence-based practices, SCCMHA wished to strengthen support to them with the creation of a centralized privileging process for clinicians with uniform review standards for all applicable practices. For example, some practices do not have a specified depth of training, so SCCMHA established a minimum standard in those cases. The EBPLT developed a procedure and ultimately decided to privilege clinical Master's degree staff and supervisors in this pilot in 2016.

Privileging is a two-part process of reviewing the credentials, training and any other practice specific relevant requirements for each SCCMHA network member or provider, and then granting permission for the

practitioners to engage in a specific practice or practices in the provision of clinical services and supports for consumers. The privileging process assists SCCMHA to confirm the practitioners has the required knowledge and other pre-requisites related to the specific practice. Privileging helps ensure competency in specific practice areas, as well as aids to ensure practice capacity across programs to meet consumer needs.

In total, over sixty (60) master's level clinicians and supervisors were privileged in twenty-two (22) unique practice areas. Along with the actual privileging completed in specific practices, some staff reviews included provisional privileging status with defined privileging plans. For example, a new staff member on a team may need to become privileged in a specific practice to serve consumers but does not yet have the requisite training to be privileged. The SCCMHA plan for the future is to expand this process and privilege the broader clinical workforce, including Health Home practitioners, as well as create a database to aid in matching appropriate needs of consumers to trained practitioners in specific EBPs.

Penetration Rates & Outcomes

Accurate data collection of evidence-based practice penetration continues to be a challenge for SCCMHA. Penetration is the extent to which evidence-based practices are supporting SCCMHA consumer populations, as measured by the number of consumers who receive services through a practice compared to the number of potential consumers who might be eligible based on the intended recipients of the practice. In other words, SCCMHA seeks to monitor the rate of consumers in a subpopulation who are receiving evidence-based practice supports and treatment. An example of this is persons with co-occurring disorders, as approximately half of persons with serious mental illness also have co-morbid substance use disorders. SCCMHA expects that these individuals who are identified as having both conditions are offered co-occurring treatment to meet their needs.

In December 2016, the SCCMHA electronic health record 'flags' for EBPs were updated and appropriate staff were informed at that time of those changes. These flags are used by staff in the progress note section of the consumer record whenever EBPs are used in services and treatment. Resource limitations and ongoing changes in both the electronic health record and MDHHS' required service codes have impacted SCCMHA's ability to routinely collect complete data on the scope of EBPs in the network. While an important data tracking element, penetration rates do not measure effectiveness. Outcome data for EBPs at SCCMHA is equally important and also more limited than preferred at this time, although there are strong examples of several outcome reviews. One example is Parent Management Training-Oregon Model (PMTO). Using the Child and Adolescent Functional Assessment Scale (CAFAS), data subscale scores comparisons between 2015 initial measures and 2017 after PMTO or other most recent service measures, showed statistically valid improvements in positive behaviors and reductions in negative behaviors evident for the twenty-nine (29) children who received PMTO EBP service. While anecdotal and satisfaction data from both staff and consumers continues to generally indicate a high level of positive feedback for various EBPs, the need for increased comprehensive and valid data collection on a consistent basis is indicated. The use of standard outcome tools for populations served, including Adult Needs Services Assessment (ANSA) for adults with serious mental illness as well as CAFAS and Preschool and Early Childhood Functional Assessment Scale (PECFAS) for children and their families, provide a foundation for SCCMHA to conduct more pre- and post-EBP outcome studies as resources permit in the future.

Evidence-Based Practice Champions

SCCMHA continues to recognize leaders in the network relative to implementation and/or provision of evidence-based practices as part of the annual Every Day Heroes event. Although the event was not held in 2011 or 2017, since 2005 an individual has been recognized annually by SCCMHA with the presentation of an Improving Practices Champion award and recognition for "advancing the challenge of implementing evidence-based mental health practices or promising practices in our community." See the Appendix for a list of the nine (9) persons who have been recognized to date for their outstanding contributions to evidence-practices at SCCMHA. In addition, numerous other persons have been recognized by SCCMHA with Special Hero or other awards at this event who have also been champions of EBPs.

Evidence-Based Practices Guides

SCCMHA published *A Guide to Evidence-Based Wellness Practices* in 2016, the eleventh (11th) such EBP guide supported by SCCMHA. In addition, as part of SCCMHA's leadership involvement in the Saginaw Hoarding Task Force, *Hoarding Disorder: A Guide to Effective Interventions* was published in 2016. All of the EBP guides continue to be made available to the public on the SCCMHA website (https://www.sccmha.org/resources/evidence-based-practices.html). SCCMHA often receives requests for permission to use the guides for teaching purposes, including from out of state medical school programs. SCCMHA is forecasting the publication of an additional 12th EBP guide in 2017 on integrated care.

Continuing Education Unit

The efforts of SCCMHA toward the continued sustainability of all evidence-based practices in use across the service provider network has been significantly supported by the role of the Continuing Education Unit (CEU) at SCCMHA. The CEU has many roles relative to EBPs: planning and hosting ad hoc key practice trainings for SCCMHA staff, providers and partners; scheduling regular core EBP trainings (such as EBP 101, SUD 101, and Trauma 101); and, embedding EBP content in SCCMHA published training protocols. All of this support has been critical for the effective continued provision of evidence-based practices throughout the network. The foundational practices of Motivational Interviewing and Positive Behavioral Supports, all aspects of cultural training, and some of the newer evidence-based practices, have all been incorporated into ongoing mandatory and ad hoc training offerings and training protocols, including, most recently, some on-line training availability.

From October 2013 to September 2015, SCCMHA was a participant in an urban regions grant in Michigan to support the provision of **Mental Health First Aid (MHFA)**, an internationally recognized and National Council of Behavioral Health endorsed evidence-based training program. SCCMHA has continued to provide this full day training program to its workforce, community partners and public citizens on an ongoing basis to help promote appropriate mental health intervention when indicated in the community. This program also has a key role in the reduction of public stigma often experienced by persons with mental health conditions. As of early September 2017, under the direction of the CEU, nearly 1,400 individuals have been trained in Mental Health First Aid or **Youth Mental Health First Aid (YMHFA)**.

The Continuing Education Unit has also been able to continue to directly issue Social Work, Substance Use Disorder and other professional continuing education units whenever feasible for many professional training offerings. SCCMHA is currently seeking to add routine nursing continuation credits issuance in the training program. These continuing education units offer valuable assistance to staff to meet their licensure or certification requirements, while supporting their evidence-based learning and practice knowledge. Dawn Heje is the Supervisor of the SCCMHA Continuing Education Unit.

Health Home & Wellness Center (HH&WC)

The opening of the SCCMHA Health Home and Wellness Center (HH&WC) in October 2015 was a milestone for SCCMHA, and has had a dramatic impact on the expansion of the scope of EBPs at SCCMHA, opening the door officially to an array of wellness and health related evidence-based practices. Just one example of a key evidence-based tool embraced by the Health Home and Wellness Center, and offered free across the SCCMHA network to both consumers and the workforce members, is the web-based application, ***myStrength™.*** Marketed as ~~a~~ "the health club for your mind", SCCMHA endorsed this technical support to further extend clinical services and workforce resiliency supports at SCCMHA.

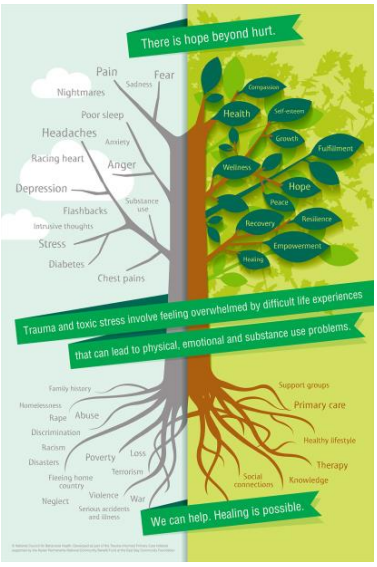
Other health and wellness EBPs that have been selected and implemented by the Health Home & Wellness Center include **7 Touch Protocol, Learning About Healthy Living: Tobacco & You (LAHL), Yoga, Mindfulness Meditation, PATH, WHAM, DASH Diet, Conversations Maps, and Mindfulness-Based Eating Awareness Training**. The 7-Touch model was expanded into a 9-Touch protocol to better meet the needs of consumers of SCCMHA transitioning from in-patient settings, either psychiatric or medical. The HH&WC anticipates the addition of **Auricular Acupuncture** in the future.

Trauma-Informed Care (TIC)

Trauma-Informed Care is one of the foundational EBPs endorsed by SCCMHA for the SCCMHA network. Becoming a trauma-informed network increases the inclusion of the concept of resilience within consumer service settings and recognizes secondary traumatic stress risk for practitioners and caregivers. Trauma-Informed Care (TIC) is a trauma-informed approach to the delivery of behavioral health services that includes an understanding of trauma and an awareness of the impact that it can have across settings, services and populations. Trauma-informed services are not designed to treat the specific symptoms related to the past trauma or abuse, but rather to provide care with a primary mission to treat the person who has special needs due to their trauma history in a sensitive, caring, and welcoming manner. The core principles of Trauma-Informed Care as outlined by SAMHSA are safety, trustworthiness, choice, collaboration, empowerment, system-wide understanding and cultural competence.

Since 2008, SCCMHA has focused on implementation of the principles of Trauma-Informed Care. Efforts began with the creation of Welcoming and Trauma-Informed Principles policies as well as training the workforce in Trauma-Informed Care. A Saginaw County Trauma Work Plan was created to advance TIC across the SCCMHA network. Furthermore, in the recent remodeling of SCCMHA's main building at 500 Hancock, where crisis and access services are delivered, TIC principles were taken into consideration when this portion of the building was redesigned, to help ensure the comfort and safety of all consumers as well as staff.

In April of 2017, SCCMHA was selected to participate in a year-long Trauma-Informed Learning Community through the National Council for Behavioral Health. The Trauma-Informed Learning Community helps promote the implementation of trauma-informed care within the SCCMHA organization and network. As part of this initiative, SCCMHA convened a Trauma-Informed Care Implementation Team composed of the EBP Coordinator, the Clinical Director, the Director of Network Services & Public Policy, and two Peers to ensure consumer input. The National Council also requires a member to focus on outcomes and quality, and SCCMHA included one of the contracted consultants to fulfill this role. SCCMHA also asked a key community partner working with mutual populations to join the SCCMHA TIC. The TIC Implementation Team meets monthly to discuss the project and the progress with established goals. As a condition of participation in the Learning Community, the TIC team must fulfill certain project requirements over the course of the next year, including participation in monthly webinars, regular coaching calls, and completion of data collection and outcomes of the Organizational Self-Assessments (OSA) and use of the Performance Monitoring Tool.



The seven domains of trauma-informed care are:

1. Early Screening and Comprehensive Assessment
2. Consumer Driven Care and Services
3. Trauma-Informed, Educated and Responsive Workforce
4. Trauma-Informed, Evidence-Based and Emerging Best Practices
5. Safe and Secure Environments
6. Community Outreach and Partnership Building
7. Ongoing Performance Improvement and Evaluation

The first task of the TIC Implementation Team was to administer an organizational wide self-assessment. This endeavor consisted of the application of an Organizational Self-Assessment (OSA) tool that measured individual perceptions of SCCMHA and its network across the domains of TIC for each staff site and program. Consumers were surveyed as well using the consumer version of OSA.

From the results of the OSA, a Trauma-Informed Care work plan was created to outline areas of improvement in TIC. From these survey results as well as input from SCCMHA's Director of Clinical Services, the TIC Implementation Team found that, while SCCMHA had made significant progress is training clinical staff on the core concepts of trauma-informed care, there was a lack of effort in offering training for non-clinical staff in TIC. Thus, the decision was made to first focus on domain three: "Trauma-Informed, Educated and Responsive Workforce". Throughout the next year, SCCMHA will place a strong focus on training the entire workforce in

Trauma-Informed Care including non-clinical staff. To date, over seventy five (75) non-clinical staff members have been trained in TIC. With the implementation of on-line TIC training and continued in-person trainings, the TIC Implementation Team expects all non-clinical staff within the network to receive the training in addition to clinical and administrative staff members.

The next step in the TIC project is to research and implement Trauma-Informed Care assessment measures and documentation in the electronic health record. TIC or trauma-specific assessment and outcome measures may be researched to be included in the process.

The acknowledgement and prevention of Secondary Traumatic Stress (STS) has also been an important focus of SCCMHA Trauma-Informed Care leadership. Secondary Traumatic Stress can be defined as the emotional duress that results when an individual hears about the firsthand trauma experiences of another person. The symptoms of STS can mimic those of Post-Traumatic Stress Disorder (PTSD) and impact all staff and caregivers for consumers.

In May 2016, the Director of Clinical Services, a Family Services Unit Supervisor and the EBP Coordinator attended Part 1 of MDHHS' secondary traumatic stress initiative training, and in August 2016, attended Part 2. Using knowledge learned through this initiative, changes were made to clinical supervision procedures to incorporate STS. New employee orientation packets will now address possible STS. Staff also have available training in the signs and symptoms of STS and self-care practices to help with STS symptoms. Lastly, with the addition of the Better Together benefit at SCCMHA in July 2016, employees are now able to utilize paid time to engage in various wellness activities hosted by SCCMHA. These whole health wellness opportunities serve staff to enhance overall well-being and help prevent or address Secondary Traumatic Stress. Better Together wellness events are also open to network staff and consumers.

Behavior Champions

Having skills to identify and develop positive behavior supports in support of consumers is a basic skill expected of all direct service behavioral health providers. Implementation science teaches that having a purveyor, or "champion," readily accessible to answer questions and provide coaching greatly increases the skill level of an organizational workforce. To this end, SCCMHA sponsors the Behavior Champions team which is comprised of representatives from each of the SCCMHA network case management and supports coordination teams. Since implementing the Behavior Champions and the "Stepping Stones" positive behavior supports training, SCCMHA has witnessed more than a ninety eight percent (98%) decrease in behavior treatment plans that use intrusive and restrictive interventions.

The Behavior Champions meet monthly in an advanced collaborative learning environment to study and discuss applied behavioral modification principles and techniques. The Behavior Champions provide a service to the network by offering consultations to staff members who are endeavoring to intervene with specific behavioral challenges. Behavior Champions adhere to evidence-based practice principles in the approaches supported by SCCMHA to assist consumers with challenging behaviors.

Cultural Considerations

The provision of evidence-based treatment must be offered within the context of any relevant cultural considerations applicable to each individual and family. As noted in each of the SCCMHA EBP Guide publications, specific populations or subpopulations may present unique common service provision considerations, including, but not limited to: specific ethnic groups; older adults; age, gender or sexual orientation factors; visual or hearing impairments; and, persons or families with a military history. Respect for each person's cultural orientation and needs is critical in the provision of effective interventions and supports and helps to address any stigma that may be experienced by persons served.

SCCMHA seeks to support persons with unique needs associated with sexual orientation and gender identity. In 2017, twenty-nine (29) individuals successfully completed the Sexual Orientation and Gender Identity (SOGI) Safe Study Group training series supported by SCCMHA. This eight (8) session training was dedicated to help the attendees achieve a better understanding of, and appropriate response to, the needs of the LBGTQ community.

SCCMHA cultural policy is supported by SCCMHA training offered to staff members and the network, including but not limited to the continuation of the provision of California Brief Multicultural Competence Scale (CBMCS) training as part of the local Saginaw MAX System of Care grant.

MDHHS & SAMHSA

MDHHS continues to provide coordination of some core evidence-based practices through its Practice Improvement Steering Committee (PISC) with PIHP and CMHSP participants. MDHHS has elected to support the expansion of the MiFAST involvement from the original role in conducting fidelity reviews and providing consultation to certified IDDT teams, to the provision of consultation and review for other practice areas, including, but not limited to, DBT, Supported Employment, Trauma-Informed Care (TIC), and ACT. MDHHS also continues to support the ImprovingMiPractices.gov website which is available to all CMHSPs for ongoing training support. In addition, MDHHS supports some elements of fidelity review in state or PIHP facilitated site reviews, including ACT, Wraparound, Clubhouse, and peer services.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided some updated EBP toolkits in recent years which SCCMHA has used to revise practices and policies, and SAMHSA now refers to these practice specific published materials as just 'EBP KITs'. New resources available from SAMHSA include *TIP 57: Trauma-Informed Care in Behavioral Health Services*, published in 2014. SAMHSA has also issued updated resources relative to substance use disorders, such as the *Opioid Overdose Prevention Toolkit* which was published in 2016.

Evidence-Based Practices (EBPs) & Evidence-Based Treatments (EBTs)

SCCMHA has increasingly noted the difference between evidence-based practices (EBPs) and evidence-based treatments (EBTs). Although both EBPs and EBTs are types of evidence-based models supported by SCCMHA, they do not always describe the same type of intervention. Evidence-Based Treatments (EBTs) are clinical interventions that have achieved statistically significant results in replicated randomized controlled trials (RCTs). EBTs are manualized interventions for specific disorders and populations that have been shown to be effective through controlled research, and when used, EBTs replicate (manualize) RCTs precisely (with fidelity) for individuals who match characteristics of the population that participated in the RCTs.

Evidence-based practice is the integration of best research evidence with clinical expertise in the context of patient characteristics, culture and preferences. In other words, some evidence-based practices supported by SCCMHA provide structure for how services are delivered and this structure is known to improve consumer outcomes, however, the EBP may not be treatment, per se. A good example of a foundational and vital evidence-based practice embraced by SCCMHA that is not treatment is Trauma-Informed Care. Another example of an EBP model that is not treatment is Mental Health First Aid, an important EBP educational tool for SCCMHA across the local community.

SCCMHA continues to use the more broadly applicable term Evidence-Based Practice to describe all reliable interventions and models that are backed by a preponderance of research which demonstrates responsiveness to needs, leading to enhanced health, and efficiently and effectively improving outcomes.

Peer Provided Services & Supports

SCCMHA maintains an administrative support meeting venue for peer support specialists across the network, as a means to provide ongoing key information and visible encouragement to this group of staff in their key roles across teams. This venue affords SCCMHA the ability to promote and maintain evidence-based practices for and with peers in their work with consumers, including peers with unique roles such as in housing, drop-in center or health home venues. SCCMHA to date has one peer who has unique dual credentials as a Certified Peer Support Specialist and a Certified Peer Recovery Mentor. In 2016, four hundred thirty-one (431) adults with serious mental illness received peer support services. In addition to the peers attached to all of the primary teams that serve persons with serious mental illness, SCCMHA also supports Parent Support Partners in these roles working with all of the children's case management teams.

The SCCMHA funded, wellness focused drop-in center, Friends for Recovery Center (FFRC) opened in February 2014. Drop-in programs in Michigan serve persons with serious mental illness and are 501c3,

consumer run programs, including their governing boards. Key wellness practices that are included in the regular calendar of events for FFRC participants include yoga classes and Learning About Healthy Living, Tobacco and You (LAHL) Part 1. There are eight (8) peer positions associated with the drop-in program and at the date of this publication, eighty-three (83) active enrolled participants.

In 2017 SCCMHA added two peer positions to the new Transitional Aged Youth (TAY) program, Crossover. These transition-aged Youth Peer Support Specialists, currently in the process of becoming certified, are working with young adult consumers, ages fourteen (14) to twenty-six (26 years) old, with severe emotional disturbance (SED) diagnoses, or who are at risk of an SED diagnosis.

As noted elsewhere in this report, peers are often involved in unique roles as well as in the delivery of other specific EBPs within the SCCMHA network.

Community Health Workers

Community Health Workers are a type of peer support also evident in the SCCMHA system. In 2016 SCCMHA made Community Health Workers (CHWs) available to help address whole health issues for consumers who have chronic health conditions as well as part of the treatment team that addresses hoarding disorder (discussed above). The American Public Health Association (2009) defines CHWs as frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables a CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. CHWs provide community-based services to consumers using an evidence-based practice known as the Pathways Community HUB model.

SUMMARY & FUTURE PLANNING

Evidence-based practices continue to be an essential component of the provision of quality services across SCCMHA network providers. Critical executive, administrative, clinical and network leadership, as well as integration across SCCMHA programs – from policies to training to outcome measurement to strategic planning – have all supported sustainability of EBPs. While it is true that continued improvements are indicated as noted in this report, most importantly, supervisors and clinical staff have continued to embrace the overall concepts as well as key evidence-based practices as important tools in their effective service delivery and support of consumers, including, but not limited to, receipt of positive consumer feedback. SCCMHA supports the viability and visibility of evidence-based practices at network supervisory and other meeting venues on an ongoing basis, as well as through partnerships through the Saginaw County Community Health Improvement Plan. At the same time, continued energy is needed to maintain this effort over time. Maintaining the provision of effective EPBs is not a static endeavor. As noted in the SCCMHA PISC presentation in 2016, “If you are standing still, you are also going backwards. It takes great effort to maintain forward movement.”[1] Such is inherently true of maintaining evidence-based practices, especially with the volume of varied practices with the required integrity and fidelity among existing and newly arriving staff, across numerous programs and sites, over many weeks, months and years within the SCCMHA network with much competition for limited resources and staff focus. It is a most worthwhile and critical effort however, to help ensure the most positive outcomes for the persons with serious challenges for whom SCCMHA is entrusted with the responsibility to serve and support.

[1] Reed B. Markham, American Educator

APPENDICES

SCCMHA Privileging Application Cover Page

SCCMHA Every Day Heroes Improving Practices Champions 2016 – 2007

SCCMHA Endorsed EBPs by Population 2017

SCCMHA Evidence-Based Practices Leadership Team (EBPLT) 2017

Resources/Websites

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

EBP Evidence-Based Practice

Privileging Application

Cover Page

The purpose of this privileging policy is to ensure that SCCMHA has one central accurate record of all practitioners in the system and what Evidence-Based practices are being used. It is the intent of SCCMHA to have all practitioners privileged in the EBP's they are currently using as well as possible future practices that they may deem helpful for their position. Many of these practices require extensive training and supervision and it is important that those requirements are monitored. By filling out the appropriate applications, you are declaring that you have completed or in process of completing the specific requirements for each.

Date:

Name: Credentials:

Program(S) or SCCMHA Contract Provider(S)

Job Title (S):

Population(s) which practitioner will be working:

Program Supervisor (S):

Name of practice(S) you need to be privileged in**: (Please Check all that apply)

☐**Motivational Interviewing (MI)**	☐**Positive Behavior Supports**	☐**Trauma Informed care**	☐Alternative for Families CBT	☐Applied Behavior Analysis (ABA)
☐ACT	☐Brief Solution focused Therapy	☐ Cognitive Behavior therapy (CBT)	☐Dialectical Behavior Therapy (DBT)	☐Family Psychoeducation (FPE)
☐IDDT	☐Mobile Urgent Treatment Team (MUTT)	☐Parenting Wisely (PW)	☐ Picture Exchange Communication System (PECs)	☐Peer support Specialist (PSS)
☐Peer Mentor	☐Parent Management Training Oregon Model (PMTO)	☐Recovery Coach	☐Seeking Safety (SS)	☐Seven Challenges
☐Supported Employment	☐Supported Housing	☐ Trauma Focused Cognitive behavior therapy (TF-CBT)	☐Thinking for a change	☐G-TREM
☐M-TREM	☐W-TREM	☐Wraparound		

Second draft 6/13/14 SC

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

EBP Evidence-Based Practice

Program supervisors should determine which practice areas you are required to be privileged in to complete your job duties. Please only check the boxes that match your job duties and job needs as determined by your supervisor.

Are you providing any non-Evidence-based (EBPs) practices or treatment: ☐Yes ☐ No

If yes, please list any and all non-EBP related treatments you are currently providing:

Are you providing any EBPs that aren't currently listed? ☐Yes ☐ No

If yes please list any EBPs you are practicing that aren't currently listed:

All practices and treatments that are not evidence-based practices must be declared. All practices/treatments that are being provided must be endorsed by SCCMHA, non-evidence-based practices should be phased out and replaced with the appropriate EBP. It is the policy of SCCMHA that evidence-based practice is the standard in which all practitioners should be practicing. If you feel that a practice or treatment you are currently providing is an emerging or best practice or an EBP, but is not listed above please discuss this with your supervisor or the evidence-based practice coordinator directly.

*Please complete the appropriate attached application(s) for the specific EBP you need to become privileged in.

*Each practice must have its own completed application.

Applicant Signature: **Date:**

Program Supervisor Signature **Date:**

Second draft 6/13/14 SC

SCCMHA Every Day Heroes Improving Practices Champions 2016 – 2007

Erin Nostrandt (2016)

Ruth Fraise (2015)

Heather Beson (2014)

Robert White (2013)

Fran Erwin (2012)

Chris Bauman (2010)

Diana Fernandez (2009)

Barb Glassheim (2008)

Steve Gonzalez (2007)

SCCMHA-Endorsed EBPs by Population (2017)

EBP	Adults (MI)	Children/Youth (SED)	I/DD	Adults (COD)	SUD	FY 17
5 A's	x			x	x	
7-Touch Protocol	x			x		x
ABA (Applied Behavior Analysis)			x			x
ACT (Assertive Community Treatment)	x			x		x
Active Parenting Now					x	
Adult Drug Court				x	x	x
Adult Mental Health Court	x			x		x
AF-CBT (Alternatives for Families: A Cognitive-Behavioral Therapy)		x				x
All Stars					x	
A Second Look					x	
Auricular Acupuncture (NADA protocol)				x	x	
CBT (Cognitive Behavior Therapy)	x	x	x	x	x	x
CBT for HD (Cognitive Behavior Therapy for Hoarding Disorder)	x		x	x	x	x
CPRMs (Certified Peer Mentors)				x	x	
CHWs (Community Health Workers)*	x			x		x
COD/IDDT (Co-occurring Disorders/Integrated Dual Disorder Treatment)				x		x
Conversation Maps	x			x		x
CTC (Communities That Care)		x			x	
DASH (Dietary Approaches to Stop Hypertension) Diet	x		x	x		x
DBT (Dialectical Behavior Therapy)	x				x	x
DBT-A (Dialectical Behavior Therapy for Adolescents)		x			x	
Drop-In Center	x			x		x
EMDR (Eye Movement Desensitization and Reprocessing)*					x	
FFT (Functional Family Therapy)*						
FPE (Family Psychoeducation)	x			x		x
IHC (Integrated Health Care)	x	x	x	x	x	x
IMR (Illness Management and Recovery)	x			x		
LAHL (Learning about Healthy Living: Tobacco and You)	x			x		x
Let's Talk Recovery	x			x		x

EBP	Adults (MI)	Children/Youth (SED)	I/DD	Adults (COD)	SUD	FY 17
LST (Life Skills Training)					x	
Mapping-Enhanced Counseling					x	
MAT (Medication Assisted Treatment)				x	x	x
Meditation	x			x	x	x
MET (Motivational Enhancement Therapy)					x	
MHFA (Mental Health First Aid)	x			x	x	x
Mindfulness Meditation	x	x		x	x	x
Mindfulness Eating Awareness Training	x			x		x
MI (Motivational Interviewing)	x	x	x	x	x	x
MTFC (Multidimensional Treatment Foster Care)		x				
MUTT (Mobile Urgent Treatment Team)		x				x
myStrength™	x			x	x	x
Parent-to-Parent Support		x				x
Parenting Now					x	
PATH (Personal Action Toward Health)	x			x		x
Pathways Community HUB Model*	x			x		x
PBS (Positive Behavioral Supports)	x	x	x	x		x
PECS (Picture Exchange Communication System)			x			
Peer Mentors			x			
Peer Health & Wellness Specialists	x			x		x
Person-Centered Planning	x	x	x	x	x	x
Pharmacotherapy	x	x	x	x	x	x
PLL (Parenting with Love and Limits)		x				x
PMTO (Parent Management Training – Oregon)		x				x
Positive Action					x	
Project ALERT					x	
Project EX					x	
PSH (Permanent Supportive Housing)	x			x		x
PSR (Psychosocial Rehabilitation/Clubhouse)	x			x		x
PSS (Peer Support Specialists)	x			x		x
PTC (Parenting Through Change)		x				x
PTC-R (Parenting Through Change Reunification)		x				x
PW (Parenting Wisely)		x				x
Recovery	x	x		x	x	x

EBP	Adults (MI)	Children/Youth (SED)	I/DD	Adults (COD)	SUD	FY 17
Recovery Coaches				x	x	x
Resource Parent Trauma Training		x				x
Respite*		x	x			x
SE (Supported Employment)	x		x	x		x
Second Step					x	
Seeking Safety	x			x	x	x
Self-Determination	x		x	x		x
Self-Help groups	x	x		x	x	x
SFP (Strengthening Families Program)		x				x
SOC (System of Care)		x				x
STARS (Start Taking Alcohol Risk Seriously)					x	
Stoplight Teaching	x			x		x
T4C (Thinking for a Change)	x			x	x	x
Teach-Back	x	x	x	x		x
Teen Intervene					x	
TF-CBT (Trauma-Focused Cognitive Behavioral Therapy)		x				x
The Seven Challenges		x				
TIC (Trauma Informed Care)	x	x	x	x	x	x
Too Good for Domestic Violence					x	
Too Good for Drugs					x	
Too Good for Violence					x	
TREM (Trauma Recovery and Empowerment Model): B-TREM; G-TREM; M-TREM; W-TREM	x			x		x
YMHFA (Youth Mental Health First Aid)		x			x	x
Yoga*	x			x		x
YPS (Youth Peer Support)		x				x
Welcoming	x	x	x	x	x	x
Well-being (health & wellness)	x	x	x	x	x	x
WHAM (Whole Health Action Management)	x			x		x
Wraparound		x				x

* Has applicability to multiple populations, but availability is limited to specific population(s)

10/10/17

SCCMHA Evidence-Based Practices Leadership Team (EBPLT) 2017

Sarah Denman, Evidence-Based Practices Coordinator

Linda Schneider, Director of Clinical Services

Ginny Reed, Director of Network Services & Public Policy

Colleen Sproul, Director of Health Home & Integrated Care

Barbara Glassheim, Contractor/Consultant

Heidi Wale, Contractor/Consultant

Mary Baukus, Wellness Coordinator

Resources/Websites

Improving MI Practices: www.improvingmipractices.org

SCCMHA: https://www.sccmha.org/resources/evidence-based-practices.html

SAMHSA: www.samhsa.gov

National Registry of Evidence-based Programs and Practices (NREPP): https://www.samhsa.gov/nrepp

Blueprints for Healthy Youth Development: http://blueprintsprograms.com/

Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG): https://www.ojjdp.gov/mpg

National Implementation Research Network (NIRN): http://nirn.fpg.unc.edu/

National Child Traumatic Stress Network (NCTSN): http://www.nctsn.org/