

# Implementing Evidence-Based Practices

2012 Justice and Mental Health Collaboration  
Grantee Annual Meeting

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**BJA**

**Bureau of Justice Assistance  
U.S. Department of Justice**

**JUSTICE** ★ **CENTER**

THE COUNCIL OF STATE GOVERNMENTS

*Collaborative Approaches to Public Safety*

# Today's Presentation

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**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

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Target  
Population



Comprehensive  
Effective  
Community-Based  
Services

# Evidence-Based Practice...

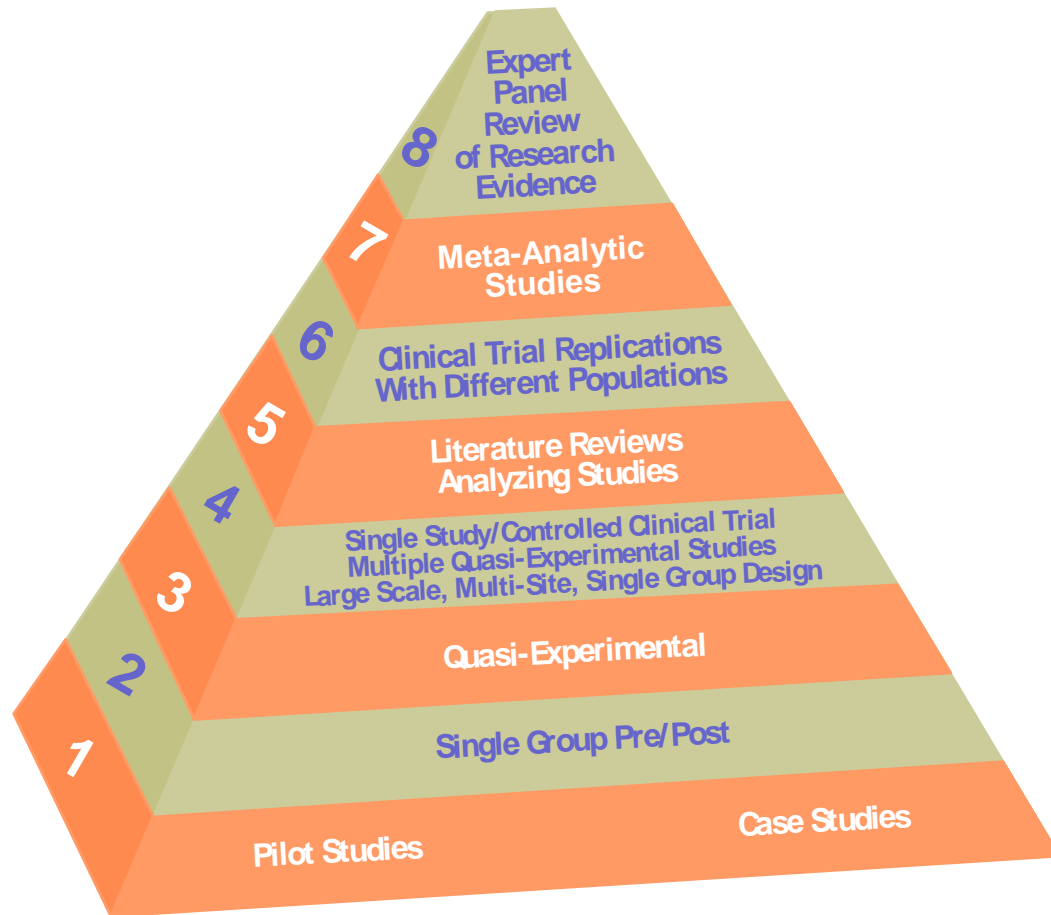
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.... “the integration of the best research evidence with clinical expertise and patient values.”

Source: Institute of Medicine, 2000

# Pyramid of Research Evidence

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Source: SAMHSA, 2005

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# Research Limitations

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- ▶ **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

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<b>EBP</b>	<b>Data for J I</b>	<b>Impact</b>
Housing	++	+++++
Integrated Tx	++++	++++
ACT	+++	+++
Supported Emp.	+	+++
Illness Mgmt.	+	++
Trauma Int./Inf	++	+++
CBT	++++	++++
Medications	+++++	+++++



# Challenges to EBP Implementation

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- ▶ 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

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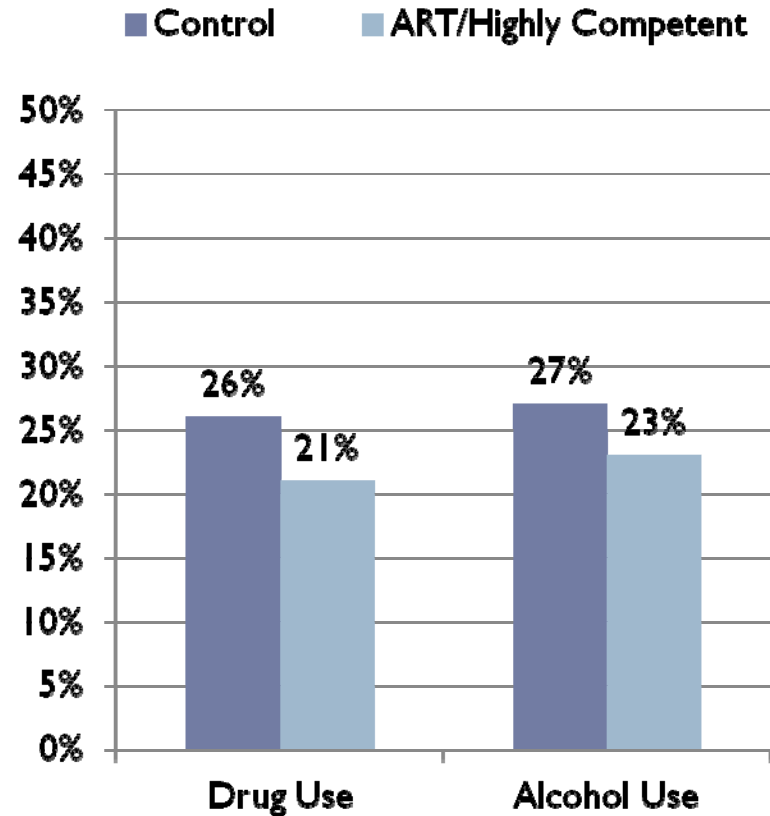
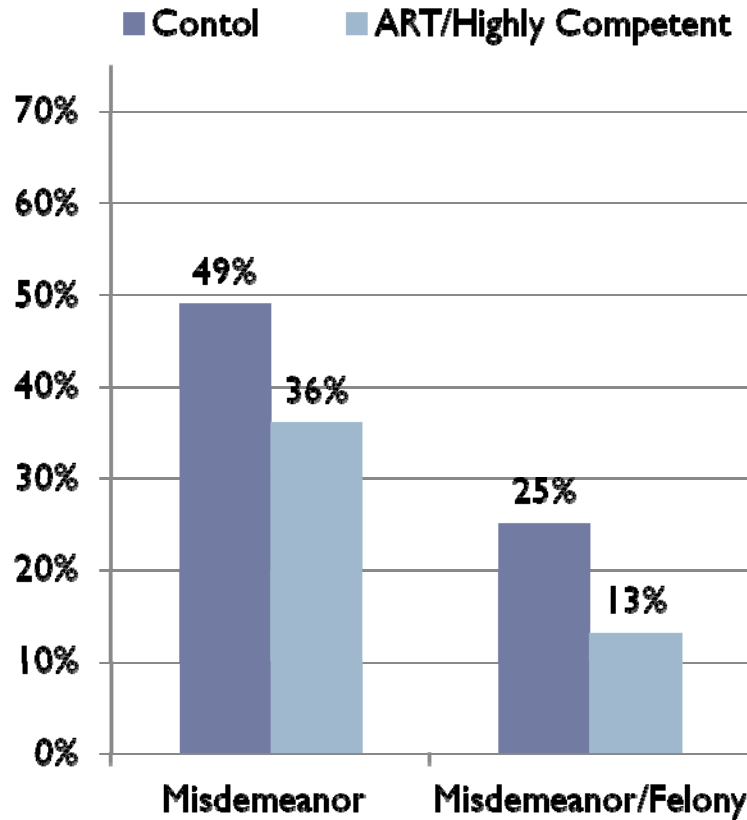
Background on Evidence-Based Practices

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

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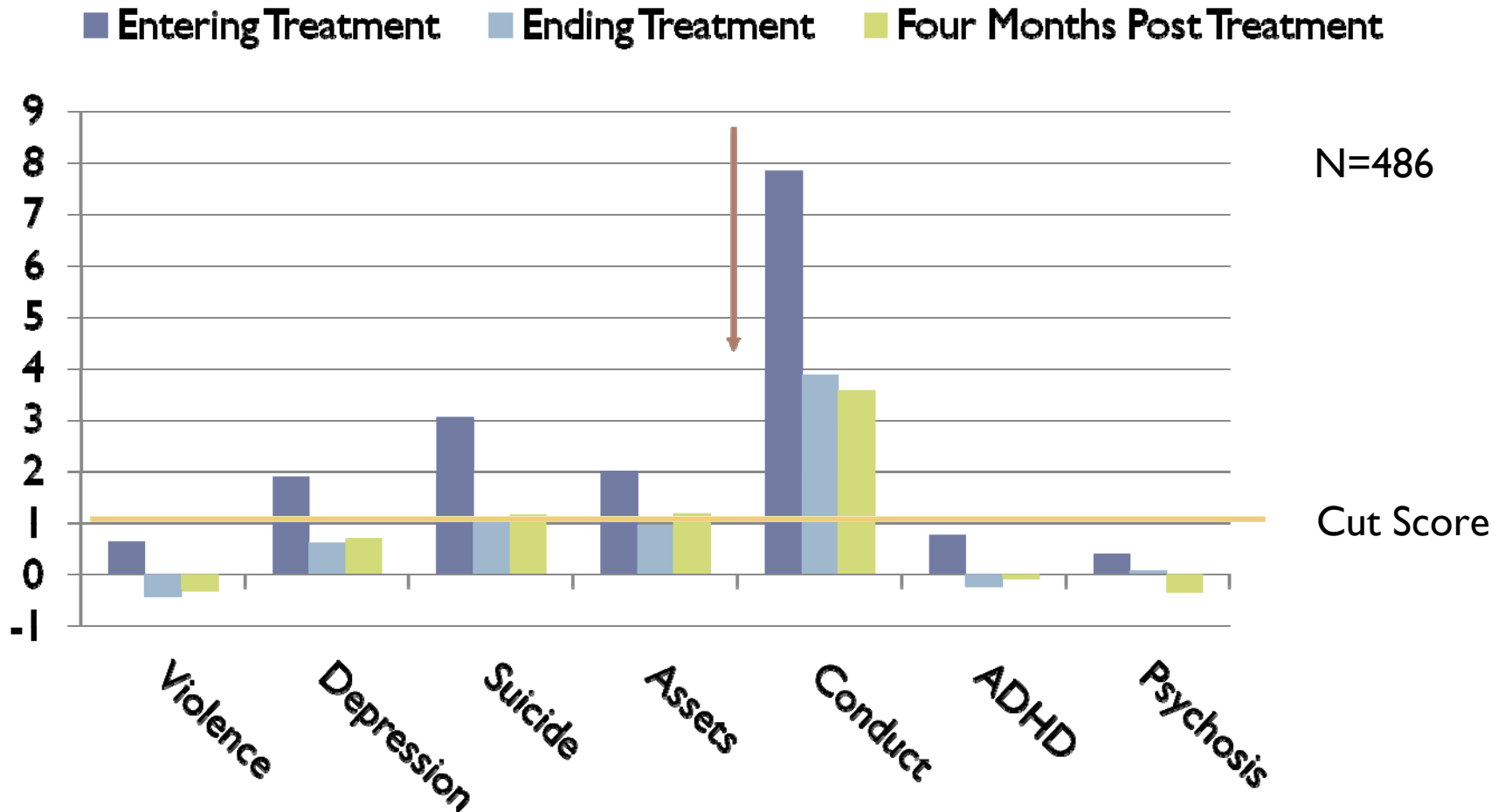
# Evidence-Based Practices can Reduce Recidivism and MH/SA Symptoms



N=1,181

Baronski, R. (2005) "Washington State's Experience with Evidence-based Programs."

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



Carver, D.(2004).Using outcome management to guide practice in the treatment of mentally ill juvenile offenders: Lessons learned at Project Empower. Perspectives, American Probation and Parole Association, Summer, 33–39.

# Three Ways of Going about Evidence-Based Practice

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## Ways of Going about EBP

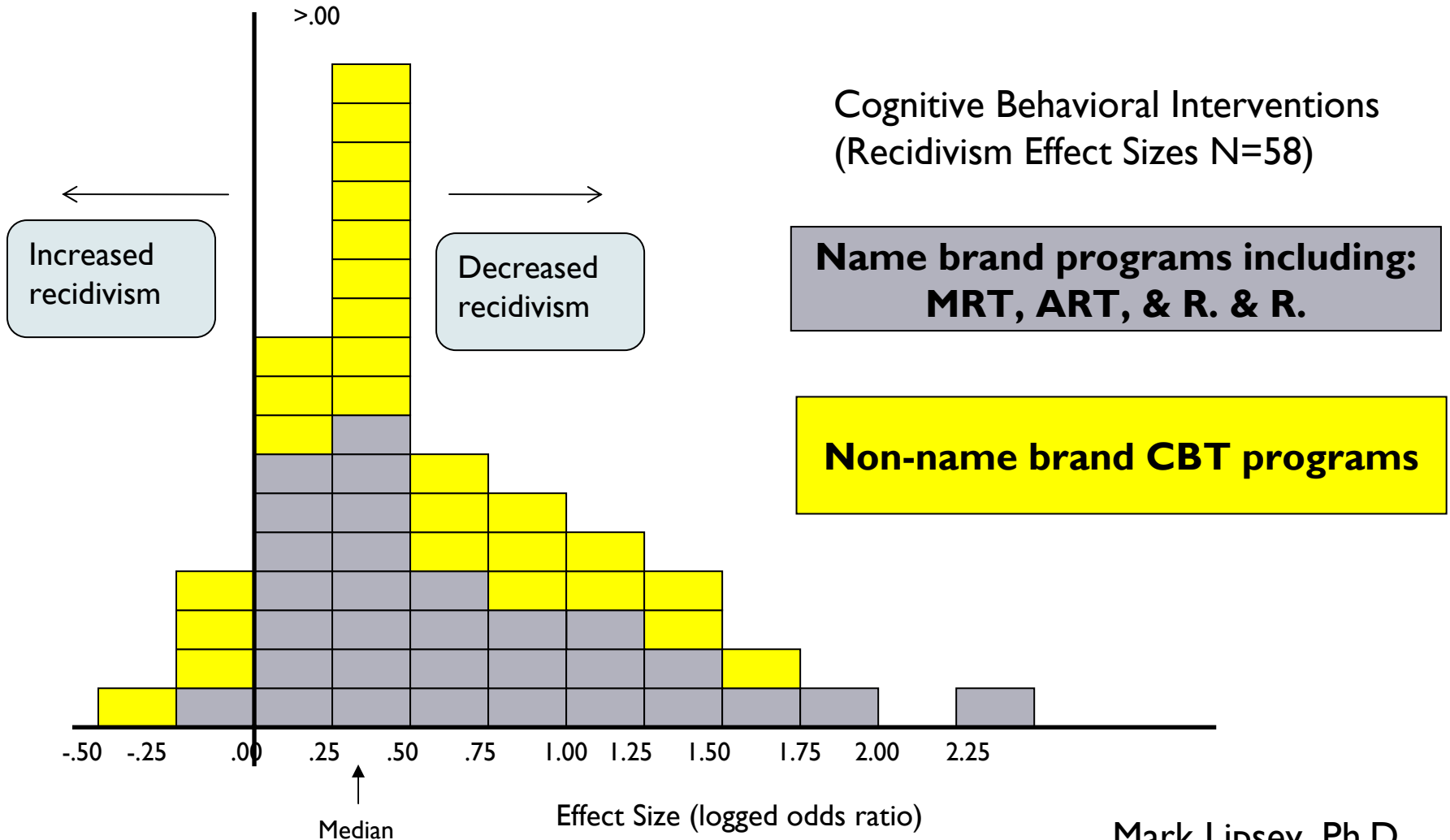
- ▶ Evaluate the effects of your program as it is implemented. (Costly, but can be worth it.)
- ▶ Adopt a model program, using high fidelity to the model. (Attention to implementation science!)
- ▶ Match the characteristics of the most effective services found in meta-analytic research.

## Sample Model Programs

- ▶ Adolescent Community Reinforcement Approach\*
- ▶ Aggression Replacement Training
- ▶ Brief Strategic Family Therapy
- ▶ Functional Family Therapy
- ▶ Multi-Dimensional Family Therapy
- ▶ Multi-Systemic Therapy
- ▶ Trauma-Focused CBT\*

\*No research on recidivism reduction.

# Generic Programs can be as Effective as Model Programs



Mark Lipsey, Ph.D.

# What are the Characteristics of the Most Effective Programs as found in Meta-Analysis?

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- ▶ **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.

Lipsey, M., et al. (2010). “Improving the Effectiveness of Juvenile Justice Systems: A New Perspective On Evidence-based Practice.” <http://cjr.georgetown.edu/jjsip/jjsip.html>

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# Evidence-based services for individuals with SMI

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- ▶ 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

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- ▶ Cognitive behavioral therapy
- ▶ Motivational enhancement therapies
- ▶ Contingency Management
- ▶ Pharmacological therapies
- ▶ Community reinforcement

# Evidence-based program models for justice-involved persons with co-occurring disorders

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- ▶ Integrated treatment and programs
- ▶ Modified Therapeutic Community
- ▶ Integrated Dual Disorder Treatment
- ▶ Assertive Community Treatment

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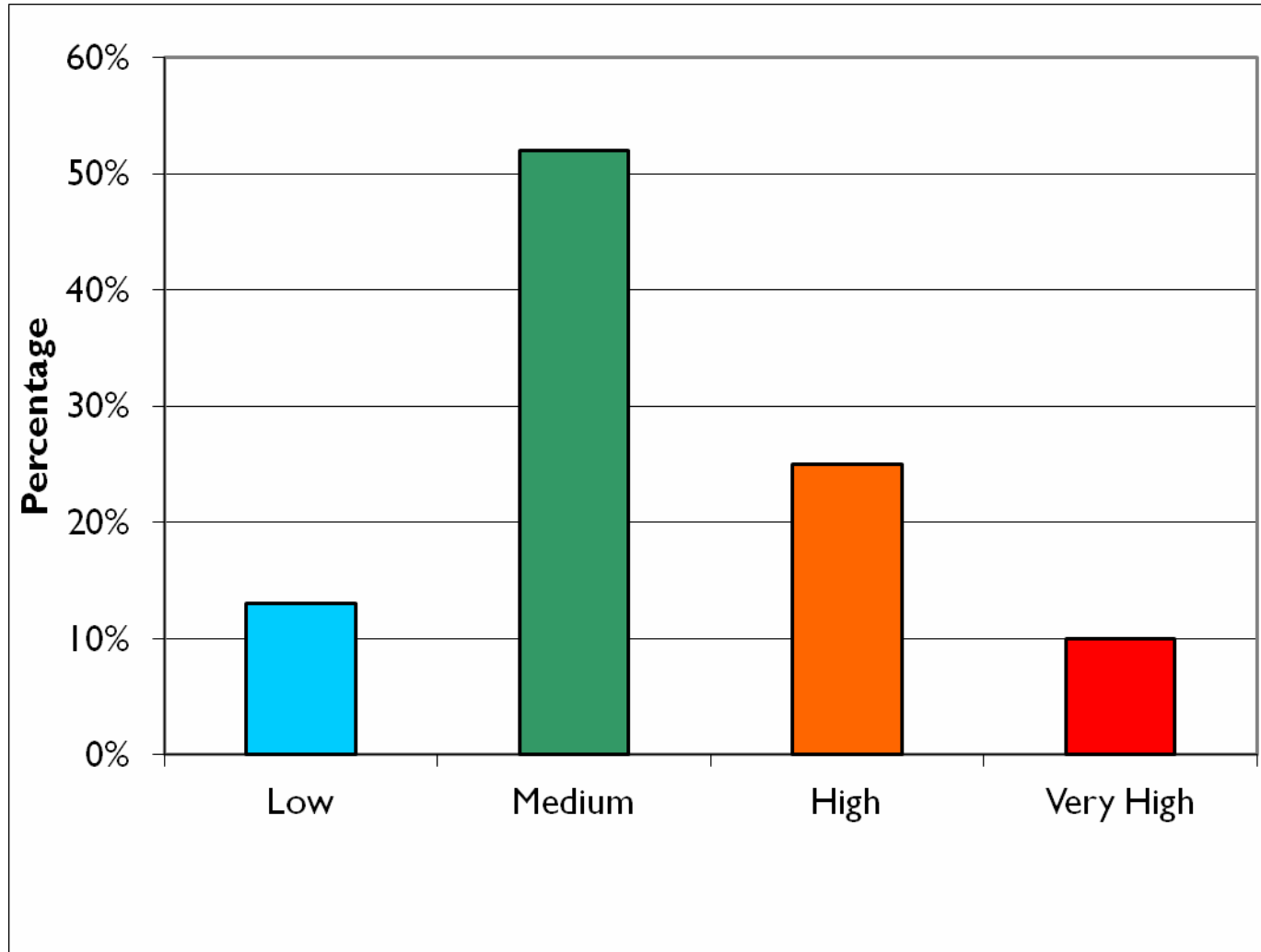
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# CASES Nathaniel ACT ATI (Felony) LS-CMI Risk Category



# Risk Score by Sub-scales (n=119)

<b>Variable</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>LS/CMI Total Score</b>	7.67	14.67	23.82	31.28
<b>Criminal History</b>	.67	1.84	3.58	4.06
<b>Antisocial Associates</b>	.17	1.07	1.84	3.11
<b>Antisocial Cognition</b>	.22	.49	1.68	3.06
<b>Antisocial Personality</b>	.44	.87	2.16	2.89

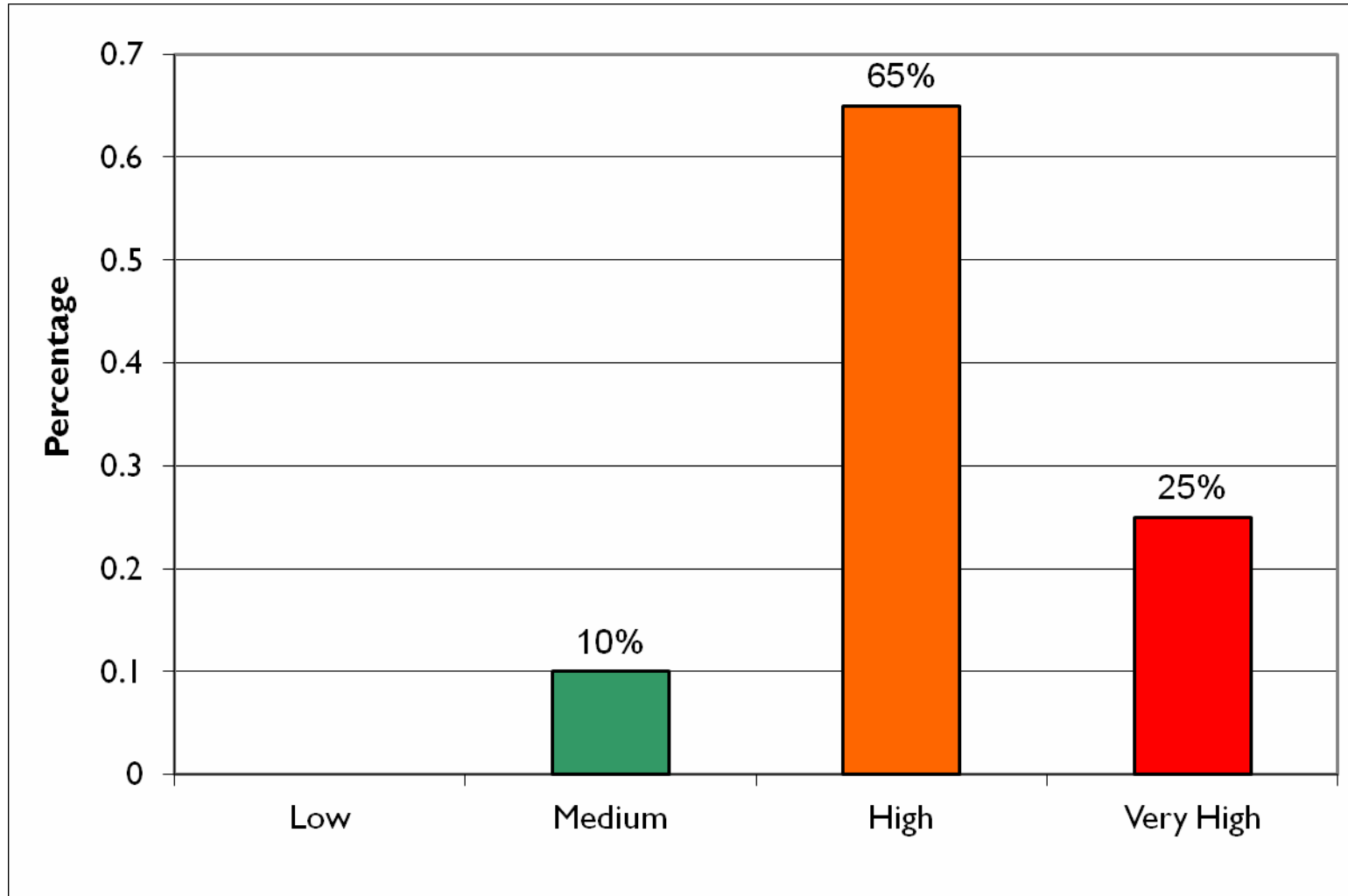


# CASES Nathaniel ACT vs. LS/CMI Comparison SMI Sample

<b>SAMPLE</b>	<b>LO W</b>	<b>MEDIUM</b>	<b>HIGH/ VERY HIGH</b>	<b>TOTAL</b>
<b>CASES ACT ATI (N=66) % ARRESTED</b>	0%	30%	52%	36%
<b>% ACT SAMPLE</b>	15%	35%	50%	100%
<b>MI COMPARISON (N=122) % ARRESTED</b>	28%	49%	73%	45%
<b>% COMPARISON SAMPLE</b>	37%	45%	18%	100%



# CASES Transitional Case Management ATI (Misdemeanor)LS-CMI Risk Category



## Risk Score by Sub-scales (n=60)

<b>Variable</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>LS/CMI Total Score</b>		15.8	24.5	31.4
<b>Criminal History</b>		3.33	3.59	5.13
<b>Antisocial Associates</b>		2.00	2.85	3.40
<b>Antisocial Cognition</b>		0.50	2.08	3.07
<b>Antisocial Personality</b>		1.00	1.74	2.33



# Thank You!

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[www.consensusproject.org](http://www.consensusproject.org)

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