Implementing Evidence-Based Practices

2012 Justice and Mental Health Collaboration Grantee Annual Meeting

March 8th, 2012
Today’s Presentation

Dr. Fred Osher, Director of Health Systems and Services Policy, CSG Justice Center

Darin Carver, Clinical Practice Administrator, Weber Human Services, Weber County (UT)

Eric Olson, Court Coordinator, Bonneville County Mental Health Court (ID)

Ann-Marie Louison, Director, Adult Behavioral Health Programs, CASES, Inc., (NY)
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Two Critical Components

Target Population

Comprehensive Effective Community-Based Services
Evidence-Based Practice...

..... “the integration of the best research evidence with clinical expertise and patient values.”

Source: Institute of Medicine, 2000
Pyramid of Research Evidence

Source: SAMHSA, 2005
Research Limitations

- **Lack of specificity of the intervention**
  - Programs vs. Techniques
  - Types vs. Brands

- **Lack of generalizability**
  - From severity and types of disorders and types of offenses studied
  - From non justice-involved-COD samples
    - Justice involved singly dx samples
    - Non-justice involved COD samples

- **Lack of research -------- period**
## Comprehensive, Effective Community-Based Services

<table>
<thead>
<tr>
<th>EBP</th>
<th>Data for J I</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>++</td>
<td>++++</td>
</tr>
<tr>
<td>Integrated Tx</td>
<td>++++</td>
<td>++++</td>
</tr>
<tr>
<td>ACT</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>Supported Emp.</td>
<td>+</td>
<td>+++</td>
</tr>
<tr>
<td>Illness Mgmt.</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Trauma Int./Inf</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>CBT</td>
<td>++++</td>
<td>++++</td>
</tr>
<tr>
<td>Medications</td>
<td>++++</td>
<td>++++</td>
</tr>
</tbody>
</table>
Challenges to EBP Implementation

- Target population characteristics
- Staff attitudes and skills
- Facilities/resources (Physical environment, staff and staffing patterns, funding resources, housing, transportation)
- Agency Policies/Administrative Practices
- Local/State/Federal regulation
- Interagency networks
- Reimbursement
Today’s Presentation

Background on Evidence-Based Practices

Darin Carver, Clinical Practice Administrator, Weber Human Services, Weber County (UT)

Eric Olson, Court Coordinator, Bonneville County Mental Health Court (ID)

Ann-Marie Louison, Director, Adult Behavioral Health Programs, CASES, Inc., (NY)
Evidence-Based Practices can Reduce Recidivism and MH/SA Symptoms


Pre-Post Mental Health Outcomes for Juveniles participating in Intervention Program Using ART


Council of State Governments Justice Center
Three Ways of Going about Evidence-Based Practice

<table>
<thead>
<tr>
<th>Ways of Going about EBP</th>
<th>Sample Model Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the effects of your program as it is implemented. (Costly, but can be worth it.)</td>
<td>Adolescent Community Reinforcement Approach*</td>
</tr>
<tr>
<td>Adopt a model program, using high fidelity to the model. (Attention to implementation science!)</td>
<td>Aggression Replacement Training</td>
</tr>
<tr>
<td>Match the characteristics of the most effective services found in meta-analytic research.</td>
<td>Brief Strategic Family Therapy</td>
</tr>
<tr>
<td></td>
<td>Functional Family Therapy</td>
</tr>
<tr>
<td></td>
<td>Multi-Dimensional Family Therapy</td>
</tr>
<tr>
<td></td>
<td>Multi-Systemic Therapy</td>
</tr>
<tr>
<td></td>
<td>Trauma-Focused CBT*</td>
</tr>
</tbody>
</table>

*No research on recidivism reduction.
Generic Programs can be as Effective as Model Programs

Cognitive Behavioral Interventions
(Recidivism Effect Sizes N=58)

Name brand programs including: MRT, ART, & R. & R.

Non-name brand CBT programs

Mark Lipsey, Ph.D.
What are the Characteristics of the Most Effective Programs as found in Meta-Analysis?

- **Type of Service** – e.g., CBT, family therapy, interpersonal skills training, mentoring.

- **Dosage** – duration or length of service combined with number of contacts. (Example – family therapy, minimum 16 weeks, with 24 contact hours.)

- **Quality Implementation** – Use a tx. manual or written clinical protocols, proper training prior to delivering the service, consistent monitoring of service delivery, process for correcting provider drift.

- **Risk** – programs working with higher risk offenders have lower recidivism rates.

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Evidence-based services for individuals with SMI

- Assertive Community Treatment
- Illness self-management and recovery
- Integrated treatment
- Supported employment
- Psychopharmacology
- Supported housing
- Trauma interventions
- Cognitive behavioral therapies
Applying EBPs: Expert Panel Meetings

**Assertive Community Treatment**
Joseph Morrissey, Ph.D.

**Trauma**
Bonnie Veysey, Ph.D.

**Housing**
Caterina Roman, Ph.D.

**Supported Employment**
William Anthony, Ph.D.

**Illness Management**
Kim Mueser, Ph.D.

**Integrated Treatment**
Fred Osher, M.D.
Evidence-based services for individuals with substance use disorders

- Cognitive behavioral therapy
- Motivational enhancement therapies
- Contingency Management
- Pharmacological therapies
- Community reinforcement
Evidence-based program models for justice-involved persons with co-occurring disorders

- Integrated treatment and programs
- Modified Therapeutic Community
- Integrated Dual Disorder Treatment
- Assertive Community Treatment
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Ann-Marie Louison, Director, Adult Behavioral Health Programs, CASES, Inc., (NY)
CASES Nathaniel ACT ATI (Felony) LS-CMI Risk Category
## Risk Score by Sub-scales (n=119)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS/CMI Total Score</td>
<td>7.67</td>
<td>14.67</td>
<td>23.82</td>
<td>31.28</td>
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<tr>
<td>Criminal History</td>
<td>.67</td>
<td>1.84</td>
<td>3.58</td>
<td>4.06</td>
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<tr>
<td>Antisocial Associates</td>
<td>.17</td>
<td>1.07</td>
<td>1.84</td>
<td>3.11</td>
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<tr>
<td>Antisocial Cognition</td>
<td>.22</td>
<td>.49</td>
<td>1.68</td>
<td>3.06</td>
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<tr>
<td>Antisocial Personality</td>
<td>.44</td>
<td>.87</td>
<td>2.16</td>
<td>2.89</td>
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</table>
### CASES Nathaniel ACT vs. LS/CMI Comparison SMI Sample

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH/VERY HIGH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASES ACT ATI (N=66) % ARRESTED</td>
<td>0%</td>
<td>30%</td>
<td>52%</td>
<td>36%</td>
</tr>
<tr>
<td>% ACT SAMPLE</td>
<td>15%</td>
<td>35%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>MI COMPARISON (N=122) % ARRESTED</td>
<td>28%</td>
<td>49%</td>
<td>73%</td>
<td>45%</td>
</tr>
<tr>
<td>% COMPARISON SAMPLE</td>
<td>37%</td>
<td>45%</td>
<td>18%</td>
<td>100%</td>
</tr>
</tbody>
</table>
CASES Transitional Case Management ATI (Misdemeanor) LS-CMI Risk Category

- Low: 10%
- Medium: 65%
- Very High: 25%
### Risk Score by Sub-scales (n=60)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
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<tbody>
<tr>
<td>LS/CMI Total Score</td>
<td>15.8</td>
<td>24.5</td>
<td>31.4</td>
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<tr>
<td>Criminal History</td>
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<td>3.59</td>
<td>5.13</td>
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<tr>
<td>Antisocial Associates</td>
<td>2.00</td>
<td>2.85</td>
<td>3.40</td>
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<tr>
<td>Antisocial Cognition</td>
<td>0.50</td>
<td>2.08</td>
<td>3.07</td>
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<tr>
<td>Antisocial Personality</td>
<td>1.00</td>
<td>1.74</td>
<td>2.33</td>
<td></td>
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</tbody>
</table>
Thank You!

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