A Checklist for Implementing **Evidence-Based Practices and Programs** for Justice-Involved Adults with Behavioral Health Disorders

Published by SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

Alex M. Blandford, MPH
Fred C. Osher, MD
Council of State Governments Justice Center

This work was conducted by SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc., in collaboration with the Council of State Governments Justice Center, and was authored by Alex M. Blandford, MPH, and Fred C. Osher, MD. Support for this work came from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). The material contained in this publication does not necessarily represent the position of the SAMHSA Center for Mental Health Services.

The suggested citation for this resource is Blandford, A. & Osher, F. (2012). *A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation.

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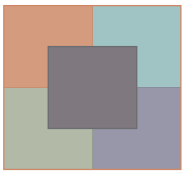
August 2012



SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation
Policy Research Associates
345 Delaware Avenue
Delmar, NY 12054
www.prainc.com

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Introduction

The prevalence of serious mental illness (SMI) among persons in the criminal justice system is between three and six times the rate for individuals with SMI in the general U.S. population. A recent study of over 20,000 adults in five local jails found that 14.5 percent of male inmates and 31 percent of female inmates met criteria for a SMI.[i] If these same estimates are applied to the almost 13 million jail admissions reported in 2010, the study findings suggest that more than two million bookings of a person with SMI occur annually.[ii] Studies suggest that the co-occurrence of mental health and substance use disorders (COD) is common. In jails, of the approximately 17 percent with SMI, an estimated 72 percent had a co-occurring substance use disorder.[iii] Approximately 59 percent of state prisoners with mental illnesses had a co-occurring drug and/or alcohol problem.[iv] The overrepresentation of people with SMI or COD in the criminal justice system has a significant impact on the recovery path of these individuals, creates stress for their families, and has an effect on public safety and government spending.

A significant number of individuals who receive services through the publicly funded mental health and substance abuse systems are involved, or are at risk for involvement, in the criminal justice system. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the largest proportion of these referrals.[v]

There is no "one-size-fits-all" approach to advance the recovery of individuals under criminal justice supervision with substance abuse and/or mental health disorders—or to reduce their likelihood of reoffending. Treatment, support, and supervision must be tailored to individuals' needs and risk levels. Research supports the effectiveness and cost-effectiveness of some behavioral interventions for people with behavioral health issues under the supervision of the criminal justice system.[vi] Yet not all treatment is equally effective, and it's important to ensure that individuals with behavioral health disorders have access to evidence-based practices and programs (EBPs). EBPs, when implemented as designed (i.e., with high fidelity), are critical to improve outcomes, maximize investments, and build support for further expansion of services.

What are Evidence-Based Practices and Programs (EBPs)?

To qualify as *an evidence-based practice or program*, research must demonstrate that a specific practice or program increases the likelihood of positive outcomes. *Promising practices or programs* are those that are associated with positive outcomes, but do not yet have the evidence base to be considered EBPs. EBPs are the most reliable way to achieve desired outcomes and should be provided whenever possible. However, there are many services that have not been designated as EBPs but still may be important components of a comprehensive treatment plan.

THE CHECKLIST

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation and the Council of State Governments Justice Center have prepared this easy-to-use checklist to help behavioral health agencies assess their utilization of EBPs associated with positive public safety and public health outcomes. The checklist is divided into two sections:

- **Section One: Building a Cross-Collaborative System to Support the Implementation of EBPs** helps behavioral health agencies determine if critical elements are in place in their systems to effectively implement EBPs and address the needs of clients who are involved in the criminal justice system.
- **Section Two: Assessing and Implementing Effective Programs** contains a list of EBPs and promising practices and programs for justice-involved clients. Providers should identify whether their agency utilizes these key practices and programs, or whether they should be prioritized for future implementation.

SECTION ONE: BUILDING SUPPORTS FOR THE IMPLEMENTATION OF EBPS

A particular challenge for public behavioral health stakeholders is ensuring that EBPs that address the needs of justice-involved people with behavioral health disorders are available and seamlessly integrated into existing systems of care. This is most likely achieved through the collaborative efforts of several agencies working within the constraints of multiple systems. The following section provides guidance on how to build successful cross-system collaboration and asks a series of questions to help agencies determine whether their system has elements in place to support the implementation of EBPs.[1] This portion of the checklist is informed by the U.S. Substance Abuse and Mental Health Services Administration's Treatment Improvement Protocol (TIP) [2] on Substance Abuse Treatment for Adults in the Criminal Justice System.

[1] This section focuses on system-level factors related to successful implementation of EBPs. For information and guidance on how to assess an individual agency's readiness and capacity, please consult the online course *Implementation: Making an Evidence-Based Program Work for You* developed by SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP), available at http://www.nrepp.samhsa.gov/AboutLearn.aspx

[2] Treatment Improvement Protocols (TIPs), developed by the Center for Substance Abuse Treatment (CSAT), part of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (DHHS), are best-practice guidelines for the treatment of substance use disorders. CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to facilities and individuals across the country. The audience for the TIPs is expanding beyond public and private treatment facilities to include practitioners in mental health, criminal justice, primary care, and other healthcare and social service settings.

Steps	Rationale	Actions	No Progress	In Progress	Completed
1. Develop clear goals	Once core providers have made commitments to improve the criminal justice and mental health systems' response to persons with mental illnesses and co-occurring substance use disorders, they need to set discrete goals and identify shared objectives. Doing so can help reinforce buy-in from partners and establish a clear direction.	• Identify individuals who have substantive expertise in the criminal justice and behavioral health treatment systems.			
		• Working together, establish common goals that link the two systems and are specific and attainable (e.g., reduced recidivism, reduced technical violations, increased access to treatment, increased retention in treatment).			
		• Identify the unique goals of each system to clarify and resolve any differences or misunderstandings that may exist among group members.			
		• Develop objectives and a work plan to help identify roles and responsibilities within the group.			
		• Ensure that system leaders and change agents are involved, informed, and supportive of the collaborative efforts.			
2. Get support from system leaders	Criminal justice and treatment collaboration efforts should have the endorsement from all systems' leaders on the county or state level, as well as from policymakers such as the county executive, mayor, or commissioner, whose support may be valuable.	• Develop mechanisms for communication between the system leaders to cultivate and maintain their support.			
		• Develop mechanisms to integrate perspectives from relevant community members, elected officials, leaders of faith communities, victims, advocates and other stakeholders.			
3. Identify and engage stakeholders	A wide range of individuals in the community have a vested interest in reducing recidivism and increasing access to mental health and/or substance abuse treatment for justice-involved individuals and agencies should involve them as appropriate.	• Involve consumers and their family members.			
4. Identify existing services and supports and gaps	Individuals with behavioral health problems involved in the criminal justice system have multiple and complex needs. Understanding what services and resources are available, as well as those that are not, can help agencies anticipate challenges that may arise when trying to address the range of needs that individuals may have.	• Conduct a "community audit" to determine what services are offered and delivered to clients involved in the criminal justice system.			
		• Develop a "map" of how individuals access existing services.			
		• Identify missing or insufficient services, practices, and programs.			

Section Two: Assessing and Implementing Effective Programs

Community-based providers often struggle with how to address the needs of clients involved with the criminal justice system. Behavioral health professionals may be concerned that criminal justice agencies refer types of individuals for which service providers have developed few effective interventions (such as for those who have personality disorders) and have expectations that treatment alone is sufficient to change their criminal behavior. Criminal justice professionals may be frustrated by the lack of alternatives to incarceration and the revolving-door nature of the population. Deep budget cuts to all systems have led to staff reductions and a diminished capacity to offer services. In this context, agencies should allocate their limited resources to interventions that—if properly implemented—have demonstrated positive outcomes for these clients as well as for the system.

What is the Distinction Between Evidence-Based Practices and Programs (EBPs)?

Fixsen, D., at al. (2005) defined evidence-based practices as "skills, techniques, and strategies that can be used by a practitioner" (e.g., cognitive behavioral therapy). These practices can be thought of as interventions shown to be effective that can be used individually or in combination to form more comprehensive programs. Evidence-based programs, as defined by Fixsen et al., are "collections of practices that are done within known parameters (philosophy, values, service delivery structure, and treatment components) and with accountability to the consumers and funders of those practices" (e.g., Assertive Community Treatment).

The checklist below outlines the EBPs that researchers, experts, and practitioners identified as being applicable for adults involved in the criminal justice system.[3] It is not intended to be exhaustive and some EBPs may be more challenging to implement, may not be currently available, or may be insufficient to meet the demand in many communities.[4] For example, integrated treatment[5] has been demonstrated as an EBP for individuals with serious mental illnesses and co-occurring substance use disorders,[vii] but the availability of integrated services remains limited in most communities.[viii]

[3] For more information, see Osher, F. C., & Steadman, H. J. (2007). Adapting evidence-based practices for persons with mental illness involved with the criminal justice system. *Psychiatric Services, 58*(11), 1472-1478. Retrieved June 5, 2012, from http://ps.psychiatryonline.org/data/Journals/PSS/3824/07ps1472.pdf

[4] In an effort to provide communities with guidance to develop and implement core services to create an Essential System of Care, the National Leadership Forum on Behavioral Health/Criminal Justice Services identified 8 components. More information can be found at http://gainscenter.samhsa.gov/pdfs/nlf/AmericanTragedy.pdf

[5] SAMHSA has developed a range of materials to help agencies adopt policies and practices that support the planning and delivering of co-occurring disorder treatment services which can be accessed at http://www.samhsa.gov/co-occurring/

Domains[6]	Description	Implementation and Access Status *Fully (F), Partially (P), Not at all (N)*			Agency Capacity to Implement EBP
MENTAL HEALTH TREATMENT					
Evidence-Based Programs					
Assertive Community Treatment (ACT)[7]	Treatment coordinated by a multidisciplinary team with high staff-to-client ratios that assumes around-the-clock responsibility for clients' case management and treatment needs.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Illness Management and Recovery (IMR)[8]	An approach that involves teaching clients skills and techniques to minimize the interference of psychiatric symptoms in their daily lives.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Integrated Mental Health and Substance Abuse Services[9]	Treatment and service provision to support recovery from co-occurring mental illness and substance abuse through a single agency or entity.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Supported Employment[10]	An EBP for people with severe developmental, mental, and physical disabilities that matches them with and trains them for jobs where their specific skills and abilities make them valuable assets to employers.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Psychopharmacology	Treatment that uses one or more medications (e.g., antidepressants) to reduce depression, psychosis, or anxiety by acting on the chemistry of the brain.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Evidence-Based Practices					
Cognitive Behavioral Therapy (CBT)[11]	A therapeutic approach that attempts to solve problems resulting from dysfunctional thoughts, moods, or behavior through brief, direct, and time-limited structured counseling.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Motivational Enhancement Therapy (e.g., Motivational Interviewing)[12]	A consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)

[6] The precise combination of treatment and services provided for one person must be guided by thoughtful assessment of his or her needs

[7] For more information on ACT, FACT, and FICM, visit http://gainscenter.samhsa.gov/pdfs/ebp/ExtendingAssertiveCommunity.pdf

[8] For more information on IMR, visit http://gainscenter.samhsa.gov/pdfs/ebp/IllnessManagement.pdf

[9] For more information on Integrated Mental Health and Substance Abuse Services, visit http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367 and http://gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf

[10] For more information on Supported Employment, visit http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365.

[11] For more information on Cognitive Behavioral Therapy, visit http://gainscenter.samhsa.gov/cms-assets/documents/69181-899513.rottercarr2010.pdf

[12] For more information on Motivational Interviewing, visit http://gainscenter.samhsa.gov/pdfs/ebp/Motivational_Interviewing2011.pdf.

Domains[13]	Description	Implementation and Access Status *Fully (F), Partially (P), Not at all (N)*			Agency Capacity to Implement EBP
Promising Programs					
Supportive Housing[14]	A system of professional and/or peer supports that allows a person with mental illness to live independently in the community. Supports may include regular staff contact and the availability of crisis services or other services to prevent relapse, such as those focusing on mental health, substance abuse, and employment.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Forensic ACT (FACT)[7]	ACT-like programs that have been adapted for people involved in the criminal justice system and focus on preventing arrest and incarceration. ACT involves treatment coordinated by a multidisciplinary team with high staff-to-client ratios that assumes around-the-clock responsibility for clients' case management and treatment needs.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Forensic Intensive Case Management (FICM)[7]	Like FACT, FICM involves the coordination of services to help clients sustain recovery in the community and prevent further involvement with the criminal justice system. Unlike FACT, FICM uses case managers with individual caseloads as opposed to a self-contained team.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Promising Practices					
Cognitive Behavioral Treatment Targeted to Criminogenic Risks (e.g., Reasoning and Rehabilitation or Thinking for a Change)[15]	CBT interventions that are designed to address criminogenic risks and may focus on anger management, problem-solving, and assuming personal responsibility for behavior.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Forensic Peer Specialists[16]	Justice-involved clients who are in recovery provide support to other clients who are also involved, or at risk of becoming involved, in the criminal justice system.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)

[13] The precise combination of treatment and services provided for one person must be guided by thoughtful assessment of his or her needs

[14] For more information on Supportive Housing, visit http://gainscenter.samhsa.gov/pdfs/ebp/MovingTowardEvidence-BasedHousing.pdf.

[15] For more information on specific Cognitive Behavioral Therapies, visit http://static.nicic.gov/Library/021657.pdf

[16] For more information on Forensic Peer Specialists, visit http://gainscenter.samhsa.gov/peer_resources/pdfs/Davidson_Rowe_Peersupport.pdf

Domains[17]	Description	Implementation and Access Status *Fully (F), Partially (P), Not at all (N)*			Agency Capacity to Implement EBP
SUBSTANCE ABUSE AND DEPENDENCE TREATMENT					
Evidence-Based Programs for Substance Abuse and Dependence					
Modified Therapeutic Community (MTC)[18]	MTCs alter the traditional TC approach in response to the psychiatric symptoms, cognitive impairments, and other impairments commonly found among individuals with co-occurring disorders. These modified programs typically have (1) increased flexibility, (2) decreased intensity, and (3) greater individualization.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Promising Programs for Substance Abuse and Dependence					
12-Step or Other Mutual Aid Groups	Groups of non-professionals who share a problem and support one another through the recovery process.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Peer-Based Recovery Support Programs[19]	Justice-involved clients who are in recovery providing support to other clients who are also involved, or at risk of becoming involved, in the criminal justice system.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Evidence-Based Practices for Substance Abuse and Dependence					
Cognitive Behavioral Therapy (CBT)[20]	A therapeutic approach that helps clients address problematic behaviors and develop effective coping strategies to stop substance use and address other synchronous issues.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Motivational Enhancement Therapy (e.g., Motivational Interviewing)[13]	A consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Contingency Management (CM) Interventions[21]	The objective of CM interventions is to reinforce a client's commitment to abstinence and to reduce his/her drug use using positive (e.g., vouchers) and negative (e.g., increased supervision) reinforcers in response to desired and undesired behaviors.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)

[17] The precise combination of treatment and services provided for one person must be guided by thoughtful assessment of his or her needs

[18] For more information on Modified Therapeutic Communities, visit http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=144

[19] For more information on Peer-Based Recovery Support Programs, visit http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf

[20] For more information on Cognitive Behavioral Therapy, visit https://www.ncjrs.gov/pdffiles1/nij/229888.pdf

[21] For more information on Contingency Management, visit page 49 in http://static.nicic.gov/Library/023362.pdf

Domains[22]	Description	Implementation and Access Status *Fully (F), Partially (P), Not at all (N)*			Agency Capacity to Implement EBP
Evidence-Based Practices for Substance Abuse and Dependence, Continued					
Pharmacotherapy (i.e., Medication Assisted Treatments)[23]	Treatment that uses one or more medications as part of a comprehensive plan to reduce symptoms associated with dependence on drugs and/or alcohol.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Relapse Prevention Therapy [24]	A systematic treatment method of teaching recovering clients to recognize and manage relapse warning signs.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Behavioral Couples Therapy (BCT)[25]	A family treatment approach for couples that uses a "recovery contract" and behavioral principles to engage both people in treatment, achieve abstinence, enhance communication, and improve the relationship.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)
Promising Practices for Substance Abuse and Dependence					
Case Management[26]	An intervention that involves the coordination and/or direct delivery of services to meet the complex needs of justice-involved clients with substance use disorders.	F	P	N	Within your agency? Yes No Within partnering agencies? Yes No (if yes, list)

[22] The precise combination of treatment and services provided for one person must be guided by thoughtful assessment of his or her needs

[23] For more information on Pharmacotherapy, visit http://store.samhsa.gov/product/Medication-Assisted-Treatment-for-the-21st-Century/F038

[24] For more information on Relapse Prevention, visit http://kap.samhsa.gov/products/manuals/taps/19.htm

[25] For more information on Behavioral Couples Therapy, visit page 59 in http://static.nicic.gov/Library/023362.pdf

[26] For more information on Case Management for substance abuse and dependence in criminal justice settings, visit http://www.ncbi.nlm.nih.gov/books/n/tip27/A50228/#A50259

[i] Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2006). Prevalence of Serious Mental Illness Among Jail Inmates. *Psychiatric Services, 60*(6): 761-765.

[ii] For jail admissions, see Minton, T. D. (2011). Jail inmates at midyear 2010. (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, DOJ Publication No. NCJ 174463). Washington, D.C. Retrieved from http://bjs.gov/content/pub/pdf/jim10st.pdf

[iii] Abram, K. M., & Teplin, L.A. (1991). Co-occurring disorders among mentally ill jail detainees, *American Psychologist, 46*(10): 1036–1045.

[iv] Ditton, P. (1999). *Mental Health and Treatment of Inmates and Probationers.* Washington, D.C.: Bureau of Justice Statistics. Retrieved June 3, 2012, from http://bjs.ojp.usdoj.gov/content/pub/pdf/mhtip.pdf

[v] Substance Abuse and Mental Health Services Administration. (2011). *The TEDS Report: Characteristics of Probation and Parole Admissions Aged 18 or Older (Center for Behavioral Health Statistics and Quality).* Rockville, MD. Retrieved from http://www.samhsa.gov/data/2k10/231Parole2k11Web/231Parole2k11.htm

[vi] Council of State Governments Justice Center (2005). *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. New York, NY: Council of State Governments. Retrieved from http://reentrypolicy.org/Report/About

[vii] Drake, R. E., Essock, S.M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., Lynde, D., Osher, F. C., Clark, R. E., & Rickards, L. (2001). Implementing dual diagnosis services for clients with severe mental illness, *Psychiatric Services, 52*(4): 469–476.

[viii] Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD. Retrieved from http://www.samhsa.gov/data/nsduh/2k8nsduh/2k8Results.htm