

**Evidence-Based Practices:
Substance Abuse Treatment and
Jail Population Management**

Report to Pierce County Performance Audit Committee

February 27, 2008

William Vetter, Research Analyst

Pierce County Council Performance Audit Office

EXECUTIVE SUMMARY

Pierce County Ordinance No. 2007-102s reserved \$575,000 for evidence-based programs used to treat addiction and reduce the jail population. The ordinance directed the Performance Audit Office to research and report on performance measurement and ranking criteria for programs in these areas. This report is the result of that research.

“Evidence-based practice” is the latest strategy in the attempt to provide policy makers with objective information on program performance. Along with the ideas of “best practices” and “what works,” evidence-based practices contrast with traditional program advocacy, which often relies on subjective beliefs or tradition.

The concepts for evidence-based practice derive from evidence-based medicine, which attempts to use the best scientific research available in caring for patients. The effectiveness of evidence-based programs has been demonstrated in rigorous evaluations. Research has also shown that evidence-based practices are cost-effective.

Evidence-based practices are not “one-size-fits-all.” They must be faithfully implemented and appropriately adapted for different populations. In addition, community organizations often do not have resources to qualify their programs as “evidence-based.” However, with sufficient resources, the concepts of evidence-based practice can be applied to such programs to establish evidence-based status.

Strict definitions of evidence-based practice are appropriate in the addiction treatment field, especially when medications are used. Even with these strict criteria, research problems can lead to erroneous conclusions. Thus it is important for agencies with expertise in the field to vet the research.

Relaxed definitions of evidence-based practice are more appropriate for criminal justice programs, which often cannot be evaluated in strictly controlled clinical settings. Performance measurement of evidence-based programs consists of monitoring fidelity to the program model as well as program outcome measurement.

We recommend that the County Council adopt the definition of “evidence-based” programs used by the city of Tacoma, and adopt a relaxed definition for best practices that have not yet achieved evidence-based status. We further recommend that the Council, with the support of the Performance Audit Office, develop a plan to solicit information on evidence-based programs in Pierce County, and allocate a portion of the funds reserved in Ordinance No. 2007-102s toward those programs.

We also recommend that the Council allocate a portion of the funds toward assisting community programs currently funded by the County to achieve best-practice status.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	ii
TABLE OF CONTENTS	i
I. BACKGROUND	1
II. EVIDENCE-BASED PRACTICE	2
A. What is “Evidence-Based Practice?”	2
B. Origins of Evidence-Based Practice	3
C. What Qualifies as “Evidence-Based?”	4
D. Are Evidence-Based Practices Effective?	5
E. Caveats for Implementing Evidence-Based Practices	5
III. EVIDENCE-BASED PRACTICE IN ADDICTION	7
A. Why Use Evidence-Based Programs to Treat Addiction?	7
B. Research Problems	9
C. Performance Measurement for Addiction Treatment	11
1. Implementation Fidelity	11
2. Outcome Measures	12
IV. EVIDENCE-BASED PRACTICES FOR JAIL POPULATION PROGRAMS	13
A. Criteria	13
B. Performance Measurement	14
V. EVIDENCE-BASED PRACTICE IN PUBLIC POLICY	16
A. Washington State	16
B. Oregon	16
C. Tacoma	17
D. Pierce County	18
VI. RECOMMENDATIONS	20
APPENDIX A: SELECTED RESOURCES	22
APPENDIX B: OREGON’S EVIDENCE-BASED PRACTICES FORM	24

I. BACKGROUND

This report was completed in response to Pierce County Ordinance No. 2007-102s. The ordinance reserved \$575,000 for evidence-based programs used to treat addiction and reduce the jail population. The ordinance also directed the Performance Audit Office to research and report on performance measurement and ranking criteria for programs in these areas.

In order to evaluate criteria and measures for programs targeting addiction and jail population, performance audit staff reviewed policies in the public sector, reviewed supporting academic and scientific literature, and conducted interviews with individuals in the field. The research for this report was conducted between December 2007 and February 2008.

The report is organized as follows:

- ❑ Chapter II of the report concerns the definition of evidence-based practices, including their origins, general criteria for establishing evidence-based status, and caveats for implementing programs that are evidence-based.
- ❑ Chapter III discusses evidence-based practices in the field of addiction treatment, including criteria and performance measures.
- ❑ Chapter IV discusses evidence-based practices related to jail population issues, including criteria and performance measures.
- ❑ Chapter V describes public sector experiences with evidence-based practices, including Pierce County.
- ❑ Chapter VI presents recommendations for criteria for evidence-based programs and methods to support the continuing development of evidence-based programs in Pierce County.

The study was conducted in full accordance with Government Auditing Standards (the Yellow Book) published by the U.S. Government Accountability Office.

II. EVIDENCE-BASED PRACTICE

A. What is “Evidence-Based Practice?”

State and local governments and their citizens are demanding objective information on the effectiveness of programs competing for limited public funds. This is especially true in the field of criminal justice, where Pierce County spends over 70% of general fund revenue. Nationally, a lack of resources dedicated to evaluating criminal justice programs has led to a situation in which anecdotal evidence, political ideology, local custom, opinions, theories, and subjective impressions drive criminal justice policy.¹

Legislators typically receive information from various sources, such as agencies, lobbyists, advocates, colleagues, citizens, and even product vendors. In this advocacy-based system, proponents may use emotional examples rather than sound data to support their view. Further problems arise when vendors present studies that support their product, while ignoring studies that do not.²

In response, state and local governments have turned to the ideas of “best practices,” “what works,” and, more recently, “evidence-based practice.” These terms capture a similar idea – that the effectiveness of programs should be supported by good evidence that can withstand detailed scrutiny.

Local governments that have adopted evidence-based practices are moving away from a system that rewards political influence toward a system that encourages analysis that is more objective. They are looking to change the question of program success from “**is the program operational?**” to “**is the program effective?**”

Federal and state agency proposals for evidence-based practices require that:

- Policy makers and service providers integrate rigorous evaluation into decisions about interventions;

¹ Brandon C. Welsh & David P. Farrington (2001). “What Works in Preventing Crime? Systematic Reviews of Experimental and Quasi-Experimental Research,” *Annals of the American Academy of Political and Social Science*, Vol. 578, pp. 158-173.

² Mark Gibson (2006). “When Good Information Truly Matters: Public Sector Decision Makers Acquiring and Using Research To Inform Their Decisions,” *Journal of Law and Policy*, pp. 551-568.

- Evidence-based practices should be validated by documented scientific research such as controlled clinical studies or other methods of establishing evidence;
- Program dollars should be driven by demonstrated effectiveness in reducing crime and substance abuse.³

In general, evidence-based programs have the following attributes:⁴

- 1. They are standardized and thoroughly documented**
- 2. They provide guidelines for implementation**
- 3. They are examined using rigorous research**
- 4. They are demonstrated to have positive outcomes in repeated studies**

B. Origins of Evidence-Based Practice

Evidence-based practice has its roots in the field of medicine. Evidence-based medicine relies on “the current best evidence in making decisions about the care of individual patients.”⁵ Evidence is ranked according to the type of study that produces it. The best evidence is established in “double-blind, placebo-controlled” studies. This design includes two groups of participants: one receiving medicine and another receiving an inert substance (or placebo) in a “control group.”

Double-blinding ensures that outcomes of a study are affected only by the medical intervention, and not by the expectations of the participants or doctors. Surprisingly, expectation effects can significantly influence outcomes. Research has shown that other study designs, even well-matched comparison group studies, can lead to exaggerated and even erroneous conclusions.⁶ Thus, double-blind, placebo controlled studies are considered the “gold-standard” of medical research.

³ Ibid; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Agency National Registry of Evidence-Based Programs and Practices, Online. Available: <http://www.nrepp.samhsa.gov/about-evidence.htm>; Senate Bill Report 4SHB 1483, Washington State Senate Committee on Ways & Means.

⁴ Joseph J. Cocozza. (2007). “Evidence-Based Practices: An Overview of Progress and Challenges,” *Paper presented at the 1st Annual Collaborative Juvenile Justice Conference*, November 1, 2007, Springfield, Illinois.

⁵ Stewart B. Leavitt (2003). “Can Addiction Research be Trusted?” *Addiction Treatment Forum*. Online. Available: http://atforum.com/SiteRoot/pages/addiction_resources/EBAM_6_Pager.pdf.

⁶ Ibid.

Double-blind studies are appropriate in the field of addiction treatment, especially when medical interventions are used. In the field of criminal justice, double-blind studies are less prevalent or appropriate. Judges may not be willing to exclude individuals from a program to serve as a control group. Further, outcomes of criminal justice programs are more subject to external influences and have outcomes that occur far in the future. Therefore, less rigorous designs may be appropriate for assessing criminal justice program effectiveness.

In general, evaluations that use comparison groups are stronger than evaluations that do not. Evaluations that use basic percentages to describe client outcomes, without comparison information, are not sufficient to establish program effectiveness. Good comparison groups match a group of people in a program with a group of individuals with similar characteristics who are not in the program. The use of a comparison group can help determine if the outcomes of a program could have been attained **without** the program (and associated program costs).

Even when appropriate, it is rarely possible or practical for local governments to invest time or money in double-blind studies, which require a substantial investment of both. However, local governments can benefit from research conducted on interventions elsewhere.

C. What Qualifies as “Evidence-Based?”

The standards for attaining “evidence-based” status are not set up to determine whether a given program is effective. Rather, these standards (or criteria) offer a way to determine how much confidence should be placed in a program’s reported outcomes. A program supported by stronger research allows policy makers to have more confidence that the program *itself* produced positive outcomes.

In general, criteria for ranking programs should include the following:

1. **A clear description of the logical sequence by which outcomes are achieved.** This description should be written in manual format so that it can be replicated. This should include (a) what is going to be measured, and (b) a plan to ensure consistency with the program’s design.
2. **Supporting research or evaluations of a program.** Confidence in the conclusions of the research will depend on the strength of the research. Studies using comparison groups are considered the strongest. Using comparison groups can determine whether program outcomes would have occurred without the program – an important determination when funds are limited.

D. Are Evidence-Based Practices Effective?

Research has shown that evidence-based practices improve the quality of service, increase the likelihood of achieving desired outcomes, and use available resources more efficiently.⁷ According to the Washington State Institute for Public Policy, evidence-based programs, when implemented correctly, provide a significant short- and long-term economic benefit.⁸ Benefits include lower criminal justice expenses, including less use of the jail and lower crime rates.

A 1997 report by the U.S. Department of Justice noted that “the effectiveness of most crime prevention strategies will remain unknown until the nation invests more in evaluating them By scientific standards, there are very few ‘programs of proven effectiveness.’”⁹ In the 11 years since that report, several programs of proven effectiveness have indeed been identified, and more are emerging as agencies enhance their evaluation capabilities.

E. Caveats for Implementing Evidence-Based Practices

Of course, “evidence-based” does not always mean “correct,” and program advocates are not always “incorrect.” “Evidence-based practice” is not a brand name or seal of approval that conveys legitimacy to some programs to the exclusion of other programs. Further, evidence-based practices should not be considered “one-size-fits-all.” In most cases, programs will have to be adapted to the specified population that uses them, making local evaluation important.

Many effective programs simply do not have resources to produce sound data or evaluations of their performance. Achieving evidence-based status requires a significant investment of funds and research, which can take years to complete. Most local organizations do not have the resources to dedicate to such endeavors. This does not mean that those programs are ineffective. Strategies such as outcome evaluations can help to demonstrate the effectiveness of these types of programs.

⁷ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Agency Co-Occurring Center for Excellence (2007). “Understanding Evidence-Based Practices for Co-Occurring Disorders,” *Overview Paper 5*.

⁸ Washington State Institute for Public Policy (2006). *Evidence-Based Treatment of Alcohol, Drug, and Mental Health Disorders: Potential Benefits, Costs, and Fiscal Impacts for Washington State*.

⁹ Lawrence W. Sherman et al. (1997). “*Preventing Crime: What Works, What Doesn’t, What’s Promising*,” Report to the United States Congress, prepared for the National Institute of Justice.

However, programs that are not currently “evidence-based” can be made so by investing more in the evaluation capabilities of agencies or organizations administering programs. Evidence-based practice provides an **objective framework for evaluating and measuring the performance** of programs based on the strength of the research supporting them.

Evidence-based programs must be **implemented properly and evaluated systematically** to ensure effectiveness. They require a culture of continuing evaluation and systematic review that goes beyond simply adhering to static outcome measures. Assessments should address **how** to meet a goal in addition to **whether** a goal was met.

According to the National Institute of Corrections, successful implementation of evidence-based practices requires the following:¹⁰

1. **Appropriate choice of a program:** Local governments need to identify programs that best serve their target populations.
2. **Organization development:** In some cases, shifting to evidence-based practices will require an investment in training and possibly a change in organizational cultures. In addition, successful implementations require administrative support, agency stability, and qualified staff.
3. **Collaboration:** All stakeholders must have confidence that new programs or measurement strategies will be effective. Programs cannot be implemented from “on high,” and must reflect the goals of all parties.

Criteria for evidence-based programs in substance abuse and jail population differ due to the quality of research that exists in each area. Stronger research is available in addiction treatment, while restrictive factors limit the kind of research available in criminal justice settings. Thus, those two areas are addressed separately in the following chapters.

¹⁰ Elyse Clawson, Brad Bogue, and Lore Joplin (National Institute of Corrections, 2005). “Implementing Evidence-Based Practice in Corrections,” Online. Available: <http://www.nicic.org/pubs/2004/020174.pdf>.

III. EVIDENCE-BASED PRACTICE IN ADDICTION

A. Why Use Evidence-Based Programs to Treat Addiction?

Addiction treatments include medical interventions, such as methadone treatment, and psychosocial interventions, such as counseling. Dr. Nora Volkow, Director of the National Institute on Drug Abuse (an agency of the National Institute of Health), underscored the importance of evidence-based practice in addiction treatment in testimony to the House Subcommittee on Criminal Justice, Drug Policy, and Human Resources:

“In the field of drug addiction, it has been very, very difficult to change the culture to accept drug addiction as a disease and as you know, we are treated differently in that private insurances do not cover the treatment. Why? Because they say drug addiction treatment does not work. And so it has become extraordinarily important for us to provide objective evidence of the effectiveness of treatment interventions. And it is harmful to the field to promote any treatment without that evidence, because it serves to...propagate the sense that treatment does not work.”¹¹

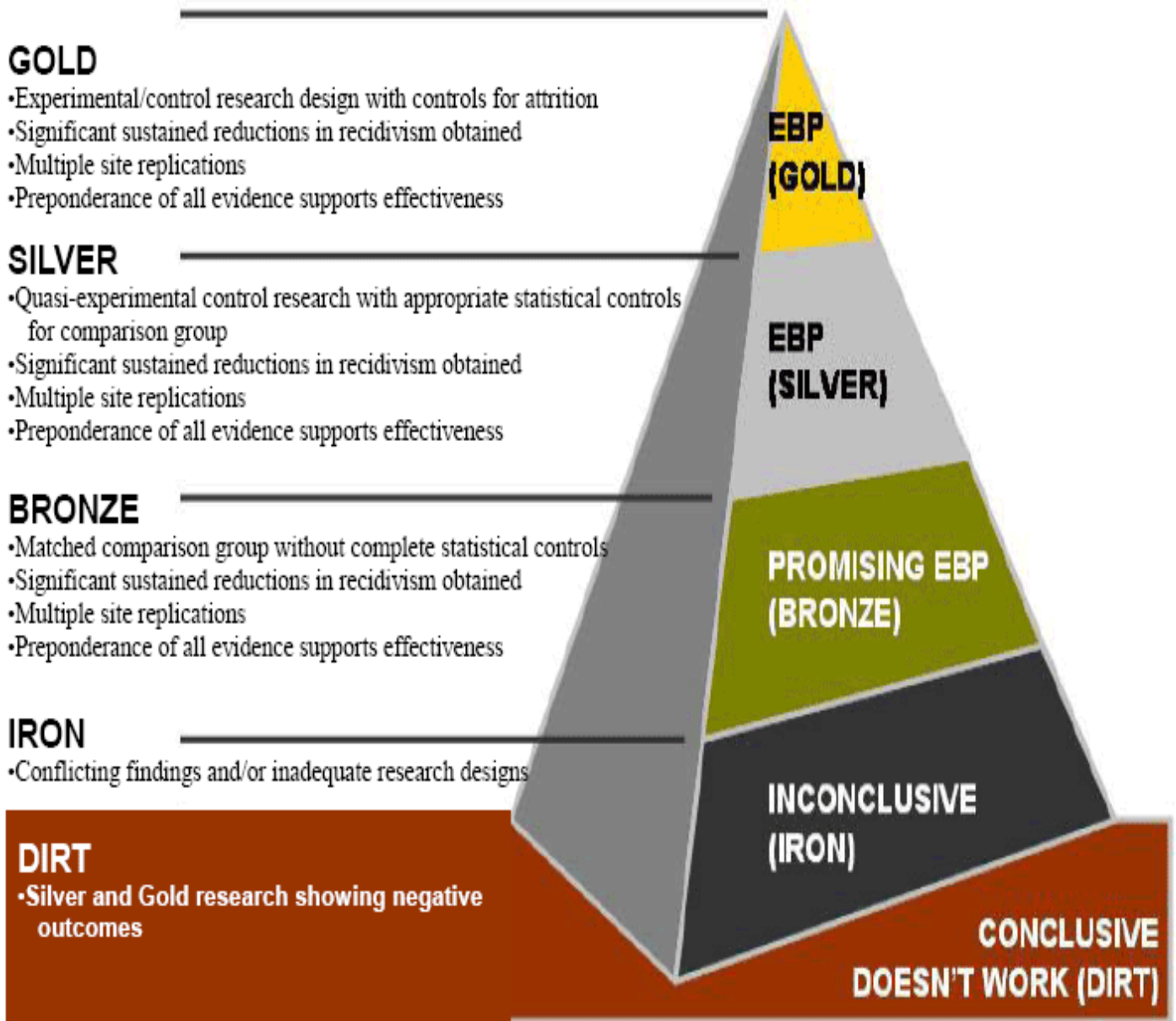
According to the Substance Abuse and Mental Health Services Agency, a Division of the U.S. Department of Health and Human Services, criteria for evidence-based programs reflect the strength of evidence indicating that a program results in a specific outcome.¹² The levels of strength are commonly presented in a pyramid format, and represent different types of research designs. A sample pyramid is shown in Figure 1.¹³

¹¹ California Society of Addiction Medicine. *Statement of CSAM Principles*. Online. Available: <http://www.csam-asam.org/fckfiles/File/csamprinciples.pdf>.

¹² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Agency National Registry of Evidence-Based Programs and Practices, Online. Available: <http://www.nrepp.samhsa.gov/about-evidence.htm>

¹³ Stewart B. Leavitt (2003). “Can Addiction Research be Trusted?” *Addiction Treatment Forum*. Online. Available: http://atforum.com/SiteRoot/pages/addiction_resources/EBAM_6_Pager.pdf.

Figure 1. Levels of Research Evidence¹⁴



¹⁴ National Institute of Corrections (2004). *Implementing Evidence-Based Practice in Community Corrections*. Online. Available: <http://www.nicic.org/pubs/2004/019342.pdf>.

The top of the pyramid represents the best evidence, involving clinical trials or a review of clinical trials. At the bottom of the pyramid are observations, pilot studies, descriptive writing, and even established clinical practice that do not have research support.¹⁵

B. Research Problems

While anecdotal information or results of pilot studies may be informative on some level, **no valid statistical conclusions can be drawn from studies that do not include a control group.**¹⁶ Given the potential biases associated with the open-label design and lack of placebo control, controlled studies are needed to establish the efficacy of a treatment program.¹⁷ As former NIDA director Alan Leshner put it, “The plural of anecdote is not evidence.”¹⁸

Even when all of the guidelines for evidence-based programs are followed, the evaluation process is further complicated by the following factors:

1. Not everything appearing in print is worthwhile or valid.¹⁹ Published studies must be carefully analyzed to ensure confidence in their conclusions.
2. Research reporting is often biased, sometimes including results of only positive findings.²⁰ Researchers and publications have less incentive to publish negative findings, as they offer relatively little new information and may reflect poorly on a sponsoring corporation.
3. A finding may be “statistically significant” without being “clinically significant.” For example, a program may have an effect that “statistically” differs from **no** effect, but is too small to justify public investment.

¹⁵ Ibid.

¹⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Agency Center for Substance Abuse Treatment (1999). *Tip 33: Treatment for Stimulant Abuse Disorders*. Online. Available: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.57310>.

¹⁷ Harold C. Urschel III, Larry L. Hanselka, Irina Gromov, Lenae White, Michael Baron (2007). Open-Label Study of a Proprietary Treatment Program Targeting Type A {gamma}-Aminobutyric Acid Receptor Dysregulation in Methamphetamine Dependence. *Mayo Clinic Proceedings*, Vol. 82, pp. 1170-1178.

¹⁸ Stewart B. Leavitt (2003). “Can Addiction Research be Trusted?” *Addiction Treatment Forum*. Online. Available: http://atforum.com/SiteRoot/pages/addiction_resources/EBAM_6_Pager.pdf.

¹⁹ Ibid.

²⁰ Ibid.

Therefore, it is not enough to simply announce “double-blind study results.” They should be analyzed by experienced researchers or agencies with expertise in clinical research. To address these concerns, states such as Iowa have proposed the following detailed criteria for establishing evidence-based practices in substance abuse treatment:²¹

1. At least one randomized clinical trial showing effectiveness
2. Several research studies showing effectiveness with target population
3. The practice affects generally accepted outcomes
4. The practice is applicable to local populations
5. The practice is economically feasible
6. The practice is standardized
7. The practice is well accepted and based on a well-articulated theory
8. The practice has methods of ensuring fidelity
9. The practice can be evaluated
10. The practice addresses cultural diversity and different populations in clients and practitioners

Policy makers seldom have the time to evaluate each individual program based on the above criteria. According to the University of Washington’s Alcohol & Drug Abuse Institute (UWADAI), the increase in evidence-based treatments for addiction has made it difficult for even addiction professionals to judge which programs are appropriate for their populations.²² However, resources and guidelines are emerging to aid in the assessment of these approaches.

For example, the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Agency evaluate and provide funding to evaluate interventions in this field. In addition, many local organizations, such as UWADAI, document interventions that have been validated scientifically.

Appendix A includes a selection of resources that list validated treatment approaches.

²¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Agency and The Iowa Practice Improvement Collaborative Project (2003). *Evidence-Based Practices: An Implementation Guide for Community-Based Substance Abuse Treatment Agencies*.

²² University of Washington Alcohol and Drug Abuse Institute. *Evidence-Based Practices for Substance Use Disorders*. Online. Available: <http://adai.washington.edu/ebp/about.htm>.

C. Performance Measurement for Addiction Treatment

If evidence-based programs are proven to work, then why should we measure their performance?

First, research has shown that in order for an evidence-based program to be effective, it must be implemented as designed. This is monitored through “implementation fidelity” or “quality assurance” measures.

Second, outcomes should be measured to monitor program success (“performance measurement”). According to the Iowa Practice Improvement Collaborative (a project supported by the U.S. Department of Health and Human Services), integrating fidelity assessments with outcome evaluations provides information about what works in making sustainable improvements for different populations of clients.²³

1. Implementation Fidelity

This type of measurement serves several purposes. First, it ensures that the program is implemented correctly. Second, it provides explanatory information that can be used to determine why, or for whom, a program was or was not effective. The resulting data can then be used to adjust programs that are not performing as desired, and can contribute to existing research.

Every program will have issues related to implementation fidelity due to program drift – that is, the inevitable changes that occur with staff, administration, and political change. In addition, no two localities are the same, so implementations will be equally as unique. Measures typically used for assessing implementation fidelity include:²⁴

- Adherence to program design
- Exposure to program services
- Quality of program delivery
- Participant responsiveness
- Availability of quality assurance/fidelity tools
- Availability of training

²³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Agency and The Iowa Practice Improvement Collaborative Project (2003). *Evidence-Based Practices: An Implementation Guide for Community-Based Substance Abuse Treatment Agencies*.

²⁴ Office of Juvenile Justice and Delinquency Prevention, “Successful Program Implementation: Lessons from Blueprints,” *Juvenile Justice Bulletin*, July 2004.

Implementation fidelity can be measured by program administrators, outside consultants, or oversight committees. In all cases, this type of evaluation should be done in collaboration with service providers with the goal of improving service.

2. Outcome Measures

In evidence-based practice, performance measures are more than benchmarks for tracking service delivery. Like fidelity measures, they should provide information that can be used to improve programs.

Addiction outcome measures commonly cover the following areas:

- Access to treatment
- Retention in treatment
- Sobriety
- Contact with the criminal justice system

More detailed outcome measures depend on the specific service that the program provides (e.g., measures of service delivery and provider competency). Outcome measures should be determined before the evaluation process to ensure that the program is achieving the desired goals.

IV. EVIDENCE-BASED PRACTICES FOR JAIL POPULATION PROGRAMS

In general, criminal justice programs are more difficult to evaluate than addiction treatment programs. Aside from the crime rate, many other factors can affect the jail population. These include:

1. **Criminal Justice Process:** Case processing, pretrial release and supervision, and other factors that contribute to jail length-of-stay
2. **Effectiveness of Crime Prevention Efforts:** Youth programs, programs that attempt to reduce recidivism, and mental health diversion programs
3. **Use of Alternatives to Incarceration:** Day reporting, home monitoring, and drug court

These factors relate to both long- and short-term reductions in the jail population. Process issues relate to immediate use of the jail, while prevention and recidivism factors relate to the future use of the jail. **The challenge lies in how to address these other factors while maintaining the goal of holding individuals accountable for their crimes.** Policy makers must determine a balance of these factors that is appropriate for their populations.

A. Criteria

Strict definitions of “evidence-based” may not apply for all interventions aimed at reducing the jail population. Therefore, local governments must decide what constitutes “rigorous” evidence of effectiveness when looking at programs that are not evidence-based.

For example, the state of Washington defines a “research-based” program as having “some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.”²⁵ The city of Tacoma defines “promising programs” as those which have:²⁶

1. A sound theoretical basis
2. A manual for replication

²⁵ Chapter 359, Laws of Washington 2007.

²⁶ Tacoma-Pierce County Health Department (2007). *Evidence-Based Programs for Youth Violence Prevention: City of Tacoma Survey Results*.

3. One outcomes-based study or substantial clinical literature that suggests the program is effective
4. A quality assurance plan to measure fidelity to the model design

In the field of pretrial release and supervision, for example, the terms “promising practice” or “best practice” may be more appropriate. Best practices in pretrial release and supervision include:²⁷

1. The use of a validated pretrial investigation tool, including a criminal history check, an interview with the defendant, verification of information, objective risk assessment, and bail recommendation to the court
2. Pretrial supervision, serving to monitor the conditions under which the defendants were released and remind them to appear in court.

The Washington State Institute of Public Policy and the Substance Abuse and Mental Health Services Agency have identified many programs that fulfill the criteria of evidence-based and promising programs in the criminal justice arena, and Pierce County has adopted some of them.

B. Performance Measurement

It is imperative to study the effects of programs at the local level. This applies to evidence-based programs as much as for “home-grown” programs. Just because a program has worked in one location does not mean that it will work at home. Reliable local program evaluations allow programs to be changed if they are found ineffective.

The same principles of implementation fidelity discussed in the previous chapter apply equally to jail population programs. Jail population reduction outcomes commonly cover the following short-term measures:

- Jail Days
- Length of Stay in Jail
- Contact with the criminal justice system
- Accessibility to treatment
- Reduce Failures to Appear
- Increase restitution to victims

²⁷ Marie VanNostrand (2007). *Pretrial Services Legal and Evidence-Based Practices*, Report presented to the Crime and Justice Institute and the National Institute of Corrections.

Common long-term measures typically include:

- Recidivism of offenders
- Risk factors in juvenile offenders
- Employment
- Education
- Housing

As with addiction treatment programs, more detailed outcome measures depend on the specific service that the program provides (e.g., measures of service delivery and provider competency). Outcome measures should be determined before the evaluation process to ensure that the program is achieving the desired goals.

V. EVIDENCE-BASED PRACTICE IN PUBLIC POLICY

“Evidence-based practice” refers to a program or approach that follows the principles outlined in this report. It is not always possible to quantify participants or resources dedicated solely to “evidence-based programs.” Many agencies or programs use evidence-based practices within larger programs. However, the use of these practices can still be documented.

A. Washington State

Washington State has extensive experience with evidence-based programs. In fact, Washington has served as a model for other states in implementing outcome evaluations that link public money to the priorities of their communities.²⁸

The 1997 Community Juvenile Accountability Act in Washington State aimed funding at programs that were proven to reduce recidivism cost-effectively. The Washington State Institute for Public Policy (WSIPP), a non-partisan research organization affiliated with the Washington State legislature, was tasked with identifying such “proven” programs.

WSIPP identified many programs through a detailed analysis of research conducted on juvenile justice interventions. Pierce County uses some of these programs today. WSIPP, noting that the effectiveness of proven programs depends on faithful implementation, has also provided a framework for assuring implementation fidelity.²⁹

B. Oregon

Oregon has taken a more direct approach toward implementing evidence-based programs. The state requires that a certain percentage of programs funded by the Office of Mental Health & Addiction Services (up to 75% by 2009) must be evidence-based. “Evidence-based” is defined as:³⁰

- Supported by scientifically sound randomized controlled studies that have shown consistently positive outcomes
- Positive outcomes have been achieved in clinical and/or real-world settings.

²⁸ Washington Institute for Public Policy (2003). Recommended Quality Control Standards: Washington State Research-Based Juvenile Offender Programs. WSIPP Document No. 03-12-1203.

²⁹ Steve Aos, Marna Miller, and Elizabeth Drake, Washington State Institute for Public Policy (2006). *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*.

³⁰ Oregon Department of Human Services, Addiction and Mental Health Division (2007). *Operational Definition for Evidence-Based Practices*.

Further, Oregon ranks programs meeting those criteria based on the following:

- Transparency/availability of research
- Standardization of program
- Replication capability of program
- Existence of a fidelity scale
- Meaningful outcomes

Appendix B shows a sample form used by Oregon to solicit program information from agencies in the state. The Department of Human Services evaluates each program based on this information to determine if it fits the criteria of evidence-based.

C. Tacoma

Closer to home, the city of Tacoma has made a concerted effort to fund evidence-based programs aimed at youth violence prevention. The city's definition of evidence-based programs, which was originally developed by the Tacoma-Pierce County Health Department, specifies that a program must have:

1. A sound theoretical basis
2. A manual for replication
3. Strong research support that establishes the program's effectiveness (e.g., randomized controlled outcome studies or comparison-group studies)
4. A quality assurance plan to measure fidelity to the model design

After establishing this definition, the Tacoma-Pierce County Health Department conducted a survey to identify evidence-based practices in youth violence prevention in Pierce County. A panel of leading researchers, including Dr. Robert Barnowski of WSIPP, Dana Phelps of the state Juvenile Rehabilitation Administration, and Dr. Eric Trupin of the University of Washington, was convened for the purpose of advising the City of Tacoma and the Health Department on what evidence-based programs should be used to reduce the risk of youth violence and engagement in gangs.

The Tacoma-Pierce County Health Department, in coordination with The Alliance for Youth, a 501(c)(3) coalition of organizations that serve children, youth and families in Pierce County, also started the Evidence-Based Practices Committee. The committee, which focuses on youth violence prevention, organizes

conferences and training on issues such as the use of evidence-based programs with diverse populations. The most recent conference sponsored by the committee (in December of 2007) addressed challenges in using evidence-based programs in youth violence prevention among different communities.

The committee, chaired by Beth Wilson of the Tacoma-Pierce County Health Department, includes representatives from Pierce County Human Services, Pierce County Community Services, and the City of Tacoma.

D. Pierce County

Pierce County has implemented several evidence-based programs, some of which are discussed below. **(Note that this is not a comprehensive list of evidence-based programs in use in Pierce County.)**

Pierce County Juvenile Court

Pierce County Juvenile Court (PCJC), working with the Washington State Association of Juvenile Court Administrators and the Washington State Institute for Public Policy, has adopted several evidence-based programs. These programs are funded by the state through the Community Juvenile Accountability Act. PCJC uses strict policies and procedures to ensure program fidelity and quality assurance. Most important, the court has contracted with an outside evaluator to assist in implementing the programs, analyzing program data, and designing studies to measure program effectiveness for different populations.

PCJC's evidence-based programs include Functional Family Therapy, which is a family-based therapeutic intervention to reduce risk factors in the family, and Aggression Replacement Training, which teaches skills to control anger and use appropriate behavior. Participants are screened using a validated risk assessment tool that has since been adopted in other states. Research done at the state level has found these programs to be cost-effective in Washington.

Jail Mental Health

The Pierce County Department of Human Services and the Pierce County Sheriff established the jail mental health services program in 1991 in response to a growing population of prisoners with mental health problems. The program uses research-validated, evidence-based practices in treating patients, including case management services, assertive community treatment, medication management and access, psychiatric rehabilitation, and life-skills training. Outcomes include decreased jail bed usage and lower medication costs, resulting in lower county expenditures. According to a Human Services representative, the program was recognized as a model program in evaluations by Washington State and Rutgers University.

District Court Probation

The District Court Probation Day Reporting Center was established in 2000 based on research compiled by the National Institute of Corrections (NIC). The day reporting curriculum is based primarily on a research-validated, evidence-based cognitive-behavioral approach.

The program was developed to provide an alternative to jail for those convicted of misdemeanors or gross misdemeanors. The program is designed to ensure offender accountability and enable offenders to change their behaviors in a positive direction.

Chemical Dependency Services

Pierce County Human Services funds agencies in the community that provide evidence-based addiction treatments, including motivational interviewing, Network for the Improvement of Addiction Treatment processes, and GAIN Assessment (a best practice). Agency staff monitor program compliance using TARGET, a statewide information system that all providers are required to use, and WASBIRT (Washington Assessment, Screening, Brief Intervention, Referral and Treatment), a federally funded project that has an evaluation component as part of the grant funding. They also monitor program standards, contracts, client surveys, provider staff questionnaires, a board chair questionnaire, ASAM compliance, program manuals, personnel files and TXIX reviews.

VI. RECOMMENDATIONS

Recommendation 1. Pierce County should adopt the definition of evidence-based practice established by the Tacoma-Pierce County Health Department. That definition captures the concepts of evidence-based practice in a way appropriate for local government. Specifically, evidence-based programs should have:

1. A sound theoretical basis
2. A manual for replication
3. Strong research support that establishes the program's effectiveness (e.g., randomized controlled outcome studies or comparison-group studies)
4. A quality assurance plan to measure fidelity to the model design.

This strict definition should apply to evidence-based practices in addiction treatment. There are several programs in Pierce County that fit these criteria, some of which are mentioned in this report.

Recommendation 2. For criminal justice programs that cannot meet this strict definition due to the impracticality of randomized, controlled studies, we recommend a relaxed definition. These "best practices" should include:

1. A manual for implementation, including the logical, step-by-step process by which the proposed outcomes are attained
2. A quality assurance plan to measure fidelity to the model design
3. A plan for data collection and analysis, including tracking of intermediate and ultimate outcomes and use of a comparison group
4. A plan to coordinate with all agencies and individuals who will interact with the program
5. A plan to connect with other resources in support of the program, such as federal grants.

Recommendation 3. The Council should dedicate a portion of the funds reserved in Ordinance 2007-102s toward evidence-based programs, as defined in Recommendation 1. In concert with the Performance Audit Office, the Council should develop a plan to solicit information from providers of programs in addiction and jail population reduction. A form such as that used by the state of Oregon, shown in Appendix B, could be adapted for this purpose. The criteria in Recommendation 1 can then be used to determine the allocation of funds.

Recommendation 4. The Council should also allocate a portion of the funds reserved in Ordinance 2007-102s to assist promising, community-based organizations currently funded by the County in achieving the level of “best-practice,” as defined in Recommendation 2. This could be done by contracting with an outside organization.

APPENDIX A

SELECTED RESOURCES

The following selected online resources provide lists of evidence-based programs used to treat addiction, as well as evidence-based and best-practice programs in criminal justice.

Substance Abuse

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services National Registry of Evidence-Based Programs and Practices: <http://www.nrepp.samhsa.gov/>.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Center for Substance Abuse Treatment: <http://csat.samhsa.gov/treatment.aspx>.
- U.S. Department of Health and Human Services, National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research Based Guide: <http://www.nida.nih.gov/PODAT/PODATIndex.html>.
- Oregon Department of Human Services Addictions and Mental Health Division: <http://www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml>.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Pocket Guide to Evidence-Based Practices (EBP) on the Web: <http://www.samhsa.gov/ebpWebguide/appendixB.asp>.
- University of Washington Alcohol and Drug Abuse Institute Evidence-Based Practices for Substance Use Disorders: <http://adai.washington.edu/ebp/ebpresources.htm>.

Criminal Justice

- U.S. Department of Health and Human Services, National Institute on Drug Abuse, Principles of Drug Abuse Treatment for Criminal Justice Populations -A Research-Based Guide: <http://www.nida.nih.gov/PODAT/PODATIndex.html>.

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Center for Mental Health Services' National GAIN Center:
<http://gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp>.
- University of Colorado Institute of Behavioral Science, Center for the Study and Prevention of Violence Blueprints for Violence Prevention:
<http://www.colorado.edu/cspv/blueprints/index.html>.
- Coalition for Evidence-Based Policy, Social Programs that Work:
<http://www.evidencebasedprograms.org/>.
- U.S. Department of Justice and the National Institute of Corrections, Guidelines for Developing a Criminal Justice Coordinating Committee:
http://www.jeffco.us/jeffco/cjp_uploads/developing_cjcc.pdf.
- Council of State Governments Criminal Justice Mental Health Consensus Project: http://consensusproject.org/resources/research/research_mhealth.

APPENDIX B

OREGON EVIDENCE-BASED PROGRAMS FORM

The Oregon Department of Human Services, Office of Mental Health and Addiction Services uses this form to solicit information on programs in order to evaluate and classify them as evidence-based.