

January 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.” 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 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 do not change, 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 January 2014 report is the third update and reflects changes to the inventory via the promising program applications. It also reflects changes due to WSIPP’s ongoing work on its benefit-cost model. The next update is anticipated in July 2014 and on an annual basis thereafter.¹

Updates to the Inventory as of January 2014

For this update, none of the promising practice applications received had the potential to be categorized as evidence-based or research-based. UW reviewed the applications and determined that 3 programs met the criteria of a promising program and were added to the inventory.

- ✓ Juvenile Detention Alternatives Initiative – Juvenile Justice
- ✓ Recovery Support Services – Substance Abuse
- ✓ Safe Babies, Safe Moms (Brigid Collins Family Support Center) – Child Welfare

¹ This schedule was set by the two research groups and is subject to change if necessary.

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. 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.

In September 2013, WSIPP made significant advancements in its benefit-cost methodology, which affected the inventory.² Due to these changes, one program moved from research-based to evidence-based on the suggested-definitions inventory:

- ✓ Brief Strategic Family Therapy

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

- ✓ Multidimensional family therapy for substance abusers (chance of a positive net present value is 74% compared with previous 84%)
- ✓ Therapeutic communities for substance abusers (chance of a positive net present value is 64% compared with previous 77%)
- ✓ Triple-P (individual) (chance of a positive net present value is 72% compared with previous 92%)
- ✓ Multisystemic Therapy for substance abusers (chance of a positive net present value is 71% compared with previous 85%)

In addition, there are changes to the inventory due to previous misclassification:³

- ✓ Functional Family Therapy is evidence-based for the suggested definition (not research-based as reported previously)
- ✓ Intensive Family Preservation (HOMEBUILDERS) for youth with serious emotional disturbance is a promising practice (not research-based as reported previously)

The inventory is published as a separate document from this descriptive report.

*For questions about evidence-based & research-based programs, contact Marna Miller at marna.miller@wsipp.wa.gov.
For questions about promising practices or technical assistance, contact Jessica Leith at jmleith@uw.edu.*

Prior Publications

- *Updated Inventory of Evidence-Based, Research-Based, and Promising Practices* (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* (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* (September 2012). Evidence-based Practice Institute & Washington State Institute for Public Policy. Document No. E2SHB2536.

² Washington State Institute for Public Policy, (2013). Benefit-Cost Technical Manual: Methods and User Guide. (Document No. 13-10-1201b). Olympia, WA: Author.

³ For Functional Family Therapy, we inadvertently omitted the alternative heterogeneity criterion, which states that heterogeneity can be achieved if at least one of a program's outcome evaluations has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for ethnic/racial minorities ($p \leq .2$). For Intensive Family Preservation (HOMEBUILDERS) for youth with serious emotional disturbance, only one study is available and it does not meet WSIPP's minimum standard of rigor.

E2SHB 2536 required WSIPP and UW to (1) publish descriptive definitions of evidence-based, research-based, and promising practices, and to (2) 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.⁴ The table 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. ⁵	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.

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⁴ Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013.

⁵ 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.