

EVIDENCE-BASED PROGRAMS REFERENCE GUIDE

If the program you would like to propose has already been accepted by the Evidence-Based Programs (EBP) committee, and the research provided supports the use of the program with the population you would like to use this program on, please use the [Request to use a Previously Approved Program \(short form\)](#). If the research provided is **NOT** the same, please proceed using the [Request for Program Approval \(full form\)](#). You will find these under EBP Proposal forms on the Evidence-based Programs (EBP) webpage. Be sure to include all research supporting the positive impacts of using this program with your proposed population.

The following sections will provide details on the information required on the request forms.

Program Documented On:

Clearinghouse	Definition
NREPP Standing/Score:	The National Registry of Evidence-based Programs and Practices (NREPP) is an online, searchable database of interventions designed to promote mental health or to prevent or treat substance abuse and mental disorders. It was developed by Substance Abuse and Mental Health Services Administration (SAMHSA). NOTE: NREPP was defunded and no longer updates their content.
Pew's Results First:	The Pew-MacArthur Results First Initiative works with states to implement an innovative evidence-based policymaking approach that helps them invest in policies and programs that are proven to work. This is a partnership of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation.
Crime Solutions:	The clearinghouse, accessible via the CrimeSolutions.gov website, presents programs and practices that have undergone rigorous evaluations and meta-analyses. The site assesses the strength of the evidence about whether these programs achieve criminal justice, juvenile justice, and crime victim services outcomes to inform practitioners and policy makers about what works, what doesn't and what's promising.
Washington State Institute for Public Policy (WSIPP):	The 2013 Washington State Legislature passed a bill to facilitate the use of evidence-based programs in adult corrections. The legislature directed WSIPP to define the terms “evidence-based” and “research-based” and create an inventory of adult corrections programs classified as evidence-based or research-based.
OJJDP - Juvenile Programs:	The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG) contains information about evidence-based juvenile justice and youth prevention, intervention and reentry programs.
Other:	This encompasses any reputable third party that has interest in providing information as to the effectiveness of a program through research. An example is the California Evidence-based Clearinghouse for Child Welfare (CEBC). CEBC's mission is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system. Description and information on research evidence for specific programs.

Quality of Research

Complete (1) Meta-Analytic Support, (2) Single Objective with Empirical Support, or (3) Both. Also, complete Correctional Program Checklist (CPC) components.

Meta-Analytic Support (1)

Research Component	Data Needed
Meta-Analytic support definition:	A subset of systematic reviews; a method for systematically combining pertinent qualitative and quantitative study data from several selected studies to develop a single conclusion that has greater statistical power. EXAMPLE: Meta-analysis is used when comparing multiple studies that look at similar data. I want to know the effect male vs female facilitators have on students. I collect 3 different studies on the same topic and the mean score will be the summary measure, which provides increased statistical power and precision to detect an effect. I had 3 different studies on the same subject, I combine my studies to create a more sound outcome = meta-analytic support.
Number of studies in meta-analysis:	You must have 2 or more studies, but remember the importance of meta-analysis – you gain increased statistical power and precision through multiple studies.
Population studied:	What is the demography of the participants: age, sex, medical & mental health condition, lifestyle choices, criminogenic history, race, education etc. These are demographic factors that may impact how effective a program is.
Summary of outcomes:	What were the outcomes of the studies performed? What worked? What did not work? What were some obstacles that could be identified and eliminated?
Limitations of the study:	Influences the researcher cannot/were not controlled in the study. For example: time constraints, continuous change in the study population, and lack of reliability in self-reporting.

Single Objective, Empirical Support (2)

Research Component	Data Needed
Single objective with empirical support definition:	A single study supported by information that comes from research based on observation or experience.
Population studied:	What is the demography of the participants: age, sex, medical & mental health condition, lifestyle choices, criminogenic history, race, education etc. These are demographic areas that may impact how effective a program is based on these factors.
Summary of outcomes:	What were the outcomes of the studies performed? What worked? What did not work? What were some obstacles that could be identified and eliminated?
Limitations of the study:	Influences the researcher cannot/were not controlled in the study. For example: time constraints, continuous change in the study population, and lack of reliability in self-reporting.

Correctional Program Checklist (CPC) Components (3)

Research Component	Data Needed
CPC overview:	The CPC is designed to evaluate the extent to which correctional intervention programs adhere to the principles of effective intervention. Two basic areas: 1) Capacity - designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. 2) Content - Offender Assessment & Treatment Characteristics
Program targets criminogenic need area(s):	An individual's criminogenic needs are characteristics, traits, problems, or issues that directly relate to their likelihood to re-offend and commit another crime. These break down into two categories: static and dynamic. Most common are: history of criminal behavior, antisocial attitudes, values and beliefs, antisocial peers, antisocial personality characteristics; lack of employment stability and educational achievements, family and/or marital stressors, substance use, lack of prosocial leisure activities.
Manualized curricula:	Manualized treatments are treatments that have exact steps, so that each person has relatively the same treatment. Having a manual ensures that the results will be similar, no matter the facilitator. It also allows for a specific set of curricula to be tested for effectiveness.
Program is centered around social learning & cognitive-behavioral theory (teaches cognitive restructuring, social skills, and/or problem-solving techniques):	Provide the therapeutic modality from which this curriculum is derived.
Includes role playing in group:	Role playing is an opportunity to practice what the offender learned from this curriculum in real life situations. Role plays provide an opportunity to practice new skills and, through feedback from the group, master those skills.
Staff receive training prior to facilitation:	A description of the training the facilitator is required to receive (likely by the program author) prior to implementation. A facilitator should have a thorough understanding of the principles.
Quality assurance process in place for the program:	These activities can be performed by a supervisor, peer to peer and/or another qualified individual. The effort is to ensure the program's delivery adheres to the specific guidelines outlined by the program author.

Program Specifics-Operational Details

Research Specific Detail	Data Needed
Program delivery and dosage:	These four areas (number of group sessions, length of sessions, program length and dosage) should explain to the committee in-depth details as to how an offender will participate in this program. Outline the time requirements specific to the delivery of this program, with fidelity, in this facility.
Specific referral criteria:	How will offenders be referred to this program? List specific screenings, criteria on clinical assessments, risk levels, etc. Any exclusionary criteria should also be noted here.
Number of group sessions, length of sessions, program length and dosage:	Many programs offer a range of time per session, sessions per week and range of program completion timeframes (total dosage). Be specific as to how your facility will offer this program.
Population targeted:	What are the demographics of the people you intend to have in this program? Age, sex, mental health status and other specifics that this program is aimed to address. This area should correlate with the 'population studied' on above in the research area.
Are you requesting this to be a core risk reducing program?	Core risk-reducing (CRR) programs address criminogenic risks and needs as determined by the MORRA/WRNA. The 'Big Eight' are as follows: History of criminal behavior, antisocial attitudes, values and beliefs, antisocial peers, antisocial personality characteristics, lack of employment stability and educational achievement, family and/or marital stressors, substance use, lack of prosocial leisure activities.
Facilitator education necessary:	What is required by the program author prior to implementation with fidelity?
Does the author of the curricula provide training?	If training is offered by the author, what are the options and costs of training? Does your facility intend to use this training?
What training will be acquired prior to implementation?	If the training isn't provided by the author of the curricula as indicated above, what specific training will the facility provide to staff in effort to prepare them to facilitate this program with proficiency?
Cost associated for startup:	Provide all costs associated with the program. How many staff are being trained, at what cost, in what location? Specify if there are unforeseen costs associated with this program.

Definitions

Term	Definition
Validity:	Validity of an assessment is the degree to which it measures what it is supposed to measure. This is not the same as reliability, which is the extent to which a measurement gives results that are very consistent. Within validity, the measurement does not always have to be similar, as it does in reliability. However, just because a measure is reliable, it is not necessarily valid. E.g. A scale that is 5 pounds off is reliable but not valid. A test cannot be valid unless it is reliable. Validity is also dependent on the measurement measuring what it was designed to measure, and not something else instead. [4] Validity (similar to reliability) is a relative concept; validity is not an all-or-nothing idea. There are many different types of validity.
Fidelity:	The extent to which program or treatment delivery adheres to the protocol or program model originally developed. Fidelity measurement has increasing significance for evaluation, treatment effectiveness research, and service administration. It is also referred to as adherence & integrity. It is very important to follow the design of the program; if not followed, you do not have fidelity, which precludes the program from being an evidence-based program.
Core risk reducing:	Core risk reducing programs are those that target criminogenic risk factors, or those aspects of an individual that are directly related to future criminality. These programs are required based on criminogenic risk and need assessments, and clinical evaluation. Programs utilize cognitive behavioral strategies with graduated skills practice.
Outcome ratings:	The outcome ratings are based on four dimensions: rigor, effect size, program fidelity and conceptual framework.
Clearinghouse:	An agency or organization that collects and distributes something, especially information.