



Locating Effective Early Childhood Programs: Blueprints for Healthy Youth Development

Pamela.Buckley@Colorado.edu



Pamela R. Buckley, PhD
Principal Investigator, Blueprints for Healthy Youth Development
Senior Research Associate, Institute of Behavioral Science
University of Colorado Boulder



- Available online registries of effective interventions.
 - Focus on Blueprints for Healthy Youth Development.
- Building evidence
 - Stages of Evidence.
- Process for becoming a Blueprints-certified intervention.
- Navigating the Blueprints registry.
- Blueprints programs for early childhood recommended for large-scale adoption and dissemination.

A Policymaker/Agency Perspective



SESSION SCHEDULE

BILLS

.AWS

EGISLATORS

RS COMMITTE

INITIATIVES

BUDGET

PUBLICATIONS

Find My Legislator

AGENCIES

Watch & Listen

Q Apply

HB21-1276

Prevention Of Substance Use Disorders

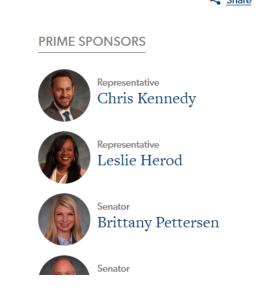
Concerning the prevention of substance use disorders.

SESSION: 2021 Regular Session

SUBJECT: Health Care & Health Insurance

BILL SUMMARY

Section 2 of the bill requires a health benefit plan issued or renewed on or after January 1, 2023, to provide coverage for nonpharmacological treatment as an alternative to opioids. The required coverage must include, at a cost-sharing amount not to exceed the cost-sharing amount for a primary care visit for nonpreventive services and without a prior authorization requirement, at least 6 physical therapy visits, 6 occupational therapy visits, 6 chiropractic visits, and 6 acupuncture visits per year. **Section 3** requires an insurance carrier (carrier) that provides



How can we know that we are funding and implementing the most effective programs for our communities?

How do we not waste taxpayer dollars?



Blueprints Clearinghouse

- "Assess applied research and evaluation studies of programs/interventions according to evidentiary (evidencebased) standards" to identify effective interventions (Means et al., 2015, p. 101).
- Focus on the results from high-quality research to answer the question "What works"?
- Generate an inventory of "Evidence-Based Interventions" (EBIs).

What is an EBI?

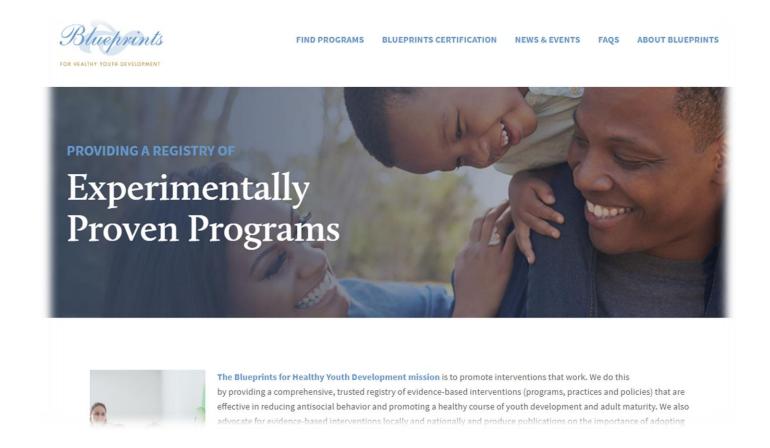


Evidence-Based Interventions (EBIs)

- 1. Interventions that have been:
 - -Rigorously tested,
 - -Proven effective,
 - -Translated into models available to community-based organizations.
- 2. Evaluations subjected to critical peer review:
 - Experts in the field not just the people who developed and evaluated the program.
 - -Examined the evaluation's methods and agreed with its conclusions about the intervention's effects.



Blueprints!



A web-based registry of experimentally proven programs (EPPs) promoting a rigorous scientific standard and review process for certification.

www.blueprintsprograms.org



Blueprints: Overview

At Blueprints, we identify and review studies and reports that test effects of an intervention on positive youth development The activity, program, policy, or practice

intended to produce effects

Changes caused by an intervention

> We then summarize our conclusions for policymakers, practitioners, and others who seek to make evidencebased decisions

What makes a program, practice, or policy "evidence-based"?



I'm not evidencebased, I'm evidence informed!

I'm evidencebased! Ignore her! Look at us!

NO! I am!





Blueprints Stages of Evidence

Anecdotal Correlational Causal **Time**



Blueprints Types of Evidence

Anecdotal

Evidence from focus groups, surveys, opinions, and experiences

Correlational

Evidence of reliable relationships between variables

Causal

Evidence that changes in one variable can be directly attributed to another

Stages of evidence

Best Available Research Evidence

Evidence Based Decision Making

Experiential Evidence

Professional insight, understanding, skill, and expertise that is accumulated over time

Contextual Evidence

Whether a strategy is useful, feasible to implement, and accepted by a particular community



Blue rints Types of Evidence

Anecdotal

Evidence from focus groups, surveys, opinions, and experiences

Correlational

Evidence of reliable relationships between variables

Causal

Evidence that changes in one variable can be directly attributed to another

Focus of clearinghouses

Stages of evidence

Best Available Research Evidence

Evidence Based Decision Making

Experiential Evidence

Contextual Evidence



What is Blueprints for Healthy Youth Development?



FIND PROGRAMS

BLUEPRINTS CERTIFICATIO

NEWS & EVENTS

FAQS

ABOUT BLUEPRINTS

Goal:



The Blueprints for Healthy Youth Development mission is to promote interventions that work. We do this by providing a comprehensive, trusted registry of evidence-based interventions (programs, practices and policies) that are effective in reducing antisocial behavior and promoting a healthy course of youth development and adult maturity. We also

To provide researchers, communities and policymakers/agencies with a trusted guide to interventions that work.

www.blueprintsprograms.org



Federal evidence clearinghouses

Clearinghouse	Federal Department	Department Division Relevant Legislation and Program Grants		
CLEAR	Labor	Chief Evaluation Office	Reemployment Services and Eligibility Assessment	
CrimeSolutions	Justice	Office of Justice Programs	Juvenile Justice Reform Act of 2018	
HomVEE	Health and Human Services	Administration for Children and Families	Maternal, Infant, & Early Childhood Home Visiting	
P2W	Health and Human Services	Administration for Children and Families	Temporary Assistance for Needy Families	
PSC	Health and Human Services	Administration for Children and Families	Family First Prevention Services Act	
SPT	Justice	National Gang Center	OJJDP Gang Violence Prevention Programs	
WWC	Education	Institute of Education Sciences	Every Student Succeeds Act	

Notes: CLEAR: Clearinghouse for Labor and Evaluation Research. ESER: Employment Strategies Evidence Review. HomVEE: Home Visiting Evidence of Effectiveness. OJJDP: Office of Juvenile Justice and Delinquency Prevention. P2W: Pathways to Work Evidence Clearinghouse. PSC: Prevention Services Clearinghouse. SFER: Strengthening Families Evidence Review. SPT: Strategic Planning Tool. TPP: Teen Pregnancy Prevention Evidence Review. WWC: What Works Clearinghouse.

Policy makers and practitioners can have more confidence in interventions rated highly across multiple databases. Even though the number of such programs may be small, investments made in such interventions should pay off in improved outcomes.



Blueprints Fact Sheet including Each Certified Intervention has a Fact Sheet including

- Name and Description
- Developmental/Behavioral Outcomes
- Risk/Protective Factors Targeted
- Risk/Protective Factors Impacted
- Contact Information/Program Support
- Target Population
- Program Rating and Effect Size
- Operating Domain: Individual, Family, School, Community

- Logic/Theory Model
- Program Costs: Unit Costs, Start-Up, Implementation, Fidelity Monitoring, **Budget Tool**
- Cost Benefit/Return On Investment (When Available): Net Unit Cost-Benefit, Benefits
- Funding Overview, Financing Strategies
- Program Materials
- References



Blueprints Certification Process





Blueprints | Role of Blueprints in this process

10 Programs

1996

1569 Reviewed

103 Certified

6 Model Plus Programs

12 Model Programs

85 Promising Programs

June 2022



Blueprints | Role of Blueprints in this process

Recommended to communities to go to scale

Very Strong Research Evidence Sustained effect Ready to go to scale

Strong Research Evidence Sustained effect Ready to go to scale

Moderate Research Evidence Suggested for further testing

1577 Reviewed 100 Certified

6 Model Plus Programs 12 Model Programs

82 Promising Programs

1996

Model



Replication: A minimum of two high-quality evaluations.

Long-term follow-up: Positive effects sustained for a minimum of 12 months after the program ends.

Ready for scale-up in communities, districts, states, etc.

Model Plus



• Independent Replication: In at least one high-quality study demonstrating desired outcomes, authorship, data collection, and analysis has been conducted by a researcher who is neither a current or past member of the program developer's research team and who has no financial interest in the program.





https://www.nursefamilypartnership.org/

A home visitation program for first time mothers. NFP nurses initiate home visitations with pregnant women who are predisposed to infant health and developmental problems. Visitations begin in the second trimester, lasting 60-90 minutes every other week, through the child's second birthday.

- S1 Eckenrode et al. (2010; Olds et al., 1986a, 1986b, 1994, 1997, 1998) began in 1978 in the rural Appalachian region of New York State. Children displayed improved emotional and cognitive development in early childhood, experienced fewer instances of child abuse and neglect through age 15 and had fewer arrests and convictions through age 19.
- S2 Olds et al. (2002, 2004), Denver, CO. Children displayed improved emotional coping and reduced likelihood of developmental delays in early childhood through age 4.
- S3 Kitzman et al. (1997, 2010); Olds et al. (2004, 2007, 2010, 2014), Memphis, TN. Mothers had better mental, physical, and more economically stable households for six years after birth. Program benefits for children of higher test scores and fewer behavior problems extended to age six.

Benefits & Costs

Washington State Institute for Public Policy

HOME PUBLICATIONS BENEFIT-COST CURRENT PROJECTS ALL ▼ Q Search



Nurse Family Partnership

Public Health & Prevention: Home- or Family-based

Benefit-cost methods last updated December 2019. Literature review updated March 2018.



The Nurse Family Partnership program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth. The program is designed to serve low-income, at-risk pregnant women expecting their first child. The goal is to promote the child's development and provide support and instructive parenting skills to parents. Among programs included in the meta-analysis, participants received 25–35 home visits on average, spread over approximately two years.

ALL BENEFIT-COST META-ANALYSIS CITATIONS

Benefit-Cost Summary Statistics Per Participant							
Benefits to:							
Taxpayers	\$4,228	Benefits minus costs	\$4,556				
Participants	\$10,578	Benefit to cost ratio	\$1.37				
Others	\$877	Chance the program will produce					
Indirect	\$1,310	benefits greater than the costs	64 %				
Total benefits	\$16,993						
Net program cost	(\$12,437)						
Benefits minus cost	\$4,556						







https://familytransitions-ptw.com/new-beginnings-program/

Ten session, group-based program that helps both mothers and fathers help their children adjust following divorce or separation.

- S1 Wolchik et al. (2000, 2002): Internalizing and externalizing behaviors reduced (posttest, 6-mo, 6-yr follow-up).
- S2 Wolchik et al. (1993): Reduced aggression at post-test.

Benefits & Costs

Washington State Institute for Public Policy

HOME PUBLICATIONS BENEFIT-COST CURRENT PROJECTS ALL ▼ Q Search



New Beginnings for children of divorce

Public Health & Prevention: Home- or Family-based

Benefit-cost methods last updated December 2019. Literature review updated July 2018.



The New Beginnings program aims to prevent adjustment problems for children whose parents have recently divorced. Parents attend group sessions in an outpatient setting to learn about problem-solving, discipline strategies, and other topics. Some programs also provide individual parent sessions, or both individual parent sessions and group therapy sessions for children. Programs served families with children who were nine-years-old, on average. Weekly group sessions were provided for 10 or 11 weeks. On average, families received 17 hours of therapist time.

ALL BENEFIT-COST META-ANALYSIS CITATIONS

Benefit-Cost Summary Statistics Per Participant							
Benefits to:							
Taxpayers Participants	\$67 (\$884)	Benefits minus costs Benefit to cost ratio	(\$867) (\$0.14)				
Others Indirect	\$888 (\$176)	Chance the program will produce benefits greater than the costs	49 %				
Total benefits	(\$105)						
Net program cost	(\$762)						
Benefits minus cost	(\$867)						



- Teaches effective family management skills in order to reduce antisocial and problematic behavior in children (ranging from 3-16 years old).
- Delivered in group- and individualformats, in diverse settings (e.g., clinics, homes, schools, community centers, homeless shelters), and over varied lengths depending on families' needs.





Helping Families Around the World

program designed to help parents strengthen families at all levels. Based on more than 50 years of ongoing research, it promotes social skills and prevents, reduces and reverses the development of moderate to severe conduct problems in children and youth. Since the first implementation in Norway in 1999, GenerationPMTO has been shared with more than 50,000 families from all socioeconomic backgrounds, cultures, and family types throughout the world (see more about GenerationPMTO's history.) This has resulted in a wide variety of rich and nuanced experiences with diverse families including numerous social, cultural, economic, religious, and other identities. Several hundred trained professionals to teach GenerationPMTO techniques to parents in the U.S.— in New York, Missouri, Michigan, Minnesota, Kansas, Oregon, and Utah—and internationally in Norway, Iceland, the Netherlands, Denmark, Canada, Mexico, and Uganda. Intervention has been provided to individual families, in parent groups, and through telehealth delivery and has been adapted for child welfare and other populations with trauma issues. Learn more about GenerationPMTO implementation sites and projects



The GenerationPMTO curriculum translates over 40 years of research for this evidence-based program into accessible and relevant skills for parents.

https://www.generationpmto.org/

- S1 Forgatch & DeGarmo (1999), mid-size city in NW. Reduced the 9-year average and rate of growth in teacher-reported delinquency; reduction in average levels of deviant peer associations from baseline to 8 years.
- S2 Bjørknes & Manger (2012); Bjørknes et al. (2012), Norway. At posttest, improved positive parenting practices and child conduct problems.
- S3 Sigmarsdóttir et al. (2014), Iceland. At posttest, reduction in child adjustment problems (i.e., behavior problems, social skills, and depressive symptoms).

Benefits & Costs

Washington State Institute for Public Policy

HOME PUBLICATIONS BENEFIT-COST CURRENT PROJECTS ALL ▼ Q Search



Parent Management Training—Oregon Model (treatment population)



Children's Mental Health: Disruptive Behavior

Benefit-cost methods last updated December 2019. Literature review updated March 2018.

Parent Management Training—Oregon Model (PMTO) is a behavioral parent training program for families of children with disruptive behavior problems. PMTO focuses on teaching parents to apply five parenting practices: skill encouragement, appropriate discipline, monitoring, problem solving, and positive involvement. This review includes evaluations of PMTO in both individual and group modalities for parents of children diagnosed with, or meeting a clinical threshold for, disruptive behavior disorder. Parents in these studies typically received an average of 27 therapy hours over three to six months; one study evaluated a brief primary care version of PMTO, with an average of 5.5 therapy hours over one month.

ALL BENEFIT-COST META-ANALYSIS CITATIONS

Benefit-Cost Summary Statistics Per Participant Benefits to: Taxpayers \$1,109 Benefits minus costs \$1,123 **Participants** \$640 Benefit to cost ratio \$1.83 \$961 Chance the program will produce Others benefits greater than the costs Indirect (\$235)69 % \$2,475 Total benefits (\$1,352)Net program cost Benefits minus cost \$1,123





https://www.weareparentcorps.org/

A multi-level intervention designed for pre-kindergarten children living in low-income neighborhoods to create safe, nurturing and predictable environments at home and in the classroom and improve relationships and communication between parents and teachers.

- S1 Brotman et al. (2011), NYC. At posttest, fewer teacher-reported behavioral problems and parents displayed more effective parenting practices.
- S2 Brotman et al. (2013, 2016) and Dawson-McClure et al. (2015), NYC. Improved Kinder achievement (posttest), teacher-rated academic performance (posttest and two-year follow-up), and behavioral problems (two-year follow-up). At posttest, parents had higher self- and teacher-rated effective parenting.

Benefits & Costs

Potential return on investment of a family-centered early childhood intervention: a cost-effectiveness analysis

Negin Hajizadeh ¹, Elizabeth R Stevens ², Melanie Applegate ², Keng-Yen Huang ², Dimitra Kamboukos ², R Scott Braithwaite ², Laurie M Brotman ²

Affiliations + expand

PMID: 29017527 PMCID: PMC5635549 DOI: 10.1186/s12889-017-4805-7

Free PMC article

Abstract

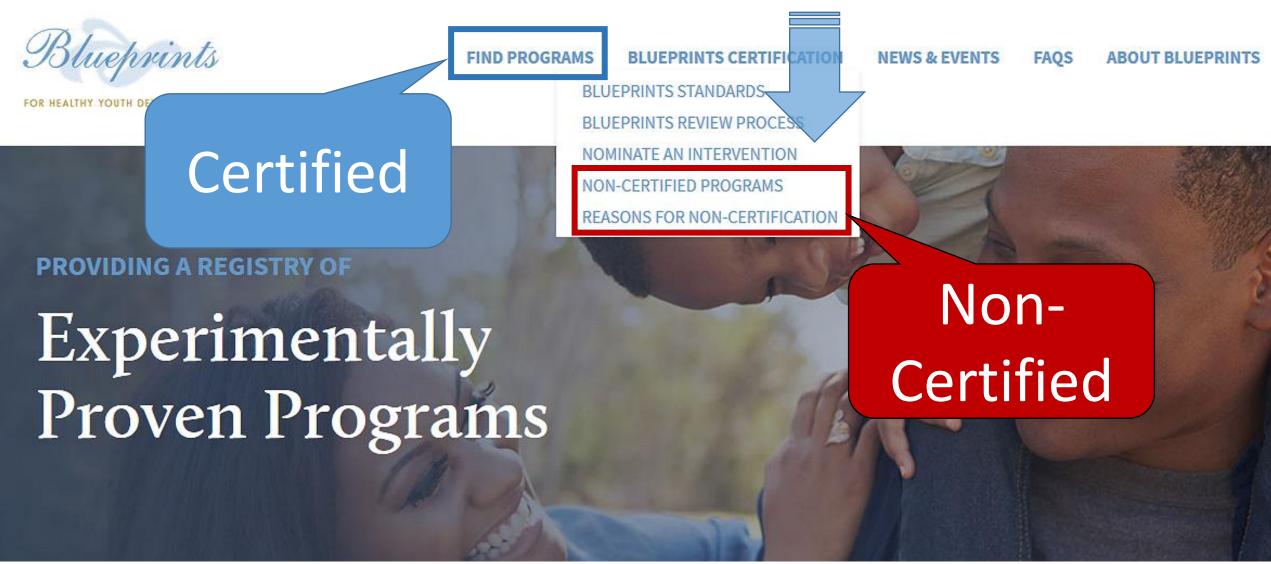
Background: ParentCorps is a family-centered enhancement to pre-kindergarten programming in elementary schools and early education centers. When implemented in high-poverty, urban elementary schools serving primarily Black and Latino children, it has been found to yield benefits in childhood across domains of academic achievement, behavior problems, and obesity. However, its long-term cost-effectiveness is unknown.

Methods: We determined the cost-effectiveness of ParentCorps in high-poverty, urban schools using a Markov Model projecting the long-term impact of ParentCorps compared to standard pre-kindergarten programming. We measured costs and quality adjusted life years (QALYs) resulting from the development of three disease states (i.e., drug abuse, obesity, and diabetes); from the health sequelae of these disease states; from graduation from high school; from interaction with the judiciary system; and opportunity costs of unemployment with a lifetime time horizon. The model was built, and analyses were performed in 2015-2016.



Hajizadeh, N., Stevens, E. R., Applegate, M., Huang, K. Y., Kamboukos, D., Braithwaite, R. S., & Brotman, L. M. (2017). Potential return on investment of a family-centered early childhood intervention: a cost-effectiveness analysis. *BMC public health*, *17*(1), 1-14.

- Measured costs and quality adjusted life years (QALYs).
- ParentCorps was estimated to save \$4,387 per individual and increase each individual's quality adjusted life expectancy by 0.27 QALYs.
- Benefits primarily due to ParentCorps' impact on childhood behavior problems and the subsequent predicted prevention of interaction with the judiciary system and unemployment.



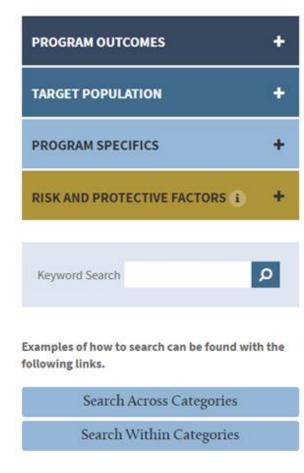
HOWEVER: Certified and Not-Certified Interventions are presented in <u>different parts of our website</u> and <u>not on the same list</u>!





Find Programs

- Go to: https://www.blueprintsprograms.org/program-search/
- Interactive search enables you to identify Blueprintscertified interventions based on specific criteria and then browse through a wide range of interventions that match those criteria.
- Online webinar to navigate the registry:
 https://www.blueprintsprograms.org/blueprints-webinar/

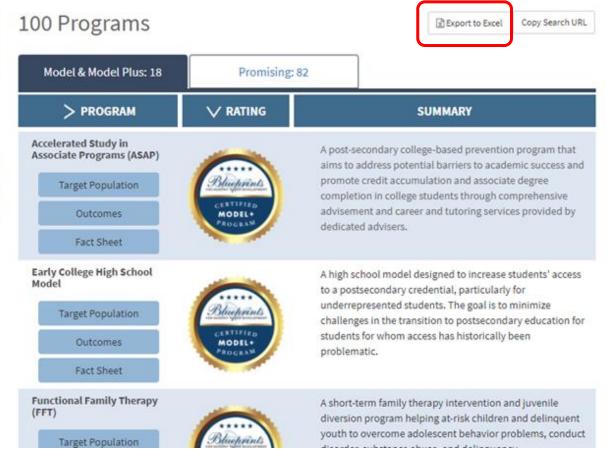


Model/Model Plus (recommended for scale) are listed separately from Promising programs

Program Search

This interactive search enables you to identify Blueprints-certified interventions based on specific criteria and then browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories, or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from Promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy, but require follow-up research before being recommended for large-scale adoption.





Blueprints Follow Blueprints!

 Go to our home page and sign up for our quarterly e-newsletter: https://www.blueprintsprograms.org/

Twitter: @Blueprints4HYD

Facebook: @blueprints4hyd

Instagram: blueprints4hyd

• LinkedIn: https://www.linkedin.com/company/blueprints-for-healthyyouth-development



Thank you!