May 2014

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

Intervention Services and Treatment for Adult Behavioral Health

More information on the programs and findings can be found by clicking here

Budget Area	Program/Intervention	Manual	Level of Evidence	Cost-beneficial	Reason Program Does Not Meet Evidence-Based Criteria (see full definitions below)	Percent Minority
Mental Illness	Assertive Community Treatment (ACT)	Yes	◉	No (1%)**	Benefit-cost	32%
	Cognitive-Behavioral Therapy for anxiety	Varies*	◉	Yes (99%)	Heterogeneity	8%
	Cognitive-Behavioral Therapy for depression	Varies*	◉	Yes (100%)	Heterogeneity	11%
	Cognitive-Behavioral Therapy for posttraumatic stress disorder (PTSD)	Varies*	●	Yes (100%)		52%
	Collaborative primary care for depression	Varies*	●	Yes (100%)		24%
	Collaborative primary care for anxiety	Varies*	●	Yes (94%)		35%
	Collaborative primary care for comorbid depression and chronic health conditions	Varies*	◉	Yes (99%)	Heterogeneity	18%
	Crisis Intervention Team (CIT)	Yes	P	N/A	Research on outcomes of interest not yet available	N/A
	Forensic Assertive Community Treatment (FACT)	No	P	No (0%)	Benefit-cost/Weight of evidence/Single evaluation	39%
	Forensic Integrative Re-entry Support and Treatment (FIRST)	Yes	P		Research on outcomes of interest not yet available	N/A
	Forensic Intensive Supportive Housing (FISH)	Yes	P		Research on outcomes of interest not yet available	N/A
	Illness Management and Recovery (IMR)	Yes	P	No (6%)	Benefit-cost/Weight of evidence	41%
	Individual Placement and Support (IPS)	Yes	◉	No (40%)	Benefit-cost	58%
	Mental health courts	Varies*	●	Yes (100%)		41%
	Mobile crisis response	No	◉	No (11%)	Benefit-cost	57%
	Peer Bridger	No	P	N/A	Research on outcomes of interest not yet available	N/A
	Peer support for serious mental illness					
	Peer specialist substituted for non-peer staff on the mental health treatment team	Varies*	◉	No (24%)	Benefit-cost	52%
	Peer specialist added to the mental health treatment team	Varies*	◉	No (0%)	Benefit-cost	56%
	Primary care in behavioral health settings	No	◉	No (50%)	Benefit-cost	42%
	Primary care in integrated settings (Veteran's Administration, Kaiser Permanente)	No	◉	No (51%)	Benefit-cost	44%
	Primary care in community-based addiction centers	No	P	No (19%)	Benefit-cost/Weight of evidence	39%
	PTSD Prevention following trauma-Adults	Varies*	●	Yes (98%)		31%
	Supported Housing for Chronically Homeless Adults	Varies*	◉	No (0%)**	Benefit-cost	64%
	Trauma Informed Care: Risking Connection	Yes	P	N/A	Research on outcomes of interest not yet available	N/A

Key:

- ● **Evidence-based**
- ◉ **Research-based**
- ⦸ **Produces null or poor outcomes**
- **P** **Promising**

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Substance Abuse	**Early intervention (at-risk drinking and substance use)**					
	Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach	Yes	◉	Yes (75%)	Heterogeneity	15%
	Brief Intervention in primary care	Yes	●	Yes (94%)		24%
	Brief Intervention in emergency department	Yes	●	Yes (78%)		79%
	Brief Intervention in medical hospital	Yes	◉	No (73%)	Benefit-cost	54%
	Treatments for substance abuse or dependence					
	12-Step Facilitation Therapy	Yes	◉	No (63%)	Benefit-cost	48%
	Anger Management for Substance Abuse and Mental Health Clients: Cognitive-Behavioral Therapy	Yes	P	N/A	Research on outcomes of interest not yet available	N/A
	Behavioral Couples (Marital) Therapy	Yes	P	N/A	Weight of evidence	N/A
	Behavioral Self-Control Training (BSCT)	Yes	◉	No (25%)	Benefit-cost	24%
	Brief Cognitive Behavioral Intervention for Amphetamine users	Yes	◉	No (71%)	Benefit-cost/Heterogeneity	N/A
	Brief Marijuana Dependence Counseling	Yes	●	Yes (90%)		52%
	Cognitive Behavioral Coping Skills Therapy	Yes	●	Yes (99%)		36%
	Community Reinforcement and Family Training (CRAFT) for retaining clients in treatment	Yes	P	N/A	Research on outcomes of interest not yet available	N/A
	Community Reinforcement Approach (CRA) with Vouchers	Yes	◉	No (65%)	Benefit-cost/Heterogeneity	3%
	Contingency Management	Yes (guidelines)				
	Contingency management (higher-cost) for substance abuse	Yes (guidelines)	●	Yes (79%)		48%
	Contingency management (higher-cost) for marijuana abuse	Yes (guidelines)	●	Yes (78%)		48%
	Contingency management (lower-cost) for substance abuse	Yes (guidelines)	◉	No (61%)	Benefit-cost	57%
	Contingency management (lower-cost) for marijuana abuse	Yes (guidelines)	◉	No (49%)	Benefit-cost	50%
	Day Treatment with Abstinence Contingencies and Vouchers	No	P	N/A	Weight of evidence/Single evaluation	96%
	Dialectical Behavior Therapy (DBT) for co-morbid substance abuse and serious mental illness	Yes	P	N/A	Weight of evidence/Heterogeneity	22%
	Family Behavior Therapy (FBT)	Yes (for adolescents)	◉	No (72%)	Benefit-cost/Heterogeneity	9%
	Holistic Harm Reduction Program (HHRP+)	Yes	◉	No (59%)	Benefit-cost	42%
	Individual Drug Counseling Approach for the Treatment of Cocaine Addiction	Yes	◉	No (50%)	Benefit-cost	44%
	Matrix Intensive Outpatient Program (IOP) for the Treatment of Stimulant Abuse	Yes	P	No (61%)	Weight of evidence	52%
	Motivational Enhancement Therapy (MET, Project MATCH) for Problem Drinkers	Yes	P		Weight of evidence	N/A
	Node-Link Mapping	Yes	P	N/A	Weight of evidence	61%
	Parent-Child Assistance Program	Yes	P	N/A	Weight of evidence	N/A
	Peer support for substance abuse	No	◉	No (50%)	Benefit-cost/Single evaluation	86%
	Preventing Addiction-Related Suicide (PARS)	Yes	P		Research on outcomes of interest not yet available	N/A
	Relapse Prevention Therapy	Yes	P	No (60%)	Benefit-cost/Weight of evidence	77%
	Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse					
	Seeking Safety: Effect on PTSD	Yes	◉	No (68%)	Benefit-cost	55%
	Seeking Safety: Effect on substance abuse	Yes	P	No (68%)	Benefit-cost/Weight of evidence	55%
	Supportive-Expressive Psychotherapy for substance abuse	Yes	P	No (40%)	Benefit-cost/Weight of evidence	50%
	Medication-assisted treatment					
	Buprenorphine/Buprenorphine-Naloxone (Suboxone and Subutex)	Clinical guidelines	●	Yes (86%)		46%
	Methadone Maintenance Treatment	Clinical guidelines	●	Yes (99%)		78%

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Notes:

*Varies: 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.

**These programs were associated with significant reductions in homelessness, for which the current WSIPP benefit-cost model does not estimate monetary benefits. To test the sensitivity of our benefit-cost results to this known limitation, we examined a recent comprehensive benefit-cost study of housing vouchers (Carlson et al., 2010). Our benefit-cost results would not change significantly if we had included the benefits of providing housing estimated by this study.

Reasons Programs May Not Meet Suggested Evidence-Based Criteria:

Benefit-cost: The WSIPP benefit-cost model was used to determine whether a program meets this criterion. Programs that do not achieve at least a 75% chance of positive net present value do not meet the benefit-cost test.
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 minority First, the proportion of minority program participants must be greater than or equal to the minority proportion of adults 18 and over in Washington State. From the 2010 Census, of all adults in Washington,76% were white and 24% minority. Thus, if the weighted average of program participants had at least 24% minorities 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 adults in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p <= 0.2$). Programs passing the second test are marked with a ^. Programs that do not meet either of these two criteria do not meet the heterogeneity definition.
Program cost: A program cost was not available to WSIPP at the time of the inventory. Thus, WSIPP could not conduct a benefit-cost analysis.
Research on outcomes of interest not yet available: 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 ($p > 0.10$) 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.

Definitions:

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

Research-based: A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based" in RCW (the above definition) but does not meet the full criteria for "evidence-based."
Promising practice: A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the "evidence-based" or "research-based" criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.
Cost-beneficial: A program or practice where the monetary benefits exceed costs with a high degree of probability according to the Washington State Institute for Public Policy.

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