CSI Training Supplement
Evidence-Based Practices (EBPs)
and Service Strategies (SSs) (S-25.0)

July 14, 2006

Note: This training supplement is intended to serve as a tool for counties to use in order to resolve field-specific issues. It is not to be used as a replacement for the CSI System Documentation, which contains the comprehensive source material used in developing this supplement.

GENERAL INFORMATION:

Service Date before 7/1/06: **not applicable**

Service Date on or after 7/1/06: **EBPs/SSs (S-25.0)**

Evidence-Based Practices (EBPs): The Uniform Reporting System (URS) of the SAMHSA Block Grant includes two tables focused on EBPs. For the reporting year 2003 and 2004, nine EBPs focused on care for adults and children were identified for reporting.

California has not yet fulfilled the reporting requirements for EBPs in the Block Grant.

Service Strategies (SSs): The service strategies identified for reporting to CSI were selected based on the MHSA process and the CSS plans submitted by the counties.

The Service Strategies provide the counties with the opportunity to describe the progressive strategies reflected in their programs/services, responding to the transformational vision of MHSA and the needs expressed by their consumers.

Service strategies are intended as modifiers of the service mode and service function data fields. However, we recognize that the definitions given for service strategies are general. We anticipate that there may be variability in how reporting on this data field will be implemented between counties.

SUMMARY OF CHANGES:

Evidence-Based Practice Definition (CSI System Documentation)
Programs/services delivered in a culturally-competent manner that incorporate practices with generally accepted scientific fidelity, and that measure the impact of the practice on clients, participants and/or communities. These evidence-based practices are more

fully described by the Substance Abuse and Mental Health Services Administration (SAMHSA), and are available at http://www.nri-inc.org/CMHQA.cfm.
Toolkits for some of the evidence-based practices are available at http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/.

EBP (code) (CSI System Documentation)

Assertive Community Treatment (01)
Supportive Employment (02)
Supportive Housing (03)
Family Psychoeducation (04)
Integrated Dual Diagnosis Treatment (05)
Illness Management and Recovery (06)
Medication Management (07)
New Generation Medications (08)
Therapeutic Foster Care (09)
Multisystemic Therapy (10)
Functional Family Therapy (11)

Unknown EBP value (99)

NB. There is no separate 'Other EBP' value.

Service Strategy Definition (CSI System Documentation)

Services and supports that incorporate the vision of the Mental Health Services Act (MHSA), as determined by multi-stakeholder input and participation. The broad categories listed below are designed to describe county services or programs with respect to a common concept or underlying strategy. Therefore, counties may implement different kinds of programs/services with a similar underlying strategy, all of which would be coded under the same Service Strategy in CSI - per the broad definitions below. The Service Strategies data element is designed to be a modifier to the service function codes, in order that more specific information about services/supports may be known for reporting purposes. The Service Strategies data element is to be collected and reported for all service function codes reported to CSI, regardless of whether or not the service/program is part of MHSA implementation.

Service Strategy (code) (CSI System Documentation)

Peer and/or Family Delivered Services (50)
Psychoeducation (51)
Family Support (52)
Supportive Education (53)

Delivered in Partnership with Law Enforcement (54)
Delivered in Partnership with Health Care (55)
Delivered in Partnership with Social Services (56)
Delivered in Partnership with Substance Abuse Services (57)

Integrated Services for Mental Health and Aging (58)
Integrated Services for Mental Health and Developmental Disability (59)

Ethnic-Specific Service Strategy (60)
Age-Specific Service Strategy (61)

Unknown Service Strategy (99)

NB. There is no separate 'Other Service Strategy' value.

DATA COLLECTION:

EBPs (Definitions of values from CSI System Documentation)

Assertive Community Treatment (01)
A team-based approach to the provision of treatment, rehabilitation, and support services.
Core components include:

- Small caseloads
- Team approach
- Full responsibility for treatment services
- Community-based services
- Assertive engagement mechanisms
- Role of consumers and/or family members on treatment team

Supportive Employment (02)
Services that promote rehabilitation and a return to productive employment for persons with serious mental illness.
Core components include:

- Vocational services staff
- Integration of rehabilitation with mental health treatment
- No exclusion criteria
- Rapid search for competitive jobs
- Jobs as transition
- Follow-along supports

Supportive Housing (03)
Services to assist individuals in finding and maintaining appropriate housing arrangements and independent living situations.
Criteria include:

- Housing choice
- Functional separation of housing from service provision
- Affordability
- Integration (with persons who do not have mental illness)
- The right to tenure
- Service choice

- Service individualization
- Service availability

Family Psychoeducation (04)
Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through active involvement of family members in treatment and management.
Core components include:
- Family Intervention Coordinator
- Quality of clinician-family alliance
- Education curriculum
- Structured problem-solving technique

Integrated Dual Diagnosis (05)
Treatments that combine or integrate mental health and substance abuse interventions at the level of the clinical encounter.
Core components include:
- Multidisciplinary team
- Stage-wise interventions
- Substance abuse counseling
- Outreach and secondary interventions

Illness Management and Recovery (06)
A practice that includes a broad range of health, lifestyle, self-assessment and management behaviors by the client, with the assistance and support of others.
Core components include:
- Comprehensiveness of the curriculum
- Illness Management Recovery goal setting
- Cognitive-behavioral techniques
- Relapse prevention training

Medication Management (07)
A systematic approach to medication management for severe mental illnesses that includes the involvement of consumers, families, supporters, and practitioners in the decision-making process. Includes monitoring and recording of information about medication results.
Critical elements include:
- Utilization of a systemic plan for medication management
- Objective measures of outcome are produced
- Documentation is thorough and clear
- Consumers/family and practitioners share in the decision-making

New Generation Medications (08)
A practice that tracks adults with a primary diagnosis of schizophrenia who received atypical second generation medications
(including Clozapine) during the reporting year.

Therapeutic Foster Care (09)
Services for children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturant family home.

Multisystemic Therapy (10)
A practice that views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate and promote individual change in this natural environment. The caregiver(s) is viewed as the key to long-term outcomes.

Functional Family Therapy (11)
A program designed to enhance protective factors and reduce risk by working with both the youth and their family. Phases of the program are engagement, motivation, assessment, behavior change, and generalization.

Service Strategies (Definitions of values from CSI System Documentation)

Peer and/or Family Delivered Services (50)
Services and supports provided by clients and family members who have been hired as treatment program staff, or who provide adjunct supportive or administrative services, such as training, information dissemination and referral, support groups and self-help support and empowerment. Please note that if the service/support is to be reimbursed by Medi-Cal, client and family member staff duties and credentials must meet Medi-Cal provider certification requirements.

Psychoeducation (51)
Services that provide education about:
- Mental health diagnosis and assessment
- Medications
- Services and support planning
- Treatment modalities
- Other information related to mental health services and needs

Family Support (52)
Services provided to a client's family member(s) in order to help support the client.

Supportive Education (53)
Services that support the client toward achieving educational goals with the ultimate aim of productive work and self-support.

Delivered in Partnership with Law Enforcement (54) (includes courts, probation etc.)
Services that are integrated, interdisciplinary and/or coordinated with law enforcement, probation or courts (e.g., mental health courts, jail diversion programs, etc.) for the

purpose of providing alternatives to incarceration/detention for those with mental illness/emotional disturbance and criminal justice system involvement.

Delivered in Partnership with Health Care (55)
Integrated, interdisciplinary and/or coordinated physical and mental health services, including co-location and/or collaboration between mental health and primary care providers, and/or other health care sites.

Delivered in Partnership with Social Services (56)
Integrated, interdisciplinary and/or coordinated social services and mental health services, including co-location and/or collaboration between mental health and social services providers.

Delivered in Partnership with Substance Abuse Services (57)
Integrated, interdisciplinary and/or coordinated substance use services and mental health services, including co-location and/or collaboration between mental health providers and agencies/providers of substance use services. This strategy is distinguished from the Federal evidence- based practice, "Integrated Dual Diagnosis Treatment", in that for this strategy the integration does not need to occur at the level of the clinical encounter.

Integrated Services for Mental Health and Aging (58)
Integrated, interdisciplinary and/or coordinated services for mental health and issues related to aging, including co-location and/or collaboration between mental health providers and agencies/providers of services specific to the aging (e.g., health, social, community service providers, etc).

Integrated Services for Mental Health and Developmental Disability (59)
Integrated, interdisciplinary and/or coordinated mental health services and services for developmental disabilities, including co-location and/or collaboration between mental health providers and agencies/providers of services specific to developmental disabilities.

Ethnic-specific service strategy (60)
Culturally appropriate services that reach and are tailored to persons of diverse cultures in order to eliminate disparities. Includes ethnic-specific strategies and community cultural practices such as traditional practitioners, natural healing practices, and ceremonies recognized by communities in place of, or in addition to, mainstream services.

Age-specific service strategy (61)
Age-appropriate services that reach and are tailored to specific age groups in order to eliminate disparities. Age-specific strategies should promote a wellness philosophy including the concepts of both recovery and resiliency.

Evidence-Based Practices

Considerations when reporting EBPs

- When considering a given service, first consider whether the service is part of an Evidence-Based Practice (EBP); then consider if the service reflects any underlying Service Strategies.
- When considering whether a service is part of an EBP, look for a program-level effort to provide the core components of the specific EBP, and a generally accepted measure of fidelity to the EBP.
- It is unusual for a service to be part of more than one EBP.
- It may be helpful to consider assigning EBPs to entire county programs with the assistance of county program staff.
- Fidelity measures from the SAMHSA toolkits should be used if available. If not, fidelity scales from the clinical literature may be used by the county to measure the degree to which a program has fidelity to the core components of that EBP.
- County program staff's expertise in their counties' EBPs will be critical in the evaluation of the county's programs.
- It is the county's responsibility to determine how fidelity scales are to be administered and interpreted. Published fidelity scales, including those published by SAMHSA, have guidelines about use; these should be taken into account.
- It is entirely possible that, within a given county, no county programs will qualify as EBPs that have been identified by SAMHSA for reporting.

Example of Reporting Method for EBPs

Example 1. For example, a county has a program that may qualify as an Assertive Community Treatment (ACT) program.

- The county program staff examine the fidelity scale supplied in the SAMHSA toolkit. They decide that it is worth administering the fidelity scale. They determine a cut-off score, above which the program will qualify as an ACT EBP.
- The fidelity scale is administered. The results indicate that this program does qualify as an ACT EBP. All services provided by this program are now reported as ACT services to CSI

Example 2. A second county has a program that may qualify as an Assertive Community Treatment (ACT) program.

- The county program staff examine the fidelity scale supplied in the SAMHSA toolkit. They decide that given their knowledge of the county program, the program does not qualify as an ACT program because it is missing some key components.
- However, they make note of their research, indicating that should these other components be filled, it may be worth applying the fidelity scale.

Example 3. A third county has a program that has been designed to be an Assertive Community Treatment (ACT) program.

- The program is early in its implementation, so many core components are still missing. The county program staff are using the SAMHSA ACT fidelity scale for their program to track progress in implementation.

- The county program staff decide on a cut-off above which they consider the program to qualify as an ACT EBP. The program is not yet there, but may qualify in six months. Services for this program will not yet be reported as an EBP, but will be once the program qualifies using the county's fidelity measures.

Service Strategies

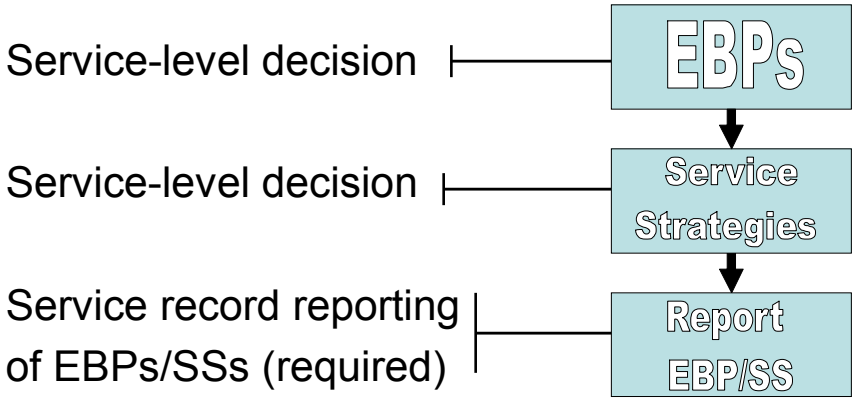
Considerations when reporting Service Strategies

- If the service in question has already been described as part of an EBP (see above), then there is no need to report the same components of the service as Service Strategies. However, Service Strategies may be used to describe strategies reflected in the service that are not captured by the EBP.
- Any given service may reflect none of the progressive service strategies described here, one service strategy, or more than one service strategy.

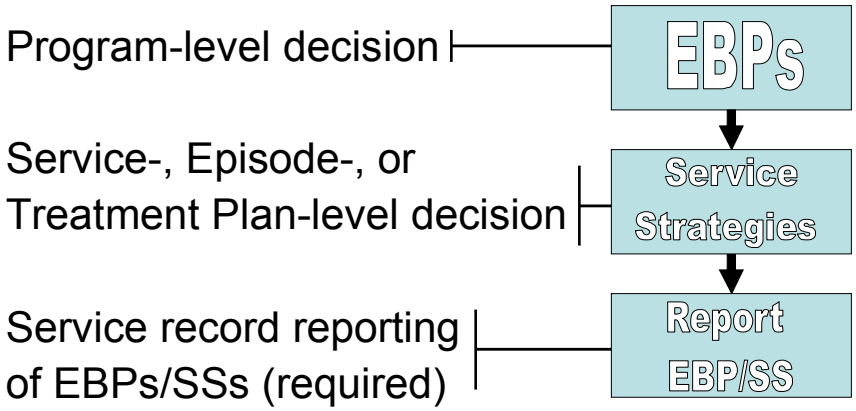
Integration of EBP and Service Strategy reporting

Considerations when reporting EBPs and Service Strategies

- When considering the assignment of a service to EBPs and service strategies, EBPs should be considered first, and service strategies second.
- Strategies captured in an EBP that is applicable to a service, do not also need to be reported in a service strategy.
- However, there are no edits on the relationships between EBPs and Service Strategies.
- All decisions on Service Strategies and EBPs may be made at the level at which reporting occurs: the Service Record (as shown below). However, this may not be the most efficient approach.



- Alternatively, decisions may be performed at different levels responding to the type of service and program as well as the differences between EBPs and Service Strategies.



- EBPs are well-suited for consideration at the program-level. EBPs are programs that incorporate core components and that use fidelity measures to examine adherence to these components. All services within the EBP should be assigned to that EBP in reporting.
- Counties may choose to introduce reporting of EBPs at whatever level(s) they consider to be best for accuracy and efficiency of reporting.
- Service Strategies will vary as to what level they are suited for assignment.
- For example, a treatment plan entirely geared to care for a child could be have the Age-Specific service strategy (61) assigned at the treatment plan level.
- On the other hand, treatment of a transition-age youth might involve some services that are geared toward his age-group (assigned the Age-Specific service strategy). Other services for the same client, such as meds support, may be generic adult services (not assigned the Age-Specific service strategy).
- Counties may choose to introduce reporting of service strategies at whatever levels they consider to be best for accuracy and efficiency of reporting.

Examples of Integrated Reporting: EBPs and Service Strategies

These are situations viewed from the county perspective. An example of the decision flow methodology and coding for the integrated reporting of EBPs and Service Strategies are given with each situation.

Description of Situation A
The county provides a program serving transitional age youth (TAY) with involvement with law enforcement. There is no effort at the program level to adhere to the practices of a specific evidence-based strategy. The program as a whole reflects some service strategies, including Family Support (52), Supportive Education (53), and Age-Specific (61) service strategies. The treatment plan for this client was formed in conjunction with the approval and support of the client's probation officer. This specific service provides counseling to the client to prepare the client to re-enter an educational environment with the goal of obtaining a vocational certificate while on probation.

Example of Decision Flow for Situation A

- As there is no program-level effort to adhere to a specific EBP, no EBP code is assigned.
- The age-specific nature of the service and program indicates that an Age-Specific service strategy (61) underlies this service.
- Although this program does include services that are designed to help the client's family support the client, this particular service is directed solely at the client, so the Family Support service strategy (52) is not appropriate.
- This service is provided by a program that involves the partnership of mental health and law enforcement agencies, and with the support of the client's probation officer and the knowledge of the court, so the service strategy Delivered in Partnership with Law Enforcement (54) underlies this service.

Example of Coding for Situation A

S-25.0 EBPs/Service Strategies: 6154___ (values 61 and 54, left-justified)

- Note that the order that these codes are reported is not significant and will not be used to assign priority or importance.
- Note also that in the recommended decision flow, the EBPs are considered first, and service strategies are considered second.

Examples of Integrated Reporting: EBPs and Service Strategies (cont'd)

These are situations viewed from the county perspective. An example of the decision flow methodology and coding for the integrated reporting of EBPs and Service Strategies are given with each situation.

Description of Situation B
The county provides an AB2034 program serving individuals who have been recently discharged from psychiatric hospitals, state hospitals or prisons and are currently homeless or at high risk of homelessness. This program is best described as an Assertive Community Treatment (ACT) Program, including the core components of small caseloads, team approach, full responsibility for treatment services, community-based services, assertive engagement mechanisms, and a role for consumers on the treatment team. Substance abuse treatment and secure and independent housing for consumers are important objectives of the program. In addition, there is a program-wide effort to measure fidelity of the program practices to the evidence-based practices described in Assertive Community Treatment (using the fidelity scale from the SAMHSA toolkit).

Example of Decision Flow for Situation B

- The results from the SAMHSA ACT fidelity scale satisfy the county program staff that the treatment teams in this AB2034 program meet the criteria of an ACT evidence-based practice; therefore all services in this program are assigned the ACT EBP.
- Housing for consumers is an important objective of this program. Housing is a core component of ACT; therefore, the Assertive Community Treatment (01) is a more complete description of the program than the Supportive Housing EBP (03).
- Substance abuse treatment for consumers is an important objective of this program. Treatment for substance abuse is a core component of ACT; therefore, the Assertive Community Treatment (01) is a more complete description of the program than the Integrated Dual Diagnosis Treatment EBP (05).

Example of Coding for Situation B

S-25.0 EBPs/Service Strategies: 01_____ (value of 01, left-justified)

Examples of Integrated Reporting: EBPs and Service Strategies (cont'd)

These are situations viewed from the county perspective. An example of the decision flow methodology and coding for the integrated reporting of EBPs and Service Strategies are given with each situation.

Description of Situation C
The county provides cognitive-behavioral group therapy sessions for consumers in the psychiatric ward of the local hospital. These sessions include some education of the consumers on mental health diagnosis and assessment.
There is no long-term follow-up treatment of the consumers after they are released from the inpatient setting. There is no effort at the program level to adhere to the practices of a specific evidence-based strategy, although the program contains some core components of the EBP Illness Management and Recovery (06) such as cognitive-behavioral techniques, and self-assessment of behaviors by client.

Example of Decision Flow for Situation C

- This service contains some components of the Illness Management and Recovery (06) EBP; however, the service is part of a program that is much smaller in scope than this or any EBP.
- The service does reflect the service strategy of Psychoeducation (51) involving the education of the consumer on mental health diagnosis and assessment.

Example of Coding for Situation C

S-25.0 EBPs/Service Strategies: 51 (value of 51, left-justified)

Examples of Integrated Reporting: EBPs and Service Strategies (cont'd)

These are situations viewed from the county perspective. An example of the decision flow methodology and coding for the integrated reporting of EBPs and Service Strategies are given with each situation.

Description of Situation D
The county provides cognitive-behavioral group therapy sessions for consumers in the psychiatric ward of the local hospital. These sessions include some education of the consumers on mental health diagnosis and assessment.
This service is part of an outpatient program in which an eligible consumer will receive extensive and comprehensive psychoeducation and training on illness management and relapse-prevention. In addition to the training and education, consumers form recovery goals and participate in cognitive-behavioral therapy to achieve those goals. There is a program-level effort to include the core components of the EBP, Illness Management and Recovery (06), and to measure the fidelity of the program to these core components using the SAMHSA fidelity scale.

Example of Decision Flow for Situation D

- This service contains the components of the Illness Management and Recovery (06) EBP and includes a program-level effort to measure fidelity to these components.
- Although the service does reflect the service strategy of Psychoeducation (51), the EBP Illness Management and Recovery covers this strategy, so there is no need to report the strategy separately.

Example of Coding for Situation D

S-25.0 EBPs/Service Strategies: 06 (value of 06, left-justified)

Examples of Integrated Reporting: EBPs and Service Strategies (cont'd)

These are situations viewed from the county perspective. An example of the decision flow methodology and coding for the integrated reporting of EBPs and Service Strategies are given with each situation.

Description of Situation E
The county provides crisis intervention services to consumers who call in to a mental health crisis hot-line. The mandate of the hot-line is to provide emotional support to callers and educate them as to sources of mental health treatment and support. The service is offered in English and in Spanish. The specific service is in Spanish.

Example of Decision Flow for Situation E

- There is no program-level effort to adhere to any EBP, so no EBP is applicable.
- The service strategy Psychoeducation (51) is reflected in the educational objectives of the service.
- The service was provided in Spanish in response to the caller's language preference. This reflects an Ethnic-Specific (60) service strategy. Note that the same type of service from the same program supplied in English and without any other accommodation of the ethnicity of the consumer would not be considered to reflect an Ethnic-Specific service strategy.

Example of Coding for Situation E

S-25.0 EBPs/Service Strategies: 5160___ (values 51 and 60, left-justified)

TECHNICAL MATERIAL:

From CSI System Documentation:

Data Dictionary
FIELD DESCRIPTION:

Type:	Character
Byte(s):	6
Format:	Three 2 byte fields. Six bytes total. XXXXXX Left justify, no embedded blanks
Required On:	All Service Records
Source:	Local Mental Health

Edit Criteria

Field Number	F or N	Field Name	Required On	Edit Criteria
S-25.0	N	Evidence-Based Practices / Service Strategies	All Service records	Must be a valid code, left justified, with no embedded blanks and no duplicates if reporting multiple codes. Space-fill this field for services delivered prior to July 1, 2006.

From MHSA/DIG Additions: Field Codes, Error Codes and Edits

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
S-25.0 Evidence-Based Practices / Service Strategies	S25	101 [1]	N	Invalid code.	1. Identify up to 3 EBP / Service Strategies that further describes the service that the client received. 2. Allow any combination of valid codes listed in the table of valid codes, but no duplicate codes within a Service record. Blank is allowed.
		428 [2]	N	EBP / Service Strategies are not left justified and/or has embedded blanks.	
		429 [2]	N	Two or more EBP / Service Strategies are identical.	
	999 [3]	430 [2]	N	EBP / Service Strategies reported and Beginning Date of Service / Date of Service is prior to January 1, 2006.	

Examples of reporting in Field S-25.0 that will pass edits:

99	Unknown EBP/Service Strategy
01	Assertive Community Treatment (ACT)
0161	ACT and Age-Specific Service Strategy
5160	Psychoeducation and Ethnic-Specific SS
515058	Psychoeducation and Peer-Delivered Services and Integrated Services for Mental Health and Aging

Examples of reporting in Field S-25.0 that will not pass edits:

01	Not left-justified (Error code 428)
5151	One code repeated (Error code 429)
51 60	Embedded blanks (Error code 428)

FAQ's:

Q: Why not wait until the definitions for service strategies have been refined before introducing the field as a CSI reporting requirement?

A: Data are needed to help inform the process of refining these definitions. We need more information about the kind of services being provided. In the end, this process of implementing the reporting of service strategies in this way should result in a more valid and more useful field.

Q: Why is there no way to report an EBP that is not on the list of those EBPs that are federally identified for reporting?

A: We have not offered an 'Other EBP' value, because there is currently no way to pass those data on in the Federal Uniform Reporting System. For services from EBPs not on the list, counties may use the service strategies to characterize the core components of the program.

Q: What about other Service Strategies that are not included on this list, such as "Delivered in Partnership with Education"?

A: This list will be reevaluated with input from counties. At this time, the list of values will remain stable. We are very interested in hearing comments on candidates that might be helpfully added to the list at a later date.