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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

Benefit-Cost & Meta-Analysis Results

July 2015

WSIPP & EBPI

The benefit-cost results in this document are current as of July 2015. For the most up-to-date benefit-cost results, please visit our website. <u>http://www.wsipp.wa.gov/BenefitCost</u>

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Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.

Table of contents:

Child Welfare

Intervention:

Fostering Healthy Futures	5
Intensive Family Preservation Services (Homebuilders)	6
Other Family Preservation Services (non-Homebuilders)	8
Parent-Child Interaction Therapy for families in the child welfare system	11
Safecare	13
Prevention:	
Healthy Families America	15
Nurse Family Partnership for low-income families	18
Other home visiting programs for at-risk mothers and children	21
Parent Child Home Program	24
Parents as Teachers	26
Triple P Positive Parenting Program (system)	28

General Prevention

Communities that Care	30
Fast Track prevention program	32
Good Behavior Game	34
Guiding Good Choices (formerly Preparing for the Drug Free Years)	37
Quantum Opportunities Program	39
Seattle Social Development Project	42
Strengthening Families for Parents and Youth 10-14	44
Mentoring for students community based (taxpayer costs only)	46

Juvenile Justice

Aggression Replacement Training (youth in state institutions)	49
Aggression Replacement Training (youth on probation)	51
Coordinator of Services	53
Dialectical Behavior Therapy	55
Drug courts	56
Family Integrated Transitions	59
Functional Family Parole (with quality assurance)	61
Functional Family Therapy (youth in state institutions)	63
Functional Family Therapy (youth on probation)	65
Mentoring	67
Multidimensional Family Therapy (MDFT) for substance abusers	68

Multidimensional Treatment Foster Care	71
Multisystemic Therapy for juvenile sex offenders	74
Scared Straight	75
Other treatment for juvenile sex offenders	77
Therapeutic communities for substance abusers	78
Victim offender mediation	80

Mental Health

Anxiety

Group Cognitive Behavioral Therapy (CBT) for anxious children	82
Individual Cognitive Behavioral Therapy (CBT) for anxious children	84
Remote Cognitive Behavioral Therapy (CBT) for anxious children	86
Parent Cognitive Behavioral Therapy (CBT) for anxious children	88
Attention Deficit Hyperactivity Disorder	
Behavioral Parent Training (BPT) for children with ADHD	90
Cognitive Behavioral Therapy (CBT) for children with ADHD	92
Multimodal Therapy (MMT) for children with ADHD	94
Depression	
Cognitive Behavioral Therapy (CBT) for depressed adolescents	96
Disruptive behavior (Oppositional Defiant Disorder or Conduct Disorder)	
Helping the noncompliant child	99
Incredible Years: Parent training	101
Incredible Years: Parent training + child training	104
Parent Child Interaction Therapy (PCIT)	
for children with disruptive behavior problems	107
Triple-P Positive Parenting Program: Level 4, group	109
Triple-P Positive Parenting Program: Level 4, individual	111
Other behavioral parent training (BPT)	
for children with disruptive behavior disorders	113
Brief Strategic Family Therapy (BSFT)	115
Families and Schools Together (FAST)	117
Multimodal Therapy (MMT) for children with disruptive behavior	119
Seriously Emotional Disturbance	
Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)	121
Full fidelity wraparound for youth with serious emotional disturbance (SED)	123
Trauma	
Child-Parent Psychotherapy	124
Cognitive Behavioral Therapy (CBT)-based models for child trauma	125
Eye Movement Desensitization and Reprocessing (EMDR) for child trauma	128

Treatment Organizational Approaches

Modularized Approaches to Treatment of Anxiety, Depression,	
and Behavior (MATCH)	.130

Substance Abuse

Adolescent Assertive Continuing Care	131
Adolescent Community Reinforcement	133
Life Skills Training	134
Multidimensional Family Therapy (MDFT) for substance abusers	68
Multisystemic Therapy (MST) for substance-abusing juvenile offenders	137
Project ALERT	139
Project STAR	141
Project Toward No Drug Abuse (TND)	143
Therapeutic communities for substance abusers	78

Fostering Healthy Futures

Literature review updated June 2013.

Program Description: Fostering Healthy Futures is an intensive mentoring program for children, ages 9 to 11, who had were placed in foster care because of maltreatment within the previous year. Children are paired with mentors who meet with them 2 to 4 hours per week for 30 weeks. Children also attend weekly group meetings that focus on emotion recognition, perspective taking, problem solving, anger management, cultural identity, change & loss, healthy relationships, peer pressure, abuse prevention, and future orientation.

Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of Tr effect	Treatment N	Unadjusted (random eff	l effect size ects model)	Adjusted eff	fect sizes and	l stanc cost a	lard errors us nalysis	ed in the be	nefit-
		sizes					ES is estimat	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Permanent placement	Primary	1	56	0.358	0.130	0.259	0.237	11	0.259	0.237	17
Placement stability	Primary	1	52	0.262	0.172	0.094	0.192	11	0.094	0.192	17
Internalizing symptoms	Primary	1	69	-0.193	0.257	-0.069	0.170	11	-0.050	0.134	12
Post-traumatic stress	Primary	1	74	-0.314	0.063	-0.113	0.169	11	-0.113	0.169	12
Permanent placement	Primary	1	56	0.358	0.130	0.129	0.237	11	0.129	0.237	17
Placement stability	Primary	1	56	0.262	0.192	0.094	0.192	11	0.094	0.192	17

Citations Used in the Meta-Analysis

Taussig, H. N., Culhane, S. E., Garrido, E., & Knudtson, M. D. (2012). RCT of a mentoring and skills group program: placement and permanency outcomes for foster youth. *Pediatrics*, *130*(1), 33-9.

Taussig, H. N., & Culhane, S. E. (2010). Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. Archives of Pediatrics & Adolescent Medicine, 164(8),739-46.

Intensive family preservation services (Homebuilders(c))

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Intensive Family Preservation Services are short-term, home-based crisis intervention services that emphasize placement prevention. The original program, Homebuilders®, was developed in 1974 in Federal Way, Washington. The program emphasizes contact with the family within 24 hours of the crisis, staff accessibility round the clock, small caseload sizes, service duration of four to six weeks, and provision of intensive, concrete services and counseling. These programs are intended to prevent removal of a child from his or her biological home (or to promote his or her return to that home) by improving family functioning. For this analysis, we have presented the effects of all such programs together.

Benefi	it-Cost Summary	
	Summary statistics	
\$8,924	Benefit to cost ratio	\$8.28
\$14,258	Benefits minus costs	\$24,961
\$1,213	Probability of a positive net present value	99 %
\$3,995		
\$28,390		
(\$3,429)		
\$24,961		
	Benef \$8,924 \$14,258 \$1,213 \$3,995 \$28,390 (\$3,429) \$24,961	Benefit-Cost SummarySummary statistics\$8,924Benefit to cost ratio\$8,924Benefits minus costs\$14,258Benefits minus costs\$1,213Probability of a positive net present value\$3,995\$28,390(\$3,429)\$24,961

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detaile	ed Monetary Ber	nefit Estimate	ès		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$257	\$748	\$129	\$1,134
Child abuse and neglect	\$2,187	\$102	\$0	\$51	\$2,339
Out-of-home placement	\$0	\$10,363	\$0	\$5,179	\$15,542
K-12 grade repetition	\$0	\$39	\$0	\$20	\$59
K-12 special education	\$0	\$131	\$0	\$66	\$197
Health care (smoking)	\$83	\$527	\$463	\$263	\$1,337
Property loss (alcohol abuse/dependence)	\$1	\$0	\$2	\$0	\$3
Labor market earnings (child abuse & neglect)	\$6,650	\$2,837	\$0	\$0	\$9,487
Adjustment for deadweight cost of program	\$2	\$1	\$0	(\$1,712)	(\$1,708)
Totals	\$8,924	\$14,258	\$1,213	\$3,995	\$28,390

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$3,547 \$392	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$3,429) 10 %

Program costs per family provided by DSHS Children's Administration, 2008. The Institute adjusted for multiple children per family. Comparison group costs calculated based on social worker time.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects

Outcomes measured Primary or secondary		nary or No. of Treatme ondary effect N		Treatment Unadjusted effect size A N (random effects model)		Adjusted effect sizes and standard errors used in the benefit cost analysis					
participant	sizes				First time ES is esti		ted	ed Second time ES is estima		ated	
				ES	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	Primary	2	180	0.231	0.044	-0.231	0.114	11	-0.231	0.114	17
Out-of-home placement	Primary	4	337	-0.553	0.001	-0.553	0.148	11	-0.553	0.148	17

Citations Used in the Meta-Analysis

Blythe, B., & Jayaratne, S. (2002). *Michigan families first effectiveness study*. Retrieved December 5, 2003, from http://www.michigan.gov/printerFriendly/0,1687,7-124--21887--,00.html

Feldman, L.H. (1991). Assessing the effectiveness of family preservation services in New Jersey within an ecological context. Trenton, NJ: New Jersey Division of Youth and Family Services; Bureau of Research, Evaluation, and Quality Assurance.

Fraser, M.W., Walton, E., Lewis, R.E., Pecora, P.J., & Walton, W.K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18(4-5), 335-361.

Mitchell, C., Tovar, P., & Knitzer, J. (1989). The Bronx Homebuilders program: An evaluation of the first 45 families. New York: Bank Street College of Education.

Walton, E. (1998). In-home family-focused reunification: A six-year follow-up of a successful experiment. Social Work Research, 22(4), 205-214.

Other family preservation services (non-Homebuilders®)

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: "Other" Family Preservation Services Programs have the same goals as "intensive" family preservation services: to prevent removal of a child from his or her biological home (or to promote his or her return to that home) by improving family functioning. However, "other" FPS programs lack the rigorous criteria for implementation as defined by the Homebuilders® model.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	(\$3,355) (\$860) \$63 (\$1,452) (\$5,603) (\$3,150) (\$8,753)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	(\$1.78) (\$8,753) 1 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	iled Monetary Ber	nefit Estimate	es		
		Be	enefits to		
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	(\$93)	(\$271)	(\$46)	(\$410)
Child abuse and neglect	(\$842)	(\$39)	\$0	(\$20)	(\$901)
Out-of-home placement	\$0	\$7	\$0	\$4	\$11
K-12 grade repetition	\$0	(\$14)	\$0	(\$7)	(\$21)
K-12 special education	\$0	(\$52)	\$0	(\$26)	(\$79)
Health care (smoking)	\$84	\$530	\$466	\$264	\$1,344
Property loss (alcohol abuse/dependence)	\$0	\$0	(\$1)	\$0	(\$1)
Health care (PTSD)	(\$34)	(\$106)	(\$131)	(\$53)	(\$323)
Labor market earnings (child abuse & neglect)	(\$2,562)	(\$1,093)	\$0	\$0	(\$3,655)
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$1,568)	(\$1,567)
Totals	(\$3,355)	(\$860)	\$63	(\$1,452)	(\$5,603)

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,846 \$314	1 1	2003 2003	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$3,150) 10 %

Program costs per family provided by DSHS Children's Administration, 2008. WSIPP adjusted for multiple children per family. Comparison group costs calculated based on social worker time.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Anal	vsis of Program	Effects

Outcomes measured Primary or secondary		No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted eff	fect sizes and	d stanc cost ai	lard errors us nalysis	sed in the be	nefit-
	participant sizes			First time ES is estimated			Second time ES is estimated				
				ES	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	Primary	7	2031	0.085	0.107	0.085	0.053	11	0.085	0.053	17
Out-of-home placement	Primary	11	2760	-0.002	0.978	-0.002	0.081	11	-0.002	0.081	17

Citations Used in the Meta-Analysis

Halper, G., & Jones, M. A. (1981). Serving families at risk of dissolution: Public preventive services in New York City. New York: Human Resources Administration, Special Services for Children.

Jones, M. A. (1985). A second chance for families: 5 years later follow-up of a program to prevent foster care. New York: Child Welfare League of America. Lewandowski, C. A., & Pierce, L. (2002). Assessing the effect of family-centered out-of-home care on reunification outcomes. Research on Social Work Practice, 12(2), 205-221.

Meezan, W., & McCroskey, J. (1996). Improving family functioning through family preservation services: Results of the Los Angeles experiment. Family Preservation Journal, Winter, 9-29

Schuerman, J. R., Rzepnicki, T. L., & Littell, J. H. (1994). Putting families first: An experiment in family preservation. New York: Aldine de Gruyter.

Szykula, S. A., & Fleischman, M. J. (1985). Reducing out-of-home placements of abuse children: Two controlled field studies. Child Abuse & Neglect, 9(2), 277-283.

Walker, J. L. (2009). An evaluation of the Family Well-Being program at the Windsor-Essex Children's Aid Society. Dissertation Abstracts International, 47(02), A.

Westat, Chapin Hall Center for Children, & James Bell Associates. (2001). *Evaluation of family preservation and reunification programs: Interim report.* Retrieved June 29, 2011 from http://aspe.hhs.gov/hsp/fampres94/index.htm

Yuan, Y.-Y., McDonald, W. R., Wheeler, C. E., Struckman-Johnson, D., & Rivest, M. (1990). Evaluation of AB 1562 in-home care demonstration projects: Final report. Sacramento, CA: Walter R. McDonald & Associates.

Parent Child Interaction Therapy (PCIT) for families in the child welfare system

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: PCIT in child welfare populations has been successfully tested with addition of a group motivational component to increase engagement and success of the parent. As in standard PCIT, a therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior.

	Benefi	t-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> <u>Total</u> <u>Costs</u> Benefits minus cost	\$23,598 \$11,312 \$3,127 \$1,129 \$39,166 (\$1,613) \$37,552	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$24.28 \$37,552 100 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

	Detailed Monetary Ber	nerit Estimate	es	
Source of benefits	Dantiaia anta	Be	enefits to	
	Participants	Taxpayers	Other (1)	Other (2)

From primary participant					
Crime	\$0	\$739	\$2,077	\$367	\$3,184
Child abuse and neglect	\$5,920	\$1,866	\$0	\$927	\$8,713
K-12 grade repetition	\$0	\$109	\$0	\$54	\$163
K-12 special education	\$0	\$331	\$0	\$164	\$496
Property loss (alcohol abuse/dependence)	\$3	\$0	\$5	\$0	\$8
Health care (PTSD)	\$275	\$843	\$1,044	\$418	\$2,580
Labor market earnings (child abuse & neglect)	\$17,401	\$7,422	\$0	\$0	\$24,824
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$803)	(\$802)
Totals	\$23,598	\$11,312	\$3,127	\$1,129	\$39,166

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Total benefits

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,440 \$1,000	1 1	2007 2007	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,613) 10 %

Standard PCIT expenditures provided by Children's Administration (average reimbursement rate for families receiving PCIT in Washington in 2007). WSIPP estimate of additional motivational component costs calculated on extra therapist time required.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	or effect No. of effect N No. of No. of effect N N (random effects model) Adjusted effect sizes and standard errors used in the bene cost analysis					nefit-				
	participant	sizes				First time	ES is estima	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	Primary	2	78	-0.718	0.001	-0.718	0.237	10	-0.718	0.237	17

Citations Used in the Meta-Analysis

Chaffin, M., Silovsky, J.F., Funderburk, B., Valle, L.A., Brestan, E.V., Balachova, T., . . . Bonner, B.L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, *7*2(3), 500-510.

Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011). A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology*, 79 (1),84-95.

SafeCare

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Formerly known as Project 12-Ways, SafeCare (http://publichealth.gsu.edu/968.html) is a manualized parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents' skills in several domains, such as planning and implementing activities with their children, responding appropriately to child behaviors, improving home safety, and addressing health and safety issues. SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family.

	Benef	ït-Cost Summary	
Program benefits		Summary statistics	
Participants	\$4,015	Benefit to cost ratio	\$3.03
Taxpayers	\$2,200	Benefits minus costs	\$4,238
Other (1)	\$676	Probability of a positive net present value	88 %
Other (2)	(\$564)		
Total	\$6,326		
Costs	(\$2,088)		
Benefits minus cost	\$4,238		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	ed Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$110	\$295	\$55	\$460
Child abuse and neglect	\$1,038	\$327	\$0	\$163	\$1,528
K-12 grade repetition	\$0	\$15	\$0	\$8	\$23
K-12 special education	\$0	\$75	\$0	\$37	\$112
Health care (smoking)	\$69	\$433	\$380	\$216	\$1,098
Property loss (alcohol abuse/dependence)	\$0	\$0	\$1	\$0	\$1
Labor market earnings (child abuse & neglect)	\$2,907	\$1,240	\$0	\$0	\$4,147
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$1,044)	(\$1,044)
Totals	\$4,015	\$2,200	\$676	(\$564)	\$6,326

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,950 \$1,780	1 0	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$2,088) 25 %

Costs for SafeCare provided by Washington Department of Social and Health Services, March 2012. Based on costs for eighteen home visits per family, including supervision, coaching, and travel time, plus a \$60 per-family cost for concrete services. In the evaluation of SafeCare described here, the results achieved by the intervention were achieved against a comparison group who received an equal number of home visits. However, the comparison group did not receive the manualized SafeCare curriculum, SafeCare health kits and handouts, or fidelity monitoring for the home visitors. Costs for the comparison group were computed by estimating a cost of \$100 for each family for these three components and subtracting that from the SafeCare cost.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



		М	eta-Ana	lysis of P	rogram [Effects					
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	l effect size fects model)	Adjusted ef	fect sizes and	d stand cost a	lard errors us nalysis	sed in the be	nefit-
	participant	sizes				First time	ES is estimation	ted	Second tim	ne ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	Primary	1	1079	-0.113	0.051	-0.113	0.058	7	-0.113	0.058	17

Citations Used in the Meta-Analysis

Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A statewide trial of the safecare home-based services model with parents in child protective services. *Pediatrics*, 129(3) 509-515.

Healthy Families America

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Healthy Families America (http://www.healthyfamiliesamerica.org) is a network of programs that grew out of the Hawaii Healthy Start program. At-risk mothers are identified and enrolled either during pregnancy or shortly after the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes, and case management.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$3,642 \$2,878 \$434 (\$1,916) \$5,038 (\$4,767) \$271	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$1.06 \$271 51 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailec	l Monetary Ber	nefit Estimate	es		
		B	enefits to		
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$27	\$86	\$13	\$126
Labor market earnings (illicit drug abuse/dependence)	(\$30)	(\$13)	\$0	(\$1)	(\$44)
Health care (illicit drug abuse/dependence)	(\$3)	(\$18)	(\$16)	(\$10)	(\$48)
Health care (major depression)	\$34	\$103	\$128	\$51	\$315
Public assistance	(\$188)	\$595	\$0	\$0	\$407
Labor market earnings (problem alcohol use)	\$1,753	\$748	\$0	\$19	\$2,520
Property loss (problem alcohol use)	\$3	\$0	\$6	\$0	\$10
Subtotals	\$1,570	\$1,442	\$204	\$72	\$3,287
From secondary participant					
Crime	\$0	\$86	\$219	\$43	\$348
Child abuse and neglect	\$570	\$179	\$0	\$90	\$838
K-12 grade repetition	\$0	\$8	\$0	\$4	\$12
K-12 special education	\$0	\$514	\$0	\$258	\$772
Property loss (alcohol abuse/dependence)	\$0	\$0	\$1	\$0	\$1
Health care (major depression)	\$4	\$11	\$14	\$6	\$35
Labor market earnings (child abuse & neglect)	\$1,498	\$639	\$0	\$0	\$2,137
Subtotals	\$2,072	\$1,437	\$234	\$401	\$4,144
Adjustment for deadweight cost of program	\$0	(\$1)	(\$4)	(\$2,389)	(\$2,393)
Totals	\$3,642	\$2,878	\$434	(\$1,916)	\$5,038

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$3,348 \$0	1.18 1	2004 2004	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$4,767) 10 %

Average annual cost per family from HFA survey of sites, FY2004 (available from: http://www.healthyfamiliesamerica.org/network_resources/hfa_state_of_state_systems.pdf). Average length of service provided by Prevent Child Abuse America, conversation in September, 2004.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



		М	eta-Anal	lysis of Pi	rogram I	Effects							
Outcomes measured	Primary or secondary	No. of effect	No. of effect N Unadjusted effect size (random effects model)		of Treatment Unadjusted effect size Adjusted effect sizes and standard errors used in the be cost analysis							ed in the be	nefit-
	participant	sizes				First time	ES is estima	ted	Second tim	e ES is estim	ated		
				ES	p-value	ES	SE	Age	ES	SE	Age		
Test scores	Secondary	4	770	0.013	0.898	0.013	0.098	4	0.003	0.108	17		
Child abuse and neglect	Secondary	7	3143	-0.135	0.313	-0.135	0.133	2	-0.135	0.133	12		
K-12 grade repetition	Secondary	1	452	-0.015	0.903	-0.015	0.122	7	-0.015	0.122	17		
K-12 special education	Secondary	1	452	-0.216	0.062	-0.216	0.116	7	-0.216	0.116	17		
Public assistance	Primary	3	998	-0.016	0.864	-0.016	0.047	25	-0.016	0.047	35		
Major depressive disorder	Primary	3	817	-0.069	0.253	-0.069	0.061	25	-0.036	0.075	27		
Illicit drug abuse or dependence	Primary	1	373	0.021	0.895	0.021	0.163	25	0.021	0.163	35		
Externalizing behavior symptoms	Secondary	2	578	-0.065	0.607	-0.065	0.125	5	-0.031	0.066	8		
Problem alcohol use	Primary	1	373	-0.166	0.335	-0.166	0.172	25	-0.023	0.258	27		
Internalizing symptoms	Secondary	2	720	-0.160	0.271	-0.160	0.145	3	-0.117	0.122	5		
Low birthweight births	Primary	1	236	-0.511	0.025	-0.511	0.228	1	-0.511	0.228	1		

Citations Used in the Meta-Analysis 16

- Anisfeld, E., Sandy, J. (with Guterman, N. B., & Rauh, V.). (2004). Best Beginnings: A randomized controlled trial of a paraprofessional home visiting program (Technical Report). Email from E. Anisfeld on February 2, 2011.
- Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect, 31*(8), 829-852.
- Center on Child Abuse Prevention Research. (1996). Intensive home visitation: A randomized trial, follow-up and risk assessment study of Hawaii's Healthy Start program (Final Report). Chicago: Prevent Child Abuse America.
- Chambliss, J. W., & Emshoff, J. G. (1999). The evaluation of Georgia's Healthy Families Program: Results of phase 1 and 2. Atlanta, GA: EMSTAR Research. Unpublished manuscript.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect, 28*(6), 597-622.
- Duggan, A., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: Impact in reducing parental risk factors. *Child Abuse and Neglect, 28*(6), 625-645.
- Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. Child Abuse & Neglect, 31(8), 801-827.
- DuMont, K., Kirkland, K., Mitchell-Herzfeld, S., Ehrhard-Dietzel, S., Rodriguez, M. L., Lee, E., . . . Greene, R. (2010). *Final report: A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment?* Renssalaer, NY: New York State Office of Children and Family Services.
- Earle, R. B. (1995). Helping to prevent child abuse and future criminal consequences: Hawai'i Healthy Start. Washington, DC: National Institute of Justice. (ERIC Document Reproduction Service No. ED 394651).
- Galano, J., & Huntington, L. (1999). Year VI evaluation of the Hampton, Virginia Healthy Families Partnership: 1992-1998. Hampton, VA: Virginia Healthy Families Partnership.
- Landsverk, J., Carrilio, T., Connelly, C. D., Ganger, W. C., Slymen, D. J., Newton, R. R., . . . Jones, C. (2002). Healthy Families San Diego clinical trial: Technical report. San Diego, CA: The Stuart Foundation.

Nurse Family Partnership for low-income families

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: The Nurse Family Partnership program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth; the program was developed by Dr. David Olds. The goal is to promote the child's development and provide support and instructive parenting skills to the parents. The program is designed to serve low-income, at-risk pregnant women bearing their first child.

	Benefi	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$12,775 \$11,271 \$8,417 (\$3,585) \$28,878 (\$9,993) \$18,885	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$2.89 \$18,885 75 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detaile	ed Monetary Bei	nefit Estimate	es		
		Be	enefits to		
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$1,235	\$3,617	\$621	\$5,472
Child abuse and neglect	\$1,155	\$363	\$0	\$182	\$1,700
K-12 grade repetition	\$0	(\$35)	\$0	(\$18)	(\$53)
K-12 special education	\$0	(\$343)	\$0	(\$171)	(\$515)
Property loss (alcohol abuse/dependence)	\$1	\$0	\$1	\$0	\$2
Health care (disruptive behavior disorder)	\$5	\$16	\$19	\$8	\$48
Labor market earnings (child abuse & neglect)	\$3,011	\$1,284	\$0	\$0	\$4,296
Subtotals	\$4,172	\$2,520	\$3,637	\$622	\$10,950
From secondary participant					
Crime	\$0	\$272	\$939	\$135	\$1,346
Labor market earnings (hs grad)	\$9,718	\$4,145	\$4,809	\$0	\$18,672
Public assistance	(\$947)	\$3,001	\$0	\$0	\$2,055
Health care (educational attainment)	(\$168)	\$1,332	(\$968)	\$668	\$864
Subtotals	\$8,603	\$8,751	\$4,780	\$803	\$22,937
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$5,009)	(\$5,009)
Totals	\$12,775	\$11,271	\$8,417	(\$3,585)	\$28,878

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$5,383 \$0	1.68 1	2007 2007	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$9,993) 10 %

Average annual expenditures per family and average length of service provided by Kristen Rogers at Nurse Family Partnership, Northwest Regional Office July, 08.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



		M	eta-Anal	ysis of Pi	rogram E	Effects					
Outcomes measured	Primary or secondary	No. of effect	No. of effect N Unadjusted effect		effect size ects model)	Adjusted effect sizes and standard errors used in the ber cost analysis				nefit-	
	participant	sizes				First time	ES is estima	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Secondary	2	266	-0.265	0.472	-0.044	0.119	31	-0.044	0.119	41
Crime	Primary	1	37	-0.700	0.001	-0.252	0.214	15	-0.252	0.214	25
High school graduation	Secondary	2	401	0.096	0.271	0.096	0.088	23	0.096	0.088	23
Test scores	Primary	2	394	0.132	0.043	0.047	0.065	5	0.015	0.072	17
Child abuse and neglect	Primary	1	38	-0.883	0.001	-0.318	0.215	15	-0.318	0.217	17
K-12 grade repetition	Primary	1	191	0.140	0.262	0.050	0.125	12	0.050	0.125	17
K-12 special education	Primary	1	191	0.288	0.068	0.104	0.158	12	0.104	0.158	17
Disruptive behavior disorder symptoms	Primary	1	191	-0.218	0.013	-0.078	0.087	12	-0.037	0.048	15
Public assistance	Secondary	3	470	-0.165	0.109	-0.095	0.059	28	-0.095	0.059	38
Substance abuse	Secondary	3	470	-0.274	0.377	-0.088	0.228	28	-0.088	0.228	38
Employment	Secondary	3	423	0.120	0.176	0.086	0.070	26	0.086	0.070	36
Internalizing symptoms	Primary	1	191	-0.280	0.024	-0.101	0.124	12	-0.074	0.101	14

Citations Used in the Meta-Analysis

- Eckenrode, J., Henderson, C.R., Jr., Powers, J., Campa, M., Lucky, D.W., Olds, D., . . . Sidora-Arcoleo, K. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics and Adolescent Medicine*, *164*(1), 9-15.
- Kitzman, H.J., Olds, D.L., Cole, R.E., Hanks, C.A., Anson, E.A., Arcoleo, K.J., . . . Holmberg, J.R. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics & Adolescent Medicine*, *164*(5), 412-418.
- Olds, D.L., Eckenrode, J., Henderson, C.R., Jr., Kitzman, H., Powers, J., Cole, R., . . . Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *JAMA*, 278(8), 637-643.
- Olds, D., Henderson, C.R., Jr., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., . . . Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. JAMA, 280(14), 1238-1244.
- Olds, D.L., Robinson, J., O'Brien, R., Luckey, D.W., Pettitt, L.M., Henderson, C.R., Jr., . . . Talmi, A. (2002). Home visiting by paraprofessionals and by nurses: A randomized, controlled trial. *Pediatrics*, 110(3), 486-496.
- Olds, D.L., Robinson, J., Pettitt, L., Luckey, D. W., Holmberg, J., Ng, R.K., . . . Henderson, C.R., Jr. (2004). Effects of home visits by paraprofessionals and by nurses: Age 4 follow-up results of a randomized trial. *Pediatrics, 114*(6), 1560-1568.
- Olds, D.L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D.W., . . . Holmberg, J. (2004). Effects of nurse home-visiting on maternal life course and child development: Age 6 follow-up results of a randomized trial. *Pediatrics, 114*(6), 1550-1559.
- Olds, D.L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., . . . Bondy, J. (2007). Effects of nurse home visiting on maternal and child functioning: Age-9 follow-up of a randomized trial. *Pediatrics*, 120(4), 832-845.
- Olds, D L., Kitzman, H.J., Cole, R.E., Hanks, C.A., Arcoleo, K.J., Anson, E.A., ... Stevenson, A. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: Follow-up of a randomized trial among children at age 12 years. Archives of Pediatrics & Adolescent Medicine, 164(5), 419-424.
- Sidora-Arcoleo, K., Anson, E., Lorber, M., Cole, R., Olds, D., & Kitzman, H. (2010). Differential effects of a nurse home- visiting intervention on physically aggressive behavior in children. *Journal of Pediatric Nursing*, 25(1), 35-45.
- Eckenrode, J., Henderson, C.R., Jr., Powers, J., Campa, M., Lucky, D.W., Olds, D., . . . Sidora-Arcoleo, K. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. Archives of Pediatrics and Adolescent Medicine, 164(1), 9-15.

Other home visiting programs for at-risk mothers and children

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: This broad grouping of programs focuses on mothers considered to be at risk for parenting problems, based on factors such as maternal age, marital status and education, low household income, lack of social supports, or in some programs, mothers testing positive for drugs at the child's birth. Depending on the program, the content of the home visits consists of instruction in child development and health, referrals for service, or social and emotional support. Some programs provide additional services, such as preschool. This group of programs also includes a subset that is specifically targeted toward preventing repeat pregnancy and birth in the adolescent years.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants	\$3,831	Benefit to cost ratio	\$1.17						
Taxpayers	\$3,508	Benefits minus costs	\$1,016						
Other (1)	\$2,101	Probability of a positive net present value	51 %						
Other (2)	(\$2,588)								
Total	\$6,852								
Costs	(\$5,836)								
Benefits minus cost	\$1,016								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	iled Monetary Bei	nefit Estimat	es		
Source of benefits	Participants	B Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (major depression) Health care (major depression) Public assistance	\$0 \$547 \$31 (\$464)	\$20 \$233 \$96 \$1,471	\$63 \$0 \$119 \$0	\$10 \$7 \$48 \$0	\$93 \$787 \$294 \$1,007
Subtotals	\$114	\$1,820	\$182	\$66	\$2,181
From secondary participant Crime Labor market earnings (test scores) Child abuse and neglect Out-of-home placement K-12 grade repetition K-12 special education Property loss (alcohol abuse/dependence) Health care (PTSD)	\$0 \$2,696 \$964 \$0 \$0 \$0 \$1 \$55 \$2,714	\$145 \$1,150 \$45 \$74 \$26 \$76 \$0 \$170	\$370 \$1,337 \$0 \$0 \$0 \$0 \$0 \$1 \$211	\$73 \$0 \$22 \$37 \$13 \$38 \$0 \$85	\$587 \$5,184 \$1,030 \$111 \$39 \$114 \$1 \$522
Subtotals	\$3,716	\$1,686	\$1,919	\$268 (\$2,021)	\$7,589
Totals	\$3,831	\$3,508	\$2,101	(\$2,588)	\$6,852

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$5,368 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$5,836) 10 %

WSIPP analysis, based on costs published in Black, M.M., H. Dubowitz, J. Hutcheson, J. Berenson-Howard, and R.H. Starr Jr. (1995) "A randomized clinical trial of home intervention for children with failure to thrive." Pediatrics 95(6): 807-814; Dawson, P., Van Doorninck, W.J., Robinson, J.L. (1989) Effects of home-based, informal social support on child health. Developmental and Behavioral Pediatrics 10(2):63-67; Ernst, C.C., T.M. Grant, A.P. Streissguth, and P.D alcohol and drug-abusing mothers: II. Three-year findings from the. Sampson. (1999) "Intervention with high risk Seattle model of paraprofessional advocacy." Journal of Community Psychology 27(1): 19-38; and Hardy, J.B. and Streett, R. (1989) "Family support and parenting education in the home: An effective extension of clinic-based preventive health care Institute analysis, based on costs published in Black, M.M., H. Dubowitz, J. Hutcheson, J. Berenson-Howard, and R.H. Starr Jr. (1995) "A randomized clinical trial of home intervention for children with failure to thrive." Pediatrics 95(6): 807-814; Dawson, P., Van Doorninck, W.J., Robinson, J.L. (1989) Effects of home-based, informal social support on child health. Developmental and Behavioral Pediatrics 95(6): 807-814; Dawson, P., Van Doorninck, W.J., Robinson, J.L. (1989) Effects of home-based, informal social support on child health. Developmental and Behavioral Pediatrics 10(2):63-67; Ernst, C.C., T.M. Grant, A.P. Streissguth, and P.D alcohol and drug-abusing mothers: II. Three-year findings from the. Sampson. (1999) "Intervention with high risk Seattle model of paraprofessional advocacy." Journal of Community Psychology 27(1): 19-38; and Hardy, J.B. and Streett, R. (1989) "Family support and parenting education in the home: An effective extension of clinic-based preventive health care services for poor children." Journal of Pediatrics 115: 927-931.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



					-						
		IV	leta-Anal	ISIS OF PI	rogram E						
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random effe	effect size ects model)	Adjusted eff	ect sizes and	d stanc cost a	lard errors us nalysis	ed in the be	nefit-
	participant	sizes				First time	ES is estima	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
High school graduation	Primary	1	392	0.062	0.504	0.062	0.093	22	0.062	0.093	22
Test scores	Secondary	6	153	0.325	0.009	0.253	0.122	4	0.053	0.134	17
Child abuse and neglect	Secondary	11	667	-0.448	0.041	-0.253	0.135	10	-0.253	0.135	17
Out-of-home placement	Secondary	6	330	-0.107	0.636	-0.107	0.154	10	-0.107	0.154	17
Public assistance	Primary	1	184	-0.041	0.761	-0.041	0.135	22	-0.041	0.135	22
Major depressive disorder	Primary	4	249	-0.062	0.508	-0.062	0.094	24	-0.032	0.115	29
Repeat teen pregnancy	Primary	6	576	0.071	0.371	0.079	0.080	19	0.079	0.080	19
Repeat teen birth	Primary	6	650	-0.111	0.434	-0.109	0.141	19	-0.109	0.141	19

Citations Used in the Meta-Analysis

- Barlow, J., Davis, H., McIntosh, E., Jarrett, P., Mockford, C., & Stewart-Brown, S. (2007). Role of home visiting in improving parenting and health in families at risk of abuse and neglect: Results of a multicentre randomised controlled trial and economic evaluation. *Archives of Disease in Childhood, 92*(3), 229-233.
- Barth, R. P., Hacking, S., & Ash, J. R. (1988). Preventing child abuse: An experimental evaluation of the child parent enrichment project. *Journal of Primary Prevention, 8*(4), 201-217.
- Barth, R. P. (1991). An experimental evaluation of in-home child abuse prevention services. Child Abuse & Neglect, 15(4), 363-375.
- Black, M. M., Nair, P., Kight, C., Wachtel, R., Roby, P., & Schuler, M. (1994). Parenting and early development among children of drug-abusing women: Effects of home intervention. *Pediatrics*, 94(4), 440-8.
- Brayden, R. M., Altemeier, W. A., Dietrich, M. S., Tucker, D. D., Christensen, M. J., McLaughlin, F. J., & Sherrod, K. B. (1993). A prospective study of secondary prevention of child maltreatment. *The Journal of Pediatrics*, 122(4), 511-516.
- Cappleman, M. W., Thompson, R. J., Jr., DeRemer-Sullivan, P. A., King, A. A., & Sturm, J. M. (1982). Effectiveness of a home based early intervention program with infants of adolescent mothers. *Child Psychiatry and Human Development*, *13*(1), 55-65.
- Caruso, G.-A. L. (1989). Optimum Growth Project: Support for families with young children. Prevention in Human Services, 6(2), 123-139.
- Ernst, C. C., Grant, T. M., Streissguth, A. P., & Sampson, P. D. (1999). Intervention with high-risk alcohol and drug-abusing mothers: II. Three-year findings from the Seattle Model of Paraprofessional Advocacy. *Journal of Community Psychology*, *27*(1), 19-38.
- Field, T., Widmayer, S., Greenberg, R., & Stoller, S. (1982). Effects of parent training on teenage mothers and their infants. Pediatrics, 69(6), 703-707.
- Fraser, J. A., Armstrong, K. L., Morris, J. P., & Dadds, M. R. (2000). Home visiting intervention for vulnerable families with newborns: Follow-up results of a randomized controlled trial. *Child Abuse & Neglect*, 24(11), 1399-1429.
- Gray, J. D., Cutler, C. A., Dean, J. G., & Kempe, C. H. (1979). Prediction and prevention of child abuse and neglect. Journal of Social Issues, 35(2), 127-139.
- Hardy J. B., & Streett R. (1989). Family support and parenting education in the home: An effective extension of clinic-based preventive health care services for poor children. *The Journal of Pediatrics, 115*(6), 927-931.
- Huxley, P., & Warner, R. (1993). Primary prevention of parenting dysfunction in high-risk cases. American Journal of Orthopsychiatry, 63(4), 582-588.
- Infante-Rivard, C., Filion, G., Baumgarten, M., Bourassa, M., Labelle, J., & Messier, M. (1989). A public health home intervention among families of low socioeconomic status. *Children's Health Care, 18*(2), 102-107.
- Kelsey, M., Johnson, A., & Maynard, R. (2001). *The potential of home visitor services to strengthen welfare-to-work programs for teenage parents on cash assistance* (Mathematica Policy Research Document No. PR01-67). Philadelphia: University of Pennsylvania (with Mathematica Policy Research).
- Loman, L. A., & Sherburne, D. (2000). Intensive home visitation for mothers of drug-exposed infants: An evaluation of the St. Louis linkages program. St. Louis, MO: Institute of Applied Research.
- Lyons-Ruth, K., Connell, D. B., Grunebaum, H. U., & Botein, S. (1990). Infants at social risk: Maternal depression and family support services as mediators of infant development and security of attachment. *Child Development*, *61*(1), 85-98.
- Mulsow, M. H., & McBride Murry, V. (1996). Parenting on edge: Economically stressed, single, African American adolescent mothers. *Journal of Family Issues*, 17(5), 704-721.
- Quinlivan, J. A., Box, H., & Evans, S. F. (2003). Postnatal home visits in teenage mothers: A randomised controlled trial. Lancet, 361(9361), 893-900.
- Stevenson, J., Bailey, V., & Simpson, J. (1988). Feasible intervention in families with parenting difficulties: A primary preventive perspective on child abuse. In K. Browne, C. Davies, and P. Stratton (Eds.), *Early prediction and prevention of child abuse* (pp. 121–138). New York: John Wiley & Sons.
- Stevens-Simon, C., Nelligan, D., & Kelly, L. (2001). Adolescents at risk for mistreating their children: Part II: A home- and clinic-based prevention program. *Child Abuse & Neglect, 25*(6), 753-769.
- Velasquez, J., Christensen, L., & Schommer, B. L. (1984). Part II: Intensive services help prevent child abuse. American Journal of Maternity and Child Nursing, 9(2), 113-117.

Parent Child Home Program

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: The Parent-Child Home Program (http://www.parent-child.org/) is targeted at two- and three- year olds whose parents have a limited education or who have other obstacles to educational success. The program involves twice weekly, half-hour visits from trained paraprofessionals over a period of two years. Each week, the visitor brings a new toy or book which she uses to demonstrate verbal interaction techniques and encourage learning through play.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> <u>Total</u> <u>Costs</u> Benefits minus cost	\$1,468 \$1,454 \$668 (\$2,465) \$1,126 (\$5,751) (\$4,625)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$0.20 (\$4,625) 35 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

	Detailed Monetary Be	enefit Estima	ites		
Source of benefits	Participants	Taxpayers	Benefits to Other (1)	Other (2)	Total benefits
From primary participant					
Labor market earnings (test scores)	\$1,481	\$632	\$739	\$0	\$2,851
K-12 grade repetition	\$0	\$70	\$0	\$35	\$105
K-12 special education	\$0	\$654	\$0	\$327	\$981
Health care (educational attainment)	(\$12)	\$98	(\$71)	\$49	\$63
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$2,876)	(\$2,876)
Totals	\$1,468	\$1,454	\$668	(\$2,465)	\$1,126

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,800 \$0	2 1	2011 2011	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$5,751) 10 %

Average annual cost per family provided by The Parent-Child Home Program's National Center, June, 2011.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



		M	eta-Anal	lysis of P	rogram E	Effects					
Outcomes measured	Primary or secondary	No. of effect	No. of treatment Unadjusted effect size (random effects model) Adjusted effect size Fire for the formation of the formation o		Adjusted effect sizes and standard errors used in the benefi cost analysis						
	participant	sizes				First time	ES is estima	ted	Second tim	e ES is estim	nated
				ES	p-value	ES	SE	Age	ES	SE	Age
Test scores	Primary	4	211	0.224	0.162	0.138	0.121	4	0.029	0.133	17
K-12 grade repetition	Primary	1	74	-0.285	0.421	-0.103	0.354	8	-0.103	0.354	17
K-12 special education	Primary	1	85	-0.626	0.021	-0.225	0.272	8	-0.225	0.272	17

Citations Used in the Meta-Analysis

Levenstein, P., O'Hara, J., & Madden, J. (1983). The Mother-Child Home Program of the Verbal Interaction Project. In The Consortium for Longitudinal Studies (Contributors), As the twig is bent . . .: Lasting effects of preschool programs (pp. 237-263). Hillsdale, NJ: Lawrence Erlbaum Associates.

Levenstein, P., Levenstein, S., Shiminski, J. A., & Stolzberg, J. E. (1998). Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes in a replication of the Mother-Child Home Program. *Journal of Applied Developmental Psychology*, 19(2), 267-285.

Madden, J., O'Hara, J., & Levenstein, P. (1984). Home again: Effects of the Mother-Child Home Program on mother and child. Child Development, 55(2), 636-647.

Scarr, S., & McCartney, K. (1988). Far from home: An experimental evaluation of the mother-child home program in Bermuda. *Child Development, 59*(3), 531-543.

Parents as Teachers

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Parents as Teachers (http://www.parentsasteachers.org/) is a home visiting program for parents and children with a main goal of having children ready to learn by the time they go to school. Parents are visited monthly by parent educators with some college education. Visits typically begin during the mother's pregnancy and may continue until the child enters kindergarten.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants	\$4,407	Benefit to cost ratio	\$2.69
Taxpayers	\$2,509	Benefits minus costs	\$4,505
Other (1)	\$1,008	Probability of a positive net present value	67 %
Other (2)	(\$749)		
Total	\$7,175		
Costs	(\$2,671)		
Benefits minus cost	\$4,505		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	ed Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$211	\$606	\$107	\$924
Child abuse and neglect	\$1,193	\$375	\$0	\$190	\$1,757
K-12 grade repetition	\$0	\$33	\$0	\$17	\$50
K-12 special education	\$0	\$93	\$0	\$47	\$140
Health care (smoking)	\$72	\$457	\$401	\$229	\$1,160
Property loss (alcohol abuse/dependence)	\$1	\$0	\$1	\$0	\$2
Labor market earnings (child abuse & neglect)	\$3,140	\$1,340	\$0	\$0	\$4,480
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$1,338)	(\$1,338)
Totals	\$4,407	\$2,509	\$1,008	(\$749)	\$7,175

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,450 \$0	1.5 1.5	2003 2003	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$2,671) 10 %

Average annual cost provided by Parents as Teachers National Center in 2003. Average length of program estimated by WSIPP, based on weighted average of treatment length reported in the original research studies. WSIPP also communicated with Nicole Thomson at the National Center (July 2014), who provided assistance in gathering some details not reported in the original studies.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



		Μ	eta-Anal	ysis of P	rogram I	Effects					
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted ef	fect sizes and	d stand cost a	lard errors u nalysis	sed in the be	nefit-
	participant	SIZES				First time	ES is estima	ted	Second tim	ie ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
High school graduation	Primary	1	79	-0.018	0.926	-0.018	0.189	22	-0.018	0.189	22
Test scores	Secondary	5	625	0.086	0.271	0.086	0.084	4	0.018	0.092	17
Child abuse and neglect	Secondary	1	149	-0.378	0.482	-0.378	0.537	3	-0.378	0.537	13
Repeat teen birth	Primary	1	77	0.089	0.678	0.089	0.215	22	0.089	0.215	22

Citations Used in the Meta-Analysis

- Drotar, D., Robinson, J., Jeavons, L., & Kirchner, H. L. (2009). A randomized, controlled evaluation of early intervention: The Born to Learn curriculum. Child Care, Health & Development, 35(5), 643-649.
- Pfannenstiel, J. C., & Seltzer, D. A. (1989). New parents as teachers: Evaluation of an early parent education program. Early Childhood Research Quarterly, 4(1), 1-18.

Wagner, M. M., & Clayton, S. L. (1999). The Parents as Teachers program: Results from two demonstrations. The Future of Children, 9(1), 91-115.

- Wagner, M., Cameto, R., & Gerlach-Downie, S. (1996). Intervention in support of adolescent parents and their children: A final report on the Teen Parents as Teachers Demonstration. Menlo Park, CA. SRI International.
- Wagner, M., Spiker, D. (with Hernandez, F., Song, J., & Gerlach-Downie, S.). (2001). Multisite Parents as Teachers evaluation: Experiences and outcomes for children and families (SRI Project P07283). Menlo Park, CA: SRI International. 27

Triple P Positive Parenting Program (System)

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Triple P – Positive Parenting Program (all levels) is a universal prevention program that aims to increase the skills and confidence of parents in order to prevent the development of serious behavioral and emotional problems in their children. Triple P has five levels of intensity. The base level is a media campaign that aims to increase awareness of parenting resources and inform parents about solutions to common behavioral problems. Levels two and three are primary health care interventions for children with mild behavioral difficulties, whereas levels four and five are more intensive individual- or class-based parenting programs for families of children with more challenging behavior problems. The evaluation in this study was a population-based trial that provided all levels of the program.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants	\$190	Benefit to cost ratio	\$9.58
Taxpayers	\$599	Benefits minus costs	\$1,278
Other (1)	\$429	Probability of a positive net present value	58 %
Other (2)	\$208		
Total	\$1,427		
Costs	(\$149)		
Benefits minus cost	\$1,278		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates								
Source of benefits	Benefits to Participants Taxpayers Other (1) Other (2) Total ber							
From primary participant								
Crime	\$0	\$5	\$13	\$3	\$20			
Child abuse and neglect	\$31	\$1	\$0	\$1	\$33			
Out-of-home placement	\$0	\$80	\$0	\$40	\$121			
K-12 grade repetition	\$0	\$1	\$0	\$0	\$1			
K-12 special education	\$0	\$2	\$0	\$1	\$3			
Health care (smoking)	\$75	\$474	\$416	\$237	\$1,203			
Property loss (alcohol abuse/dependence)	\$0	\$0	\$0	\$0	\$0			
Labor market earnings (child abuse & neglect)	\$84	\$36	\$0	\$0	\$120			
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$75)	(\$75)			
Totals	\$190	\$599	\$429	\$208	\$1,427			

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$137 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$149) 20 %

Training costs estimated from Foster, E. M., Prinz, R. J., Sanders, M. R., & Shapiro, C. J. (2008). The costs of a public health infrastructure for delivering parenting and family support. Children and Youth Services Review, 30(5), 493-501; parenting program costs estimated by multiplying average Washington cost per family by 10 percent of the population assumed to receive the parenting program, distributed over 100 percent of the population.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured Primary or No. of Treatment Secondary effect N			Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the beneficiary cost analysis				nefit-	
	participant	sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	Primary	1	96650	-0.138	0.808	-0.050	0.571	6	-0.050	0.571	17
Out-of-home placement	Primary	1	85000	-0.311	0.346	-0.112	0.330	6	-0.112	0.330	17

Citations Used in the Meta-Analysis

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

Communities That Care

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Communities that Care (CTC) is a coalition-based community prevention program that aims to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse. CTC works through a community board to assess risk and protective factors among the youth in their community. The board works to implement tested and effective programs to address the issues and needs that are identified.

Benefit-Cost Summary								
Program benefits		Summary statistics						
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$691 \$547 \$689 (\$158) \$1,769 (\$581) \$1,188	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$3.04 \$1,188 59 %					

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates								
Source of benefits	Benefits to Participants Taxpayers Other (1) Other (2) Total bene							
From primary participant								
Crime	\$0	\$212	\$649	\$105	\$967			
Health care (smoking)	\$7	\$43	\$38	\$21	\$109			
Labor market earnings (alcohol abuse/dependence)	\$684	\$292	\$0	\$5	\$981			
Property loss (alcohol abuse/dependence)	\$1	\$0	\$2	\$0	\$4			
Adjustment for deadweight cost of program	\$0	\$0	(\$1)	(\$290)	(\$291)			
Totals	\$691	\$547	\$689	(\$158)	\$1,769			

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$103 \$0	5 1	2004 2004	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$581) 35 %

Weighted average of per-child costs across twelve CtC demonstration communities. Provided by M. Kuklinski, Social Development Research Group, January 2013.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects Primary or secondary No. of effect Unadjusted effect size Outcomes measured Treatment Adjusted effect sizes and standard errors used in the benefit-(random effects model) Ν cost analysis participant sizes First time ES is estimated Second time ES is estimated ES p-value ES SE ES SE Age Age Crime Primary 1 1926 -0.135 0.298 -0.051 0.129 16 -0.051 0.127 26 1 Alcohol use in high school Primary 1917 -0.150 0.275 -0.057 0.137 16 -0.057 0.126 26 Smoking in high school Primary 1 2227 -0.092 0.464 -0.035 0.039 16 -0.035 0.039 26 Cannabis use in high school 1 0.753 -0.015 Primary 2395 -0.041 -0.015 0.130 16 0.130 26 Illicit drug use in high Primary 1 2372 -0.039 0.764 -0.015 0.131 16 -0.015 0.131 26 school

Citations Used in the Meta-Analysis

Kuklinski, M.R., Briney, J.S., Hawkins, J.D., & Catalano, R.F. (2012). Cost-benefit analysis of communities that care outcomes at eighth grade. *Prevention Science*, *13*(2), 150-61.

Fast Track prevention program

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Fast Track is a comprehensive prevention program, delivered over the course of 10 years, that seeks to reduce multiple risk factors in children's lives. The program consists of various developmentally appropriate interventions at different ages, with the most intensive intervention taking place at younger ages.

Benefit-Cost Summary								
Program benefits		Summary statistics						
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs	\$1,265 \$2,123 \$3,830 (\$29,652) (\$22,434) (\$60,877)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	(\$0.37) (\$83,312) 0 %					
Benefits minus cost	(\$83,312)							

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	ailed Monetary Be	nefit Estimat	tes					
Source of benefits	Benefits to Participants Taxpayers Other (1) Other (2) Total b							
From primary participant Crime Labor market earnings (hs grad) Health care (ADHD) Health care (emergency department visits) Adjustment for deadweight cost of program	\$0 \$1,067 \$15 \$183 \$0	\$660 \$455 \$47 \$960 \$0	\$2,130 \$528 \$58 \$1,114 \$0	\$329 \$0 \$24 \$479 (\$30,485)	\$3,120 \$2,049 \$145 \$2,736 (\$30,484)			
Totals	\$1,265	\$2,123	\$3,830	(\$29,652)	(\$22,434)			

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$5,828 \$0	10 10	2004 2004	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$60,877) 10 %

Costs derived from estimate reported in Foster, E.M., Jones, D.E., & the Conduct Problems Prevention Research Group (2006). Can a costly intervention be cost-effective? An analysis of violence prevention. Archives of General Psychiatry, 63(11), 1284-1291.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or No. of secondary effect		No. of Treatment effect N	Unadjusted (random eff	effect size ects model)	Adjusted effect sizes and standard errors used in the cost analysis			ed in the be	nefit-	
	participant	SIZES				First time	ES is estima	ted	Second tim	e ES is estim	ated
			ES	p-value	ES	SE	Age	ES	SE	Age	
Crime	Primary	1	445	-0.173	0.010	-0.173	0.067	15	-0.099	0.089	18
Disruptive behavior disorder symptoms	Primary	1	445	-0.198	0.191	-0.198	0.151	15	-0.028	0.098	17
Attention deficit hyperactivity disorder symptoms	Primary	1	445	-0.151	0.199	-0.151	0.117	15	-0.018	0.082	17
Emergency department visits	Primary	1	445	-0.177	0.048	-0.177	0.089	19	-0.177	0.089	29
Hospitalization (psychiatric)	Primary	1	445	0.006	0.972	0.006	0.171	19	0.006	0.171	29

Citations Used in the Meta-Analysis

Conduct Problems Prevention Research Group. (2007). Fast track randomized controlled trial to prevent externalizing psychiatric disorders: Findings from grades 3 to 9. Journal of the American Academy of Child & Adolescent Psychiatry, 46(10), 1250-1262.

Conduct Problems Prevention Research Group. (2010). Fast Track intervention effects on youth arrests and delinquency. *Journal of Experimental Criminology, 6*(2), 131-157.

Conduct Problems Prevention Research Group. (2011). The effects of the Fast Track preventive intervention on the development of conduct disorder across childhood. *Child Development, 82*(1), 331-345.

Jones, D., Godwin, J., Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., . . . Pinderhughes, E. E. (2010). Impact of the fast track prevention program on health services use by conduct-problem youth. *Pediatrics*, 125(1), e130-e136.

Good Behavior Game

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: The Good Behavior Game is a two-year classroom management strategy designed to improve aggressive/disruptive classroom behavior and prevent later criminality. The program is universal and can be applied to general populations of early elementary school children (grades 1 and 2).

Benefit-Cost Summary							
Program benefits		Summary statistics					
Participants	\$5,468	Benefit to cost ratio	\$58.56				
Taxpayers	\$2,870	Benefits minus costs	\$9,229				
Other (1)	\$803	Probability of a positive net present value	85 %				
Other (2)	\$248						
Total	\$9,389						
Costs	(\$160)						
Benefits minus cost	\$9,229						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates								
Source of benefits	Benefits to Participants Taxpayers Other (1) Other (2) Total bene							
From primary participant Crime Health care (smoking) Labor market earnings (alcohol abuse/dependence) Property loss (alcohol abuse/dependence) Adjustment for deadweight cost of program	\$0 \$66 \$5,392 \$10 \$0	\$154 \$416 \$2,300 \$0 \$0	\$420 \$365 \$0 \$19 \$0	\$78 \$209 \$42 \$0 (\$81)	\$651 \$1,057 \$7,734 \$28 (\$81)			
Totals	\$5,468	\$2,870	\$803	\$248	\$9,389			

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$78 \$0	2 1	2011 2011	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$160) 10 %				

Costs include teacher training, classroom supplies, district GBG coach training, subcontractor support, and travel costs. The estimate is based on training for 30 teachers and one coach over two years and a cumulative 3,375 students served in GBG classrooms over five years. Information for this costs estimate was provided by Jeanne Poduska, Sc D, American Institutes for Research.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



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Cumulative	iver cash	Flows Over	lime inon-	-Discounted	Dollarsi

Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
						First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	1	239	-0.108	0.582	-0.041	0.197	20	-0.041	0.197	30
High school graduation	Primary	1	175	0.162	0.174	0.062	0.119	20	0.062	0.119	20
Smoking before end of middle school	Primary	2	540	-0.231	0.002	-0.088	0.073	12	-0.088	0.073	22
Regular smoking	Primary	1	175	-0.593	0.001	-0.225	0.091	20	-0.225	0.091	30
Alcohol abuse or dependence	Primary	1	176	-0.609	0.001	-0.231	0.150	20	-0.231	0.150	30
Major depressive disorder	Primary	2	399	-0.178	0.160	-0.138	0.127	20	-0.072	0.156	22
Illicit drug abuse or dependence	Primary	1	175	-0.304	0.001	-0.115	0.090	20	-0.115	0.090	30
Anxiety disorder	Primary	2	399	-0.192	0.242	-0.192	0.165	20	-0.100	0.202	22
Externalizing behavior symptoms	Primary	1	425	-0.437	0.001	-0.437	0.084	12	-0.208	0.098	15
Suicide attempts	Primary	1	178	-0.195	0.279	-0.074	0.180	20	-0.074	0.180	25
Antisocial personality disorder	Primary	1	179	-0.295	0.032	-0.112	0.137	20	-0.112	0.137	25

Citations Used in the Meta-Analysis

- Kellam, S.G., & Anthony, J.C. (1998). Targeting early antecedents to prevent tobacco smoking: Findings from an epidemiologically based randomized field trial. *American Journal of Public Health*, 88(10), 1488-1495.
- Kellam, S.G., Reid, J., & Balster, R.L. (2008). Effects of a universal classroom behavior program in first and second grades on young adult problem outcomes. Drug and Alcohol Dependence, 95(Suppl. 1), S1-S4.
- Petras, H., Kellam, S.G., Poduska, J.M., Brown, C.H., Muthen, B.O., & Ialongo, N.S. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent and criminal behavior: Effects by young adulthood of a universal preventive intervention in first- and second-grade classrooms. *Drug and Alcohol Dependence, 95*(Suppl. 1), S45-S59.
- Storr, C.L., Ialongo, N.S., Kellam, S.G., & Anthony, J.C. (2002). A randomized controlled trial of two primary school intervention strategies to prevent early onset tobacco smoking. Drug and Alcohol Dependence, 66(1), 51-60.
- Vuijk, P., van Lier, P.A.C., Crijnen, A.A.M., & Huizink, A.C. (2007). Testing sex-specific pathways from peer victimization to anxiety and depression in early adolescents through a randomized intervention trial. *Journal of Affective Disorders*, 100(1-3), 221-226.
- Wilcox, H.C., Kellam, S.G., Brown, C.H., Poduska, J.M., Ialongo, N.S., Wang, W., & Anthony, J.C. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, *95*(Suppl. 1), S60-S73.

Witvliet, M., van Lier, P.A.C., Cuijpers, P., & Koot, H.M. (2009). Testing links between childhood positive peer relations and externalizing outcomes through a randomized controlled intervention study. *Journal of Consulting and Clinical Psychology*, 77(5), 905-915.
Guiding Good Choices (formerly Preparing for the Drug Free Years)

Benefit-cost estimates updated July 2015. Literature review updated June 2014.

Program Description: Guiding Good Choices, formerly known as Preparing for the Drug-Free Years, is a skills-training program for middle school students and their parents typically implemented outside normal school hours. The five-session drug resistance and education program, implemented one night per week for five weeks, aims to improve parent-child interactions that reduce the risk for substance use initiation. Sessions typically last two hours each and include a mix of group discussions, workbook activities, role plays, and multimedia presentations. Program content includes education about the prevalence of substance use and risk and protective factors associated with use, and the development of strategies in the home to prevent use (Session 1), establishing expectations and guidelines within the home regarding substance use (Session 2), education and opportunities to practice refusal skills (Session 3), managing family conflict and constructively handling disputes between family members (Session 4), and strategies for engaging the adolescent in family activities and ways to create supportive networks among parents (Session 3). Parents are required to attend all five sessions while the adolescents is required to attend Session 3.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$809	Benefit to cost ratio	\$2.48							
Taxpayers	\$472	Benefits minus costs	\$981							
Other (1)	\$628	Probability of a positive net present value	54 %							
Other (2)	(\$264)									
Total	\$1,645									
Costs	(\$664)									
Benefits minus cost	\$981									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates

Source of benefits	Participants	B€ Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$54	\$160	\$27	\$241
Labor market earnings (hs grad)	\$794	\$339	\$395	\$0	\$1,527
Health care (smoking)	\$13	\$80	\$70	\$39	\$201
Property loss (alcohol abuse/dependence)	\$2	\$0	\$4	\$0	\$5
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$331)	(\$330)
Totals	\$809	\$472	\$628	(\$264)	\$1,645

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$655 \$0	1 1	2013 2012	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$664) 10 %

Cost data come from Spoth, R.L., Guyll, M., & Day, S.X. (2002). Universal family-focused interventions in alcohol-use disorder prevention: Cost-effectiveness and cost-benefit analyses of two interventions. Journal of Studies on Alcohol and Drugs, 63(2), 219.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	t Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	ant sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Internalizing symptoms	Primary	1	149	-0.237	0.189	-0.078	0.180	18	-0.057	0.142	20
Alcohol use in high school	Primary	1	146	-0.256	0.030	-0.085	0.118	16	-0.085	0.118	18
Smoking in high school	Primary	1	144	-0.187	0.175	-0.062	0.138	16	-0.062	0.138	18
Cannabis use in high school	Primary	1	143	-0.305	0.345	-0.101	0.324	16	-0.101	0.324	18
Illicit drug use in high school	Primary	2	261	-0.082	0.619	-0.027	0.164	16	-0.027	0.164	18

Citations Used in the Meta-Analysis

Mason, W.A., Kosterman, R., Hawkins, J.D., Haggerty, K.P., & Spoth, R.L. (2003). Reducing adolescents' growth in substance use and delinquency: Randomized trial effects of a parent-training prevention intervention. *Prevention Science*, 4(3), 203-212.

- Spoth, R.L., Clair, S., Shin, C., & Redmond, C. (2006). Long-term effects of universal preventive interventions on methamphetamine use among adolescents. Archives of Pediatrics & Adolescent Medicine, 160(9), 876-882.
- Spoth, R.L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology*, 69(4), 627-642.
- Spoth, R., Trudeau, L., Guyll, M., Shin, C., & Redmond, C. (2009). Universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation. *Journal of Consulting and Clinical Psychology*, 77(4), 620-32.

Quantum Opportunities Program

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: The Quantum Opportunities Program provides disadvantaged high school students education, service, and development activities, as well as financial incentives (stipends) for youths' continuing participation. Mentoring is one component of the services provided. The program begins in ninth grade and continues through students' high school graduation.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$24,120	Benefit to cost ratio	\$1.85							
Taxpayers	\$19,993	Benefits minus costs	\$22,808							
Other (1)	\$16,159	Probability of a positive net present value	61 %							
Other (2)	(\$10,644)									
Total	\$49,629									
Costs	\$26,821									
Benefits minus cost	\$22,808									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailec	Detailed Monetary Benefit Estimates											
		Be	enefits to									
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits							
From primary participant												
Crime	\$0	\$1,362	\$4,821	\$672	\$6,855							
Labor market earnings (hs grad)	\$29,119	\$12,420	\$14,367	\$0	\$55,906							
Labor market earnings (alcohol abuse/dependence)	(\$3,493)	(\$1,490)	\$0	(\$28)	(\$5,011)							
Health care (alcohol abuse/dependence)	(\$24)	(\$144)	(\$135)	(\$72)	(\$374)							
Property loss (alcohol abuse/dependence)	(\$7)	\$0	(\$12)	\$0	(\$19)							
Public assistance	(\$1,120)	\$3,551	\$0	\$0	\$2,431							
Health care (educational attainment)	(\$527)	\$4,175	(\$3,028)	\$2,066	\$2,687							
Subtotals	\$23,948	\$19,874	\$16,014	\$2,639	\$62,475							
From secondary participant												
Crime	\$0	\$13	\$37	\$6	\$57							
Labor market earnings (hs grad)	\$167	\$71	\$83	\$0	\$322							
Child abuse and neglect	\$8	\$2	\$0	\$1	\$11							
Out-of-home placement	\$0	\$1	\$0	\$0	\$1							
K-12 grade repetition	\$0	\$3	\$0	\$2	\$5							
Health care (educational attainment)	(\$4)	\$28	\$25	\$14	\$64							
Subtotals	\$172	\$119	\$146	\$24	\$460							
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$13,306)	(\$13,306)							
Totals	\$24,120	\$19,993	\$16,159	(\$10,644)	\$49,629							

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$5,000 \$0	5 1	2006 2006	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$26,821 30 %

Average cost per youth is \$25,000 for five years. We put a 30% uncertainty estimate around this figure because the average costs vary widely by site. Maxfield, M., Schirm, A., & Rodriguez-Planas, N. (2003). The Quantum Opportunity Program demonstration: Implementation and short-term impacts (Document No. PR03-18). Princeton, NJ: Mathematica Policy Research, p. 12.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects												
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	sizes				First time ES is estimated			Second time ES is estimated			
				ES	p-value	ES	SE	Age	ES	SE	Age	
Crime	Primary	2	636	-0.231	0.548	-0.230	0.384	19	-0.230	0.384	29	
High school graduation	Primary	3	724	0.340	0.056	0.340	0.178	19	0.340	0.178	19	
Public assistance	Primary	3	724	-0.112	0.539	-0.112	0.182	21	-0.112	0.182	21	
Teen births under age 18	Primary	2	668	-0.138	0.569	-0.138	0.242	19	-0.138	0.242	19	
Teen births (second generation)	Secondary	2	668	-0.138	0.569	-0.138	0.242	19	-0.138	0.242	19	
Suspensions/expulsions	Primary	1	580	-0.100	0.688	-0.100	0.249	16	-0.100	0.249	18	
Alcohol abuse or dependence	Primary	1	580	0.093	0.638	0.093	0.197	22	0.093	0.197	32	
Employment	Primary	2	636	0.188	0.397	0.188	0.222	22	0.188	0.222	34	

Citations Used in the Meta-Analysis

Hahn, A., Leavitt, T., & Aaron, P. (1994). Evaluation of the Quantum Opportunities Program (QOP): Did the program work? A report on the post secondary outcomes and cost effectiveness of the QOP program (1989-1993). Waltham, MA: Brandeis University, Center for Human Resources.

- Lattimore, C.B., Mihalic, S.F., Grotpeter, J.K., & Taggart, R. (1998). *Blueprints for violence prevention, book four: The Quantum Opportunities Program* (Document No. NCJ 174197). Boulder: University of Colorado, Boulder; Center for the Study and Prevention of Violence.
- Maxfield, M., Schirm, A., & Rodriguez-Planas, N. (2003). *The Quantum Opportunity Program demonstration: Implementation and short-term impacts* (Document No. PR03-18). Princeton, NJ: Mathematica Policy Research.
- Schirm, A., Stuart, E., & McKie, A. (2006). *The Quantum Opportunity Program Demonstration: Final impacts* (Document No. PR06- 70). Princeton, NJ: Mathematica Policy Research.

Seattle Social Development Project

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: The Seattle Social Development Project (SSDP) targets youth in grades 1 to 6 to increase bonding to school and family as a protective measure against school failure, delinquency, drug abuse, teen pregnancy, and violence. The SSDP is a school-based program with annual teacher training in communication, effective classroom management, and cooperative learning. The program also includes child skill development in communication, negotiation, conflict resolution, and refusal skills. Parents are trained in behavior management, academic support, and skills to reduce risks for drug use.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$7,574	Benefit to cost ratio	\$5.02							
Taxpayers	\$4,970	Benefits minus costs	\$12,587							
Other (1)	\$3,903	Probability of a positive net present value	65 %							
Other (2)	(\$730)									
Total	\$15,717									
Costs	(\$3,130)									
Benefits minus cost	\$12,587									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates											
Source of benefits											
	Participants	Taxpayers	Other (1)	Other (2)	Total benefits						
From primary participant											
Crime	\$0	\$306	\$867	\$152	\$1,325						
Labor market earnings (hs grad)	\$7,624	\$3,252	\$3,783	\$0	\$14,660						
K-12 grade repetition	\$0	\$116	\$0	\$57	\$173						
Public assistance	(\$21)	\$45	\$0	\$23	\$47						
Health care (educational attainment)	(\$147)	\$1,168	(\$844)	\$578	\$755						
Subtotals	\$7,456	\$4,888	\$3,806	\$810	\$16,961						
From secondary participant											
Crime	\$0	\$9	\$22	\$4	\$35						
Labor market earnings (hs grad)	\$116	\$49	\$57	\$0	\$223						
Child abuse and neglect	\$4	\$1	\$0	\$1	\$5						
Out-of-home placement	\$0	\$1	\$0	\$0	\$1						
K-12 grade repetition	\$0	\$2	\$0	\$1	\$3						
Health care (educational attainment)	(\$2)	\$20	\$18	\$10	\$45						
Subtotals	\$117	\$82	\$97	\$16	\$312						
Adjustment for deadweight cost of program	\$1	\$0	\$0	(\$1,557)	(\$1,555)						
Totals	\$7,574	\$4,970	\$3,903	(\$730)	\$15,717						

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$499 \$0	5 1	1999 1999	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$3,130) 10 %

Hawkins JD, Catalano RF et al. 1999, Prevention of Adolescent Health-Risk Behaviors, p. 234.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects												
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	sizes				First time ES is estimated			Second time ES is estimated			
				ES	p-value	ES	SE	Age	ES	SE	Age	
Crime	Primary	1	149	-0.214	0.182	-0.081	0.160	19	-0.081	0.160	29	
High school graduation	Primary	1	149	0.255	0.109	0.097	0.159	19	0.097	0.159	19	
K-12 grade repetition	Primary	1	149	-0.355	0.042	-0.135	0.175	16	-0.135	0.175	17	
Teen pregnancy (under age 18)	Primary	1	149	-0.335	0.040	-0.127	0.163	19	-0.127	0.163	29	
Initiation of sexual activity	Primary	1	149	-0.385	0.015	-0.146	0.158	19	-0.146	0.158	29	
Teen births under age 18	Primary	1	149	-0.300	0.148	-0.114	0.207	19	-0.114	0.207	29	
Teen births (second generation)	Secondary	1	149	-0.300	0.148	-0.114	0.207	19	-0.114	0.207	29	
Alcohol use in high school	Primary	1	149	-0.030	0.836	-0.011	0.146	19	-0.011	0.146	29	

Citations Used in the Meta-Analysis

Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. Archives of Pediatrics & Adolescent Medicine, 153(3), 226-234.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project. Archives of Pediatrics & Adolescent Medicine, 159(1), 25-31.

Strengthening Families for Parents and Youth 10-14

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Strengthening Families for Parents and Youth 10-14 (also known as the Iowa Strengthening Families Program) is a family-based program that attempts to reduce behavior problems and substance use by enhancing parenting skills, parent-child relationships, and family communication. The seven-week intervention is designed for 6th-grade students and their families.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$2,020	Benefit to cost ratio	\$3.59							
Taxpayers	\$1,018	Benefits minus costs	\$2,893							
Other (1)	\$1,447	Probability of a positive net present value	65 %							
Other (2)	(\$478)									
Total	\$4,008									
Costs	(\$1,115)									
Benefits minus cost	\$2,893									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of benefits	Participants	B Taxpayers	enefits to Other (1)	Other (2)	Total benefits					
From primary participant Crime Labor market earnings (hs grad) Property loss (alcohol abuse/dependence) Health care (disruptive behavior disorder) Adjustment for deadweight cost of program	\$0 \$2,013 \$2 \$5 \$0	\$144 \$859 \$0 \$16 \$0	\$426 \$998 \$3 \$19 \$0	\$72 \$0 \$0 \$8 (\$557)	\$643 \$3,870 \$5 \$48 (\$558)					
Totals	\$2,020	\$1,018	\$1,447	(\$478)	\$4,008					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$880 \$0	1 1	2002 2002	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,115) 10 %

\$880 per family; See Miller, T.R., & Hendrie, D. (2005). How should governments spend the drug prevention dollar?: A buyer's guide. In T. Stockwell, P. Gruenewald, J. Toumbourou, & W. Loxley (Eds.), Preventing harmful substance use (pp. 415-431). England: John Wiley & Sons Ltd.



Meta-Analysis of Program Effects												
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis						
	participant	sizes					First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age	
Alcohol use before end of middle school	Primary	1	153	-0.387	0.036	-0.128	0.184	13	-0.128	0.184	18	
Disruptive behavior disorder symptoms	Primary	1	152	-0.246	0.172	-0.081	0.181	13	-0.039	0.095	16	
Alcohol use in high school	Primary	1	152	-0.210	0.359	-0.069	0.228	15	-0.069	0.228	18	
Smoking in high school	Primary	1	152	-0.523	0.222	-0.172	0.222	15	-0.172	0.222	18	
Cannabis use in high school	Primary	1	152	-0.874	0.011	-0.288	0.345	15	-0.288	0.345	18	
Illicit drug use in high school	Primary	1	151	-0.317	0.038	-0.105	0.153	15	-0.105	0.153	18	

- Gottfredson, D., Kumpfer, K., Polizzi-Fox, D., Wilson, D., Puryear, V., Beatty, P., & Vilmenay, M. (2006). The Strengthening Washington D.C. Families Project: A randomized effectiveness trial of family-based prevention. *Prevention Science*, 7(1), 57-74.
- Spoth, R., Redmond, C., & Lepper, H. (1999). Alcohol initiation outcomes of universal family-focused preventive interventions: One- and two-year follow-ups of a controlled study. *Journal of Studies on Alcohol, 13,* 103-111.
- Spoth, R., Reyes, M.L., Redmond, C., & Shin, C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and loglinear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology*, 67(5), 619-630.
- Spoth, R.L., Redmond, C., & Shin, C. (2000). Reducing adolescents' aggressive and hostile behaviors: Randomized trial effects of a brief family intervention 4 years past baseline. Archives of Pediatrics & Adolescent Medicine, 154(12), 1248-1258.
- Spoth, R.L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology*, *69*(4), 627-642.
- Spoth, R.L., Clair, S., Shin, C., & Redmond, C. (2006). Long-term effects of universal preventive interventions on methamphetamine use among adolescents. Archives of Pediatrics & Adolescent Medicine, 160(9), 876-882.
- Trudeau, L., Spoth, R., Randall, G., & Azevedo, K. (2007). Longitudinal effects of a universal family-focused intervention on growth patterns of adolescent internalizing symptoms and polysubstance use: Gender comparisons. *Journal of Youth and Adolescence, 36*(6), 725-740.

Mentoring for students: community-based (taxpayer costs only)

Benefit-cost estimates updated July 2015. Literature review updated June 2014.

Program Description: In community-based mentoring programs, volunteer adults are paired with at-risk middle- and high-school students to meet weekly at locations of their choosing for relationship building and guidance. Community-based organizations provide the adult mentors with training and oversight. Mentors are expected to build relationships with mentees with the aim of improving a variety of outcomes including crime rates, academic achievement, and substance abuse. This analysis includes evaluation findings for (in no particular order) the Washington State Mentors program, Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, and other locally developed programs.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$7,055	Benefit to cost ratio	\$9.39							
laxpayers	\$3,713	Benefits minus costs	\$10,764							
Other (1)	\$1,598	Probability of a positive net present value	66 %							
Other (2)	(\$317)									
Total	\$12,048									
Costs	(\$1,283)									
Benefits minus cost	\$10,764									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates											
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits						
From primary participant Crime Labor market earnings (hs grad) Property loss (alcohol abuse/dependence) Health care (educational attainment) Adjustment for deadweight cost of program	\$0 \$7,184 \$1 (\$130) \$1	(\$387) \$3,064 \$0 \$1,036 \$0	(\$1,213) \$3,559 \$1 (\$750) \$0	(\$194) \$0 \$518 (\$642)	(\$1,794) \$13,807 \$2 \$674 (\$641)						
Totals	\$7,055	\$3,713	\$1,598	(\$317)	\$12,048						

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,088 \$0	1 1	2005 2005	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,283) 10 %

Cost estimates are based on the Big Brothers/Big Sisters program as described in Herrera, C., Grossman, J.B., Kauh, T.J., Feldman, A.F., & McMaken, J. (2007). Making a difference in schools: The Big Brothers Big Sisters school-based mentoring impact study. Philadelphia, PA: Public/Private Ventures. Cost estimates exclude volunteer time and donated space.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	sizes				First time	ES is estima	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	6	1877	0.093	0.025	0.082	0.041	14	0.082	0.041	24
High school graduation	Primary	2	758	0.293	0.040	0.101	0.143	18	0.101	0.143	18
Cannabis use before end of middle school	Primary	1	85	-0.179	0.412	-0.056	0.218	14	-0.081	0.225	15
Alcohol use before end of middle school	Primary	1	85	-0.295	0.178	-0.091	0.219	14	-0.037	0.224	15
Grade point average	Primary	5	1157	0.095	0.027	0.077	0.043	14	0.077	0.043	14
Smoking in high school	Primary	1	43	0.212	0.343	-0.212	0.223	17	-0.212	0.223	17
Illicit drug use in high school	Primary	1	43	-0.352	0.117	-0.352	0.224	14	-0.352	0.224	24
School attendance	Primary	4	920	0.022	0.879	-0.015	0.135	14	-0.015	0.135	14
Major depressive disorder	Primary	1	348	-0.140	0.066	-0.140	0.076	14	0.000	0.013	15
Illicit drug use before end of middle school	Primary	2	722	-0.390	0.004	-0.379	0.137	14	-0.379	0.137	24

Citations Used in the Meta-Analysis

- Aseltine, R.H., Dupre, M., & Lamlein, P. (2000). Mentoring as a drug prevention strategy: An evaluation of across ages. Adolescent and Family Health, 1(1), 11-20.
- Buman, B., & Cain, R. (1991). The impact of short term, work oriented mentoring on the employability of low-income youth. (Available from Minneapolis Employment and Training Program, Minneapolis, MN).
- Cave, G., & Quint, J. (1990). Career Beginnings impact evaluation: Findings from a program for disadvantaged high school students. New York: MDRC.
- Fo, W.S.O., & O'Donnell, C.R. (1979). The Buddy System: Relationship and contingency conditions in a community intervention program for youth with nonprofessionals as behavior change agents. In J. S. Stumphauzer (Ed.), *Progress in behavior therapy with delinquents* (pp.302-316). Springfield, IL: Charles C. Thomas.

Grossman, J.B., & Tierney, J.P. (1998). Does mentoring work? An impact study of the Big Brothers Big Sisters program. Evaluation Review, 22(3), 403-426.

- Hanlon, T.E., Bateman, R.W., Simon, B.D., O'Grady, K.E., & Carswell, S.B. (2002). An early community-based intervention for the prevention of substance abuse and other delinquent behavior. *Journal of Youth and Adolescence, 31*(6), 459-471.
- Harmon, M.A. (1996). Reducing drug use among pregnant and parenting teens: A program evaluation and theoretical examination. *Dissertation Abstracts International, 56*(08), 3319A.
- Herrera, C., DubBois, D.L., & Grossman, J.B. (2013). The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles. Philadelphia, PA: Public/Private Ventures, MDRC.
- Johnson, A. (1999). Sponsor-a-Scholar: Long-term impacts of a youth mentoring program on student performance (Document No. PR99-99). Princeton, NJ: Mathematica Policy Research.

O'Donnell, C.R., Lydgate, T., & Fo, W.S.O. (1979). The Buddy System: Review and follow-up. Child Behavior Therapy, 1, 161-169.

Aggression Replacement Training (youth in state institutions)

Benefit-cost estimates updated July 2015. Literature review updated December 2014.

Program Description: Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program that specifically targets chronically aggressive children and adolescents. ART aims to help adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. In our analysis, we only include effect sizes from programs that were delivered competently and with fidelity to the program model.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$2,710 \$6,137 \$18,851 \$1,705 \$29,403 (\$1,575) \$27,827	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$18.66 \$27,827 94 %							

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of benefits	Benefits toParticipantsTaxpayersOther (1)Other (2)									
From primary participant Crime Labor market earnings (hs grad) Health care (educational attainment) Adjustment for deadweight cost of program	\$0 \$2,758 (\$48) \$0	\$4,578 \$1,176 \$382 \$0	\$17,764 \$1,365 (\$277) \$0	\$2,304 \$0 \$193 (\$791)	\$24,646 \$5,299 \$249 (\$791)					
Totals	\$2,710	\$6,137	\$18,851	\$1,705	\$29,403					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,449 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,575) 10 %

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured Prima secon partic	Primary or secondary	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis				nefit-	
	participant					First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	4	579	-0.513	0.059	-0.122	0.072	15	-0.122	0.072	25

Barnoski, R. (2004). *Outcome evaluation of Washington State's research-based programs for juvenile offenders* (Document No. 04-01-1201). Olympia: Washington State Institute for Public Policy.

Gibbs, J.C. (1995). EQUIP: A peer-group treatment program for delinquents. In R. R. Ross, D. H. Antonowicz, & G. K. Dhaliwal (Eds.), Going straight: Effective delinquency prevention & offender rehabilitation (pp. 179-192). Ottawa, Ontario, Canada: AIR Training Publications.

Goldstein, A.P., & Glick, B. (1995). Aggression Replacement Training for delinquents. In R. R. Ross, D. H. Antonowicz, & G. K. Dhaliwal (Eds.), *Going straight: Effective delinquency prevention & offender rehabilitation* (pp. 135-161). Ottawa, Ontario, Canada: AIR Training Publications.

Aggression Replacement Training (youth on probation)

Benefit-cost estimates updated July 2015. Literature review updated December 2014.

Program Description: Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program that specifically targets chronically aggressive children and adolescents. ART aims to help adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. In our analysis, we only include effect sizes from programs that were delivered competently and with fidelity to the program model.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) Other (2) Total Costs Bonofits minus cost	\$2,264 \$4,123 \$8,967 \$782 \$16,137 (\$1,575) \$14,562	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$10.25 \$14,562 93 %						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detai	led Monetary Ber	nefit Estimate	2S		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$2,819	\$8,061	\$1,410	\$12,290
Labor market earnings (hs grad)	\$2,305	\$983	\$1,138	\$0	\$4,425
Health care (educational attainment)	(\$41)	\$321	(\$233)	\$160	\$207
Adjustment for deadweight cost of program	\$0	\$1	\$2	(\$788)	(\$785)
Totals	\$2,264	\$4,123	\$8,967	\$782	\$16,137

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,449 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,575) 10 %

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis				nefit-	
						First time ES is estimated			Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	4	579	-0.513	0.059	-0.122	0.072	15	-0.122	0.072	25

Barnoski, R. (2004). *Outcome evaluation of Washington State's research-based programs for juvenile offenders* (Document No. 04-01-1201). Olympia: Washington State Institute for Public Policy.

Gibbs, J.C. (1995). EQUIP: A peer-group treatment program for delinquents. In R. R. Ross, D. H. Antonowicz, & G. K. Dhaliwal (Eds.), Going straight: Effective delinquency prevention & offender rehabilitation (pp. 179-192). Ottawa, Ontario, Canada: AIR Training Publications.

Goldstein, A.P., & Glick, B. (1995). Aggression Replacement Training for delinquents. In R. R. Ross, D. H. Antonowicz, & G. K. Dhaliwal (Eds.), *Going straight: Effective delinquency prevention & offender rehabilitation* (pp. 135-161). Ottawa, Ontario, Canada: AIR Training Publications.

Coordination of Services

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Coordination of Services (COS) provides an educational program to low-risk juvenile offenders and their parents. The goals of COS are to describe the consequences of continued delinquent behavior, stimulate goal setting, review the strengths of the youth and family, and explain what resources are available for helping to achieve a positive pro-social future for the youth.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants	\$1,454	Benefit to cost ratio	\$15.53						
Taxpayers	\$1,699	Benefits minus costs	\$6,003						
Other (1)	\$2,940	Probability of a positive net present value	70 %						
Other (2)	\$324								
Total	\$6,416								
Costs	(\$413)								
Benefits minus cost	\$6,003								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

C	etailed Monetary Be	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (hs grad) Health care (educational attainment) Adjustment for deadweight cost of program	\$0 \$1,480 (\$27) \$0	\$857 \$631 \$210 \$1	\$2,360 \$730 (\$153) \$2	\$427 \$0 \$104 (\$207)	\$3,644 \$2,842 \$135 (\$204)
Totals	\$1,454	\$1,699	\$2,940	\$324	\$6,416

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$379 \$0	1 0	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$413) 10 %				

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Cumulative Net Cash Flows Over Time (Non-Discounted Dollars)

Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant					First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	1	171	-0.096	0.573	-0.096	0.171	17	-0.096	0.171	27

Citations Used in the Meta-Analysis

Barnoski, R. (2004). Outcome evaluation of Washington State's research-based programs for juvenile offenders (Document No. 04-01-1201). Olympia: Washington State Institute for Public Policy.

Dialectical Behavior Therapy

Literature review updated June 2013.

Program Description: Dialectical Behavior Therapy is a cognitive behavioral treatment for individuals with complex and difficult to treat mental disorders. DBT was originally developed by Marsha Linehan at the University of Washington to treat chronically suicidal individuals, but has been adapted for clients who have difficulty regulating their emotions. DBT focuses on the following four objectives: (1) enhancing youth behavioral skills in dealing with difficult situations, (2) motivating youth to change dysfunctional behaviors, (3) ensuring the new skills are used in daily institutional life, and (4) training and consultation to improve the counselor's skills. For this particular study, DBT was delivered to youth who were convicted of crimes and serving sentences at a state juvenile institution.

Meta-Analysis of Program Effects											
Outcomes measured	red Primary or No. of Treatment secondary effect N participant sizes		Unadjusted (random eff	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participarte	51205				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	1	62	-0.347	0.122	-0.347	0.225	15	-0.347	0.225	25

Citations Used in the Meta-Analysis

See WSIPP report: Recidivism Findings for the Juvenile Rehabilitation Administration's Dialectical Behavior Therapy Program: Final Report

Drug court

Benefit-cost estimates updated July 2015. Literature review updated July 2014.

Program Description: In therapeutic drug courts, youth with substance-abuse issues typically enter into a contract with the court and agree to comply with treatment and supervision requirements. While each drug court is unique, these therapeutic courts share similar characteristics. Drug courts typically involve a team of stakeholders (e.g., youth, guardian, judge, treatment provider, case manager, and probation officer). Components of the drug court model include treatment; judicial monitoring; random drug testing; incentives, rewards, and sanctions; and progressive stages (less monitoring with compliance). Drug courts can be pre- or post-adjudication models and the length of the program may vary.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$1,055 \$2,145 \$5,066 (\$754) \$7,512 (\$3,209) \$4,303	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$2.34 \$4,303 62 %						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	ed Monetary Bei	nefit Estimate	es.					
	Benefits to							
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits			
From primary participant								
Crime	\$0	\$1,534	\$4,647	\$762	\$6,944			
Labor market earnings (hs grad)	\$1,075	\$458	\$529	\$0	\$2,062			
Health care (educational attainment)	(\$19)	\$152	(\$110)	\$75	\$98			
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$1,592)	(\$1,591)			
Totals	\$1,055	\$2,145	\$5,066	(\$754)	\$7,512			

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,645 \$0	1 1	2004 2004	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$3,209) 10 %

Anspach, D. F., Ferguson, A. S., & Phillips, L. L. (2003). Evaluation of Maine's statewide juvenile drug treatment court program. Augusta, ME: University of Southern Maine.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	Treatment N	Unadjusted effect size Adjusted effect sizes and standard errors used in the bene (random effects model) cost analysis					nefit-			
		sizes				First time	ES is estima	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	12	2896	-0.061	0.634	-0.062	0.096	16	-0.062	0.096	26

Citations Used in the Meta-Analysis

- Anspach, D.F., & Ferguson, A.S., (2005). Part II: Outcome Evaluation of Maine's Statewide Juvenile Drug Treatment Court Program. Main State Office of Substance Abuse, Augusta, Maine.
- Byrnes, E.C., & Hickert, A.O. (2004). Process and outcome evaluation of the third district juvenile drug court in Dona Ana County, New Mexico. Annapolis, MD: Glacier Consulting.

Carey, S.M. (2004). Clackamas County Juvenile Drug Court outcome evaluation: Final report. Portland, OR: NPC Research.

- Gilmore, A.S., Rodriguez, N., & Webb, V.J. (2005). Substance abuse and drug courts: The role of social bonds in juvenile drug courts. Youth Violence and Juvenile Justice, 3(4), 287-315.
- Henggeler, S.W., Halliday-Boykins, C.A., Cunningham, P.B., Randall, J., Shapiro, S.B, & Chapman, J.E. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology*, 74(1), 42-54.

Kralstein, D. (2008) Evaluation of the Suffolk County Juvenile Treatment Court: Process and impact findings. New York NY: Center for Court Innovation.

Latessa, E.J., & University of Cincinnati. (2013). Outcome and process evaluation of juvenile drug courts. Cincinnati, OH: Center for Criminal Justice Research, University of Cincinnati, School of Criminal Justice.

- Latessa, E.J., Shaffer, D.K., & Lowenkamp C. (2002). Outcome evaluation of Ohio's drug court efforts: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
- LeGrice, L.N. (2004). Effectiveness of juvenile drug court on reducing delinquency. Dissertation Abstracts International, 64(12), 4626A.
- O'Connell, J.P., Nestlerode, E., & Miller, M.L. (1999). Evaluation of the Delaware juvenile drug court diversion program. Dover: State of Delaware Executive Department, Statistical Analysis Center.

Parsons, B.V., Byrnes, E.C. (n.d.). Byrne evaluation partnership program: Final report. Salt Lake City: University of Utah, Social Research Institute.

Sullivan, C.J., Blair, L., Latessa, E., & Sullivan, C.C. (2014). Juvenile drug courts and recidivism: Results from a multisite outcome study. *Justice Quarterly*, online publication doi: 10.1080/07418825.2014.908937.

Family Integrated Transitions

Benefit-cost estimates updated July 2015. Literature review updated December 2014.

Program Description: Family Integrated Transitions (FIT) is designed for juvenile offenders with the co-occurring disorders of mental illness and chemical dependency who are entering the community after being detained. Youth receive intensive family and community-based treatment targeted at the multiple determinants of serious antisocial behavior. The program strives to promote behavioral change in the youth's home environment, emphasizing the systemic strengths of family, peers, school, and neighborhoods to facilitate the change. FIT incorporates many of the therapeutic principles of Multisystemic Therapy.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants	\$2,710	Benefit to cost ratio	\$2.24						
Taxpayers	\$6,532	Benefits minus costs	\$14,508						
Other (1)	\$20,183	Probability of a positive net present value	74 %						
Other (2)	(\$3,184)								
Total	\$26,241								
Costs	(\$11,734)								
Benefits minus cost	\$14,508								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detai	led Monetary Ber	nefit Estimate	es				
Source of benefits	Benefits toParticipantsTaxpayersOther (1)Other (2)						
From primary participant Crime Labor market earnings (hs grad)	\$0 \$2,759	\$4,969 \$1,177	\$19,098 \$1,365	\$2,502 \$0	\$26,569 \$5,300		
Health care (educational attainment) Adjustment for deadweight cost of program Totals	(\$49) \$0 \$2,710	\$386 \$0 \$6,532	(\$281) \$1 \$20,183	\$194 (\$5,880) (\$3,184)	\$250 (\$5,878) \$26,241		

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$10,795 \$0	1 0	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$11,734) 10 %

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect N Unadjusted effect size (random effects model) Adjusted effect sizes and standard er cost analysis					lard errors us nalysis	ed in the be	enefit-		
		sizes				First time	ES is estima	ted	Second tim	nated	
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	1	105	-0.207	0.174	-0.207	0.152	17	-0.207	0.152	27

Trupin, E.J., Kerns, S.E.U., & Walker, S.C. (in press). Family Integrated Transitions: A promising program for juvenile offenders with co-occurring disorders. Journal of Substance Abuse Treatment.

Functional Family Parole (with quality assurance)

Benefit-cost estimates updated July 2015. Literature review updated January 2013.

Program Description: Functional Family Parole (FFP) is a case management model for youth who are supervised in the community. FFP is based on Functional Family Therapy (FFT), a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family. FFT is a Blueprint program identified by the University of Colorado's Center for the Study and Prevention of Violence. In our analysis, we only include effect sizes from programs that were delivered competently and with fidelity to the program model.

	Benefi	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) Other (2) Total Costs	\$1,468 \$3,539 \$10,513 (\$814) \$14,706 (\$4,538)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$3.24 \$10,168 75 %
Benefits minus cost	\$10,168		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	ailed Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$2,696	\$9,922	\$1,352	\$13,970
Labor market earnings (hs grad)	\$1,494	\$637	\$739	\$0	\$2,870
Health care (educational attainment)	(\$26)	\$205	(\$149)	\$103	\$132
Adjustment for deadweight cost of program	\$0	\$1	\$1	(\$2,268)	(\$2,266)
Totals	\$1,468	\$3,539	\$10,513	(\$814)	\$14,706

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$4,426 \$0	1 1	2012 2012	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$4,538) 10 %

WSIPP estimate based on implementation costs of FFT and additional supervision costs.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
		sizes				First time	ES is estima	ted	Second time ES is est		ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	4	465	-0.108	0.194	-0.087	0.077	17	-0.087	0.077	27

B. A. Lucenko, L. He, D. Mancuso, and B. Felver (2011). *Effects of Functional Family Parole on Re-Arrest and Employment for Youth in Washington State.* Research Data Analysis Division: Olympia, Washington.

Sexton, T., Rowland, M., & McEnery, A., (2009). Interim Outcome Evaluation of the Washington State Functional Family Parole Project. Center for Adolescent and Family Studies. Bloomington, Indiana.

Functional Family Therapy (youth in state institutions)

Benefit-cost estimates updated July 2015. Literature review updated December 2014.

Program Description: Functional Family Therapy (FFT) is a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family. Functional Family Therapy is a Blueprint program identified by the University of Colorado's Center for the Study and Prevention of Violence. In our analysis, we only include effect sizes from programs that were delivered competently and with fidelity to the program model.

	Benefi	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$3,368 \$8,108 \$25,009 \$1,620 \$38,104 (\$3,405) \$34,699	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$11.19 \$34,699 99 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	ailed Monetary Ber	nefit Estimate	es		
Source of benefits	Derticinente	Other (2)	Tatal hanafita		
	Participants	Taxpayers	Other (1)	Other (2)	lotal benefits
From primary participant					
Crime	\$0	\$6,160	\$23,666	\$3,078	\$32,904
Labor market earnings (hs grad)	\$3,429	\$1,462	\$1,693	\$0	\$6,584
Health care (educational attainment)	(\$61)	\$484	(\$351)	\$242	\$314
Adjustment for deadweight cost of program	\$0	\$1	\$2	(\$1,701)	(\$1,698)
Totals	\$3,368	\$8,108	\$25,009	\$1,620	\$38,104

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$3,134 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$3,405) 10 %

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	f Treatment	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					nefit-
	participant	sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	8	681	-0.585	0.001	-0.253	0.096	17	-0.253	0.096	27

- Alexander, J.F., & Parsons, B.V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Psychology*, 81(3), 219-225.
- Barnoski, R. (2004). Outcome evaluation of Washington State's research-based programs for juvenile offenders (Document No. 04-01-1201). Olympia: Washington State Institute for Public Policy.
- Barton, C., Alexander, J.F., Waldron, H., Turner, C.W., & Warburton, J. (1985). Generalizing treatment effects of functional family therapy: Three replications. American Journal of Family Therapy, 13(3), 16-26.
- Gordon, D.A., Graves, K., & Arbuthnot, J. (1995). The effect of Functional Family Therapy for delinquents on adult criminal behavior. Criminal Justice and Behavior, 22(1), 60-73.
- Gordon, D.A. (1995). Functional Family Therapy for delinquents. In R. R. Ross, D. H. Antonowicz, & G. K. Dhaliwal (Eds.), *Going straight: Effective delinquency prevention & offender rehabilitation* (pp. 163-178). Ottawa, Ontario, Canada: AIR Training Publications.
- Hannson, K. (1998). Functional Family Therapy Replication in Sweden: Treatment Outcome with Juvenile Delinquents. Paper presented to the Eighth International Conference on treating addictive behaviors. Santa Fe, NM, February 1998, as reported in: Alexander, J., Barton, C., Gordon, D., Grotpeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., and Sexton, T. (1998). Blueprints for Violence Prevention, Book Three: Functional Family Therapy. Boulder, CO: Center for the Study and Prevention of Violence.
- Klein, N.C., Alexander, J.F., & Parsons, B.V. (1977). Impact of family systems intervention on recidivism and sibling delinquency: A model of primary prevention and program evaluation. *Journal of Consulting and Clinical Psychology*, *45*(3), 469-474.
- Sexton, T., & Turner, C.W. (2010). The effectiveness of Functional Family Therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology, 24*(3), 339-348.

Functional Family Therapy (youth on probation)

Benefit-cost estimates updated July 2015. Literature review updated December 2014.

Program Description: Functional Family Therapy (FFT) is a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family. Functional Family Therapy is a Blueprint program identified by the University of Colorado's Center for the Study and Prevention of Violence. In our analysis, we only include effect sizes from programs that were delivered competently and with fidelity to the program model.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$4,218 \$7,808 \$17,060 <u>\$1,293</u> <u>\$30,378</u> (\$3,405) \$26,973	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$8.92 \$26,973 99 %						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Det	ailed Monetary Be	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (hs grad) Health care (educational attainment) Adjustment for deadweight cost of program	\$0 \$4,293 (\$76) \$0	\$5,378 \$1,831 \$598 \$0	\$15,370 \$2,124 (\$435) \$0	\$2,700 \$0 \$300 (\$1,707)	\$23,448 \$8,249 \$388 (\$1,707)
Totals	\$4,218	\$7,808	\$17,060	\$1,293	\$30,378

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$3,134 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$3,405) 10 %

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured Pr	Primary or secondary	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					nefit-
participant		sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	8	681	-0.585	0.001	-0.253	0.096	16	-0.253	0.096	26

- Alexander, J.F., & Parsons, B.V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Psychology*, 81(3), 219-225.
- Barnoski, R. (2004). Outcome evaluation of Washington State's research-based programs for juvenile offenders (Document No. 04-01-1201). Olympia: Washington State Institute for Public Policy.
- Barton, C., Alexander, J.F., Waldron, H., Turner, C W., & Warburton, J. (1985). Generalizing treatment effects of functional family therapy: Three replications. American Journal of Family Therapy, 13(3), 16-26.
- Gordon, D.A., Graves, K., & Arbuthnot, J. (1995). The effect of Functional Family Therapy for delinquents on adult criminal behavior. Criminal Justice and Behavior, 22(1), 60-73.
- Gordon, D.A. (1995). Functional Family Therapy for delinquents. In R. R. Ross, D. H. Antonowicz, & G. K. Dhaliwal (Eds.), *Going straight: Effective delinquency prevention & offender rehabilitation* (pp. 163-178). Ottawa, Ontario, Canada: AIR Training Publications.
- Hannson, K. (1998). Functional Family Therapy Replication in Sweden: Treatment Outcome with Juvenile Delinquents. Paper presented to the Eighth International Conference on treating addictive behaviors. Santa Fe, NM, February 1998, as reported in: Alexander, J., Barton, C., Gordon, D., Grotpeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., and Sexton, T. (1998). Blueprints for Violence Prevention, Book Three: Functional Family Therapy. Boulder, CO: Center for the Study and Prevention of Violence.
- Klein, N.C., Alexander, J.F., & Parsons, B.V. (1977). Impact of family systems intervention on recidivism and sibling delinquency: A model of primary prevention and program evaluation. *Journal of Consulting and Clinical Psychology*, *45*(3), 469-474.
- Sexton, T., & Turner, C.W. (2010). The effectiveness of Functional Family Therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology, 24*(3), 339-348.

Mentoring

Literature review updated June 2014.

Program Description: Youth in the juvenile justice system are assigned to a mentor, typically a nonprofessional volunteer, who meets with the youth approximately once a week. The goal of mentoring is for youth to build social capital by engaging in pro-social relationships. Mentors help youth access community resources necessary for reentry (e.g., Alcoholics Anonymous), attend social functions together (e.g., movies or sporting events), and help youth engage in positive decision-making and problem-solving. Mentors typically maintain a minimum one-year commitment to the youth/program. Studies examining the effectiveness of mentoring for youth who were not in the juvenile justice system were excluded.

Meta-Analysis of Program Effects											
Outcomes measured	Outcomes measuredPrimary or secondary participantNo. of effect sizesTreatment N		Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					nefit-	
						First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	7	539	-0.327	0.044	-0.217	0.149	18	-0.217	0.149	28

Citations Used in the Meta-Analysis

Blakely, C.H., Menon, R., & Jones, D.J. (1995). *Project BELONG: Final report*. College Station, TX: Texas A&M University, Public Policy Research Institute. Bouffard, J., & Bergseth, K. (2008). The impact of reentry services on juvenile offenders' recidivism. *Youth Violence and Juvenile Justice*, *6*(3), 295-318.

Drake, E., & Barnoski, R. (2006). *Recidivism findings for the Juvenile Rehabilitation Administration's mentoring program: Final report.* Olympia, WA. Washington State Institute for Public Policy.

Jarjoura, G.P. (2009). *Mentoring as a critical tool for effective juvenile reentry*. Written testimony submitted to the Congressional briefing on supporting youth reentry from out-of-home placement to the community.

Moore, R.H. (1987). Effectiveness of citizen volunteers functioning as counselors for high-risk young male offenders. *Psychological Reports*, 61, 823-830. O'Donnell, C.R., Lydgate, T. & Fo, W.S.O. (1979). The Buddy System: Review and follow-up. *Child Behavior Therapy*, 1, 161-169.

Slate, J.R., & Jones, C.H. (2003). Helping behaviorally at-risk middle school students with the No Bad Actions Program: Winning with the N.B.A. Journal of Education for Students Placed at Risk, 8(3), 351-62.

Multidimensional Family Therapy (MDFT) for substance abusers

Benefit-cost estimates updated July 2015. Literature review updated May 2015.

Program Description: Multidimensional Family Therapy (MDFT) is an integrative, family-based, multiple systems treatment for youth with drug abuse and related behavior problems. The therapy consists of four domains: 1) Engage adolescent in treatment, 2) Increase parental involvement with youth and improve limit-setting, 3) Decrease family-interaction conflict, and 4) Collaborate with extra-familial social systems. Youth are generally aged 11 to 16 and have been clinically referred to outpatient treatment. For this meta-analysis, only two studies measured the effects of MDFT on delinquency and ten measured the effects on subsequent substance use. All twelve studies included youth who were referred from the juvenile justice system as well as other avenues. In a meta-regression analysis of the studies reporting substance abuse outcomes, we found that neither referral from the juvenile justice system nor percentage of female participants caused any statistically significant reduction in marijuana use (p ? 0.1).

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$5 \$969 \$2,974 (\$3,492) \$456 \$7,923 (\$7,467)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$0.06 (\$7,467) 12 %						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits				
From primary participant Crime Labor market earnings (cannabis abuse/dependence) Health care (cannabis abuse/dependence)	\$0 (\$6) \$12	\$930 (\$3) \$42	\$2,923 \$0 \$51	\$467 \$0 \$21 (\$2,080)	\$4,321 (\$9) \$125 (\$2,080)				
Adjustment for deadweight cost of program - Totals	\$0 \$5	\$0 \$969	\$0 \$2,974	(\$3,980) (\$3,492)	(\$3,980) \$456				

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$6,168 \$0	1 1	2001 2001	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$7,923 10 %

Zavala, S. K., French, M. T., Henderson, C. E., Alberga, L., Rowe, C., & Liddle, H. A. (2005). Guidelines and challenges for estimating the economic costs and benefits of adolescent substance abuse treatments. Journal of Substance Abuse Treatment, 29, 3, 191-205.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects												
Outcomes measured	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis						
		sizes				First time ES is estimated			Second tim	e ES is estim	ated	
			ES	p-value	ES	SE	Age	ES	SE	Age		
Crime	Primary	3	151	-0.215	0.169	-0.215	0.157	17	-0.215	0.157	27	
Substance abuse	Primary	4	223	-0.472	0.001	-0.472	0.127	17	0.000	0.187	20	
Cannabis abuse or dependence	Primary	6	253	-0.308	0.016	-0.308	0.128	17	0.000	0.187	20	
Grade point average	Primary	1	40	0.168	0.577	0.168	0.301	17	0.168	0.301	17	
Externalizing behavior symptoms	Primary	4	346	-0.145	0.085	-0.145	0.084	17	-0.069	0.052	20	

Citations Used in the Meta-Analysis

Dakof, G.A., Henderson, C.E., Rowe, C.L., Boustani, M., Greenbaum, P.E., Wang, W., Hawes, S., ... Liddle, H.A. (2015). A randomized clinical trial of family therapy in juvenile drug court. *Journal of Family Psychology, 29*(2), 232-241.

Henderson, C.E., Dakof, G.A., Liddle, H.A., & Greenbaum, P.E. (2010). Effectiveness of multidimensional family therapy with higher severity substance-abusing adolescents: Report from two randomized controlled trials. *Journal of Consulting and Clinical Psychology*, 78(6), 885-897.

Hendriks, V., van, . S.E., & Blanken, P. (2011). Treatment of adolescents with a cannabis use disorder: Main findings of a randomized controlled trial comparing multidimensional family therapy and cognitive behavioral therapy in The Netherlands. *Drug and Alcohol Dependence*, 119, 64-71.

- Liddle, H.A., Dakof, G.A., Parker, K., Diamond, G.S., Barrett, K., & Tejeda, M. (2001) Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug Abuse*, 27(4), 651-688.
- Liddle, H.A., Rowe, C.L., Dakof, G.A., Ungaro, R.A. & Henderson, C.E. (2004). Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment. *Journal of Pscyhoactive Drugs*, *36*(1), 49-63.
- Liddle, H.A., Rowe, C.L., Gonzalez, A., Henderson, C.E., Dakof, G.A., & Greenbaum, P.E. (2006). Changing provider practices, program environment, and improving outcomes by transporting multidimensional family therapy to an adolescent drug treatment setting. *The American Journal on Addictions/American Academy of Psychiatrists in Alcoholism and Addictions*, 15, 102-12.
- Liddle, H.A., Rowe, C.L., Dakof, G.A., Henderson, C.E., & Greenbaum, P.E. (2009). Multidimensional Family Therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 77(1), 12-25.
- Liddle, H.A., Dakof, G.A., Turner, R.M., Henderson, C.E., & Greenbaum, P.E. (2008). Treating adolescent drug abuse: A randomized trial comparing multidimensional family therapy and cognitive behavior therapy. *Addiction, 103*(10), 1660-1670.
- Rigter, H., Henderson, C.E., Pelc, I., Tossmann, P., Phan, O., Hendriks, V., Schaub, M., ... Rowe, C.L. (2013). Multidimensional family therapy lowers the rate of cannabis dependence in adolescents: a randomised controlled trial in Western European outpatient settings. *Drug and Alcohol Dependence*, 130, 1-3.
- Schaub, M., Henderson, C.E., Pelc, I., Tossmann, P., Phan, O., Hendriks, V., Rowe, C.L., ... Rigter, H. (2014). Multidimensional family therapy decreases the rate of externalising behavioural disorder symptoms in cannabis abusing adolescents: Outcomes of the INCANT trial.

Multidimensional Treatment Foster Care

Benefit-cost estimates updated July 2015. Literature review updated June 2014.

Program Description: Multidimensional Treatment Foster Care (MTFC) is an intensive therapeutic foster care alternative to institutional placement for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. MTFC activities include skills training and therapy for youth as well as behavioral parent training and support for foster parents and biological parents. In our analysis, we only include effect sizes from programs that were delivered competently and with fidelity to the program model.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$1,899 \$4,279 \$13,561 (\$2,383) \$17,356 (\$8,230) \$9,126	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$2.11 \$9,126 65 %						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

	Detailed Monetary Be	enefit Estima	ites		
Source of benefits	Participants	Taxpayers	Benefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (hs grad) Property loss (alcohol abuse/dependence) Health care (disruptive behavior disorder) Adjustment for deadweight cost of program	\$0 \$1,873 \$1 \$25 \$0	\$3,404 \$799 \$0 \$76 \$0	\$12,534 \$930 \$2 \$95 \$0	\$1,700 \$0 \$38 (\$4,122)	\$17,638 \$3,602 \$3 \$234 (\$4,121)
Totals	\$1,899	\$4,279	\$13,561	(\$2,383)	\$17,356

Detailed Cost Estimates													
	Annual cost	Program duration	Year dollars	Summary statistics									
Program costs Comparison costs	\$31,883 \$24,536	1 1	2007 2007	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$8,230) 10 %								

Estimate provided by the Juvenile Rehabilitation Administration is based on an average length in the program during 2010 and includes oversight, coordination, and administration of the program. Aftercare programming for MTFC is discretionary and the additional associated cost calculation formulas are currently in development. The MTFC cost estimate is compared with alternative cost for youth in group homes.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects														
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis								
						First time ES is estimated			Second time ES is estimated					
				ES	p-value	ES	SE	Age	ES	SE	Age			
Crime	Primary	3	134	-0.544	0.015	-0.111	0.127	17	-0.111	0.127	27			
Teen pregnancy (under age 18)	Primary	1	159	-0.469	0.001	-0.352	0.028	17	-0.352	0.028	19			
Externalizing behavior symptoms	Primary	1	20	-0.627	0.073	-0.627	0.350	17	-0.299	0.221	20			
Internalizing symptoms	Primary	1	20	-0.428	0.216	-0.428	0.346	17	-0.312	0.296	19			
Alcohol use in high school	Primary	1	32	-0.126	0.601	-0.045	0.240	17	-0.045	0.240	18			
Smoking in high school	Primary	1	32	-0.190	0.429	-0.068	0.240	17	-0.068	0.240	18			
Cannabis use in high school	Primary	1	32	-0.230	0.015	-0.083	0.240	17	-0.083	0.240	18			
Illicit drug use in high school	Primary	1	32	-0.261	0.279	-0.094	0.240	17	-0.094	0.240	18			

Citations Used in the Meta-Analysis

Rhoades, K.A., Leve, L.D., Harold, G.T., Kim, H.K., & Chamberlain, P. (2014). Drug use trajectories after a randomized controlled trial of MTFC: Associations with partner drug use. *Journal of Research on Adolescence*, 24(1), 40-54.
Smith, D.K., Chamberlain, P., & Eddy, J.M. (2010). Preliminary support for multidimensional treatment foster care in reducing substance use in delinquent boys. *Journal of Child & Adolescent Substance Abuse*, *19*(4), 343-358.

Westermark, P.K., Hansson, K., & Olsson, M. (2011). Multidimensional treatment foster care (MTFC): Results from an independent replication. *Journal of Family Therapy, 33*(1), 20-41.

Multisystemic Therapy for juvenile sex offenders

Literature review updated June 2013.

Program Description: Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST–PSB) is an adaptation of MST for youth who have committed sexual offenses. MST–PSB addresses a youth's socialization processes and interpersonal transactions. Program staff work with the youth's family and others in the youth's community, such as peers, teachers, or probation officers.

Meta-Analysis of Program Effects											
Outcomes measured Primary or No. of Treatme secondary effect N		Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis						
	participant	sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	3	99	-0.711	0.001	-0.256	0.191	16	-0.256	0.191	26

Citations Used in the Meta-Analysis

Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 35(2), 105-113.

Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology*, 77(1), 26-37.

Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., et al. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology*, 23(1), 89-102.

Scared Straight

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: The underlying goal of the Scared Straight program is to deter juvenile offenders, or children at-risk of becoming delinquent, through organized visits to adult prisons. These meta-analytic results were last updated in 2006.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants	(\$2,118)	Benefit to cost ratio	(\$200.84)						
Taxpayers	(\$3,425)	Benefits minus costs	(\$13,571)						
Other (1)	(\$6,685)	Probability of a positive net present value	4 %						
Other (2)	(\$1,276)								
Total	(\$13,504)								
Costs	(\$67)								
Benefits minus cost	(\$13,571)								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits					
From primary participant										
Crime	\$0	(\$2,205)	(\$5,839)	(\$1,094)	(\$9,137)					
Labor market earnings (hs grad)	(\$2,156)	(\$919)	(\$1,066)	\$0	(\$4,141)					
Health care (educational attainment)	\$38	(\$301)	\$219	(\$149)	(\$193)					
Adjustment for deadweight cost of program	\$0	\$0	\$1	(\$33)	(\$32)					
Totals	(\$2,118)	(\$3,425)	(\$6,685)	(\$1,276)	(\$13,504)					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates										
	Annual cost	Program duration	Year dollars	Summary statistics						
Program costs Comparison costs	\$50 \$0	1 1	1999 1999	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$67) 10 %					

Estimated by the Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					nefit-
						First time ES is estimated		ted	Second time ES is estimated		ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	10	752	0.145	0.044	0.129	0.072	16	0.129	0.072	26

- Buckner, J. C., & Chesney-Lind, M. (1983.) Dramatic cures for juvenile crime: An evaluation of a prisoner-run delinquency prevention program. *Criminal Justice and Behavior*, *10*(2), 227-247.
- Cook D. D., & Spirrison, C. L. (1992). Effects of a prisoner-operated delinquency deterrence program: Mississippi's Project Aware. *Journal of Offender Rehabilitation*, 17(3-4), 89-99.
- Finchkenauer, J. O., & Gavin, P. W. (with Hovland, A., & Storvoll, E.). (1999). Scared Straight: the panacea phenomenon revisited. Prospect Heights, IL: Waveland Press.
- Lewis, R. V. (1983). Scared straight--California style: Evaluation of the San Quentin Squires program. Criminal Justice and Behavior, 10(2), 209-226.
- Locke, T. P., Johnson, G. M., Kirigin-Ramp, K., Atwater, J. D., & Gerrard, M. (1986). An evaluation of a juvenile education program in a state penitentiary. *Evaluation Review*, 10(3), 281-298.
- Michigan Department of Corrections. (1967). A six month follow-up of juvenile delinquents visiting the Ionia Reformatory (Research Report No. 4). Lansing: Michigan Department of Corrections.
- Orchowsky, S., & Taylor, K. (1981). The Insiders juvenile crime prevention program: An assessment of a juvenile awareness program (Document No. NCJ 79768). Richmond: Virginia Department of Corrections, Division of Program Development and Evaluation, Research and Reporting Unit.
- Vanzandt, J. (1979). Menard Correctional Center: Juvenile tours impact study (Document No. NCJ 062932). Marion, IL: Greater Egypt Regional Planning & Development Commission.
- Vreeland, A. D. (1982). Evaluation of Face-to-Face: A juvenile aversion program. Dissertation Abstracts International, 42(10), 4597A.
- Yarborough, J. C. (1979). Evaluation of JOLT (Juvenile Offenders Learn Truth) as a deterrence program (Document No. NCJ 060290). Lansing: Michigan Department of Corrections.

Other treatment for juvenile sex offenders

Literature review updated June 2013.

Program Description: Sex offender treatment for juvenile offenders includes individual or family therapies that follow cognitive behavioral strategies. Program components can also include relapse prevention, victim empathy, and education on human sexuality, healthy attitudes toward sex, and appropriate sexual roles.

Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	nent Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	2	131	-0.118	0.760	-0.118	0.386	15	-0.118	0.386	25

Citations Used in the Meta-Analysis

Lab, S. P., Shields, G., & Schondel, C. (1993). Research note: An evaluation of juvenile sexual offender treatment. *Crime & Delinquency, 39*(4), 543-553.
Worling, J. R., & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse & Neglect, 24*(7), 965-982.

Therapeutic communities for substance abusers

Benefit-cost estimates updated July 2015. Literature review updated December 2012.

Program Description: Therapeutic communities are the most intensive form of substance abuse treatment. These residential living units are highly structured using a hierarchical model among peers within the community. Youth gain responsibility as they progress through the stages of treatment. Depending on the level of dependency and the program, therapeutic communities can range from 5 to 10 months.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$1,104 \$2,660 \$7,901 (\$1,220) \$10,446 (\$4,641) \$5,805	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$2.25 \$5,805 73 %							

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits				
From primary participant Crime Labor market earnings (hs grad) Health care (educational attainment)	\$0 \$1,124 (\$20)	\$2,027 \$479 \$154	\$7,458 \$555 (\$112)	\$1,005 \$0 \$77	\$10,490 \$2,158 \$99				
Adjustment for deadweight cost of program Totals	\$0\$1,104	\$0 \$2,660	\$1 \$7,901	(\$2,302) (\$1,220)	(\$2,301) \$10,446				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates										
	Annual cost	Program duration	Year dollars	Summary statistics						
Program costs Comparison costs	\$4,522 \$0	1 1	2012 2012	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$4,641) 10 %					

Estimate provided by the Washington State Juvenile Rehabilitation Administration.



Meta-Analysis of Program Effects											
Outcomes measured Primary or No. of Tre secondary effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					nefit-		
	participant	sizes				First time ES is estimated			Second time ES is estimated		
			ES	p-value	ES	SE	Age	ES	SE	Age	
Crime	Primary	4	1158	-0.113	0.131	-0.066	0.049	17	-0.066	0.049	27

- Gordon, J. A. (2002). Barrett Juvenile Correctional Center: Is it effective?: A comparison of youth released from a residential substance abuse treatment center to youth at a traditional juvenile correctional center. Richmond, VA: Virginia Commonwealth University.
- Miller, J.M., & Miller, H.V. (2011). Considering the effectiveness of drug treatment behind bars: Findings from the South Carolina RSAT evaluation. Justice Quarterly, 28(1), 70-86.
- Morral, A. R., McCaffrey, D. F., & Ridgeway, G. (2004). Effectiveness of community-based treatment for substance-abusing adolescents: 12-month outcomes of youths entering Phoenix Academy or alternative probation dispositions. *Psychology of Addictive Behaviors, 18*(3), 257-68.
- Pealer, J. A. (2004). A community of peers—promoting behavior change: The effectiveness of a therapeutic community for juvenile male offenders in reducing recidivism. Unpublished doctoral dissertation, University of Cincinnati, Ohio.

Victim offender mediation

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: In this broad grouping of programs, the underlying characteristic is that the victim and the offender sit down together with a trained mediator in order to determine appropriate restitution for the harm done. The types of offenders, criminal justice setting, and degree of support to the victim and/or offender vary.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants	\$925	Benefit to cost ratio	\$6.41						
Taxpayers	\$1,071	Benefits minus costs	\$3,271						
Other (1)	\$1,848	Probability of a positive net present value	78 %						
Other (2)	\$32								
Total	\$3,876								
Costs	\$605								
Benefits minus cost	\$3,271								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits				
From primary participant Crime Labor market earnings (hs grad) Health care (educational attainment) Adjustment for deadweight cost of program	\$0 \$942 (\$17) \$0	\$537 \$402 \$132 \$0	\$1,479 \$465 (\$96) \$0	\$269 \$0 \$67 (\$304)	\$2,285 \$1,809 \$86 (\$304)				
Totals	\$925	\$1,071	\$1,848	\$32	\$3,876				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$565 \$0	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$605 10 %				

The Washington State Institute for Public Policy estimated the costs of victim offender mediation based on the literature reviewed. We also received a cost estimate from the victim offender mediation program in Clark County Washington. Our final cost estimate is the average of these two costs. The cost includes staff time, benefits, and volunteer time.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
						First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	6	1639	-0.080	0.153	-0.055	0.055	16	-0.055	0.055	26

- Luke, G., & Lind, B. (2002). *Reducing juvenile crime: Conferencing versus court* (Crime and Justice Bulletin: Contemporary Issues in Crime and Justice No. 69). Sydney, New South Wales, Australia: New South Wales Bureau of Crime Statistics and Research.
- McCold, P., & Wachtel, B. (1998). Restorative policing experiment: The Bethlehem Police Family Group Conferencing Project. Pipersville, PA: Community Service Foundation.
- McGarrell, E.F., & Hipple, N.K. (2007). Family group conferencing and re-offending among first-time juvenile offenders: The Indianapolis experiment. Justice Quarterly, 24(2), 221-246.
- Schneider, A.L. (1986). Restitution and recidivism rates of juvenile offenders: Results from four experimental studies. Criminology, 24(3), 533-552.
- Shapland, J., Atkinson, A., Atkinson, H., Dignan, J., Edwards, L., Hibbert, J., . . . Sorsby, A. (2008). *Does restorative justice affect reconviction?: The fourth report from the evaluation of three schemes* (Ministry of Justice Research Series). Sheffield, United Kingdom: University of Sheffield, Centre for Criminological Research.
- Sherman, L.W., H. Strang, and D.J. Woods. (2000). *Recidivism Patterns in the Canberra Reintegrative Shaming Experiments (RISE)*. Canberra, Australia: Centre for Restorative Justice, Research School of Social Sciences, Australian National University.

Group Cognitive Behavioral Therapy (CBT) for anxious children

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Treatments usually include multiple components, such as somatic management, cognitive restructuring and self-talk, exposure to feared stimuli, and positive reinforcement. This brief therapy can be administered in individual, group, or family format; well-known examples include the Coping Cat and Coping Koala programs. The results below are those from group formats.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs	\$4,549 \$2,167 \$326 <u>\$338</u> \$7,380 \$411	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	n/a \$7,792 99 %						
Benefits minus cost	\$7,792								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits				
From primary participant Labor market earnings (anxiety disorder) Health care (anxiety disorder) Adjustment for deadweight cost of program	\$4,463 \$86 \$0	\$1,904 \$263 \$0	\$0 \$326 \$0	\$0 \$132 \$206	\$6,367 \$807 \$206				
Totals	\$4,549	\$2,167	\$326	\$338	\$7,380				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$559 \$943	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$411 10 %				

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost is based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
		sizes				First time ES is estimated		Second time ES is estimated			
				ES	p-value	ES	SE	Age	ES	SE	Age
Anxiety disorder	Primary	13	469	-0.950	0.001	-0.447	0.108	11	-0.206	0.068	12

- Barrett, P. M. (1998). Evaluation of cognitive-behavioral group treatments for childhood anxiety disorders. Journal of Clinical Child Psychology, 27(4), 459-468.
- Bernstein, G. A., Layne, A. E., Egan, E. A., & Tennison, D. M. (2005). School-based interventions for anxious children. Journal of the American Academy of Child & Adolescent Psychiatry, 44(11), 1118-1127.
- Dadds, M. R., Spence, S. H., Holland, D. E., Barrett, P. M., & Laurens, K. R. (1997). Prevention and early intervention for anxiety disorders: A controlled trial. *Journal of Consulting and Clinical Psychology*, 65(4), 627-635.
- Gallagher, H. M., Rabian, B. A., & McCloskey, M. S. (2004). A brief group cognitive-behavioral intervention for social phobia in childhood. *Journal of Anxiety Disorders, 18*(4), 459-479.
- Hudson, J. L., Rapee, R. M., Deveney, C., Schniering, C. A., Lyneham, H. J., & Bovopoulos, N. (2009). Cognitive-behavioral treatment versus an active control for children and adolescents with anxiety disorders: A randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 48*(5), 533-544.
- Lau, W.-Y., Chan, C. K.-Y., Li, J. C.-H., & Au, T. K.-F. (2010). Effectiveness of group cognitive-behavioral treatment for childhood anxiety in community clinics. Behaviour Research and Therapy, 48(11), 1067-1077.
- Muris, P., Meesters, C., & van Melick, M. (2002). Treatment of childhood anxiety disorders: A preliminary comparison between cognitive- behavioral group therapy and a psychological placebo intervention. *Journal of Behavior Therapy and Experimental Psychiatry*, *33*(3-4), 143-158.
- Rapee, R. M., Abbott, M. J., & Lyneham, H. J. (2006). Bibliotherapy for children with anxiety disorders using written materials for parents: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74(3), 436-444.
- Rapee, R. (2000). Group treatment of children with anxiety disorders: Outcome and predictors of treatment response. Australian Journal of Psychology, 52(3), 125-129.
- Shortt, A. L., Barrett, P. M., & Fox, T. L. (2001). Evaluating the FRIENDS program: A cognitive-behavioral group treatment for anxious children and their parents. *Journal of Clinical Child Psychology*, 30(4), 525-535.
- Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems., C. F., Lumpkin, P. W., & Carmichael, D. H. (1999). Treating anxiety disorders in children with group cognitive-behavioral therapy: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 67(6), 995-1003.
- Spence, S. H., Donovan, C., & Breechman-Toussaint, M. (2000). The treatment of childhood social phobia: The effectiveness of a social skills training-based, cognitive behavioural intervention, with and without prenatal involvement. *Journal of Child Psychology and Psychiatry*, 41(6), 713-726.
- Spence, S. H., Holmes, J. M., March, S., & Lipp, O. V. (2006). The feasibility and outcome of clinic plus internet delivery of cognitive- behavior therapy for childhood anxiety. *Journal of Consulting and Clinical Psychology*, 74(3), 614-621.

Individual Cognitive Behavioral Therapy (CBT) for anxious children

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Treatments usually include multiple components, such as somatic management, cognitive restructuring and self-talk, exposure to feared stimuli, and positive reinforcement. This brief therapy can be administered in individual, group, or family format; well-known examples include the Coping Cat and Coping Koala programs. The results below are those from individual formats.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$3,593 \$1,693 \$230 (\$293) \$5,224 (\$769) \$4,455	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$6.79 \$4,455 94 %						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits				
From primary participant Labor market earnings (anxiety disorder) Health care (anxiety disorder) Adjustment for deadweight cost of program	\$3,531 \$61 \$1	\$1,506 \$186 \$1	\$0 \$230 \$0	\$0 \$93 (\$385)	\$5,038 \$570 (\$383)				
Totals	\$3,593	\$1,693	\$230	(\$293)	\$5,224				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$1,661 \$943	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$769) 10 %				

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost is based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects											
Outcomes measured Primary or secondary participant	Primary or secondary	No. of effect	of Treatment ct N s	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant sizes	sizes				First time ES is estimated			Second time ES is estimated		
			ES	p-value	ES	SE	Age	ES	SE	Age	
Major depressive disorder	Primary	1	41	-0.482	0.036	-0.202	0.230	11	0.000	0.025	12
Anxiety disorder	Primary	9	523	-0.735	0.001	-0.367	0.097	11	-0.170	0.059	12
Global functioning	Primary	2	279	0.222	0.068	0.222	0.122	11	0.102	0.062	12
Suicidal ideation	Primary	2	279	0.285	0.021	0.285	0.124	11	0.132	0.065	12

- Barrett, P. M., Dadds, M. R., & Rapee, R. M. (1996). Family treatment of childhood anxiety: A controlled trial. *Journal of Consulting and Clinical Psychology*, 64(2), 333-342.
- Flannery-Schroeder, E. D., & Kendall, P. C. (2000). Group and individual cognitive-behavioral treatments for youth with anxiety disorders: A randomized clinical trial. *Cognitive Therapy and Research*, 24(3), 251-278.
- Kendall, P. C., Flannery-Schroeder, E., Panichelli-Mindel, S. M., Southam-Gerow, H., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: A second randomized clinical trial. *Journal of Consulting and Clinical Psychology*, *65*(3), 366-380.
- Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology*, 76(2), 282-297.
- Kendall, P. C. (1994). Treating anxiety disorders in children: Results of a randomized clinical trial. Journal of Consulting and Clinical Psychology, 62(1), 100-110.
- Manassis, K., Mendlowitz, S.L., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M., . . . Owens, M. (2002) Group and individual cognitive-behavioral therapy for childhood anxiety disorders: A randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*(12), 1423-1430.
- Nauta, M. H., Scholing, A., Emmelkamp, P. M. G., & Minderaa, R. B. (2003). Cognitive-behavioral therapy for children with anxiety disorders in a clinical setting: No additional effect of a cognitive parent training. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(11), 1270-1278.
- Southam-Gerow, M. A., McLeod, B. D., Weisz, J. R., Chu, B. C., Gordis, E. B., & Connor-Smith, J. K. (2010). Does cognitive behavioral therapy for youth anxiety outperform usual care in community clinics? An initial effectiveness test. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(10), 1043-1052.
- Walkup, J. T., Albano, A. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., . . . Kendall, P. C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *The New England Journal of Medicine*, 359(26), 2753-2766.

Remote Cognitive Behavioral Therapy (CBT) for anxious children

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: These treatments utilize the same principles and techniques as those of other CBT treatments for anxiety; however, they are unique insofar as clients have reduced (if any) face-to-face time with therapists. Clients are supported remotely via email or phone contact. A manual or online program helps to guide progress of the intervention.

Benefit-Cost Summary								
Program benefits		Summary statistics						
Participants Taxpayers	\$14,110 \$6,746	Benefit to cost ratio Benefits minus costs	n/a \$23,497					
Other (1) Other (2)	\$1,047 \$816	Probability of a positive net present value	99 %					
Total	\$22,720							
Costs	\$777							
Benefits minus cost	\$23,497							

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits				
From primary participant Labor market earnings (anxiety disorder) Health care (anxiety disorder) Adjustment for deadweight cost of program	\$13,835 \$275 \$0	\$5,901 \$845 \$0	\$0 \$1,046 \$1	\$0 \$426 \$391	\$19,736 \$2,592 \$392				
Totals	\$14,110	\$6,746	\$1,047	\$816	\$22,720				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost I	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$217 \$943	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$777 10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost is based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects												
Outcomes measured	Primary or secondary	or No. of Treatment ant sizes	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted eff	ect sizes and	d stanc cost ai	lard errors us nalysis	ed in the be	nefit-	
	participant		sizes		sizes			First time	ES is estimat	ted	Second tim	e ES is estim
				ES	p-value	ES	SE	Age	ES	SE	Age	
Major depressive disorder	Primary	1	30	0.000	1.000	0.000	0.260	11	0.000	0.021	12	
Anxiety disorder	Primary	5	210	-1.140	0.001	-1.140	0.259	11	-0.527	0.167	12	
Global functioning	Primary	2	46	1.074	0.001	1.074	0.224	11	0.497	0.152	12	

- Khanna, M. S., & Kendall, P. C. (2010). Computer-assisted cognitive behavioral therapy for child anxiety: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 78(5), 737-745.
- Lyneham, H. J., & Rapee, R. M. (2006). Evaluation of therapist-supported parent-implemented CBT for anxiety disorders in rural children. *Behaviour Research and Therapy*, 44(9), 1287-1300.
- March, S., Spence, S. H., & Donovan, C. L. (2009). The efficacy of an internet-based cognitive-behavioral therapy intervention for child anxiety disorders. Journal of Pediatric Psychology, 34(5), 474-487.
- Rapee, R. M., Abbott, M. J., & Lyneham, H. J. (2006). Bibliotherapy for children with anxiety disorders using written materials for parents: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74(3), 436-444.
- Spence, S. H., Holmes, J. M., March, S., & Lipp, O. V. (2006). The feasibility and outcome of clinic plus internet delivery of cognitive- behavior therapy for childhood anxiety. *Journal of Consulting and Clinical Psychology*, 74(3), 614-621.

Parent Cognitive Behavioral Therapy (CBT) for anxious children

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Treatments usually include multiple components, such as somatic management, cognitive restructuring and self-talk, exposure to feared stimuli, and positive reinforcement. This brief therapy can be administered in individual, group, or family format. Well-known examples include the Coping Cat and Coping Koala programs.

	Benef	ït-Cost Summary	
Program benefits		Summary statistics	
Participants	\$953	Benefit to cost ratio	n/a
Taxpayers	\$461	Benefits minus costs	\$2,483
Other (1)	\$78	Probability of a positive net present value	99 %
Other (2)	\$353		
Total	\$1,845		
Costs	\$637		
Benefits minus cost	\$2,483		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detai	led Monetary Bei	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant Labor market earnings (anxiety disorder) Health care (anxiety disorder) Adjustment for deadweight cost of program	\$932 \$21 \$0	\$398 \$63 \$0	\$0 \$78 \$0	\$0 \$32 \$321	\$1,330 \$194 \$322
Totals	\$953	\$461	\$78	\$353	\$1,845

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$348 \$943	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$637 10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost is based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



		М	eta-Anal	ysis of Pi	rogram E	Effects					
Outcomes measured	Primary or No. of effect		of Treatment	Unadjusted (random eff	effect size ects model)	Adjusted eff	effect sizes and standard errors used in the benefit- cost analysis				
	participant	sizes			First time	ES is estimat	ted	Second time ES is estimated		ated	
				ES	p-value	ES	SE	Age	ES	SE	Age
Anxiety disorder	Primary	3	135	-0.842	0.019	-0.260	0.157	6	-0.120	0.079	7

Kennedy, S. J., Rapee, R. M., & Edwards, S. L. (2009). A selective intervention program for inhibited preschool-aged children of parents with an anxiety disorder: Effects on current anxiety disorders and temperament. *Journal of the American Academy of Child & Adolescent Psychiatry, 48*(6), 602-609.

Rapee, R. M., Kennedy, S. J., Ingram, M., Edwards, S. L., & Sweeney, L. (2010). Altering the trajectory of anxiety in at-risk young children. American Journal of Psychiatry, 167(12), 1518-1525.

Waters, A. M., Ford, L. A., Wharton, T. A., & Cobham, V. E. (2009). Cognitive-behavioural therapy for young children with anxiety disorders: Comparison of a child + parent condition versus a parent only condition. *Behaviour Research and Therapy*, *47*(8), 654-662.

Behavioral Parent Training (BPT) for children with ADHD

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: This is a brief intervention (spanning a couple of months) that involves psychoeducation and teaching parents behavior management techniques, such as reinforcement and teacher correspondence. Many studies utilize or build on Barkley's Defiant Children program.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants	\$119	Benefit to cost ratio	n/a
Taxpayers	\$72	Benefits minus costs	\$458
Other (1)	\$89	Probability of a positive net present value	90 %
Other (2)	\$67		
Total	\$347		
Costs	\$111		
Benefits minus cost	\$458		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

D	etailed Monetary Be	enefit Estimat	es		
Source of benefits	Participants	B Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (hs grad) Health care (disruptive behavior disorder) Adjustment for deadweight cost of program	\$0 \$111 \$7 \$2	\$3 \$47 \$21 \$1	\$8 \$55 \$26	\$1 \$0 \$10 \$55	\$12 \$213 \$64
Totals	\$2\$2\$119	\$1	\$0	\$55 \$67	\$58

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$846 \$950	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$111 10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost was based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects Adjusted effect sizes and standard errors used in the benefit-Outcomes measured Primary or No. of Treatment Unadjusted effect size secondary effect Ν (random effects model) cost analysis participant sizes First time ES is estimated Second time ES is estimated ES ES SE p-value ES SE Age Age Disruptive behavior disorder Primary 4 184 -0.235 0.305 -0.119 -0.057 0.066 10 0.119 7 symptoms Attention deficit Primary 7 277 -0.465 0.001 -0.2350.100 7 -0.001 0.012 8 hyperactivity disorder symptoms Internalizing symptoms Primary 1 47 -0.422 0.043 -0.156 0.209 7 -0.114 0.169 9

- Abikoff, H.B., Thompson, M., Laver-Bradbury, C., Long, N., Forehand, R.L., Miller, B.L., Klein, R.G., ... Sonuga-Barke, E. (2015). Parent training for preschool ADHD: a randomized controlled trial of specialized and generic programs. *Journal of Child Psychology and Psychiatry*, 56(6), 618-631.
- Anastopoulos, A.D., Shelton, T.L., DuPaul, G.J., & Guevremont, D.C. (1993). Parent training for attention-deficit hyperactivity disorder: Its impact on parent functioning. *Journal of Abnormal Child Psychology*, *21*(5), 581-596.
- Chacko, A., Wymbs, B.T., Wymbs, F.A., Pelham, W.E., Swanger-Gagne, M.S., Girio, E., . . . O'Connor, B. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. Journal of Clinical Child & Adolescent Psychology, 38(2), 206-218.
- Sonuga-Barke, E.J.S., Daley, D., Thompson, M., Laver-Bradbury, C., & Weeks, A. (2001). Parent-based therapies for preschool attention-deficit/hyperactivity disorder: A randomized, controlled trial with a community sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(4), 402-408.
- Sonuga-Barke, E.J.S., Thompson, M., Daley, D., & Laver-Bradbury, C. (2004). Parent training for Attention Deficit/Hyperactivity Disorder: Is it as effective when delivered as routine rather than as specialist care? *British Journal of Clinical Psychology*, *43*(4), 449-457.
- Thompson, M.J.J., Laver-Bradbury, C., Ayres, M., Le Poidevin, E., Mead, S., Dodds, C., . . . Sonuga-Barke, E. J. S. (2009). A small-scale randomized controlled trial of the revised new forest parenting programme for preschoolers with attention deficit hyperactivity disorder. *European Child & Adolescent Psychiatry, 18*(10), 605-616.
- Van den Hoofdakker, B.J., Van der Veen-Mulders, L., Sytema, S., Emmelkamp, P.M.G., Minderaa, R.B., & Nauta, M.H. (2007). Effectiveness of behavioral parent training for children with ADHD in routine clinical practice: A randomized controlled study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(10), 1263-1271.

Cognitive Behavioral Therapy (CBT) for children with ADHD

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Cognitive training and cognitive-behavioral therapies are included in this program grouping. Both target problem-solving in order to reduce impulsive behavior; specific strategies include self-monitoring, modeling/role playing, self-instruction, generation of alternatives, and reinforcement.

	Benef	ït-Cost Summary	
Program benefits		Summary statistics	
Participants	(\$96)	Benefit to cost ratio	(\$0.77)
Taxpayers	(\$70)	Benefits minus costs	(\$1,823)
Other (1)	(\$91)	Probability of a positive net present value	2 %
Other (2)	(\$535)		
Total	(\$792)		
Costs	(\$1,031)		
Benefits minus cost	(\$1,823)		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

D	etailed Monetary Be	nefit Estimat	es		
Source of benefits	Participants	B Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (hs grad) Health care (disruptive behavior disorder) Adjustment for deadweight cost of program	\$0 (\$86) (\$10) \$0	(\$4) (\$37) (\$30) \$0	(\$12) (\$43) (\$37) \$0	(\$2) \$0 (\$15) (\$518)	(\$18) (\$165) (\$91) (\$518)
Totals	(\$96)	(\$70)	(\$91)	(\$535)	(\$792)

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,913 \$950	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,031) 10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost was based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects											
Outcomes measured Primary or secondary effect participant sizes	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
		sizes				First time ES is estimated			Second time ES is estimated		
			ES	p-value	ES	SE	Age	ES	SE	Age	
Disruptive behavior disorder symptoms	Primary	2	42	0.148	0.682	0.148	0.362	10	0.071	0.189	12
Attention deficit hyperactivity disorder symptoms	Primary	7	96	0.040	0.791	0.015	0.152	10	0.000	0.008	11

- Abikoff, H. & Gittelman, R. (1985). Hyperactive children treated with stimulants: Is cognitive training a useful adjunct? Archives of General Psychiatry, 42(10), 953-961.
- Abikoff, H., Ganeles, D., Reiter, G., Blum, C., Foley, C., & Klein, R. G. (1988). Cognitive training in academically deficient ADDH boys receiving stimulant medication. *Journal of Abnormal Child Psychology*, *16*(4), 411-432.
- Bloomquist, M. L., August, G. J., & Ostrander, R. (1991). Effects of a school-based cognitive-behavioral intervention for ADHD children. *Journal of Abnormal Child Psychology*, *19*(5), 591-605.
- Brown, R.T., Wynne, M.E., Borden, K.A., Clingerman, S.R., Geniesse, R., & Spunt, A.L. (1986). Methylphenidate and cognitive therapy in children with attention deficit disorder: A double-blind trial. *Journal of Developmental and Behavioral Pediatrics*, 7(3), 163-174.
- Fehlings, D.L., Roberts, W., Humphries, T., & Dawe, G. (1991). Attention deficit hyperactivity disorder: Does cognitive behavioral therapy improve home behavior? *Journal of Developmental and Behavioral Pediatrics*, *12*(4), 223-228.
- Kaduson, H.G., & Finnerty, K. (1995). Self-control game interventions for attention-deficit hyperactivity disorder. International Journal of Play Therapy, 4(2), 15-29.

Multimodal Therapy (MMT) for children with ADHD

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: These treatments target more than one setting with psychosocial interventions. For instance, many therapies intervene with both parents and teachers or children. In this analysis, all studies utilized either behavioral or cognitive-behavioral orientations.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers	\$4,233 \$3,401	Benefit to cost ratio Benefits minus costs	\$0.96 (\$369)						
Other (1) Other (2)	\$4,276 (\$3,531)	Probability of a positive net present value	44 %						
Total	\$8,378								
Costs	(\$8,747)								
Benefits minus cost	(\$369)								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	iled Monetary Ber	nefit Estimate	2S		
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (anxiety disorder) Health care (anxiety disorder)	\$0 \$4,166 \$67	\$1,419 \$1,777 \$205	\$4,023 \$0 \$253	\$704 \$0 \$101	\$6,146 \$5,943 \$626
Adjustment for deadweight cost of program Totals	\$0	\$0 \$3,401	\$0 \$4,276	(\$4,337) (\$3,531)	(\$4,337) \$8,378

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates										
	Annual cost	Program duration	Year dollars	Summary statistics						
Program costs Comparison costs	\$9,120 \$950	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$8,747) 20 %					

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost was based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



	Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted effect sizes and standard errors used in the bene cost analysis						
ра	participant	sizes					First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age	
Crime	Primary	1	81	-0.429	0.062	-0.429	0.230	17	-0.429	0.230	27	
Disruptive behavior disorder symptoms	Primary	7	362	-0.341	0.007	-0.253	0.102	9	-0.121	0.073	11	
Anxiety disorder	Primary	2	264	-0.190	0.227	-0.190	0.157	9	-0.088	0.077	10	
Attention deficit hyperactivity disorder symptoms	Primary	9	453	-0.186	0.125	-0.084	0.082	9	0.000	0.006	10	
Global functioning	Primary	1	30	0.141	0.582	0.141	0.256	9	-0.008	0.021	10	

- Abikoff, H., Hechtman, L., Klein, R. G., Weiss, G., Fleiss, K., Etcovitch, J., . . . Pollack, S. (2004). Symptomatic improvement in children with ADHD treated with long-term methylphenidate and multimodal psychosocial treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(7), 802-811.
- Chacko, A., Wymbs, B. T., Wymbs, F. A., Pelham, W. E., Swanger-Gagne, M. S., Girio, E., . . . O'Connor, B. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. *Journal of Clinical Child and Adolescent Psychology*, *38*(2), 206- 218.
- Hechtman, L., Abikoff, H., Klein, R. G., Weiss, G., Respitz, C., Kouri, J., . . . Pollack, S. (2004). Academic achievement and emotional status of children with ADHD treated with long-term methylphenidate and multimodal psychosocial treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(7), 812-819.
- Hechtman, L., Etcovitch, J., Platt, R., Arnold, L. E., Abikoff, H. B., Newcorn, J. H., . . . Wigal, T. (2005). Does multimodal treatment of ADHD decrease other diagnoses? *Clinical Neuroscience Research*, 5(5-6), 273-282.
- Horn, W. F., Ialongo, N. S., Pascoe, J. M., Greenberg, G., Packard, T., Lopez, M., . . . Puttler, L. (1991). Additive effects of psychostimulants, parent training, and self-control therapy with ADHD children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 30(2), 233-240.

Klein, R. G., & Abikoff, H. (1997). Behavior therapy and methylphenidate in the treatment of children with ADHD. Journal of Attention Disorders, 2(2), 89-114.

- MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit hyperactivity disorder. Archives of General Psychiatry, 56(12), 1073-1086.
- Pfiffner, L. J., Yee Mikami, A., Huang-Pollock, C., Easterlin, B., Zalecki, C., & McBurnett, K. (2007). A randomized, controlled trial of integrated home-school behavioral treatment for ADHD, predominantly inattentive type. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(8), 1041-1050.
- van der Oord, S., Prins, P. J. M., Oosterlaan, J., & Emmelkamp, P. M. G. (2007). Does brief, clinically based, intensive multimodal behavior therapy enhance the effects of methylphenidate in children with ADHD? *European Child & Adolescent Psychiatry*, *16*(1), 48-57.

Cognitive Behavioral Therapy (CBT) for depressed adolescents

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Treatments include various components, such as cognitive restructuring, behavioral activation, emotion regulation, communication skills, and problem-solving. Most commonly, studies offering this treatment provided 10-20 therapeutic hours per client in individual or group modality. One well-known example is the Adolescent Coping With Depression (CWD-A) program.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants	\$75	Benefit to cost ratio	\$1.11						
Taxpayers	\$86	Benefits minus costs	\$54						
Other (1)	\$80	Probability of a positive net present value	51 %						
Other (2)	\$321								
Total	\$562								
Costs	(\$508)								
Benefits minus cost	\$54								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	ed Monetary Bei	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (major depression) Health care (major depression) Adjustment for deadweight cost of program	\$0 \$54 \$20 \$0	\$1 \$23 \$61 \$0	\$4 \$0 \$76 \$0	\$1 \$545 \$31 (\$255)	\$6 \$623 \$188 (\$254)
Totals	\$75	\$86	\$80	\$321	\$562

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,207 \$733	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$508) 10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost is based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects													
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis							
	participant	sizes	sizes			First time	ES is estima	ted	Second tim	errors used in the berefit-sis cond time ES is estimeted ES SE Age 0.000 0.024 17 -0.014 0.052 19 0.000 0.019 17 0.000 0.019 17			
				ES	p-value	ES	SE	Age	ES	SE	Age		
Major depressive disorder	Primary	11	426	-0.595	0.001	-0.277	0.088	16	0.000	0.024	17		
Externalizing behavior symptoms	Primary	5	518	-0.039	0.698	-0.029	0.099	16	-0.014	0.052	19		
Suicide attempts	Primary	1	41	0.000	1.000	0.000	0.215	16	0.000	0.019	17		
Hospitalization (psychiatric)	Primary	1	41	-0.143	0.504	-0.091	0.214	16	0.000	0.019	17		
Primary care visits	Primary	1	41	-0.135	0.529	-0.086	0.214	16	0.000	0.019	17		
Suicidal ideation	Primary	2	146	-0.329	0.011	-0.329	0.130	16	0.000	0.029	17		
Global functioning	Primary	5	390	0.230	0.040	0.178	0.097	16	0.000	0.016	19		

- Brent, D.A., Holder, D., Kolko, D., Birmaher, B., Baugher, M., Roth, C., . . . Johnson, B.A. (1997). A clinical psychotherapy trial for adolescent depression comparing cognitive, family, and supportive therapy. *Archives of General Psychiatry*, *54*(9), 877-885.
- Clarke, G.N., Rohde, P., Lewinsohn, P.M., Hops, H., & Seeley, J.R. (1999). Cognitive-behavioral treatment of adolescent depression: Efficacy of acute group treatment and booster sessions. *Journal of the American Academy of Child & Adolescent Psychiatry, 38*(3), 272-279.
- Clarke, G.N., Hornbrook, M., Lynch, F., Polen, M., Gale, J., O'Connor, E., . . . Debar, L. (2002). Group cognitive-behavioral treatment for depressed adolescent offspring of depressed parents in a health maintenance organization. *Journal of the American Academy of Child & Adolescent Psychiatry*, *41*(3), 305-313.
- Kahn, J.S., Kehle, T.J., Jenson, W.R., & Clark, E. (1990). Comparison of cognitive-behavioral, relaxation, and self-modeling interventions for depression among middle-school students. *School Psychology Review*, 19(2), 196-211.
- Kennard, B., Silva, S., Vitiello, B., Curry, J., Kratochvil, C., Simons, A., et al. (2006). Remission and residual symptoms after short-term treatment in the Treatment of Adolescents with Depression Study (TADS). Journal of the American Academy of Child & Adolescent Psychiatry, 45(12), 1404-1411.

Lewinsohn, P.M., Clarke, G.N., Hops, H. & Andrews, J. (1990). Cognitive-behavioral treatment for depressed adolescents. Behavior Therapy, 21(4), 385-401.

- March, J., Silva, S., Petrycki, S., Curry, J., Wells, K., Fairbank, J., et al. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents With Depression Study (TADS) randomized controlled trial. JAMA, 292(7), 807-820.
- Reynolds, W.M., & Coats, K.I. (1986). A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. Journal of Consulting and Clinical Psychology, 54(5), 653-660.
- Rohde, P., Clarke, G.N., Mace, D.E., Jorgensen, J.S., & Seeley, J.R. (2004). An efficacy/effectiveness study of cognitive-behavioral treatment for adolescents with comorbid major depression and conduct disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(6), 660-668.

- Rossello, J., Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology*, *67*(5), 734-745.
- Vitiello, B., Rohde, P., Silva, S., Wells, K., Casat, C., Waslick, B., et al. (2006). Functioning and quality of life in the Treatment for Adolescents with Depression Study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(12), 1419-1426.
- Vostanis, P., Feehan, C., Grattan, E., & Bickerton, W.L. (1996). Treatment for children and adolescents with depression: Lessons from a controlled trial. *Clinical Child Psychology and Psychiatry*, 1(2), 199-212.
- Vostanis, P., Feehan, C., & Grattan, E. (1998). Two-year outcome of children treated for depression. European Child & Adolescent Psychiatry, 7(1), 12-8.
- Wood, A., Harrington, R., & Moore, A. (1996). Controlled trial of a brief cognitive-behavioural intervention in adolescent patients with depressive disorders. Journal of Child Psychology and Psychiatry, and Allied Disciplines, 37(6), 737-746.

Helping the Noncompliant Child

Benefit-cost estimates updated July 2015. Literature review updated June 2015.

Program Description: In this program, a therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The program is delivered in two phases. The first phase focuses on "differential attention", when parents are taught to describe the child's appropriate behavior to the child rather than giving commands and to give rewards through positive physical attention and verbal praise. In the second phase, parents learn the importance of clear, simple instructions and to provide positive rewards for compliance and negative consequences for noncompliance.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpavers	\$603 \$601	Benefit to cost ratio Benefits minus costs	\$2.66 \$1 139						
Other (1)	\$766	Probability of a positive net present value	70 %						
Other (2)	(\$146)								
Costs	<u>\$685</u>								
Benefits minus cost	\$1,139								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detaile	d Monetary Bei	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime	\$0	\$25	\$70	\$13	\$107
Labor market earnings (hs grad)	\$483	\$206	\$239	\$0	\$927
Health care (disruptive behavior disorder)	\$120	\$370	\$458	\$186	\$1,134
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$344)	(\$344)
Totals	\$603	\$601	\$766	(\$146)	\$1,824

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,612 \$1,000	1 1	2007 2007	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$685 10 %

This program is very similar to Parent-Child Interaction Therapy (PCIT), requiring similar equipment and therapist qualifications. In 2007, the standard PCIT expenditures provided by Children's Administration (average reimbursement rate for families receiving PCIT in Washington) was \$2,240 Helping the Noncompliant Child requires 10 sessions, compared to an average of 13.9 sessions in the studies we reviewed for PCIT, so we estimate the cost for HNC to be 10/13.9 times \$2240.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured Primar second particip	Primary or secondary	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	participant sizes		First time ES is estimated Second time ES is e			e ES is estim	stimated			
				ES	p-value	ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	Primary	3	79	-0.811	0.030	-0.539	0.388	4	-0.257	0.228	7
Attention deficit hyperactivity disorder symptoms	Primary	1	63	-1.039	0.001	-0.590	0.243	4	-0.002	0.031	5
Parental stress	Secondary	1	63	-0.669	0.014	-0.375	0.272	26	-0.669	0.272	28

Citations Used in the Meta-Analysis

Abikoff, H.B., Thompson, M., Laver-Bradbury, C., Long, N., Forehand, R.L., Miller, B.L., Klein, R.G., ... Sonuga-Barke, E. (2015). Parent training for preschool ADHD: a randomized controlled trial of specialized and generic programs. *Journal of Child Psychology and Psychiatry*, 56(6), 618-631.

Peed, S., Roberts, M., & Forehand, R. (1977). Evaluation of the effectiveness of a standardized parent training program in altering the interaction of mothers and their noncompliant children. *Behavior Modification*, 1(3), 323-350.

Wells, K.C, & Egan, J. (1988). Social learning and systems family therapy for childhood oppositional disorder: Comparative treatment outcome. *Comprehensive Psychiatry*, 29(2), 138-146.

Incredible Years: Parent training

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Incredible Years Parent Training (www.incredibleyears.com) is a group, skillsbased behavioral intervention for parents of children with behavior problems. The curriculum focuses on strengthening parenting skills (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social, and emotional competencies and reduce conduct problems. Training classes include child care, a family meal, and transportation.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$1,094 \$679 \$388 (\$522) \$1,639 (\$1,304) \$335	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$1.26 \$335 52 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detai	led Monetary Be	nefit Estimat	es						
Source of benefits	Benefits to Participants Taxpayers Other (1) Other (2) Total benefi								
From primary participant Crime Labor market earnings (hs grad) Health care (disruptive behavior disorder)	\$0 \$144 \$36	\$7 \$62 \$110	\$21 \$72 \$136	\$4 \$0 \$55	\$32 \$278 \$337				
Subtotals	\$180	\$179	\$229	\$58	\$646				
From secondary participant Labor market earnings (major depression) Health care (major depression)	\$873 \$41	\$372 \$127	\$0 \$158	\$8 \$63	\$1,253 \$389				
Subtotals	\$914	\$499	\$158	\$71	\$1,642				
Adjustment for deadweight cost of program	\$0	\$1	\$1	(\$652)	(\$650)				
Totals	\$1,094	\$679	\$388	(\$522)	\$1,639				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,215 \$881	1 1	2013 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,304) 10 %

Cost of parent training class per family provided by Washington State DSHS Children's Administration, 2012. WSIPP also added costs of practitioner training and curriculum for the parent classes, based on the findings of Foster et al., 2007 (training and curricula costs are low on a per-family basis, as curricula are shared between practitioners and distributed across many families who receive the intervention). Based on conversations with Lisa St. George from Incredible Years, we assumed that a practitioner team might use their purchased training and curricula to serve 24 families per year on average, for about five years (120 families served per team).

about five years (120 families served per team). Foster, E. .M., Olchowski, A. E., & Webster-Stratton, C.H. (2007). Is stacking intervention components cost-effective? An analysis of the Incredible Years program. Journal of the American Academy of Child and Adolescent Psychiatry, 46(11).

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects												
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis						
	participant sizes	sizes				First time	ES is estima	ted	Second tim	ie ES is estim	ated	
				ES	p-value	ES	SE	Age	ES	SE	Age	
Disruptive behavior disorder symptoms	Primary	18	1300	-0.443	0.009	-0.123	0.047	6	-0.059	0.035	9	
Major depressive disorder	Secondary	4	210	-0.094	0.557	-0.094	0.160	26	-0.046	0.173	28	
Attention deficit hyperactivity disorder symptoms	Primary	1	50	-0.595	0.013	-0.220	0.238	6	0.000	0.016	7	
Internalizing symptoms	Primary	3	187	-0.348	0.380	-0.103	0.117	6	-0.048	0.085	8	
Parental stress	Secondary	4	210	-0.402	0.016	-0.402	0.169	26	-0.191	0.119	28	

Citations Used in the Meta-Analysis

Gardner, F., Burton, J., & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: Outcomes and mechanisms of change. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 47*(11), 1123-1132.

- Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in day care in low-income urban communities. Journal of Consulting and Clinical Psychology, 71(2), 261-278.
- Herman, K.C., Borden, L., Reinke, W.M., & Webster-Stratton, C. (n.d.). *The impact of the Incredible Years parent, child, and teacher training programs on children's co-occuring internalizing symptoms.* Manuscripted submitted for publication.
- Hutchings, J., Gardner, F., Bywater, T., Daley, D., Whitaker, C., Jones, K., . . . Edwards, R.T. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *British Medical Journal*, 334(7595), 678-682.
- Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the Incredible Years basic parent training programme as an early intervention for children with conduct problems and ADHD. *Child: Care, Health And Development, 33*(6), 749-756.
- Kim, E., Cain, K.C., & Webster-Stratton, C. (2008). The preliminary effect of a parenting program for Korean American mothers: A randomized controlled experimental study. *International Journal of Nursing Studies*, 45(9), 1261-1273.
- Larsson, B., Fossum, S., Clifford, G., Drugli, M.B., Handegard, B.H., & Morch, W.T. (2009). Treatment of oppositional defiant and conduct problems in young Norwegian children: Results of a randomized controlled trial. *European Child & Adolescent Psychiatry*, 18(1), 42-52.
- Lavigne, J.V., Lebailly, S.A., Gouze, K.R., Cicchetti, C., Pochyly, J., Arend, R., . . . Binns, H.J. (2008). Treating oppositional defiant disorder in primary care: A comparison of three models. *Journal of Pediatric Psychology*, 33(5), 449-461.
- Letarte, M.-J., Normandeau, S., & Allard, J. (2010). Effectiveness of a parent training program 'Incredible Years' in a child protection service. Child Abuse & Neglect, 34(4), 253-261.
- Linares, L.O., Montalto, D., Li, M.M., & Oza, V.S. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology*, 74(1), 32-41.
- McGilloway, S., Ni, M.G., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., Comiskey, C., ... Donnelly, M. (2012). A parenting intervention for childhood behavioral problems: a randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology*, 80(1), 116-27.
- Perrin, E.C., Sheldrick, R.C., McMenamy, J.M., Henson, B.S., & Carter, A.S. (2014). Improving parenting skills for families of young children in pediatric settings: A randomized clinical trial. *Jama Pediatrics, 168*(1), 16-24.
- Reid, M.J., Webster-Stratton, C., & Beauchaine, T.P. (2001). Parent training in Head Start: A comparison of program response among African American, Asian American, Caucasian, and Hispanic mothers. *Prevention Science*, 2(4), 209-227.
- Scott, S., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. *British Medical Journal*, 323(7306), 194-198.
- Scott, S., O'Connor, T. G., Futh, A., Matias, C., Price, J., & Doolan, M. (2010). Impact of a parenting program in a high-risk, multi-ethnic community: The PALS trial. *Journal of Child Psychology and Psychiatry*, *51*(12), 1331-1341.
- Stewart-Brown, S., Patterson, J., Mockford, C., Barlow, J., Klimes, I., & Pyper, C. (2004). Impact of a general practice based group parenting programme: Quantitative and qualitative results from a controlled trial at 12 months. *Archives of Disease in Childhood, 89*(6), 519-525.
- Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, C. (1998). A comparison of eclectic treatment with Webster-Stratton's parents and children series in a children's mental health center: A randomized controlled trial. *Behavior Therapy*, 29(2), 221-240.
- Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology*, 65(1), 93-100.
- Webster-Stratton, C., & Herman, K. C. (2008). The impact of parent behavior-management training on child depressive symptoms. *Journal of Counseling Psychology*, *55*(4), 473-484.
- Webster-Stratton, C., Kolpacoff, M., & Hollinsworth, T. (1988). Self-administered videotape therapy for families with conduct-problem children: Comparison with two cost-effective treatments and a control group. *Journal of Consulting and Clinical Psychology*, *56*(4), 558-566.
- Webster-Stratton, C. (1984). Randomized trial of two parent-training programs for families with conduct-disordered children. *Journal of Consulting and Clinical Psychology, 52*(4), 666-678.

Incredible Years: Parent training and child training

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Incredible Years Parent Training (www.incredibleyears.com) is a group, skillsbased behavioral intervention for parents of children with behavior problems. The curriculum focuses on strengthening parenting skills (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social, and emotional competencies and reduce conduct problems. Training classes include child care, a family meal, and transportation. Studies in this category included a child skills training component as well as parent training. Children with behavioral problems are taught social, emotional and academic skills, such as understanding and communicating feelings, using effective problem solving strategies, managing anger, practicing friendship and conversational skills, as well as appropriate classroom behaviors.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$486	Benefit to cost ratio	\$0.56							
Taxpayers	\$506	Benefits minus costs	(\$749)							
Other (1)	\$643	Probability of a positive net present value	24 %							
Other (2)	(\$680)									
Total	\$955									
Costs	(\$1,704)									
Benefits minus cost	(\$749)									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	ed Monetary Bei	nefit Estimate	es					
	Benefits to							
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits			
From primary participant								
Crime	\$0	\$19	\$55	\$10	\$84			
Labor market earnings (hs grad)	\$381	\$162	\$188	\$0	\$731			
Health care (disruptive behavior disorder)	\$105	\$324	\$401	\$161	\$991			
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$851)	(\$851)			
Totals	\$486	\$506	\$643	(\$680)	\$955			

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,610 \$881	1 1	2013 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,704) 10 %

Cost of parent training class per family provided by Washington State DSHS Children's Administration, 2012. WSIPP also added costs of practitioner training and curriculum for the parent classes and child classes, based on the findings of Foster et al., 2007 (training and curricula costs are low on a per-family basis, as curricula are shared between practitioners and distributed across many families who receive the intervention). Based on conversations with Lisa St. George from Incredible Years, we assumed that a practitioner team might use their purchased training and curricula to serve 24 families per year on average, for about five years (120 families served per team). In addition, we estimated an implementation cost (per child) for the child training component, based on the staff time and cost reported in Foster et al. (2007), and assuming each practitioner serves 120 children over five years. Foster, E. .M., Olchowski, A. E., & Webster-Stratton, C.H. (2007). Is stacking intervention components cost-effective? An analysis of the Incredible Years program. Journal of the American Academy of Child and Adolescent Psychiatry, 46(11).

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Treatment Unadjusted effect size N (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	SIZES						First time ES is estimated			Second time ES is estimated
				ES	p-value	ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	Primary	5	319	-0.584	0.007	-0.280	0.108	7	-0.133	0.079	10
Attention deficit hyperactivity disorder symptoms	Primary	2	106	-0.566	0.001	-0.170	0.143	7	0.000	0.011	8
Internalizing symptoms	Primary	2	193	-0.245	0.200	-0.066	0.106	7	-0.048	0.085	9
Parental stress	Primary	1	20	-0.737	0.021	-0.412	0.319	26	-0.196	0.185	28

Citations Used in the Meta-Analysis

Barrera, M., Biglan, A., Taylor, T.K., Gunn, B.K., Smolkowski, K., Black, C., . . . Fowler, R.C. (2002). Early elementary school intervention to reduce conduct problems: A randomized trial with Hispanic and non-Hispanic children. *Prevention Science*, *3*(2), 83-94.

- Larsson, B., Fossum, S., Clifford, G., Drugli, M.B., Handegard, B.H., & Morch, W.T. (2009). Treatment of oppositional defiant and conduct problems in young Norwegian children: Results of a randomized controlled trial. *European Child & Adolescent Psychiatry*, 18(1), 42-52.
- Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., & Landau, S. (2010). Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: The SPOKES project. *Journal of Child Psychology and Psychiatry*, *51*(1), 48-57.
- Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65*(1), 93-100.
- Webster-Stratton, C., Reid, M.J., & Beauchaine, T.P. (2011). Combining parent and child training for young children with ADHD. *Journal of Clinical Child and Adolescent Psychology*, *40*(2), 191-203.

Parent Child Interaction Therapy (PCIT) for children with disruptive behavior

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: In this program, a therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior. Therapists aim to ultimately restructure the parent-child relationship and provide the child with a more secure attachment to the parent.

	Benef	ït-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$574 \$574 \$730 (\$506) \$1,372 (\$1,390) (\$18)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$0.99 (\$18) 44 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

De	etailed Monetary Be	nefit Estimate	es		
Source of benefits		-			
	Participants	Taxpayers	Other (1)	Other (2)	lotal benefits
From primary participant					
Crime	\$0	\$23	\$65	\$12	\$100
Labor market earnings (hs grad)	\$456	\$194	\$225	\$0	\$875
Health care (disruptive behavior disorder)	\$116	\$355	\$439	\$177	\$1,087
Adjustment for deadweight cost of program	\$3	\$1	\$0	(\$694)	(\$691)
Totals	\$574	\$574	\$730	(\$506)	\$1,372

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,240 \$1,000	1 1	2007 2007	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,390) 10 %

Standard PCIT expenditures provided by Children's Administration (average reimbursement rate for families receiving PCIT in Washington in 2007).



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
						First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	Primary	10	213	-1.045	0.001	-0.376	0.109	6	-0.179	0.094	9
Attention deficit hyperactivity disorder symptoms	Primary	4	87	-0.792	0.001	-0.264	0.108	6	0.000	0.014	7
Parental stress	Primary	5	145	-0.860	0.001	-0.860	0.129	31	-0.410	0.185	34

- Bagner, D. M., Sheinkopf, S. J., Vohr, B. R., & Lester, B. M. (2010). Parenting intervention for externalizing behavior problems in children born premature: An initial examination. *Journal of Developmental and Behavioral Pediatrics*, *31*(3), 209-216.
- Bagner, D. M. & Eyberg, S. M. (2007). Parent-child interaction therapy for disruptive behavior in children with mental retardation: a randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*, *36*,418-429.
- Leung, C., Tsang, S., Heung, K., & Yiu, I. (2009). Effectiveness of Parent-Child Interaction Therapy (PCIT) among Chinese families. *Research on Social Work Practice*, *19*(3), 304-313.
- Matos, M., Bauermeister, J. J., & Bernal, G. (2009). Parent-Child Interaction Therapy for Puerto Rican preschool children with ADHD and behavior problems: A pilot efficacy study. *Family Process, 48*(2), 232-252.
- McCabe, K., & Yeh, M. (2009). Parent-Child Interaction Therapy for Mexican Americans: A randomized clinical trial. Journal of Clinical Child and Adolescent Psychology, 38(5), 753-759.

McNeil, C. B., Capage, L. C., Bahl, A., & Blanc, H. (1999). Importance of early intervention for disruptive behavior problems: Comparison of treatment and waitlist-control groups. *Early Education and Development*, *10*(4), 445-454.

- Nixon, R. D. V. (2001). Changes in hyperactivity and temperament in behaviourally disturbed preschoolers after parent-child interaction therapy (PCIT). Behaviour Change, 18(3), 168-176.
- Nixon, R. D., Sweeney, L., Erickson, D. B., & Touyz, S. W. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting and Clinical Psychology*, 71(2), 251-260.
- Schuhmann, E.M., Foote, R.C., Eyberg, S.M., Boggs, S.R., & Algina, J. (1998). Efficacy of Parent-Child Interaction Therapy: Interim report of a randomized trial with short-term maintenance. *Journal of Clinical Child & Adolescent Psychology*, 27(1), 34-45.
- Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The effectiveness of Parent-Child Interaction Therapy for families of children on the autism spectrum. *Journal of Autism and Developmental Disorders, 38*(9), 1767-1776.
Triple P Positive Parenting Program: Level 4, group

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Triple P – Positive Parenting Program (Level 4 group) is an intensive classbased parenting program for families of children with more challenging behavior problems. The focus is learning skills and role-playing strategies to cope with and correct behavior problems.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants Taxpayers Other (1)	\$211 \$203 \$260	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	n/a \$1,565 100 %							
Other (2)	\$340									
Total	\$1,015									
Costs	\$550									
Benefits minus cost	\$1,565									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of benefits	Benefits to Participants Taxpayers Other (1) Other (2)									
From primary participant Crime Labor market earnings (hs grad)	\$0 \$172	\$9 \$73	\$25 \$85	\$4 \$0	\$38 \$329					
Health care (disruptive behavior disorder) Adjustment for deadweight cost of program	\$40 \$0	\$121 \$0	\$150 \$0	\$61 \$275	\$372 \$275					
Totals	\$211	\$203	\$260	\$340	\$1,015					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates											
	Annual cost	Program duration	Year dollars	Summary statistics							
Program costs Comparison costs	\$367 \$881	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$550 20 %						

Based on current Washington expenditures per family for individual behavioral treatment with Triple P, under the assumption that with group training, eight families could receive training at the same time from the same therapist. We also added an estimated cost for venue rental (a cost that is unnecessary when conducting the program with individual families).



Cumulative Net Cash Flows Over Time (Non-Discounted Dollars)

Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
		sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	Primary	7	1154	-0.491	0.001	-0.169	0.043	5	-0.081	0.041	8
Internalizing symptoms	Primary	1	186	-0.066	0.601	-0.024	0.127	5	-0.017	0.099	7

Citations Used in the Meta-Analysis

- Hahlweg, K., Heinrichs, N., Kuschel, A., Bertram, H., & Naumann, S. (2010). Long-term outcome of a randomized controlled universal prevention trial through a positive parenting program: Is it worth the effort? *Child and Adolescent Psychiatry and Mental Health*, *4*, 14-27.
- Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process*, 42(4), 531-544.
- Matsumoto, Y., Sofronoff, K., & Sanders, M.R. (2007). The efficacy and acceptability of the Triple P-Positive Parenting Program with Japanese parents. Behaviour Change, 24(4), 205-218.
- Matsumoto, Y., Sofronoff, K., & Sanders, M.R. (2010). Investigation of the effectiveness and social validity of the Triple P Positive Parenting Program in Japanese society. *Journal of Family Psychology*, 24(1), 87-91.
- Morawska, A., & Sanders, M. (2009). An evaluation of a behavioural parenting intervention for parents of gifted children. *Behaviour Research and Therapy*, 47(6), 463-470.
- Turner, K. M. T., Richards, M., & Sanders, M. R. (2007). Randomised clinical trial of a group parent education programme for Australian indigenous families. Journal of Paediatrics and Child Health, 43(6), 429-437.
- Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. R. (2009). Stepping stones Triple P: An RCT of a parenting program with parents of a child diagnosed with an autism spectrum disorder. *Journal of Abnormal Child Psychology*, 37(4), 469-480.
- Zubrick, S. R., Ward, K. A., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E., et al. (2005). Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science*, *6*(4), 287-304.

Triple P Positive Parenting Program: Level 4, individual

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Triple P – Positive Parenting Program (Level 4, self directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$559 \$587 \$745 (\$286) \$1,604 (\$976) \$629	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$1.64 \$629 64 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of benefits	Participants	Total benefits								
From primary participant										
Crime	\$0	\$23	\$63	\$11	\$97					
Labor market earnings (hs grad)	\$435	\$186	\$215	\$0	\$836					
Health care (disruptive behavior disorder)	\$123	\$377	\$467	\$188	\$1,154					
Adjustment for deadweight cost of program	\$1	\$1	\$0	(\$485)	(\$483)					
Totals	\$559	\$587	\$745	(\$286)	\$1,604					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,792 \$881	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$976) 10 %

Expenditures per family provided by Washington State DSHS Children's Administration, June 2011; based on 10-16 sessions of individual family behavioral training.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
						First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	Primary	5	150	-0.866	0.001	-0.326	0.126	7	-0.155	0.093	10

- Connell, S., Sanders, M. R., Markie-Dadds, C. (1997). Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. *Behavior Modification*, 21(4), 379-408.
- Markie-Dadds, C., & Sanders, M. R. (2006). A controlled evaluation of an enhanced self-directed behavioural family intervention for parents of children with conduct problems in rural and remote areas. *Behaviour Change*, 23(1), 55-72.
- Markie-Dadds, C., & Sanders, M. R. (2006). Self-directed Triple P (Positive Parenting Program) for mothers with children at-risk of developing conduct problems. *Behavioural and Cognitive Psychotherapy*, 34(3), 259-276.
- Nicholson, J. M., & Sanders, M. R. (1999). Randomized controlled trial of behavioral family intervention for the treatment of child behavior problems in stepfamilies. *Journal of Divorce and Remarriage*, 30(3/4), 1-23.
- Sanders, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and selfdirected behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology, 68*(4), 624-640.

Other Behavioral Parent Training (BPT) for children with disruptive behavior disorders

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: In addition to several "brand name" parenting programs, we have grouped other brief treatments in which parents are taught behavior management skills and communication either alone or with their children (in a family format).

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$328	Benefit to cost ratio	n/a							
Taxpayers	\$302	Benefits minus costs	\$1,276							
Other (1)	\$388	Probability of a positive net present value	89 %							
Other (2)	\$147									
Total	\$1,166									
Costs	\$110									
Benefits minus cost	\$1,276									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of herefite	Benefits to									
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits					
From primary participant										
Crime	\$0	\$13	\$39	\$7	\$59					
Labor market earnings (hs grad)	\$271	\$116	\$135	\$0	\$522					
Health care (disruptive behavior disorder)	\$56	\$173	\$215	\$85	\$530					
Adjustment for deadweight cost of program	\$0	\$0	\$0	\$55	\$55					
Totals	\$328	\$302	\$388	\$147	\$1,166					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

	Detailed Cost Estimates											
	Annual cost	Program duration	Year dollars	Summary statistics								
Program costs Comparison costs	\$778 \$881	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$110 10 %							

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost was based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects											
Outcomes measured Pri sec par	Primary or secondary participant	No. of effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
		sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	Primary	7	136	-0.746	0.001	-0.180	0.143	8	-0.086	0.082	11
Internalizing symptoms	Primary	2	62	-0.442	0.033	-0.122	0.143	8	-0.089	0.117	10

- Behan, J., Fitzpatrick, C., Sharry, J., Carr, A., & Waldron, B. (2001). Evaluation of the Parenting Plus Programme. *The Irish Journal of Psychology*, 22(3-4), 238-256.
- Coughlin, M., Sharry, J., Fitzpatrick, C., Guerin, S., & Drumm, M. (2009). A controlled clinical evaluation of the parents plus children's programme: A videobased programme for parents of children aged 6 to 11 with behavioural and developmental problems. *Clinical Child Psychology and Psychiatry*, *14*(4), 541-558.
- Hamilton, S. B., & MacQuiddy, S. L. (1984). Self-administered behavioral parent training: Enhancement of treatment efficacy using a time-out signal seat. *Journal of Clinical Child & Adolescent Psychology*, 13(1), 61-69.
- Landy, S., & Menna, R. (2006). An evaluation of a group intervention for parents with aggressive young children: Improvements in child functioning, maternal confidence, parenting knowledge and attitudes. *Early Child Development and Care, 176*(6), 605-620.
- Luk, E. S. L., Staiger, P., Mathai, J., Field, D., & Adler, R. (1998). Comparison of treatments of persistent conduct problems in primary school children: A preliminary evaluation of a modified cognitive-behavioural approach. *Australian and New Zealand Journal of Psychiatry*, *32*(3), 379-386.
- Sayger, T. V., Horne, A. M., Walker, J. M., & Passmore, J. L. (1988). Social learning family therapy with aggressive children: Treatment outcome and maintenance. *Journal of Family Psychology*, 1(3), 261-285.

Zangwill, W. M. (1983). An evaluation of a parent training program. Child and Family Behavior Therapy, 5(4), 1-16.

Brief Strategic Family Therapy (BSFT)

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: This intervention is aimed at youth who are at risk of developing serious behavior problems, including delinquency and substance abuse. Because such risk can be defined in various ways, the studies in this analysis included participants with different types and severity of problems. This treatment has been extensively tested on ethnic minorities.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants	\$177	Benefit to cost ratio	\$2.79
Taxpayers	\$565	Benefits minus costs	\$959
Other (1)	\$737	Probability of a positive net present value	68 %
Other (2)	\$15		
Total	\$1,495		
Costs	(\$536)		
Benefits minus cost	\$959		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed	Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$24	\$67	\$12	\$103
Labor market earnings (illicit drug abuse/dependence)	\$0	\$0	\$0	\$0	\$1
Health care (disruptive behavior disorder)	\$176	\$541	\$669	\$271	\$1,657
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$268)	(\$266)
Totals	\$177	\$565	\$737	\$15	\$1,495

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs	\$1,350 \$850	1	2010	Present value of net program costs (in 2014 dollars)	(\$536)
comparison costs	\$800	I	2010	Uncertainty (+ OF - %)	10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost was based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects Primary or Outcomes measured No. of Treatment Unadjusted effect size Adjusted effect sizes and standard errors used in the benefitsecondary effect (random effects model) Ν cost analysis sizes participant First time ES is estimated Second time ES is estimated ES ES SE p-value ES SE Age Age Disruptive behavior disorder Primary 3 124 -0.500 0.002 -0.205 0.148 14 -0.119 0.092 17 symptoms Illicit drug abuse or Primary 2 301 -0.086 0.404 -0.087 0.013 13 0.000 0.187 16 dependence

Citations Used in the Meta-Analysis

Coatsworth, J. D., Santisteban, D. A., McBride, C. K, Szapocznik, J. (2001). Brief strategic family therapy versus community control: Engagement, retention, and an exploration of the moderating role of adolescent symptom severity. *Family Process*, 40(3), 313-313

Robbins, M.S., Feaster, D.J., Horigian, V.E., Rohrbaugh, M., Shoham, V., Bachrach, K., Miller, M., ... & Szapocznik, J. (2011). Brief strategic family therapy versus treatment as usual: Results of a multisite randomized trial for substance using adolescents. *Journal of Consulting and Clinical Psychology*, 79(6), 713-727.

Santisteban, D. A., Coatsworth, J. D., Perez-Vidal, A., Kurtines, W. M., Schwartz, S. J., LaPerriere, A., & Szapocznik, J. (2003). Efficacy of brief strategic family therapy in modifying Hispanic adolescent behavior problems and substance use. *Journal of Family Psychology*, 17(1), 121-133.

Szapocznik, J., Rio, A., Murray, E., Cohen, R., Scopetta, M., Rivas-Vasquez, A., . . . Kurtines, W. (1989). Structural family versus psychodynamic child therapy for problematic Hispanic boys. *Journal of Consulting and Clinical Psychology*, 57(5), 571-578.

Families and Schools Together (FAST)

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Families and Schools Together is a multi-family after-school program. Originally developed to serve young school-age children at risk of school failure, the program is now also offered in schools with high rates of poverty and other risk factors. The goals of the program are to increase parent involvement in schools, strengthen the parent-child relationship, reduce stress by developing parent support groups, and prevent substance abuse by the child and family. Groups of 8 to 12 families meet for 8 consecutive weeks for two and one-half hours after school or early in the evenings. Teams of trained facilitators conduct meetings that involve experiential learning, parent-child play, and a shared meal.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$917 \$331 \$697 (\$937) \$1,009 (\$1,843) (\$834)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$0.55 (\$834) 47 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detaile	ed Monetary Ber	nefit Estimate	2S		
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (test scores) K-12 grade repetition Health care (disruptive behavior disorder) Adjustment for deadweight cost of program	\$0 \$860 \$0 \$57 \$0	\$16 \$367 (\$226) \$176 \$0	\$47 \$433 \$0 \$217 \$0	\$8 \$0 (\$113) \$87 (\$919)	\$70 \$1,660 (\$340) \$537 (\$919)
Totals	\$917	\$331	\$697	(\$937)	\$1,009

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$1,694 \$0	1 0	2009 2009	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,843) 10 %

Kratochwill (2009) provided costs for the program evaluated in Madison WI. Implementation (actual presentation of the program) cost \$1194 per child, plus an average cost of \$500 per child to train the program facilitators. See Kratochwill, T. R., McDonald, L., Levin, J. R., Scalia, P. A., & Coover, G. (2009). Families and Schools Together: An experimental study of multi-family support groups for children at risk. Journal of School Psychology, 47(4), 245-265.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted eff	ect sizes and	l stanc cost a	ard errors used in the benefit- alysis		
	participant	sizes				First time	ES is estimat	ted	Second tim	ie ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Test scores	Primary	3	179	0.104	0.487	0.027	0.122	8	0.015	0.134	17
K-12 grade repetition	Primary	1	140	0.288	0.176	0.288	0.212	9	0.288	0.212	17
Externalizing behavior symptoms	Primary	5	391	-0.284	0.007	-0.210	0.081	8	-0.100	0.059	11
Internalizing symptoms	Primary	5	391	-0.011	0.890	-0.017	0.079	8	-0.012	0.062	10
Grade point average	Primary	1	140	-0.086	0.485	-0.086	0.123	8	-0.086	0.123	17

Citations Used in the Meta-Analysis

Kratochwill, T. R., McDonald, L., Levin, J. R., Scalia, P. A., & Coover, G. (2009). Families and Schools Together: An experimental study of multi-family support groups for children at risk. *Journal of School Psychology*, 47(4), 245-265.

Kratochwill, T. R., McDonald, L., Levin, J. R., Young Bear-Tibbetts, H., & Demaray, M. K. (2004). Families and Schools Together: An experimental analysis of a parent-mediated multi-family group program for American Indian children. *Journal of School Psychology*, 42(5), 359-383..

Layzer, J. I., & Webb, M. B. (2001). National Evaluation of Family Support Programs, Volume B: Research Studies (Final report). Cambridge, MA.

McDonald, L. (2003). The Asian American FAST Project: Among Adaptation of Families and Schools Together. Madison, WIS: WCER.

McDonald, L., Moberg, D.P., Brown, R., Rodriguez-Espiricueta, I., Flores, N.I., Burke, M.P., & Coover, G. (2006). After-school multifamily groups: A randomized controlled trial involving low-income, urban, Latino children. *Children and Schools, 28*(1), 25-34.

Multimodal Therapy (MMT) for children with disruptive behavior

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: These treatments target more than one setting with psychosocial interventions. For instance, many therapies intervene with both parents and teachers or children. In this analysis, all studies utilized either behavioral or cognitive-behavioral orientations.

	Benef	ït-Cost Summary	
Program benefits		Summary statistics	
Participants	\$1,272	Benefit to cost ratio	\$1.44
Taxpayers	\$592	Benefits minus costs	\$587
Other (1)	\$702	Probability of a positive net present value	50 %
Other (2)	(\$645)		
Total	\$1,922		
Costs	(\$1,335)		
Benefits minus cost	\$587		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	iled Monetary Ber	nefit Estimate	2S		
Source of benefits	Denticia casto	Be	enefits to	Other (2)	Total have fits
	Participants	Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$4	\$10	\$2	\$15
Labor market earnings (test scores)	\$1,255	\$535	\$626	\$0	\$2,416
Health care (disruptive behavior disorder)	\$17	\$53	\$66	\$27	\$163
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$673)	(\$673)
Totals	\$1,272	\$592	\$702	(\$645)	\$1,922

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,128 \$881	1 1	2010 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$1,335) 10 %

Based on therapist time, as reported in the treatment studies, as well as training costs and a flat fee for materials (e.g., manuals). Hourly therapist cost was based on the latest actuarial estimates of reimbursement by modality in WA State (DSHS).



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	l effect size ects model)	Adjusted ef	fect sizes and	d stanc cost ai	lard errors us nalysis	sed in the be	enefit-
participa		sizes				First time	ES is estima	ted	Second tim	e ES is estim	nated
				ES	p-value	ES	SE	Age	ES	SE	Age
Test scores	Primary	1	40	0.073	0.742	0.047	0.221	6	0.019	0.243	17
Disruptive behavior disorder symptoms	Primary	3	101	-0.274	0.524	-0.044	0.176	8	-0.021	0.093	11
Attention deficit hyperactivity disorder symptoms	Primary	1	40	-0.083	0.706	-0.027	0.222	6	0.000	0.011	7

Barkley, R. A., Shelton, T. L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., . . . Metevia, L. (2000). Multi-method psycho-educational intervention for preschool children with disruptive behavior: Preliminary results at post-treatment. *Journal of Child Psychology and Psychiatry, and Allied Disciplines,* 41(3), 319-332.

Van de Wiel, N. M. H., Matthys, W., Cohen-Kettenis, P. T., Maassen, G. H., Lochman, J. E., & van Engeland, H. (2007). The effectiveness of an experimental treatment when compared to care as usual depends on the type of care as usual. *Behavior Modification*, *31*(3), 298-312.

Walker, H. M., Kavanagh, K., Stiller, B., Golly, A., Severson, H. H., & Feil, E. D. (1998). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders, 6*(2), 66-80.

Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: This is an intensive family-focused treatment, which combines aspects of cognitive, behavioral, and family therapies. Therapists work in the child's home, school, and community to modify his/her environment. Although MST is often conducted with juvenile offenders, the studies included here focused on children with externalizing problems who were not involved with the juvenile justice system at the time of intervention.

	Benefi	t-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) Other (2) Total Costs Benefits minus cost	\$2,417 \$2,619 \$2,478 (\$2,240) \$5,273 (\$6,777) (\$1,504)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$0.78 (\$1,504) 41 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Deta	ailed Monetary Bei	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total
From primary participant					
Crime	\$0	\$506	\$1,777	\$254	
Labor market earnings (hs grad)	\$822	\$351	\$407	\$0	
Child abuse and neglect	\$1,517	\$0	\$0	\$0	
Out-of-home placement	\$0	\$1,525	\$0	\$761	
Health care (disruptive behavior disorder)	\$77	\$237	\$294	\$119	
Adjustment for deadweight cost of program	\$1	\$0	\$0	(\$3,373)	

Totals

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

\$2,417

\$2,619

\$2,478

(\$2,240)

		De	tailed Cost I	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$7,076 \$850	1 1	2008 2010	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$6,777) 10 %

For estimation of MST, see: R. Barnoski (2009). Providing evidence-based programs with fidelity in Washington state juvenile courts: Cost analysis, Olympia: Washington State Institute for Public Policy, http://www.wsipp.wa.gov/rptfiles/09-12-1201.pdf.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.

benefits

\$2.536

\$1,579

\$1,517

\$2,286 \$727

(\$3,372)

\$5,273





Meta-Analysis of Program Effects Outcomes measured Primary or No. of Treatment Unadjusted effect size Adjusted effect sizes and standard errors used in the benefitsecondary effect Ν (random effects model) cost analysis participant sizes First time ES is estimated Second time ES is estimated ES SE p-value ES SE ES Age Age 5 341 -0.060 Crime Primary 0.502 -0.062 0.081 15 -0.062 0.081 17 Primary 5 508 -0.708 0.003 -0.479 15 -0.479 0.165 17 Out-of-home placement 0.165 Disruptive behavior disorder Primary 6 443 -0.256 0.001 -0.227 0.079 15 -0.108 0.061 18 symptoms Substance abuse Primary 3 151 -0.018 0.878 -0.015 0.116 15 0.000 0.187 18 Internalizing symptoms 2 72 -0.046 0.783 -0.029 0.167 15 -0.021 0.131 16 Primary Suicidal ideation Primary 1 78 -0.031 0.877 -0.020 0.216 15 -0.010 0.112 18 2 0.344 15 0.196 Hospitalization (psychiatric) Primary 136 0.719 0.265 -0.411 -0196 18

Citations Used in the Meta-Analysis

- Asscher, J.J., Dekovi, M., Manders, W.A., Laan, P.H., & Prins, P.J.M. (2013). A randomized controlled trial of the effectiveness of multisystemic therapy in the Netherlands: post-treatment changes and moderator effects. *Journal of Experimental Criminology*, 9, 169-187
- Glisson, C., Schoenwald, S. K., Hemmelgarn, A., Green, P., Dukes, D., Armstrong, K. S., & Chapman, J. E. (2010). Randomized trial of MST and ARC in a twolevel evidence-based treatment implementation strategy. *Journal of Consulting and Clinical Psychology*, 78(4), 537-550.
- Henggeler, S. W., Rowland, M. D., Randall, J., Ward, D. M., Pickrel, S. G., Cunningham, P. B., . . . Santos, A. B. (1999). Home-based multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis: Clinical outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, *38*(11), 1331-1339.
- Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C., Sheidow, A. J., Ward, D. M., Randall, J., . . . Edwards, J. (2003). One-year follow-up of multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(5), 543-551.
- Ogden, T., & Halliday-Boykins, C. A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child and Adolescent Mental Health*, 9(2), 77-83.
- Rowland, M. D., Halliday-Boykins, C. A., Henggeler, S. W., Cunningham, P. B., Lee, T. G., Kruesi, M. J. P., & Shapiro, S. B. (2005). A randomized trial of multisystemic therapy with Hawaii's Felix Class youths. *Journal of Emotional and Behavioral Disorders*, 13(1), 13-23.
- Sundell, K., Hansson, K., Lofholm, C. A., Olsson, T., Gustle, L. H., & Kadesjo, C. (2008). The transportability of multisystemic therapy to Sweden: Short-term results from a randomized trial of conduct-disordered youths. *Journal of Family Psychology*, *22*(4), 550-560.
- Weiss, B., Han, S., Harris, V., Castron, T., Ngo, V. K., & Caron, A. (n.d.). An independent evaluation of the MST treatment program. Unpublished manuscript emailed to M. Miller by S. Henggeler on May 4, 2010.

Full fidelity wraparound for youth with serious emotional disturbance (SED)

Literature review updated January 2012.

Program Description: Wraparound is an intensive, individualized care planning and management process for children with complex emotional and behavioral needs. During the wraparound process, a team of people who are relevant to the life of the child or youth collaboratively develop an individualized plan of care, implement this plan, monitor the efficacy of the plan, and work towards success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. After the initial plan is developed, the team continues to meet to monitor progress and revise interventions and strategies when needed.

Meta-Analysis of Program Effects											
Outcomes measured Primary or secondary participant	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted eff	fect sizes and	d stanc cost ai	lard errors us nalysis	sed in the be	nefit-
	participant	t sizes				First time ES is estimated			Second time ES is estimated		
					ES	p-value	ES	SE	Age	ES	SE
Disruptive behavior disorder symptoms	Primary	4	199	-0.288	0.154	-0.130	0.124	12	-0.062	0.069	15
Externalizing behavior symptoms	Primary	4	199	-0.522	0.006	-0.321	0.142	12	-0.153	0.098	15
Internalizing symptoms	Primary	4	199	-0.222	0.075	-0.122	0.125	12	-0.089	0.103	14

Citations Used in the Meta-Analysis

- Clark, H. B., Prange, M. E., Lee, B., Stewart, E. S., McDonald, B. A., & Boyd, L. A. (1998) An individualized wraparound process for children in foster care with emotional/behavioral disturbances: follow-up findings and implications from a controlled study. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (pp. 513-542). Austin, TX: Pro-Ed.
- Evans, M. E., Armstrong, M. I., Kuppinger, A. D., Huz, S., & McNulty, T. L. (1998). Preliminary outcomes of an experimental study comparing treatment foster care and family-centered intensive case management. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), Outcomes For Children And Youth With Emotional and Behavioral Disorders and Their Families: Programs and Evaluation Best Practices (pp. 543-580). Austin, TX: Pro-Ed.
- Mears, S., Yaffe, J., & Harris, N. (2009). Evaluation of wraparound services for severely emotionally disturbed youths. *Research on Social Work Practice*, 19(6), 678-685.
- Rast, J., Bruns, E.J., Brown, E.C., & Peterson, C.R. (2007). Wraparound for youth in child welfare custody: Results of a matched comparison study. Unpublished program evaluation.

Child-Parent Psychotherapy

Literature review updated June 2013.

Program Description: This intervention is designed for parents (most frequently mothers) whose children are insecurely attached to the parents. In one of the two studies in the review, children had witnessed domestic violence. In the other, mothers had diagnoses of depression. The intervention consists of weekly psychotherapy sessions where both child and parent are present. The goal is to strengthen the relationship between parent and child, thereby increasing the child's sense of safety and attachment. The program is designed to consist of 50 weekly sessions.

Meta-Analysis of Program Effects											
Outcomes measured Primar second particip	Primary or secondary	Primary or No. of effect		Unadjusted (random eff	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis				
	participant	sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Test scores	Primary	1	43	0.282	0.170	0.282	0.206	5	0.087	0.227	17
Post-traumatic stress	Primary	1	36	-0.861	0.001	-0.551	0.261	5	-0.551	0.261	6
Post-traumatic stress	Secondary	1	36	-0.483	0.056	-0.309	0.253	28	-0.309	0.253	29

Citations Used in the Meta-Analysis

Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2000). The Efficacy of Toddler-Parent Psychotherapy for Fostering Cognitive Development in Offspring of Depressed Mothers. *Journal of Abnormal Child Psychology*, 28(2), 135-148.

Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241- 1247.

Cognitive Behavioral Therapy (CBT)-based models for child trauma

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: Treatments include several components, such psycho-education about PTSD, relaxation and other techniques for managing physiological and emotional stress, exposure – the gradual desensitization to memories of the traumatic event and, cognitive restructuring of inaccurate or unhelpful thoughts. In the studies in this review, treatments provided 9 to 15 therapeutic hours per client in individual or group settings. This review includes studies of Trauma-Focused CBT, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Narrative Exposure Therapy for traumatized children (Kid-NET), Enhancing Resiliency Among Students Experiencing Stress (ERASE), and Trauma and Grief Component Therapy.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants	\$3,248	Benefit to cost ratio	n/a
Taxpayers	\$1,837	Benefits minus costs	\$6,501
Other (1)	\$654	Probability of a positive net present value	98 %
Other (2)	\$431		
Total	\$6,169		
Costs	\$332		
Benefits minus cost	\$6,501		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	ed Monetary Bei	nefit Estimate	es.		
		Be	enefits to		
Source of denetits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$3	\$8	\$1	\$12
Labor market earnings (anxiety disorder)	\$3,078	\$1,313	\$0	\$0	\$4,391
Health care (PTSD)	\$170	\$521	\$645	\$263	\$1,599
Adjustment for deadweight cost of program	\$0	\$0	\$0	\$167	\$167
Totals	\$3,248	\$1,837	\$654	\$431	\$6,169

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$730 \$1,035	1 1	2009 2009	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$332 10 %

Weighted average cost for this sample of studies, (average hours of group and individual therapy reported in the studies), times average the RSN costs (for 2009) for group and individual therapy.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted eff	fect sizes and	d stanc cost ai	lard errors us nalysis	sed in the be	nefit-
	participant	sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Major depressive disorder	Primary	14	846	-0.375	0.001	-0.238	0.052	12	0.000	0.020	13
Anxiety disorder	Primary	8	493	-0.141	0.043	-0.124	0.069	12	-0.057	0.035	13
Global functioning	Primary	3	81	-0.581	0.001	-0.249	0.156	12	-0.249	0.156	13
Internalizing symptoms	Primary	5	118	-0.199	0.454	-0.150	0.268	12	-0.109	0.213	14
Post-traumatic stress	Primary	21	1311	-0.732	0.001	-0.363	0.059	12	-0.363	0.059	13
Suicidal ideation	Primary	1	26	-0.294	0.301	-0.106	0.285	12	-0.106	0.285	13
Externalizing behavior symptoms	Primary	6	172	-0.125	0.409	-0.104	0.132	12	-0.049	0.071	14

Citations Used in the Meta-Analysis

Berger, R., & Gelkopf, M. (2009). School-Based Intervention for the Treatment of Tsunami-Related Distress in Children: A Quasi-Randomized Controlled Trial. Psychotherapy and Psychosomatics, 78(6), 364-371.

Berger, R., Pat-Horenczyk, R., & Gelkopf, M. (2007). School-based intervention for prevention and treatment of elementary-students' terror-related distress in Israel: A quasi-randomized controlled trial. Journal of Traumatic Stress, 20(4), 541-551.

Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2011). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. Journal of Child Psychology and Psychiatry and Allied Disciplines, 52, 6, 676-685. 126

- Berliner, L. and B.E. Saunders. (1996). Treating fear and anxiety in sexually abused children: Results of a controlled 2-year follow-up study. *Child Maltreatment* 1(4), 294-309.
- Burke, M.M. (1988). Short-term group therapy for sexually abused girls: A learning-theory based treatment for negative effects. *Dissertation Abstract International, 49*: 1935.
- Celano, M., Hazzard, A., Webb, C., & McCall, C. (1996). Treatment of traumagenic beliefs among sexually abused girls and their mothers: An evaluation study. *Journal of Abnormal Child Psychology*, 24(1), 1-17.
- Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multisite, randomized controlled trial for children with sexual abuse- related PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(4), 393-402.
- Cohen, J. A., Mannarino, A. P., & Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence: A randomized controlled trial. Archives of Pediatrics and Adolescent Medicine, 165(1), 16-21.
- Cohen, J. A., Mannarino, A. P., & Knudsen, K. (2005). Treating sexually abused children: 1 year follow-up of a randomized controlled trial. Child Abuse & Neglect, 29(2), 135-145.
- Cohen, J., Mannarino, A. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child Adolescent Psychiatry*, 35(1), 42–50.
- Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually Abused Children Suffering Posttraumatic Stress Symptoms: Initial Treatment Outcome Findings. *Child Maltreatment*, 1(4), 310-321.
- Deblinger, E., L.B. Stauffer, and R.A. Steer. (2001). Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their nonoffending mothers. *Child Maltreatment* 6(4), 332-343.
- Ertl, V., Neuner, F., Pfeiffer, A., Elbert, T., & Schauer, E. (2011). Community-implemented trauma therapy for former child soldiers in Northern Uganda: A randomized controlled trial. *Journal of the American Medical Association, 306*(5), 503-512.
- Goenjian, A. K., Karayan, I., Pynoos, R. S., Minassian, D., Najarian, L. M., Steinberg, A. M., & Fairbanks, L. A. (1997). Outcome of Psychotherapy Among Early Adolescents After Trauma. *American Journal of Psychiatry*, 154(4), 536-542.
- Jordans, M. J. D., Komproe, I. H., Tol, W. A., Kohrt, B. A., Luitel, N. P., Macy, R. D., & De Jong, J. T. V. M. (2010). Evaluation of a classroom- based psychosocial intervention in conflict-affected Nepal: a cluster randomized controlled trial. *Journal of Child Psychology and Psychiatry*, *51* (7), 818-826.
- Kataoka, S., B.D. Stein, L.H. Jaycox, M. Wong, P. Escudero, W. Tu, C. Zaragoza, and A. Fink. (2003) A school-based mental health program for traumatized Latino immigrant children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *42*(3), 311- 318.
- King, N. J., Tonge, B. J., Mullen, P., Myerson, N., Heyne, D., Rollings, S., . . . Ollendick, T. H. (2000). Treating sexually abused children with postraumatic stress symptons: A randomized clinical trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11), 1347-1355.
- Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pa+íali-ç, A., Durakovi-ç, E. et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 1048-1062.
- Ruf, M., Schauer, M., Schauer, E., Elbert, T., Neuner, F., & Catani, C. (2010). Narrative exposure therapy for 7- to 16-year-olds: A randomized controlled trial with traumatized refugee children. *Journal of Traumatic Stress*, 23(4), 437-445.
- Shooshtary, M. H., Moghadam, J. A., & Panaghi, L. (2008). Outcome of Cognitive Behavioral Therapy in Adolescents After Natural Disaster. *Journal of Adolescent Health*, 42(5), 466-472.
- Smith, P., Yule, W., Perrin, S., Tranah, T., Dalgleish, T., & Clark, D. M. (2007). Cognitive-behavioral therapy for PTSD in children and adolescents: a preliminary randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(8), 1051-1061.
- Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: a randomized controlled trial. *Journal of the American Medical Association*, 290(5), 603-611
- Tol, W. A., Komproe, I. H., Susanty, D., Jordans, M. J. D., Macy, R. D., & De Jong, J. T. V. M. (2008). School-based mental health intervention for children affected by political violence in Indonesia: a cluster randomized trial. *Journal Of The American Medical Association 300*(6), 655-662.

Eye Movement Desensitization and Reprocessing (EMDR) for child trauma

Benefit-cost estimates updated July 2015. Literature review updated April 2012.

Program Description: During treatment, clients focus on the traumatic memory for 30 seconds at a time while the therapist provides a stimulus. For most clients, the therapist moves his hand slowly back and forth in front of the client (eye movement); for younger children, the therapist may, instead, tap the child's hand. The client reports on what comes up and clients are guided to refocus on that in the next stimulus session. During therapy visits, clients report on the level of distress they feel. In later phases, a positive thought is emphasized during the stimulus sessions. Afterward, clients are asked to focus on residual physical tensions they may feel in order to enhance relaxation. A more complete description of this therapy is available at: http://www.emdrnetwork.org/description.html

Benefit-Cost Summary

Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> Total Costs Benefits minus cost	\$5,490 \$2,783 \$651 \$336 \$9,260 \$162 \$9,422	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	n/a \$9,422 82 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detail	led Monetary Bei	nefit Estimate	es		
		Be	enefits to		
Source of benefits	Participants	Taxpayers	Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$11	\$33	\$5	\$49
Labor market earnings (anxiety disorder)	\$5,327	\$2,272	\$0	\$0	\$7,600
Health care (PTSD)	\$163	\$499	\$618	\$249	\$1,529
Adjustment for deadweight cost of program	\$0	\$0	\$0	\$81	\$82
Totals	\$5,490	\$2,783	\$651	\$336	\$9,260

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$886 \$1,035	1 1	2009 2009	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$162 10 %

Weighted average cost for this sample of studies, (average hours therapy reported in the studies), times average the RSN costs (for 2009) for individual therapy for child PTSD. (EMDR is always individual therapy.)

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Outcomes measured	Primary or No. of secondary effect		Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis						
	participant	sizes	sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age	
Major depressive disorder	Primary	2	29	-0.184	0.521	-0.228	0.270	11	0.000	0.029	12	
Anxiety disorder	Primary	2	29	-0.184	0.521	-0.227	0.270	11	-0.105	0.130	12	
Externalizing behavior symptoms	Primary	1	14	-0.512	0.175	-0.512	0.378	11	-0.244	0.221	14	
Post-traumatic stress	Primary	4	60	-0.510	0.134	-0.356	0.282	11	-0.356	0.282	12	

Citations Used in the Meta-Analysis

- Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). EMDR treatment for children with PTSD: results of a randomized controlled trial. *Nordic Journal of Psychiatry*, *6*(5), 349-54.
- Chemtob, C. M., Nakashima, J., & Carlson, J. G. (2002). Brief treatment for elementary school children with disaster-related posttraumatic stress disorder: A field study. *Journal of Clinical Psychology*, 58(1), 99-112.
- Kemp, M., Drummond, P., & McDermott, B. (2010). A wait-list controlled pilot study of eye movement desensitization and reprocessing (EMDR) for children with post-traumatic stress disorder (PTSD) symptoms from motor vehicle accidents. *Clinical Child Psychology and Psychiatry*, 15(1), 5-25.
- Soberman, G.B., R. Greenwald, and D.L. Rule. (2002). A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems. *Journal of Aggression, Maltreatment, and Trauma 6*(1), 217-236.

Modularized Approaches to Treatment of Anxiety, Depression, and Behavior (MATCH)

Literature review updated June 2013.

Program Description: Modular treatment consists of modules from the 3 standard treatment types for child anxiety (Coping Cat), depression (Primary and Secondary Control Enhancement Training), and disruptive behavior (Behavioral Parent Training/ Defiant Child), but therapists are free to introduce modules from more than one of the types. For example, during depression treatment, a therapist could use the module for defiant behavior if the child's behavior warranted and return to the depression treatment later.

Meta-Analysis of Program Effects											
Outcomes measured Primary or secondary participant	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	l effect size ects model)	Adjusted effect sizes and standard errors used in the benefit cost analysis					
	sizes				First time ES is estimated			Second tim	ne ES is estim	nated	
				ES	p-value	ES	SE	Age	ES	SE	Age
Externalizing behavior symptoms	Primary	1	62	-0.646	0.001	-0.413	0.190	11	-0.197	0.129	13
Internalizing symptoms	Primary	1	62	-0.546	0.004	-0.350	0.189	11	-0.255	0.177	12

Citations Used in the Meta-Analysis

Weisz, J.R., Chorpita, B.F., Palinkas, L.A., Schoenwald, S.K., Miranda, J, Bearman, S.K... (2012) Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth. Archives of General Psychiatry 69(3), 274-282

Adolescent Assertive Continuing Care

Benefit-cost estimates updated July 2015. Literature review updated June 2013.

Program Description: This intervention was designed for youth returning to the community after residential substance abuse treatment. The aim of the intervention is to encourage youth to continue in outpatient treatment. Case workers make weekly home visits, advocate for needed services, and aid in job search and other pro-social activities.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> Total	\$39 \$35 \$38 (\$1,040) (\$928)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	(\$0.42) (\$3,140) 37 %
Costs Benefits minus cost	(\$2,212) (\$3,140)		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed	d Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant Crime Labor market earnings (alcohol abuse/dependence) Health care (alcohol abuse/dependence) Property loss (alcohol abuse/dependence) Adjustment for deadweight cost of program	\$0 \$36 \$3 \$1 \$0	\$5 \$15 \$15 \$0 \$0	\$22 \$0 \$14 \$2 (\$1)	\$3 \$46 \$8 \$0 (\$1,097)	\$30 \$97 \$40 \$3 (\$1,098)
Totals	\$39	\$35	\$38	(\$1,040)	(\$928)

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$2,037 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$2,212) 10 %



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	pant sizes				First time	ES is estimat	Second time ES is estimated			
			ES	p-value	ES	SE	Age	ES	SE	Age	
Alcohol abuse or dependence	Primary	1	71	-0.146	0.421	-0.146	0.181	16	0.000	0.187	19
Substance abuse	Primary	1	71	-0.215	0.306	-0.215	0.210	16	0.000	0.187	19
Cannabis abuse or dependence	Primary	1	71	-0.318	0.082	-0.318	0.183	16	0.000	0.187	19

Godley, M.D., Godley, S.H., Dennis, M.L., Funk, R.R., & Passetti, L L. (2007). Research report: The effect of assertive continuing care on continuing care linkage, adherence and abstinence following residential treatment for adolescents with substance use disorders. *Addiction*, 102(1), 81-93.

Godley, M., Godley, S.H., Dennis, M.L., Funk, R.R., Passetti, L.L., Petry, N.M. (n.d.) A randomized trial of Assertive Continuing Care and Contingency Management for adolescents with substance use disorders. Manuscript under review.

Adolescent Community Reinforcement

Literature review updated June 2013.

Program Description: This outpatient program targets youth 12 to 22 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. The intervention seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery.

Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted eff	fect sizes and	l stanc cost ai	lard errors us nalysis	sed in the be	nefit-
participan		SIZES				First time	ES is estimat	ted	Second tim	e ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Crime	Primary	1	96	-0.274	0.137	-0.274	0.185	20	-0.274	0.185	30
Substance abuse	Primary	1	96	-0.393	0.033	-0.393	0.185	20	-0.393	0.185	30
Major depressive disorder	Primary	1	96	-0.405	0.028	-0.405	0.185	20	-0.204	0.078	25

Citations Used in the Meta-Analysis

Slesnick, N., Prestopnik, J.L., Meyers, R.J., & Glassman, M. (2007). Treatment outcome for street-living, homeless youth. Addictive Behaviors, 32(6), 1237-1251.

Life Skills Training

Benefit-cost estimates updated July 2015. Literature review updated June 2014.

Program Description: Life Skills Training (LST) is a school-based classroom intervention to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting social and psychological factors associated with initiation of risky behaviors. Teachers deliver the program to middle/junior high school students in 24 to 30 sessions over three years. Students in the program are taught general self-management and social skills and skills related to avoiding substance use.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants Taxpayers Other (1) <u>Other (2)</u> <u>Total</u> Costs Benefits minus cost	\$468 \$288 \$547 (\$6) \$1,298 (\$99) \$1,199	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$13.08 \$1,199 62 %

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detaile	d Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$24	\$72	\$12	\$108
Labor market earnings (hs grad)	\$869	\$371	\$430	\$0	\$1,670
Health care (smoking)	\$15	\$95	\$83	\$47	\$240
Labor market earnings (alcohol abuse/dependence)	(\$414)	(\$176)	\$0	(\$3)	(\$593)
Health care (alcohol abuse/dependence)	(\$3)	(\$18)	(\$16)	(\$9)	(\$46)
Property loss (alcohol abuse/dependence)	\$1	\$0	\$2	\$0	\$3
Adjustment for deadweight cost of program	(\$1)	(\$7)	(\$23)	(\$53)	(\$84)
Totals	\$468	\$288	\$547	(\$6)	\$1,298

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$34 \$0	3 1	2013 2013	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$99) 10 %

Cost data come from Blueprints for Healthy Youth Development and developer website (http://www.blueprintsprograms.com/programCosts.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4).

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary	No. of effect	Treatment N	Unadjusted (random eff	effect size ects model)	Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant	sizes				First time ES is estimated			Second tim	ie ES is estim	ated
				ES	p-value	ES	SE	Age	ES	SE	Age
Smoking before end of middle school	Primary	8	3617	-0.083	0.012	-0.027	0.033	14	-0.027	0.033	24
Cannabis use before end of middle school	Primary	4	3056	-0.041	0.217	-0.014	0.033	14	-0.014	0.033	24
Alcohol use before end of middle school	Primary	5	3150	-0.080	0.017	-0.026	0.033	14	-0.026	0.033	24
Internalizing symptoms	Primary	4	3092	-0.054	0.549	-0.018	0.091	14	-0.013	0.071	16
Alcohol use in high school	Primary	3	280	0.028	0.702	0.034	0.074	18	0.034	0.074	28
Smoking in high school	Primary	4	359	-0.128	0.129	-0.076	0.074	18	-0.076	0.074	28
Cannabis use in high school	Primary	3	280	-0.007	0.929	0.000	0.077	18	0.000	0.077	28
Youth binge drinking	Primary	2	1947	-0.246	0.419	-0.051	0.117	15	-0.051	0.117	25

Citations Used in the Meta-Analysis

Botvin, G.J., Baker, E., Botvin, E.M., Filazzola, A.D., & Millman, R.B. (1984). Prevention of alcohol misuse through the development of personal and social competence: A pilot study. *Journal Studies on Alcohol, 45*(6), 550-552.

- Botvin, G.J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association, 273*(14), 1106-1112.
- Botvin, G.J., Baker, E., Dusenbury, L., Tortu, S., & Botvin, E.M. (1990). Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: Results of a 3-year study. *Journal of Consulting and Clinical Psychology*, *58*(4), 437-446.
- Botvin, G.J., Batson, H.W., Witts-Vitale, S., Bess, V., Baker, E., Dusenbury, L. (1989). A psychosocial approach to smoking prevention for urban Black youth. *Public Health Reports, 104*(6), 573-583.
- Botvin, G.J., Baker, E., Filazzola, A.D., & Botvin, E.M. (1990). A cognitive-behavioral approach to substance abuse prevention: One-year follow-up. Addictive Behaviors, 15(1), 47-63
- Botvin, G.J., Dusenbury, L., Baker, E., James-Ortiz, S., Botvin, E.M., & Kerner, J. (1992). Smoking prevention among urban minority youth: Assessing effects on outcomes and mediating variables. *Health Psychology*, *11*(5), 290-299.
- Botvin, G.J., Dusenbury, L., Baker, E., James-Ortiz, S., & Kerner, J. (1989). A skills training approach to smoking prevention among Hispanic youth. *Journal of Behavioral Medicine*, *12*(3), 279-296.
- Botvin, G.J., & Eng, A. (1982). The efficacy of a multicomponent approach to the prevention of cigarette smoking. Preventive Medicine, 11(2), 199-211.
- Botvin, G.J., Eng, A., & Williams, C.L. (1980). Preventing the onset of cigarette smoking through life skills training. Preventive Medicine, 9(1), 135-143.
- Botvin, G.J., Epstein, J.A., Baker, E., Diaz, T., Ifill-Williams, M. (1997). School-based drug abuse prevention with inner-city minority youth. *Journal of Child and Adolescent Substance Abuse*, 6(1), 5-19.
- Botvin, G.J., Griffin, K W., Diaz, T., & Ifill-Williams, M. (2001). Drug abuse prevention among minority adolescents: Posttest and one- year follow-up of a school-based preventive intervention. *Prevention Science*, *2*(1), 1-13.
- Botvin, G.J., Griffin, K.W., Diaz, T., & Ifill-Williams, M. (2001). Preventing binge drinking during early adolescence: One- and two-year follow-up of a schoolbased preventive intervention. *Psychology of Addictive Behaviors*, 15, 360-365.
- Botvin, G.J., Renick, N.L., & Baker, E. (1983). The effects of scheduling format and booster sessions on a broad spectrum psychosocial approach to smoking prevention. *Journal of Behavioural Medicine*, 6(4), 359-379.
- Botvin, G.J., Schinke, S.P., Epstein, J.A., Diaz, T., & Botvin, E.M. (1995). Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: Two-year follow-up results. *Psychology of Addictive Behaviors, 9*(3), 183-194.
- Spoth, R.L., Randall, G.K., Trudeau, L., Shin, C., & Redmond, C. (2008). Substance use outcomes 5 1/2 years past baseline for partnership-based, familyschool preventive interventions. *Drug and Alcohol Dependence*, 96(1), 57-68.
- Vicary, J., Smith, E., Swisher, J., Hopkins, A., Elek, E., Bechtel, L., & Henry, K. (2006). Results of a 3-year study of two methods of delivery of life skills training. Health Education & Behavior, 33(3), 325-339.

Multisystemic Therapy for substance abusing juvenile offenders

Benefit-cost estimates updated July 2015. Literature review updated September 2013.

Program Description: Multisystemic Therapy -Substance Abuse (MST-SA) is a form of MST that is targeted toward youth who are abusing drugs and alcohol. MST-SA teams develop a specific written plan for the offender enforced by the juvenile's caregiver. Random drug testing is an important aspect of the program as well as rewarding positive behavior.

	Benef	it-Cost Summary	
Program benefits		Summary statistics	
Participants	\$2,604	Benefit to cost ratio	\$3.99
Taxpayers	\$6,421	Benefits minus costs	\$22,958
Other (1)	\$13,088	Probability of a positive net present value	70 %
Other (2)	\$8,533		
Total	\$30,646		
Costs	(\$7,689)		
Benefits minus cost	\$22,958		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailec	l Monetary Ber	nefit Estimate	es		
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits
From primary participant					
Crime	\$0	\$3,667	\$11,502	\$1,837	\$17,006
Labor market earnings (illicit drug abuse/dependence)	\$2,299	\$980	\$0	\$9,636	\$12,915
Health care (illicit drug abuse/dependence)	\$306	\$1,773	\$1,587	\$886	\$4,551
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$3,826)	(\$3,826)
Totals	\$2,604	\$6,421	\$13,088	\$8,533	\$30,646

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$7,076 \$0	1 1	2008 2008	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$7,689) 10 %

Barnoski, R. (2009, December). Providing evidence-based programs with fidelity in Washington State juvenile courts: Cost analysis (Document No. 09-12-1201). Olympia: Washington State Institute for Public Policy.



Meta-Analysis of Program Effects											
Outcomes measured Primary or secondary participant	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
				First time ES is estin				ted	Second tim	e ES is estim	ated
			ES	p-value	ES	SE	Age	ES	SE	Age	
Crime	Primary	2	124	-0.361	0.034	-0.112	0.170	16	-0.112	0.170	26
Illicit drug abuse or dependence	Primary	2	109	-0.434	0.004	-0.156	0.151	16	-0.156	0.151	26

Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., & Pickrel, S. G. (2002). Four-year follow-up of multisystemic therapy with substance-abusing and substance-dependent juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(7), 868-874.

Henggeler, S. W., Halliday-Boykins, C. A., Cunningham, P. B., Randall, J., Shapiro, S. B, & Chapman, J. E. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology*, 74(1), 42-54.

Project ALERT

Benefit-cost estimates updated July 2015. Literature review updated July 2014.

Program Description: Project ALERT is a middle/junior high school-based program to prevent tobacco, alcohol, and marijuana use. Over 11 sessions in the 7th grade and three boosters in the 8th grade, the program helps students understand that most people do not use drugs and teaches them to identify and resist the internal and social pressures that encourage substance use.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$367	Benefit to cost ratio	\$3.57							
Taxpayers	\$183	Benefits minus costs	\$384							
Other (1)	\$41	Probability of a positive net present value	73 %							
Other (2)	(\$58)									
Total	\$533									
Costs	(\$149)									
Benefits minus cost	\$384									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	Other (1)	Other (2)	Total benefits				
From primary participant Crime Health care (smoking) Labor market earnings (alcohol abuse/dependence) Property loss (alcohol abuse/dependence) Adjustment for deadweight cost of program	\$0 \$3 \$363 \$1 \$0	\$7 \$22 \$155 \$0 \$0	\$21 \$19 \$0 \$1 \$0	\$3 \$11 \$3 \$0 (\$75)	\$31 \$55 \$520 \$2 (\$74)				
Totals	\$367	\$183	\$41	(\$58)	\$533				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$60 \$0	2 2	2002 2002	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$149) 10 %

\$120 in 2002 dollars (Miller and Hendrie 2005)



Meta-Analysis of Program Effects											
Outcomes measured P s p	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
				First time ES is es			ES is estimat	is estimated Second		me ES is estimated	
				ES	p-value	ES	SE	Age	ES	SE	Age
Alcohol use in high school	Primary	4	8497	-0.060	0.181	-0.029	0.024	15	-0.029	0.024	25
Smoking in high school	Primary	4	8501	-0.055	0.293	-0.017	0.025	15	-0.017	0.025	25
Cannabis use in high school	Primary	4	8517	-0.034	0.580	-0.012	0.050	15	-0.012	0.050	25

Bell, R.M., Ellickson, P.L., & Harrison, E.R. (1993). Do drug prevention effects persist into high school? How Project ALERT did with ninth graders. *Preventive Medicine*, 22(4), 463-483.

Ellickson, P.L., McCaffrey, D.F., Ghosh-Dastidar, B., & Longshore, D.L. (2003). New inroads in preventing adolescent drug use: Results from a large-scale trial of Project ALERT in middle schools. *American Journal of Public Health*, 93(11), 1830-1836.

Ringwalt, C.L., Clark, H.K., Hanley, S., Shamblen, S.R., Flewelling, R.L. (2009). Project ALERT: A cluster randomized trial. Archives of Pediatrics and Adolescent Medicine, 163(7), 625-632.

St Pierre, T.L., Osgood, D.W., Mincemoyer, C.C., Kaltreider, D.L., & Kauh, T.J. (2005). Results of an independent evaluation of Project ALERT delivered in schools by cooperative extension. *Prevention Science*, *6*(4), 305-317.

Project STAR

Benefit-cost estimates updated July 2015. Literature review updated July 2014.

Program Description: Also known as the Midwestern Prevention Project, Project STAR is a multicomponent prevention program with the goal of reducing adolescent tobacco, alcohol, and marijuana use. The program consists of a 6th- and 7th-grade intervention supported by parent, community, and mass media components that address the multiple influences of substance use.

Benefit-Cost Summary										
Program benefits		Summary statistics								
Participants	\$363	Benefit to cost ratio	\$1.56							
Taxpayers	\$219	Benefits minus costs	\$283							
Other (1)	\$433	Probability of a positive net present value	52 %							
Other (2)	(\$223)									
Total	\$793									
Costs	\$509									
Benefits minus cost	\$283									

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates										
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits					
From primary participant		101	400							
Crime	\$0	\$31	\$93	\$15	\$139					
Labor market earnings (hs grad)	\$653	\$279	\$323	\$0	\$1,254					
Health care (smoking)	\$9	\$54	\$48	\$27	\$137					
Labor market earnings (alcohol abuse/dependence)	(\$298)	(\$127)	\$0	(\$2)	(\$428)					
Health care (alcohol abuse/dependence)	(\$2)	(\$13)	(\$12)	(\$6)	(\$33)					
Property loss (alcohol abuse/dependence)	(\$1)	\$0	(\$1)	\$0	(\$2)					
Adjustment for deadweight cost of program	\$2	(\$5)	(\$17)	(\$256)	(\$275)					
Totals	\$363	\$219	\$433	(\$223)	\$793					

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

		De	tailed Cost	Estimates	
	Annual cost	Program duration	Year dollars	Summary statistics	
Program costs Comparison costs	\$400 \$0	1 1	2002 2002	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	\$509 10 %

\$400 per pupil; See Miller, T.R., & Hendrie, D. (2005). How should governments spend the drug prevention dollar?: A buyer's guide. In T. Stockwell, P. Gruenewald, J. Toumbourou, & W. Loxley (Eds.), Preventing harmful substance use (pp. 415-431). England: John Wiley & Sons Ltd.



Meta-Analysis of Program Effects											
Outcomes measured Primary or secondary participant	Primary or secondary	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
	participant		S			First time	ES is estima	ted	d Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Alcohol use before end of middle school	Primary	2	4915	-0.170	0.149	-0.056	0.118	14	0.035	0.187	17
Smoking before end of middle school	Primary	2	4915	-0.326	0.006	-0.108	0.118	14	-0.108	0.118	17
Cannabis use before end of middle school	Primary	2	4915	-0.371	0.022	-0.122	0.162	14	-0.112	0.162	17

Chou, C.P., Montgomery, S., Pentz, M.A., Rohrbach, L.A., Johnson, C.A., Flay, B.R., & MacKinnon, D.P. (1998). Effects of a community-based prevention program on decreasing drug use in high-risk adolescents. *American Journal of Public Health*, 88(6), 944-948.

Pentz, M.A., Dwyer, J.H., MacKinnon, D.P., Flay, B.R., Hansen, W.B., Wang, E.Y., Johnson, C.A. (1989). A multicommunity trial for primary prevention of adolescent drug abuse: Effects on drug use prevalence. *JAMA*, 261(22), 3259

Project Towards No Drug Abuse (TND)

Benefit-cost estimates updated July 2015. Literature review updated June 2014.

Program Description: Project Towards No Drug Abuse is a substance use prevention program for youth in regular and alternative high schools. The curriculum comprises 12 45-minute lessons implemented in classroom settings by teachers or health educators. Using a variety of activities, the program aims to increase self-control, communication, decision-making, and motivation to not use substances.

Benefit-Cost Summary									
Program benefits		Summary statistics							
Participants Taxpayers Other (1) <u>Other (2)</u> <u>Total</u> Costs	\$155 \$155 \$171 <u>\$15</u> \$496 (\$65)	Benefit to cost ratio Benefits minus costs Probability of a positive net present value	\$7.63 \$431 61 %						
Benefits minus cost	\$431								

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

Detailed Monetary Benefit Estimates								
Source of benefits	Participants	E Taxpayers	Benefits to Other (1)	Other (2)	Total benefits			
From primary participant Crime Labor market earnings (hs grad) Property loss (alcohol abuse/dependence) Health care (illicit drug abuse/dependence) Adjustment for deadweight cost of program	\$0 \$140 \$0 \$15 \$0	\$7 \$60 \$0 \$88 \$0	\$22 \$69 \$0 \$78 \$1	\$4 \$0 \$0 \$44 (\$32)	\$33 \$269 \$0 \$225 (\$31)			
Totals	\$155	\$155	\$171	\$15	\$496			

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$63 \$0	1 1	2012 2012	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$65) 10 %				

Cost data come from program developer (http://tnd.usc.edu).



Meta-Analysis of Program Effects											
Outcomes measured P s p	Primary or secondary participant	No. of effect sizes	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
						First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Alcohol use in high school	Primary	6	4467	-0.017	0.729	-0.006	0.038	16	-0.006	0.038	26
Smoking in high school	Primary	6	4467	-0.039	0.420	-0.011	0.040	16	-0.011	0.040	26
Cannabis use in high school	Primary	6	4467	-0.031	0.464	-0.010	0.042	16	-0.010	0.042	26
Illicit drug use in high school	Primary	6	4467	-0.098	0.058	-0.032	0.047	16	-0.032	0.047	26

- Rohrbach, L.A., Sun, P., & Sussman, S. (2010). One-year follow-up evaluation of the Project Towards No Drug Abuse (TND) dissemination trial. *Preventive Medicine*, *51*, 313-319.
- Sun, W., Skara, S., Sun, P., Dent, C.W., & Sussman, S. (2006). Project Towards No Drug Abuse: Long-term substance use outcomes evaluation. *Preventive Medicine*, 42(3), 188-192.
- Sun, P., Sussman, S., Dent, C.W., & Rohrbach, L.A. (2008). One-year follow-up evaluation of Project Towards No Drug Abuse (TND-4). Preventive Medicine, 47(4), 438-442.
- Sussman, S., Sun, P., McCuller, W.J., & Dent, C.W. (2003). Project Towards No Drug Abuse: Two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine*, 37(2), 155-162.
- Sussman, S., Sun, P., Rohrbach, L.A., & Spruijt-Metz, D. (2012). One-year outcomes of a drug abuse prevention program for older teens and emerging adults: evaluating a motivational interviewing booster component. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association, 31*(4), 476-85.
- Valente, T.W., Ritt-Olson, A., Stacy, A., Unger, J.B., Okamoto, J., & Sussman, S. (2007). Peer acceleration: Effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction, 102*(11), 1804-1815.
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