

September 2020
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	Percent people of color
Child welfare	Intervention						
	Alternatives for Families (AF-CBT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Attachment & Biobehavioral Catch-up	Yes	⊙	⊙		Single evaluation	19%
	Family dependency treatment court	Yes	⊙	⊙	8%	Benefit-cost	35%
	Fostering Healthy Futures	Yes	⊙	⊙		Single evaluation	56%
	Functional Family Therapy—Child Welfare (FFT-CW)	Yes	Null	Null		Weight of the evidence	95%
	Including Fathers—Father Engagement Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Intensive Family Preservation Services (HOMEBUILDERS®)	Yes	●	●	97%		58%
	King County Family Treatment Court	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Kinship care compared to traditional (non-kin) foster care	No	P	P		No rigorous evaluation measuring outcome of interest	
	Locating family connections for children in foster care	Yes	Null	Null		Weight of the evidence	66%
	Multisystemic Therapy (MST) for child abuse and neglect	Yes	⊙	⊙		Single evaluation	82%
	Other Family Preservation Services (non-HOMEBUILDERS®)	Varies*	⊙	⊙	0%	Weight of the 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	●	●	96%		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	●	●	94%		33%
	Youth Villages LifeSet (YV LifeSet) for former foster youth	Yes	⊙	⊙	20%	Benefit-cost	48%
	Prevention						
	Circle of Security	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Circle of Security—Parenting (COS-P)	Yes	P	P	56%	Single evaluation	89%
	Healthy Families America	Yes	●	⊙	58%	Mixed results/benefit-cost	63%
	Nurse Family Partnership	Yes	●	⊙	64%	Benefit-cost/heterogeneity	20%
	Other home visiting programs for at-risk families	Varies*	●	⊙	49%	Mixed results/benefit-cost	63%
	ParentChild+ (formerly Parent-Child Home Program)	Yes	P	P		Single evaluation	NR
	Parent Mentor Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents and Children Together (PACT)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Parents as Teachers	Yes	⊙	⊙	30%	Benefit-cost	66%
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	⊙	⊙	71%	Benefit-cost/heterogeneity	31%	

● Evidence-based ⊙ Research-based P Promising ⊖ Poor outcomes Null Null outcomes NR Not reported See definitions and notes on pages 12 and 13.

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Juvenile justice	Adolescent Diversion Project (ADP) (vs. simple release)	Yes	⊙	⊙		Single evaluation	33%
	Adolescent Diversion Project (ADP) (vs. traditional juvenile court processing)	Yes	⊙	●	100%		49%
	Aggression Replacement Training (ART)	Yes					
	Court-involved/post-release youth		Null	Null	22%	Weight of the evidence	35%
	Youth in state institutions		P	P		Single evaluation	33%
	Boot camps (vs. confinement in state institutions)	Varies*	Null	Null	61%	Weight of the evidence	61%
	Canine training programs for youth in state institutions	Varies*	P	P		No rigorous evaluation measuring outcome of interest	
	Cognitive behavioral therapy (CBT)						
	Court-involved youth	Varies*	Null	Null	41%	Weight of the evidence	41%
	Youth in state institutions	Varies*	Null	Null	68%	Weight of the evidence	50%
	Connections Wraparound for court-involved youth	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Coordination of Services (COS) for court-involved youth	Yes	⊙	●	95%		23%^
	Dialectical behavior therapy (DBT) for youth in state institutions	Yes	⊙	⊙	93%	Heterogeneity	27%
	Diversion	Varies*					
	No services (vs. traditional juvenile court processing)	Varies*	●	●	99%		60%
	With services (vs. simple release)	Varies*	Null	Null	33%	Weight of the evidence	60%
	With services (vs. traditional juvenile court processing)	Varies*	●	●	100%		58%
	Drug court	Varies*	Null	Null	67%	Weight of the evidence	31%
	Education and Employment Training (EET, King County) for court-involved youth	Yes	⊙	⊙	99%	Single evaluation	74%
	Equipping Youth to Help Each Other (EQUIP) for youth in state institutions	Yes	⊙	⊙		Single evaluation	33%
	Functional Family Probation and Parole (FFP) for court-involved/post-release youth	Yes	Null	Null	74%	Weight of the evidence	63%
	Functional Family Therapy (FFT)	Yes					
	Court-involved youth	Yes	Null	Null	72%	Weight of the evidence	55%
	Youth post-release	Yes	⊙	●	100%		35%
	Girls Only Active Learning (GOAL)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Intensive supervision	Varies*					
	Court-involved youth (vs. confinement in state institutions)		Null	Null	100%	Weight of the evidence	64%
	Court-involved youth (vs. traditional probation)		Null	Null	28%	Weight of the evidence	60%
	Youth post release (vs. traditional post-release supervision)		Null	Null	5%	Weight of the evidence	70%
	Juvenile awareness programs (including Scared Straight) for court-involved youth	Yes	⊙	⊙	3%	Weight of the evidence	68%
	Juvenile Detention Alternatives Initiative (JDAI)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Mentoring (including volunteer costs)						
Court-involved youth	Varies*	Null	Null	85%	Weight of the evidence	87%	
Youth post-release	Varies*	⊙	●	93%		80%	

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Juvenile justice (continued)	The Missouri Approach (Missouri Model) for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multidimensional Treatment Foster Care (MTFC) (vs. group homes) for court-involved youth	Yes	●	⊙	90%	Heterogeneity	23%
	Multisystemic Therapy (MST) for court-involved/post-release youth	Yes	●	●	99%		80%
	Multisystemic Therapy-Family Integrated Transitions (MST-FIT) for youth in state institutions	Yes	P	P	53%	Single evaluation	29%
	Other (non-name brand) family-based therapies for court-involved youth	Varies*	⊙	●	92%		45%
	Parenting with Love and Limits (PLL) for court-involved/post-release youth	Yes	⊙	●	100%		65%
	Project Broader Urban Involvement and Leadership Development (Project BUILD) for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Restorative justice conferencing or victim offender mediation for court-involved youth	Varies*	Null	Null	77%	Weight of the evidence	61%
	Step Up for court-involved youth	Yes	Null	Null	83%	Weight of the evidence	30%
	Teaching-Family Model group homes (vs. other group homes) for court-involved youth	Yes	⊙	⊙	88%	Heterogeneity	23%
	Trauma Affect Regulation: Guide for Education and Therapy (TARGET) for youth involved in the juvenile justice system	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	TeamChild for court-involved youth	Yes	Null	Null	55%	Weight of the evidence	24%
	Teen courts (vs. diversion, no services)	Varies*	⊙	⊙	2%	Weight of the evidence	42%
Teen courts (vs. traditional juvenile court processing)	Varies*	Null	Null	84%	Weight of the evidence	21%	

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Juvenile justice (continued)	<i>Treatment for juveniles convicted of sex offenses</i>						
	Multisystemic Therapy-Problem Sexual Behavior (MST-PSB) for court-involved youth	Yes	●	⊙	59%	Benefit-cost	48%
	Sexual Abuse Family Education and Treatment Program (SAFE-T) for court-involved youth convicted of a sex offense	Yes	⊙	⊙	26%	Benefit-cost/heterogeneity	NR
	<i>Treatment for juveniles with substance use disorder</i>						
	Dialectical behavior therapy (DBT) for substance use disorder: Integrated Treatment Model for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multisystemic Therapy-Substance Abuse (MST-SA) for court-involved youth	Yes	●	⊙	59%	Benefit-cost	65%
	Other (non-therapeutic communities) substance use disorder treatment for youth in state institutions	Varies*	⊙	⊙	72%	Benefit-cost	85%
	Other (non-therapeutic communities) substance use disorder treatment for court-involved youth	Varies*	⊙	⊙	43%	Benefit-cost	64%
	Therapeutic communities (vs. group homes) for court-involved youth with substance use disorder	Varies*	⊙	⊙	48%	Benefit-cost	79%
	Therapeutic communities for youth in state institutions with substance use disorder	Varies*	⊙	⊙	99%	Mixed results	50%
	<i>Vocational and employment training</i>						
	Court-involved youth	Varies*	●	●	82%		55%
	Youth in state institutions	Varies*	Null	Null	44%	Weight of the evidence	56%
	Wayne County (Michigan) Second Chance Reentry Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Wilderness adventure therapy for court-involved youth	Varies*	●	●	79%		37%
	You Are Not Your Past	No	P	P		No rigorous evaluation measuring outcome of interest	
Youth Advocate Programs—Mentoring	Yes	P	P		No rigorous evaluation measuring outcome of interest		
Youth Villages LifeSet (YV LifeSet) for youth released from juvenile custody	Yes	Null	Null	2%	Weight of the evidence	48%	

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Mental health	Anxiety							
	Acceptance and Commitment Therapy (ACT) for children with anxiety	Yes	⊙	⊙	85%	Single evaluation	15%	
	Exposure response prevention for youth with obsessive-compulsive disorder (OCD)	Varies*	●	⊙	87%	Heterogeneity	21%	
	Group and individual cognitive behavioral therapy (CBT) for children & adolescents with anxiety	Varies*	●	⊙	95%	Heterogeneity	21%	
	Cool Kids**	Yes						
	Coping Cat**	Yes						
	Coping Cat/Koala book-based model**	Yes						
	Coping Koala**	Yes						
	Other cognitive behavioral therapy (CBT) for children with anxiety**	Varies*						
	Parent cognitive behavioral therapy (CBT) for children with anxiety	Varies*	⊙	⊙	92%	Heterogeneity	NR	
	Remote cognitive behavioral therapy (CBT) for children with anxiety	Varies*	⊙	⊙	95%	Heterogeneity	NR	
	Theraplay	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Attention Deficit Hyperactivity Disorder							
	Behavioral parent training (BPT) for children with ADHD			⊙	⊙	75%	Benefit-cost	35%
	Barkley Model**	Yes						
	New Forest Parenting Programme**	Yes						
	Cognitive behavioral therapy (CBT) for children with ADHD	Varies*	Null	Null	47%	Weight of the evidence	14%	
	Encompass for ADHD	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Multimodal therapy (MMT) for children with ADHD	Varies*	⊙	⊙	52%	Benefit-cost	43%	
	Depression							
	Acceptance and Commitment Therapy (ACT) for children with depression	Yes	⊙	⊙	49%	Benefit-cost/heterogeneity	NR	
	Blues Program (prevention program for students at risk for depression)	Yes	●	⊙	49%	Benefit-cost	38%	
	Cognitive behavioral therapy (CBT) for children & adolescents with depression	Varies*	⊙	⊙	49%	Benefit-cost/heterogeneity	30%	
	Coping With Depression—Adolescents**	Yes						
	Other cognitive behavioral therapy (CBT) for children & adolescents with depression**	Varies*						
	Treatment for Adolescents with Depression Study**	Yes						
Collaborative primary care for children with depression	Varies*	⊙	⊙	48%	Benefit-cost/heterogeneity	28%		

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Mental health (continued)	Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)						
	<i>Behavioral parent training (BPT) for children with disruptive behavior</i>						
	Helping the Noncompliant Child for children with disruptive behavior	Yes	P	P	51%	Single evaluation	31%
	Incredible Years Parent Training	Yes	●	⊙	59%	Benefit-cost	41%
	Incredible Years Parent Training with Incredible Years Child Training	Yes	●	⊙	2%	Benefit-cost	45%
	Other behavioral parent training (BPT) for children with disruptive behavior	Varies*	⊙	●	95%		95%
	Parent-Child Interaction Therapy (PCIT) for children with disruptive behavior	Yes	●	⊙	27%	Benefit-cost	76%
	Parent Management Training—Oregon Model (treatment population)	Yes	●	⊙	69%	Benefit-cost/heterogeneity	NR
	Triple P—Positive Parenting Program: Level 4, group	Yes	●	●	97%		80%
	Triple P—Positive Parenting Program: Level 4, individual	Yes	●	⊙	60%	Benefit-cost/heterogeneity	NR
	Brief Strategic Family Therapy (BSFT)	Yes	●	⊙	58%	Benefit-cost	76%
	Collaborative primary care for children with behavior disorders	Varies*	⊙	⊙	60%	Benefit-cost/heterogeneity	18%
	Coping Power Program	Yes	⊙	⊙	57%	Benefit-cost	75%
	Child Parent Relationship Therapy	Yes	●	●	79%		62%
	Choice Theory/Reality Therapy for children with disruptive behavior	Yes	P	P		Single evaluation	27%
	Mentoring: Community-based for children with disruptive behavior	Varies*	⊙	⊙	67%	Benefit-cost/heterogeneity	7%
	Multimodal therapy (MMT) for children with disruptive behavior	Varies*	●	⊙	58%	Benefit-cost/heterogeneity	5%
	STAY (Slow Down, Take Interest, Assess Your Role, Yield To Another Perspective)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Stop Now and Plan (SNAP)	Yes	●	●	86%		77%
	Eating Disorders						
	Family-based treatment for adolescents with eating disorders [#]	Varies*	●	●			32%
	Fetal Alcohol Syndrome						
	Families Moving Forward	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Serious Emotional Disturbance						
	Cognitive behavioral therapy (CBT) for prodromal psychosis	Varies*	⊙	⊙		Heterogeneity	NR
	Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	Yes	⊙	⊙	51%	Benefit-cost	44%
	Full fidelity wraparound for children with serious emotional disturbance (SED) [#]	Yes	●	●			48%
	Group homes (Stop-Gap model) for youth with serious emotional disturbance (SED)	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Individual Placement and Support for first episode psychosis	Yes	⊙	⊙		Single evaluation	50%
	Integrated treatment for first-episode psychosis [#]	Varies*	●	●			73%
	Integrated treatment for prodromal psychosis	Varies*	⊙	⊙		Heterogeneity	NR
	Intensive Family Preservation (HOMEBUILDERS [®]) for youth with serious emotional disturbance (SED)	Yes	Null	Null		Weight of the evidence	95%
Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED) [#]	Yes	●	●			38%	

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Mental health (continued)	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	⊙	⊙	96%	Single evaluation	49%
		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					
		Other cognitive behavioral therapy (CBT)-based models for child trauma**	Varies*					
		Teaching Recovery Techniques (TRT)**	Yes					
		Trauma Focused CBT for children**	Yes					
		Trauma Grief Component Therapy**	Yes					
		Eye Movement Desensitization and Reprocessing (EMDR) for child trauma	Yes	P	P	83%	Weight of the evidence	81%
		Kids Club & Moms Empowerment	Yes	⊙	⊙	81%	Single evaluation	48%
		Take 5: Trauma Affects Kids Everywhere—Five Ways to Promote Resilience	Yes	P	P		No rigorous evaluation measuring outcome of interest	
		Other						
		Great Life Mentoring (formerly 4Results Mentoring)	Yes	⊙	⊙		Single evaluation	18%
	Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Yes	●	●	97%		78%	
	Motivational interviewing to engage children in mental health treatment	Varies*	⊙	⊙		Heterogeneity	27%	
	Partners for Change Outcome Management System (PCOMS) for youth	Yes	⊙	⊙		Single evaluation	22%	
	Rites of Passage Wilderness Therapy	Yes	P	P		No rigorous evaluation measuring outcome of interest		

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General prevention	Becoming a Man (BAM)	Yes	●	⊙	74%	Benefit-cost	98%	
	Caring School Community (formerly Child Development Project)	Yes	Null	Null	60%	Weight of the evidence	47%	
	Child First	Yes	⊙	⊙	45%	Single evaluation	94%	
	Child Parent Enrichment Project (CPEP)	Yes	⊙	⊙	13%	Weight of the evidence	55%	
	Communities That Care	Yes	●	●	86%		36%	
	Conjoint behavioral consultation	Yes	Null	Null	23%	Weight of the evidence	21%	
	Coping and Support Training (CAST)	Yes	●	●	81%		51%	
	Daily Behavior Report Cards	Yes	⊙	⊙		Single evaluation	13%	
	Early Head Start—Home Visiting	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Early Start (New Zealand)	Yes	⊙	⊙	6%	Single evaluation	NR	
	Familias Unidas	Yes	●	⊙	68%	Benefit-cost	100%	
	Families and Schools Together (FAST)	Yes	Null	Null	50%	Weight of the evidence	83%	
	Family Connects	Yes	⊙	⊙		Single evaluation	71%	
	Family Spirit	Yes	⊙	⊙	56%	Benefit-cost	100%	
	Fast Track prevention program	Yes	⊙	⊙	0%	Benefit-cost	53%	
	Good Behavior Game	Yes	●	●	76%		50%	
	Guiding Good Choices (formerly Preparing for the Drug Free Years)	Yes	⊙	⊙	50%	Single evaluation	1%	
	Healthy Beginnings	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Home Instruction for Parents of Preschool Youngsters (HIPPI)	Yes	●	⊙	52%	Benefit-cost	93%	
	Infant Health and Development Program (IHDP)	Yes	⊙	⊙	19%	Benefit-cost	58%	
	Kaleidoscope Play and Learn	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	Maternal Early Childhood Sustained Home-Visiting (MESCH)	Yes	P	P		No rigorous evaluation measuring outcome of interest		
	<i>Mentoring: Community-based</i>							
		Mentoring: Big Brothers Big Sisters Community-Based (taxpayer costs only)	Yes	●	⊙	42%	Benefit-cost	57%
		Mentoring: Community-based (taxpayer costs only)	Varies*	●	⊙	65%	Benefit-cost	85%
	<i>Mentoring: School-based</i>							
		Mentoring: Big Brothers Big Sisters School-Based (taxpayer costs only)	Yes	●	⊙	6%	Benefit-cost	64%
		Mentoring: School-based by teachers or school staff	Varies*	●	⊙	71%	Benefit-cost	86%
		Mentoring: School-based by volunteers (taxpayer costs only)	Varies*	Null	Null	15%	Weight of the evidence	78%
		Minding the Baby	Yes	P	P		No rigorous evaluation measuring outcome of interest	
		New Beginnings for children of divorce	Yes	Null	Null	49%	Weight of the evidence	25%
		Nurturing Fathers	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Other home visiting programs for adolescent mothers [#]	Varies*	●	●			58%	

● Evidence-based ⊙ Research-based P Promising ⊖ Poor outcomes Null Null outcomes NR Not reported See definitions and notes on pages 12 and 13.

Notes:

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** This program is an example within a broader category.

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General prevention (continued)	Positive Action	Yes	●	●	94%		57%
	Positive Family Support/Family Check-Up	Yes	●	⊙	70%	Benefit-cost	40%
	Promoting Alternative Thinking Strategies (PATHS)	Yes	Null	Null	62%	Weight of the evidence	49%
	PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience)	Yes	⊙	⊙	39%	Benefit-cost/heterogeneity	15%
	Pyramid Model	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Quantum Opportunities Program	Yes	●	⊙	30%	Benefit-cost	90%
	Raising Healthy Children	Yes	Null	Null		Weight of the evidence	18%
	Resources, Education, and Care in the Home (REACH-Futures)	Yes	Null	Null		Weight of the evidence	100%
	Reconnecting Youth	Yes	⊙	⊙		Weight of the evidence	92%
	Roots of Empathy	Yes	⊙	⊙	90%	Heterogeneity	16%
	Seattle Social Development Project	Yes	⊙	⊙	56%	Benefit-cost	56%
	Strengthening Families for Parents and Youth 10-14	Yes	Null	Null	60%	Weight of the evidence	19%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strive Supervised Visitation Program	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Strong African American Families	Yes	⊙	⊙	54%	Benefit-cost	100%
	Strong African American Families—Teen	Yes	⊙	⊙	59%	Benefit-cost	100%
	Sunshine Circle Model	Yes	⊙	⊙	91%	Single evaluation	87%
Youth and Family Link	No	P	P		No rigorous evaluation measuring outcome of interest		
Youth Mental Health First Aid (YMHFA)	Yes	●	⊙	68%	Benefit-cost/heterogeneity	NR	

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Substance use disorder	Prevention						
	Alcohol Literacy Challenge (for high school students)	Yes	P	P	58%	Single evaluation	33%
	Athletes Training and Learning to Avoid Steroids (ATLAS)	Yes	Null	Null		Weight of the evidence	22%
	Brief intervention for youth in medical settings	Yes	⊙	⊙	46%	Benefit-cost	65%
	Compliance checks for alcohol	Varies*	⊙	⊙		Heterogeneity	25%
	Compliance checks for tobacco	Varies*	●	⊙		Heterogeneity	28%
	Family Matters	Yes	⊙	⊙	73%	Benefit-cost/heterogeneity	22%
	keepin' it REAL	Yes	Null	Null	62%	Weight of the evidence	83%
	LifeSkills Training	Yes	●	⊙	63%	Benefit-cost	38%
	Lions Quest Skills for Adolescence	Yes	●	⊙	70%	Benefit-cost	74%
	Marijuana Education Initiative Impact Awareness curriculum	Yes	P	P	50%	Single evaluation	88%
	Model Smoking Prevention Program	Yes	●	⊙	100%	Heterogeneity	NR
	Multicomponent environmental interventions to prevent youth alcohol use	Varies*	⊙	⊙	28%	Benefit-cost/heterogeneity	19%
	Multicomponent environmental interventions to prevent youth tobacco use	Varies*	⊙	⊙	82%	Heterogeneity	21%
	Project ALERT	Yes	Null	Null	42%	Weight of the evidence	28%
	Project Northland	Yes	●	⊙	54%	Benefit-cost	55%
	Project SHOUT (Students Helping Others Understand Tobacco)	Yes	Null	Null		Weight of the evidence	43%
	Project STAR (Students Taught Awareness and Resistance; also known as the Midwestern Prevention Project)	Yes	⊙	⊙	70%	Benefit-cost/heterogeneity	21%
	Project SUCCESS	Yes	Null	Null	38%	Weight of the evidence	37%
	Project Towards No Drug Abuse	Yes	●	⊙	54%	Benefit-cost	70%
	Project Towards No Tobacco Use	Yes	⊙	●	78%		40%
	Protecting You/Protecting Me	Yes	P	P		Single evaluation	92%
	SPORT	Yes	⊙	⊙	51%	Benefit-cost	49%
STARS (Start Taking Alcohol Risks Seriously) for Families	Yes	P	P		Single evaluation	66%	
Teen Intervene	Yes	●	⊙	61%	Benefit-cost/heterogeneity	29%	

● Evidence-based ⊙ Research-based P Promising ⊖ Poor outcomes Null Null outcomes NR Not reported See definitions and notes on pages 12 and 13.

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Substance use disorder (continued)	Intervention						
	Adolescent Assertive Continuing Care (ACC)	Yes	⊙	⊙	39%	Benefit-cost/heterogeneity	27%
	Adolescent Community Reinforcement Approach (A-CRA)	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 (FFT) for adolescents with substance use disorder	Yes	⊙	⊙	35%	Benefit-cost	74%
	Matrix Model treatment for adolescents with substance use disorder	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	MET/CBT-5 for youth marijuana use	Yes	Null	Null		Weight of the evidence	33%
	Multidimensional Family Therapy (MDFT)	Yes	⊙	⊙	28%	Benefit-cost	87%
	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 (TMCU)	Yes	●	⊙	49%	Benefit-cost	35%
	<i>Treatment for youth involved in the juvenile justice system</i>						
	Dialectical behavior therapy (DBT) for substance use disorder: Integrated Treatment Model for youth in state institutions	Yes	P	P		No rigorous evaluation measuring outcome of interest	
	Multisystemic Therapy-Substance Abuse (MST-SA) for court-involved youth	Yes	●	⊙	59%	Benefit-cost	65%
	Other (non-therapeutic communities) substance use disorder treatment for youth in state institutions	Varies*	⊙	⊙	72%	Benefit-cost	85%
	Other (non-therapeutic communities) substance use disorder treatment for court-involved youth	Varies*	⊙	⊙	43%	Benefit-cost	64%
Therapeutic communities (vs. group homes) for court-involved youth with substance use disorder	Varies*	⊙	⊙	48%	Benefit-cost	79%	
Therapeutic communities for youth in state institutions with substance use disorder	Varies*	⊙	⊙	99%	Mixed results	50%	

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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 the 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: If results from multiple evaluations or one large multiple-site evaluation indicate that a program has no significant effect on outcomes of interest ($p > 0.20$), a program is classified as producing "null outcomes."

Poor outcome(s): If results from multiple evaluations or one large multiple-site evaluation indicate that a program produces undesirable effects ($p < 0.20$), a program is classified as producing "poor outcomes."

Other Definitions:

Cost-beneficial: Benefit-cost estimation is repeated many times to account for uncertainty in the model. This represents the percentage of repetitions producing overall benefits that exceed costs. Programs with a benefit-cost percentage of at least 75% are considered to meet the "cost-beneficial" criterion in the "evidence-based" definition above.

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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 under current law or the proposed definition, a program must have been tested on a "heterogeneous" population. We operationalized heterogeneity in two ways. First, the proportion of program participants who are children/youth of color must be greater than or equal to the proportion of children/youth of color aged 0 to 17 in Washington State. From the 2010 Census, for children aged 0 through 17 in Washington, 68% were white and 32% were children/youth of color. Thus, if the weighted average of program participants had at least 32% children/youth of color then the program was considered to have been tested on 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 children/youth of color ($p < 0.20$). Programs passing the second test are marked with a $\hat{\cdot}$.

Mixed results: If findings are mixed from different measures (e.g., undesirable outcomes for behavior measures and desirable outcomes for test scores), the program does not meet evidence-based criteria.

No rigorous evaluation measuring outcome of interest: The program has not yet been tested with a rigorous outcome evaluation.

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: Results from a random-effects meta-analysis ($p > 0.20$) indicate that the weight of the evidence does not support desired outcomes, or results from a single large study indicate the program is not effective.

*For questions about evidence-based & research-based programs, contact Paige Wanner at paige.wanner@wsipp.wa.gov.
For questions about promising practices or technical assistance, contact Noah Gubner at ebpi2536@uw.edu.*

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