Locating Effective Early Childhood Programs: 
*Blueprints for Healthy Youth Development*

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Agenda

• 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

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

How do we not waste taxpayer dollars?
Clearinghouse

• “Assess applied research and evaluation studies of programs/interventions according to evidentiary (evidence-based) 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 **evidence-based** decisions.

What makes a program, practice, or policy “evidence-based”?
I’m not evidence-based, I’m evidence informed!

I’m evidence-based!

Ignore her! Look at us!

NO! I am!
Stages 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.
Types of Evidence

Anecdotal Evidence
Evidence from focus groups, surveys, opinions, and experiences

Correlational Evidence
Evidence of reliable relationships between variables

Causal Evidence
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

National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control.
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

National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control.
What is Blueprints for Healthy Youth Development?

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

www.blueprintsprograms.org
### Federal evidence clearinghouses

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<tr>
<th>Clearinghouse</th>
<th>Federal Department</th>
<th>Department Division</th>
<th>Relevant Legislation and Program Grants</th>
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<td>CLEAR</td>
<td>Labor</td>
<td>Chief Evaluation Office</td>
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<td>CrimeSolutions</td>
<td>Justice</td>
<td>Office of Justice Programs</td>
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<td>HomVEE</td>
<td>Health and Human Services</td>
<td>Administration for Children and Families</td>
<td>Maternal, Infant, &amp; Early Childhood Home Visiting</td>
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<td>P2W</td>
<td>Health and Human Services</td>
<td>Administration for Children and Families</td>
<td>Temporary Assistance for Needy Families</td>
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<td>PSC</td>
<td>Health and Human Services</td>
<td>Administration for Children and Families</td>
<td>Family First Prevention Services Act</td>
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<tr>
<td>SPT</td>
<td>Justice</td>
<td>National Gang Center</td>
<td>OJJDP Gang Violence Prevention Programs</td>
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<tr>
<td>WWC</td>
<td>Education</td>
<td>Institute of Education Sciences</td>
<td>Every Student Succeeds Act</td>
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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.
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

1. A report says a program works
2. Report undergoes internal review by Blueprints experts
3. Report sent for external review by Blueprints Advisory Board Members
4. Program Certified
   - Program Excluded (non-certified)
Role of Blueprints in this process

10 Programs

1996

June 2022

1569 Reviewed
103 Certified
  6 Model Plus Programs
  12 Model Programs
  85 Promising Programs
Role of Blueprints in this process

- **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

Recommended to communities to go to scale
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.
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.


Benefits & Costs

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.

<table>
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<tr>
<th>Benefit-Cost Summary Statistics Per Participant</th>
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<td>Benefits to:</td>
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<td>Taxpayers</td>
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<tr>
<td>Participants</td>
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<tr>
<td>Others</td>
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<tr>
<td>Indirect</td>
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<tr>
<td>Total Benefits</td>
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<tr>
<td>Net program cost</td>
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<tr>
<td>Benefits minus costs</td>
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<td>Benefit to cost ratio</td>
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Chance the program will produce benefits greater than the costs 64%
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.
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.

### Benefit-Cost Summary Statistics Per Participant

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<tbody>
<tr>
<td>Taxpayers</td>
<td>$67</td>
<td>($867)</td>
<td>($0.14)</td>
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<tr>
<td>Participants ($884)</td>
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<td></td>
<td></td>
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<tr>
<td>Others ($888)</td>
<td>Indirect ($176)</td>
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<tr>
<td>Total benefits ($105)</td>
<td>Net program cost ($762)</td>
<td>Benefits minus cost ($867)</td>
<td>Chance the program will produce benefits greater than the costs 49.9%</td>
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</table>
• 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 individual-formats, in diverse settings (e.g., clinics, homes, schools, community centers, homeless shelters), and over varied lengths depending on families' needs.

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).
Parent Management Training—Oregon Model (treatment population)
Children's Mental Health: Disruptive Behavior

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.

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<td>Indirect ($235)</td>
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Chance the program will produce benefits greater than the costs 69 %
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

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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.


• 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 different parts of our website and not on the same list!
Find Programs

• Go to: https://www.blueprintsprograms.org/program-search/

• 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.

• Online webinar to navigate the registry: https://www.blueprintsprograms.org/blueprints-webinar/
Model/Model Plus (recommended for scale) are listed separately from Promising programs.
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Thank you!