



HEALTHY MINDS
STRONG COMMUNITIES

Evidence-Based Practices in CCBHCs: Strategies for Success

May 1, 2025

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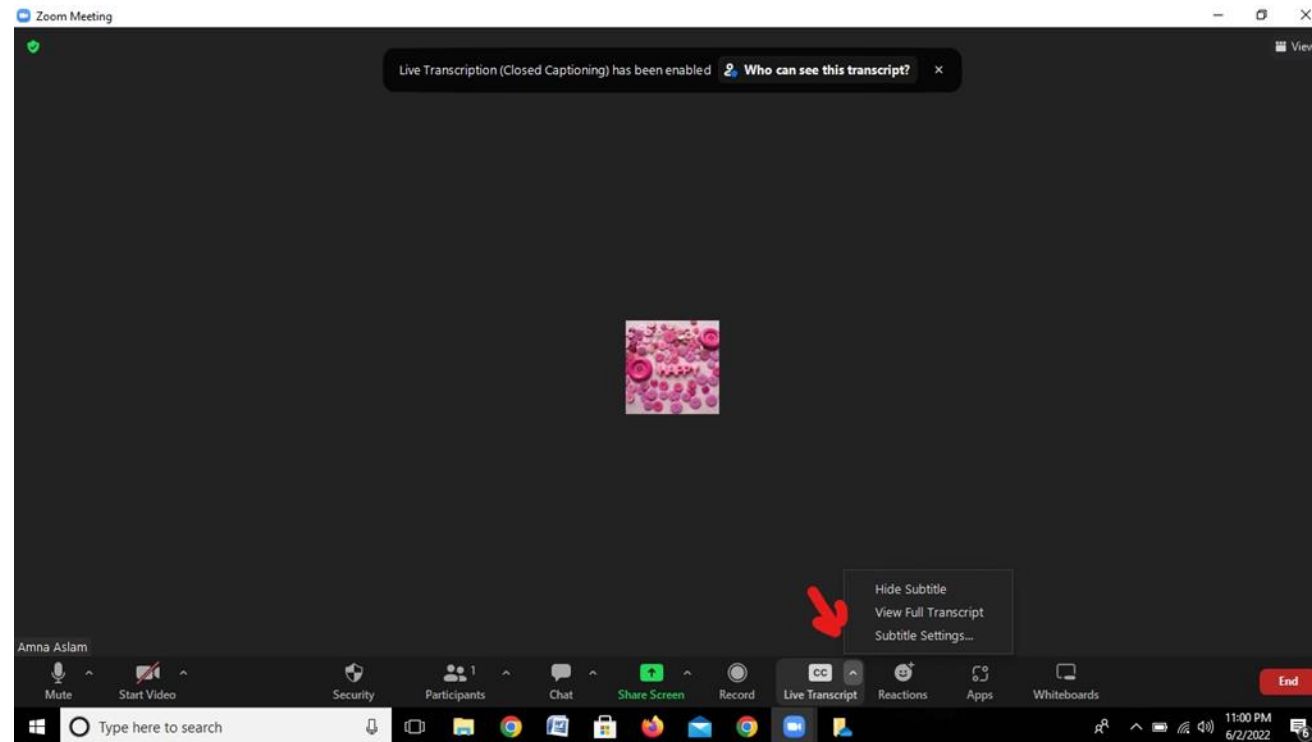
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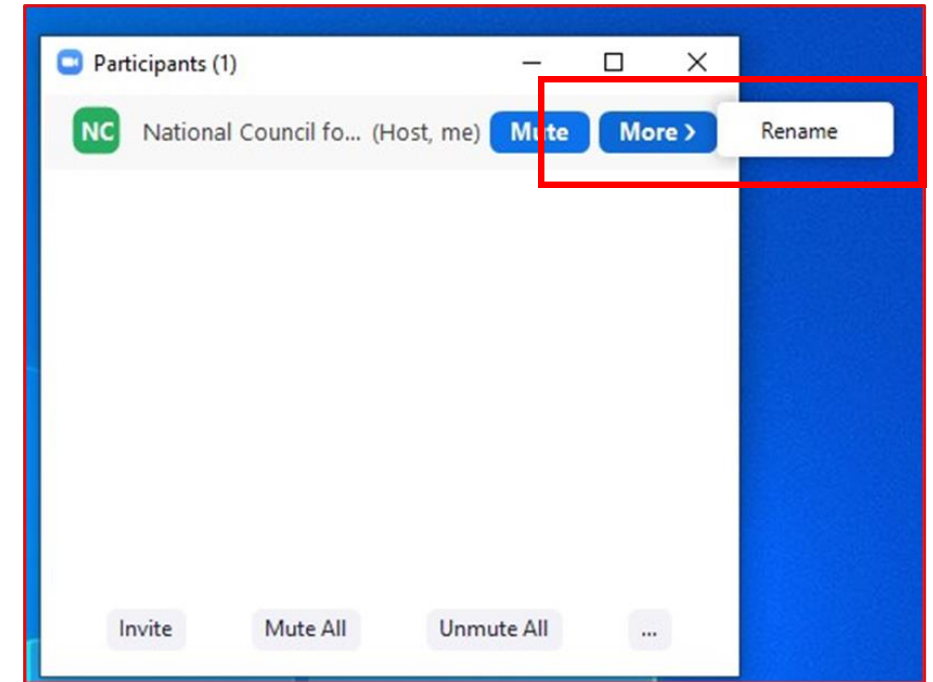


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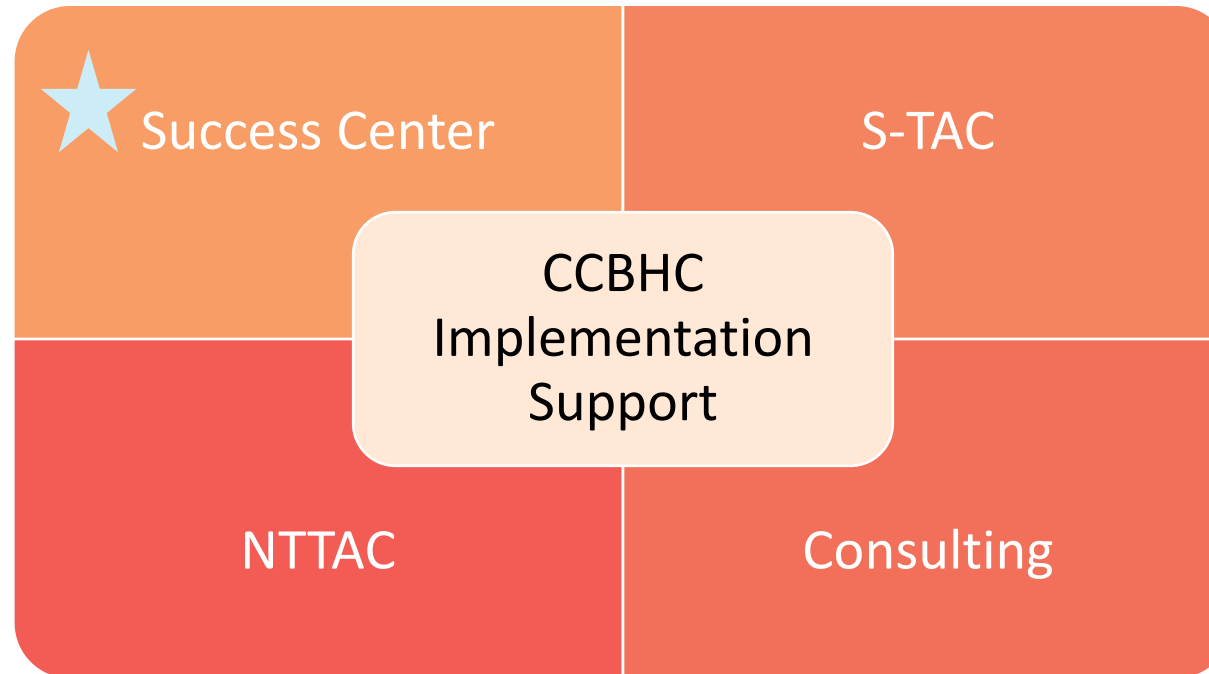
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Logistics

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
 - For example:
 - D'ara Lemon, National Council
 - To rename yourself:
 - Click on the **Participants** icon at the bottom of the screen
 - Find your name and hover your mouse over it
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Implementation Support for CCBHCs



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Today's Presenters



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Today's Learning Objectives

- Define Evidence-Based Practices (EBPs) and Implementation Science while emphasizing how both contribute to quality care and improved outcomes.
- Examine strategies for selecting and adapting EBPs that align with population needs and staffing capacity.
- Identify common barriers CCBHCs face when implementing EBPs and discuss strategies to overcome challenges.
- Increase knowledge and understanding of implementation science frameworks and how they can be applied to integrating EBPs in CCBHCs.



Quick Poll

- What is your CCBHC status?
- What is your role at your organization?
- In the chat tell us:
 - "Which best describes your current stage of EBP implementation?"
 - Exploring options
 - In early implementation
 - Adapting an existing EBP
 - Fully Implemented
 - Scaling or Sustaining



EBPs in Certification Criteria & Definitions

EBPs in CCBHCs

CCBHCs provide a range of evidence-based practices, services, and supports to meet the needs of their communities

- 1.c.1 - At orientation and reasonable intervals thereafter, CCBHCs must provide training on Evidence-based practices, including person-centered and family-centered, recovery-oriented planning and services, and trauma-informed care
- 1.c.3 - CCBHCs should provide ongoing coaching and supervision to ensure initial and ongoing compliance with, or fidelity to, EBPs
- 4.f.1 - Based upon the findings of the community needs assessment, certifying states must establish a minimum set of EBPs
- 4.i.1 - CCBHCs are responsible for providing evidence-based psychiatric rehabilitation services for both mental health and substance use disorders, including providing evidence-based supported employment (certifying states should specify which evidence-based services)



Definitions: Evidence-Based Practices

Evidence-Based Practices (EBPs)

- Interventions for which there is consistent scientific evidence showing that they improve client outcomes

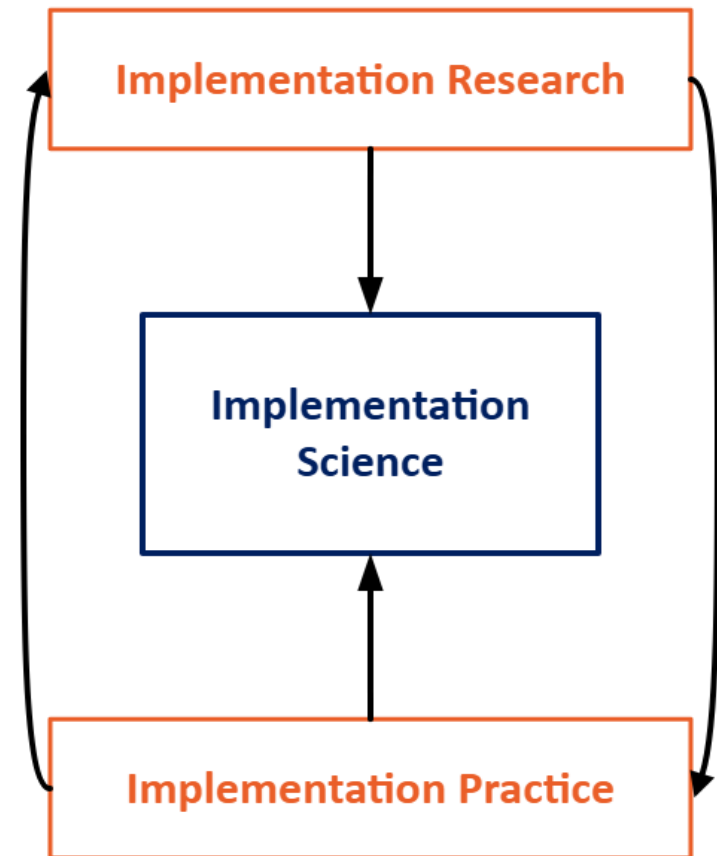


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Definitions: Implementation Science

Implementation Science can be described as the study of the factors that lead to uptake, scale and sustainability of practices, programs, and policies with evidence behind them

- Implementation science:
 - Considers both research and practice
 - Seeks to understand the approaches that work best to translate research to the real world
 - Seeks to apply and adapt these approaches in different settings to achieve positive outcomes



Strategies for Selecting and Adapting EBPs



Evidence Based Practice is not the same as a Best Practice

EBP \neq Best Practice



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What is a BEST practice?

The Institute of Medicine (2001) defines evidence-based medicine as the “integration of best researched evidence AND clinical expertise WITH patient values” (p. 147).



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A Best Practice



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Critical Considerations for Selecting EBPs

- State sets minimum but service area community needs assessment data is critical to understanding the needs of the populations and identifying gaps in services and population-specific health outcomes in your community
- Commonly utilized EBPs:
 - Motivational Interviewing
 - Cognitive Behavioral Therapies, including CBT, TF-CBT, CBTp, Seeking Safety, Parent Management Training
 - Dialectical Behavior Therapy
 - Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
 - ACT/FACT
 - Long-acting injectable medications
 - High-Fidelity Wraparound
 - SBIRT
 - Medication-Assisted Treatment



Other EBPs/Best Practices...

- Non-talk therapy EBP (body movement such as InMotion, art therapy, music therapy etc)
- Mentalization Based Therapy (MBT)
- Compassion Focused Therapy (CFT)
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy Reverse Protocol
- Evidence-Based Clinical Supervision



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Common Barriers to EBP Implementation

Common Barriers to EBP

- What is the #1 barrier that you experience in relation to EBP?



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Common Barriers

Time and capacity to train staff

Continuous education and
quality improvement

Collaboration/Communication

Fidelity monitoring

Data-based-decision-making
and evaluation

Implementation/organizational
readiness/culture

Funding/resources

Fit/adaptation

Sustainability

Leadership

External Policy

What is Fidelity Related to EBPs?

EBP Fidelity: Adhering to core components of an intervention as designed.

Value of Maintaining Fidelity

Improves client outcomes and reduces variability in care

Ensures interventions are grounded in research evidence

Increases staff confidence and skill level



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Why is EBP Fidelity Important for CCBHCs?

- CCBHCs are required to provide EBPs and fidelity demonstrates adherence to these criteria and that the clinic is meeting required standards
- Fidelity metrics show that resources are being used appropriately and effectively
- Research has shown that higher levels of fidelity are associated with better outcomes and quality metrics.
- Delivering EBPs with fidelity helps address health disparities and ensure that services are equitable and effective



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Components of Intervention Fidelity

Adherence

- How well did we stick to the intervention?

Dosage/Exposure/Duration

- Are the number of sessions delivered consistent with the intervention plan?

Quality of program delivery

- Do staff have the necessary training, knowledge, and skills to deliver the intervention correctly?

Participant responsiveness/engagement

- How attentive and involved are the clients?



Numerous Factors Affect Implementation Fidelity

Community in which implementation occurs and the fit with the program

Organization(s) responsible for implementation

Program support systems (e.g., training and TA)

Characteristics of providers

Program participants



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Tools for Monitoring Fidelity & Quality

Monitoring fidelity is as important as monitoring outcomes. Tools for monitoring fidelity include:

- **Fidelity Monitoring Tools:**
 - SAMHSA Fidelity Checklists Tailored for CCBHC EBPs
 - Routine Audits of Clinical Practices
- **Staff Training and Supervisions:**
 - Ongoing Training on EBP Delivery
 - Supervision Models for Reinforce Fidelity
- **Input from Clients**
 - Ratings of Participant Responsiveness
 - Attendance Data
 - Ratings of Quality



Example of EBP Fidelity Tool

Brief Intervention (4 items)

Practitioner asks permission to provide feedback about the patient's substance use.

Practitioner uses reflection and/or open-ended questions to allow patient to react to screening result.

Practitioner provides feedback about the risks associated with patient's substance use behavior.

Practitioner negotiates a goal with the patient based on steps he/she is willing to take.

Present

Not Present

☐☐☐☐☐☐☐☐

Comments:

Example of EBP Fidelity & Quality Tool

Topic	Criteria for a 0 Rating	Criteria for a 2 Rating	Criteria for a 4 Rating	Criteria for a 6 Rating
Development of a collaborative therapeutic relationship				
7. Socialization to CBT <i>This item measures the group leaders' ability to use the CBT model and concepts throughout the session. This involves linking thoughts, mood, and actions; facilitating the concept of having control over one's mood; helping clients examine their own thoughts and mood; exploring thoughts for accuracy and balance; etc. Leaders might refer to the CBT circle and ask questions such as, When you had that helpful thought, how did that affect your mood? What were you thinking when you felt that way? How did doing those activities affect your mood? How did your mood affect your treatment plan?, and What changes have you made in your activities to improve your mood? Some sessions will lend themselves to more time for exploring CBT concepts, and it is correct to score those sessions higher.</i>	The group leaders missed important opportunities to explain the CBT conceptualization of depression and to discuss such concepts as harmful thoughts.	The group leaders superficially mentioned the cognitive model and concepts, but not in a timely manner or relevant to the client.	The group leaders described the relevant model and concepts of CBT.	The group leaders did an outstanding job of describing the relevant model and concepts, applied these to clients in a timely manner, checked the clients' understanding, and elicited feedback.
8. Warmth/genuineness <i>This item measures how extensively the group leaders showed warmth and genuineness in their therapeutic style. Warmth may come out through body language (e.g., nodding). Sometimes this is difficult to score when only an audio recording is available, since coders must rely on verbal cues. For example, group leaders would score 4 or higher if they made statements that show caring</i>	The group leaders appeared cold, detached, or uncaring.	The group leaders appeared slightly aloof or distant.	The group leaders appeared reasonably warm and genuine.	The group leaders appeared very warm, genuine, and caring.

Overcoming Challenges in EBP Fidelity

Common Challenges for CCBHCs

High staff turnover and inconsistent implementation

Resource constraints affecting training and supervision



Solutions

Build a culture of learning and fidelity to EBPs

Invest in scalable training platforms for EBP delivery

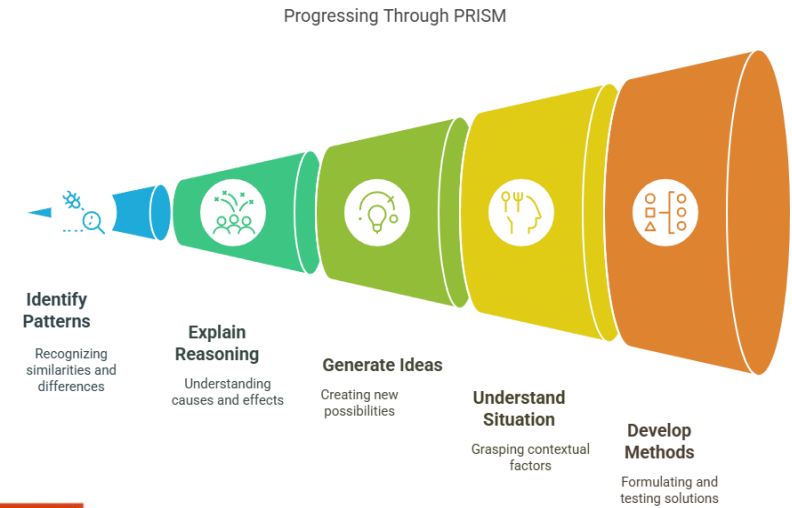
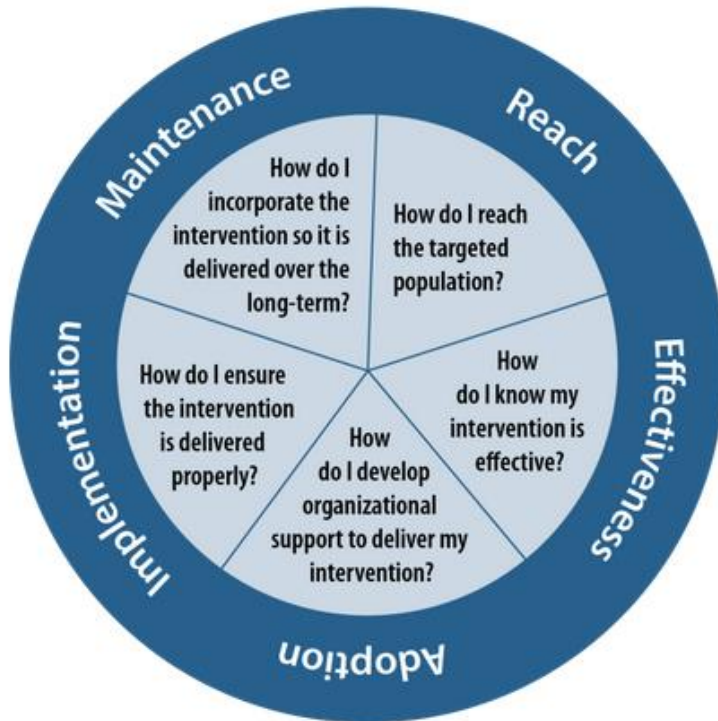


Implementation Science Framework



Implementation Frameworks

Elements of the RE-AIM Framework





Implementation - PDSA



PLAN



DO



STUDY



ACT

Plan

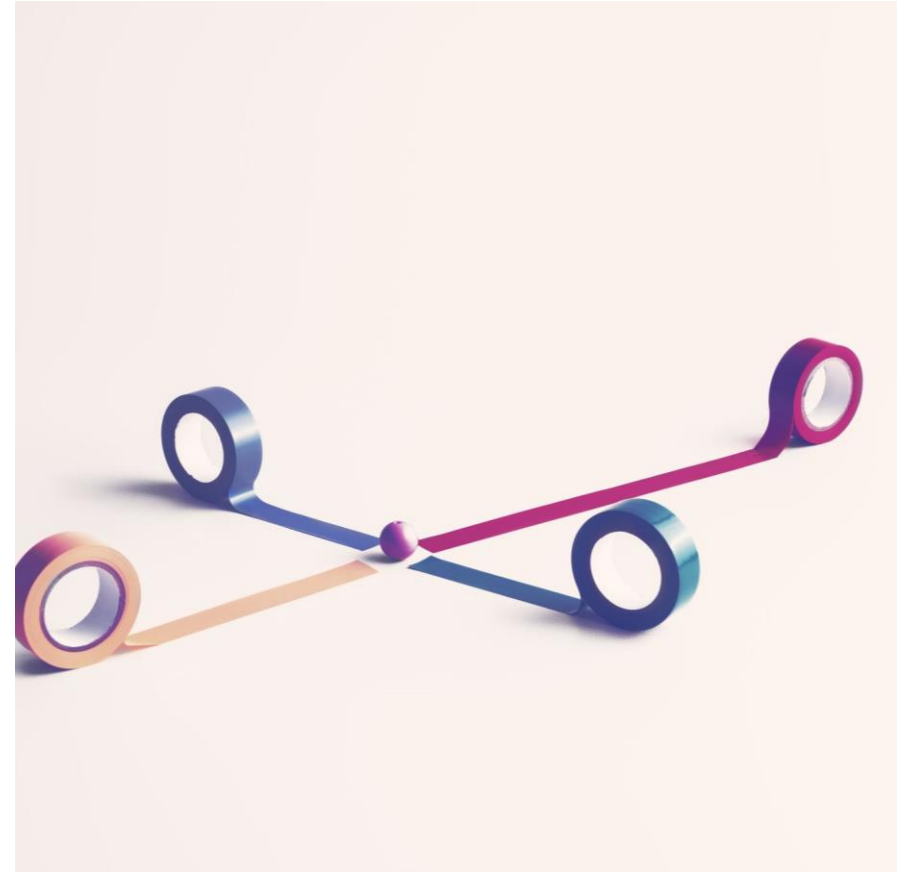
- Establish improvement goals.
- Identify possible strategies.
- Choose specific interventions to implement.
- Prepare a written action plan.



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Do & Study

- Mini cycles allow for effective iterations
- Low risk and allows for incremental modification
- Feedback from test groups drives engagement



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Act

- Expand implementation for sustainable improvement
- Evaluating intervention against the goals of the improvement project and the measures established for tracking improvement progress
- Consistent assessments
- Transparent and well-matched metrics
- Avoid long pauses in assessments



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Worksheet Examples

Access the PDSA worksheet example 1 here: https://cdn-links.lww.com/permalink/prs/f/prs_149_5_2022_03_14_patel_prs-d-20-02419_sdc1.pdf



PDSA WORKSHEET

Team Name: <i>Schenectady Team</i>	Date of test: <i>1/29/10</i>	Test Completion Date: <i>1/29/10</i>
Overall team/project aim: <i>The Martin Luther King Jr. Magnet Elementary School will develop an indoor walking path and increase the physical activity of at least 50% of 4th grade students and teachers/staff by at least 20 minutes per week for three weeks over a 6-week period. The results will inform the feasibility of increasing the physical activity of students and teachers in the other grades in the next school year.</i>		
What is the objective of the test? <i>To plan and test walking path and exercise stations so students increase their physical activity by 10 minutes twice a week.</i>		

PLAN:

Briefly describe the test: *Do the children still get 10 minutes of physical activity and can be measured if the walking logs are not used? In addition, we want to ensure that the 4th grade students and teacher complete the walking path and four exercise stations in 10 minutes with about 1 minute per station.*

How will you know that the change is an improvement?

- *If at least 50% of students present complete the walking path and exercise stations.*

- *Session takes about 10 minutes.*

What aspect does the change impact?

- *Physical activity level of students*

What do you predict will happen?

- *50% of students will complete session in 10 minutes*

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. <i>Post signs for exercise stations.</i>	<i>Theresa & intern</i>	<i>Jan 29</i>	<i>At school</i>
2. <i>Initiate walking/exercise 2nd session</i>	<i>Theresa & intern</i>	<i>Jan 29</i>	<i>At school</i>
3. <i>Do not distribute or use walking logs to students</i>	<i>Theresa & intern</i>	<i>Jan 29</i>	<i>At school</i>
4. <i>Facilitate and observe exercise session</i>	<i>Theresa & intern</i>	<i>Jan 29</i>	<i>At school</i>

Plan for collection of data: *Observation and informal listening to students; informal request for teacher input. Track # of students participating, reasons why students are not participating and # of minutes doing physical activity.*

DO: Test the changes.

Was the cycle carried out as planned? ☒ Yes ☐ No

Record data and observations.

- *48/74 students completed walking path and exercise on second day.*
- *Some students had conflicts with another event or were absent.*
- *Students expressed boredom with the same exercise stations.*
- *Teachers suggested allowing students to skip and gallop on walking path.*

What did you observe that was not part of our plan?

- *Students completed the exercises faster*

STUDY:

Did the results match your predictions? ☒ Yes ☐ No

Compare the result of your test to your previous performance: *NA*

What did you learn?

- *Not using walking logs did not negatively affect measurement*
- *Students finished the walking exercises and stations faster*
- *Walking seemed to get monotonous*
- *Would add interest and minutes if exercise at stations were varied*

ACT: Decide to Adopt, Adapt, or Abandon.



Adapt: Improve the change and continue testing plan.

Plans/changes for next test: *Continue to not use walking logs. Change exercise stations day to day not just week to week as originally intended. Track class physical activity minutes. Plan for variations in walking path, for e.g. skip instead of walking*



Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability



Abandon: Discard this change idea and try a different one

Access the PDSA
Worksheet example 2
here:
[https://edhub.ama-
assn.org/steps-
forward/module/270
2507](https://edhub.ama-assn.org/steps-forward/module/2702507)



ACP Quality Connect: PDSA Planning Worksheet

Question	Your Plan
What is your planned change? (Example: Your PDSA aim and goal is to increase the number of diabetic patients receiving foot exams from 20 to 50% in the next three months. Your plan involves having the nurse who rooms the diabetic patient to ask them to remove their shoes and socks.)	Our planned change is:
What outcome do you predict? (Example: We predict that every diabetic patient seen during the timeframe of this cycle will receive a foot exam.)	Our predicted outcome is:
When will you implement the change? (Example: The change will be implemented over the month of September.)	We will implement the change in the following time frame:
Where will you implement the change? (Example: We will implement this change in one of our clinics.)	We will implement the change in the following location:
Which patients will be involved? (Example: My patients with a known diagnosis of diabetes and scheduled appointments in the next month.)	We will involve the following patient population:
Who will implement the change? (Example: the medical assistant, who pulls the charts for next day appointments, will tag the charts of diabetic patients with a sticky note reminder about foot exams; my nurse will be responsible for asking diabetic patients to remove their shoes and socks.)	The following members of the team will implement the change:
How will you measure the change? (Example: The physician will give the sticky note reminder to the medical assistant with a plus written on it if the shoes and socks were removed and a minus if they were not.)	The following members of the team will be involved in measuring the change by:
How will you help the team track the change? (Example: The medical assistant will provide a verbal update every week and create a run chart that is displayed in the staff conference room.)	We will track and communicate the results of our planned change by:

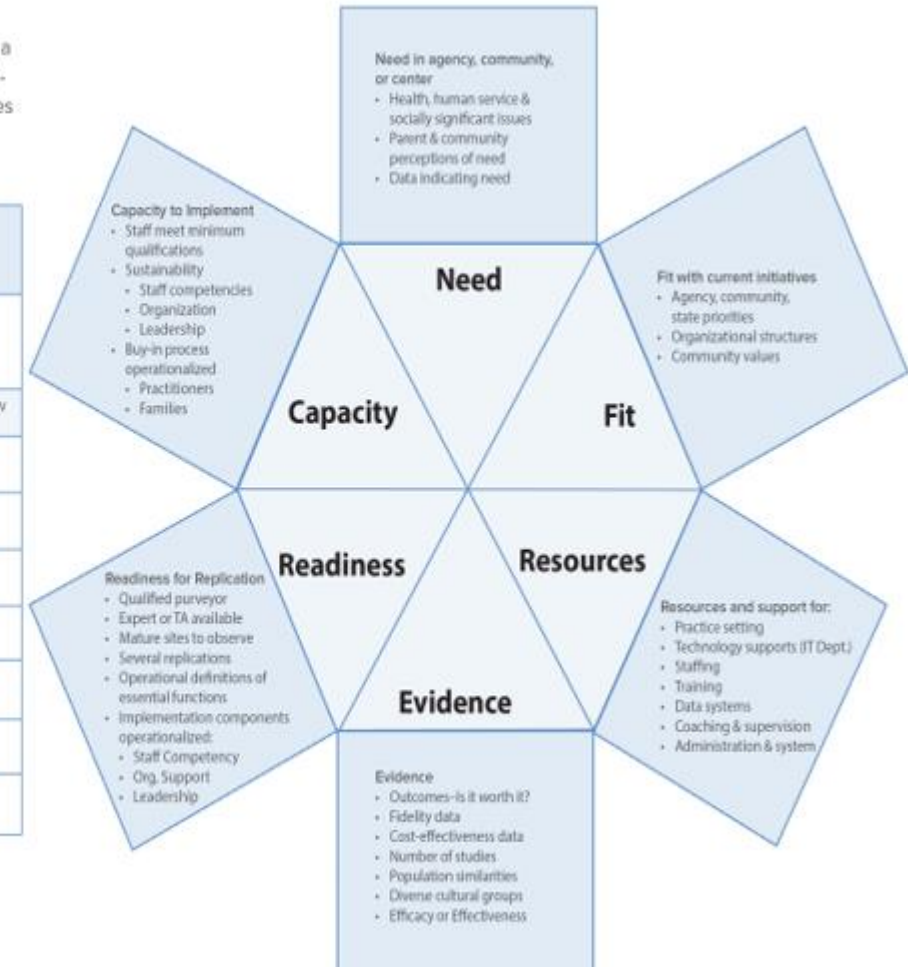
Hexagon Tool

The Hexagon Tool

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs (EBP) and practices during the exploration stage of implementation.

EBP under Review:			
5 Point Rating Scale: High=5; Medium=3; Low=1. Midpoints can be used and scored 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			

Figure 1. Hexagon Tool
Source: Blase, Fixsen, & Mets, 2017



Key Takeaways and Resources



Key Takeaways

- CCBHCs provide a range of evidence-based practices, services, and supports to meet the needs of their communities
 - CCBHCs should provide ongoing coaching and supervision to ensure initial and ongoing compliance with, or fidelity to, EBPs
 - Based upon the findings of the community needs assessment, states establish a minimum set of EBPs
- Successful implementation of EBPs requires careful selection, adaptation, and sustained effort
- Implementation Science provides valuable frameworks and strategies to guide this process
- Anticipating and addressing common barriers enhances the likelihood of successful outcomes



Resources

- [Evidence-Based Practices Resource Center](#)
- [CCBHC EBP Resource Guide](#)
- [Center for Mental Health Implementation Support](#)
- [CCBHC-E Implementation Science Pilot Program: Readiness Assessment Resources](#)
- [CCBHC-E Implementation Science Pilot Program: Continuous Quality Improvement Resources](#)
- Resources for Relational Implementation Strategies: [exercise for co-learning activities](#)



Questions?



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Have Questions? We've Got Answers!

Drop by the Netsmart CCBHC Lounge at NatCon25 to meet chat with various CCBHC SMEs.



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NEW! Prospective Payment System (PPS) TA Series

This three-part series is intended particularly for operational and programmatic staff at CCBHC Demonstration sites. Participants will learn how to manage PPS funding and gain hands-on financial management and training skills for ensuring sustainability.

- Overview of PPS Rate-setting and Cost Reporting
Session recording [here](#)
Learn how CCBHC PPS cost reporting and PPS rate-setting works, including reimbursement fundamentals, and state-specific implementation options to support efficient and effective service delivery.
- Living Within the PPS Rate
Session recording [here](#)
Gain further insight into how service delivery influences PPS rates and discover strategies for planning future services, rebasing the rates, and ensuring CCBHC sustainability and growth.
- Financial Reporting and Management in a PPS Environment
May 27, 10:30–11:30 a.m. ET
Engage in hands-on training on the required financial reporting systems for managing a CCBHC PPS rate and identifying its differences from grant funding.



Serious Mental Illness Training and Technical Assistance Center ([SMI TTAC](#)) Upcoming Events

- **Leveraging the Lived Experience of People with Serious Mental Illness Learning Collaborative**
Learning collaborative sessions will take place Tuesdays in June: June 3, 10, 17 and 24, from 1-2 PM ET. Applications are open now through May 6, 11:59 PM ET | [Apply here!](#)



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CCBHC Success Center News and Events
Subscription Link:

<https://www.thenationalcouncil.org/program/ccbhc-success-center/implementation-support/#subscribe-form>.

Questions? Contact us at:

CCBHC@TheNationalCouncil.org

Visit our Success Center website at:

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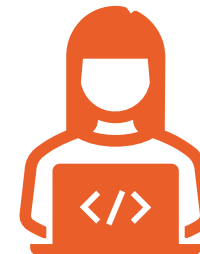
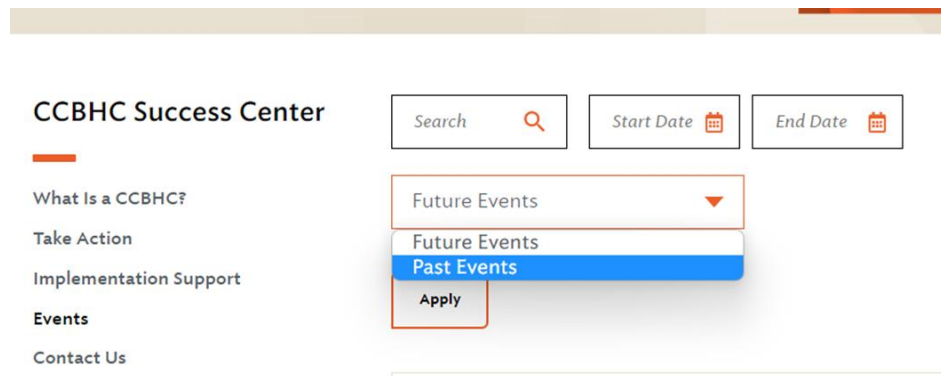
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