

MEETING ABSTRACT

Open Access

Defining quality indicators for practices, instruments, and programs across the JJ-TRIALS behavioral health services cascade

Gail Wasserman^{1*}, Gene Brody², Tisha Wiley³

From 2014 Addiction Health Services Research (AHSR) Conference
Boston, MA, USA. 15-17 October 2014

In order to address JJ-TRIALS goals of: a) improving behavioral health services for youth with substance use problems; and b) advancing the investigation of implementation efforts in the field of behavioral health, the JJ-TRIALS Workgroup on Evidence-Based Practices (EPA) was first charged with defining quality indicators for practices and programs. We limited that effort to programs, practices, and instruments relevant to the steps in the Behavioral Services Cascade (Screening, Referral and Linkage, Assessment, Prevention and Psychosocial Treatment) for five identified clinical problem areas (Substance use, Mood disorder, ADHD, Trauma exposure, HIV risk). Problem areas were selected as those of moderate prevalence among adolescents in community justice systems with problem substance use. Quality indicators were consistent with the AACAP Practice Parameters Clinical Standard, as reflecting either “rigorous empirical evidence” or “overwhelming clinical consensus” (American Academy of Child and Adolescent Psychiatry, 2013). In a series of directed literature reviews, we catalogued evidence-based programs and instruments addressing these problem areas that had been identified as most strongly supported by existing systematic reviews (e.g., SAMHSA, 2011) and then categorized them into tiers, based on their applicability for JJ-TRIALS efforts (e.g., number of TRIALS problem areas addressed, administration format, delivery setting, inclusion of family collaterals). These reviews identified 18 psychometrically sound screening instruments (3 tiers), 16 sound assessment instruments (4 tiers), 43 EB prevention programs (3 tiers), and 39 EB treatment programs (3 tiers). While the evidence base regarding

programs that focus on cross-system linkage (e.g., from screening in a probation setting, with a subsequent referral to a behavioral health provider) is less established, EPA was able to designate three tiers of such programs, defined both by their soundness and their applicability to juvenile justice community settings. As a second set of quality indicators, we considered core content components (that may cut across particular instruments or programs). For assessment, these included eight elements essential for clinical treatment planning for adolescents (e.g., family relationships, readiness for change: American Society of Addiction Medicine, 2013). For treatment programs, these included treatment modalities identified as effectively addressing one or another of the TRIALS problem areas (e.g., CBT; Chorpita, et al., 2011). A final quality indicator for assessment and treatment considered procedural elements (that relate to how an instrument or program is used by a service provider), such as manualization, staff training, and fidelity monitoring (e.g., Brannigan, 2004; Howell & Lipsey, 2012). EPA workgroup products will be incorporated into future JJ-TRIALS training efforts; they will be used to generate menus of high-quality instrument and program options to help juvenile justice partners and the behavioral health agencies with which they collaborate to set implementation goals for participation in JJ-TRIALS.

Acknowledgements

The authors would like to acknowledge the contributions of the JJ-TRIALS Existing Practices Assessment Workgroup efforts in defining quality indicators for practices and programs. Funding was supported by the National Institute on Drug Abuse.

* Correspondence: d.knight@tcu.edu

¹Columbia University, New York, NY, 10027, USA

Full list of author information is available at the end of the article

Authors' details

¹Columbia University, New York, NY, 10027, USA. ²Center for Family Research, University of Georgia, Athens, GA, 30602, USA. ³Services Research Branch, National Institute on Drug Abuse, Rockville, MD, 20852, USA.

Published: 20 February 2015

doi:10.1186/1940-0640-10-S1-A69

Cite this article as: Wasserman *et al.*: Defining quality indicators for practices, instruments, and programs across the JJ-TRIALS behavioral health services cascade. *Addiction Science & Clinical Practice* 2015 10(Suppl 1):A69.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

