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Washington State Children and Youth Services Inventory: *Investigating Use by State Agencies in Policy and Decision Making*

In an effort to increase the use of evidence-based practices (EBPs) in public services provided to children and youth, the 2012 Washington State Legislature directed the Washington State Institute for Public Policy (WSIPP) and the Evidence Based Practice Institute (EBPI) at the University of Washington to create an inventory of evidence-based, research-based, and promising practices and services in child welfare, juvenile rehabilitation, and mental health.[1] This Washington State children and youth services inventory (children's services inventory) has been updated annually since 2012.

In 2021, the Division of Behavioral Health and Recovery (DBHR) at the Health Care Authority commissioned WSIPP to investigate how the children's services inventory is being used in each of the three relevant service areas, as well as how EBPs might be better supported in Washington. The present report summarizes our investigation and findings.

Section I presents background on inventories and the origins of the children's services inventory and outlines our research questions and approach. Section II summarizes a literature review on inventory use in decision-making about services. Section III summarizes our qualitative study of state agency perspectives on the children's services inventory and EBPs in Washington. Section IV summarizes conclusions and implications and discusses the limitations of this work.

Summary

To increase the use of evidence-based practices in public services for children, the 2012 Washington State Legislature directed the creation of an inventory of evidence-based, research-based, and promising practices in child welfare, juvenile rehabilitation, and mental health. The children's services inventory has been published annually since 2012.

This report summarizes our investigation of how the inventory is being used, stakeholder perspectives on how it could be improved, as well as stakeholder beliefs about how to better support evidence-based practices (EBP) in Washington.

An initial review of the literature on inventory use in policy and decision-making indicates that very little is currently known about how inventories are used and/or perceived by potential users. To answer these questions in the specific context of the children's services inventory, we interviewed state agency staff in each of the three relevant service areas with responsibility for decision-making about child and youth services.

Informants in each area described using the children's services inventory, although the nature of use was specific to each areas' policy and funding context. Informants shared suggestions for how to make the inventory more user-friendly. Finally, informants also noted substantial barriers to EBP use in the state. The barriers described have implications for the utility of the inventory, as well as the potential to inform future work in this area.

[1] Engrossed Second Substitute House Bill 2536, Chapter 232, Laws of 2012.

I. Background

The idea behind evidence-based practice is that interventions and programs should be effective and safe. Although specific definitions vary, in general, evidence-based programs and interventions are those that have been rigorously evaluated and shown to both improve desired outcomes and cause no harm. To focus limited state funds on supporting programs that have demonstrated effectiveness, much of the decision-making about the use of evidence-based practices (EBPs) in public services happens at the state level. States have taken different approaches to increase EBP uptake.[2] Policymakers wishing to support EBP use require information about programs and practices that meet the criteria for being considered evidence based.

Inventories have emerged as a major strategy for compiling and disseminating information on the effectiveness of programs and practices.[3] For states seeking to encourage uptake of EBPs in public services, a vetted list of programs or practices, particularly ones available in the state, can be helpful.[4]

Inventories (also referred to as registries, clearinghouses, or menus) typically summarize information from evaluations of programs and practices. Most inventories focus on specific policy areas, such as education (e.g., the What Works Clearinghouse[5]) or criminal justice (e.g., CrimeSolutions[6]), although some cover multiple policy areas (e.g., Blueprints[7]). Some inventories have been supported by the federal government and are intended as a national resource, while others are more localized or intended for a specific audience. The inventory landscape is dynamic; new inventories are introduced, inventories are discontinued, and revisions are made to existing inventories to maintain current evidence and to enhance usability.

The feature that inventories have in common is a summary evidence rating or level of evidence for each included program. The rating or level is based primarily on the strength of existing evidence that a program achieves its intended outcomes. In addition, inventories present a range of additional elements that might be unique, such as the target population or setting for each program. Inventories also vary on several dimensions including how programs are identified for review, specific criteria and rating systems used, and intended audience.

[2] Pew. (2017). *How states engage in evidence-based policymaking: A national assessment*; Rieckmann, T.R., Kovas, A.E., Cassidy, E.F., & McCarty, D. (2011). Employing policy and purchasing levers to increase the use of evidence-based practices in community-based substance abuse treatment settings: Reports from single state authorities. *Evaluation and Program Planning, 34*(4), 366-374; and Rieckmann, T., Abraham, A., Zwick, J., Rasplica, C., & McCarty, D. (2015). A longitudinal study of state strategies and policies to accelerate evidence-based practices in the context of systems transformation. *Health Services Research Chicago, 50*(4), 1125-1145.

[3] Neuhoff, A., Axworthy, S., Glazer, S., & Berfond, D. (2015). *The what works marketplace: Helping leaders use evidence to make smarter choices.* Boston, Bridgespan Group and Walker, S.C., Lyon, A.R., Trupin, E.W., & Aos, S. (2017). The consistencies and vagaries of the Washington State inventory of evidence-based practice: The definition of "evidence-based" in a policy context. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(1), 42-54.

[4] Pew (2017).

[5] What Works Clearinghouse.

[6] National Institute of Justice—Crime Solutions.

[7] Blueprints for Healthy Youth Development.

Washington's Children and Youth Services Inventory

As part of an effort to increase EBP use in public services provided to children and youth in Washington State, the 2012 Legislature assigned WSIPP and EBPI to create an inventory of evidence-based, research-based, and promising practices and services (children's services inventory).[8] The children's services inventory was intended to cover programs, practices, and services in child welfare, juvenile rehabilitation, and mental health.

The EBPI set up a system for agencies, organizations, and program developers to nominate programs for review for the children's services inventory. Applications are screened by EBPI, and those with research evidence are forwarded to WSIPP for review. Programs are then classified as evidence-based, research-based, or promising based on the weight of the evidence, the number of rigorous evaluations, the benefit-cost estimates, and the percentage of evaluation participants who are children/youth of color.[9] Definitions for program classifications and methods used are included in the Appendix.

Legislative Assignment

The legislature intends that prevention and intervention services delivered to children and juveniles in the areas of mental health, child welfare, and juvenile justice be primarily evidence-based and research-based, and it is anticipated that such services will be provided in a manner that is culturally competent.... The Washington state institute for public policy and the University of Washington evidence based practice institute must prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services that will be used for the purpose of completing the baseline assessment described in subsection (2) of this section. The inventory shall be periodically updated as more practices are identified.

ESHB2536 (2012)

The children's services inventory is organized with separate sections for child welfare, juvenile justice, mental health, general prevention, and substance use disorder. For each program, the inventory lists the following:

- Whether the program has a manual,
- The program classification under both current and proposed definitions,[10]
- Benefit-cost results,
- Reason(s) the program does not meet criteria for classification as evidence-based, where relevant, and
- Percentage of people of color among the participants in evaluation studies.

[8] As a starting point, the legislation also directed the two Institutes to publish descriptive definitions of evidence-based, research-based, and promising. E2SHB 2536.

[9] WSIPP & EBPI. (2020). *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* (Doc. No. E2SHB2536-11). Olympia: WA State Institute for Public Policy. See Exhibits A2 and A3 in the Appendix for more information.

[10] There are currently definitions of evidence-based, research-based, and promising in statute for child welfare and juvenile justice. (RCW 71.24.025). E2HSB 2536 also directed WSIPP and EPBI to suggest alternative definitions which have been adopted for adult behavioral health in 2013 (RCW 71.24.015).

Each program with any associated research is also hyperlinked to a description of the program and more information about benefit-cost results, program cost per participant, effect sizes of outcomes, and a list of citations used in the analysis.

The legislation directed WSIPP and EBPI to update the children's services inventory periodically. To date, it has been updated annually. The inventory was initially published in 2012 and included 81 programs and services; the 10th update in 2020 included 249 programs.

In addition to reviewing new programs, WSIPP periodically updates existing evidence reviews. Classifications for some programs have changed over time as more studies are included in the analysis and following improvements to WSIPP's benefit-cost model.[11]

WSIPP's Investigation

This year DBHR commissioned WSIPP to investigate how the children's services inventory is used.[12] We sought to learn about how it is being used in decision-making in each of the relevant service areas, suggestions for potential improvements, and how EBPs could be better supported in Washington. Our approach to studying this question was two-fold.

First, we conducted a literature review on the use of inventories in relation to decision-making/policy about services. We focused on inventory use in fields related to child and youth behavioral health treatment and prevention, child welfare, and juvenile rehabilitation. Within this literature, we particularly looked for information about encouraging EBP use, challenges/barriers to this approach, and information about scaling up EBPs and cultural responsivity.

Second, we interviewed state executive agency decision-makers about the children's services inventory and the broader landscape of EBPs in Washington State. We used a semi-structured interview protocol, to learn what changes might improve the utility of the inventory from a policy and decision-making standpoint.

[11] For more detail on changes in program classifications across inventory editions, see pages 10 and 11 of WSIPP & EBPI (2020).

[12] DBHR has provided annual funding to WSIPP for work on updates to the children's services inventory.

II. Literature Review

We reviewed existing research on inventory use for promoting EBP uptake, with a particular interest in inventory use in policy and decision-making. In the following sections, we present our method and findings and summarize conclusions.

Literature Review Method

Our literature review followed methods consistent with scoping reviews,[13] described in greater detail in the Appendix. We searched for publications specifically addressing the use of inventories in areas related to the children's inventory (child welfare, juvenile rehabilitation, and behavioral health treatment and prevention). We excluded reports on adjacent topics including the use of meta-analysis or systematic reviews, research on translating evidence to implementation, and research on state EBP decision making that was not focused on inventory use.

Literature Review Findings

We identified 15 publications focusing on inventories, and thus meeting initial criteria for further review (all references are listed in the Appendix). Most of these publications compared a set of existing inventories on a range of features. Several presented a case study of a single inventory. Four of the 15 publications directly studied inventory use.

Studies Comparing Inventories

In several reports, authors compared inventories through the lens of what a potential user might need to make decisions about EBPs. For example, Buckley, Fagan, Pamel, and Hill (2020) reviewed 11 inventories of prevention programs. They focused on the inclusion of programs' dissemination readiness as a component of evidence ratings and whether information regarding dissemination readiness was presented in each inventory.[14] The authors concluded that inventories should both assess and provide more information about dissemination readiness to aid potential users.

Similarly, Burkhardt, Schroeter, Magura, Means, and Coryn (2015) compared 20 behavioral health-focused inventories across dimensions including audience, purpose, standards of evidence, and dissemination of inventory results to assess whether inventories would be useful to the "typical decision-maker."[15] One major conclusion was that the simple evidence ratings often presented in inventories may not sufficiently support complex decision-making about the value of implementing a given program in a particular context.[16]

[13] Peters, M.D.J., Godfrey, C., McInerney, P., Munn, Z., Tricco, A.C., & Khalil, H. (2020). Chapter 11: Scoping Reviews. In: E. Aromataris, & Z. Munn Editor (Eds.), *JBI Manual for Evidence Synthesis*, *JBI* (pp. 406-451).

[14] Buckley, P.R., Fagan, A.A., Pampel, F.C., & Hill, K.G. (2020). Making evidence-based interventions relevant for users: A comparison of requirements for dissemination readiness across program registries. *Evaluation Review*, *44*(1), 51–83.

[15] Burkhardt, J.T., Schroeter, D.C., Magura, S., Means, S.N., & Coryn, C.L.S. (2015). An overview of evidence-based program registers (EBPRs) for behavioral health. *Evaluation and Program Planning, 48*, 92-99.

[16] For example, Burkhardt et al. (2015) noted that information such as relative program advantage over treatment as usual, competitive advantage over other potential programs, ease

In summary, although these reports did not directly assess inventory use, the authors highlighted that prospective users of inventories would likely need additional information to make decisions about selecting and implementing a new EBP. Burkhardt et al. (2015) additionally noted that, currently, there is a lack of direct information assessing how inventories are being used, and how they are perceived by users.

Studies on Use of Inventories

Consistent with Burkhardt et al.'s (2015) assessment, we identified only four reports assessing inventory use or the perspective of inventory users. One report studied this question via analyzing references to inventories on state agency websites. Three implemented user surveys or interviews to gather information from potential users.

Maranda et al. (2021)[17] analyzed references to 28 different behavioral health inventories on state agency websites. They found that inventories are used to make statements about the evidence base for a specific program or practice or to refer users to an inventory as a resource for selecting a program or practice. The majority of references were for just three inventories out of the 28.[18] Funding was often mentioned on the same webpages as inventories. Overall, the authors concluded that inventories are being used to some extent in states' work to support EBPs, but there is variation among states and agencies in the extent and nature of their use.

Two reports surveyed users, or potential users, about a specific inventory. First, Blueprints for Healthy Youth Development surveyed users of the Blueprints website.[19] Respondents reported holding a range of occupations, with a plurality identifying as academic researchers or students. Most respondents (72%) indicated they were looking for more information about programs with particular characteristics (e.g., targeting specific outcomes, specific risk/protective factors, specific issues such as bullying). A small group (4%) stated a primary reason as identifying programs that meet federal/state/local policy requirements. The limited nature of this survey did not assess any further information about how Blueprints information was ultimately used.

Second, the Governmental Accountability Office (GAO) completed a survey of state, district, and school-level stakeholders in 2010 to assess awareness of the What Works Clearinghouse (WWC) and the extent of its use in decision making about school practices and programs.[20]

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of implementation, cost-feasibility and benefit-cost estimates, and program alignment with organizational values may help to bridge the gap between what current inventories typically offer and what is needed for decisions about EBP uptake. Simple evidence ratings based on a program as evaluated, often in a single study or small number of studies, may not lend itself to developing this more complex information.

[17] Maranda, M.J., Magura, S., Gugerty, R., Lee, M.J., Landsverk, J.A., Rolls-Reutz, J., & Green, B. (2021). State behavioral health agency website references to evidence-based program registers. *Evaluation and Program Planning, 85*, 101906.

[18] The most frequently referenced inventories were NREPP, Suicide Prevention Research Center, and Cochrane. These three inventories accounted for 73.6% of all references to inventories.

[19] Pamela Rose Buckley, Karl G. Hill, and Amanda Ladika, Blueprints for Healthy Youth Development (personal communication, April, 2021). Blueprints is a registry of evidence- based programs for children, youth, and families. The survey included users between February 2013 and June 2019.

[21] Government Accountability Office. (2010). *Department of Education: Improved dissemination and timely product release*

They found that awareness of the WWC was at that time limited. Respondents reported infrequent access to the WWC due to time constraints and unclear relevance to their work.

In the broadest analysis we identified in the literature, Neuhoff, Axworthy, Glazer, and Berfond (2015) assessed inventory supply and demand to identify gaps and to make recommendations for increasing EBP use.[21] Their work included interviews with potential inventory users who were policy decision-makers in child welfare and education. Decision-makers in the two areas reported having different inventory needs. Child welfare users reported valuing detail about the research. In education, users reported needing additional synthesis, summary, and support for decision making. Neuhoff et al. (2015) additionally identified six gaps between the content of existing inventories and the content that inventory users may require for policy decision making. We summarize these gaps in Exhibit 1.

Exhibit 1

Summary of Gaps in the Inventory Marketplace Identified

Neuhoff et al. (2015) analyzed the inventory marketplace in the child welfare and education fields by reviewing inventories and interviewing both inventory developers and potential users. They identified the following six gaps between what inventories were providing at that time, and what potential users of inventories reported needing to make more informed decisions about EBPs to implement.

Comprehensiveness. Information on a broader range of interventions with varying levels of effectiveness; information on which interventions have not been reviewed or rated.

Implementation. Information about interventions beyond evidence of impact, including peer experience implementing the intervention and cost or purchasing information.

Guidance. Guidance and support in selecting and planning to implement the appropriate intervention.

Synthesis. Information on policies and management decisions, as well as synthesized findings and best practices.

Usability. Increased usability of inventories, as well as more easily accessible information on the differences between inventories.

Awareness. More systematic and effective communication about EBPs from sources other than program developers and peers.

Note:
Source Neuhoff, A., Axworthy, S., Glazer, S., & Berfond, D. (2015). The what works marketplace: Helping leaders use evidence to make smarter choices. Boston, Bridgespan Group.

would enhance the usefulness of the What Works Clearinghouse: report to congressional committees. Washington, DC: U.S Government Printing Office. The What Works Clearinghouse is a registry of evidence-based educational programs and policies, created by the U.S. Department of Education.

[21] Neuhoff, A., Axworthy, S., Glazer, S., & Berfond, D. (2015). The what works marketplace: Helping leaders use evidence to make smarter choices. Boston, Bridgespan Group.

Based on our literature review, attention to the utility of inventories to support decision-making and implementation has increased in recent years. Across the reports we identified, one major conclusion is that potential inventory users likely need more information around dissemination readiness (i.e., the degree to which a program is available to be implemented as designed, with supports for implementing the program with fidelity), implementation (e.g., existing implementations, populations, staffing, setting, and intensity), and relative program value for inventories to be maximally useful.

The existing research directly addressing inventory use suggests that inventories may be underutilized. However, it is also clear that there is only very limited research directly assessing the use of inventories or the perspectives of inventory users. The few identified reports on this topic are fairly narrow in scope, and only one (Neuhoff et al. (2015)) directly targets inventory use in policy decision making. This literature review highlights the need for more information regarding the extent and nature of inventory use in policy and decision-making about public services for children and youth.

II. Interviews

To answer questions about the use of the children's services inventory in policy decision-making, we conducted interviews with representatives of Washington State agencies. In the following sections, we describe WSIPP's research approach and present the main themes from our interviews.

Interview Method

We reached out to contacts at agencies responsible for administering services in the areas covered by the children's services inventory: Child welfare, juvenile rehabilitation, and behavioral health treatment and prevention. Specifically, we requested that individuals within those agencies whose roles involve decision-making about public services participate in an interview with WSIPP staff.

In May 2021, we conducted 12 interviews with a total of 20 informants. Four of the interviews included multiple informants representing the same agency. All individuals invited to participate completed an interview, and all relevant agencies were represented. Informants included the following:

- five individuals working in juvenile rehabilitation at the Department of Children, Youth, and Families (DCYF) or as County Juvenile Court Administrators;
- five individuals working in child welfare at DCYF;
- and ten individuals working in behavioral health prevention or treatment at DBHR[22] or the Office of Superintendent of Public Instruction (OSPI).[23]

Broadly, we sought to learn about how state agencies use the children's services inventory in decision-making about public services within child welfare, juvenile rehabilitation, and behavioral health treatment and prevention. Our interview targeted three main areas.

1) How the inventory is being used, if at all, in the informant's agency;
2) How the inventory is perceived, including both strengths and areas for improvement;
3) How EBPs could be better supported in the state, more generally.

A standardized, open-ended interview instrument allowed us to ask the same questions of all informants and compare answers across interviews (see Section IV of the Appendix for full interview instrument). This approach also gave us the flexibility to supplement our structured questions with clarifying questions as the interview progressed and occasionally in follow-up communication.[24] Interviews ranged from 30 minutes to one hour.

[22] Two of our informants in behavioral health prevention (faculty at the University of Washington and Washington State University) were interviewed due to their ongoing formal role on the EBP Workgroup commissioned by DBHR.
[23] The Office of the Superintendent of Public Instruction (OSPI) is the primary agency charged with overseeing public K–12 education in Washington State. OSPI works with school districts and state-tribal education compact schools to allocate funding, resources, and technical assistance.
[24] The same two WSIPP staff conducted all 12 interviews.

The following section presents the main themes we heard from informants concerning our three areas of inquiry. Information obtained from the interviews is presented and discussed at a high level. Specific quotes used to illustrate themes found across multiple interviews are not attributed to their source.

Given the variation in the policy and funding contexts for child welfare, juvenile rehabilitation, and behavioral health services, we were interested in where responses might differ between areas. In the following section, we identify themes that were consistent across service areas, differences in how the same theme was described between areas, and themes that were unique to a service area.

Interview Findings

In this section, we describe themes that emerged from the interviews and illustrate them using direct quotes. First, we present findings related to how the children's services inventory is being used within each service area. We next summarize informants' perceptions of the inventory, including ideas for potential improvements. Finally, we present informants' views on how EBPs can be better supported in Washington State.

How is the Children's Services Inventory Used?

Informants in all areas reported that children's services inventory is being used in some capacity related to service provision. Unsurprisingly, the specific uses of the inventory described by informants varied by service area in ways that were consistent with their unique policy and funding context (see Exhibit 2).

Juvenile Rehabilitation (JR) is the only service area with a legislatively mandated use of the children's services inventory tied to state funds. Specifically, JR's budget proviso for evidence-based program expansion is limited to programs that are classified as either evidence-based or research-based on the inventory.[25] Across all but one informant in JR, the use of the inventory was described as being like using a menu of programs that could potentially be implemented in a given jurisdiction with state funding. In our interviews, this description of use was unique to JR informants.

Informants in JR, behavioral health, and child welfare described other children's services inventory uses in their areas. Some inventory functions were common across more than one service area, while some were described by informants in only one area (see Exhibit 2).

[25] In addition to this funding stream, state block grant funds administered by JR are available to county juvenile courts for programs that are listed as promising by the Community Juvenile Accountability Act (CJAA) Advisory Committee. The CJAA list of promising programs is informed in part by the children's services inventory.

Exhibit 2

Summary of Policy Context and Uses of the Children's Services Inventory, Described by Service Area

Policy and funding context	Juvenile Rehabilitation	Behavioral health treatment	Behavioral health prevention	Child welfare
Are federal or state funding sources tied to the use of the inventory?	Yes. Programs must be evidence-based or research-based for certain state JR funds.	No. Some federal funds are tied to programs on a diagnosis-specific vetted list.	Not directly. DMA funding must largely be for cost-beneficial programs.	No. FFPSA allows states to use federal funds for programs on a vetted list.
The inventory is used as a…				
Menu of programs that can be implemented	X			
Source of information for decisions about programs or program elements to include on a more tailored list	X	X	X	
Source of information about programs to recommend, implement, or maintain	X			X
Source of information about benefit-cost estimates for programs	X		X	
Forum for communication with providers about EBPs		X		
Resource shared with local decision-making entities			X	
Resource in workforce training				X

Notes:
Source: WSIPP interviews.
DMA = Dedicated marijuana account; 85% of DMA funds must go toward programs on vetted EBP list on which cost-beneficial status is determined by WSIPP's benefit-cost estimates.
FFPSA = Families First Prevention Services Act uses the Title IV-E Prevention Services Clearinghouse.

Informants across all areas described using the children's services inventory as one source of information regarding the programs themselves. In JR and behavioral health, the inventory is used as a resource for decisions about programs to include on a more specific list or menu of supported EBPs. In both juvenile rehabilitation and child welfare, the inventory was also described as a source of information about programs to recommend, implement, or maintain, as well as a resource for benefit-cost information.

Behavioral health treatment informants uniquely described using the children's services inventory as a forum for communication with providers about EBPs. The inventory has been used to inform the development of the EBP Reporting Guide[26] that provides direct instruction to clinicians in reporting EBP use in treatment encounters. Additionally, behavioral health prevention informants were also unique in noting that they refer local decision-making entities to the inventory as a resource.[27] Finally, one child welfare informant described the inventory being a resource in workforce training.

How is the Children's Services Inventory Perceived?

Several interview questions addressed perceptions of the children's services inventory. These questions included what informants believe is valuable or working well on the inventory, as well as what changes or additional information might be valuable to make the inventory more effective.

Valued Inventory Elements. Agencies identified several aspects of the inventory that were valued. There was universal agreement that the rigor of the inventory made it especially valuable. Additionally, EBPI's and WSIPP's responsiveness to review programs of interest to state agencies was seen as a strength. Several agencies indicated that some information on the inventory was unique among registries.

- Information on the racial/ethnic diversity of study populations. Staff from Child Welfare and the Health Care Authority (HCA) prevention programs mentioned this helped identify programs that might be effective in communities with diverse populations.
- Benefit-cost analysis. This measure is important especially for youth prevention programs funded using the Designated Marijuana Account where 85% of programming must be for cost-beneficial programs. One juvenile court administrator told us it helped secure support from the county council.

[26] Walker, S.C., Sedlar, G., Lau Johnson, W-F., Berliner, L., Oxford, M., Izguttinov, A., & Gilbert, E. (2020). *2020 Reporting guide for research and evidence-base practices in children's mental health.* Seattle WA, University of Washington, Evidence-Based Practice Institute.

[27] In the school context, informants described decision making as centered at the school district and school level for services provided through schools. OSPI is a resource for districts and schools but does not hold decision making authority regarding services. Additionally, in the behavioral health prevention context DBHR supports the Community Prevention and Wellness Initiative (CPWI). This model uses community-level decision making processes to identify and deliver services.

Suggested Inventory Changes or Additions. Informants in all service areas also shared ideas regarding additional material that would improve the children's services inventory process or content, or the information about programs linked on WSIPP's website.

These suggestions largely comprised four categories of information. See Exhibit 3 for a complete list. These suggestions vary in terms of feasibility, ease of implementation, and resources required.

Exhibit 3

Suggested Changes or Additions to the Children's Services Inventory

Develop more user-friendly presentation
- Organize programs by classification (e.g., evidence-based, research-based, promising) *- Organize programs by implementation context (e.g., individual, family-based, school-based)* *- More clearly summarize effects for each category of outcome* *- More clearly call out mixed results or harmful programs*
Improve communication about EBPI & WSIPP review process
- Add information about how exactly classifications were made for each program *- Make program classification history easily accessible* *- Put out an advance list of programs coming up for evaluation* *- Add a list of citations that were reviewed but excluded from meta-analysis*
Add more information about programs and/or evaluation
- Add information about version(s) of the program included in the evaluation *- Add information for each program on target ages/tested ages* *- Include participant retention rate for evaluation studies*
Add more information on implementation
- Add contact information for developers *- Add information about known implementations, especially in Washington State* *- Add information about the actual cost to implement programs in Washington State*

Program Components/Key Elements. Most informants in behavioral health, and one in juvenile rehabilitation, discussed the importance of differentiating between evidence-based programs and evidence-based for individual program components or key elements. By design, the children's services inventory, like other similar inventories, largely summarizes the evidence for full programs. This focus on programs that are often proprietary was seen as a challenge, for reasons discussed later in this report. In general, attending to the evidence base for key program components was discussed in terms of supporting greater flexibility to meet needs. See Exhibit 4.

Exhibit 4
Discussion of Program Components/ Key Elements

Thinking back to my time in the field and a lot of the clinicians that I interact with… there's often times that, if they don't have available evidence-based practice where they work, they'll pull from different evidence-based practices and do a lot of those interventions. So, I don't know if there's a way to see if there's some common interventions that are used across several evidence-based practices, and maybe even offer those as a menu. I know that's kind of outside of evidence-based… fidelity. But at least if there's a menu—a consistent menu—that people could look at that may also be and maybe even offer those [program elements] as a menu.

Impact of Classification Changes. Nearly all informants in both the juvenile rehabilitation and behavioral health prevention areas discussed the impact of downward changes in program classification or status. As discussed in this report's introduction, program classifications may change when new evidence is available and/or WSIPP's methods are updated. However, when funding for services is directly tied to the children's services inventory's classifications or benefit-cost estimates, downgrading a program may result in an established program no longer being eligible for funding. This was described as burdensome because of the required shift in resources for communities, as well as having psychological impacts on practitioners. See Exhibit 5.

Exhibit 5
Discussion of Impact of Program Classification Changes

We did Aggression Replacement Training [ART] for a really long time and [we felt] really sold out on ART, if you will. What I mean by that is, we just implemented, like all the principles throughout our Court. We got everybody trained, so all the conversations were consistent with young people and families. And then, when we find out it didn't have the impact that we all intended, that was a bit of a flattening of the tires if you will.

How Could EBPs be Better Supported in Washington State?

The children's services inventory is only one piece of the landscape of EBP work in the state, and the use of the inventory should be considered within the broader context of support for EBP. To address this, we asked questions about how EBPs could be better supported, the barriers to EBP use, and the barriers to inventory use specifically. There was crossover in informants' answers to those questions, so in this section, we describe themes without respect to the specific question. Themes that emerged largely identified barriers or removing barriers to EBP use.

Definitions of EBPs Differ Across Inventories.

As discussed previously, different inventories lack consistency in how programs are classified. In behavioral health and child welfare, where the children's services inventory is used as one source of information for EBPs among many sources, informants described these different definitions or classifications as a challenge to the field because it can take extra steps to reconcile information across sources. In some cases, however, informants also noted that having multiple inventory sources can provide a positive opportunity. Inventory users may benefit from seeing program classifications according to differing review criteria. An inventory may present some unique information, or present information in a unique format, thus allowing agencies to learn more about programs. See Exhibit 6.

Exhibit 6

Discussion of Differing EBP Definitions Across Inventories

Part of what we run into in the work that we do, when we're trying to identify programs for potential implementation, is the various classifications and rankings that exists among various registries. So, what might constitute as evidence-based in one place might be promising in another place and trying to reconcile the level of evidence.

I've been struck by how different the promising definition that WSIPP uses is… from the other clearinghouses. That doesn't mean it's bad or good, it's just different, so I always know that from an FFPSA[#] perspective if I see promising on WSIPP's list I need to go check those.

Note:

[#] The Families First Preventive Services Act (FFPSA), allows states child welfare agencies to use federal dollars to fund programs on a list vetted by the Title IV-E Prevention Services Clearinghouse.

"Off-the-Shelf" Programs. Informants in all areas expressed a range of concerns about "off-the-shelf" programs, that is, proprietary programs with prescribed curricula. These concerns included the high initial and ongoing cost to purchase the program and difficulty in obtaining and maintaining training. Additionally, they noted that achieving the required "critical mass" of participants to engage in group-based programs is not always possible. Lack of availability of specific programs in a local community was also highlighted. Informants also raised concerns about the flexibility of such programs to meet immediate individual needs and about whether these programs can be easily and appropriately adapted to new contexts. All of these issues were described especially by informants in the behavioral health prevention area. Juvenile rehabilitation informants were particularly concerned about program cost and local availability, while child welfare informants noted concerns about cultural adaptation. See Exhibit 7.

Exhibit 7

Discussion of Concerns about "Off-the-shelf" Programs

The rigidity, the lack of providers, the cost is an issue. You could serve kids in other programs for a lot less with some of your community-based providers…Those would be the main reasons why I think the EBPs are a bit of a struggle to expand on.

What are the goals you're trying to achieve, and then, how do we build towards that, without having to buy a curriculum? And then pay a developer every eight months for a mandatory retraining of trainers. You get into these unintentional paid systems to be able to earn the ability to continue a program. There's just complications with the implementation of things. I don't know that that necessarily is your wheelhouse or [WSIPP's] work, it's just part of the larger context of the conversation.

Lack of Evidence for Existing Programs. Informants across all service areas described an interest in reconciling the children's services inventory's approach with the need to recognize locally developed and community-driven programs. Such programs were perceived to have value because they arise from and are accepted by a community and should respond to that community's unique needs and strengths. However, without some form of evaluation, there is no pathway to recognize these community programs as being evidence-based. Additionally, informants described logistic and funding-related challenges inherent to program evaluation. As a result, it is difficult for such potentially effective programs to develop the evidence base necessary to be recognized on an inventory, or to achieve evidence-based status. See Exhibit 8.

Exhibit 8

Discussion of Challenge of Developing Evidence for Existing Programs

[There are programs] that we can't use because they're not in the clearinghouse, and so it seems like there needs to be a mechanism for those practices that are showing some promise and getting them to where we can use them. We want to be open to that, particularly for populations that haven't typically been involved in the testing of the interventions that we typically see in the inventory…

This looks like it's got the elements to be a good program. We get the research design put together and figure out what data we need to collect and then we solicit individual courts that are interested in being part of an evaluation for their kids, and then we get it evaluated. The only problem is again we don't have that research money that we've needed for so long. Courts have great ideas but it's a lot of work to put all this together, and it takes literally years to find the funding and for some small courts it's a real barrier. They don't have the resources… even though we help them put this application together.

Related to this theme, informants in juvenile rehabilitation described interest in a more frequent or ongoing evaluation of programs being implemented. Specifically, they expressed that more frequent evaluation could provide opportunities to modify services or implementation as needed to improve effectiveness. With no ongoing evaluation, any changes in a program's effectiveness over time would go undetected. See Exhibit 9.

Exhibit 9

Discussion of Need for Ongoing Evaluation

> *The Aggression Replacement Therapy study was a great example of how many years we went without being able to fund the research that would tell us if the program was working. We made the assumption that it was [working] based on the original research, we launched programs, and we went from 1997 or 1998 all the way up to 2019. And then we went "oops it's not working." The courts in general have been trying to get the legislature to understand that to fund programs that are evidence-based is necessary, but you also have to fund the ongoing research needs. So that in real time, we are knowing what's happening with these programs.*

Matching Services to Needs. Across all service areas, informants emphasized that EBPs can only be effective if they are responsive to the needs of the population served. Accordingly, they indicated that before considering a program's evidence base, they consider client needs, and how to best match services to those needs.

Related to this, juvenile rehabilitation informants all described interest in supporting a wider range of programs that target the complex array of needs presented by youth and their families. Currently, state funds in juvenile rehabilitation are limited to programs that are effective in reducing recidivism. Informants highlighted that this approach ignores programs that are effective in addressing other client needs, such as substance use or mental health treatment, which may contribute to recidivism. See Exhibit 10.

Exhibit 10

Discussion of Limited Outcome Focus in Juvenile Rehabilitation

> *It seems like not a lot of programs really reduce recidivism. It's just kind of been a challenge, and there are other things that I think we could also be looking at. School engagement, high school graduation. How are we addressing those issues? Family. Social interactions. What are we doing with attitudes and behaviors and changing some of those things that we know are truly risk factors? And have that be a part of the conversation, versus just did it reduce recidivism or not? … Because I think there's a lot of good things happening with these [other] programs.*

Further, across all interviews, informants noted the importance of services being responsive to underserved or marginalized communities. Informants frequently expressed uncertainty about whether recognized EBPs are effective or appropriate for populations that were not included in evaluation studies. Concerns about the adaptability of "off-the-shelf" programs were sometimes related to the relevance of such programs to underserved communities. Additionally, informants discussed interest in paths to recognize as evidence-based programs that were developed within or for underserved communities. See Exhibit 11.

Exhibit 11

Discussion of Responsiveness to Underserved Communities

> *...there's enough demand in all of these public agencies for improving, increasing the pool of programs that are more applicable for, and more accepted in communities experiencing disproportionality.... there's going to be a demand for some more work in that area.... I do think that that's a gap, if we're really looking at trying to be more responsive to our communities and certainly to communities of color.*

Infrastructure and Implementation Support. Informants in all service areas identified that lack of infrastructure and implementation support are barriers to EBP uptake and maintenance. First, many informants noted that infrastructure is critical to EBP uptake and sustainability. This included the availability of and connection to existing resources in a local community, and the need for more widespread access to training for practitioners to provide EBPs. Informants also noted the need for sufficient funds to support both service startup and maintenance. See Exhibit 12.

Exhibit 12

Discussion of Training and Infrastructure Needs

> *Support for the field to implement, the continuous quality improvement support. All of the supports from implementation science, we know that are needed. Training. When we started going out to the field and talking about FFPSA... we heard from providers that they don't have access to consistent training on these EBPs. They don't have the supports that are needed to implement well. I think field support for implementation across the state, even things as simple as a certification, following a provider, an individual provider, whether they work for... HCA, or are contracted... we hear about turnover all the time, the training should be able to go with them, we should be able to do that.*

Second, most informants discussed infrastructure challenges in terms of implementation with fidelity to a program model. This is important because a program's ability to affect desired outcomes as expected by evaluation work depends on the program being implemented in fidelity to the program that was evaluated. This challenge was related to both local variations in context and practitioners and to the need for sustained funding to maintain and monitor fidelity over time. See Exhibit 13.

Exhibit 13

Discussion of Challenges in Implementing EBPs with Fidelity

Just saying you have an EBP isn't always enough, you need to implement it well, …with fidelity… and those support systems are just not always present in the state even where we're implementing a good EBP, even for promising practices. Those agencies that are implementing aren't always supported to implement the greatest quality. That's a whole other issue that the legislation did not anticipate. The legislation that called on the child serving agencies in the State to implement evidence-based practice was well intentioned, and this is a good direction for the state to go, but [it] did not anticipate the implementation supports that are needed in order to do this well.

IV. Conclusions

In this final section, we summarize research findings, as well as discuss the relevance of informants' perceived barriers to EBP use for the children's services inventory. Our purpose is to speak to the role of the inventory in EBPs across relevant service areas, with the potential to inform future directions for the inventory and EBP work. Finally, we describe the limitations of this study.

Summary of Findings

Our literature review indicated that very little is currently known, in general, about how inventories are being used in decision-making about EBPs. Broadly, the literature suggests that supplementing inventories with additional information about implementation and dissemination may be of value to potential children's services inventory users. Many of these ideas also arose in WSIPP's interviews specific to agency use of the inventory.

Based on interviews with key informants, we found that the children's services inventory is used to varying degrees by stakeholders in child welfare, juvenile rehabilitation, and behavioral health treatment and prevention service areas. The specific nature of how the inventory is used varies across service areas. Unsurprisingly, use of the inventory was described as most clear and deliberate in contexts where state funding is directly tied to the inventory or specific information on the inventory (i.e., benefit-cost results).

The children's services inventory is also used as one source of rigorous information about program effectiveness or is used as a forum for communication with practitioners about the state of evidence for a range of practices and services.

Potential Inventory Revisions

We asked informants to suggest potential changes to the children's services inventory and supporting documentation that could improve its utility to individuals or organizations making decisions about services. Their suggestions included the following:

- Adjustments to how information is organized and presented on the inventory and WSIPP website;
- Communicating more information about the program review process;
- Incorporating additional information about the reviewed programs and program evaluations; and
- Including additional detail about program implementation.

Informants were especially interested in knowing where programs are being implemented in Washington State. Many of these changes have the potential for implementation in the future, depending on stakeholder direction and funding.

Changes to Program Classifications

Informants across all service areas particularly highlighted program classification changes as problematic. The state of evidence for programs can and does change over time. Information summarized in the children's services inventory, as with all similar inventories, is periodically updated to account for new evidence or improved methods.[28] This process is intended to result in providing the best available evidence base for programs. However, when a program's classification is downgraded, and in particular when an established program is no longer eligible for funding tied to that classification, communities and practitioners must select and implement new programs, which includes addressing training needs. Careful thought around how to mitigate this issue within each unique service area's context is warranted in future work.

Barriers and Supports for EBPs

Informants also shared ideas about how EBP use could be better supported in Washington. These ideas largely centered on barriers to EBP implementation. The ideas shared in interviews largely fall outside of intended children's services inventory functions. However, in many cases, barriers are either directly or indirectly relevant to how the inventory might be used, or the degree to which it is likely to be found useful. Specifically, themes included the following:

- Varying definitions of "evidence-based" across inventories;
- Off-the-shelf programs present challenges, including costs, training availability, and concerns about adaptability;
- Lack of evidence for locally developed programs and difficultly moving to the evidence-based status;
- Lack of support for ongoing program evaluation;
- Challenges matching services to complex needs of the population;
- Concerns about whether programs are responsive to underserved communities;
- Unmet infrastructure and training needs for EBP implementation and maintenance; and
- Challenge of implementing programs to fidelity.

Some of these themes are beyond the scope of typical inventory work (e.g., state infrastructure and training requirements). Others have more clear links to the children's services inventory content and might be addressed within or parallel to the inventory work. For example, informants across areas expressed a range of concerns about off-the-shelf programs. If the children's services inventory largely covers programs that are perceived to be too expensive, or for which training is unavailable locally, the users' choices may be limited. Relatedly, program adaptability for off-the-shelf programs could be investigated.

[28] For more detail on changes in program classifications across inventory editions, see pages 10 and 11 WSIPP & EBPI (2020).

A second barrier with clear relevance to the children's services inventory is informants' descriptions of existing programs that are highly regarded in communities but not recognized as evidence based. Informants described concerns about having limited mechanisms and support for identifying promising practices and then supporting evaluation. For a program to move from a promising practice to research-based or evidence-based (and therefore become eligible for funding in some cases), it needs evidence. In general, across all service areas informants called for greater support for evaluation work, both to allow programs to be recognized as research- or evidence-based, and to improve ongoing understanding about how well programs are achieving desired outcomes.[29]

Ultimately, inventories are intended to summarize the evidence for program effectiveness. Decision-making, funding, implementation, and research infrastructure are beyond the scope of inventories themselves. Our informants shared ideas for work in these areas—outside of strengthening the children's services inventory—that would support greater EBP uptake and maintenance.

Limitations

Several methodological limitations of this work should be noted.

First, given our focus on the use of the children's services inventory in policy- and decision-making, we talked with high-level decision-makers about how state agencies use and perceive the children's services inventory. Direct selection and implementation of services also happen at a local level, and it could be informative to also talk with decision-makers in local organizations. We did not hear directly from providers, those who endorse EBPs or those who may be indifferent to them. Further, it could be valuable to directly gain the perspective of Tribal organizations and agencies working with underserved communities regarding how they approach service decisions.

Additionally, we did not talk with legislators or legislative staff. Doing so could provide more information regarding the role of the children's services inventory from a legislative decision-making perspective.

Finally, WSIPP staff completed all interviews, and informants may not have been fully candid given our role in producing the children's services inventory. We specifically solicited critiques of the inventory, and informants shared concerns and ideas for improvements. The themes identified in the interviews suggest that informants were comfortable discussing constructive critiques of the inventory and the EBP landscape in general.

[29] This process was intentionally written into the initial legislation: "Using state, federal, or private funds, the department shall prioritize the assessment of promising practices identified in (a) of this subsection with the goal of increasing the number of such practices that meet the standards for evidence-based and research-based practices." (ESHB2356, Section 3.1.c)

Next Steps

Over the course of this study, we heard many ideas for changes to the children's services inventory that might enhance its value as a resource for users. Some changes might be possible within existing resources, while others would require additional investment. Decisions about the next steps to pursue in revising or adding to the information included in the inventory or on WSIPP's website will depend on legislative or other stakeholder interests. Information provided here may inform work in a future contract(s) with DBHR or other entities.

We also heard a number of ideas about how EBPs can be better supported in the state. Although outside the scope of work on inventories, we summarize our informants' perspectives regarding supports and barriers to EBPs. This discussion may be useful to inform broader conversations about these themes, many of which are common across service areas.

Appendices

Washington State Children and Youth Services Inventory: *Investigating Use by State Agencies in Policy and Decision Making*

I. Literature Review Method

Our literature review followed methods consistent with scoping reviews. The purpose of this review was to explore and map the extent of the existing literature and to summarize any available information about the use of inventories in policy and decision-making about EBPs.

We initially searched for publications specifically addressing inventories in areas related to the children's services inventory (child welfare, juvenile rehabilitation, and behavioral health). In this initial pass, we excluded reports on adjacent topics including the use of meta-analysis or systematic reviews, research on translation from evidence to implementation, and research on state decision-making about EBPs that was not focused on inventory use. Within the set of results, we were particularly interested in any reports that directly assessed the inventory use.

Search Strategy

- We searched the following databases/sources for relevant reports: PubMed, EBSCO, JSTORE, ProQuest, Science Direct, and Google Scholar.
- Within each database, we searched using combinations of the following terms:
    - Inventory, clearinghouse, or registry, *plus one of the following:* EBP, evidence based, evidence-based program, evidence-based practice, implementation, and implementing.
- In addition, we contacted external organizations working on inventories in this area to ask for references and/or informal perspectives on inventory use.[30]
- Finally, we used "snowball sampling" by reviewing the reference lists of all initially identified reports.

[30] For this study, we contacted the California Evidence-Based Clearinghouse which identifies programs in child welfare; HOMVEE which creates a list of evidence-based home visiting programs; and Blueprints for Healthy Youth Development. In addition, we contacted the Arnold Ventures, an organization whose mission is to invest in evidence-based programs.

II. Literature Review References

We identified a total of 15 reports focusing on one or more inventories. References marked with an * are those that directly assessed inventory *use*.

Bergum, A., Grigg, L., Givens, M.L., Booske, C.B., & Willems, V.D.J. (2019). How to be an informed consumer of evidence ratings: It's in the details. *Preventing Chronic Disease, 16, E121.*

* Pamela Rose Buckley, Karl G. Hill, and Amanda Ladika, at Blueprints for Healthy Youth Development (personal communication, April 2021).

Buckley, P.R., Fagan, A.A., Pampel, F.C., & Hill, K.G. (2020). Making evidence-based interventions relevant for users: A comparison of requirements for dissemination readiness across program registries. *Evaluation Review, 44*(1), 51–83.

Burkhardt, J.T., Schroeter, D.C., Magura, S., Means, S.N., & Coryn, C.L.S. (2015). An overview of evidence-based program registers (EBPRs) for behavioral health. *Evaluation and Program Planning, 48,* 92-99.

* Government Accountability Office. (2010). *Department of Education: Improved dissemination and timely product release would enhance the usefulness of the What Works Clearinghouse: report to congressional committees*. Washington, DC: U.S Government Printing Office.

Gillen, A.C., Elefantis, A.B, Hodgson, A.B., & Hennessy, K.D. (2013). The international reach of SAMHSA's National Registry of Evidence-based Programs and Practices. *International Journal of Mental Health, 42*(4), 78-94.

* Maranda, M.J., Magura, S., Gugerty, R., Lee, M.J., Landsverk, J.A., Rolls-Reutz, J., & Green, B. (2021). State behavioral health agency website references to evidence-based program registers. *Evaluation and Program Planning, 85, 101906*.

Means, S.N., Magura, S., Burkhardt, J.T., Schroeter, D.C., & Coryn, C.L.S. (2015). Comparing rating paradigms for evidence-based program registers in behavioral health: Evidentiary criteria and implications for assessing programs. *Evaluation and Program Planning, 48*, 100-116.

Mihalic, S. F., & Elliott, D.S. (2015). Evidence-based programs registry: Blueprints for Healthy Youth Development. *Evaluation and Program Planning*, *48*, 124-131.

* Neuhoff, A., Axworthy, S., Glazer, S., & Berfond, D. (2015). *The what works marketplace: Helping leaders use evidence to make smarter choices.* Boston, Bridgespan Group.

Paulsell, D., Thomas, J., Monahan, S., & Seftor, N.S. (2017). A trusted source of information: How systematic reviews can support user decisions about adopting evidence-based programs. *Evaluation Review, 41*(1), 50-77.Rieckmann, T.R., Kovas, A.E., Cassidy, E.F., & McCarty, D. (2011). Employing policy and purchasing levers to increase the use of evidence-based practices in community-based substance abuse treatment settings: Reports from single state authorities. *Evaluation and Program Planning, 34*(4), 366-374

Rieckmann, T., Abraham, A., Zwick, J., Rasplica, C., & McCarty, D. (2015). A longitudinal study of state strategies and policies to accelerate evidence-based practices in the context of systems transformation. *Health Services Research Chicago, 50*(4), 1125-1145.

Tolan, P.H. (2014). Making and using lists of empirically tested programs: Value for violence interventions for progress and impact. (pp. 94-106). In M. Carroll, M.M. Perez, R.M Taylor, (Rapporteurs). *The Evidence for Violence Prevention Across the Lifespan and Around the World. Workshop Summary*. Washington, D.C. National Academies Press.

Walker, S.C., Lyon, A.R., Trupin, E.W., & Aos, S. (2017). The consistencies and vagaries of the Washington State inventory of evidence-based practice: The definition of "evidence-based" in a policy context. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(1), 42-54.

III. Interview Method

Exhibit A1
Informants

Name	Agency and service area
Cory Redman	DCYF – Juvenile Rehabilitation, co-chair of the CJAA oversight committee
Ted Ryle	DCYF – Juvenile Rehabilitation
Chad Connors	Cowlitz Co Juvenile Court Administrator, co-chair of the CJAA oversight committee
Barbara Carr	Jefferson County Juvenile Court Administrator and current President of the Washington Association of Juvenile Court Administrators
TJ Bohl	Pierce Co Juvenile Court Administrator
Vickie Ybarra	DCYF – OIAA; Child Welfare
Steven Grilli	DCYF – Child Welfare
Karolyn Smith	DCYF – Child Welfare
Barbara Geiger	DCYF – Child Welfare
Taku Mineshita	DCYF – Child Welfare
Diana Cockrell	HCA-DBHR – Behavioral Health Treatment
Enos Mbajah	HCA-DBHR – Behavioral Health Treatment
Sarah Mariani	HCA-DBHR – Behavioral Health Prevention
Christine Steele	HCA-DBHR – Behavioral Health Prevention
Angie Funaiole	HCA-DBHR – Behavioral Health Prevention
Kasey Kates	HCA-DBHR – Behavioral Health Prevention
Kevin Haggerty	University of Washington and DBHR's EBP Workgroup, SUD Prevention
Brittany Cooper	Washington State University and DBHR's EBP Workgroup, SUD Prevention
Mandy Paradise	OSPI – Behavioral Health Prevention
Camille Goldy	OSPI – Behavioral Health Prevention

Interview Method and Coding

Interviews lasted between 30 minutes and one hour in duration. All interviews were conducted by the same two WSIPP staff members—the report authors—over Zoom. Interviews were recorded to create verbatim transcription for later content qualitative content analysis.

Project staff developed a set of content themes informed by project goals, our literature review, and the interviews themselves. These themes are intended to capture the main ideas within each interview and to summarize common themes across interviews. We co-coded one interview to assess agreement. Independent coding yielded 78% agreement, and we conferenced to resolve all initial discrepancies. We used this information to further clarify definitions and refine themes. Following this, we independently coded the remaining 11 interviews.

IV. Semi-structured Interview Protocol

Use of children's inventory and/or other sources

1. To prepare for this conversation, we sent you the most recent update to the children's inventory. Before we sent it to you, were you aware of the inventory?

2. Do you (or your colleagues) use the children's inventory in policy or decision-making about services?

   2a. [If yes] Could you describe how is it used at your agency?
   2b. [If yes] Who, or what entity, decided the inventory should be used in that way? [maybe follow-up on who, in general, is in a role to make decisions about EBPs?]

3. Besides WSIPP's inventory, what other sources of information on services/programs do you/your agency consult, if any?

Perspectives on the children's inventory

4. WSIPP's inventory lists programs/practices as evidence-based, research-based, or promising. What comes to your mind, when you read that a program is classified as P, RB, or EB? [does/how would that rating influence what you'd fund?]

5. What information on the inventory do you find useful? [If not using/familiar with inventory: What kinds of information do you look for/find helpful for making decisions about programs/practices?]

6. Do you have suggestions for ways in which the inventory might be improved? Suggestions could relate to the process (e.g., nominations, reviews, inventory updates) or the content of the inventory.

7. Is there information that you would want to see on the inventory that isn't included currently? This might be information in other sources you mentioned earlier, or information that you'd value and haven't been able to find. (if yes, describe)

8. Do you see any barriers in [your field] to using the inventory?

How can EBPs be supported in WA more broadly?

9. What other kinds of information do you/your agency consider in decisions about what services to support?

10. Do you think other tools or processes are needed in WA to increase EBP use? If yes, what would those tools or processes look like?

11. What barriers do you see—if any—to using/increasing use of EBPs?

Wrap up

Is there any additional information about the inventory, or EBP use, that you want to share with us?
Questions we should have asked you about this topic?
Are there any other individuals (or entities) you think we should talk with in the future, as we continue this work?

V. Defining Evidence-Based, Research-Based, and Promising Practices

The 2012 legislative assignment directed WSIPP and EBPI to identify evidence-based and research-based practices for children. To prepare an inventory of evidence-based, research-based, and promising practices and services, the bill required WSIPP and EBPI to publish descriptive definitions of these terms.[31] More information is available in the 2020 edition of the children's services inventory.[32]

Exhibit A2 contains the definitions currently in statute before the passage of the 2012 law and the suggested definitions for evidence-based and research-based developed by the two research institutes as required by the law.

Exhibit A3 depicts WSIPP's decision tree for classifying programs as evidence-based, research-based, or promising.

[31] The suggested definitions, originally published in 2012, were subsequently enacted by the 2013 Legislature for adult behavioral health services with slight modifications to relevant outcomes; however, they have not been enacted for the children's services inventory. Thus, we classify programs according to the statutory and proposed definitions (See: Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013).

[32] WSIPP & EBPI (2020).

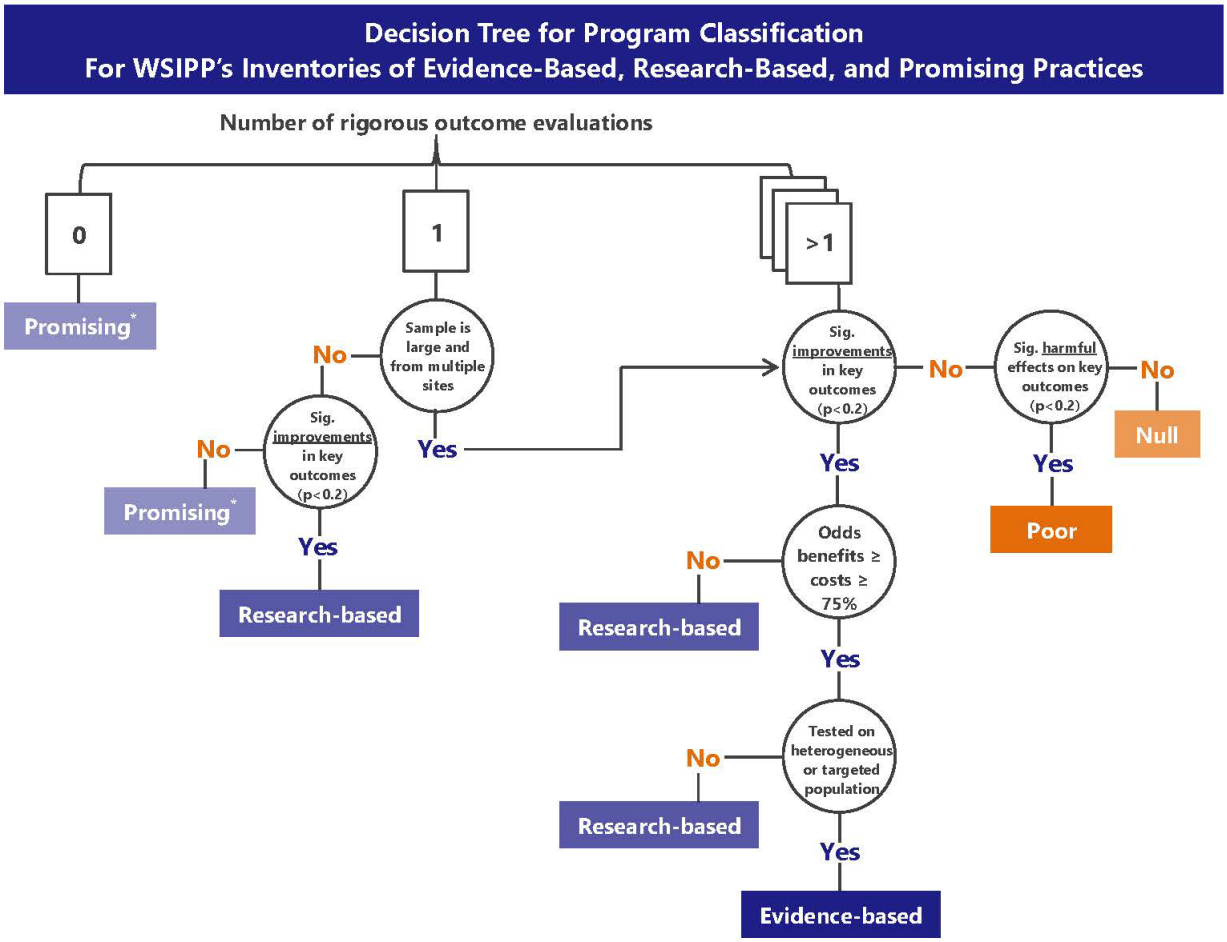
Exhibit A2

Current Law and Suggested Definitions

	Current law definition for children's mental health and juvenile justice	Suggested definitions for children's services developed by WSIPP & EBPI
Evidence-based	A program or practice that has had multiple-site random controlled trials across heterogeneous populations, demonstrating that the program or practice is effective for the population.	A program or practice that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically controlled evaluations, or one large multiple site randomized and/or statistically controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the following outcomes: child abuse, neglect, or the need for out of home placement; crime; children's mental health; education; or employment. Further, "evidence-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.
Research-based	A program or practice that has some research demonstrating effectiveness but that does not yet meet the standard of evidence-based practices.	A program or practice that has been tested with a single randomized and/or statistically controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based" in RCW (the above definition) but does not meet the full criteria for evidence-based. Further, "research-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington.
Promising	A practice that presents, based upon preliminary information, the potential for becoming a research-based or consensus-based practice.	A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the "evidence-based" or "research-based" criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.
Null	*Not applicable*	A program or practice for which the results from a random-effects meta-analysis of multiple evaluations or one large multiple-site evaluation are not statistically significant for relevant outcomes.
Poor	*Not applicable*	A program or practice for which the results from a random-effects meta-analysis of multiple evaluations or one large multiple-site evaluation indicate that the practice produces undesirable (harmful) effects.

Exhibit A3

Decision Tree for Program Classification
For Inventories of Evidence-Based, Research-Based, and Promising Practices



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