October 4, 2006

Department of Corrections
and
Addictions and Mental Health Division
Evidence-Based Practices Understanding

Question: **“The Addictions and Mental Health Division (AMH) and the Department of Corrections (DOC) are using different methods to determine if programs being delivered are evidence based. How do these two methods interact at the program level? Are they in conflict with one another?”**

Answer: The corrections system is using the Corrections Program Checklist (CPC) to determine if **programs** delivered to offenders are based on a body of research that is specific to reducing recidivism. A **program** must be evaluated and must score "satisfactory" on this tool to be considered an **evidence-based program**.

AMH is identifying specific interventions, treatment techniques and **practices** that have been evaluated and found to be effective in facilitating recovery for people with addiction or mental illness or both. To be considered an evidence-based **practice** it must be on the list of **practices** that meet the AMH definition and have been approved through the application process.

A corrections treatment program that scores well on the CPC and is using one or more of the AMH approved practices is in the best situation to be effective both at reducing recidivism and supporting recovery for those with addiction and/or mental illness. These are complementary outcomes and are those identified in the statute that resulted from the passage of SB 267.

Question: **The curriculum we are using in our correctional treatment program is not on the AMH list of evidence-based practices; what should I do?**

The research on effective approaches to reducing recidivism directs programs to target higher risk offenders, focus on specific criminal risk factors, and deliver programs using cognitive-behavioral interventions or social learning theory approaches. There are many curricula now available that have been based on this research. Most of these curricula have **not been individually evaluated** for effectiveness through research, and so do **not appear on the AMH list.** However,

the clinical techniques and treatment interventions that are most commonly included in programs that reduce criminal recidivism are manuals and products based on cognitive behavioral therapy, dialectical behavior therapy, relapse prevention, individual drug counseling approach, solution focused/brief therapy and supported employment/housing. All of **these interventions have been evaluated and found to be effective, and do appear on the AMH list of evidence-based practices**. As AMH is asking programs to identify the amount of money spent on providing the **identified practices**, you identify only the amount of time/money spent in delivering the "**approved"** EBPs that are included in the "curricula" you have chosen to implement when you are asked by AMH.