

July 2015

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.¹*

The definitions developed for evidence-based and research-based are high standards of rigor and represent programs that demonstrate effectiveness at achieving certain outcomes.

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.

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 then conducts a systematic review of the literature to determine if the program meets the definition of evidence-based or research-based.

While the definitions used to build the inventory have not changed, programs may be classified differently with each published update as new research becomes available. Thus, it is important to note that the inventory is a snapshot that can change as new evidence and information is incorporated.

To assemble the inventory, we operationalize each criterion for both the current law definitions for children as well as the suggested definitions of evidence-based and research-based (see page 4 for definitions). For example, for the suggested definitions, the WSIPP benefit-cost model is used to determine whether a program meets the benefit-cost criterion by testing the probability that benefits exceed costs. Programs that do not achieve at least a 75% chance of a positive net present value do not meet the benefit-cost test.

The inventory was originally published in September 2012. The legislation required periodic updates to the inventory. This July 2015 report is the fifth update and reflects changes to the inventory from:

- 1) New promising program applications and
- 2) WSIPP's ongoing work on systematic research reviews and its benefit-cost model.

The next update is anticipated in July 2016 and on an annual basis thereafter.²

¹ Emphasis added. See RCW 43.20C.

² This schedule was set by the two research groups and is subject to change if necessary.

Updates to the Inventory as of July 2015³

I. Review of Promising Practice Applications

UW reviewed the latest applications and determined the following programs meet the criteria for a promising program to be added to the inventory:

- ✓ Alternatives for Families (AF-CBT)⁴
- ✓ Dialectical Behavior Therapy for substance abuse Integrated Treatment Model
- ✓ New Beginnings for children of divorce
- ✓ Pyramid Model
- ✓ Step Up for juvenile domestic violence offenders

WSIPP reviewed the research evidence and determined the following program meets the criteria for a research-based program to be added to the inventory:

- ✓ Helping the Noncompliant Child

II. Updated WSIPP Analysis

The following are changes in program classifications due to WSIPP's updated benefit-cost methods or systematic reviews of the research literature.⁵

One program moved from research-based to evidence-based on the inventory:

- ✓ Nurse Family Partnership (chance of a positive net present value is 75% compared with previous 71%)

Four programs moved from evidence-based to research-based on the inventory:

- ✓ Brief Strategic Family Therapy (chance of a positive net present value is 68% compared with previous 75%)
- ✓ Life Skills Training (chance of a positive net present value is 62% compared with previous 84%)
- ✓ Multisystemic Therapy for substance-abusing juvenile offenders (chance of a positive net present value is 70% compared with previous 76%)
- ✓ Therapeutic communities for substance-abusing juvenile offenders (chance of a positive net present value is 73% compared with previous 76%)

³ All classifications for this report are based on the suggested definitions as described later in this report.

⁴ This program was published in our September 2012 inventory but was inadvertently omitted from subsequent publications; thus, it has been added to the current inventory.

⁵ See WSIPP's benefit-cost results here: <http://www.wsipp.wa.gov/BenefitCost>. For more information on our technical methods, see: Washington State Institute for Public Policy (July 2015). Benefit-cost technical documentation. Olympia, WA: Author. <http://www.wsipp.wa.gov/TechnicalDocumentation/WsippBenefitCostTechnicalDocumentation.pdf>

Two programs moved from evidence-based to promising:⁶

- ✓ Communities that Care
- ✓ Triple P Positive Parenting Program (system)

Lastly, WSIPP reviewed research literature for the following programs, which were classified as research-based:

- ✓ Blues Program (group CBT prevention program for high school students at risk for depression)
- ✓ Brief Intervention for youth in medical settings
- ✓ MET/CBT-5 for youth marijuana use
- ✓ New Beginnings for children of divorce
- ✓ Parent Management Training (Oregon model)

The [inventory](#) is published as a separate document from this descriptive report.⁷

⁶Results for both of these programs were updated to reflect hierarchical clustering (e.g., students within schools). Analyses that do not account for clustering will underestimate variance in outcomes. Previously, outcomes for these programs were significant; however, after accounting for clustering at the community level, these outcomes are no longer significant.

⁷ http://wsipp.wa.gov/ReportFile/1610/Wsipp_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_Inventory.pdf

E2SHB 2536 required WSIPP and UW (1) publish descriptive definitions of evidence-based, research-based, and promising practices and (2) prepare an inventory of evidence-based, research-based, and promising practices and services. The suggested definitions, originally published in 2012, were subsequently enacted by the 2013 Legislature for adult behavioral health services with only slight modifications to relevant outcomes.⁸ The table below contains the definitions currently in statute prior to the passage of E2SHB 2536 and suggested definitions for evidence-based and research-based developed by the two research entities as required under E2SHB 2536.

Current Law and Suggested Definitions

	Current law definition for children’s mental health and juvenile justice	Suggested definitions for children’s services developed by WSIPP & EBPI	Current law definitions for adult behavioral health (enacted by the 2013 Legislature)
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.	A program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.
Research-based	A program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.	A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term “evidence-based” in RCW (the above definition) but does not meet the full criteria for “evidence-based. Further, ‘research-based’ means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington.	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 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.	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.

⁸ Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013.

Prior Publications

- *Updated Inventory of Evidence-Based, Research-Based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems* (September 2014). Evidence-based Practice Institute & Washington State Institute for Public Policy. Document No. E2SHB2536-5.
- *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* (January 2014). Evidence-based Practice Institute & Washington State Institute for Public Policy. Document No. E2SHB2536-4.
- *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* (June 2013). Evidence-based Practice Institute & Washington State Institute for Public Policy. Document No. E2SHB2536-3.
- *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* (January 2013). Evidence-based Practice Institute & Washington State Institute for Public Policy. Document No. E2SHB2536-2.
- *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* (September 2012). Evidence-based Practice Institute & Washington State Institute for Public Policy. Document No. E2SHB2536.

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