

September 2014

Updated Inventory of Evidence-based, Research-based, and Promising Practices *For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems*

The 2012 Legislature passed E2SHB 2536 with the intent that “prevention and intervention services delivered to children and juveniles in the areas of mental health, child welfare, and juvenile justice be primarily **evidence-based and research-based**, and it is anticipated that such services will be provided in a manner that is culturally competent.”¹ The definitions developed for evidence-based and research-based are high standards of rigor and represent programs that demonstrate effectiveness at achieving certain outcomes.

E2SHB 2536 assigned two independent research groups—the Washington State Institute for Public Policy (WSIPP) and the University of Washington Evidence-Based Practice Institute (UW)—to create an inventory of evidence-based, research-based, and promising practices and services.

UW created an application process for treatment providers to nominate promising practices for review. UW reviews the applications to determine if a program meets the criteria to be defined as promising. When outcome evaluation literature for the program exists, WSIPP then conducts a systematic review of the literature to determine if the program meets the definition of evidence-based or research-based.

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

The inventory was originally published in September 2012. The legislation required periodic updates to the inventory. This September 2014 report is the fourth update and reflects changes to the inventory from new promising program applications. This update also reflects changes due to WSIPP’s ongoing work on its benefit-cost model. The next update is anticipated in July 2015 and on an annual basis thereafter.²

To assemble the inventory, we operationalize each criterion for both the current law definitions for children as well as the suggested definitions of evidence-based and research-based (see page 3 for definitions). For example, for the suggested definitions, the WSIPP benefit-cost model is used to determine whether a program meets the benefit-cost criterion by testing the probability that benefits exceed costs. Programs that do not achieve at least a 75% chance of a positive net present value do not meet the benefit-cost test.

¹ Emphasis added.

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

Updates to the Inventory as of September 2014

For this update, UW reviewed the latest applications and determined that three programs meet the criteria of a promising program and were added to the inventory.

- ✓ Nurturing Fathers
- ✓ Youth and Family Link
- ✓ Choice Theory/Reality Therapy

WSIPP reviewed the evidence for three additional programs. Two are classified as research-based on the suggested-definitions inventory:

- ✓ Child FIRST
- ✓ Teen Marijuana Check-Up

The third program was determined to have null or poor outcomes:

- ✓ Project SUCCESS

In August 2014, WSIPP made important improvements in its benefit-cost methodology, which affected the inventory.³ Due to these changes, one program moved from research-based to evidence-based on the suggested-definitions inventory:

- ✓ Multisystemic Therapy for substance-abusing juvenile offenders

Three programs moved from evidence-based to research-based on the suggested-definitions inventory:

- ✓ Nurse Family Partnership (chance of a positive net present value is 71% compared with previous 76%)
- ✓ Parent Child Interaction Therapy for children with disruptive behavior (chance of a positive net present value is 47% compared with previous 94%)
- ✓ Juvenile drug courts (chance of a positive net present value is 65% compared with previous 93%)

Two programs were re-classified on the suggested-definitions inventory based on updated reviews of the literature:

- ✓ Mentoring of juvenile offenders is now evidence-based (not research-based as reported previously)
- ✓ Project ALERT was re-classified as research-based (not “produces null or poor outcomes” as reported previously)
- ✓ The “other mentoring” group of programs was replaced with “community-based” (research-based) and “school-based” (evidence-based) mentoring

In addition, there are changes to the inventory due to previous misclassification:⁴

- ✓ Parent-Child Home Program is research-based for the suggested definitions (not promising as reported previously)
- ✓ Coordination of Services is promising (not research-based as reported previously)
- ✓ Other intensive family preservation services is classified as “produces null or poor outcomes” (not promising as reported previously)

The [inventory](#) is published as a separate document from this descriptive report.⁵

³ Washington State Institute for Public Policy (2014). *Benefit-cost technical documentation*. Olympia, WA: Author.

<http://www.wsipp.wa.gov/TechnicalDocumentation/WsippBenefitCostTechnicalDocumentation.pdf>

⁴ For Parent-Child Home Program, we overlooked a significant finding for grade repetition (p-value=0.021). For Coordination of Services, we recognized that there are no significant (p-value at no greater than 0.2) outcomes. In the case of other family preservation services, we failed to recognize that programs were associated with *increased* incidence of child abuse and neglect (p-value=0.107) and non-significant effects on out-of-home placement (p-value=0.978)

⁵ http://www.wsipp.wa.gov/ReportFile/1564/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-for-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Inventory.pdf

E2SHB 2536 required WSIPP and UW (1) to publish descriptive definitions of evidence-based, research-based, and promising practices, and (2) to prepare an inventory of evidence-based, research-based, and promising practices and services. The suggested definitions, originally published in 2012, were subsequently enacted by the 2013 Legislature for adult behavioral health services with only slight modifications to relevant outcomes.⁶ The table below contains the definitions currently in statute prior to the passage of E2SHB 2536 and suggested definitions for evidence-based and research-based developed by the two research entities as required under E2SHB 2536.

Current Law and Suggested Definitions

Current law definition for children’s mental health and juvenile justice		Suggested definitions for children’s services developed by WSIPP & EBPI	Current law definitions for adult behavioral health (enacted by the 2013 Legislature)
Evidence-based	A program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.	A program or practice that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the following outcomes: child abuse, neglect, or the need for out of home placement; crime; children’s mental health; education; or employment. Further, “evidence-based” means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.	A program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. “Evidence-based” also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.
Research-based	A program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.	A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term “evidence-based” in RCW (the above definition) but does not meet the full criteria for “evidence-based. Further, ‘research-based’ means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington. ⁷	A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term “evidence-based” in RCW (the above definition) but does not meet the full criteria for “evidence-based.”
Promising practices	A practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice.	A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the “evidence-based” or “research-based” criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.	A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the “evidence-based” or “research-based” criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.

⁶ Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013.

⁷ Prior to this report, we had not included the criterion for implementation, “a program or practice that can be implemented with a set of procedures to allow successful replication in Washington,” in our definition for *research-based*. Since our original publication, however, we believe this criterion, which previously only applied to evidence-based programs, should be incorporated into the definition for research-based. Our inventory reflects the addition of this criterion for research-based, which did not impact the classification of any programs.

Prior Publications

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

E2SHB2536-5

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