

January 31, 2013

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*

Background

The 2012 Legislature passed E2SHB 2536 with the intention 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 institutions—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. This inventory was published [September 30, 2012](#).

The legislation also required periodic updates to the inventory—this document is the first. Additional updates are anticipated in June 2013, January 2014 and on an annual basis thereafter.¹

The initial inventory included all evidence-based and research-based programs in the defined areas of interest that had previous meta-analyses completed by WSIPP. Due to time constraints, the 2012 inventory did not include a comprehensive set of “promising practices.” This report is primarily devoted to establishing a list of promising practices. According to the definition proposed in the 2012 report, a promising practice is:

“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.”

This document was prepared by UW. For questions about this document, contact Eric Trupin at trupin@u.washington.edu. This is a companion document to the WSIPP January 31, 2013 inventory, available on the WSIPP website at <http://www.wsipp.wa.gov/pub.asp?docid=E2SHB2536-2>.

¹ The E2SHB 2536 legislation asks UW and WSIPP to periodically update the inventory. This update schedule was set by the partners and is subject to change if necessary.

Promising Practice Application Process

Updating the inventory allowed WSIPP and UW to solicit input from agency representatives, community providers, and stakeholder groups. The goals for the first update were to expand the list of promising practices and to make necessary adjustments to the inventory of evidence-based and research-based practices.

UW developed a [Promising Practice Application](#) and review process to gather information about current practices in the state. DSHS distributed the application in November 2012 to solicit information from providers about current practices that may fit within the proposed definition of promising practices. Community providers, agencies, and other stakeholders submitted a total of 65 applications by the December 3, 2012 deadline.

UW and WSIPP completed reviews of the applications received, and notified all applicants of their status (a sample Score Sheet is available in the appendix of this report²). The classifications of the applications are described in Table 1.

In some instances, we were unable to classify practices because the application did not meet the minimum criteria for review (e.g., the application did not describe a specific intervention that DSHS or HCA could purchase; the applicant submitted insufficient information about the program; the program did not target or measure outcomes specified in the legislation). Applicants suggesting these programs were asked to supply additional information and re-apply for the coming update in June 2013. Programs that could be classified have been added to the inventory.

Table 1. Classifications of Promising Practice Applicants

	Number	Percent
Applications received	65	100%
Classified as evidence-based	3	5%
Classified as research-based	2	3%
Classified as promising	21	32%
Unable to classify	39	60%

Promising practice applications will be accepted throughout 2013, and will be reviewed every six months (June 2013 and January 2014).

² See Promising Practice Score Sheet in Appendix A.

Changes to the September, 2012 inventory

- Promising practices added. 21 promising practices were added to the inventory of research based, evidence based, and promising practices. These practices represent a variety of child welfare, juvenile justice and behavioral health interventions, as well as a diverse group of providers.
- Programs added to the evidence-based or research-based categories. WSIPP reviewed the applications for programs that had potential to be categorized as research-based or evidence-based. WSIPP reviewed the research; three programs were classified as evidence-based (Multisystemic Therapy for substance abusing juvenile offenders, Multisystemic Therapy for juvenile sex offenders, and Functional Family Parole), and two programs were classified as research-based (Multisystemic Therapy for children in the child welfare system and Child-Parent Psychotherapy).
- Programs removed. The purpose of the inventory is to identify programs that target the specific outcomes identified in the legislation. After review and consultation with agency representatives, WSIPP and UW decided that some items on the September 2012 inventory did not align with its purpose. Consequently, items on the inventory that were not specific interventions that the agencies can purchase, such as, Flexible Funding (Title IV-E waiver) and CBT-Plus, were removed. These approaches may be helpful in implementing EBPs and RBPs in Washington State, but they are not standalone interventions.

Steps leading to the January 31, 2013 update

The September 2012 report to the legislature detailed the process that WSIPP and UW undertook to propose new definitions of Evidence-Based, Research-Based and Promising Practices, and build the inventory. The report highlighted the legislative timeline and next steps for UW, WSIPP and DSHS. All of the Next Steps identified in the September report have been accomplished:

- Agency Technical Review. WSIPP and UW met with DSHS and HCA on November 1, 2012 to answer questions about the inventory, and provide any additional information that may be necessary for completion of their legislative assignments.
- Identify Additional Promising Practices. UW developed a survey to collect information about potentially promising practices currently in use in the state. Providers submitted applications to UW for consideration as a promising practice. UW and WSIPP then determined if a program met the established criteria for promising (or evidence- or research-based) status according to the information submitted. The application and review process is described above.
- First Periodic Update. As noted, this report is the first update to the September 2012 inventory. There will be subsequent iterations in 2013, and throughout the legislative timeline. UW, WSIPP, DSHS, and HCA will continue to solicit engagement from a variety of stakeholders to provide feedback and suggestions for additional promising practices, and on the E2SHB 2536 inventory process overall.

- Non-Manualized Programs. As DSHS and HCA assemble their inventories of evidence- and research-based programs, they have encountered some programs that do not have a standard manual available. The UW has been available to DSHS and HCA for consultation during the evidence-based and research-based inventory process. UW reviewed the DSHS data collection tool, and will continue to assist DSHS and HCA when necessary.

Community Stakeholder Engagement

In addition to completing the steps identified in the 2012 report to the legislature, to engage a broader group of stakeholders, representatives from UW, WSIPP, and DSHS met with local and statewide committees and provider agencies. A list of Community Stakeholder Meetings is provided in Table 2. These meetings were an opportunity for UW, WSIPP and DSHS to learn about effective practices and programs in communities around the state, as well as hear strengths and opportunities for improvement throughout the process. After the December 3, 2012 deadline, the University of Washington received 65 applications for promising practices. This volume of participation and engagement demonstrates strong community interest in effective practices, and better outcomes for children and families. See Table 3 for some commonly identified strengths and opportunities.

Table 2: Community Stakeholder Meetings

Date	Organization
9/11/12	Valley Cities
9/12/12	Evidence Based Practice Coalition
9/19/12	Washington State Racial Disproportionality Advisory Committee
9/28/12	African American Service Providers
10/1/12	Odessa Brown Children's Clinic
10/8/12	Delores Bigfoot, PhD.
10/9/12	Asian Counseling and Referral Services
10/11/12	Washington State Indian Policy Advisory Council
10/23/12	Statewide Child Placement Agency Network
11/1/12	Washington State Agencies (CA, JRA, DBHR, HCA, WSIPP, UW)
11/6/12	Consejo Counseling
11/6/12	Harborview Center for Sexual Assault and Traumatic Stress
11/14/12	Indian Policy Advisory Council, Children's Administration Subcommittee
11/27/12	3 State Commissions (African American, Hispanic, Asian Pacific Islander)
11/30/12	King County Coalition on Racial Disproportionality
12/6/12	Statewide Health Disparities Council
12/7/12	Washington State Racial Disproportionality Advisory Committee
1/10/13	Community Mental Health Council

Table 3: Stakeholder Feedback

Strengths	Opportunities
Community participation through the promising practice process	Disaggregate research data by race/ethnicity to determine research gaps
Excellent engagement with a variety of ethnic/racial minority providers and stakeholders	Consider language of delivery for EBPs/RBPs, and language access as it relates to technical assistance
Ensuring accessible consultation and clarification opportunities for the inventory, promising practice and implementation form	Improve documentation and facilitated ease of cultural adaptation for EBPs/RBPs
Developing a collaborative process among partners (DSHS, WSIPP, and UW) to address the challenges of E2SHB 2536 implementation, such as workforce development, and establishing a baseline frequency of EBP/RBP purchasing	Consider system-level barriers to EBP/RBP implementation for each service system (DBHR, JRA, and CA), including training resources, supervision/fidelity requirements, case load changes and billing codes
Re-visiting interested stakeholders to ensure continued communication and accountability for all parties	Ensure thorough and transparent communication with all stakeholders (improved communication plan to include more Eastern Washington/rural providers)
Assisting providers to take advantage of the opportunity of E2SHB 2536 to improve outcomes for children and families in WA by hosting webinars, and establishing a TA process	Increase focus on reducing disproportionality through use of EBP/RBP, by addressing the related workforce training, cultural adaptation and service accessibility concerns

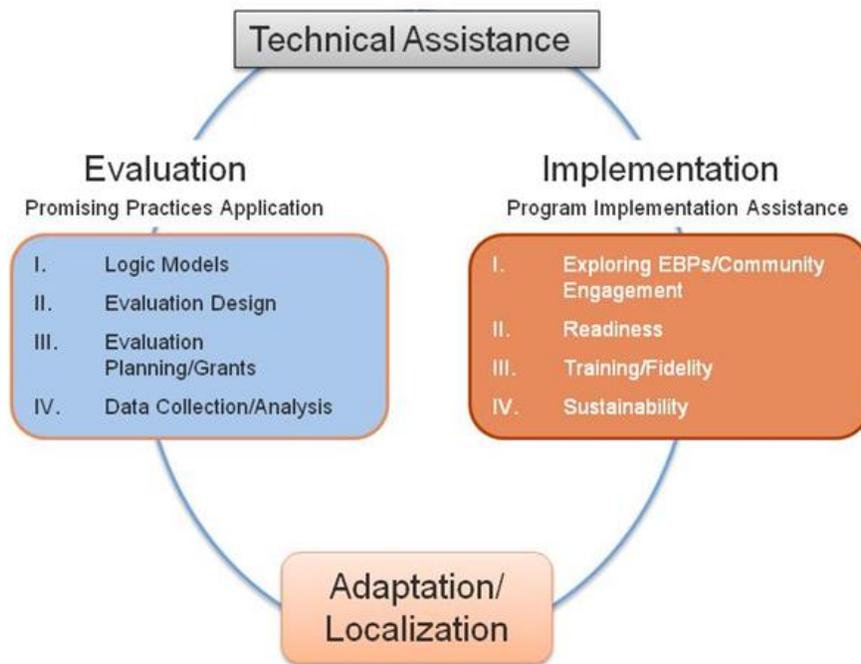
University of Washington Technical Assistance

The 2012 E2SHB 2536 legislation states, “It is the intent of the legislature that increased use of evidence-based and research-based practices be accomplished to the extent possible within existing resources by coordinating the purchase of evidence-based services, the development of a trained workforce, and the development of unified and coordinated case plans to provide treatment in a coordinated and consistent manner. The legislature recognizes that in order to effectively provide evidence-based and research-based practices, contractors should have a workforce trained in these programs, and outcomes from the use of these practices should be monitored.”

Further, the legislation requires the following: “Using state, federal, or private funds, the department shall prioritize the assessment of promising practices identified in (a) of this subsection with the goal of increasing the number of such practices that meet the standards for evidence-based and research-based practices.”

In response to the legislative requirements, the University of Washington Evidence-Based Practice Institute has developed a technical assistance (TA) program to help interested providers 1) learn about program evaluation, move toward accumulating evidence for their interventions, or 2) begin implementing existing evidence-based and research-based programs. The two parts of the TA program are referred to as Program Evaluation and Program Implementation (see Figure 1).

Figure 1: UW Technical Assistance



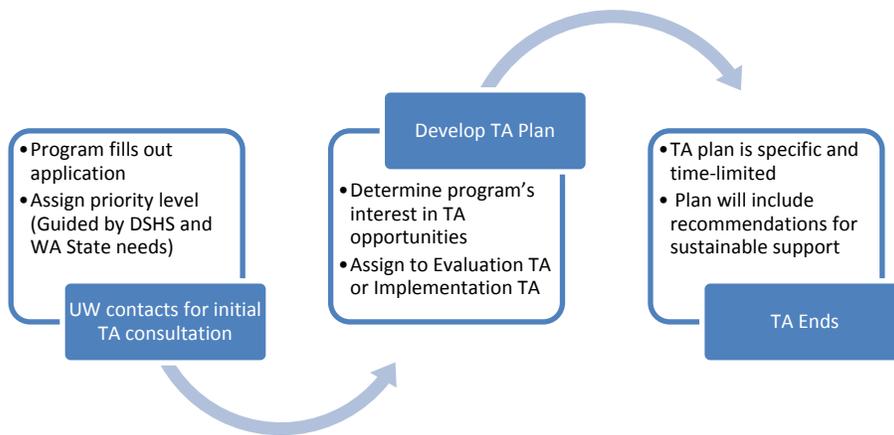
Program Evaluation Technical Assistance

The goal of providing program evaluation TA in relation to E2SHB 2536 is to advise providers on ways to strengthen the quality of preliminary evaluation research and increase their internal research capacity. TA may also be provided for developing or improving logic models for individual programs. Ultimately, the goal of the assistance is to help providers to become competitive for additional research funding and eligible for promising practice status.

Prioritization for TA will be assigned based on DSHS funding priorities. For each provider, the TA plan will address one area of improvement that is time-limited and feasible within a 4-6 month timeframe. It is anticipated that 2-4 programs can receive assistance at a time depending on available resources. Jan 2013 through Dec 2013 will be the first year of implementation and after this initial pilot, TA capacity and feasibility will be clearer. This program is not intended to provide the rigorous evaluation needed to elevate a program from promising to research or evidence-based status. The funds needed for this type of evaluation exceed the resources allotted to the University. Consequently, the focus for TA at this time is improvement in the quality of preliminary outcomes (e.g., pre/post analysis) and program specification (e.g, logic models) to qualify the programs for promising practice status and to make these programs more competitive for additional research funding.

An overview of the anticipated application process is described in Figure 2.

Figure 2. Process for Technical Assistance Applications



To accomplish the above goals with limited resources, three tiers of support intensity will be available to providers. The third tier of support will only be available to those programs prioritized by DSHS.

- Tier 1: Written and archived media that addresses foundational topics: logic models, internal research capacity, EBP definitions and development.
- Tier 2: Interactive resources for small to large group audiences, such as webinars, workshops, and trainings.
- Tier 3: One on one support that supports a program's development toward research/evidence-based by putting them in a better position to secure funding for sophisticated evaluation.

The first Tier 2 resource was developed on January 9, when UW, WSIPP, and DSHS provided a webinar,³ attended by about 60 stakeholders representing diverse regions of the state, to describe the E2SHB 2536 process and opportunities for engagement. This webinar is now available on the UW website. At the end of February 2013, additional written and audio/visual media will be available on the UW website that addresses areas of interest for TA: logic models, building internal research capacity, the process of becoming evidence-based, and grant writing.

It is also anticipated that through the process of program evaluation TA, some programs may become interested in already-developed evidence-based programs that address the same or similar outcomes for the target population. The program implementation TA process will address this area of interest.

³ Webinar PowerPoint and live recording available on the UW website: <http://depts.washington.edu/ebpi/2536.php>

Implementation Technical Assistance

Implementation Technical Assistance is intended to address the needs of those agencies or providers who currently do, or plan to implement an evidence-based or research-based practice. Implementation needs that may arise include: desire for training, fidelity and quality assurance measures, and EBP sustainability within organizations. Providers that have an interest in receiving assistance with these, or related needs are asked to complete the EBP Implementation Assistance Form. While completing an [EBP Implementation Assistance Form](#) does not guarantee assistance, it will alert the University to the providers' needs. UW has limited resources to provide training, readiness and sustainability assistance, but may be able to connect providers with outside community partners who have additional resources for these activities, or serve as a nexus for providers interested in assistance.

Types of support can include:

- Tier 1: Linkages to information on specific EBPS, training opportunities, cultural enhancements/adaptations.
- Tier 2: Interactive resources for small to large group audiences, such as webinars, workshops, and trainings.
- Tier 3: One-on-one implementation support.

Similar to the program evaluation TA, the 2013 year will be a pilot in which the University is able to gain a more comprehensive understanding of community provider needs around implementation. Tier 1 resources will be available on the Evidence Based Practice Institute (EBPI) website in February. These resources may help with selection of an appropriate EBP by population served, or presenting problem, and may offer guides for EBP organizational readiness and sustainability. The UW plans to continue offering Tier 2 resources in the form of webinars on selected topics of interest. If a schedule of upcoming webinar is released, it will be available on the EBPI website.

The mission of UW EBPI is to facilitate the uptake of EBP and RBP in Washington State, and fulfill the intention of the E2SHB 2536 legislation. Therefore it is committed to providing the necessary assistance to providers, within its available resources.

Next Steps

- Initiative Coordination. On January 11, 2013, DSHS assistant secretaries and staff, UW faculty, WSIPP researchers, and legislative staff met to discuss the alignment of several large initiatives in Washington State. We recommend that these initiatives continue to work together to address the challenges of system change including the following: workforce development, cross-system communication, community involvement, and funding.
- Complete DSHS Baseline Assessment. DSHS is required to report on the findings of their baseline assessment in a report to the legislature on June 30, 2013.

- Prioritize Promising Practices. DSHS, HCA, and UW will meet to discuss the prioritization of promising practices listed on the January 2013 inventory update in February 2013.