

APPENDIX G

DEFINITIONS FOR EVIDENCE-BASED SERVICES

NOTE: Services can meet the following federal definition without meeting the fidelity standards that are being pilot tested through the Dartmouth Projects in Kansas. As SAMHSA/CMHS is able to utilize the research generated through Pilot Projects, such as the Dartmouth Projects in Kansas, to define EBPs in a way that meets pilot-tested fidelity standards, the definitions for Supported Housing, Supported Employment, and Integrated Treatment for Co-occurring Disorders will evolve to reflect the fidelity standards. In the meantime, CMHCs should report “1=Yes” for Supported Housing, Supported Employment, and Integrated Treatment for Co-occurring Disorders that cohere to the following definitions even if the services don’t meet the fidelity standards of the Dartmouth Projects.

CMHCs should also report “1=Yes” for Supported Housing, Supported Employment, and Integrated Treatment for Co-occurring Disorders that meet the fidelity standards of Evidence-Based Practices, i.e., EBPs provided at the Dartmouth Pilot Project Sites in KS.

The following definitions can be relevant to practices with adults and transition-aged youth (young adults). For adults and children for whom these services are not relevant (e.g., these services are not relevant to the client’s individualized treatment plan), CMHCs should report “2 = No” for these fields.

Supported Housing:

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

Supported Employment:

The goal of supported employment services is to secure competitive employment opportunities for the targeted population and provide support to those individuals while they are employed. Essential components of this service include the following: 1) The

target population is made aware that supported employment services are available, 2) The program is equally available to all persons who are in the target population, 3) Job search occurs immediately upon learning of an individual's interest in working and a competitive job is the priority, 4) Individual interests, desires, experience, strengths and other circumstances are considered when selecting jobs to pursue, and 5) Once a job is secured, needed supports to maintain the job are identified and provided for as long as is necessary.

Integrated Treatment for Co-occurring Disorders

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.