



December 2024

## Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections: *Final Report*

In 2023, the Washington State Legislature directed the Washington State Institute for Public Policy (WSIPP) to update its adult corrections inventory (henceforth “inventory”). The inventory summarizes information about the effectiveness of programs for adults involved in the criminal justice system. For each program where research is available, WSIPP conducts meta-analysis and benefit-cost analysis and then classifies the program as evidence-based, research-based, or promising.

The present update focuses on programs for incarcerated individuals. WSIPP was directed to prioritize family and relationship programs, learning and working programs, and therapeutic and support programs currently offered in Washington State Department of Corrections (DOC) facilities. In this report, we summarize WSIPP’s methods and highlight the results of our updates for programs classified on the inventory.

[Section I](#) reviews background information and the current assignment. [Section II](#) describes WSIPP’s methods and the definitions used to classify programs. [Section III](#) discusses why program classifications can change with new iterations of the inventory. [Section IV](#) describes updates to the 2024 inventory. [Section V](#) summarizes evidence on the likely effectiveness of DOC programs for reducing recidivism. [Section VI](#) includes limitations and information about future inventory updates. [Section VII](#) presents the complete inventory, which is also available on our website.<sup>1</sup> Further information on individual programs in the inventory can be found on our website.

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<sup>1</sup> [WSIPP’s 2024 adult criminal justice inventory.](#)

## I. Background: Creating the Adult Corrections Inventory

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Following a series of public policy reforms, Washington State moved towards identifying and implementing rigorously studied policies and programs with the potential to improve statewide outcomes cost-effectively (i.e., “evidence-based” programs).<sup>2</sup> The first iteration of the adult corrections inventory resulted from a 2013 legislative assignment to develop definitions for “evidence-based” and “research-based” classifications and to create an inventory of evidence-based and research-based programs.<sup>3</sup>

In the initial inventory, WSIPP classified 27 programs using legislatively enacted definitions of “evidence-based” and “research-based.”<sup>4</sup> This inventory covered programs and policies across all stages of the criminal justice system, including diversion, therapeutic courts, case management, reentry, community-based supervision and treatment, and programs for individuals incarcerated in DOC facilities. Importantly, WSIPP collaborated with DOC to ensure the inclusion of programs delivered by DOC in the inventory.

The current legislative assignment directs WSIPP to update the inventory. It specifies that this update must focus on programs for incarcerated individuals in prison facilities, prioritizing programs currently offered by DOC (see [Exhibit 1](#)).

### Exhibit 1

#### WSIPP’s 2023 Legislative Assignment

*“The Washington state institute for public policy [is to] update its adult corrections inventory of evidence-based, research-based, and promising programs and expand the inventory to include new programs that were not included in the last published...inventory in 2018.*

*This update must focus on programs for **incarcerated individuals** in **prison facilities** to include family and relationships programs, learning and working programs, and therapeutic and support programs. The institute should prioritize the addition of **programs currently offered by [DOC]**.*

- (i) *...the institute shall publish a preliminary report identifying the list of programs currently offered in [DOC] prison facilities and the list of new programs to be analyzed for inclusion in the updated adult corrections inventory. The preliminary report must include an indication of whether the [DOC] programs have ever been evaluated for their effect on recidivism; and*
- (ii) *... the institute shall publish a final report with the updated adult corrections inventory classifying programs as evidence-based, research-based, or promising programs. The report shall include a list of programs currently offered in [DOC] prison facilities and a determination of their likely effectiveness in reducing recidivism based on the results of the adult corrections inventory.*

Engrossed Substitute Senate Bill 5187, Chapter 475, Laws of 2023

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<sup>2</sup> Engrossed Second Substitute House Bill 2536, Chapter 232, Laws of 2012; Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013; and Third Engrossed Substitute Senate Bill 5034, Chapter 4, Laws of 2013.

<sup>3</sup> Drake, E. (2013). *Inventory of evidence-based and research-based programs for adult corrections* (Doc. No. 13-12-1901). Olympia: Washington State Institute for Public Policy.

<sup>4</sup> The definitions were enacted by the 2013 Legislature for adult behavioral health services. We classify programs in other policy areas according to the statutory definitions for adult behavioral health (See [2SSB 5732](#)).

In addition to focusing on programming for individuals incarcerated in DOC prison facilities, the assignment calls for an examination of programs in the following three broad categories:<sup>5</sup>

- 1) Family and relationships programs,
- 2) Learning and working programs, and
- 3) Therapeutic and support programs.

Facility-based programs in these areas might be expected to reduce recidivism if they support the development of skills and credentials, improve behavioral health and relationships, or increase prosocial behaviors. Accordingly, our legislative assignment also directs us to summarize information on the likely effectiveness of these programs in reducing recidivism in Washington State.

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<sup>5</sup> Consistent with WSIPP's legislative assignment we exclude from this investigation programs broadly categorized as having a religious or cultural focus. Our [preliminary report](#) provides additional detail regarding program categories.

## II. Classifying Programs as Evidence-Based, Research-Based, or Promising

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This section describes WSIPP's standard approach to creating the inventory. We have implemented this approach since publishing WSIPP's first inventory in 2012.<sup>6</sup> We include a description of WSIPP's standard approach to meta-analysis and benefit-cost analysis and a discussion of the program classification definitions.

### 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 policy options ("programs") work to achieve desired outcomes (e.g., reduced crime) and about the likely long-term economic consequences of these options.

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 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 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 as 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 standardized procedures (see [Exhibit 2](#)) for each step. These procedures support the rigor of our analysis and may allow results for similar programs to be compared. For full details on WSIPP's methods, see WSIPP's Technical Documentation.<sup>7</sup>

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<sup>6</sup> WSIPP & EBPI. (2012). *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.*

<sup>7</sup> WSIPP's meta-analytic and benefit-cost methods are described in detail in our technical documentation. Washington State Institute for Public Policy, (December 2024). *Benefit-cost technical documentation.* Olympia, WA: Author.

## Exhibit 2

### 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 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. 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. See [Exhibit 3](#) for information about interpreting an effect size.

#### 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 (e.g., DOC). 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.

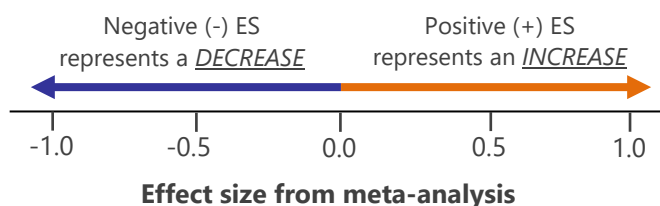
To assess the riskiness of our conclusions, we look at thousands of different scenarios through a Monte Carlo simulation. In each scenario we vary key factors in our calculations (e.g., expected effect sizes, program costs) using estimates of error around each factor. The purpose of this analysis is 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.

### Exhibit 3

#### Understanding and Interpreting an Effect Size

An effect size (ES) measures the degree to which a program has been shown to change an outcome for program participants relative to a comparison group.

An ES indicates the magnitude and direction of the effect.



Note:

Effect sizes can be values larger than -1 or 1.

### Program Classification Definitions

The Washington State Legislature enacted statutes during the mid-1990s to promote evidence-based approaches in several public policy areas.<sup>8</sup> “Evidence-based” was not consistently defined in the early legislation but generally described a program or policy supported by rigorous research to demonstrate effectiveness. The adult behavioral health statutes, however, do provide definitions,<sup>9</sup> and WSIPP has used these statutory definitions to guide classifications for inventories in the areas of adult corrections, children’s services, K-12 Learning Assistance Programs, and cannabis use prevention and treatment.

Additionally, starting with the 2018 update to the adult corrections inventory (and across WSIPP’s other inventories), WSIPP clarified classifications for programs that produce null or poor results. In inventories prior to 2018, there was a single category for programs producing “null or poor outcomes.” Programs with null effects on outcomes (i.e., p-value > 0.20) were inconsistently categorized as either “null or poor” or as “promising.” As of 2018, WSIPP defined two separate categories to distinguish between programs producing null results (no significant effect on desired outcomes) and those producing poor (undesirable) outcomes. It has standardized the application of these definitions.

Finally, 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.

Exhibit 4 includes the definitions used to classify programs in the inventory.

<sup>8</sup> Drake, E. (2012). Reducing crime and criminal justice costs: Washington State’s evolving research approach. *Justice Research and Policy*, 14(1).

<sup>9</sup> RCW 71.24.025.

#### Exhibit 4

#### WSIPP Classifications for Adult Corrections

Evidence-based	<p>A program or practice that has been tested in a heterogeneous (i.e., diverse) or intended population with multiple randomized and/or statistically controlled evaluations, or a single large multiple-site randomized and/or statistically controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in outcomes of interest.</p> <p>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.</p>
Research-based	<p>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 identified in the term "evidence-based" in RCW (above definition) but does not meet the full criteria for "evidence-based."</p> <p>Further, "research-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington.</p>
Promising	<p>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. This could include the use of a program that is evidence-based or research-based for outcomes not initially intended by program developers (e.g., a youth program implemented with adults).</p>
Null	<p>A program or practice that has been tested in a heterogeneous (i.e., diverse) or intended population with multiple randomized and/or statistically controlled evaluations yet has no significant effect on outcomes of interest.</p>
Poor	<p>A program or practice that has been tested in a heterogeneous (i.e., diverse) or intended population with multiple randomized and/or statistically controlled evaluations where the weight of the evidence from a systematic review demonstrates poor (undesirable) effects on outcomes of interest.</p>

For each program where research is available, we use the results of our meta-analysis (Step 1) and benefit-cost analysis (Steps 2 and 3) to inform classifications. To assemble the inventory, we operationalize each criterion in the statutory definitions. These are the same criteria WSIPP has used in assembling inventories across a range of policy areas. The criteria are as follows:

- 1) [Weight of evidence](#). We use the results of our meta-analysis from Step 1 to evaluate this criterion. To meet the evidence-based definition, results from a random-effects meta-analysis of multiple evaluations or one large multiple-site evaluation must indicate the practice achieves the desired outcome (p-value < 0.20).<sup>10</sup> To meet the research-based definition, one single-site evaluation must indicate the practice achieves 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 will be classified as "Null." If results from a random-effects meta-analysis of multiple evaluations or a single large multiple-site evaluation indicate that a practice produces undesirable (harmful) effects (p-value < 0.20), the practice will be classified as producing poor outcomes.

- 2) [Benefit-cost](#). The statute defining evidence-based practices requires that, when possible, a benefit-cost analysis be conducted. We use the benefit-cost analysis from Steps 2 and 3 to determine whether a program meets this criterion.<sup>11</sup> The WSIPP model uses Monte Carlo simulation to test the probability that benefits exceed costs. Programs with at least a 75% chance of a positive net present value meet the benefit-cost test.
- 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 study participants of color must be greater than or equal to the proportion of people of color in Washington. From the 2020 United States Census, 23% of adults in Washington were people of color.<sup>12</sup> Thus, if the weighted average of the program participants in the outcome evaluations of the program were made up of at least 23% people of color, the programs are considered to have been tested on heterogeneous populations.

Second, the heterogeneity criterion can also be achieved if at least one of a program's outcome evaluations has been conducted on persons in Washington and a subgroup analysis demonstrates the program is effective for ethnic/racial minorities (p < 0.20). Programs that do not meet either of these two criteria do not meet the heterogeneity definition.

Exhibit 4 illustrates WSIPP's process for implementing these criteria.

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<sup>10</sup> Statisticians often rely on a metric known as 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 (up to 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) 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.

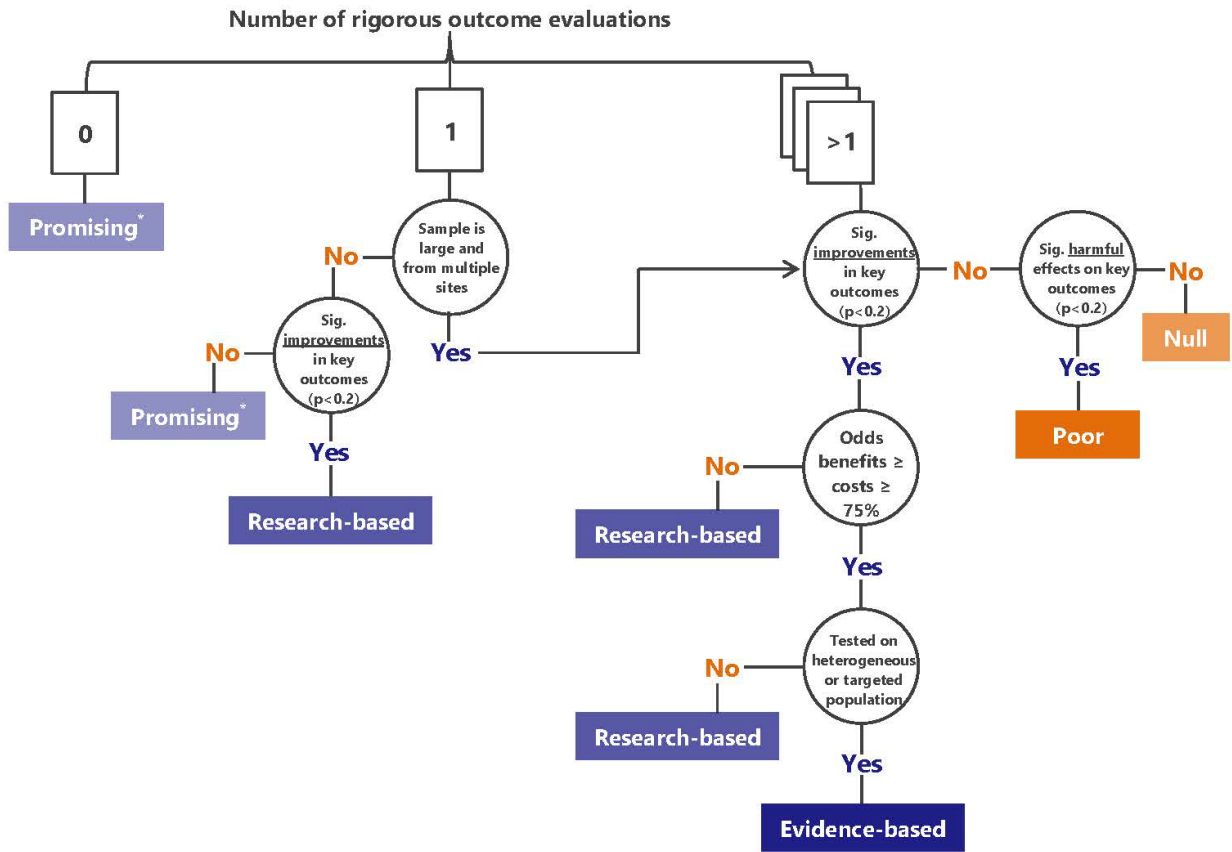
<sup>11</sup> For information about WSIPP's benefit-cost model see [WSIPP's Technical Documentation](#).

<sup>12</sup> United States Census Bureau, 2020.



### Exhibit 4

### Decision Tree for Program Classification



Note:

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

### III. Why Classifications Can Change with Inventory Updates

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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 Adult Corrections Inventory was initially published in December 2013, programs may be classified differently with each update. Changes in classifications could be due to changes in the program analyses or WSIPP's meta-analytic methods, changes in WSIPP's standard benefit-cost (BC) model, or a combination of these factors. The goal when implementing updates and revisions is to report rigorous, up-to-date, relevant information that addresses the needs of stakeholders.

- [Changes to program analyses and meta-analytic methods.](#) When WSIPP updates our review of a program or intervention ("program"), we conduct a systematic literature search, update the meta-analyses, and construct new program costs. We update our meta-analyses for specific programs when new research literature is available 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. We may also make improvements to our meta-analytic methods to reflect current best practices.
- [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, adult criminal justice, 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.

[Exhibit 5](#) lists the types of changes that WSIPP made for the 2024 inventory update. The exhibit includes the type of change, reasons for implementing the change, and the elements impacted by the change.

For all new and updated programs on the 2024 inventory, all classifications rely on effect sizes from WSIPP's meta-analyses. Therefore, any meta-analytic changes that affect effect sizes may have implications for these program classifications. Changes to benefit-cost results, however, affect only whether a program is classified as evidence-based.<sup>13</sup>

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<sup>13</sup> Historically, WSIPP has systematically adjusted effect sizes to reduce bias in the inputs used for benefit-cost analysis. For all programs on the 2024 inventory that were previously included on the 2018 inventory (i.e., not a new program) and not updated using WSIPP's updated meta-analytic methods, we continue to rely on the existing adjusted effect sizes in benefit-cost analyses.

## Exhibit 5

### Implications of Changes to WSIPP's Meta-Analyses and Benefit-Cost Model

Change	Rationale for change	Meta/BC analysis elements potentially affected <sup>^</sup>	Program classifications potentially impacted
<b>Changes to program analyses</b>			
<i>Add new research literature</i>	New research is found in literature search; studies we could not include previously become usable due to improvements in statistical methods; new outcomes are added	Effect sizes Placement of effects in time Program costs	All levels of program classification
<i>Remove research literature that was previously included</i>	Re-review indicates that a study does not meet criteria for rigor; studies pertain to populations or program implementations that are no longer included in the scope of the analysis; changes in our statistical methods mean we can no longer include certain measures of effect sizes	Effect sizes Placement of effects in time Program costs	All levels of program classification
<i>Update meta-analytic methods</i>	Improvements to our statistical calculations; changes in best practices in the field of meta-analysis; for all new and updated program analyses, we now use unadjusted effect sizes in benefit-cost analysis	Effect sizes Benefits associated with measured outcomes	All levels of program classification
<i>Update program cost estimate</i>	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
<b>Changes to WSIPP's standard benefit-cost model</b>			
<i>Update economic parameters (inflation, discount rates, etc.)</i>	Updated data sources or new research become available that allows for more current parameters to be used in the model; changes in best practices in the field of benefit-cost analysis	Benefits associated with measured outcomes	Evidence-based classification only
<i>Update modeling of recidivism in Washington</i>	Updated crime populations in the BC model to use more recent data to model recidivism.	Benefits associated with measured outcomes	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](#).

<sup>^</sup> 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.

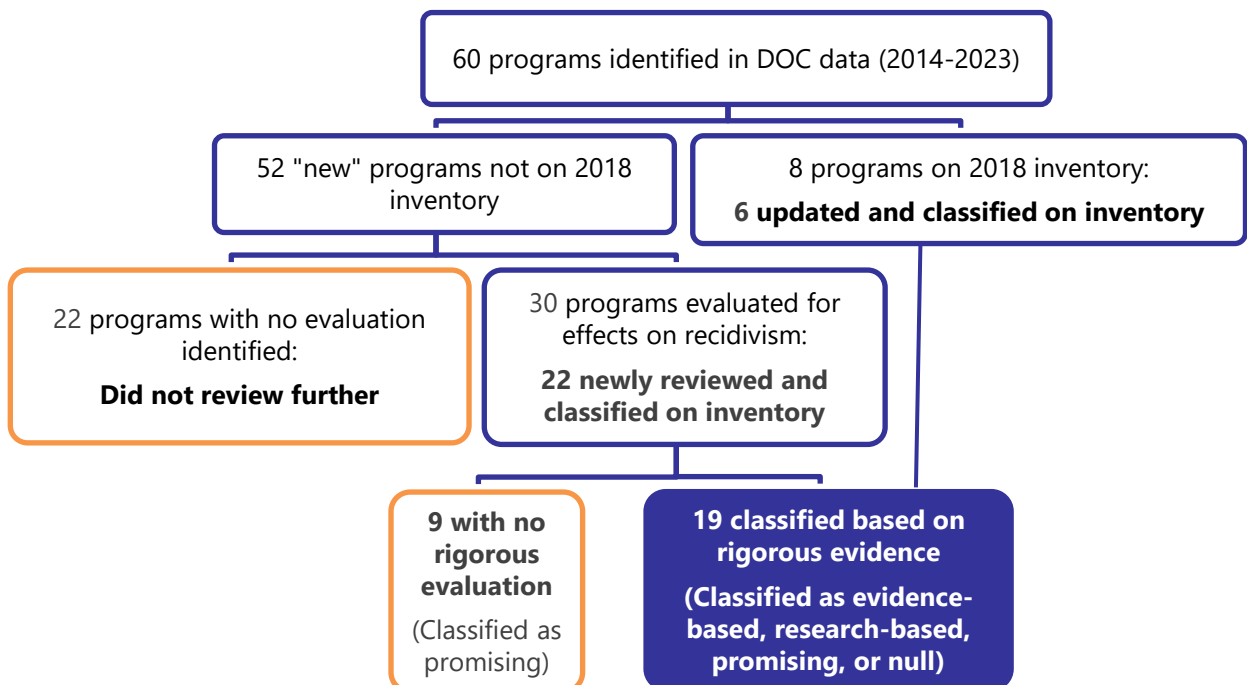
## IV. Updates to the Inventory as of December 2024

To identify programs for this update to the inventory, we reviewed DOC administrative program data. These detailed program records summarized program participation counts as recorded by DOC facility staff in all DOC facilities in Washington from 2014 through 2023.<sup>14</sup>

We identified a list of 60 programs for possible inclusion ([Exhibit 6](#)), eight of which were previously included in WSIPP’s inventory. Of the 52 programs that would be new to WSIPP’s inventory, only 30 programs had any evaluation research to review.<sup>15</sup> We focused on these 30 new programs and the eight existing programs that were available for update. Additionally, within the 38 programs we prioritized current programs (offered during 2022 or 2023), large programs (high number of facilities or participants), and programs that were clearly identified as a standalone program offered by DOC. Overall, we reviewed evidence for 28 programs.<sup>16</sup>

### Exhibit 6

DOC Prison Facility Program Counts and WSIPP’s Adult Corrections Inventory



<sup>14</sup> WSIPP’s [preliminary report](#) includes a detailed summary of our process for identifying programs for potential inclusion on the inventory.

<sup>15</sup> We considered programs to have been evaluated if we could identify at least one outcome evaluation of the program that was conducted on a population of incarcerated adults, included both treatment and comparison groups, and reported recidivism as an outcome.

<sup>16</sup> The eight new DOC programs for which we did not review evidence were lower priority in this update for a variety of reasons. These included programs that were not observed after 2021, very small programs (based on participant count observed in program data during 2022 and 2023), programs that are offered by volunteer organizations rather than by DOC, and programs that were identified by DOC as being a component of other programs, rather than a standalone program delivered to incarcerated individuals. For the two existing programs that we did not update this year, we rely on prior WSIPP analysis and classification.

We completed reviews for 22 DOC programs that are new to the inventory. [Exhibit 7](#) lists these programs and their classifications. This table is organized by program aim as defined in WSIPP’s legislative assignment, including family and relationships programs, learning and working programs, and therapeutic and support programs.

### Exhibit 7

#### New Programs and Classifications

Program/intervention name	Classification
<b>Family and relationships programs</b>	
Parenting Inside Out (during incarceration)	RB
Residential Parenting Program (during incarceration)	P
<b>Learning and working programs</b>	
Correctional Camps Programs (e.g., firefighting, forestry)	P
Correctional education (combined)^	EB
Correctional industries (program costs include expenditures and revenue)^	EB
Dog training programs (during incarceration)	RB
Horticulture programs (during incarceration)	P
Roots of Success (Sustainability in Prisons Project)	P
<b>Therapeutic and support programs</b>	
Aggression Replacement Training (ART) (during incarceration)	Null
Alternatives to Violence (AVP) (during incarceration)	RB
Anger management programs (other) (during incarceration)	EB
Beyond Trauma (during incarceration)	P
Beyond Violence (during incarceration)	EB
Breaking Barriers	P
Bridges to Life (during incarceration)	EB
Cognitive behavioral therapy (CBT) (during incarceration) for individuals convicted of sex offenses	Null
IF Project (during incarceration)	P
Interactive journaling (e.g., Getting it Right) (during incarceration)	P
Moral Reconciliation Therapy® (MRT) (during incarceration)	Null
Moving On (during incarceration)	Null

Notes:

EB = Evidence-based.

RB = Research-based.

P = Promising.

NRE = No rigorous evaluation with the outcome of interest.

^ This inventory entry reflects additional WSIPP analysis of one or more other programs on the inventory and is supplemental to the 22 new programs.

**Exhibit 7 (Continued)**  
New Programs and Classifications

Program/intervention name	Classification
Seeking Safety (during incarceration)	EB
Therapeutic communities (during incarceration) for individuals with co-occurring disorders	RB
Thinking 4 a Change (T4C) (during incarceration)	Null
Traumatic brain injury (TBI) rehabilitation (during incarceration)	P

Notes:

EB = Evidence-based.

RB = Research-based.

P = Promising.

NRE = No rigorous evaluation with the outcome of interest.

Additionally, we updated meta-analyses for six programs identified in DOC program data. [Exhibit 8](#) lists these programs and their prior and current classifications. Program classifications for all six were consistent with classifications on WSIPP’s 2018 inventory.<sup>17</sup>

**Exhibit 8**  
Updated Programs and Classifications

Program/intervention name	Prior classification	Current classification
Correctional education (basic skills)	EB	EB
Correctional education (post-secondary)	EB	EB
Correctional education (vocational)	EB	EB
Correctional industries (program costs include expenditures only)	EB	EB
Outpatient treatment (during incarceration) for individuals with substance use disorders	EB	EB
Therapeutic communities (during incarceration) for individuals with substance use disorders	EB	EB

Note:

EB = Evidence-based.

<sup>17</sup> Additionally, several programs were removed from the inventory. Inpatient or intensive outpatient drug treatment during incarceration, Outpatient or non-intensive drug treatment during incarceration, and Violence Reduction Treatment were incorporated into a new program analysis. Offender Reentry Community Safety Program (for individuals with serious mental illness), Drug Offender Sentencing Alternative (for persons convicted of drug offenses), and Drug Offender Sentencing Alternative (for persons convicted of property offenses) were replaced by updated WSIPP analyses.

Next, because of changes to standard benefit-cost model inputs, we re-analyzed benefit-cost results for all programs on the inventory, including those for which we did not update the literature review and meta-analysis. This includes community-based and court-based programs, as well as facility programs that we did not observe in DOC program records. Out of 47 programs with an updated benefit-cost analysis only, we reclassified eight programs. [Exhibit 9](#) lists programs with a revised classification because of updated benefit-cost results. Note that these programs are outside the scope of WSIPP’s 2023 legislative assignment and focus on other stages of the adult criminal justice system.<sup>18</sup>

### Exhibit 9

Programs with a New Classification Due to Benefit-Cost Method Updates

Program/intervention name	Prior classification	Current classification
"Swift, certain, and fair" supervision	EB	RB
Case management (not "swift, certain, and fair") for drug-involved persons	EB	RB
Civil legal aid	RB	EB
Day reporting centers	EB	RB
Serious and Violent Offender Reentry Initiative (SVORI)	EB	RB
Therapeutic communities (in the community) for individuals with co-occurring disorders	EB	RB
Therapeutic communities (in the community) for individuals with substance use disorders	EB	RB

Notes:

EB = Evidence-based.

RB = Research-based.

P = Promising.

<sup>18</sup> Additionally, we re-classified one program—Police diversion for individuals with mental illness (pre-arrest)—from promising to null to correct an error in the 2018 inventory classification.

We added seven programs to the inventory to incorporate relevant research published by WSIPP since the 2018 inventory. These programs are community-based or court-based and outside of the focus on DOC facility programs prioritized for this update. In [Exhibit 10](#), we list these programs and their classifications.

### Exhibit 10

#### Non-Facility Programs Added to the Inventory (2019-2023 WSIPP Analyses)

Program/intervention name	Classification
Buprenorphine for opioid use disorder for adults post-release	P
Drug Offender Sentencing Alternative (DOSA) (prison) <sup>a</sup>	RB
Drug Offender Sentencing Alternative (DOSA) (residential) <sup>a</sup>	Poor
Injectable naltrexone for opioid use disorder for adults post-release	RB
Mandatory arrest for domestic violence	Null
Methadone for opioid use disorder for adults post-release	Null
Reentry Community Services Program (RCSP) <sup>b</sup>	RB

**Notes:**

EB = Evidence-based.

RB = Research-based.

P = Promising.

<sup>a</sup> Programs summarize WSIPP's 2022 analyses of DOSA in prison and residential settings and replace WSIPP's 2016 analyses of the effects of DOSA for persons convicted of drug offenses and persons convicted of property offenses.

<sup>b</sup> Program summarizes WSIPP's 2023 analysis of the RCSP and replaces WSIPP's 2012 analysis of the Offender Reentry Community Safety program, an earlier name for the same program.

Finally, we reorganized the inventory, listing programs in categories (criminal justice system-level) and subcategories (intervention type-level). This organizational structure will allow readers to more easily identify inventory programs by the stage or setting of the criminal justice system where the program is implemented (and evaluated) and the types of interventions (e.g., substance use disorder treatment, learning and working programs) that have been reviewed at that corresponding stage.



## V. Programs Offered in DOC Facilities and Effects on Recidivism

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WSIPP's legislative assignment directed us to summarize information regarding each DOC program's likely effectiveness in reducing recidivism based on WSIPP's analysis of available evaluation studies. [Exhibit 10](#) lists all identified DOC programs, including those for which no evidence was identified. For each program, we note whether that program is likely to reduce recidivism based on the **weight of the evidence**.<sup>19</sup>

Additionally, for each program where we identified rigorous evidence, we summarize high-level study information relevant to how well our findings might **generalize to Washington State** (see [Appendix I](#)). Specifically, we report whether the analysis includes one or more studies completed in Washington, the number of effect sizes and the number of participants in analyses of program effects on recidivism, and participants' demographics.

Finally, we note the **importance of implementation** in determining whether program effects on recidivism identified in the research literature can be expected in Washington. A systematic and detailed investigation of DOC program implementation was outside the scope of the present study. Where possible, we consulted with DOC staff to align our program reviews with Washington State programs; we assumed that DOC implements name-brand programs with fidelity to the program model. Relevant features of implementation could include delivery mode, program components, curriculum, intensity, dosage, and staff training.<sup>20</sup> Additionally, characteristics of the individuals targeted for program participation (e.g., offense type, risk level) may determine program effectiveness.<sup>21</sup> The degree to which effects on recidivism (or other outcomes) will apply in Washington State may depend on the alignment of programs as evaluated and programs as implemented in Washington State.

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<sup>19</sup> We use the same definition here as for our program classification process. Programs that show an overall negative effect on recidivism with a p-value < 0.20 are considered effective in reducing recidivism. This flag will mostly be consistent with the program's inventory classification but may differ if the program improves other target outcomes (e.g., substance use, employment) but does not reduce recidivism.

<sup>20</sup> Mowbray, C.T., Holter, M., Teague, G., & Bybee, D. (2003). Evaluation methods to establish best practices: Fidelity criteria. *American Journal of Evaluation*, 24, 315-340.; Gendreau, P., Goggin, C., & Smith, P. (1999). The forgotten issue in effective correctional treatment: Program implementation. *International Journal of Offender Therapy and Comparative Criminology*, 43, 180-187.; Lipsey, M.W., Landenberger, N.A., & Wilson, S.J. (2007). Effects of cognitive-behavioral programs for criminal offenders. *Campbell Systematic Reviews*, 3, 1-27.

<sup>21</sup> Sperber, K.G., Latessa, E.J., & Makarios, M.D. (2013). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice and Behavior*, 40, 338-348.

## Exhibit 11

### Summary of Recidivism Effects for Programs Identified in DOC Facilities, 2014-2023

Program area	Program type or name-brand program	Effect on recidivism
<b>FAMILY AND RELATIONSHIP PROGRAMS</b>		
<b>Parenting</b>		
	Inside Out Dads	<i>No evidence</i>
	Long Distance Dads	<i>No evidence</i>
	Parenting Inside Out (during incarceration)	▼
	Partners in Parenting	<i>No evidence</i>
	Parenting programs (for incarcerated parents)	No recidivism <sup>^</sup>
	Residential Parenting Program (during incarceration)	NRE
	Walking the Line	<i>No evidence</i>
<b>LEARNING AND WORKING PROGRAMS</b>		
<b>Education</b>		
	Correctional education (basic skills)	▼
	Correctional education (combined)	
	Correctional education (post-secondary)	▼
	Correctional education (vocational)	▼
<b>Vocational/working</b>		
	Construction Trades Apprenticeship Preparation (CTAP) program	<i>No evidence</i>
	Correctional Camps Programs (e.g., firefighting, forestry)	NRE
	Correctional Industries	▼
	Employment counseling/job training/search	--
	<i>Sustainability in Prisons Project</i>	
	Dog training programs (during incarceration)	No recidivism
	Horticulture programs (during incarceration)	NRE
	Roots of Success (Sustainability in Prisons Project)	NRE
	Other (Sustainability in Prisons Project)	--
<b>THERAPEUTIC AND SUPPORT PROGRAMS</b>		
<b>Life skills</b>		
	Bridges to Life (during incarceration)	▼
	Life skills education	Null <sup>^</sup>
	Men Facilitating Change	<i>No evidence</i>
	Redemption Project	<i>No evidence</i>
	ReEntry And Community Health (REACH) program	<i>No evidence</i>
	Reentry/release prep (other)	--
	Traumatic brain injury (TBI) rehabilitation (during incarceration)	NRE
	Toastmasters	<i>No evidence</i>

**Notes:**

▼ Indicates the program significantly reduces recidivism.

Null indicates that the program does not significantly reduce recidivism.

-- Indicates the program has not been reviewed.

*No evidence* indicates that no evaluations were identified for the program.

NRE indicates that the evidence was reviewed, and no rigorous evaluations were identified.

No recidivism indicates that although rigorous evaluations of the program are available, no rigorous studies report recidivism outcomes.

<sup>^</sup>Indicates that classification is based on prior WSIPP analyses from 2015-2016.

### Exhibit 11 (Continued)

Summary of Recidivism Effects for Programs Identified in DOC Facilities, 2014-2023

Program area	Program type or name-brand program	Effect on recidivism
<b>THERAPEUTIC AND SUPPORT PROGRAMS, Continued</b>		
<b>Mental Health</b>		
	<i>CBT skills programs</i>	
	Acceptance and Commitment Therapy	--
	Beyond Trauma (during incarceration)	NRE
	Beyond Violence (during incarceration)	▼
	Breaking Barriers	NRE
	Decision Points	<i>No evidence</i>
	Intensive Transition Program	<i>No evidence</i>
	Moral Reconciliation Therapy (MRT) <sup>®</sup> (during incarceration)	Null
	Moving On (during incarceration)	Null
	Seeking Safety (during incarceration)	No recidivism
	Thinking 4 a Change (T4C) (during incarceration)	Null
	DBT skills programs	No recidivism <sup>^</sup>
	<i>Miscellaneous Psychoeducation</i>	
	99 Days & Get Up	<i>No evidence</i>
	Emotion regulation/coaching	<i>No evidence</i>
	Freedom Project	--
	IF Project (during incarceration)	NRE
	Interactive journaling (e.g., Getting It Right) (during incarceration)	NRE
	Interpersonal skills training	--
	New Freedom	<i>No evidence</i>
	Tackling Anti-social Behavior	<i>No evidence</i>
	<i>Aggression reduction programs</i>	
	Aggression Replacement Training (ART) <sup>®</sup> (during incarceration)	Null
	Alternatives to Violence (AVP) (during incarceration)	No recidivism
	Anger management programs (other) (during incarceration)	▼

Notes:

▼ Indicates the program significantly reduces recidivism.

Null indicates that the program does not significantly reduce recidivism.

-- Indicates the program has not been reviewed.

*No evidence* indicates that no evaluations were identified for the program.

NRE indicates that the evidence was reviewed, and no rigorous evaluations were identified.

No recidivism indicates that although rigorous evaluations of the program are available, no rigorous studies report recidivism outcomes.

<sup>^</sup>Indicates that classification is based on prior WSIPP analyses from 2015-2016.

### Exhibit 11 (Continued)

Summary of Recidivism Effects for Programs Identified in DOC Facilities, 2014-2023

Program area	Program type or name-brand program	Effect on recidivism
<b>THERAPEUTIC AND SUPPORT PROGRAMS, Continued</b>		
<b>Substance use</b>		
	Alcoholics/Narcotics Anonymous	<i>No evidence</i>
	Outpatient treatment for co-occurring disorders	--
	Outpatient treatment (during incarceration) for individuals with substance use disorders	▼
	SMART Recovery	<i>No evidence</i>
	Therapeutic communities (during incarceration) for individuals with co-occurring disorders	▼
	Therapeutic communities (during incarceration) for individuals with substance use disorders	▼
<b>Treatment for individuals convicted of sex offenses</b>		
	Cognitive behavioral therapy (CBT) (during incarceration) for individuals convicted of sex offenses	Null
	Moving Forward	<i>No evidence</i>
<b>Treatment for victims of domestic violence</b>		
	Domestic violence support	--
<b>Wellness/enrichment</b>		
	Fitness/wellness	<i>No evidence</i>
	Transition to Life	<i>No evidence</i>
	Yoga/meditation	--

Notes:

- ▼ Indicates the program significantly reduces recidivism;
- Null indicates that the program does not significantly reduce recidivism.
- Indicates the program has not been reviewed;
- No evidence* indicates that no evaluations were identified for the program;

## VI. Limitations & Future Updates

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Often, WSIPP conducts a systematic literature review of a particular program or policy and does not identify any rigorous evaluations addressing outcomes of interest. In these instances, we cannot speak to the weight of the research evidence; we can only identify that there is no evidence for or against a program’s effectiveness. Additionally, there are a range of reasons that even rigorous program evaluations may not meet WSIPP’s requirements for inclusion in our analyses. For example, evaluations may not include outcomes of interest, may not isolate the effects of the target program, or may not have been evaluated for the target population (incarcerated adults). Limiting to incarcerated populations restricted the evidence available for this update.

There are many reasons why evaluation literature may not exist for a program, including the costs associated with rigorous research and the difficulty in identifying and accessing data for a reasonable comparison condition. WSIPP is currently studying some of these practical limitations—and potential solutions—as they pertain to evaluations of Department of Corrections programs. A forthcoming report will be published in Summer 2025.<sup>22</sup>

Additionally, 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 WSIPP’s current benefit-cost model. “Monetizable” means that we can associate the outcome with future economic consequences such as criminal justice involvement or labor market earnings. At this time, we cannot monetize some outcomes for criminal justice-involved individuals (e.g., homelessness or obtaining a high school diploma or college degree).

Finally, given the number of active DOC programs, we limited this inventory update to those programs. We did not analyze evidence for programs *not* currently operating in DOC facilities, which could be included in future updates.

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<sup>22</sup> See “[Improving Evaluations of Programs Offered by DOC](#)” in the “Current Projects” section of WSIPP’s website.

## VII. Adult Corrections Inventory

### December 2024 Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size <sup>^</sup>	p-value	No. in treatment group	No. of effect sizes
<b>COMMUNITY-BASED PROGRAMS</b>									
<b><i>Diversion</i></b>									
Jail diversion for individuals with mental illness (post-arrest)	Null	51%	Weight of the evidence	58%	Crime	-0.020	0.627	556	6
Police diversion for individuals with mental illness (pre-arrest)	Null	20%	Weight of the evidence	64%	Crime	0.089	0.275	290	3
Police diversion for low-severity offenses (pre-arrest)	Null	79%	Weight of the evidence	61%	Crime	-0.093	0.260	247	2
<b><i>Housing</i></b>									
Community-based correctional facilities (halfway houses)	⊖	88%	Weight of the evidence	60%	Crime	0.016	0.071	22,371	7
Housing assistance with services	Null	100%	Weight of the evidence	80%	Crime	-0.079	0.267	1,143	4
Housing assistance without services	●	0%		36%	Crime	-0.098	0.021	1,794	3
<b><i>Learning and working</i></b>									
Employment counseling and job training in the community <sup>^^</sup>	⊙	99%	Benefit-cost	56%	Crime	-0.059	0.111	2,830	9
Employment counseling and job training with paid work experience in the community <sup>^^</sup>	⊙	97%	Benefit-cost	91%	Crime	-0.087	0.021	4,973	10

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

NA: Information is not available at this time.

<sup>^</sup> Effect sizes for programs with new or updated meta-analyses in 2024 are unadjusted. Effect sizes for all other programs are adjusted following WSIPP's previous meta-analysis methods. For additional information see WSIPP's Technical Documentation.

<sup>^^</sup> Program was previously collapsed into a larger category in the previous inventory.

*The classifications in this document are current as of December 2024.  
For the most up-to-date results, please visit the program's page on our website <http://www.wsipp.wa.gov/BenefitCost>*

**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>COMMUNITY-BASED PROGRAMS</b>									
<b>Reentry transition supports</b>									
Circles of Support and Accountability	●	53%		77%	Crime	-0.321	0.032	110	3
Employment counseling and job training (transitional reentry from incarceration into the community)	●	4%		58%	Crime	-0.224	0.019	338	2
Reentry Community Services Program (RCSP)	◎	29%	Benefit-cost	43%	Receipt of ABD	0.432	0.001	359	1
					Receipt of Basic Food	0.407	0.002	359	1
					Crime	-0.252	0.015	359	1
					Psychiatric hospitalization	0.322	0.111	359	1
					ED use	-0.048	0.420	359	1
					General hospitalization	0.041	0.755	359	1
Homelessness	-0.271	0.003	359	1					
Serious and Violent Offender Reentry Initiative (SVORI)	◎	91%	Benefit-cost	64%	Crime	-0.279	0.001	1,772	6
<b>Sex offense programming</b>									
Treatment in the community for individuals convicted of sex offenses	◎	18%	Benefit-cost	44%	Crime	-0.050	0.090	960	7
<b>Substance use disorder programming</b>									
Buprenorphine for opioid use disorder for adults post-release	P	NA	Weight of the evidence	11%	Opioid use disorder	0.000	1.000	24	1
Drug Offender Sentencing Alternative (DOSA) (Residential)	◎	NA	Weight of the evidence	19%	Crime	0.032	0.096	5,103	1

● Evidence-based   ◎ Research-based   P Promising   ◎ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

NA: Information is not available at this time.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>COMMUNITY-BASED PROGRAMS</b>									
<i>Substance use disorder programming (continued)</i>									
Injectable naltrexone for opioid use disorder for adults post-release	⊙	0%	Benefit-cost	88%	Opioid use disorder	-0.316	0.018	235	3
					STD risky behavior	-0.047	0.825	153	1
					Death	0.000	1.000	153	1
					Alcohol use disorder	-0.049	0.893	153	1
					Crime	-0.181	0.294	169	2
Inpatient or intensive outpatient drug treatment in the community	Null	89%	Weight of the evidence	59%	Crime	-0.007	0.239	8,683	5
Methadone for opioid use disorder for adults post-release	Null	0%	Weight of the evidence	36%	Technical violations	-0.065	0.472	92	1
					Alcohol use disorder	0.247	0.354	128	1
					Illicit drug use disorder	0.019	0.672	211	3
					Cannabis use disorder	0.000	1.000	128	1
					Emergency department visits	-0.089	0.665	128	1
Outpatient or non-intensive drug treatment in the community	●	52%		44%	Crime	-0.122	0.014	42,338	3
Therapeutic communities (in the community) for individuals with co-occurring disorders	⊙	72%	Benefit-cost	66%	Crime	-0.160	0.001	588	6
Therapeutic communities (in the community) for individuals with substance use disorders	⊙	52%	Benefit-cost	86%	Crime	-0.102	0.001	669	4

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>COMMUNITY-BASED PROGRAMS</b>									
<b>Supervision</b>									
"Swift, certain, and fair" supervision	⊙	51%	Benefit-cost	38%	Crime	-0.095	0.069	6,790	11
Case management ("swift, certain, and fair") for drug-involved persons	●	48%		54%	Crime	-0.183	0.023	4,570	9
Case management (not "swift, certain, and fair") for drug-involved persons	⊙	98%	Benefit-cost	72%	Crime	-0.047	0.163	3,625	19
Day reporting centers	⊙	47%	Benefit-cost	89%	Crime	-0.242	0.030	400	4
Electronic monitoring (parole) ^^	●	87%		41%	Crime	-0.069	0.001	11,777	8
Electronic monitoring (probation) ^^	●	100%		40%	Crime	-0.164	0.130	7,036	10
Intensive supervision (surveillance and treatment)	●	51%		50%	Crime	-0.156	0.004	3,078	17
Intensive supervision (surveillance only)	Null	92%	Weight of the evidence	65%	Crime	-0.005	0.921	2,095	14
Revocation reduction programs	⊙	NA	Single evaluation	68%	Crime Technical violations	-0.328 -0.203	0.084 0.312	162 162	1 1
Risk Need and Responsivity supervision (for individuals classified as high- and moderate-risk)	●	100%		36%	Crime	-0.109	0.001	8,575	14

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

Notes:

NA: Information is not available at this time.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>COURT-BASED PROGRAMS</b>									
<b>Drug/alcohol offense programming</b>									
Deferred prosecution of DUI offenses	⊙	NA	Heterogeneity	12%	Alcohol-related offenses	-0.165	0.003	3,647	2
Driving Under the Influence (DUI) courts	⊙	0%	Benefit-cost/heterogeneity	17%	Crime	-0.223	0.001	474	4
Drug courts	●	97%		42%	Crime	-0.255	0.001	29,452	72
Ignition interlock devices for alcohol-related offenses	⊙	NA	Heterogeneity	18%	Alcohol-related offenses	-0.265	0.004	3,363	4
<b>Other</b>									
Civil legal aid	●	NA		77%	Court burden	0.027	0.789	248	3
					Litigation success	0.278	0.051	860	5
Day fines	P	NA	Single evaluation	47%	Crime	-0.163	0.343	191	1
					Payments/fines/restitution	0.327	0.267	383	2
					Technical violations	-0.556	0.002	191	1
Domestic violence perpetrator treatment (Duluth-based model) ^^	Null	55%	Weight of the evidence	NR	Crime	0.016	0.894	1,140	7
Domestic violence perpetrator treatment (Non-Duluth models) ^^	●	NA		47%	Alcohol use	-0.026	0.756	38	1
					Crime	-0.071	0.046	560	6
					Domestic violence	-0.064	0.045	713	7
					Substance use	0.109	0.197	38	1
Legal financial obligation repayment interventions	●	NA		41%	Payments/fines/restitution	0.158	0.151	1,116	7
Mental health courts	●	98%		65%	Crime	-0.168	0.001	1,424	6
Reentry courts	●	30%		98%	Crime	-0.174	0.008	584	2

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   **Null** Null outcomes   **NR** Not report

**Notes:**

NA: Information is not available at this time.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>FACILITY-BASED PROGRAMS</b>									
<b>Family &amp; relationships</b>									
Parenting Inside Out (during incarceration)	⊙	88%	Single evaluation	41%	Crime	-0.015	0.884	194	1
					Substance use disorder	-0.111	0.296	194	1
					Major depressive disorder	-0.208	0.050	194	1
					Parental stress	-0.208	0.050	194	1
Parenting programs (for incarcerated parents)	●	NA		58%	Parenting success	0.280	0.074	49	3
Residential Parenting Program (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						
<b>Learning &amp; working</b>									
Correctional Camps Programs (e.g., firefighting, forestry)	P	NA	No rigorous evaluations with outcome of interest						
Correctional education (basic skills)	●	60%		56%	Crime	-0.080	0.001	14,879	5
					Technical violations	0.090	0.104	1,010	2
					Employment	0.229	0.000	6,082	2
					Earnings	0.053	0.237	7,606	2
					Prison misconduct	0.027	0.354	6,680	1
Correctional education (combined)	●	100%		53%	Crime	-0.152	0.000	25,623	16
					Technical violations	0.090	0.104	1,010	2
					Employment	0.229	0.000	6,082	2
					Earnings	0.053	0.237	7,606	2
					Prison misconduct	-0.130	0.193	9,419	4

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

NA: Information is not available at this time.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>FACILITY-BASED PROGRAMS</b>									
<b>Learning &amp; working (continued)</b>									
Correctional education (post-secondary)	●	97%		53%	Crime Prison misconduct	-0.355 -0.440	0.039 0.289	2,166 1,385	5 2
Correctional education (vocational)	●	88%		45%	Crime Prison misconduct	-0.101 0.040	0.090 0.568	7,941 1,354	3 1
Correctional industries (program costs include expenditures only)	●	77%		45%	Crime Employment Technical violations Prison misconduct	-0.052 0.165 0.062 0.132	0.080 0.001 0.196 0.132	7,362 4,988 3,775 4,199	8 5 2 3
Correctional industries (program costs include expenditures and revenue)	●	96%		45%	Crime Employment Technical violations Prison misconduct	-0.052 0.165 0.062 0.132	0.080 0.001 0.196 0.132	7,362 4,988 3,775 4,199	8 5 2 3
Dog training programs (during incarceration)	⊙	NA	Heterogeneity	21%	Prison misconduct	-0.202	0.001	484	1
Horticulture programs (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						
Roots of Success (Sustainability in Prisons Project)	P	NA	No rigorous evaluation with outcome of interest						
Work release	●	99%		38%	Crime	-0.036	0.061	24,013	9

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

NA: Information is not available at this time.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>FACILITY-BASED PROGRAMS</b>									
<b>Sex offense programming</b>									
Cognitive behavioral therapy (CBT) (during incarceration) for individuals convicted of sex offenses	Null	67%	Weight of the evidence	28%	Crime	-0.073	0.462	2,589	7
					Sex offense	-0.060	0.538	2,362	6
					Technical violations	0.030	0.856	472	2
Treatment during incarceration for individuals convicted of sex offenses	⊙	32%	Benefit-cost	28%	Crime	-0.070	0.013	2,939	12
					Sex offense	-0.045	0.171	2,750	11
<b>Substance use disorder programming</b>									
Drug Offender Sentencing Alternative (DOSAs) (Prison)	⊙	NA	Heterogeneity	22%	Crime	-0.171	0.000	4,393	1
Outpatient treatment (during incarceration) for individuals with substance use disorders	●	100%		61%	Crime	-0.135	0.059	1,390	7
					Technical violations	-0.175	0.100	260	1
					Illicit drug use disorder	-0.514	0.332	30	1
					Anxiety disorder	-0.115	0.789	37	1
					Major depressive disorder	-0.732	0.064	37	1
Therapeutic communities (during incarceration) for individuals with co-occurring disorders	⊙	97%	Single evaluation	48%	Crime	-0.812	0.003	75	1
					Substance use disorder	-0.490	0.033	75	1
					Anxiety disorder	-0.104	0.541	75	1
					Major depressive disorder	-0.152	0.372	75	1
Therapeutic communities (during incarceration) for individuals with substance use disorders	●	90%		61%	Crime	-0.133	0.013	7,731	14
					Employment	0.063	0.543	341	1
					Illicit drug use disorder	0.010	0.866	896	2
					Technical violations	-0.072	0.312	800	2

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

NA: Information is not available at this time.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>FACILITY-BASED PROGRAMS</b>									
<b>Therapeutic &amp; support</b>									
Aggression Replacement Training (ART) (during incarceration)	Null	55%	Weight of the evidence	6%	Crime Anger or aggression	-0.110 0.100	0.304 0.707	1,193 30	3 1
Alternatives to Violence (AVP) (during incarceration)	⊙	NA	Single evaluation	88%	Anger or aggression	-0.453	0.031	53	1
Anger management programs (other) (during incarceration)	●	100%		34%	Crime	-0.265	0.003	496	3
					Violent offenses	-0.260	0.014	415	2
					Technical violations	-0.327	0.003	305	1
					Prison misconduct	-0.423	0.241	36	1
Anger or aggression	-0.814	0.029	36	1					
Beyond Trauma (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						
Beyond Violence (during incarceration)	●	94%		69%	Crime	-1.038	0.031	19	1
					Technical violations	0.000	1.000	19	1
					Anxiety disorder	-0.603	0.000	79	2
					Major depressive disorder	-0.402	0.018	79	2
					Post-traumatic stress	-0.361	0.034	79	2
					Illicit drug use disorder	-0.662	0.153	19	1
Anger or aggression	-0.362	0.034	79	2					
Breaking Barriers (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						
Bridges to Life (during incarceration)	●	97%		57%	Crime	-0.225	0.058	296	1
Cognitive behavioral therapy (CBT) (for individuals classified as high- or moderate-risk)	●	95%		24%	Crime	-0.109	0.001	32,831	42
Dialectical behavior therapy	●	NA		43%	Psychiatric symptoms	-0.356	0.082	49	2

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

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<b>FACILITY-BASED PROGRAMS</b>									
<i>Therapeutic &amp; support (continued)</i>									
IF Project (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						
Interactive journaling (e.g., Getting it Right) (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						
Life skills education	Null	0%	Weight of the evidence	61%	Crime	0.009	0.877	1,130	4
Moral Reconciliation Therapy® (MRT) (during incarceration)	Null	83%	Weight of the evidence	75%	Crime	-0.043	0.522	690	2
Moving On (during incarceration)	Null	97%	Weight of the evidence	38%	Crime	-0.065	0.815	354	2
					Technical violations	-0.118	0.385	211	1
Seeking Safety (during incarceration)	●	97%		43%	Alcohol use disorder	-0.279	0.357	23	1
					Illicit drug use disorder	0.187	0.537	23	1
					Major depressive disorder	-0.694	0.000	74	2
					Post-traumatic stress	-0.358	0.000	240	5
Therapeutic communities for individuals with personality disorders	⊙	NA	Heterogeneity	NR	Crime	-0.175	0.159	694	1
Thinking for a Change (T4C) (during incarceration)	Null	58%	Weight of the evidence	75%	Crime	-0.075	0.219	2,978	3
					Technical violations	-0.110	0.037	716	2
Traumatic brain injury (TBI) rehabilitation (during incarceration)	P	NA	No rigorous evaluation with outcome of interest						

● Evidence-based   ⊙ Research-based   P Promising   ⊖ Poor outcomes   Null Null outcomes   NR Not report

**Notes:**

NA: Information is not available at this time.

^ Effect sizes for programs with new or updated meta-analyses in 2024 are unadjusted. Effect sizes for all other programs are adjusted following WSIPP's previous meta-analysis methods. For additional information see WSIPP's Technical Documentation.

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**December 2024**  
**Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections**

Program/intervention	Classification	Cost-beneficial	Reason program does not meet evidence-based criteria	% POC	Outcome	Effect size ^	p-value	No. in treatment group	No. of effect sizes
<b>OTHER PROGRAMS</b>									
Mandatory arrest for domestic violence	Null	NA	Weight of the evidence	48%	Crime	0.061	0.571	214	1
					Domestic violence	0.002	0.971	2,103	6
					Domestic violence homicide	0.022	0.637	50	1
Restorative justice conferencing	Null	44%	Weight of the evidence	28%	Crime	-0.072	0.641	266	6
Sex offender registration and community notification	Null	89%	Weight of the evidence	30%	Crime	0.016	0.836	19,142	7

● Evidence-based    ◎ Research-based    P Promising    ☹ Poor outcomes    **Null** Null outcomes    **NR** Not report

Notes:

NA: Information is not available at this time.

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## Definitions and Notes:

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### Classification 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 outcomes of interest. 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 but does not meet the full criteria for "evidence-based."
Promising:	A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting "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:	A program or practice that has been tested in a heterogeneous or intended population with multiple randomized and/or statistically controlled evaluations, and yet has no significant effect on improvements in outcomes of interest.
Poor:	A program or practice that has been tested in a heterogeneous or intended population with multiple randomized and/or statistically controlled evaluations where the weight of the evidence from a systematic review demonstrates produces poor (undesirable) effects on outcomes of interest.

### Other Definitions:

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.
% POC:	The weighted average of program participants in the program outcome evaluations are persons of color (POC).

### 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 who are persons of color (POC) must be greater than or equal to the percentage of individuals who are POC in Washington. From the 2020 Census, for adults aged 18 or older, 77% were White and 23% were POC. Thus, if the weighted average of program participants in the outcome evaluations of the program is at least 23% POC, 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 the studies has been conducted in Washington and a subgroup analysis demonstrates the program is effective for POC ( $p < 0.20$ ). Programs that 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 the evidence:	To meet the evidence-based definition results from a random-effects meta-analysis ( $p\text{-value} < 0.20$ ) 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 ( $p\text{-value} < 0.20$ ). If results from a random-effects meta-analysis of multiple evaluations are not statistically significant ( $p\text{-value} < 0.20$ ) 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 ( $p\text{-value} < 0.20$ ), the practice may be classified as producing poor outcomes.
No rigorous evaluation with outcome of interest:	This program has not yet been tested with a rigorous outcome evaluation.

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# Appendix

Inventory of Evidence-Based, Research-Based, and Promising Programs for Adult Corrections: *Final Report*

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## I. Recidivism Effects and the Evidence Base for Programs in DOC Facilities

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For each program we reviewed where we identified rigorous evidence, we summarize high-level study information relevant to how well our findings might generalize to Washington State (see [Exhibit A1](#)). These include the effect on recidivism, whether our analysis of the program includes one or more studies completed in Washington, the number of participants and the number of effect sizes included in the analysis, and participants' demographics (percent persons of color and percent female). The summary information presented here is only for those studies included in our analysis. Note that in many cases, we reviewed additional studies and found that they did not meet WSIPP's standards of methodological rigor for attributing program effects.

### Exhibit A1

#### Recidivism Effects and Evidence Base for Programs Identified in DOC Facilities, 2014-2023

Research area	Program type or name-brand program	Effect on recidivism	Studies in recidivism analysis			Demographics	
			WA study <sup>^^</sup>	Sample size	Number of studies	% POC	% female
<b>FAMILY AND RELATIONSHIP PROGRAMS</b>							
<b>Parenting</b>							
	Parenting Inside Out (during incarceration)	▼	No	194	1	41%	54%
<b>LEARNING AND WORKING PROGRAMS</b>							
<b>Education</b>							
	Correctional education (basic skills)	▼	No	14,879	5	56%	1%
	Correctional education (combined)	▼	No	25,623	16	53%	2%
	Correctional education (post-secondary)	▼	No	2,166	5	53%	1%
	Correctional education (vocational)	▼	No	7,941	3	45%	1%
<b>Vocational/working</b>							
	Correctional Industries	▼	Yes	7,362	8	45%	4%
<b>THERAPEUTIC AND SUPPORT PROGRAMS</b>							
<b>Life skills</b>							
	Bridges to Life (during incarceration)	▼	No	296	1	57%	11%
	Life skills education	Null	No	1,130	4	61%	6%
<b>Mental health</b>							
	<i>CBT skills programs</i>						
	Beyond Violence (during incarceration)	▼	No	19	1	69%	100%
	Moral Reconciliation Therapy (MRT) <sup>®</sup> (during incarceration)	Null	No	690	2	75%	9%
	Moving On (during incarceration)	Null	No	354	2	38%	100%
	Thinking 4 a Change (T4C) (during incarceration)	Null	Yes	2,978	3	75%	0%

**Notes:**

▼ Indicates the program significantly reduces recidivism.

Null indicates that the program does not significantly reduce recidivism.

<sup>^^</sup> This column indicates whether a study from Washington State was included in our meta-analysis of effects on recidivism.

### Exhibit A1 (Continued)

Recidivism Effects and Evidence Base for Programs Identified in DOC Facilities, 2014-2023

Research area	Program type or name-brand program	Effect on recidivism	Studies in analysis		Demographics		
			WA study <sup>^^</sup>	Sample size	Number of studies	% POC	% female
<b>THERAPEUTIC AND SUPPORT PROGRAMS (Continued)</b>							
<i>Aggression reduction programs</i>							
	Aggression Replacement Training (ART) <sup>®</sup> (during incarceration)	Null	Yes	1,193	3	6%	3%
	Anger management programs (other) (during incarceration)	▼	No	496	3	34%	0%
<b>Substance use</b>							
	Outpatient treatment (during incarceration) for individuals with substance use disorders	▼	Yes	1,390	7	61%	5%
	Therapeutic communities (during incarceration) for individuals with co-occurring disorders	▼	No	75	1	48%	0%
	Therapeutic communities (during incarceration) for individuals with substance use disorders	▼	Yes	7,731	14	61%	8%
<b>Treatment for individuals convicted of sex offenses</b>							
	Cognitive behavioral therapy (CBT) (during incarceration) for individuals convicted of sex offenses	Null	Yes	2,589	7	28%	0%

Notes:

▼ Indicates the program significantly reduces recidivism.

Null indicates that the program does not significantly reduce recidivism.

<sup>^^</sup> This column indicates whether a study from Washington State was included in our meta-analysis of effects on recidivism.

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