

# Results First Clearinghouse Database

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## Introduction

The Results First Clearinghouse Database is an online resource that brings together information on the effectiveness of social policy programs from nine national clearinghouses (see Table 1). It applies color-coding to the clearinghouses' distinct rating systems, creating a common language that enables users to quickly see where each program falls on a spectrum from negative impact to positive impact. The database can help users easily access and understand the evidence base for a variety of programs.

To help users understand the key components of the database, there are four resource tabs: Overview; Clearinghouses; Rating Systems & Colors; and FAQs. This Technical Appendix builds on this basic information by providing additional details on the mappings used to create the Results First categories and settings, as well as the rating systems used by the clearinghouses.

Table 1  
Clearinghouses Included in the Database

Clearinghouse	Abbreviation used
Blueprints for Healthy Youth Development	Blueprints
California Evidence-Based Clearinghouse for Child Welfare	CEBC
The Laura and John Arnold Foundation's Social Programs That Work	Social Programs That Work
The U.S. Department of Education's What Works Clearinghouse	WWC
The U.S. Department of Health and Human Services' Research-Tested Intervention Programs	RTIPs
The U.S. Department of Health and Human Services' Teen Pregnancy Prevention Evidence Review	TPP Evidence Review
The U.S. Department of Justice's CrimeSolutions.gov	CrimeSolutions.gov
The U.S. Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices	NREPP
The University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation's County Health Rankings and Roadmaps What Works for Health	What Works for Health

### Results First categories and settings

Each clearinghouse organizes programs in a unique way, such as by topic area or policy area. Similarly, each uses its own setting groups. As a result, the list for these two key descriptors is both long and inconsistent across clearinghouses, making it difficult to use them as search options. To overcome this challenge, Results First created a simple list of categories and settings and then mapped each program to them using the information available on the clearinghouses' websites. Consequently, users can filter by the Results First categories and settings in the database. Note that each program can be mapped to more than one category and more than one setting. This reflects the fact that programs often span multiple domains.

This section describes what information was used for this mapping.

### Results First categories

There are eight categories in the database:

1. Child & family well-being
2. Crime & delinquency
3. Education
4. Employment & job training
5. Mental health
6. Public health
7. Substance use
8. Sexual behavior & teen pregnancy

To map programs to the above categories, Results First utilized the data below from each clearinghouse (see Table 2).

# TECHNICAL APPENDIX

Table 2  
Results First category mapping

Clearinghouse	Source data for mapping	Child & family well-being	Crime & delinquency	Education	Employment & job training	Mental health	Public health	Substance use	Sexual behavior & teen pregnancy
<b>Blueprints</b>	Program outcomes: The full list is accessible via the <a href="#">Program Search</a> .	<ul style="list-style-type: none"> <li>· Bullying</li> <li>· Child maltreatment</li> <li>· Conduct problems</li> <li>· Close relationships with non-parental adults</li> <li>· Close relationships with parents</li> <li>· Close relationships with peers</li> <li>· Positive relationships with positive peers</li> <li>· Prosocial with peers</li> <li>· Reciprocal parent-child warmth</li> </ul>	<ul style="list-style-type: none"> <li>· Adult crime</li> <li>· Delinquency and criminal behavior</li> <li>· Gang involvement</li> <li>· Sexual violence</li> <li>· Violence</li> <li>· Violent victimization</li> </ul>	<ul style="list-style-type: none"> <li>· Academic performance</li> <li>· Approach to learning - 3 to 8 years</li> <li>· Dropout/high school graduation</li> <li>· Early cognitive development</li> <li>· Postsecondary education</li> <li>· Preschool communication/ language development</li> <li>· School readiness</li> <li>· Truancy - school attendance</li> </ul>	<ul style="list-style-type: none"> <li>· Employment</li> </ul>	<ul style="list-style-type: none"> <li>· Antisocial-aggressive behavior</li> <li>· Externalizing</li> <li>· Positive social/prosocial behavior</li> <li>· Anxiety</li> <li>· Depression</li> <li>· Emotional regulation</li> <li>· Internalizing</li> <li>· Mental health - other</li> <li>· Post traumatic stress disorder</li> <li>· Suicide/suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>· HIV/AIDS</li> <li>· Chronic health problems</li> <li>· Healthy gestation and birth</li> <li>· Obesity</li> <li>· Physical health and well-being</li> <li>· STIs</li> </ul>	<ul style="list-style-type: none"> <li>· Alcohol</li> <li>· Illicit drug use</li> <li>· Tobacco</li> </ul>	<ul style="list-style-type: none"> <li>· Intimate partner violence</li> <li>· Sexual risk behaviors</li> <li>· STIs</li> <li>· Teen pregnancy</li> </ul>
<b>CEBC</b>	Topic areas: The full list is available on the <a href="#">Topic Areas page</a> .	<ul style="list-style-type: none"> <li>· Alternatives to long-term residential care programs</li> <li>· Behavioral management programs for adolescents in child welfare</li> <li>· Casework practice</li> <li>· Commercial sexual exploitation of children and</li> </ul>	<ul style="list-style-type: none"> <li>· Commercial sexual exploitation of children and adolescents - services for victims</li> <li>· Domestic/ intimate partner violence - batterer intervention programs</li> </ul>	<ul style="list-style-type: none"> <li>· Educational interventions for children and adolescents in child welfare</li> </ul>	<ul style="list-style-type: none"> <li>· Child welfare workforce development and support programs</li> </ul>	<ul style="list-style-type: none"> <li>· Anger management treatment (adult)</li> <li>· Anxiety treatment (child &amp; adolescent)</li> <li>· Attachment interventions (child &amp; adolescent)</li> <li>· Bipolar disorder treatment (child &amp; adolescent)</li> </ul>	N/A	<ul style="list-style-type: none"> <li>· Substance abuse treatment (adolescent)</li> <li>· Substance abuse treatment (adult)</li> </ul>	<ul style="list-style-type: none"> <li>· Sexual behavior problems treatment (adolescents)</li> <li>· Sexual behavior problems treatment (children)</li> </ul>

# TECHNICAL APPENDIX

Clearinghouse	Source data for mapping	Child & family well-being	Crime & delinquency	Education	Employment & job training	Mental health	Public health	Substance use	Sexual behavior & teen pregnancy
		<ul style="list-style-type: none"> <li>· adolescents - services for victims</li> <li>· Domestic/intimate partner violence - services for victims and their children</li> <li>· Educational interventions for children and adolescents in child welfare</li> <li>· Family stabilization programs</li> <li>· Father involvement interventions</li> <li>· Higher levels of placement</li> <li>· Home visiting programs for child well-being</li> <li>· Home visiting programs for prevention of child abuse and neglect</li> <li>· Interventions for abusive behavior</li> <li>· Interventions for neglect</li> <li>· Kinship caregiver support programs</li> <li>· Mentoring programs (child &amp; adolescent)</li> </ul>	<ul style="list-style-type: none"> <li>· Domestic/intimate partner violence - services for victims and their children</li> </ul>			<ul style="list-style-type: none"> <li>· Depression treatment (adult)</li> <li>· Depression treatment (child &amp; adolescent)</li> <li>· Disruptive behavior treatment (child &amp; adolescent)</li> <li>· Infant and toddler mental health programs (birth to 3)</li> <li>· Trauma treatment (adult)</li> <li>· Trauma treatment - client-level interventions (child &amp; adolescent)</li> <li>· Trauma treatment - system-level programs (child &amp; adolescent)</li> </ul>			<ul style="list-style-type: none"> <li>· Teen pregnancy services</li> </ul>

# TECHNICAL APPENDIX

Clearinghouse	Source data for mapping	Child & family well-being	Crime & delinquency	Education	Employment & job training	Mental health	Public health	Substance use	Sexual behavior & teen pregnancy
		<ul style="list-style-type: none"> <li>· Motivation and engagement programs</li> <li>· Parent partner programs for families involved in the child welfare system</li> <li>· Parent training programs that address behavior problems in children and adolescents</li> <li>· Parent training programs that address child abuse and neglect</li> <li>· Permanency enhancement interventions for adolescents</li> <li>· Placement stabilization programs</li> <li>· Post-permanency services</li> <li>· Prevention of child abuse and neglect (primary) programs</li> <li>· Prevention of child abuse and neglect (secondary) programs</li> <li>· Reducing racial disparity and disproportionality</li> </ul>							

# TECHNICAL APPENDIX

Clearinghouse	Source data for mapping	Child & family well-being	Crime & delinquency	Education	Employment & job training	Mental health	Public health	Substance use	Sexual behavior & teen pregnancy
		<ul style="list-style-type: none"> <li>· in child welfare - programs</li> <li>· Resource parent recruitment and training programs</li> <li>· Reunification programs</li> <li>· Visitation programs</li> <li>· Working with parents with cognitive disabilities - programs</li> <li>· Youth transitioning into adulthood programs</li> </ul>							
<b>CrimeSolutions.gov</b>	Topics: The full list is accessible via the By Topic filter on the <a href="#">All Programs &amp; Practices page</a> .	<ul style="list-style-type: none"> <li>· Juveniles</li> <li>· Victims &amp; victimization</li> </ul>	<ul style="list-style-type: none"> <li>· Corrections &amp; re-entry</li> <li>· Courts</li> <li>· Crime &amp; crime prevention</li> <li>· Drugs &amp; substance abuse</li> <li>· Juveniles</li> <li>· Law enforcement</li> <li>· Technology &amp; forensics</li> <li>· Victims &amp; victimization</li> </ul>	<ul style="list-style-type: none"> <li>· Juveniles</li> </ul>	N/A	<ul style="list-style-type: none"> <li>· Juveniles</li> <li>· Victims &amp; victimization</li> </ul>	N/A	<ul style="list-style-type: none"> <li>· Drugs &amp; substance abuse</li> <li>· Juveniles</li> </ul>	N/A
<b>NREPP</b>	Program type: The full list is accessible via the Program Type filter on	N/A	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>· Co-occurring disorders</li> <li>· Mental health promotion</li> </ul>	N/A	<ul style="list-style-type: none"> <li>· Co-occurring disorders</li> <li>· Substance abuse prevention*</li> </ul>	N/A

# TECHNICAL APPENDIX

Clearinghouse	Source data for mapping	Child & family well-being	Crime & delinquency	Education	Employment & job training	Mental health	Public health	Substance use	Sexual behavior & teen pregnancy
	the <a href="#">Find an Intervention page</a> . Note: This is labeled as Areas of Interest for legacy programs.					· Mental health treatment		· Substance abuse treatment* · Substance use disorder prevention · Substance use disorder treatment	
<b>RTIPs</b>	Topics: The full list is available on the <a href="#">Program Search page</a> .	N/A	N/A	N/A	N/A	N/A	· Breast cancer screening · Cervical cancer screening · Colorectal cancer screening · Diet/nutrition · HPV vaccination · Informed decision-making · Obesity · Physical activity · Prostate cancer screening · Public health genomics · Sun safety · Survivorship/ supportive care	· Tobacco control	N/A
<b>Social Programs That Work</b>	Policy area: The full list is available on	· Prenatal/early childhood	· Crime/violence prevention	· K-12 education · Postsecondary education	· Employment and welfare	· Mental health	· Health care financing/ delivery	· Substance abuse prevention/ treatment	· Unplanned pregnancy prevention

## TECHNICAL APPENDIX

Clearinghouse	Source data for mapping	Child & family well-being	Crime & delinquency	Education	Employment & job training	Mental health	Public health	Substance use	Sexual behavior & teen pregnancy
	the <a href="#">Home page</a> .						· Obesity and disease prevention		
<b>TPP Evidence Review</b>	Outcome domains: The full list is available on the <a href="#">Find and Compare Programs page</a> .	N/A	N/A	N/A	N/A	N/A	· STIs or HIV	N/A	· Contraceptive use · Number of sexual partners · Pregnancy · Sexual activity · STIs or HIV
<b>WWC</b>	Topics: The full list is available on the <a href="#">Home page</a> .	· Behavior	N/A	· Children and youth with disabilities · Dropout prevention · Early childhood · English learners · Kindergarten - 12th grade · Mathematics · Path to graduation · Postsecondary · Science	· Teacher excellence	N/A	N/A	N/A	N/A
<b>What Works for Health</b>	What Works for Health provided Results First with a custom list.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*These only apply to legacy programs and therefore do not appear in the Program Type filter.



## TECHNICAL APPENDIX

### Results First settings

There are eight settings in the database:

1. Correctional facility
2. Community
3. Court
4. Home
5. Hospital/treatment center
6. Residential facility
7. School
8. Workplace

Note that three clearinghouses do not provide settings information. For WWC, Results First mapped all their programs to the school setting; for What Works for Health, Results First obtained additional data from the clearinghouse for the mapping; and for Social Programs That Work there are no mappings. As a result, their programs will not appear in searches filtered by setting.

Additionally, while Results First uses the above settings in the filter menu, actual setting information from the clearinghouses is displayed beneath each program's description in the database when applicable.

To map programs to the above settings, Results First utilized the data below from each clearinghouse (see Table 3).

# TECHNICAL APPENDIX

Table 3  
Results First setting mapping

Clearinghouse	Source data for mapping	Correctional facility	Community	Court	Home	Hospital/Treatment center	Residential facility	School	Workplace
<b>Blueprints</b>	Program settings: The full list is accessible via the <a href="#">Program Search</a> .	· Adult corrections · Correctional facility	· Community	N/A	· Home	· Hospital/medical center · Mental health/treatment center	· Residential facility	· School	N/A
<b>CEBC</b>	Delivery settings: These are displayed in the Detailed Report of each program.	N/A	· Community agency	N/A	· Adoptive home · Birth family home · Foster/kinship care	· Hospital · Outpatient clinic	· Residential care	· School	N/A
<b>CrimeSolutions.gov</b>	Setting (Delivery): The full list is accessible via the By Setting (Delivery) filter on the <a href="#">All Programs &amp; Practices page</a> .	· Correctional	· High crime neighborhoods /hot spots · Other community setting · Reservation	· Courts	· Home	· Inpatient/outpatient	· Residential	· Campus · School	· Workplace
<b>NREPP</b>	Settings: The full list is accessible via the Settings filter on the <a href="#">Find an Intervention page</a> .	· Correctional* · Correctional facility	· Other community settings*	· Court	· Home	· Hospital/medical center · Inpatient* · Mental health treatment center · Outpatient* · Outpatient facility · Substance abuse treatment center	· Residential* · Residential facility	· School* · School/classroom · University	· Workplace
<b>RTIPs</b>	Setting: The full list is	N/A	· Community · Rural	N/A	· Home-based	· Clinical	N/A	· Day care/ preschool	· Workplace

## TECHNICAL APPENDIX

Clearinghouse	Source data for mapping	Correctional facility	Community	Court	Home	Hospital/Treatment center	Residential facility	School	Workplace
	accessible via the <a href="#">Program Search page</a> .		<ul style="list-style-type: none"> <li>· Suburban</li> <li>· Urban/inner city</li> </ul>					<ul style="list-style-type: none"> <li>· School-based</li> </ul>	
<b>Social Programs That Work</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>TPP Evidence Review</b>	Setting: The full list is accessible via the <a href="#">Find and Compare Programs page</a> under "Which are your preferred implementation settings?".	<ul style="list-style-type: none"> <li>· Correctional facility</li> </ul>	<ul style="list-style-type: none"> <li>· After school</li> <li>· Community-based organization</li> </ul>	N/A	<ul style="list-style-type: none"> <li>· Home-based case management</li> </ul>	<ul style="list-style-type: none"> <li>· Health clinic or medical facility</li> </ul>	N/A	<ul style="list-style-type: none"> <li>· Alternative school</li> <li>· In school - case management</li> <li>· In school - classroom-based</li> <li>· In school - elementary school</li> <li>· In school - high school</li> <li>· In school - middle school</li> </ul>	N/A
<b>WWC</b>	N/A. All programs are mapped to the school setting.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>What Works for Health</b>	What Works for Health provided Results First with a custom list.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*These only apply to legacy programs and therefore do not appear in the Settings filter.

## Results First rating system

A key feature of the database is the color-coding that Results First applies to the clearinghouses' distinct rating systems. Table 4 provides a general overview of how the clearinghouses' ratings are defined under these different systems. Additional information regarding the clearinghouses' rating criteria can be found on their websites. More information on the color-coding is available online in the Rating Colors & Systems section of the Results First Clearinghouse Database.

Table 4  
Clearinghouse rating definitions

Clearinghouse	Rating system
<p><a href="#">Blueprints</a></p>	<p>Blueprints assigns programs one of the following ratings: <b>model plus, model, and promising</b>. To receive one of these ratings, a program must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• <b>Intervention specificity:</b> The program description clearly identifies the outcome the program is designed to change, the specific risk and/or protective factors targeted to produce this change in outcome, the population for which it is intended, and how the components of the intervention work to produce this change.</li> <li>• <b>Evaluation quality:</b> The evaluation trials produce valid and reliable findings. <b>Model plus and model programs</b> require a minimum of (a) two high-quality, randomized control trials (RCTs) or (b) one high-quality RCT plus one high-quality, quasi-experimental evaluation. A <b>promising program</b> requires a minimum of (a) one high-quality, RCT or (b) two high-quality, quasi-experimental evaluations.</li> <li>• <b>Intervention impact:</b> The preponderance of evidence from the high-quality evaluations indicates significant positive change in intended outcomes that can be attributed to the program and there is no evidence of harmful effects. For <b>model plus and model programs</b>, positive intervention impact must be sustained for a minimum of 12 months after the program intervention ends.</li> <li>• <b>Dissemination readiness:</b> The program is available for dissemination and has the necessary organizational capability, manuals, training, technical assistance, and other support required for implementation with fidelity in communities and public service systems.</li> </ul> <p><b>Model plus programs</b> also must meet the following criterion:</p> <ul style="list-style-type: none"> <li>• <b>Independent replication:</b> In at least one high-quality study demonstrating desired outcomes, authorship, data collection, and analysis have been conducted by a researcher who is neither</li> </ul>

**TECHNICAL APPENDIX**

	<p>a current or past member of the program developer’s research team and who has no financial interest in the program.</p>
<p><a href="#">CEBC</a></p>	<p>The Scientific Rating Scale is a 1-to-5 rating of the strength of the research evidence supporting a practice or program. A scientific rating of 1 represents a practice with the strongest research evidence, and a 5 represents a concerning practice that appears to pose substantial risk to children and families.</p> <p><b>1 = Well-supported by research evidence</b></p> <ul style="list-style-type: none"> <li>• At least two rigorous RCTs in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice.</li> <li>• In at least one RCT, the practice has been shown to have a sustained effect at least one year beyond the end of treatment.</li> </ul> <p><b>2 = Supported by research evidence</b></p> <ul style="list-style-type: none"> <li>• At least one rigorous RCT in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice.</li> <li>• In at least one RCT, the practice has shown to have a sustained effect at least six months beyond the end of treatment.</li> </ul> <p><b>3 = Promising research evidence</b></p> <ul style="list-style-type: none"> <li>• At least one study utilizing some form of control has established the practice’s benefit over the control, or found it to be comparable to a practice rated 1, 2, or 3 on this rating scale or superior to an appropriate comparison practice.</li> <li>• If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.</li> </ul> <p><b>In addition, for 1, 2, and 3</b></p> <ul style="list-style-type: none"> <li>• There are no case data suggesting a risk of harm that was a) probably caused by the treatment and b) severe or frequent.</li> <li>• There is no legal or empirical basis suggesting that, compared with its likely benefits, the practice constitutes a risk of harm to those receiving it.</li> </ul>

- The practice has a book, manual, and/or other written guidelines that specify the components of the practice protocol and describe how to administer it.
- Studies must have been reported in published, peer-reviewed literature.
- The overall weight of evidence supports the benefit of the practice.

**4 = Evidence fails to demonstrate effect**

- Two or more RCTs have found that the practice has not resulted in improved outcomes when compared with usual care.
- The overall weight of evidence does not support the benefit of the practice.

**5 = Concerning practice**

- The overall weight of evidence suggests the intervention has a negative effect upon clients served; and/or
- There are no case data suggesting a risk of harm that was a) probably caused by the treatment and b) severe or frequent; and/or
- There is a legal or empirical basis suggesting that, compared with its likely benefits, the practice constitutes a risk of harm to those receiving it.

CEBC also highlights practices without rigorous research in an effort to provide straightforward, unbiased, and reliable information about the level of research evidence currently existing for practices relevant to child welfare.

**NR = Not able to be rated on the CEBC Scientific Rating Scale**

- The practice does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) that has established the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.
- The practice is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice does not meet criteria for any other level on the CEBC Scientific Rating Scale.
- There is no case data suggesting a risk of harm that: a) was probably caused by the treatment and b) the harm was severe or frequent.

## TECHNICAL APPENDIX

	<ul style="list-style-type: none"><li>• There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.</li><li>• The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it.</li></ul>
<a href="http://CrimeSolutions.gov">CrimeSolutions.gov</a>	<p>CrimeSolutions.gov uses three ratings: <b>effective</b>, <b>promising</b>, and <b>no effects</b>. The requirements and definitions depend on whether the review is for a program or a practice.</p> <p><b>Programs</b></p> <p>Each must meet the following criteria:</p> <ul style="list-style-type: none"><li>• The program must be evaluated with at least one RCT or quasi-experimental research design (with a comparison condition).</li><li>• The outcomes assessed must relate to crime, delinquency, or victimization prevention, intervention, or response.</li><li>• The evaluation must be published in a peer-reviewed publication or documented in a comprehensive evaluation report.</li><li>• The date of publication must be 1980 or later.</li></ul> <p><b>Effective:</b> Programs have strong evidence to indicate they achieve their intended outcomes when implemented with fidelity. Requires at least one very rigorous and well-designed study that finds significant, positive effects on justice-related outcomes; and no studies that find significant, harmful effects on justice-related outcomes.</p> <p><b>Promising:</b> Programs have some evidence to indicate they achieve their intended outcomes. Requires at least one well-designed but slightly less rigorous study that finds significant, positive effects on justice-related outcomes; and no studies that find significant, harmful effects on justice-related outcomes.</p> <p><b>No effects:</b> Programs have strong evidence indicating that they had no effects or had harmful effects when implemented with fidelity. Requires at least one very rigorous and well-designed study that finds either significant harmful effects or no significant effects on justice-related outcomes.</p>

	<p><b>Practices</b></p> <p>CrimeSolutions.gov assigns each outcome a rating, but the database reports only the highest-rated outcome.</p> <p>Practices rely on meta-analyses instead of evaluations of individual programs. Each meta-analysis must meet the following criteria:</p> <ul style="list-style-type: none"><li>• It includes and aggregates the results of at least two studies.</li><li>• It reports on at least one eligible outcome related to crime, delinquency, overt problem behaviors (e.g., aggression, gang involvement, substance abuse), crime victimization, justice system practices or policies, or risk factors for crime and delinquency.</li><li>• All studies included in the meta-analysis must include an appropriate control, comparison or counterfactual condition, or the meta-analysis must analyze these studies separately from those that appropriate counterfactuals.</li><li>• It reports effect sizes that represent the magnitude of the treatment effect.</li><li>• At least 50 percent of the studies included in the meta-analysis must be published or otherwise available on or after 1980.</li><li>• Samples included in the meta-analysis must be restricted to either adults or juveniles, or mean effect sizes for adults and juveniles must be reported separately.</li></ul> <p>Each meta-analysis is then scored for overall quality, and each outcome is assessed for internal validity. The results, along with information about the direction and statistical significance of the mean effect size, are combined to produce the following outcome ratings:</p> <p><b>Effective:</b> The highest-quality evidence shows the outcome had a statistically significant positive effect.</p> <p><b>Promising:</b> Moderate-quality evidence shows the outcome had a statistically significant positive effect.</p> <p><b>No effects:</b> Moderate- to high-quality evidence shows the outcome had no statistically significant effect or a statistically significant negative effect.</p>
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[NREPP](#)

In November 2015, NREPP instituted new guidelines for reviewing programs. Programs that were not re-reviewed under these new guidelines (referred to as “legacy” programs) still appear on its website. Given this, both rating systems are described below. Also note that NREPP ceased operations in January 2018. Its website remains publicly available but will no longer be updated.

**Current rating system**

The National Registry of Evidence-based Programs and Practices assigns each outcome one of the following ratings: **effective, promising, ineffective, or inconclusive**. The database reports only the highest-rated outcome but does not include programs with outcomes rated only as inconclusive.

Each intervention must first meet the following requirements:

- Research or evaluation of the intervention has assessed mental health or substance use outcomes among individuals, communities, or populations OR other behavioral health-related outcomes on individuals, communities, or populations with or at risk of mental health issues or substance use problems.
- Evidence of these outcomes has been demonstrated in at least one study using an experimental or quasi-experimental design.
- Within the previous 25 years, the results of these studies have been published in a peer-reviewed journal or other professional publication, or documented in a comprehensive evaluation report.

Then, outcomes are rated on four dimensions: rigor, program fidelity, effect size, and conceptual framework. The results are combined to produce the following outcome ratings:

**Effective:** The evidence base produced strong evidence of a favorable effect.

**Promising:** The evidence base produced sufficient evidence of a favorable effect.

**Ineffective:** The evidence base produced sufficient evidence of a negligible effect or a possibly harmful effect.

**Inconclusive:** Limitations in the study design or a lack of effect size information preclude from reporting further on the effect.

**Legacy rating system**

Each intervention must first meet the following requirements:

## TECHNICAL APPENDIX

- The intervention has produced one or more positive behavioral outcomes ( $p \leq .05$ ) in mental health or substance abuse among individuals, communities, or populations. Significant differences between groups over time must be demonstrated for each outcome.
- Evidence of positive behavioral outcome(s) has been demonstrated in at least one study using an experimental or quasi-experimental design.
- The results of these studies have been published in a peer-reviewed journal or other professional publication or documented in a comprehensive evaluation report.
- Implementation materials, training and support resources, and quality assurance procedures have been developed and are ready for use by the public.

Then, the outcomes are separately scored from 0 to 4.0 on the following six criteria related to the quality of research:

### **Reliability of measures**

- 0 = Absence of evidence of reliability or evidence that some relevant types of reliability did not reach acceptable levels.
- 2 = All relevant types of reliability have been documented to be at acceptable levels in studies by the applicant.
- 4 = All relevant types of reliability have been documented to be at acceptable levels in studies by independent investigators.

### **Validity of measures**

- 0 = Absence of evidence of measure validity, or some evidence that the measure is not valid.
- 2 = Measure has face validity; absence of evidence that measure is not valid.
- 4 = Measure has one or more acceptable forms of criterion-related validity (correlation with appropriate, validated measures or objective criteria); or, for objective measures of response, there are procedural checks to confirm data validity; absence of evidence that measure is not valid.

### **Intervention fidelity**

- 0 = Absence of evidence or only narrative evidence that the applicant or provider believes the intervention was implemented with acceptable fidelity.
- 2 = There is evidence of acceptable fidelity in the form of judgment(s) by experts, systematic collection of data (e.g., dosage, time spent in training, adherence to

	<p>guidelines or a manual), or a fidelity measure with unspecified or unknown psychometric properties.</p> <ul style="list-style-type: none"> <li>• 4 = There is evidence of acceptable fidelity from a tested fidelity instrument shown to have reliability and validity.</li> </ul> <p><b>Missing data and attrition</b></p> <ul style="list-style-type: none"> <li>• 0 = Missing data and attrition were taken into account inadequately, or there was too much to control for bias.</li> <li>• 2 = Missing data and attrition were taken into account by simple estimates of data and observations, or by demonstrations of similarity between remaining participants and those lost to attrition.</li> <li>• 4 = Missing data and attrition were taken into account by more sophisticated methods that model missing data, observations, or participants, or there was no attrition or missing data needing adjustment.</li> </ul> <p><b>Potential confounding variables</b></p> <ul style="list-style-type: none"> <li>• 0 = Confounding variables or factors were as likely to account for the outcome(s) reported as were the hypothesized causes.</li> <li>• 2 = One or more potential confounding variables or factors were not completely addressed, but the intervention appears more likely than these confounding factors to account for the outcome(s) reported.</li> <li>• 4 = All known potential confounding variables appear to have been completely addressed in order to allow causal inference between the intervention and outcome(s) reported.</li> </ul> <p><b>Appropriateness of analysis</b></p> <ul style="list-style-type: none"> <li>• 0 = Analyses were not appropriate for inferring relationships between intervention and outcome, or sample size was inadequate.</li> <li>• 2 = Some analyses may not have been appropriate for inferring relationships between intervention and outcome, or sample size may have been inadequate.</li> <li>• 4 = Analyses were appropriate for inferring relationships between intervention and outcome. Sample size and power were adequate.</li> </ul> <p>Last, each outcome receives an overall (average) quality of research score. Results First uses this score to determine the rating color.</p>
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## TECHNICAL APPENDIX

<p><a href="#">RTIPs</a></p>	<p>RTIPs assigns separate ratings to each program for Research Integrity, Intervention Impact, and Dissemination Capability. It also provides a RE-AIM score for each dimension—Reach, Effectiveness, Adoption, and Implementation—expressed as a percentage of 100.</p> <p>In order to be scored, interventions first must meet the following conditions:</p> <ul style="list-style-type: none"> <li>• Intervention outcome finding(s) must be published in a peer-reviewed journal.</li> <li>• The study must have produced one or more positive behavioral and/or psychosocial outcomes (<math>p \leq .05</math>) among individuals, communities, or populations.</li> <li>• Evidence of these outcomes has been demonstrated in at least one study using an experimental or quasi-experimental design.</li> <li>• The intervention has been conducted within the past 10 years.</li> </ul> <p><b>Research integrity</b></p> <p>Results First used the Research Integrity score to determine the rating color. It is a weighted average of the scores (on a 5-point scale, from low quality to high quality) given to 16 criteria, including reliability, validity, selection bias, attrition, etc. The 5-point scale is as follows:</p> <ul style="list-style-type: none"> <li>5 - High confidence in results, findings fully defensible.</li> <li>4 - Strong, fairly good confidence in results.</li> <li>3 - Mixed, some weak, some strong characteristics.</li> <li>2 - Weak, at best some confidence in results.</li> <li>1 - Little or no confidence in results.</li> </ul>
<p><a href="#">Social Programs That Work</a></p>	<p>Social Programs That Work assigns programs one of the following ratings: <b>top tier</b>, <b>near top tier</b> or <b>suggestive tier</b>.</p> <p><b>Top tier:</b> Programs shown in well-conducted RCTs, carried out in typical community settings, to produce sizable, sustained effects on important outcomes. Top Tier evidence includes a requirement for replication—specifically, the demonstration of such effects in two or more RCTs conducted in different implementation sites, or, alternatively, in one large multi-site RCT. Such evidence provides confidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original studies.</p> <p><b>Near top tier:</b> Programs shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify. This category primarily includes programs that meet all</p>

## TECHNICAL APPENDIX

	<p>elements of the Top Tier standard in a single study site, but need a replication RCT to confirm the initial findings and establish that they generalize to other sites. This is best viewed as tentative evidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original study.</p> <p><b>Suggestive tier:</b> Programs that have been evaluated in one or more well-conducted RCTs (or studies that closely approximate random assignment) and found to produce sizable positive effects, but whose evidence is limited by only short-term follow-up, effects that fall short of statistical significance, or other factors. Such evidence suggests the program may be an especially strong candidate for further research, but does not yet provide confidence that the program would produce important effects if implemented in new settings.</p>
<p><a href="#">TPP Evidence Review</a></p>	<p>To be eligible for consideration by the TPP Evidence Review, a program must:</p> <ul style="list-style-type: none"> <li>• Be for U.S. youth ages 19 or younger.</li> <li>• Intend to reduce rates of teen pregnancy, STIs, or associated sexual risk behaviors through some combination of educational, skill-building, and/or psychosocial intervention.</li> <li>• Have been evaluated at least once within the last 20 years using randomized controlled trials or quasi-experimental impact study designs.</li> </ul> <p>For studies that meet the eligibility criteria, trained reviewers assess each study for the quality and execution of its research design. As a part of this assessment, each study is assigned a quality rating of high, moderate, or low according to the risk of bias in the study’s impact findings.</p> <p>For studies that pass the review quality assessment with either a high or moderate rating, TPP Evidence Review extracts and analyzes program impact estimates to assess evidence of effectiveness for each individual program. It then assigns each program ratings for one or more of the following five outcome domains: (1) sexual activity; (2) number of sexual partners; (3) contraceptive use; (4) STIs or HIV; and (5) pregnancies. The ratings are as follows:</p> <p><b>Positive impacts:</b> Evidence of uniformly favorable impacts across one or more outcome measures, analytic samples (full sample or subgroups), and/or studies.</p> <p><b>Mixed impacts:</b> Evidence of a mix of favorable, null, and/or adverse impacts across one or more outcome measures, analytic samples (full sample or subgroups), and/or studies.</p> <p><b>Indeterminate impacts:</b> Evidence of uniformly null impacts across one or more outcome measures, analytic samples (full sample or subgroups), and/or studies.</p>

**TECHNICAL APPENDIX**

	<p><b>Negative impacts:</b> Evidence of uniformly adverse impacts across one or more outcome measures, analytic samples (full sample or subgroups), and/or studies.</p>
<p><a href="#">WWC</a></p>	<p>What Works Clearinghouse assigns each outcome one of the following ratings: <b>positive, potentially positive, mixed, no discernible effects, potentially negative, or negative</b>. The database reports only the highest-rated outcome.</p> <p>All studies reviewed must meet What Works Clearinghouse standards without reservations (an RCT with low attrition) or with reservations (RCT with high attrition and/or quasi-experimental design with baseline equivalence). The below terminology is used to define the ratings:</p> <ul style="list-style-type: none"> <li>• <b>Statistically significant positive:</b> The estimated effect is positive and statistically significant (correcting for clustering when not properly aligned).</li> <li>• <b>Substantively important positive effect:</b> The estimated effect is positive and not statistically significant but is substantively important.</li> <li>• <b>Indeterminate effect:</b> The estimated effect is neither statistically significant nor substantively important.</li> <li>• <b>Substantively important negative effect:</b> The estimated effect is negative and not statistically significant but is substantively important.</li> <li>• <b>Statistically significant negative effect:</b> The estimated effect is negative and statistically significant (correcting for clustering when not properly aligned).</li> </ul> <p>Note: A statistically significant estimate of an effect is one for which the probability of observing such a result by chance is less than 1 in 20 (using a two-tailed t-test with <math>p=.05</math>). A properly aligned analysis is one for which the unit of assignment and unit of analysis are the same. An effect size of 0.25 standard deviations or larger is considered to be substantively important.</p> <p>Interventions must meet all of the following conditions to receive the relevant rating:</p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Two or more studies show statistically significant positive effects, at least one of which meets What Works Clearinghouse group design standards without reservations.</li> <li>• No studies show statistically significant or substantively important negative effects.</li> </ul> <p><b>Potentially positive</b></p> <ul style="list-style-type: none"> <li>• At least one study shows statistically significant or substantively important positive effects.</li> </ul>

	<ul style="list-style-type: none"><li>• Fewer or the same number of studies show indeterminate effects than show statistically significant or substantively important positive effects.</li><li>• No studies show statistically significant or substantively important negative effects.</li></ul> <p><b>No discernible effects</b></p> <ul style="list-style-type: none"><li>• None of the studies shows statistically significant or substantively important effects, either positive or negative.</li></ul> <p><b>Mixed</b></p> <ul style="list-style-type: none"><li>• At least one study shows statistically significant or substantively important positive effects.</li><li>• At least one study shows statistically significant or substantively important negative effects, but no more such studies than the number showing statistically significant or substantively important positive effects.</li></ul> <p>Or</p> <ul style="list-style-type: none"><li>• At least one study shows statistically significant or substantively important effects.</li><li>• More studies show an indeterminate effect than show statistically significant or substantively important effects.</li></ul> <p><b>Potentially negative</b></p> <ul style="list-style-type: none"><li>• One study shows statistically significant or substantively important negative effects.</li><li>• No studies show statistically significant or substantively important positive effects.</li></ul> <p>Or</p> <ul style="list-style-type: none"><li>• Two or more studies show statistically significant or substantively important negative effects, and at least one study shows statistically significant or substantively important positive effects.</li><li>• More studies show statistically significant or substantively important negative effects than show statistically significant or substantively important positive effects.</li></ul> <p><b>Negative</b></p> <ul style="list-style-type: none"><li>• Two or more studies show statistically significant negative effects, at least one of which meets What Works Clearinghouse group design standards without reservations.</li><li>• No studies show statistically significant or substantively important positive effects.</li></ul>
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## TECHNICAL APPENDIX

	<p>WWC provides a <b>No Evidence</b> rating when no studies of the program fall within the scope of the review protocol and meet WWC evidence standards. The WWC is unable to draw any research-based conclusions about the effectiveness or ineffectiveness of these programs to improve outcomes in the specified area.</p>
<p><a href="#">What Works for Health</a></p>	<p><b>Scientifically supported:</b> Strategies with this rating are most likely to make a difference. These strategies have been tested in multiple robust studies with consistently favorable results.</p> <p>Evidence criteria:</p> <ul style="list-style-type: none"> <li>• Studies have strong designs and statistically significant favorable findings.</li> <li>• One or more systematic review(s); or at least,</li> <li>• Three experimental studies; or</li> <li>• Three quasi-experimental studies with matched concurrent comparisons</li> </ul> <p><b>Some evidence:</b> Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend favorable overall.</p> <p>Evidence criteria:</p> <ul style="list-style-type: none"> <li>• Studies have statistically significant favorable findings.</li> <li>• Compared to “scientifically supported,” studies have less rigorous designs and limited effect(s).</li> <li>• One or more systematic review(s); or at least, two experimental studies; or two quasi-experimental studies with matched concurrent comparisons; or three studies with unmatched comparisons or pre-post measures.</li> </ul> <p><b>Expert opinion:</b> Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects. Expert recommendation supported by theory, but study limited.</p> <p>Evidence criteria:</p> <ul style="list-style-type: none"> <li>• Study quality varies, but is often low.</li> <li>• Study findings vary, but are often inconclusive.</li> <li>• Generally no more than 1 experimental or quasi-experimental study with a matched concurrent comparison; or 2 or fewer studies with unmatched comparisons or pre-post measures</li> </ul>



## TECHNICAL APPENDIX

	<p><b>Insufficient evidence:</b> Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.</p> <p>Evidence criteria:</p> <ul style="list-style-type: none"><li>• Study quality varies, but is often low.</li><li>• Study findings vary, but are often inconclusive.</li><li>• Generally no more than one experimental or quasi-experimental study with a matched concurrent comparison; or two or fewer studies with unmatched comparisons or pre-post measures.</li></ul> <p><b>Mixed evidence:</b> Strategies with this rating have been tested more than once and results are inconsistent; further research is needed to confirm effects.</p> <p>Evidence criteria:</p> <ul style="list-style-type: none"><li>• Studies have statistically significant findings.</li><li>• Body of evidence inconclusive or body of evidence mixed leaning negative.</li><li>• One or more systematic review(s); or at least two experimental studies; or two quasi-experimental studies with matched concurrent comparisons; or three studies with unmatched comparisons or pre-post measures.</li></ul> <p><b>Evidence of ineffectiveness:</b> Strategies with this rating are not good investments. These strategies have been tested in multiple studies with consistently unfavorable or harmful results.</p> <p>Evidence criteria:</p> <ul style="list-style-type: none"><li>• Studies have strong designs, significant negative or ineffective findings, or strong evidence of harm.</li><li>• One or more systematic review(s); or at least two experimental studies; or two quasi-experimental studies with matched concurrent comparisons; or three studies with unmatched comparisons or pre-post measures.</li></ul>
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