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September 2020

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

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

The 2012 Legislature directed the Department of Social and Health Services to...[1]

- ✓ Provide prevention and intervention services to children that are primarily "evidence-based" and "research-based" in the areas of mental health, child welfare, and juvenile justice.

The legislation also directed two independent research groups—the Washington State Institute for Public Policy (WSIPP) and the University of Washington's Evidence-Based Practice Institute (EBPI) to...

- ✓ Create an "inventory" of evidence-based, research-based, and promising practices and services. The definitions developed for evidence-based and research-based are high standards of rigor and represent programs that demonstrate effectiveness at achieving certain outcomes.

The legislation required periodic updates to the inventory. This September 2020 report is the tenth update and reflects changes to the inventory from new promising program applications.[2] For this update, we reviewed and classified four new programs:

- Girls Only Active Learning (GOAL)
- Roots of Empathy
- STAY (Slow Down, Take Interest, Assess Your Role, Yield To Another Perspective)
- Strive Supervised Visitation Program

We also updated our reviews of five previously classified programs:

- Triple P—Positive Parenting Program (System)
- Positive Action
- Project SUCCESS
- Pyramid Model
- Seven Challenges

[1] Engrossed Second Substitute House Bill 2536, Chapter 232, Laws of 2012.
[2] The next update is contingent upon future allocations of resources and funding.

Section I of this report describes the approach for creating the inventory, including WSIPP's approach to synthesizing research evidence, program classification definitions, and the program classification process. In Section II, we describe how program classifications might change over time. Section III lists updates to the current inventory. Section IV reports limitations and information about future inventory updates. The complete updated inventory is attached at the end of this report.

I. Creating the Children's Services Inventory

This section describes WSIPP's standard approach to creating the Children's Services Inventory. We have implemented this approach since the first inventory was published in 2012. We include a description of WSIPP's standard approach to meta-analysis and benefit-cost analysis, a discussion of the program classification definitions developed by WSIPP and EBPI, and our standard process for adding and updating program reviews.

WSIPP's Standard Approach to Meta-Analysis & Benefit-Cost Analysis

The Washington State Legislature often directs WSIPP to study the effectiveness and assess the potential benefits and costs of programs and policies that could be implemented in Washington State. These studies are designed to provide policymakers with objective information about which programs or policy options ("programs") work to achieve desired outcomes (e.g., reduced crime or improved health) and what the long-term economic consequences of these options are likely to be.

WSIPP implements a rigorous three-step research approach to undertake this type of study. Through these three steps, we:

1) Identify what works (and what does not). We systematically review all rigorous research evidence and estimate the program's effect on the desired outcome or set of outcomes. The evidence may indicate that a program worked (i.e., had a desirable effect on outcomes), caused harm (i.e., had an undesirable effect on outcomes), or had no detectable effect one way or the other (i.e., had null effects on outcomes).
2) Assess the return on investment. Given the estimated effect of a program from Step 1, we estimate—in dollars and cents—how much it would benefit people in Washington to implement the program and how much it would cost the taxpayers to achieve this result. We use WSIPP's benefit-cost model to develop standardized, comparable results that illustrate the expected return on investment. We present these results with a net present value for each program on a per-participant basis. We also consider to whom monetary benefits accrue: program participants, taxpayers, and other people in society.
3) Determine the risk of investment. We assess the riskiness of our conclusions by calculating the probability that a program will at least "break-even" if critical factors—like the actual cost to implement the program and the precise effect of the program—are lower or higher than our estimates.

We follow a set of standardized procedures (see Exhibit 1) for each of these steps. These standardized procedures support the rigor of our analysis and allow programs to be compared on an apples-to-apples basis.

For full detail on WSIPP's methods, see WSIPP's Technical Documentation.[3]

[3] WSIPP's meta-analytic and benefit-cost methods are described in detail in our technical documentation. Washington State Institute for Public Policy, (December 2019). *Benefit-cost technical documentation.* Olympia, WA: Author.

Exhibit 1

WSIPP's Three-Step Approach

Step 1: Identify what works (and what does not)

We conduct a meta-analysis—a quantitative review of the research literature—to determine if the weight of the research evidence indicates whether desired outcomes are achieved, on average.

WSIPP follows several key protocols to ensure a rigorous analysis for each program examined.

- Search for all studies on a topic—We systematically review the national and international published and unpublished research literature and consider all available studies on a program, regardless of their findings. That is, we do not "cherry pick" studies to include in our analysis.
- Screen studies for quality—We only include rigorous studies in our analysis. We require that a study reasonably attempt to demonstrate causality using appropriate statistical techniques. For example, studies must include both treatment and comparison groups with an intent-to-treat analysis. Studies that do not meet our minimum standards are excluded from analysis.
- Determine the average effect size—We use a formal set of statistical procedures to calculate an average effect size for each outcome, which indicates the expected magnitude of change caused by the program (e.g., group prenatal care) for each outcome of interest (e.g., preterm birth).

Step 2: Assess the return on investment

WSIPP has developed, and continues to refine, an economic model to provide internally consistent monetary valuations of the benefits and costs of each program on a per-participant basis.

Benefits to individuals and society may stem from multiple sources. For example, a program that reduces the need for child welfare services decreases taxpayer costs. If that program also improves participants' educational outcomes, it will increase their expected labor market earnings. Finally, if a program reduces crime, it will reduce expected costs to crime victims.

We also estimate the cost required to implement an intervention. If the program is operating in Washington State, our preferred method is to obtain the service delivery and administrative costs from state or local agencies. When this approach is not possible, we estimate costs using the research literature, using estimates provided by program developers, or using a variety of sources to construct our own cost estimate.

Step 3: Determine the risk of investment

Any tabulation of benefits and costs involves a degree of uncertainty about the inputs used in the analysis, as well as the bottom-line estimates. An assessment of risk is expected in any investment analysis, whether in the private or public sector.

To assess the riskiness of our conclusions, we look at thousands of different scenarios through a Monte Carlo simulation. In each scenario we vary a number of key factors in our calculations (e.g., expected effect sizes, program costs) using estimates of error around each factor. The purpose of this analysis is to determine the probability that a particular program or policy will produce benefits that are equal to or greater than costs if the real-world conditions are different than our baseline assumptions.

Program Classification Definitions

The 2012 legislative assignment directed WSIPP and EBPI to identify evidence-based and research-based practices for children. To prepare an inventory of evidence-based, research-based, and promising practices and services, the bill required WSIPP and EBPI to publish descriptive definitions of these terms.[4]

Exhibit 2 contains the definitions currently in statute before the passage of the 2012 law and the suggested definitions for evidence-based and research-based developed by the two research entities as required by the law.

In the September 2017 inventory, WSIPP clarified classifications for programs that produce null or poor results. In earlier inventories, there was a single category for programs producing "null or poor outcomes." Programs with null effects on outcomes were inconsistently categorized as either "null or poor" or as "promising." As of 2017, WSIPP defines two separate categories to distinguish between programs producing null results (no significant effect on desired outcomes) and those producing poor (undesirable) outcomes and has standardized the application of these definitions (see Exhibit 2).

If there is sufficient evidence of desirable effects on some outcomes but undesirable effects on other outcomes, we note the mixed results next to the program rating on the inventory.

[4] The suggested definitions, originally published in 2012, were subsequently enacted by the 2013 Legislature for adult behavioral health services with slight modifications to relevant outcomes; however, they have not been enacted for the children's services inventory. Thus, we classify programs according to the statutory and proposed definitions (See: Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013).

Exhibit 2

Current Law and Suggested Definitions

	Current law definition for children's mental health and juvenile justice	Suggested definitions for children's services developed by WSIPP & EBPI
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.	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 some research demonstrating effectiveness but that does not yet meet the standard of evidence-based practices.	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. Further, "research-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington.
Promising	A practice that presents, based upon preliminary information, the potential for becoming a research-based or consensus-based 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.
Null	*Not applicable*	A program or practice for which the results from a random-effects meta-analysis of multiple evaluations or one large multiple-site evaluation are not statistically significant for relevant outcomes.
Poor	*Not applicable*	A program or practice for which the results from a random-effects meta-analysis of multiple evaluations or one large multiple-site evaluation indicate that the practice produces undesirable (harmful) effects.

To assemble the inventory, we operationalize each criterion in both the statutory and suggested definitions. These are the same criteria WSIPP has used in assembling inventories in other policy areas, including adult behavioral health, adult corrections, youth cannabis use, and the Learning Assistance Program in K–12 schools. The criteria are as follows:

1) Weight of evidence. To meet the evidence-based definition results from a random-effects meta-analysis (p-value < 0.20)[5] of multiple evaluations or one large multiple-site evaluation must indicate the practice achieves the desired outcome(s). 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 (harmful) effects (p-value < 0.20), the practice may be classified as producing poor outcomes.

2) 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.[6] 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.

3) 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 who are children/youth of color must be greater than or equal to the proportion of children/youth of color aged 0 to 17 in Washington. From the 2010 Census, for children aged 0 through 17 in Washington, 68% were white, and 32% were children/youth of color.[7] Thus, if the weighted average of program participants in the outcome evaluations of the program is at least 32% children/youth of color, 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 youth in Washington and a subgroup analysis demonstrates the program is effective for children/youth of color (p < 0.20). Programs whose evaluations do not meet either of these two criteria do not meet the heterogeneity definition.

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[5] Statisticians often rely on a metric, the p-value, to determine whether an effect is significant. The p-value is a measure of the likelihood that the difference could occur by chance—values range from 0 (highly significant) to 1 (no significant difference). For the purposes of WSIPP's inventories, p-values < 0.20 (a 20% likelihood that the difference could occur by chance) are considered statistically significant findings. We use a p-value of 0.20 (instead of the more conventional p-value of 0.05) in order to avoid classifying programs with desirable benefit-cost results as promising. After considerable analysis, we found that a typical program that WSIPP has analyzed may produce benefits that exceed costs roughly 75% of the time with a p-value cut-off of up to 0.20. Thus, we determined that programs with p-values < 0.20 on desired outcomes should be considered research-based.

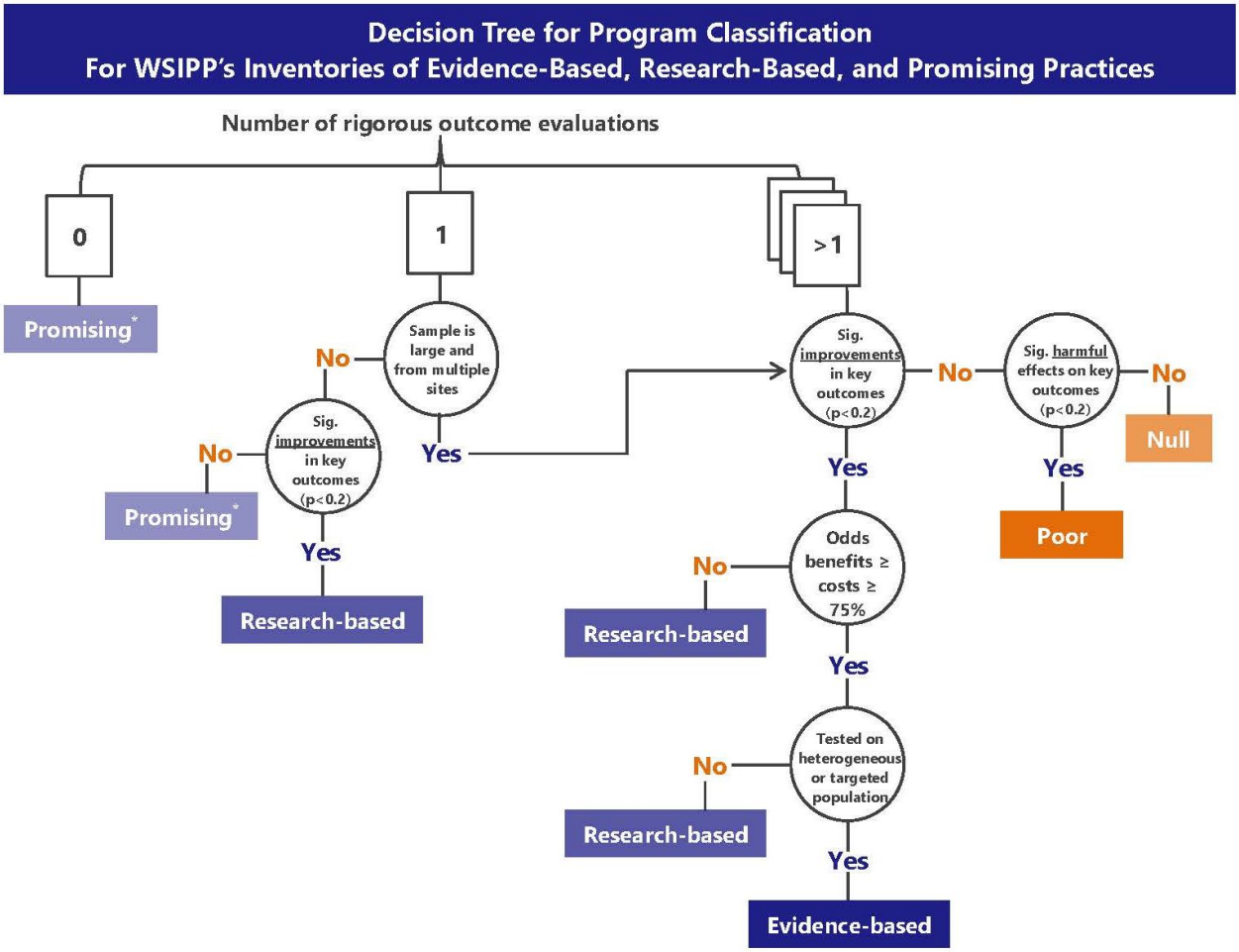
[6] For information about WSIPP's benefit-cost model see WSIPP (2019).

[7] United States Census Bureau, 2010.

Exhibit 3 illustrates WSIPP's process for implementing these criteria.

Exhibit 3

Decision Tree for Program Classification
For WSIPP's Inventories of Evidence-Based, Research-Based, and Promising Practices



Note:
Considered promising if based on a logic model or well-established theory of change; RCW 71.24.025.

Process for Adding Programs to the Inventory

Programs, practices, or interventions ("programs") may be considered for inclusion in the inventory if they are nominated through EBPI's Promising Practice Application, which allows treatment providers to submit programs for review.[8] In some cases, additional programs may be reviewed if they are requested by Washington State agencies that rely on the inventory to inform program funding, or are part of a legislative assignment or Board-approved project. In all cases, the review of new (or updated) programs is dependent upon funding and capacity at WSIPP and may vary from update to update.

When a program is nominated for inclusion in the inventory, EBPI reviews the program to determine whether it meets the criteria to be defined as promising. If the program does not meet the criteria for promising, the nominators are notified, and the practice is not added to the inventory.

If the program does meet the criteria for promising, WSIPP begins the three-step approach to meta-analysis and benefit-cost analysis (see Exhibit 1). WSIPP conducts a systematic review of the literature to determine if the program has studies that meet WSIPP's methodological criteria. For each program where research is available, we conduct a meta-analysis and a benefit-cost analysis (when possible) to classify practices as evidence- or research-based according to the definitions (see Exhibit 2 and Exhibit 3).

If a program is not listed on the inventory, we have not yet had the opportunity to review it, or it may not meet the criteria for promising.

[8] Programs can be submitted for review through EBPI's website. EBPI's ability to review applications depends on the volume of applications received. New programs (or program updates) are only added to the inventory in years that EBPI and WSIPP have funding and capacity to conduct reviews.

II. Why Classifications Change Across Iterations of the Inventory

The inventory is a snapshot that changes as new evidence and information are incorporated. While the definitions of evidence-based, research-based, and promising practices have not changed since the Children's Services Inventory was initially published in September 2012, programs may be classified differently with each update. This could be due to changes in the meta-analyses, changes in the standard benefit-cost (BC) model, or both.

- Changes to program analyses. When WSIPP updates our review of a program or intervention ("program"), we conduct a complete literature search, update the meta-analyses, and construct new program costs. We may also make improvements to our meta-analytic methods to reflect current best practices.

  We update our meta-analyses for specific programs when they are nominated for review (see Section I) or when we receive legislative assignments or Board-approved projects that direct us to do so. Program updates are always contingent upon capacity and funding to execute these requests.
- Changes in WSIPP's standard benefit-cost model. WSIPP makes continuous improvements to our BC model. WSIPP uses a standard BC model across topic areas, including child welfare, juvenile justice, K–12 education, adult behavioral health, substance use, and more. When we make changes in our BC model, those changes are applied to all programs currently reported on WSIPP's website and reflect the most up-to-date estimates of the valuation of programmatic benefits.

  WSIPP makes updates to our BC model when we have legislative assignments or Board-approved projects that provide resources to do so.

The goal when implementing updates and revisions is to report rigorous, up-to-date, relevant information that addresses the needs of stakeholders.

Exhibit 4 provides a representative list of the types of changes that WSIPP might make in a given update cycle. The exhibit includes the type of change, the rationale for the change, and the program classifications potentially impacted by the change.

The definitions for classification of poor, null, promising, and research-based programs all rely on unadjusted effect sizes from WSIPP's meta-analyses. Therefore, any changes that can affect unadjusted effect sizes may have implications for these program classifications. Changes to benefit-cost findings, however, affect only whether a program is classified as evidence-based.

Exhibit 4

Potential Changes to WSIPP's Meta-Analyses and Benefit-Cost Model
And Implications for Inventory Program Classifications

Change	Rationale for change	Meta/BC analysis elements potentially affected^	Program classifications* potentially impacted
Changes to program analyses			
Add new research literature	New research is found in literature search; studies we could not include previously become usable due to improvements in statistical methods or ability to include new outcomes	Unadjusted effect sizes Adjusted effect sizes Placement of effects in time Program costs	All levels of program classification
Update meta-analytic methods	Improvements to our statistical calculations; changes in best practices in the field of meta-analysis	Unadjusted effect sizes Adjusted effect sizes	All levels of program classification
Update program cost estimate	More up-to-date costs are available from agencies in Washington; the revised meta-analysis included a different mix of studies that represent a different length or intensity of the program	Program costs	Evidence-based classification only

Notes:
WSIPP may make other modifications, at researcher discretion, to ensure that our analyses represent the best evidence synthesis given the information we have available. For more detail on our approach, see WSIPP's Technical Documentation.
^ This column lists the components of our meta/BC analyses that may be affected by the relevant type of change. All of these elements have the potential to impact our benefit-cost findings.
* Classifications use suggested definitions described in Exhibit 2 and Exhibit 3.

III. Updates to the Inventory as of September 2020

In 2020, EBPI received three nominations to review new programs through EBPI's Promising Practice Application process. WSIPP analyzed an additional new program, prioritized programs already on the inventory by literature review date, and updated a handful of programs with the hopes of finding more recent analyses to include in a meta-analysis and benefit-cost analysis.

Also, WSIPP had a legislative assignment[9] that resulted in updates to some of our meta-analyses and benefit-cost analyses. We use our most up-to-date findings to classify programs on the inventory and, therefore, include the latest findings that were supported by these related projects.

This section lists programs that are new to the inventory and programs with classification changes as of September 2020. The exhibits in this section do not provide an exhaustive list of all programs in the inventory. The complete inventory begins on page 17 and contains 226 programs.

WSIPP has added four programs since the last inventory was published in December 2019 (see Exhibit 5). The subsections of Exhibit 5 correspond with specific sections on the inventory.

Exhibit 5

New Program Classifications

Program/intervention name	Classification*
Juvenile justice	
Girls Only Active Learning (GOAL)	Promising
Mental health	
STAY (Slow Down, Take Interest, Assess Your Role, Yield To Another Perspective)	Promising
General prevention	
Roots of Empathy	Research-based
Strive Supervised Visitation Program	Promising

Note:
*Classifications using suggested definitions, as described in Exhibit 2.

[9] As part of this project, we updated meta-analyses and benefit-cost analyses for select Learning Assistance Programs (LAP).

In addition to reviewing the four new programs referenced above, WSIPP revisited our analyses for five previously reviewed programs since the last inventory was published in December 2019. As discussed in Section II, these updates could involve including new research evidence, updating statistical calculations, or updating program costs.

We strive to keep our classification standards internally consistent across programs. As part of the inventory update process, we revisit program classifications to ensure that decisions are consistently aligned with classification standards across all sections of the inventory.

Exhibit 6 lists programs WSIPP revisited in 2020. None of the programs' classifications changed between December 2019 and September 2020. Exhibit 6 highlights the primary updates made to each of the programs re-reviewed during the current inventory cycle.

Exhibit 6

Program Analyses Revisited in 2020

Program/intervention name	Current (Sep 2020) classification*	Updates to the current analyses
Triple P—Positive Parenting Program (System)	Research-based	Added new research literature
Positive Action	Evidence-based	Updated methods
Project SUCCESS	Null	Searched and reviewed new literature; no update made to analyses
Pyramid Model	Promising	Searched and reviewed new literature; no rigorous evaluations measuring outcome of interest
Seven Challenges	Promising	Searched and reviewed new literature; no rigorous evaluations measuring outcome of interest

Note:
*Classifications using suggested definitions, as described in Exhibit 2.

IV. Limitations & Future Updates

Limitations

The benefit-cost analyses in this report reflect only those outcomes that were measured in the studies we reviewed. We focus primarily on outcomes that are "monetizable" with the current WSIPP benefit-cost model. "Monetizable" means that we can link the outcome to future economic consequences, such as labor market earnings, criminal justice involvement, or health care expenditures. At this time, WSIPP is unable to monetize some outcomes, including homelessness, placement stability, and social and emotional development.

Future Updates

Future updates to this inventory are contingent on funding.

September 2020
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	Percent people of color
Child welfare	**Intervention**						
	Alternatives for Families (AF-CBT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attachment & Biobehavioral Catch-up	Yes	◉	◉		Single evaluation	19%
	Family dependency treatment court	Yes	◉	◉	8%	Benefit-cost	35%
	Fostering Healthy Futures	Yes	◉	◉		Single evaluation	56%
	Functional Family Therapy—Child Welfare (FFT-CW)	Yes	Null	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	●	●	97%		58%
	King County Family Treatment Court	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Kinship care compared to traditional (non-kin) foster care	No	P	P		No rigorous evaluation measuring outcome of interest	
	Locating family connections for children in foster care	Yes	Null	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*	⊘	⊘	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	●	●	96%		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	●	●	94%		33%
	Youth Villages LifeSet (YV LifeSet) for former foster youth	Yes	◉	◉	20%	Benefit-cost	48%
	Prevention						
	Circle of Security	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Circle of Security—Parenting (COS-P)	Yes	P	P	56%	Single evaluation	89%
	Healthy Families America	Yes	●	◉	58%	Mixed results/benefit-cost	63%
	Nurse Family Partnership	Yes	●	◉	64%	Benefit-cost/heterogeneity	20%
	Other home visiting programs for at-risk families	Varies*	●	◉	49%	Mixed results/benefit-cost	63%
	ParentChild+ (formerly Parent-Child Home Program)	Yes	P	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	◉	◉	30%	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	◉	◉	71%	Benefit-cost/heterogeneity	31%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported See definitions and notes on pages 26 and 27.

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 classified as evidence-based because it meets the weight of the evidence and heterogeneity criteria. It was not possible to conduct a benefit-cost analysis for this program, either because program costs are unavailable or because WSIPP's benefit-cost model cannot currently model long-term economic impacts for relevant outcomes or populations.
^ 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 people of color ($p < 0.20$). See definitions and notes on page 27 for additional detail.

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Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria	Percent people of color
Juvenile justice	Adolescent Diversion Project (ADP) (vs. simple release)	Yes	◉	◉		Single evaluation	33%
	Adolescent Diversion Project (ADP) (vs. traditional juvenile court processing)	Yes	◉	●	100%		49%
	Aggression Replacement Training (ART)	Yes					
	Court-involved/post-release youth		Null	Null	22%	Weight of the evidence	35%
	Youth in state institutions		P	P		Single evaluation	33%
	Boot camps (vs. confinement in state institutions)	Varies*	Null	Null	61%	Weight of the evidence	61%
	Canine training programs for youth in state institutions	Varies*	P	P		No rigorous evaluation measuring outcome of interest	
	Cognitive behavioral therapy (CBT)						
	Court-involved youth	Varies*	Null	Null	41%	Weight of the evidence	41%
	Youth in state institutions	Varies*	Null	Null	68%	Weight of the evidence	50%
	Connections Wraparound for court-involved youth	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Coordination of Services (COS) for court-involved youth	Yes	◉	●	95%		23%^
	Dialectical behavior therapy (DBT) for youth in state institutions	Yes	◉	◉	93%	Heterogeneity	27%
	Diversion	Varies*					
	No services (vs. traditional juvenile court processing)	Varies*	●	●	99%		60%
	With services (vs. simple release)	Varies*	Null	Null	33%	Weight of the evidence	60%
	With services (vs. traditional juvenile court processing)	Varies*	●	●	100%		58%
	Drug court	Varies*	Null	Null	67%	Weight of the evidence	31%
	Education and Employment Training (EET, King County) for court-involved youth	Yes	◉	◉	99%	Single evaluation	74%
	Equipping Youth to Help Each Other (EQUIP) for youth in state institutions	Yes	◉	◉		Single evaluation	33%
	Functional Family Probation and Parole (FFP) for court-involved/post-release youth	Yes	Null	Null	74%	Weight of the evidence	63%
	Functional Family Therapy (FFT)	Yes					
	Court-involved youth	Yes	Null	Null	72%	Weight of the evidence	55%
	Youth post-release	Yes	◉	●	100%		35%
	Girls Only Active Learning (GOAL)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Intensive supervision	Varies*					
	Court-involved youth (vs. confinement in state institutions)		Null	Null	100%	Weight of the evidence	64%
	Court-involved youth (vs. traditional probation)		Null	Null	28%	Weight of the evidence	60%
	Youth post release (vs. traditional post-release supervision)		Null	Null	5%	Weight of the evidence	70%
	Juvenile awareness programs (including Scared Straight) for court-involved youth	Yes	⊘	⊘	3%	Weight of the evidence	68%
	Juvenile Detention Alternatives Initiative (JDAI)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Mentoring (including volunteer costs)						
	Court-involved youth	Varies*	Null	Null	85%	Weight of the evidence	87%
	Youth post-release	Varies*	◉	●	93%		80%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported See definitions and notes on pages 26 and 27.

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.

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Juvenile justice (continued)	The Missouri Approach (Missouri Model) for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multidimensional Treatment Foster Care (MTFC) (vs. group homes) for court-involved youth	Yes	●	◉	90%	Heterogeneity	23%
	Multisystemic Therapy (MST) for court-involved/post-release youth	Yes	●	●	99%		80%
	Multisystemic Therapy-Family Integrated Transitions (MST-FIT) for youth in state institutions	Yes	P	P	53%	Single evaluation	29%
	Other (non-name brand) family-based therapies for court-involved youth	Varies*	◉	●	92%		45%
	Parenting with Love and Limits (PLL) for court-involved/post-release youth	Yes	◉	●	100%		65%
	Project Broader Urban Involvement and Leadership Development (Project BUILD) for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Restorative justice conferencing or victim offender mediation for court-involved youth	Varies*	Null	Null	77%	Weight of the evidence	61%
	Step Up for court-involved youth	Yes	Null	Null	83%	Weight of the evidence	30%
	Teaching-Family Model group homes (vs. other group homes) for court-involved youth	Yes	◉	◉	88%	Heterogeneity	23%
	Trauma Affect Regulation: Guide for Education and Therapy (TARGET) for youth involved in the juvenile justice system	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	TeamChild for court-involved youth	Yes	Null	Null	55%	Weight of the evidence	24%
	Teen courts (vs. diversion, no services)	Varies*	⊘	⊘	2%	Weight of the evidence	42%
	Teen courts (vs. traditional juvenile court processing)	Varies*	Null	Null	84%	Weight of the evidence	21%

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Juvenile justice (continued)	*Treatment for juveniles convicted of sex offenses*						
	Multisystemic Therapy-Problem Sexual Behavior (MST-PSB) for court-involved youth	Yes	●	◉	59%	Benefit-cost	48%
	Sexual Abuse Family Education and Treatment Program (SAFE-T) for court-involved youth convicted of a sex offense	Yes	◉	◉	26%	Benefit-cost/heterogeneity	NR
	Treatment for juveniles with substance use disorder						
	Dialectical behavior therapy (DBT) for substance use disorder: Integrated Treatment Model for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multisystemic Therapy-Substance Abuse (MST-SA) for court-involved youth	Yes	●	◉	59%	Benefit-cost	65%
	Other (non-therapeutic communities) substance use disorder treatment for youth in state institutions	Varies*	◉	◉	72%	Benefit-cost	85%
	Other (non-therapeutic communities) substance use disorder treatment for court-involved youth	Varies*	◉	◉	43%	Benefit-cost	64%
	Therapeutic communities (vs. group homes) for court-involved youth with substance use disorder	Varies*	◉	◉	48%	Benefit-cost	79%
	Therapeutic communities for youth in state institutions with substance use disorder	Varies*	◉	◉	99%	Mixed results	50%
	Vocational and employment training						
	Court-involved youth	Varies*	●	●	82%		55%
	Youth in state institutions	Varies*	Null	Null	44%	Weight of the evidence	56%
	Wayne County (Michigan) Second Chance Reentry Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Wilderness adventure therapy for court-involved youth	Varies*	●	●	79%		37%
	You Are Not Your Past	No	P	P		No rigorous evaluation measuring outcome of interest	
	Youth Advocate Programs—Mentoring	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Youth Villages LifeSet (YV LifeSet) for youth released from juvenile custody	Yes	Null	Null	2%	Weight of the evidence	48%

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Mental health	**Anxiety**						
	Acceptance and Commitment Therapy (ACT) for children with anxiety	Yes	◉	◉	85%	Single evaluation	15%
	Exposure response prevention for youth with obsessive-compulsive disorder (OCD)	Varies*	●	◉	87%	Heterogeneity	21%
	Group and individual cognitive behavioral therapy (CBT) for children & adolescents with anxiety	Varies*	●	◉	95%	Heterogeneity	21%
	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 children with anxiety	Varies*	◉	◉	92%	Heterogeneity	NR
	Remote cognitive behavioral therapy (CBT) for children with anxiety	Varies*	◉	◉	95%	Heterogeneity	NR
	Theraplay	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attention Deficit Hyperactivity Disorder						
	Behavioral parent training (BPT) for children with ADHD		◉	◉	75%	Benefit-cost	35%
	Barkley Model**	Yes					
	New Forest Parenting Programme**	Yes					
	Cognitive behavioral therapy (CBT) for children with ADHD	Varies*	Null	Null	47%	Weight of the evidence	14%
	Encompass for ADHD	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multimodal therapy (MMT) for children with ADHD	Varies*	◉	◉	52%	Benefit-cost	43%
	Depression						
	Acceptance and Commitment Therapy (ACT) for children with depression	Yes	◉	◉	49%	Benefit-cost/heterogeneity	NR
	Blues Program (prevention program for students at risk for depression)	Yes	●	◉	49%	Benefit-cost	38%
	Cognitive behavioral therapy (CBT) for children & adolescents with depression	Varies*	◉	◉	49%	Benefit-cost/heterogeneity	30%
	Coping With Depression—Adolescents**	Yes					
	Other cognitive behavioral therapy (CBT) for children & adolescentswith depression**	Varies*					
	Treatment for Adolescents with Depression Study**	Yes					
	Collaborative primary care for children with depression	Varies*	◉	◉	48%	Benefit-cost/heterogeneity	28%

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Mental health (continued)	**Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)**						
	Behavioral parent training (BPT) for children with disruptive behavior						
	Helping the Noncompliant Child for children with disruptive behavior	Yes	P	P	51%	Single evaluation	31%
	Incredible Years Parent Training	Yes	●	◉	59%	Benefit-cost	41%
	Incredible Years Parent Training with Incredible Years Child Training	Yes	●	◉	2%	Benefit-cost	45%
	Other behavioral parent training (BPT) for children with disruptive behavior	Varies*	◉	●	95%		95%
	Parent-Child Interaction Therapy (PCIT) for children with disruptive behavior	Yes	●	◉	27%	Benefit-cost	76%
	Parent Management Training—Oregon Model (treatment population)	Yes	●	◉	69%	Benefit-cost/heterogeneity	NR
	Triple P—Positive Parenting Program: Level 4, group	Yes	●	●	97%		80%
	Triple P—Positive Parenting Program: Level 4, individual	Yes	●	◉	60%	Benefit-cost/heterogeneity	NR
	Brief Strategic Family Therapy (BSFT)	Yes	●	◉	58%	Benefit-cost	76%
	Collaborative primary care for children with behavior disorders	Varies*	◉	◉	60%	Benefit-cost/heterogeneity	18%
	Coping Power Program	Yes	◉	◉	57%	Benefit-cost	75%
	Child Parent Relationship Therapy	Yes	●	●	79%		62%
	Choice Theory/Reality Therapy for children with disruptive behavior	Yes	P	P		Single evaluation	27%
	Mentoring: Community-based for children with disruptive behavior	Varies*	◉	◉	67%	Benefit-cost/heterogeneity	7%
	Multimodal therapy (MMT) for children with disruptive behavior	Varies*	●	◉	58%	Benefit-cost/heterogeneity	5%
	STAY (Slow Down, Take Interest, Assess Your Role, Yield To Another Perspective)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Stop Now and Plan (SNAP)	Yes	●	●	86%		77%
	Eating Disorders						
	Family-based treatment for adolescents with eating disorders#	Varies*	●	●			32%
	Fetal Alcohol Syndrome						
	Families Moving Forward	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Serious Emotional Disturbance						
	Cognitive behavioral therapy (CBT) for prodromal psychosis	Varies*	◉	◉		Heterogeneity	NR
	Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	Yes	◉	◉	51%	Benefit-cost	44%
	Full fidelity wraparound for children with serious emotional disturbance (SED)#	Yes	●	●			48%
	Group homes (Stop-Gap model) for youth with serious emotional disturbance (SED)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Individual Placement and Support for first episode psychosis	Yes	◉	◉		Single evaluation	50%
	Integrated treatment for first-episode psychosis#	Varies*	●	●			73%
	Integrated treatment for prodromal psychosis	Varies*	◉	◉		Heterogeneity	NR
	Intensive Family Preservation (HOMEBUILDERS®) for youth with serious emotional disturbance (SED)	Yes	Null	Null		Weight of the evidence	95%
	Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)#	Yes	●	●			38%

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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	◉	◉	96%	Single evaluation	49%
	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					
	Other cognitive behavioral therapy (CBT)-based models for child trauma**	Varies*					
	Teaching Recovery Techniques (TRT)**	Yes					
	Trauma Focused CBT for children**	Yes					
	Trauma Grief Component Therapy**	Yes					
	Eye Movement Desensitization and Reprocessing (EMDR) for child trauma	Yes	P	P	83%	Weight of the evidence	81%
	Kids Club & Moms Empowerment	Yes	◉	◉	81%	Single evaluation	48%
	Take 5: Trauma Affects Kids Everywhere—Five Ways to Promote Resilience	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Other						
	Great Life Mentoring (formerly 4Results Mentoring)	Yes	◉	◉		Single evaluation	18%
	Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Yes	●	●	97%		78%
	Motivational interviewing to engage children in mental health treatment	Varies*	◉	◉		Heterogeneity	27%
	Partners for Change Outcome Management System (PCOMS) for youth	Yes	◉	◉		Single evaluation	22%
	Rites of Passage Wilderness Therapy	Yes	P	P		No rigorous evaluation measuring outcome of interest	

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General prevention	Becoming a Man (BAM)	Yes	●	◉	74%	Benefit-cost	98%
	Caring School Community (formerly Child Development Project)	Yes	Null	Null	60%	Weight of the evidence	47%
	Child First	Yes	◉	◉	45%	Single evaluation	94%
	Child Parent Enrichment Project (CPEP)	Yes	⊘	⊘	13%	Weight of the evidence	55%
	Communities That Care	Yes	●	●	86%		36%
	Conjoint behavioral consultation	Yes	Null	Null	23%	Weight of the evidence	21%
	Coping and Support Training (CAST)	Yes	●	●	81%		51%
	Daily Behavior Report Cards	Yes	◉	◉		Single evaluation	13%
	Early Head Start—Home Visiting	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Early Start (New Zealand)	Yes	◉	◉	6%	Single evaluation	NR
	Familias Unidas	Yes	●	◉	68%	Benefit-cost	100%
	Families and Schools Together (FAST)	Yes	Null	Null	50%	Weight of the evidence	83%
	Family Connects	Yes	◉	◉		Single evaluation	71%
	Family Spirit	Yes	◉	◉	56%	Benefit-cost	100%
	Fast Track prevention program	Yes	◉	◉	0%	Benefit-cost	53%
	Good Behavior Game	Yes	●	●	76%		50%
	Guiding Good Choices (formerly Preparing for the Drug Free Years)	Yes	◉	◉	50%	Single evaluation	1%
	Healthy Beginnings	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Home Instruction for Parents of Preschool Youngsters (HIPPY)	Yes	●	◉	52%	Benefit-cost	93%
	Infant Health and Development Program (IHDP)	Yes	◉	◉	19%	Benefit-cost	58%
	Kaleidoscope Play and Learn	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Maternal Early Childhood Sustained Home-Visiting (MESCH)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Mentoring: Community-based						
	Mentoring: Big Brothers Big Sisters Community-Based (taxpayer costs only)	Yes	●	◉	42%	Benefit-cost	57%
	Mentoring: Community-based (taxpayer costs only)	Varies*	●	◉	65%	Benefit-cost	85%
	Mentoring: School-based						
	Mentoring: Big Brothers Big Sisters School-Based (taxpayer costs only)	Yes	●	◉	6%	Benefit-cost	64%
	Mentoring: School-based by teachers or school staff	Varies*	●	◉	71%	Benefit-cost	86%
	Mentoring: School-based by volunteers (taxpayer costs only)	Varies*	Null	Null	15%	Weight of the evidence	78%
	Minding the Baby	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	New Beginnings for children of divorce	Yes	Null	Null	49%	Weight of the evidence	25%
	Nurturing Fathers	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Other home visiting programs for adolescent mothers[#]	Varies*	●	●			58%

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General prevention (continued)	Positive Action	Yes	●	●	94%		57%
	Positive Family Support/Family Check-Up	Yes	●	◉	70%	Benefit-cost	40%
	Promoting Alternative Thinking Strategies (PATHS)	Yes	Null	Null	62%	Weight of the evidence	49%
	PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience)	Yes	◉	◉	39%	Benefit-cost/heterogeneity	15%
	Pyramid Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Quantum Opportunities Program	Yes	●	◉	30%	Benefit-cost	90%
	Raising Healthy Children	Yes	Null	Null		Weight of the evidence	18%
	Resources, Education, and Care in the Home (REACH-Futures)	Yes	Null	Null		Weight of the evidence	100%
	Reconnecting Youth	Yes	⊘	⊘		Weight of the evidence	92%
	Roots of Empathy	Yes	◉	◉	90%	Heterogeneity	16%
	Seattle Social Development Project	Yes	◉	◉	56%	Benefit-cost	56%
	Strengthening Families for Parents and Youth 10-14	Yes	Null	Null	60%	Weight of the evidence	19%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strive Supervised Visitation Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strong African American Families	Yes	◉	◉	54%	Benefit-cost	100%
	Strong African American Families—Teen	Yes	◉	◉	59%	Benefit-cost	100%
	Sunshine Circle Model	Yes	◉	◉	91%	Single evaluation	87%
	Youth and Family Link	No	P	P		No rigorous evaluation measuring outcome of interest	
	Youth Mental Health First Aid (YMHFA)	Yes	●	◉	68%	Benefit-cost/heterogeneity	NR

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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	Null	Null		Weight of the evidence	22%
	Brief intervention for youth in medical settings	Yes	◉	◉	46%	Benefit-cost	65%
	Compliance checks for alcohol	Varies*	◉	◉		Heterogeneity	25%
	Compliance checks for tobacco	Varies*	●	◉		Heterogeneity	28%
	Family Matters	Yes	◉	◉	73%	Benefit-cost/heterogeneity	22%
	keepin' it REAL	Yes	Null	Null	62%	Weight of the evidence	83%
	LifeSkills Training	Yes	●	◉	63%	Benefit-cost	38%
	Lions Quest Skills for Adolescence	Yes	●	◉	70%	Benefit-cost	74%
	Marijuana Education Initiative Impact Awareness curriculum	Yes	P	P	50%	Single evaluation	88%
	Model Smoking Prevention Program	Yes	●	◉	100%	Heterogeneity	NR
	Multicomponent environmental interventions to prevent youth alcohol use	Varies*	◉	◉	28%	Benefit-cost/heterogeneity	19%
	Multicomponent environmental interventions to prevent youth tobacco use	Varies*	◉	◉	82%	Heterogeneity	21%
	Project ALERT	Yes	Null	Null	42%	Weight of the evidence	28%
	Project Northland	Yes	●	◉	54%	Benefit-cost	55%
	Project SHOUT (Students Helping Others Understand Tobacco)	Yes	Null	Null		Weight of the evidence	43%
	Project STAR (Students Taught Awareness and Resistance; also known as the Midwestern Prevention Project)	Yes	◉	◉	70%	Benefit-cost/heterogeneity	21%
	Project SUCCESS	Yes	Null	Null	38%	Weight of the evidence	37%
	Project Towards No Drug Abuse	Yes	●	◉	54%	Benefit-cost	70%
	Project Towards No Tobacco Use	Yes	◉	●	78%		40%
	Protecting You/Protecting Me	Yes	P	P		Single evaluation	92%
	SPORT	Yes	◉	◉	51%	Benefit-cost	49%
	STARS (Start Taking Alcohol Risks Seriously) for Families	Yes	P	P		Single evaluation	66%
	Teen Intervene	Yes	●	◉	61%	Benefit-cost/heterogeneity	29%

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September 2020
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	Percent people of color
Substance use disorder (continued)	**Intervention**						
	Adolescent Assertive Continuing Care (ACC)	Yes	◉	◉	39%	Benefit-cost/heterogeneity	27%
	Adolescent Community Reinforcement Approach (A-CRA)	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	◉	◉	35%	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	Null	Null		Weight of the evidence	33%
	Multidimensional Family Therapy (MDFT)	Yes	◉	◉	28%	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 (TMCU)	Yes	●	◉	49%	Benefit-cost	35%
	Treatment for youth involved in the juvenile justice system						
	Dialectical behavior therapy (DBT) for substance use disorder: Integrated Treatment Model for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multisystemic Therapy-Substance Abuse (MST-SA) for court-involved youth	Yes	●	◉	59%	Benefit-cost	65%
	Other (non-therapeutic communities) substance use disorder treatment for youth in state institutions	Varies*	◉	◉	72%	Benefit-cost	85%
	Other (non-therapeutic communities) substance use disorder treatment for court-involved youth	Varies*	◉	◉	43%	Benefit-cost	64%
	Therapeutic communities (vs. group homes) for court-involved youth with substance use disorder	Varies*	◉	◉	48%	Benefit-cost	79%
	Therapeutic communities for youth in state institutions with substance use disorder	Varies*	◉	◉	99%	Mixed results	50%

● Evidence-based ◉ Research-based **P** Promising ⊘ Poor outcomes **Null** Null outcomes **NR** Not reported See definitions and notes on pages 26 and 27.

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 classified as evidence-based because it meets the weight of the evidence and heterogeneity criteria. It was not possible to conduct a benefit-cost analysis for this program, either because program costs are unavailable or because WSIPP's benefit-cost model cannot currently model long-term economic impacts for relevant outcomes or populations.
^ 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 people of color ($p < 0.20$). See definitions and notes on page 27 for additional detail.

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 the 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.

Null: If results from multiple evaluations or one large multiple-site evaluation indicate that a program has no significant effect on outcomes of interest ($p > 0.20$), a program is classified as producing "null outcomes."

Poor outcome(s): If results from multiple evaluations or one large multiple-site evaluation indicate that a program produces undesirable effects ($p < 0.20$), a program is classified as producing "poor outcomes."

Other Definitions:

Cost-beneficial: Benefit-cost estimation is repeated many times to account for uncertainty in the model. This represents the percentage of repetitions producing overall benefits that exceed costs. Programs with a benefit-cost percentage of at least 75% are considered to meet the "cost-beneficial" criterion in the "evidence-based" definition above.

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 under current law or the proposed definition, a program must have been tested on a "heterogeneous" population. We operationalized heterogeneity in two ways. First, the proportion of program participants who are children/youth of color must be greater than or equal to the proportion of children/youth of color aged 0 to 17 in Washington State. From the 2010 Census, for children aged 0 through 17 in Washington, 68% were white and 32% were children/youth of color. Thus, if the weighted average of program participants had at least 32% children/youth of color then the program was considered to have been tested on a heterogeneous population.

Second, the heterogeneity criterion can also be achieved if at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for children/youth of color ($p < 0.20$). Programs passing the second test are marked with a ^.

Mixed results: If findings are mixed from different measures (e.g., undesirable outcomes for behavior measures and desirable outcomes for test scores), the program does not meet evidence-based criteria.

No rigorous evaluation measuring outcome of interest: The program has not yet been tested with a rigorous outcome evaluation.

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: Results from a random-effects meta-analysis ($p > 0.20$) indicate that the weight of the evidence does not support desired outcomes, or results from a single large study indicate the program is not effective.

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