September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Child welfare	**Intervention**						
	Alternatives for Families (AF-CBT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Family dependency treatment court	Yes	◉	◉	7%	Benefit-cost	35%
	Fostering Healthy Futures	Yes	◉	◉		Single evaluation	56%
	Functional Family Therapy—Child Welfare (FFT-CW)	Yes	P	Null		Weight of the evidence	95%
	Including Fathers—Father Engagement Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Intensive Family Preservation Services (HOMEBUILDERS®)	Yes	●	●	96%		58%
	Locating family connections for children in foster care	Yes	P	Null		Weight of the evidence	66%
	Multisystemic Therapy (MST) for child abuse and neglect	Yes	◉	◉		Single evaluation	82%
	Other Family Preservation Services (non-HOMEBUILDERS®)	Varies*	P	⊘	0%	Weight of the evidence	76%
	Parent-Child Assistance Program	Yes	P	P		Single evaluation	52%
	Parent-Child Interaction Therapy (PCIT) for families in the child welfare system	Yes	●	●	95%		48%
	Parents for Parents	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Partners with Families and Children	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Pathway to Reunification	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	SafeCare	Yes	●	●	92%		33%
	Youth Villages LifeSet	Yes	◉	◉	20%	Benefit-cost	49%
	Prevention						
	Circle of Security	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Circle of Security - Parenting (COS-P)	Yes	P	P		Weight of the evidence	89%
	Healthy Families America	Yes	●	◉	42%	Benefit-cost	63%
	Nurse Family Partnership	Yes	●	◉	55%	Benefit-cost/heterogeneity	20%
	Other home visiting programs for at-risk mothers and children	Varies*	●	◉	67%	Benefit-cost	59%
	Parent-Child Home Program	Yes	◉	P		Single evaluation	NR
	Parent Mentor Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents and Children Together (PACT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents as Teachers	Yes	◉	◉	53%	Benefit-cost	66%
	Promoting First Relationships	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Safe Babies, Safe Moms	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Triple-P Positive Parenting Program (System)	Yes	◉	◉	63%	Benefit-cost	33%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Juvenile justice	Adolescent Diversion Project	Yes	●	●	97%		58%
	Aggression Replacement Training	Yes					
	Youth in state institutions		◉	◉	65%	Benefit-cost	34%
	Youth on probation		◉	◉	64%	Benefit-cost	34%
	Boot camps	Varies*	P	P	100%	Weight of the evidence	55%
	Cognitive behavioral therapy (CBT)	Varies*	●	●	95%		43%
	Connections Wraparound	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Coordination of Services	Yes	◉	◉	96%	Heterogeneity	23%
	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	Yes	◉	◉	93%	Single evaluation	27%^
	Dialectical Behavior Therapy (DBT) for substance use disorder: Integrated treatment model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Diversion	Varies*					
	No services (vs. traditional juvenile court processing)	Varies*	●	●	98%		66%
	With services (vs. simple release)	Varies*	P	Null	39%	Weight of the evidence	70%
	With services (vs. traditional juvenile court processing)	Varies*	●	●	94%		73%
	Drug court	Varies*	P	Null	43%	Weight of the evidence	40%
	Education and Employment Training (EET, King County)	Yes	◉	◉	100%	Single evaluation	74%
	Family Integrated Transitions for youth in state institutions	Yes	◉	◉	41%	Single evaluation	30%^
	Functional Family Parole	Yes	P	Null	76%	Weight of the evidence	51%
	Functional Family Therapy	Yes					
	Youth in state institutions		●	●	96%		36%
	Youth on probation		●	●	96%		36%
	Group homes						
	Teaching-Family Model	Yes	P	P	59%	Weight of the evidence	22%
	Other group home programs (non-name brand)	Varies*	P	P		Single evaluation	NR
	Intensive supervision	Varies*					
	Parole	Varies*	P	Null	76%	Weight of the evidence	74%
	Probation	Varies*	P	Null	0%	Weight of the evidence	58%
	Juvenile Detention Alternatives Initiative	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Mentoring	Yes	●	●	82%		65%
	Multidimensional Treatment Foster Care	Yes	◉	◉	70%	Benefit-cost/heterogeneity	24%
	Multisystemic Therapy (MST)	Yes	◉	◉	73%	Benefit-cost	79%
	Other family-based therapies (non-name brand)	Varies*	●	●	93%		53%
	Parenting with Love and Limits	Yes	◉	●	94%		62%

● Evidence-based ◉ Research-based **P** Promising Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Juvenile justice (continued)	Scared Straight	Yes	⊘	⊘	2%	Weight of the evidence	NR
	Step Up	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Team Child	Yes	P	Null		Weight of the evidence	25%
	Treatment for juveniles convicted of sex offenses	Varies*					
	Multisystemic Therapy (MST) for juveniles convicted of sex offenses	Yes	●	◉	72%	Benefit-cost	51%
	Treatment for juveniles convicted of sex offenses (non-MST)	Varies*	P	Null	18%	Weight of the evidence	30%
	Treatment for juveniles with substance use disorder	Varies*					
	Multisystemic Therapy (MST) for juveniles with substance use disorder	Yes	●	◉	51%	Benefit-cost	65%
	Other substance use disorder treatment for juveniles (non-therapeutic communities)	Varies*	P	Null	42%	Weight of the evidence	68%
	Therapeutic communities for juveniles with substance use disorder	Varies*	◉	◉	74%	Benefit-cost	54%
	Vocational and employment training	Varies*	◉	◉	53%	Benefit-cost	55%
	Victim offender mediation	Varies*	P	Null	77%	Weight of the evidence	61%
	Wilderness experience programs	Varies*	●	●	96%		36%
	You Are Not Your Past	No	P	P		No rigorous evaluation measuring outcome of interest	

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017

Inventory of Evidence-Based, Research-Based, and Promising Practices

For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Mental health	**Anxiety**						
	Acceptance and Commitment Therapy (ACT) for children with anxiety	Yes	◉	◉	99%	Single evaluation	15%
	Cognitive Behavioral Therapy (CBT) for children with anxiety (group, individual or remote)#	Varies*	●	◉	98%	Heterogeneity	20%
	Cool Kids**	Yes					
	Coping Cat**	Yes					
	Coping Cat/Koala book-based model**	Yes					
	Coping Koala**	Yes					
	Other cognitive behavioral therapy (CBT) for children with anxiety**	Varies*					
	Parent cognitive behavioral therapy (CBT) for young children with anxiety	Varies*	◉	◉	99%	Heterogeneity	26%
	Theraplay	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attention Deficit Hyperactivity Disorder						
	Behavioral parent training (BPT) for children with ADHD		◉	◉	91%	Heterogeneity	10%
	Barkley Model**	Yes					
	New Forest Parenting Programme**	Yes					
	Cognitive behavioral therapy (CBT) for children with ADHD		P	Null	8%	Weight of the evidence	24%
	ENCOMPASS for ADHD	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multimodal Therapy (MMT) for children with ADHD	Varies*	◉	◉	42%	Benefit-cost	37%
	Depression						
	Acceptance and Commitment Therapy (ACT) for children with depression	Yes	◉	◉	31%	Benefit-cost/heterogeneity	NR
	Cognitive behavioral therapy (CBT) for children & adolescents with depression	Varies*	◉	◉	31%	Benefit-cost/heterogeneity	30%
	Coping With Depression—Adolescents**	Yes					
	Treatment for Adolescents with Depression Study**	Yes					
	Other cognitive behavioral therapy (CBT) for children & adolescents with depression**	Varies*					
	Collaborative primary care for children with depression	Varies*	◉	◉		Single evaluation	28%
	Blues Program (group CBT prevention program for high school students at risk for depression)	Yes	●	◉	41%	Benefit-cost	38%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Mental health (continued)	**Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)**						
	Behavioral parent training (BPT) for children with disruptive behavior disorders	Varies*					
	Helping the Noncompliant Child	Yes	◉	◉	65%	Benefit-cost/heterogeneity	31%
	Incredible Years: Parent training	Yes	●	◉	55%	Benefit-cost	52%
	Incredible Years: Parent training + child training	Yes	●	◉	12%	Benefit-cost/heterogeneity	22%
	Parent Child Interaction Therapy (PCIT) for children with disruptive behavior problems	Yes	●	●	78%		47%
	Parent Management Training—Oregon Model (treatment population)	Yes	●	●	84%		34%
	Triple-P Positive Parenting Program: Level 4, Group	Yes	●	●	100%		80%
	Triple-P Positive Parenting Program: Level 4, Individual	Yes	●	●	86%		36%
	Other behavioral parent training (BPT) for children with disruptive behavior disorders	Varies*	◉	◉	89%	Heterogeneity	NR
	Brief Strategic Family Therapy (BSFT)	Yes	●	◉	43%	Benefit-cost	100%
	Collaborative primary care for children with behavior disorders	Varies*	◉	◉	73%	Benefit-cost/heterogeneity	18%
	Coping Power Program	Yes	◉	◉	55%	Benefit-cost	80%
	Choice Theory/Reality Therapy	Yes	◉	◉		Single evaluation	27%
	Families and Schools Together (FAST)	Yes	●	◉	50%	Benefit-cost	53%
	Kids Club and Moms Empowerment support groups	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multimodal Therapy (MMT) for children with disruptive behavior	Varies*	P	Null	51%	Weight of the evidence	7%
	Stop Now and Plan (SNAP)	Yes	◉	◉	4%	Benefit-cost	77%
	Fetal Alcohol Syndrome						
	Families Moving Forward	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Serious Emotional Disturbance						
	Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	Yes	◉	◉	50%	Benefit-cost	44%
	Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)	Yes	◉	◉	61%	Benefit-cost	59%
	Full Fidelity Wraparound for children with serious emotional disturbance (SED)	Yes	◉	◉		Benefits & costs cannot be estimated at this time	61%
	Individual Placement and Support for first episode psychosis	Yes	◉	◉		Single evaluation/benefits & costs cannot be estimated at this time	50%
	Intensive Family Preservation (HOMEBUILDERS®) for youth with serious emotional disturbance (SED)	Yes	◉	◉		Benefits & costs cannot be estimated at this time	94%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Mental health (continued)	**Trauma**						
	ADOPTS (therapy to address distress of post traumatic stress in adoptive children)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Child-Parent Psychotherapy	Yes	◉	◉		Single evaluation	9%
	Cognitive behavioral therapy (CBT)-based models for child trauma	Varies*	●	●	100%		82%
	Classroom-based intervention for war-exposed children**	Yes					
	Cognitive Behavioral Intervention for Trauma in Schools**	Yes					
	Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)**	Yes					
	KID-NET Narrative Exposure Therapy for children**	Yes					
	Teaching Recovery Techniques (TRT)**	Yes					
	Trauma Focused CBT for children**	Yes					
	Trauma Grief Component Therapy**	Yes					
	Other cognitive behavioral therapy (CBT)-based models for child trauma**	Varies*					
	Eye Movement Desensitization and Reprocessing (EMDR) for child trauma	Yes	●	●	82%		40%
	Take 5: Trauma Affects Kids Everywhere—Five Ways to Promote Resilience	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Other						
	Modularized Approaches to Treatment of Anxiety, Depression and Behavior (MATCH)	Yes	◉	◉		Single evaluation	65%
	Motivational interviewing to engage children in mental health treatment	Varies*	◉	◉		Benefits & costs cannot be estimated at this time	27%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
General prevention	Child FIRST	Yes	⦿	⦿		Single evaluation	94%
	Communities That Care	Yes	●	●	82%		33%
	Coping and Support Training	Yes	●	●	91%		51%
	Early Start (New Zealand)	Yes	⦿	⦿	2%	Benefit-cost/heterogeneity	NR
	Family Check-Up (also known as Positive Family Support)	Yes	⦿	⦿	46%	Benefit-cost	61%
	Familias Unidas	Yes	⦿	⦿	41%	Benefit-cost	100%
	Fast Track prevention program	Yes	⦿	⦿	0%	Benefit-cost	53%
	Good Behavior Game	Yes	●	⦿	70%	Benefit-cost	56%
	Guiding Good Choices (formerly Preparing for the Drug Free Years)	Yes	⦿	⦿	56%	Benefit-cost	46%
	Home Instruction for Parents of Preschool Youngsters (HIPPY)	Yes	P	P	46%	Weight of the evidence	93%
	Infant Health and Development Program (IHDP)	Yes	⦿	⦿	16%	Benefit-cost	58%
	Kaleidoscope Play and Learn	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Mentoring for students: community-based (taxpayer costs only)	Varies*	●	⦿	72%	Benefit-cost	78%
	Big Brothers Big Sisters**	Yes					57%
	Other mentoring programs**	Varies*					92%
	4Results Mentoring	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	New Beginnings for children of divorce	Yes	⦿	⦿		Single evaluation	11%
	Nurturing Fathers	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Positive Action	Yes	●	●	87%		63%
	Promoting Alternative Thinking Strategies (PATHS)	Yes	P	Null		Weight of the evidence	49%
	PROSPER	Yes	⦿	⦿	59%	Benefit-cost/heterogeneity	15%
	Pyramid Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Quantum Opportunities Program	Yes	●	⦿	63%	Benefit-cost	90%
	Raising Healthy Children	Yes	P	P		Single evaluation	18%
	Reconnecting Youth	Yes	⦸	⦸		Weight of the evidence	92%
	Seattle Social Development Project	Yes	⦿	⦿	66%	Single evaluation	35%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strengthening Families for Parents and Youth 10-14	Yes	⦿	⦿	76%	Heterogeneity	21%
	Strong African American Families	Yes	⦿	⦿		Single evaluation	100%
	Strong African American Families—Teen	Yes	⦿	⦿		Single evaluation	100%
	Youth and Family Link	No	P	P		No rigorous evaluation measuring outcome of interest	

● Evidence-based ⦿ Research-based **P** Promising ⦸ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Substance use disorder	**Prevention**						
	Alcohol Literacy Challenge for high school students	Yes	P	P	58%	Single evaluation	33%
	Athletes Training and Learning to Avoid Steroids (ATLAS)	Yes	P	Null		Weight of the evidence	22%
	Brief intervention for youth in medical settings	Yes	◉	◉	49%	Benefit-cost	65%
	Compliance checks for alcohol	Varies*	◉	◉		Single evaluation	25%
	Compliance checks for tobacco	Varies*	P	P		Single evaluation	28%
	Family Matters	Yes	◉	◉	74%	Benefit-cost/heterogeneity	22%
	Keepin' it Real	Yes	P	Null	62%	Weight of the evidence	83%
	Life Skills Training	Yes	●	◉	66%	Benefit-cost	38%
	Lions Quest Skills for Adolescence	Yes	◉	◉	68%	Benefit-cost	74%
	Marijuana Education Initiative	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multicomponent environmental interventions to prevent youth alcohol use	Varies*	P	P	27%	Weight of the evidence	19%
	Multicomponent environmental interventions to prevent youth tobacco use	Varies*	◉	◉	86%	Heterogeneity	21%
	Project ALERT	Yes	●	◉	64%	Benefit-cost/heterogeneity	12%
	Project Northland	Yes	●	◉	73%	Benefit-cost	36%
	Project STAR	Yes	●	◉	72%	Benefit-cost/heterogeneity	5%
	Project SUCCESS	Yes	P	Null	39%	Weight of the evidence	38%
	Project Toward No Drug Abuse	Yes	●	◉	58%	Benefit-cost	70%
	Protecting You/Protecting Me	Yes	P	P		Weight of the evidence	92%
	SPORT	Yes	◉	◉	69%	Benefit-cost	49%
	STARS (Start Taking Alcohol Risks Seriously) for Families	Yes	P	P		Single evaluation	66%
	Teen Intervene	Yes	●	◉	94%	Heterogeneity	29%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017
Inventory of Evidence-Based, Research-Based, and Promising Practices
For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions at the end of the inventory)	Percent minority
Substance use disorder (continued)	**Treatment**						
	Adolescent Assertive Continuing Care	Yes	◉	◉	36%	Benefit-cost/heterogeneity	26%
	Adolescent Community Reinforcement Approach	Yes	◉	◉		Single evaluation	59%
	Dialectical Behavior Therapy for substance abuse: Integrated Treatment Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Functional Family Therapy (FFT) for adolescents with substance use disorder	Yes	◉	◉	0%	Benefit-cost	74%
	Matrix Model treatment for adolescents with substance use disorder	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	MET/CBT-5 for youth marijuana use	Yes	◉	◉		Single evaluation	33%
	Multidimensional Family Therapy (MDFT)	Yes	◉	◉	24%	Benefit-cost	87%
	Recovery Support Services	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Seven Challenges	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Teen Marijuana Check-Up	Yes	●	●	100%		39%
	Treatment for youth involved in the juvenile justice system						
	Multisystemic Therapy (MST) for juveniles with substance use disorder	Yes	●	◉	51%	Benefit-cost	65%
	Other substance use disorder treatment for juveniles (non-therapeutic communities)	Varies*	P	Null	42%	Weight of the evidence	68%
	Therapeutic communities for juveniles with substance use disorder	Varies*	◉	◉	74%	Benefit-cost	54%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported

Notes:

*This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is a special analysis for the purpose of this inventory and does not have a program-specific webpage on WSIPP's website.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). See definitions and notes on page 10 for additional detail.

September 2017

Inventory of Evidence-Based, Research-Based, and Promising Practices

For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Definitions and Notes:

Current Law Definitions:

Evidence-based: A program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.

Research-based: A program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.

Promising practice: A practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice.

Suggested Definitions:

Evidence-based: A program or practice that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the following outcomes: child abuse, neglect, or the need for out of home placement; crime; children's mental health; education; or employment. Further, "evidence-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.

Research-based: A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based" in RCW (the above definition) but does not meet the full criteria for "evidence-based."

Promising practice: A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the "evidence-based" or "research-based" criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.

Cost-beneficial: A program or practice where the monetary benefits exceed costs with a high degree of probability according to the Washington State Institute for Public Policy.

Reasons Programs May Not Meet Suggested Evidence-Based Criteria:

Benefit-cost: The proposed definition of evidence-based practices requires that, when possible, a benefit-cost analysis be conducted. We use WSIPP's benefit-cost model to determine whether a program meets this criterion. Programs that do not have at least a 75% chance of a positive net present value do not meet the benefit-cost test. The WSIPP model uses Monte Carlo simulation to test the probability that benefits exceed costs. The 75% standard was deemed an appropriate measure of risk aversion.

Heterogeneity: To be designated as evidence-based, the state statute requires that a program has been tested on a "heterogeneous" population. We operationalize heterogeneity in two ways. First, the proportion of program participants belonging to ethnic/racial minority groups must be greater than or equal to the proportion of minority children aged 0 to 17 in Washington. From the 2010 Census, for children aged 0 through 17 in Washington, 68% were white and 32% were minorities. Thus, if the weighted average of program participants in the outcome evaluations of the program is at least 32% ethnic/racial minority, then the program is considered to have been tested in a heterogeneous population.

Second, the heterogeneity criterion can also be achieved if at least one of a program's outcome evaluations was conducted with K–12 students in Washington and a subgroup analysis demonstrates the program is effective for ethnic/racial minorities ($p < 0.20$).

Programs whose evaluations do not meet either of these two criteria do not meet the heterogeneity definition.

Single evaluation: The program does not meet the minimum standard of multiple evaluations or one large multiple-site evaluation contained in the current or proposed definitions.

Weight of evidence: To meet the evidence-based definition, results from a random effects meta-analysis (p-value < 0.20) of multiple evaluations or one large multiple-site evaluation must indicate the practice achieves the desired outcome(s).[1] To meet the research-based definition, one single-site evaluation must indicate the practice achieves the desired outcomes (p-value < 0.20). If results from a random-effects meta-analysis of multiple evaluations are not statistically significant (p-value > 0.20) for desired outcomes, the practice may be classified as "Null". If results from a random-effects meta-analysis of multiple evaluations or one large multiple-site evaluation indicate that a practice produces undesirable effects (p-value < 0.20), the practice may be classified as producing poor outcomes.