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 passed E2SHB 2536 with the intent that “prevention and intervention services delivered to children and juveniles in the areas of mental health, child welfare, and juvenile justice be primarily evidence-based and research-based, and it is anticipated that such services will be provided in a manner that is culturally competent.”

E2SHB 2536 assigned two independent research groups—the Washington State Institute for Public Policy (WSIPP) and the University of Washington Evidence-Based Practice Institute (UW)—to create an inventory of evidence-based, research-based, and promising practices and services.

The UW created an application process for treatment providers to nominate promising practices for review. UW reviews the applications to determine if a program meets the criteria to be defined as promising. When outcome evaluation literature for the program exists, WSIPP is responsible for conducting a systematic review of the literature to determine if the program meets the definition of evidence-based or research-based.

The inventory was originally published in September 2012. The legislation also required periodic updates to the inventory. This June 2013 report is the second update to the inventory and reflects changes to the inventory via the promising program applications. The next update is anticipated in January 2014 and on an annual basis thereafter.¹

Updates to the Inventory as of June 2013

For this Update, UW reviewed the applications and determined that five programs met the criteria of a promising program and were added to the inventory.

✓ Coping and Support Training (General Prevention)
✓ Kaleidoscope Play and Learn (Child Welfare)
✓ Parents and Children Together (Child Welfare)
✓ Reconnecting Youth (General Prevention)
✓ Intensive Family Preservation Services (HOMEBUILDERS) for Youth with Serious Emotional Disturbance (Mental Health)

Of the applications that had the potential to be categorized as evidence-based or research-based, WSIPP systematically reviewed the literature and determined that three programs met the criteria of research-based and were added to the inventory.

✓ Adolescent Community Reinforcement Approach (Substance Abuse)
✓ Adolescent Assertive Continuing Care (Substance Abuse)
✓ Fostering Healthy Futures (Child Welfare)

WSIPP received new information related to three programs already on the inventory.

✓ Strengthening Families Program for Youth 10-14 (General Prevention) was reclassified from a promising program to a research-based program.
✓ Communities That Care (General Prevention) was reclassified from research-based to evidence-based.

¹ This schedule was set by the two research groups and is subject to change if necessary.
Multimodal Therapy for children with disruptive behavior (Children's Mental Health) was reclassified as a promising program.

Since its publication in January 2013, the inventory has been re-formatted with the goal of improving the readability of the inventory as it continues to grow. The inventory is published as a separate document from this descriptive report.

### Current Law and Alternative 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. | 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. | Add or modify current law definitions for child welfare, children’s mental health (RCW 71.36.010), and juvenile justice (RCW 13.40.0357) to conform with current law definition for adult behavioral health. |
| 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.” | Add or modify current law definitions for child welfare, children’s mental health (RCW 71.36.010), and juvenile justice (RCW 13.40.0357) to conform with current law definition for adult behavioral health. |
| Promising practices | A practice that presents, based upon preliminary information, 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. | Add or modify current law definitions for child welfare, children’s mental health (RCW 71.36.010), and juvenile justice (RCW 13.40.0357) to conform with current law definition for adult behavioral health. |
| Cost-beneficial | Not applicable | 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. | Add or modify current law definitions for child welfare, children’s mental health (RCW 71.36.010), and juvenile justice (RCW 13.40.0357) to conform with current law definition for adult behavioral health. |

For questions about evidence-based & research-based programs contact Marna Miller at millerm@wsipp.wa.gov.

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**Prior Publications**