

ATTACHMENT 8

EVIDENCE-BASED, BEST, AND PROMISING PRACTICES

For the past several years, the Division of Behavioral Health (DBH) has partnered with the Missouri Coalition for Community Behavioral Healthcare (Coalition) to offer ongoing training and technical assistance to promote the adoption of a wide range of EBPs and other best and promising practices. However, adopting and fully implementing evidence-based, best, and promising practices requires a significant commitment of time, energy, and financial resources, and often requires continuous training and technical assistance over a substantial period of time in order to demonstrate and assure fidelity. Therefore, DBH recommends that organizations take an incremental approach to the adoption of new EBPs and other best and promising practices. Nevertheless, because of the ongoing training and technical assistance provided by DBH and the Coalition, Missouri has made significant strides in promoting the adoption of many EBPs and other best and promising practices. Our commitment to providing training and technical assistance will continue throughout implementation of the Demonstration Project.

The following describes each of the evidence based, best and promising practices that have been promoted by DBH, indicating which practices CCBHCs are required to adopt and which practices CCBHCs are encouraged to adopt, and providing the justification for the selection of each practice.

COGNITIVE BEHAVIORAL THERAPY

Cognitive Behavioral Therapy (CBT) has been shown to be an effective approach to treating a wide range of disorders that cut across Missouri's populations of focus. "The strongest support exists for CBT of anxiety disorders, somatoform disorders, bulimia, anger control problems, and general stress"; but CBT has also been shown to be effective in the treatment of addiction disorders (e.g. cannabis and nicotine dependence), the positive symptoms and secondary outcomes of schizophrenia, and, especially when combined with appropriate medication management, depression.¹ The National Registry of Evidence-based Programs and Practices (NREPP) also highlights the use of CBT in the treatment of adolescent and late-life depression. The National Quality Forum also recognizes CBT as effective in the treatment of substance use disorders.²

Population(s) of Focus: CBT is relevant to all of Missouri's populations of focus.

All CCBHCs are required to employ clinicians trained in the use of CBT.

¹ "Cognitive Therapy and Research", Vol. 36(5), October 1, 2012, pages 427-440.

² "Evidence-Based Treatment Practices for Substance Use Disorders", Workshop Proceedings, the National Quality Forum, 2005, p. 8.

EYE MOVEMENT DESENSITIZATION AND REPROCESSING

“Eye Movement Desensitization and Reprocessing (EMDR) is a one-on-one form of psychotherapy that is designed to reduce trauma-related stress, anxiety, and depression symptoms associated with posttraumatic stress disorder (PTSD) and to improve overall mental health functioning.”³ As such, EMDR has particular relevance for veterans and members of the armed forces who may be suffering from PTSD, and the victims of physical abuse, sexual abuse and other forms of trauma who are over represented in each of Missouri’s populations of focus.

Populations of Focus: EMDR has particular relevance for veterans and members of the Armed Forces who may be suffering from PTSD; and victims of physical abuse, sexual abuse and other forms of trauma in all of Missouri’s populations of focus.

All CCBHCs are required to employ clinicians trained in the use of EMDR in each service area participating in the Demonstration Project within six months of implementation of the Demonstration Project.

INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS

DBH has adopted the SAMHSA Toolkit, including the fidelity tool, approach to establishing and monitoring Integrated Treatment for Co-occurring Disorders (ITCD) program sites.

Populations of Focus: Adults with severe, disabling mental illness and moderate to severe substance use disorders.

All CCBHCs are required to have implemented ITCD with fidelity, as demonstrated by a “fair” or “good” fidelity score, or to be actively engaged in implementing ITCD with demonstrable movement toward fidelity.

MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) is the use of medications in combination with behavioral therapies for the treatment of substance use disorders. The SAMHSA website notes “Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery,” and that “MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification

³ SAMHSA’s National Registry of Evidenced-based Programs and Practices, “Eye Movement Desensitization and Reprocessing, Intervention Summary”.

services for individuals affected by opioid use disorders.”⁴ The National Quality Forum also identifies MAT as effective in the treatment of substance use disorders.⁵

Population of Focus: Individuals with moderate to severe substance use disorders.

All CCBHCs are required to employ physicians capable of providing Medication Assisted Treatment for substance use disorders, including prescribing buprenorphine.

MOTIVATIONAL INTERVIEWING

Both NREPP and the National Quality Forum identify Motivational Interviewing (MI) as an evidence-based practice in the treatment of substance use disorders.⁶ In addition, the SAMHSA-HRSA Center for Integrated Health Solutions recognizes MI “as a clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health.”⁷

DBH in collaboration with the Coalition developed a training initiative to promote the adoption of motivational interviewing statewide. Initially, 93 qualified mental health professionals, supervisors and other key staff from 25 community behavioral health organizations were trained to proficiency in MI. This was followed by training 35 supervisors from these organizations to serve as MI coaches within their own organizations in order to continue and sustain growth in the use of MI.

Populations of Focus: Motivational Interviewing is relevant for all of Missouri’s populations of focus.

All CCBHCs are required to employ clinicians trained to proficiency in the use of MI and to employ supervisors trained to serve as MI coaches to training additional staff in the use of MI.

RECOVERY/RESILIENCE ORIENTED PSYCHIATRIC REHABILITATION

DBH certifies organizations as Community Psychiatric Rehabilitation (CPR) programs under the Medicaid Rehabilitation Option to serve adults with serious mental illness, and children and adolescents with serious emotional disturbances. Although case load size and number of staff may vary somewhat, CPR treatment teams typically consist of a psychiatrist, a qualified mental health professional, and five Community Support Specialists, supplemented by health home

⁴ SAMHSA website: “Medication and Counseling Treatment”.

⁵ “Evidence-Based Treatment Practices for Substance Use Disorders”, Workshop Proceedings, the National Quality Forum, 2005, p. 8.

⁶ “Evidence-Based Treatment Practices for Substance Use Disorders”, Workshop Proceedings, the National Quality Forum, 2005, p. 8.

⁷ SAMHSA-HRSA Center for Integrated Health Solutions website: “Motivational Interviewing”

Nurse Care Managers and psycho-social rehabilitation staff, serving a caseload of approximately 125 individuals. Key service components include:

- Medication education
- Training and support for self-management
- Training in personal care skills
- Community integration services
- Recovery supports, including
 - Financial management training
 - Dietary and wellness training

The CPR program certification standards require organizations to establish a competency based training plan for all employees. Within 30 days of employment, all staff are required to demonstrate the following core competencies:

- Know the organization's client population, scope of program, mission, vision, and policies and procedures.
- Understand and perform respective job assignments.
- Abide by applicable regulation for rights, ethics, confidentiality, corporate compliance and abuse and neglect.
- Know the agency protocols for responding to emergencies at the program facility or while providing services in the community, to include protocols for infection control and agency procedures to maximize safety for consumers, staff members and the public.

Within six months of employment all staff are required to demonstrate the following core competencies:

- Operate from person-centered, client driven, recovery oriented, stage-wise service delivery approaches that promote health and wellness.
- Develop cultural competence that results in an ability to understand, communicate with, and effectively interact with people across cultures.
- Deliver services according to key service functions as well as evidence-based and best practices.
- Practice in a manner that demonstrates respect for and understanding of the unique needs of persons served.
- Use effective strategies for engagement, re-engagement, relationship-building and communication.

Several training topics are specified for each core competency. For example, the training topics related to assuring competency regarding operating from person-centered, client driven, recovery oriented, stage-wise service delivery approaches that promote health and wellness include:

- Service provision that promotes respect, independence, individuality, strengths, privacy, and choice;
- Understanding holistic person-centered care that identifies needs, strengths, skills, resources, and supports and how to use them as well as identifying barriers and how to overcome them;
- Understanding illness management concepts and motivational approaches that emphasize harm reduction and relapse planning;
- Understanding and defining recovery and resilience;
- Assessment, treatment planning, and review process that include developing and evaluating goals and interventions that are measurable, individualized and identify functional deficits and methods to promote stability and independence;
- Medical/health care issues, chronic conditions and related procedures and techniques;
- Promoting healthy lifestyle changes, wellness and preventive care;
- Risk factors and how to develop strategies to prevent or reduce relapse and manage illness; and
- Developing self-help, decision-making, leadership, and self-advocacy skills for individuals, their families, and care givers.

Approaches to measuring competence include, but are not limited to:

- Testing (e.g. via Relias computer based learning)
- Observation/field supervision
- Clinical supervision/case discussion
- Quality review of case documentation
- Use/utilization of relevant finds from quality assurance activities
- Consumer/guardian satisfaction
- Stakeholder/interagency satisfaction
- Consumer outcomes

Staff are also required to participate in at least thirty-six (36) clock hours of relevant training during any two (2)-year period with a minimum of twelve (12) clock hours per year.

As noted below, many Community Support Specialists are trained as Wellness Coaches, and motivational interviewing is an essential psychiatric rehabilitation tool.

Populations of Focus: Adults with serious mental illness, and children and adolescents with severe emotional disturbances.

All CCBHCs are required to be certified as CPR programs providing recovery and resiliency oriented psychiatric rehabilitation services.

TOBACCO TREATMENT SPECIALISTS

Tobacco Treatment Specialist (TTS) Certification Training program, developed and administered by the Mayo Clinic Nicotine Dependence Center, is an intensive, five-day course focusing on the skills needed to effectively treat tobacco use disorder. A partial list of topics includes: neuropharmacology of nicotine, optimization of pharmacologic management, conducting a basic counseling session, motivational interviewing and other counseling approaches, and application of treatment of tobacco use disorder to people with co-morbid conditions. The last half-day of the program consists of an examination which tests both knowledge and counseling skills.

Although a national certification organization for tobacco treatment specialists does not yet exist, the Nicotine Dependence Center (NDC) has worked closely with the Association for the Treatment of Tobacco Use and Dependence (ATTUD) and others to establish standards for core competencies, training, and certification of tobacco treatment providers. The Nicotine Dependence Center Tobacco Treatment Specialist Certification Program has been accredited by the Council for Tobacco Treatment Training Programs since 2010.

Populations of Focus: Tobacco Treatment Specialists work with individuals who use tobacco in all of Missouri's populations of focus.

All CCBHCs are required to employ certified Tobacco Treatment Specialists and to provide smoking cessation assistance for individuals interested in discontinuing the use of tobacco products.

TRAUMA INFORMED CARE

Organizations serving Missouri's populations of focus should assume that a significant percentage of the individuals they serve have a history of trauma. A trauma informed approach is not a program model, but rather a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time. In recognition of this, Missouri has adopted a developmental framework for the adoption of a trauma-informed approach which involves becoming trauma aware, and moving to becoming trauma sensitive, trauma responsive, and, finally, to being fully trauma informed. The framework describes processes that characterize each stage of development and identifies indicators for determining the extent to which an organization has fully integrated the principles and processes of the stage.

Development along this continuum is not strictly linear. An organization will likely embody certain aspects from multiple stages before fully integrating all aspects of a given stage. To assist organizations in moving along the trauma-informed continuum, DBH, in cooperation with the Coalition, has established a Trauma Informed Care Learning Collaborative.

Organizations participating in the learning collaborative attend a two-day orientation to learn about what it means to become a trauma informed organization from the front door to treatment. Organizations begin the work of adopting a trauma-informed culture by completing exercises

and assessments based on Missouri's developmental framework, and report on progress during monthly collaborative calls with consultants who also provide sites with technical assistance.

Populations of Focus: Trauma Informed Care is relevant to all of Missouri's populations of focus.

All CCBHCs are required to participate in the Trauma Informed Learning Collaborative and demonstrate movement along the continuum throughout the Demonstration Project.

WELLNESS COACHING

In establishing CMHC Healthcare Homes in Missouri (see Attachment 5 "Scope of Services"), DBH augmented community behavioral health center treatment teams by adding Nurse Care Managers and Primary Care Physician Consultants. But DBH recognized that it was important for existing treatment team staff to also understand and embrace the importance of promoting wellness, and to develop the skills to assist individuals in embracing and pursuing wellness.

Community Support Specialists (CSSs) seemed the natural vehicle for promoting wellness. CCSs work with 20-30 adults with serious mental illness or 15-20 children and adolescents with severe emotional disturbances as part of a Community Psychiatric Rehabilitation (CPR) team. CCSs are responsible for helping the individuals and families they serve access services and supports, self-manage chronic conditions, and make lifestyle choices and changes. Therefore, DBH committed to training the more than 3,000 CCSs statewide as wellness coaches.

DBH selected a wellness coach training curriculum developed by the Collaborative Support Programs of New Jersey and faculty of the Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers-SHRP, and contracted with the authors to conduct the training and monitor progress.

Wellness is conceptualized across eight dimensions: physical, spiritual, occupational, intellectual, social, environmental, financial, and mental/emotional. Wellness coaches help individuals identify personal strengths across these eight dimensions, clarify their expectations for change or improvement, and guide them toward successful and long lasting behavioral change.

Because of the large number of CCSs statewide and the regular turnover of CCS staff, a train-the-trainer approach was utilized with each behavioral healthcare organization sending at least one staff member to a four-day training. These individuals were both trained as wellness coaches and trained to train others to be wellness coaches.

Following the initial training, each organization submitted a plan for training all CSSs, CPR supervisors, and Peer Specialists as Wellness Coaches. The contractor provided technical assistance to assure that the plans were well designed and included realistic timelines.

To date 114 trainers from 51 community behavioral health provider organizations have been trained by the wellness coaching curriculum developers, and those trainers have trained 3,020 additional agency staff across the state in the wellness coaching model.

Populations of Focus: Adults with serious mental illness, children and adolescents with serious emotional disturbances, and individuals with moderate to severe substance use disorders.

All CCBHCs are required to be certified by DBH as Community Psychiatric Rehabilitation (CPR) programs which include the requirement that CCSs trained as Wellness Coaches are available to individuals served.

ZERO SUICIDE ACADEMY

Missouri launched the Zero Suicide Learning Collaborative in the spring of 2016. Participation in the learning collaborative begins with a two-day Zero Suicide Academy presented by the Suicide Prevention Resource Center. This academy is for senior leaders of organizations seeking to dramatically reduce suicides among individuals in their care. Using the Zero Suicide framework, participants learn how to incorporate best and promising practices into their organizations and processes to improve care and safety for individuals at risk. The Zero Suicide facility provides both interactive presentations and small group sessions, and collaborates with participants to develop organization-specific action plans. Organizations continue their work toward implementing best and promising practices with monthly collaborative calls with consultants who also provide sites with technical assistance.

Population of Focus: Individuals at risk in all of Missouri's populations of focus.

All CCBHCs are required to participate in the Zero Suicide learning collaborative.

ADDITIONAL EVIDENCE-BASED, BEST, AND PROMISING, PRACTICES

Although a number of CCBHCs have already adopted the following evidence-based, best, and promising, practices, CCBHCs are not required to adopt these practices in order to participate in the Demonstration Project. However, DBH will continue to promote the adoption of these practices and to provide training and technical assistance to aid organizations in their adoption. Consequently it is expected that several of the following evidence-based, best, and promising, practices will be adopted by additional CCBHCs during the Demonstration Project.

ASSERTIVE COMMUNITY TREATMENT (ACT)

DBH has adopted the SAMHSA Toolkit, including the fidelity tool, approach to establishing and monitoring ACT program sites. Missouri has ACT teams for adults and transition age youth.

Population of Focus: Adults with serious mental illness and adolescents with severe emotional disturbances.

Missouri CCBHCs have implemented ACT teams with fidelity in 10 service areas to date.

DIALECTICAL BEHAVIOR THERAPY (DBT)

SAMHSA's National Registry of Evidence-based Practices and Programs provides the following description of this EBP:

“Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT has five components: (1) capability enhancement (skills training); (2) motivational enhancement (individual behavioral treatment plans); (3) generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment); (4) structuring of the environment (programmatically emphasis on reinforcement of adaptive behaviors); and (5) capability and motivational enhancement of therapists (therapist team consultation group). DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. Therapists follow a detailed procedural manual.”

The Missouri Department of Mental Health (DMH) provides DBT training and certifies programs to provide DBT.

Population of Focus: Adults with serious mental illness.

DBT programs have been certified by DMH in 10 of the 24 CCBHC service areas to date.

ILLNESS MANAGEMENT AND RECOVERY (IMR)

IMR is an evidence-based practice that provides information about mental illness and coping skills that empowers consumers to manage their illnesses, develop their own goals for recovery, and make informed decisions about their treatment. Although DBH does not currently monitor IMR program fidelity, adoption of IMR is strongly encouraged.

Population of Focus: Adults with serious mental illness.

Fifteen (15) of the 19 organizations that have been recognized as CCBHCs report implementing IMR to date.

MY WAY TO HEALTH

Obesity is a significant problem for many children and adolescents with severe emotional disturbances. **My Way to Health** is an evidence based practice originally designed to help children who are having problems with excessive weight gain and their families to develop behavioral strategies that lead to a reduction in weight gain and adoption of healthier lifestyles. Designed and maintained by a team from the Washington University Department of Psychiatry, the program has been shown to help families lose weight and maintain weight loss through the establishment of healthy eating and physical activity behaviors via the Traffic Light Approach. The program also focuses on building support for healthy lifestyle changes across all areas of life (at home, at work, and in the community). To complete the training, clinicians must work with at least two families for six months with monthly consultation by the My Way to Health faculty.

Populations of Focus: Children and adolescents with serious emotional disturbances.

Clinicians from 10 of Missouri’s CCBHCs have completed the My Way to Health training.

PARENT-CHILD INTERACTION THERAPY (PCIT)

“Parent-Child Interaction Therapy (PCIT) is a treatment program for young children with conduct disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT was developed for children ages 2-7 years with externalizing behavior disorders. In PCIT, parents are taught specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging prosocial behavior and discouraging negative behavior.”⁸ A statewide task force charged with improving behavioral health services across the child welfare, juvenile justice, and mental health systems, endorsed PCIT as an evidence-based practice especially suited for the treatment of children and adolescents who have been victims of physical or sexual abuse. The task force in cooperation with the Coalition also supported training for clinicians from child serving agencies in the use of PCIT.

Populations of Focus: Children and adolescents in state custody, and children and adolescents with serious emotional disturbances.

Fourteen (14) Missouri CCBHCs have clinicians who have already completed, or who are currently participating in, PCIT training.

⁸ SAMHSA’s National Registry of Evidenced-based Programs and Practices, “Parent-Child Interaction Therapy, Intervention Summary”.

SUPPORTED EMPLOYMENT

“Individualized Placement and Support” (IPS) was developed by the Dartmouth Psychiatric Rehabilitation Center. It is defined by eight practice principles and by a 25-item fidelity scale (<http://dartmouthips.org>), and is consistent with the supported employment approaches recommended in the SAMHSA Supported Employment Toolkit.

In collaboration with the Office of Adult Learning & Rehabilitation Services (MVR), DBH has promoted the adoption of “Individual Placement and Support” (IPS) including assuring fidelity to the supported employment model through regular implementation of the fidelity scale in Community Behavioral Health Programs. Prospective CCBHC service areas must coordinate with MVR for the establishment of any new IPS program sites. This coordination is necessary in considering MVR staff capacity along with implementation resources. It is anticipated the establishment of new IPS programs in every service area participating in the Demonstration Program could be delayed.

Population of Focus: Adults with serious mental illness.

Missouri CCBHCs currently provide IPS in 14 service areas.

PERMANENT SUPPORTED HOUSING

Permanent Supported Housing is an evidence-based practice that assists individuals in acquiring and maintaining decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants’ needs and preferences. Although DBH does not currently assess Permanent Supported Housing fidelity, DBH strongly encourages the adoption of this evidence-based practice and provides funding for the needed services and supports.

Population of Focus: Adults with serious mental illness

All of Missouri’s CCBHCs receive DBH funding to provide supported housing services.