

December 2018
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

Budget area	Program/intervention	Manual	Current definitions	Proposed definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions below)	Percent minority
Child welfare	Intervention						
	Alternatives for Families (AF-CBT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attachment & Biobehavioral Catch-up	Yes	⊙	⊙		Single evaluation	19%
	Family dependency treatment court	Yes	⊙	⊙	8%	Benefit-cost	35%
	Fostering Healthy Futures	Yes	⊙	⊙		Single evaluation	56%
	Functional Family Therapy—Child Welfare (FFT-CW)	Yes	P	Null		Weight of the evidence	95%
	Including Fathers—Father Engagement Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Intensive Family Preservation Services (HOMEBUILDERS®)	Yes	●	●	97%		58%
	Kinship care compared to traditional (non-kin) foster care	No	P	P		No rigorous evaluation measuring outcome of interest	
	Locating family connections for children in foster care	Yes	P	Null		Weight of the evidence	66%
	Multisystemic Therapy (MST) for child abuse and neglect	Yes	⊙	⊙		Single evaluation	82%
	Other Family Preservation Services (non-HOMEBUILDERS®)	Varies*	⊙	⊙	0%	Weight of the evidence	76%
	Parent-Child Assistance Program	Yes	P	P		Single evaluation	52%
	Parent-Child Interaction Therapy (PCIT) for families in the child welfare system	Yes	●	●	96%		48%
	Parents for Parents	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Partners with Families and Children	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Pathway to Reunification	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	SafeCare	Yes	●	●	93%		33%
	Youth Villages LifeSet	Yes	⊙	⊙	21%	Benefit-cost	49%
	Prevention						
	Circle of Security	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Circle of Security—Parenting (COS-P)	Yes	P	P	56%	Single evaluation	89%
	Healthy Families America	Yes	●	⊙	50%	Mixed results/benefit-cost	63%
	Nurse Family Partnership	Yes	●	⊙	70%	Benefit-cost/heterogeneity	20%
	Other home visiting programs for at-risk families	Varies*	●	⊙	55%	Mixed results/benefit-cost	63%
	Parent-Child Home Program	Yes	P	P		Single evaluation	NR
	Parent Mentor Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents and Children Together (PACT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents as Teachers	Yes	⊙	⊙	31%	Benefit-cost	66%
	Promoting First Relationships	Yes	P	P		No rigorous evaluation measuring outcome of interest	
Safe Babies, Safe Moms	Yes	P	P		No rigorous evaluation measuring outcome of interest		
Triple-P Positive Parenting Program (System)	Yes	⊙	⊙	64%	Benefit-cost	33%	

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Juvenile justice	Adolescent Diversion Project	Yes	●	●	97%		58%
	<i>Aggression Replacement Training (ART)</i>	Yes					
	Youth in state institutions		⊙	⊙	66%	Benefit-cost	34%
	Youth on probation		⊙	⊙	62%	Benefit-cost	34%
	Boot camps	Varies*	P	Null	92%	Weight of the evidence	55%
	Cognitive behavioral therapy (CBT)	Varies*	●	●	94%		43%
	Connections Wraparound	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Coordination of Services	Yes	⊙	⊙	96%	Heterogeneity	23%
	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	Yes	⊙	⊙	93%	Single evaluation	27%^
	Dialectical Behavior Therapy (DBT) for substance use disorder: Integrated treatment model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	<i>Diversion</i>	Varies*					
	No services (vs. traditional juvenile court processing)	Varies*	●	●	98%		66%
	With services (vs. simple release)	Varies*	P	Null	39%	Weight of the evidence	70%
	With services (vs. traditional juvenile court processing)	Varies*	●	●	94%		73%
	Drug court	Varies*	P	Null	41%	Weight of the evidence	40%
	Education and Employment Training (EET, King County)	Yes	⊙	⊙	100%	Single evaluation	74%
	Family Integrated Transitions for youth in state institutions	Yes	⊙	⊙	40%	Single evaluation	30%^
	Functional Family Parole	Yes	P	Null	75%	Weight of the evidence	51%
	<i>Functional Family Therapy</i>	Yes					
	Youth in state institutions	Yes	●	●	96%		36%
	Youth on probation	Yes	●	●	96%		36%
	<i>Group homes</i>	Varies*					
	Teaching-Family Model	Yes	P	P	58%	Weight of the evidence	22%
	Other group home programs (non-name brand)	Varies*	P	P		Single evaluation	NR
	<i>Intensive supervision</i>	Varies*					
	Parole	Varies*	P	Null	76%	Weight of the evidence	74%
	Probation	Varies*	P	Null	0%	Weight of the evidence	58%
Juvenile Detention Alternatives Initiative	Yes	P	P		No rigorous evaluation measuring outcome of interest		
Mentoring	Yes	●	●	81%		65%	

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Juvenile justice (continued)	Multidimensional Treatment Foster Care	Yes	⊙	⊙	63%	Benefit-cost/heterogeneity	24%
	Multisystemic Therapy (MST)	Yes	⊙	●	76%		79%
	Other family-based therapies (non-name brand)	Varies*	●	●	92%		53%
	Parenting with Love and Limits	Yes	⊙	●	93%		62%
	Scared Straight	Yes	⊗	⊗	2%	Weight of the evidence	NR
	Step Up	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Team Child	Yes	P	Null		Weight of the evidence	25%
	<i>Treatment for juveniles convicted of sex offenses</i>	Varies*					
	Multisystemic Therapy (MST) for juveniles convicted of sex offenses	Yes	●	⊙	63%	Benefit-cost	51%
	Other treatment for juveniles convicted of sex offenses (non-MST)	Varies*	P	Null	15%	Weight of the evidence	30%
	<i>Treatment for juveniles with substance use disorder</i>	Varies*					
	Multisystemic Therapy (MST) for juveniles with substance use disorder	Yes	●	⊙	52%	Benefit-cost	65%
	Other substance use disorder treatment for juveniles (non-therapeutic communities)	Varies*	P	Null	48%	Weight of the evidence	68%
	Therapeutic communities for juveniles with substance use disorder	Varies*	⊙	⊙	56%	Benefit-cost	54%
	Vocational and employment training	Varies*	⊙	Null	49%	Weight of the evidence	55%
	Victim offender mediation	Varies*	P	Null	76%	Weight of the evidence	61%
Wilderness experience programs	Varies*	●	●	95%		36%	
You Are Not Your Past	No	P	P		No rigorous evaluation measuring outcome of interest		
Youth Advocate Programs—Mentoring	Yes	P	P		No rigorous evaluation measuring outcome of interest		

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Mental health	Anxiety						
	Acceptance and Commitment Therapy (ACT) for children with anxiety	Yes	⊙	⊙	85%	Single evaluation	15%
	Group and individual cognitive behavioral therapy (CBT) for children & adolescents with anxiety	Varies*	●	⊙	95%	Heterogeneity	21%
	Cool Kids**	Yes					
	Coping Cat**	Yes					
	Coping Cat/Koala book-based model**	Yes					
	Coping Koala**	Yes					
	Other cognitive behavioral therapy (CBT) for children with anxiety**	Varies*					
	Parent cognitive behavioral therapy (CBT) for children with anxiety	Varies*	⊙	⊙	93%	Heterogeneity	NR
	Remote cognitive behavioral therapy (CBT) for children with anxiety	Varies*	⊙	⊙	95%	Heterogeneity	NR
	Theraplay	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attention Deficit Hyperactivity Disorder						
	Behavioral parent training (BPT) for children with ADHD		⊙	●	75%		35%
	Barkley Model**	Yes					
	New Forest Parenting Programme**	Yes					
	Cognitive behavioral therapy (CBT) for children with ADHD	Varies*	P	Null	47%	Weight of the evidence	14%
	Encompass for ADHD	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multimodal therapy (MMT) for children with ADHD	Varies*	⊙	⊙	53%	Benefit-cost	43%
	Depression						
	Acceptance and Commitment Therapy (ACT) for children with depression	Yes	⊙	⊙	50%	Benefit-cost/heterogeneity	NR
	Cognitive behavioral therapy (CBT) for children & adolescents with depression	Varies*	⊙	⊙	49%	Benefit-cost/heterogeneity	30%
	Coping With Depression—Adolescents**	Yes					
	Treatment for Adolescents with Depression Study**	Yes					
	Other cognitive behavioral therapy (CBT) for children & adolescents with depression**	Varies*					
Collaborative primary care for children with depression	Varies*	⊙	⊙	50%	Benefit-cost/heterogeneity	28%	
Blues Program (prevention program for students at risk for depression)	Yes	●	⊙	49%	Benefit-cost	38%	

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Mental health (continued)	Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)						
	<i>Behavioral parent training (BPT) for children with disruptive behavior</i>	Varies*					
	Helping the Noncompliant Child for children with disruptive behavior	Yes	⊙	P	51%	Single evaluation	31%
	Incredible Years Parent Training	Yes	●	⊙	58%	Benefit-cost	41%
	Incredible Years Parent Training with Incredible Years Child Training	Yes	●	⊙	2%	Benefit-cost	45%
	Parent-Child Interaction Therapy (PCIT) for children with disruptive behavior	Yes	●	⊙	29%	Benefit-cost	76%
	Parent Management Training—Oregon Model (treatment population)	Yes	●	⊙	71%	Benefit-cost/heterogeneity	NR
	Triple P—Positive Parenting Program: Level 4, group	Yes	●	●	97%		80%
	Triple P—Positive Parenting Program: Level 4, individual	Yes	●	⊙	60%	Benefit-cost/heterogeneity	NR
	Other behavioral parent training (BPT) for children with disruptive behavior	Varies*	⊙	●	96%		95%
	Brief Strategic Family Therapy (BSFT)	Yes	●	⊙	61%	Benefit-cost	76%
	Collaborative primary care for children with behavior disorders	Varies*	⊙	⊙	60%	Benefit-cost/heterogeneity	18%
	Coping Power Program	Yes	⊙	⊙	54%	Benefit-cost	80%
	Child Parent Relationship Therapy	Yes	●	●	80%		62%
	Choice Theory/Reality Therapy for children with disruptive behavior	Yes	⊙	P		Single evaluation	27%
Mentoring: Community-based for children with disruptive behavior	Varies*	⊙	⊙	67%	Benefit-cost/heterogeneity	7%	
Multimodal therapy (MMT) for children with disruptive behavior	Varies*	P	⊙	57%	Benefit-cost/heterogeneity	5%	
Stop Now and Plan (SNAP)	Yes	⊙	●	86%		77%	

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Mental health (continued)	Fetal Alcohol Syndrome						
	Families Moving Forward	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Serious Emotional Disturbance						
	Cognitive behavioral therapy (CBT) for prodromal psychosis	Varies*	⊙	⊙		Heterogeneity	NR
	Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	Yes	⊙	⊙	50%	Benefit-cost	44%
	Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED) [#]	Yes	⊙	●			38%
	Full fidelity wraparound for children with serious emotional disturbance (SED) [#]	Yes	⊙	●			48%
	Individual Placement and Support for first episode psychosis	Yes	⊙	⊙		Single evaluation	50%
	Integrated treatment for first-episode psychosis [#]	Varies*	⊙	●			73%
	Integrated treatment for prodromal psychosis	Varies*	⊙	⊙		Heterogeneity	NR
	Intensive Family Preservation (HOMEBUILDERS®) for youth with serious emotional disturbance (SED)	Yes	⊙	Null		Weight of the evidence	95%
	Trauma						
	ADOPTS (therapy to address distress of post traumatic stress in adoptive children)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Child-Parent Psychotherapy	Yes	⊙	⊙	95%	Single evaluation	49%
	Cognitive behavioral therapy (CBT)-based models for child trauma	Varies*	●	●	99%		82%
	Classroom-based intervention for war-exposed children**	Yes					
	Cognitive Behavioral Intervention for Trauma in Schools**	Yes					
	Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)**	Yes					
	KID-NET Narrative Exposure Therapy for children**	Yes					
	Teaching Recovery Techniques (TRT)**	Yes					
	Trauma Focused CBT for children**	Yes					
	Trauma Grief Component Therapy**	Yes					
	Other cognitive behavioral therapy (CBT)-based models for child trauma**	Varies*					
	Eye Movement Desensitization and Reprocessing (EMDR) for child trauma	Yes	●	P	82%	Weight of the evidence	81%
	Kids Club & Moms Empowerment	Yes	P	⊙	81%	Single evaluation	48%
	Take 5: Trauma Affects Kids Everywhere—Five Ways to Promote Resilience	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Other						
Mentoring: Great Life Mentoring (formerly 4Results Mentoring)	Yes	⊙	⊙		Single evaluation	18%	
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Yes	⊙	●	98%		78%	
Motivational interviewing to engage children in mental health treatment	Varies*	⊙	⊙		Heterogeneity	27%	

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For the most up-to-date results, please visit the program's page on our website <http://www.wsipp.wa.gov/BenefitCost>

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General prevention	Becoming a Man (BAM)	Yes	⊙	●	75%		98%	
	Caring School Community (formerly Child Development Project)	Yes	⊙	Null	61%	Weight of the evidence	47%	
	Child First	Yes	⊙	⊙	47%	Single evaluation	94%	
	Child Parent Enrichment Project (CPEP)	Yes	⊙	⊙	12%	Weight of the evidence	55%	
	Communities That Care	Yes	●	●	85%		33%	
	Conjoint behavioral consultation	Yes	P	Null	25%	Weight of the evidence	21%	
	Coping and Support Training	Yes	●	●	81%		51%	
	Daily Behavior Report Cards	Yes	⊙	⊙		Single evaluation	13%	
	Early Head Start—Home Visiting	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Early Start (New Zealand)	Yes	⊙	⊙	8%	Single evaluation	NR	
	Family Check-Up (also known as Positive Family Support)	Yes	●	⊙	49%	Benefit-cost	61%	
	Familias Unidas	Yes	⊙	⊙	41%	Benefit-cost	100%	
	Family Connects	Yes	⊙	⊙		Single evaluation	71%	
	Family Spirit	Yes	⊙	⊙	57%	Benefit-cost	100%	
	Families and Schools Together (FAST)	Yes	P	Null	50%	Weight of the evidence	83%	
	Fast Track prevention program	Yes	⊙	⊙	0%	Benefit-cost	53%	
	Good Behavior Game	Yes	●	●	76%		50%	
	Guiding Good Choices (formerly Preparing for the Drug Free Years)	Yes	⊙	⊙	51%	Single evaluation	1%	
	Healthy Beginnings	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Home Instruction for Parents of Preschool Youngsters (HIPPI)	Yes	P	P	52%	Weight of the evidence	93%	
	Infant Health and Development Program (IHDP)	Yes	⊙	⊙	20%	Benefit-cost	58%	
	Kaleidoscope Play and Learn	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Maternal Early Childhood Sustained Home-Visiting (MESCH)	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	<i>Mentoring: Community-based</i>							
		Mentoring: Big Brothers Big Sisters Community-Based (taxpayer costs only)	Yes	●	⊙	41%	Benefit-cost	57%
		Mentoring: Community-based (taxpayer costs only)	Varies*	●	⊙	66%	Benefit-cost	85%
	<i>Mentoring: School-based</i>							
		Mentoring: Big Brothers Big Sisters School-Based (taxpayer costs only)	Yes	●	⊙	7%	Benefit-cost	64%
		Mentoring: School-based by teachers or school staff	Varies*	●	⊙	71%	Benefit-cost	86%
		Mentoring: School-based by volunteers (taxpayer costs only)	Varies*	P	Null	16%	Weight of the evidence	78%
	Minding the Baby	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	New Beginnings for children of divorce	Yes	P	Null	48%	Weight of the evidence	25%	
	Nurturing Fathers	Yes	P	P		No rigorous evaluation measuring outcome of interest		

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General prevention (continued)	Other home visiting programs for adolescent mothers [#]	Varies*	●	●			58%
	Positive Action	Yes	●	●	95%		57%
	Promoting Alternative Thinking Strategies (PATHS)	Yes	P	Null	63%	Weight of the evidence	49%
	PROSPER	Yes	⊙	⊙	55%	Benefit-cost/heterogeneity	15%
	Pyramid Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Quantum Opportunities Program	Yes	●	⊙	52%	Benefit-cost	90%
	Raising Healthy Children	Yes	P	Null		Weight of the evidence	18%
	Resources, Education, and Care in the Home (REACH-Futures)	Yes	⊙	P	NA	Single evaluation	100%
	Reconnecting Youth	Yes	⊙	⊙		Weight of the evidence	92%
	Seattle Social Development Project	Yes	⊙	⊙	60%	Benefit-cost	35%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strengthening Families for Parents and Youth 10-14	Yes	⊙	Null	58%	Weight of the evidence	19%
	Strong African American Families	Yes	⊙	⊙		Single evaluation	100%
	Strong African American Families—Teen	Yes	⊙	⊙		Single evaluation	100%
	Sunshine Circle Model	Yes	⊙	⊙	91%	Single evaluation	87%
Youth and Family Link	No	P	P		No rigorous evaluation measuring outcome of interest		

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

Budget area	Program/intervention	Manual	Current definitions	Proposed definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions below)	Percent minority
Substance use disorder	Prevention						
	Alcohol Literacy Challenge (for high school students)	Yes	P	P	58%	Single evaluation	33%
	Athletes Training and Learning to Avoid Steroids (ATLAS)	Yes	P	Null		Weight of the evidence	22%
	Brief intervention for youth in medical settings	Yes	⊙	⊙	41%	Benefit-cost	65%
	Compliance checks for alcohol		⊙	⊙		Heterogeneity	25%
	Compliance checks for tobacco	Varies*	●	⊙		Heterogeneity	28%
	Family Matters	Yes	⊙	⊙	73%	Benefit-cost/heterogeneity	22%
	keepin' it REAL	Yes	P	Null	61%	Weight of the evidence	83%
	LifeSkills Training	Yes	●	⊙	59%	Benefit-cost	38%
	Lions Quest Skills for Adolescence	Yes	⊙	⊙	65%	Benefit-cost	74%
	Marijuana Education Initiative	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multicomponent environmental interventions to prevent youth alcohol use	Varies*	⊙	⊙	28%	Benefit-cost/heterogeneity	19%
	Multicomponent environmental interventions to prevent youth tobacco use	Varies*	⊙	⊙	85%	Heterogeneity	21%
	Project ALERT	Yes	●	⊙	70%	Benefit-cost/heterogeneity	12%
	Project Northland	Yes	●	⊙	70%	Benefit-cost	36%
	Project STAR	Yes	●	⊙	67%	Benefit-cost/heterogeneity	5%
	Project SUCCESS	Yes	P	Null	43%	Weight of the evidence	38%
	Project Toward No Drug Abuse	Yes	●	⊙	56%	Benefit-cost	70%
	Protecting You/Protecting Me	Yes	P	P		Single evaluation	92%
	SPORT	Yes	⊙	⊙	70%	Benefit-cost	49%
STARS (Start Taking Alcohol Risks Seriously) for Families	Yes	P	P		Single evaluation	66%	
Teen Intervene	Yes	●	⊙	72%	Benefit-cost/heterogeneity	29%	

● Evidence-based ⊙ Research-based P Promising ⊖ Poor outcomes Null Null outcomes NR Not reported See definitions and notes on page 11.

Notes:

* This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

** This program is an example within a broader category.

This program is classified as evidence-based because it meets weight of the evidence and heterogeneity criteria. It was not possible to conduct a benefit-cost analysis for this program, either because program costs are unavailable or because WSIPP's benefit-cost model does not currently include data on an appropriate comparison population for modeling long-term economic impacts.

^ Heterogeneity criterion is achieved because at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$).

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Substance use disorder (continued)	Treatment						
	Adolescent Assertive Continuing Care (ACC)	Yes	⊙	⊙	37%	Benefit-cost/heterogeneity	27%
	Adolescent Community Reinforcement Approach (A-CRA)	Yes	⊙	⊙		Single evaluation	59%
	Dialectical behavior therapy for substance abuse: Integrated treatment model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Functional Family Therapy (FFT) for adolescents with substance use disorder	Yes	⊙	⊙	35%	Benefit-cost	74%
	Matrix Model treatment for adolescents with substance use disorder	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	MET/CBT-5 for youth marijuana use	Yes	⊙	Null		Weight of the evidence	33%
	Multidimensional Family Therapy (MDFT)	Yes	⊙	⊙	25%	Benefit-cost	87%
	Recovery Support Services	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Seven Challenges	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Teen Marijuana Check-Up (TMCU)	Yes	●	⊙	48%	Benefit-cost	35%
	<i>Treatment for youth involved in the juvenile justice system</i>						
	Multisystemic Therapy (MST) for juveniles with substance use disorder	Yes	●	⊙	52%	Benefit-cost	65%
	Other substance use disorder treatment for juveniles (non-therapeutic communities)	Varies*	P	Null	48%	Weight of the evidence	68%
Therapeutic communities for juveniles with substance use disorder	Varies*	⊙	⊙	56%	Benefit-cost	54%	

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Definitions and Notes:

Level of Evidence:

- 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 outcome. 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.
- Null outcome(s):** If results from multiple evaluations or one large multiple-site evaluation indicate that a program has no significant effect on outcomes of interest ($p\text{-value} > 0.20$), a program is classified as producing “null outcomes.”

Reasons Programs May Not Meet Suggested Evidence-Based Criteria:

- Benefit-cost:** The proposed definition of evidence-based practices requires that, when possible, a benefit-cost analysis be conducted. We use WSIPP’s benefit-cost model to determine whether a program meets this criterion. Programs that do not have at least a 75% chance of a positive net present value do not meet the benefit-cost test. The WSIPP model uses Monte Carlo simulation to test the probability that benefits exceed costs. The 75% standard was deemed an appropriate measure of risk aversion.
- Heterogeneity:** To be designated as evidence-based under current law or the proposed definition, a program must have been tested on a “heterogeneous” population. We operationalized heterogeneity in two ways. First, the proportion of minority program participants must be greater than or equal to the minority proportion of children under 18 in Washington State. From the 2010 Census, of all children in Washington, 68% were White and 32% minority. Thus, if the weighted average of program participants had at least 32% 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 children in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p\text{-value} < 0.20$). 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. Programs whose evaluations do not meet either of these two criteria do not meet the heterogeneity definition.
- Mixed results:** If findings are mixed from different measures (e.g., undesirable outcomes for behavior measures and desirable outcomes for test scores), the program does not meet evidence-based criteria.
- No rigorous evaluation measuring outcome of interest:** The program has not yet been tested with a rigorous outcome evaluation.
- Single evaluation:** The program does not meet the minimum standard of multiple evaluations or one large multiple-site evaluation contained in the current or proposed definitions.
- Weight of evidence:** 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 ($p\text{-value} < 0.20$).

Other Definitions:

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

*For questions about evidence-based & research-based programs, contact Rebecca Goodvin rebecca.goodvin@wsipp.wa.gov.
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