June 2016

Inventory of Evidence-Based, Research-Based, and Promising Practices

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

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions below)	Percent minority
Child welfare	**Intervention**						
	Alternatives for Families (AF-CBT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Family Search and Engagement	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Fostering Health Futures	Yes	⦿	⦿		Single evaluation	56%
	Functional Family Therapy (FFT) for children in the child welfare system	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Including Fathers—Father Engagement Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Intensive Family Preservation Services (HOMEBUILDERS®)	Yes	●	●	99%		58%
	King County Family Treatment Court	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multisystemic Therapy (MST) for child abuse and neglect	Yes	⦿	⦿		Single evaluation	82%
	Other Family Preservation Services (non-HOMEBUILDERS®)	Varies*	P	⊘	0%	Weight of evidence	76%
	Parent-Child Assistance Program	Yes	P	P		Single evaluation	52%
	Parent-Child Interaction Therapy (PCIT) for families in the child welfare system	Yes	●	●	94%		48%
	Parents for Parents	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Partners with Families and Children	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Pathway to Reunification	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	SafeCare	Yes	⦿	⦿	50%	Benefit-cost	33%
	Youth Villages LifeSet	Yes	⦿	⦿	22%	Benefit-cost	49%
	Prevention						
	Circle of Security	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Healthy Families America	Yes	●	⦿	51%	Benefit-cost	72%
	Kaleidoscope Play and Learn	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Nurse Family Partnership	Yes	●	⦿	58%	Benefit-cost/heterogeneity	20%
	Other home visiting programs for at-risk mothers and children	Varies*	●	⦿	63%	Benefit-cost	50%
	Parent Child Home Program	Yes	⦿	⦿	43%	Benefit-cost	65%
	Parent Mentor Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents and Children Together (PACT)		P	P		No rigorous evaluation measuring outcome of interest	
	Parents as Teachers	Yes	P	P	67%	Weight of evidence	80%
	Promoting Alternative Thinking Strategies (PATHS)	Yes	P	P	63%	Weight of evidence	49%
	Promoting First Relationships	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Safe Babies, Safe Moms	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Triple-P Positive Parenting Program (System)	Yes	⦿	⦿	63%	Benefit-cost	33%

● Evidence-based ⦿ Research-based **P** Promising ⊘ Produces null or poor outcomes **NR** Not reported See definitions and notes on page 7.

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Juvenile justice	Adolescent Diversion Project	Yes	●	●	97%		58%
	Aggression Replacement Training	Yes					
	Youth in state institutions		⦿	⦿	92%	Heterogeneity	17%
	Youth on probation		⦿	⦿	91%	Heterogeneity	17%
	Cognitive behavioral therapy	Varies*	●	●	94%		43%
	Moral Reconation Therapy*	Yes					
	Reasoning and Rehabilitation*	Yes					
	Other cognitive behavioral therapy*	Varies*					
	Connections Wraparound	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Coordination of Services	Yes	⦿	⦿	95%	Heterogeneity	30%
	Dialectical Behavior Therapy	Yes	⦿	⦿		Single evaluation	27%
	Dialectical Behavior Therapy for substance abuse: Integrated treatment model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Drug court	Varies*	●	⦿	57%	Benefit-cost	38%
	Education and Employment Training (EET, King County)	Yes	⦿	⦿		Single evaluation	74%
	Family-based therapies (non-name brand)	Varies*	●	●	95%		53%
	Family Integrated Transitions (youth in state institutions)	Yes	⦿	⦿		Single evaluation	30%^
	Functional Family Parole (with quality assurance)	Yes	⦿	⦿	72%	Benefit-cost	46%
	Functional Family Therapy	Yes					
	Youth in state institutions		●	●	99%		18%^
	Youth on probation		●	●	99%		18%^
	Juvenile Detention Alternatives Initiative	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Mentoring	Yes	●	●	87%		40%
	Multidimensional Family Therapy (MDFT) for substance abusers	Yes	⦿	⦿	12%	Benefit-cost	100%
	Multidimensional Treatment Foster Care	Yes	⦿	⦿	61%	Benefit-cost/heterogeneity	23%
	Multisystemic Therapy	Yes	●	●	75%		52%
	Multisystemic Therapy (MST) for substance abusers	Yes	●	⦿	54%	Benefit-cost	63%
	Parenting with Love and Limits	Yes	⦿	●	98%		55%
	Scared Straight	Yes	⊘	⊘	4%	Weight of evidence	NR
	Sex offender treatment	Varies*					
	Multisystemic Therapy	Yes	●	⦿		Benefits & costs cannot be estimated at this time	43%
	Sex offender treatment (non-MST)	Varies*	P	P		Weight of evidence	NR
	Step Up	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Teaching-Family (group home model)	Yes	⦿	⦿		Single evaluation	22%
	Therapeutic Communities for substance abusers	Varies*	●	●	76%		58%
	Vocational and employment training	Varies*	⦿	⦿	55%	Weight of evidence	68%
	Victim offender mediation	Varies*	●	●	78%		71%
	Wilderness experience programs	Varies*	●	●	100%		36%
	You Are Not Your Past	No	P	P		No rigorous evaluation measuring outcome of interest	

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Mental health	**Anxiety**						
	Cognitive Behavioral Therapy (CBT) for anxious children (group, individual or remote)#	Varies*	●	⦿	100%	Heterogeneity	20%
	Cool Kids*	Yes					
	Coping Cat*	Yes					
	Coping Cat/Koala book-based model*	Yes					
	Coping Koala*	Yes					
	Other Cognitive Behavioral Therapy (CBT) for anxious children*	Varies*					
	Parent Cognitive Behavioral Therapy (CBT) for anxious young children	Varies*	⦿	⦿	99%	Heterogeneity	26%
	Theraplay	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attention Deficit Hyperactivity Disorder						
	Behavioral Parent Training (BPT) for children with ADHD		⦿	⦿	89%	Heterogeneity	10%
	Barkley Model*	Yes					
	New Forest Parenting Programme*	Yes					
	Cognitive Behavioral Therapy (CBT) for children with ADHD		⊘	⊘	8%	Weight of evidence	24%
	ENCOMPASS for ADHD	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multimodal Therapy (MMT) for children with ADHD	Varies*	⦿	⦿	33%	Benefit-cost	37%
	Depression						
	Cognitive Behavioral Therapy (CBT) for depressed adolescents	Varies*	⦿	⦿	38%	Benefit-cost/heterogeneity	26%
	Coping with depression—Adolescents*	Yes					
	Treatment for Adolescents with Depression Study*	Yes					
	Other Cognitive Behavioral Therapy (CBT) for depressed adolescents*	Varies*					
	Cognitive Behavioral Therapy (CBT) for depressed children	Yes	●	⦿	59%	Benefit-cost	38%
	Blues Program (group CBT prevention program for high school students at risk for depression)	Yes	●	⦿	41%	Benefit-cost	38%
	Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)						
	Behavioral Parent Training (BPT) for children with disruptive behavior disorders	Varies*					
	Helping the Noncompliant Child	Yes	⦿	⦿	66%	Benefit-cost/heterogeneity	31%
	Incredible Years: Parent training	Yes	●	⦿	54%	Benefit-cost	52%
	Incredible Years: Parent training + child training	Yes	●	⦿	13%	Benefit-cost/heterogeneity	22%
	Parent Child Interaction Therapy (PCIT) for children with disruptive behavior problems	Yes	●	●	79%		47%
	Parent Management Training—Oregon Model (treatment population)	Yes	●	●	83%		34%
	Triple-P Positive Parenting Program: Level 4, Group	Yes	●	●	100%		80%
	Triple-P Positive Parenting Program: Level 4, Individual	Yes	●	●	86%		36%
	Other Behavioral Parent Training (BPT) for children with disruptive behavior disorders	Varies*	⦿	⦿	89%	Heterogeneity	NR
	Brief Strategic Family Therapy (BSFT)	Yes	●	⦿	46%	Benefit-cost	100%
	Choice Theory/Reality Therapy	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Families and Schools Together (FAST)	Yes	●	⦿	49%	Benefit-cost	53%
	Kids Club and Moms Empowerment support groups	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multimodal Therapy (MMT) for children with disruptive behavior	Varies*	P	P	49%	Weight of evidence	7%
	Stop Now and Plan (SNAP)	Yes	⦿	⦿	49%	Benefit-cost	77%

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The classifications in this document are current as of June 2016.
For the most up-to-date results, please visit the program's page on our website http://www.wsipp.wa.gov/BenefitCost

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Mental health (continued)	**Fetal Alcohol Syndrome**						
	Families Moving Forward	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Serious Emotional Disturbance						
	Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)	Yes	⦿	⦿	61%	Benefit-cost	59%
	Full Fidelity Wraparound for Youth with serious emotional disturbance (SED)	Yes	⦿	⦿		Benefits & costs cannot be estimated at this time	61%
	Intensive Family Preservation (HOMEBUILDERS®) for youth with serious emotional disturbance (SED)	Yes	⦿	⦿		Single evaluation	94%
	Trauma						
	ADOPTS (therapy to address distress of post traumatic stress in adoptive children)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Child-Parent Psychotherapy	Yes	⦿	⦿		Single evaluation	9%
	Cognitive Behavioral Therapy (CBT)-based models for child trauma	Varies*	●	●	100%		82%
	Classroom-based intervention for war-exposed children*	Yes					
	Cognitive Behavioral Intervention for Trauma in Schools*	Yes					
	Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)*	Yes					
	KID-NET Narrative Exposure Therapy for children*	Yes					
	Trauma Focused CBT for children*	Yes					
	Trauma Grief Component Therapy*	Yes					
	Other Cognitive Behavioral Therapy (CBT)-based models for child trauma*	Varies*					
	Eye Movement Desensitization and Reprocessing (EMDR) for child trauma	Yes	●	●	81%		40%
	Take 5: Trauma Affects Kids Everywhere—Five Ways to Promote Resilience	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Treatment Organizational Approaches						
	Modularized Approaches to Treatment of Anxiety, Depression and Behavior (MATCH)	Yes	⦿	⦿		Single evaluation	65%

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General prevention	Child FIRST	Yes	◉	◉		Single evaluation	94%
	Communities That Care	Yes	●	●	80%		33%
	Coping and Support Training	Yes	P	P		No rigorous evaluation measuring outcome of interest	49%
	Familias Unidas	Yes	◉	◉	42%	Benefit-cost	100%
	Fast Track prevention program	Yes	◉	◉	0%	Benefit-cost	53%
	Good Behavior Game	Yes	●	◉	71%	Benefit-cost	56%
	Guiding Good Choices (formerly Preparing for the Drug Free Years)	Yes	◉	◉	56%	Benefit-cost	46%
	Mentoring for students: community-based (taxpayer costs only)	Varies*	●	◉	72%	Benefit-cost	78%
	Big Brothers Big Sisters*	Yes					57%
	Other Mentoring Programs*	Varies*					92%
	4Results Mentoring	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	New Beginnings for children of divorce	Yes	◉	◉		Single evaluation	11%
	Nurturing Fathers	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Positive Action	Yes	●	●	88%		63%
	Promoting Alternative Thinking Strategies (PATHS)	Yes	P	P	63%	Weight of evidence	49%
	PROSPER	Yes	◉	◉	55%	Benefit-cost/heterogeneity	15%
	Pyramid Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Quantum Opportunities Program	Yes	●	◉	61%	Benefit-cost	90%
	Raising Healthy Children	Yes	P	P		Single evaluation	18%
	Reconnecting Youth	Yes	⊘	⊘	0%	Weight of evidence	92%
	Seattle Social Development Project	Yes	◉	◉		Single evaluation	35%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strengthening Families for Parents and Youth 10-14	Yes	◉	◉	71%	Benefit-cost/heterogeneity	21%
	Strong African American Families	Yes	◉	◉		Single evaluation	100%
	Strong African American Families—Teen	Yes	◉	◉		Single evaluation	100%
	Youth and Family Link	No	P	P		No rigorous evaluation measuring outcome of interest	

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Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions below)	Percent minority
Substance abuse	**Prevention**						
	Alcohol Literacy Challenge for high school students	Yes	P	P		Single evaluation	33%
	Athletes Training and Learning to Avoid Steroids (ATLAS)	Yes	P	P		Weight of evidence	22%
	Brief intervention for youth in medical settings	Yes	⦿	⦿	49%	Benefit-cost	65%
	Compliance checks for alcohol	Varies*	⦿	⦿		Single evaluation	25%
	Compliance checks for tobacco	Varies*	P	P		Single evaluation	28%
	Family Matters	Yes	⦿	⦿	74%	Heterogeneity	22%
	Keepin' it Real	Yes	P	P	62%	Weight of evidence	83%
	Life Skills Training	Yes	●	⦿	66%	Benefit-cost	38%
	Lions Quest Skills for Adolescence	Yes	⦿	●	89%		74%
	Multicomponent environmental interventions to prevent youth alcohol use	Varies*	P	P	27%	Weight of evidence	19%
	Multicomponent environmental interventions to prevent youth tobacco use	Varies*	⦿	⦿	86%	Heterogeneity	21%
	Project ALERT	Yes	●	⦿	64%	Benefit-cost/heterogeneity	12%
	Project Northland	Yes	●	⦿	74%	Benefit-cost	36%
	Project STAR	Yes	●	⦿	73%	Benefit-cost/heterogeneity	5%
	Project SUCCESS	Yes	⊘	⊘	41%	Weight of evidence	38%
	Project Toward No Drug Abuse	Yes	●	⦿	57%	Benefit-cost	70%
	Protecting You/Protecting Me	Yes	P	P		Weight of evidence	92%
	SPORT	Yes	⦿	⦿		Single evaluation	49%
	STARS (Start Taking Alcohol Risks Seriously) for Families	Yes	P	P		Single evaluation	66%
	Teen Intervene	Yes	●	⦿	96%	Heterogeneity	29%
	Treatment						
	Adolescent Assertive Continuing Care	Yes	⦿	⦿	37%	Benefit-cost/heterogeneity	26%
	Adolescent Community Reinforcement Approach	Yes	⦿	⦿		Single evaluation	59%
	Dialectical Behavior Therapy for substance abuse: Integrated Treatment Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Functional Family Therapy for substance-abusing adolescents (FFT-SA)	Yes	⦿	⦿		Mixed results	74%
	Matrix Model substance abuse treatment for adolescents	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	MET/CBT-5 for youth marijuana use	Yes	⦿	⦿		Single evaluation	33%
	Multidimensional Family Therapy for substance abusing youth	Yes	⦿	⦿	12%	Benefit-cost	100%
	Multisystemic Therapy (MST) for substance-abusing juvenile offenders	Yes	●	⦿	54%	Benefit-cost	63%
	Recovery Support Services	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Seven Challenges	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Teen Marijuana Check-Up	Yes	●	●	100%		39%
	Therapeutic communities for substance abusers	Varies*	●	●	76%		58%

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Definitions and Notes:

Current Law Definitions:

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.

Research-based: A program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.

Promising practice: A practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice.

Suggested Definitions:

Evidence-based: A program or practice that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one 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 been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based" in RCW (the above definition) but does not meet the full criteria for "evidence-based."

Promising practice: A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the "evidence-based" or "research-based" criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.

Cost-beneficial: A program or practice where the monetary benefits exceed costs with a high degree of probability according to the Washington State Institute for Public Policy.

Reasons Programs May Not Meet Suggested Evidence-Based Criteria:

Benefit-cost: The proposed definition of evidence-based practices requires that, when possible, a benefit-cost analysis be conducted. We use WSIPP's benefit-cost model to determine whether a program meets this criterion. Programs that do not have at least a 75% chance of a positive net present value do not meet the benefit-cost test. The WSIPP model uses Monte Carlo simulation to test the probability that benefits exceed costs. The 75% standard was deemed an appropriate measure of risk aversion.

Heterogeneity: To be designated as evidence-based, the state statute requires that a program has been tested on a "heterogeneous" population. We operationalize heterogeneity in two ways. First, the proportion of program participants belonging to ethnic/racial minority groups must be greater than or equal to the proportion of minority children aged 0 to 17 in Washington. From the 2010 Census, for children aged 0 through 17 in Washington, 68% were white and 32% were minorities. Thus, if the weighted average of program participants in the outcome evaluations of the program is at least 32% ethnic/racial minority, then the program is considered to have been tested in a heterogeneous population.

Second, the heterogeneity criterion can also be achieved if at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p < 0.20$). Programs passing the second test are marked with a ^.

Programs whose evaluations do not meet either of these two criteria do not meet the heterogeneity definition.

Single evaluation: The program does not meet the minimum standard of multiple evaluations or one large multiple-site evaluation contained in the current or proposed definitions.

Weight of evidence: To meet the evidence-based definition, results from a random effects meta-analysis (p-value < 0.20) of multiple evaluations or one large multiple-site evaluation must indicate the practice achieves the desired outcome(s). To meet the research-based definition, one single-site evaluation must indicate the practice achieves the desired outcomes (p-value < 0.20).

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