The Future of Blueprints and Other Prevention Registries: Challenges and Strategies

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Blueprints for Healthy Youth Development

Funded by

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Brief History of Blueprints

- 1996- CO Division of Criminal Justice; PA Commission on Crime and Delinquency; CDC
  - 10 Model Programs
- 1997-Metropolitan Life Foundation
- 1998- OJJDP
- 2010-Annie E. Casey Foundation
- 2016-Laura and John Arnold Foundation
  - 81 Programs: 66 Promising; 13Model; 2 Model+

Looking to the Future: Challenges

- The Limited Use of Registries
- Confusion Over the Term "Evidence-Based"
- Differentiating Between Programs, Practices and Policies and different evidence standards
- Use of Meta Analysis to Certify Effective Programs, Practices and Policies

Limited Use of Registries

Key decision-makers want:

- Info on the full set of available programs
- More info than program impact- e.g., implementation experience, start-up costs, resource needs
- Guidance in selecting programs and planning for implementation
- Info on policies, management decisions and best practices
- Friendly navigation and readily understood ratings

WEBSITE UPGRADES 2018

- BP now rating practices and policies as well as programs
- BP outcomes now include adult as well as juvenile crime interventions
- All programs, practices and policies in the BP database are rated on a continuum of evidence classification.
  - Model+, Model, Promising, Ineffective, Harmful, Inconclusive, Insufficient evidence
- Expanded information available for each EPP on the website to facilitate better Informed decision making

BLUEPRINT DATABASE FACT SHEET

- Program 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

BP Database Fact Sheet

- 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

I'm evidence-based

No! I am

ignore her! look at me!

I'm not evidence-based, I'm evidence-*informed*

Original Meaning of Term Evidence-Based

- Experimental evidence from rigorous trials providing statistically significant positive effects: Evidence of a *causal relationship*
  - Society for Prevention Research (Flay, et al., 2005; Gottfredson et al., 2015
  - American Psychological Association (APA Task Force, 1995)
  - Institute of Medicine (2015)
  - Shadish, Cook & Campbell (2001)
  - All Major Registries of EB Interventions

New Use of Term Evidence-Based

- Refers to a *continuum* of evidence justifying a "Best Evidence" selection policy
- Any level/type of evidence makes an intervention "evidence-based"
- Policy assumes doing something, any level of positive evidence, is better than doing nothing
- Ethical problems *requiring* participation in programs with *unknown effects and no intention or commitment to evaluation*
- Unethical to place in known harmful program

Evidence Continuum	Type of Evidence	Confidence Continuum
	Multiple RCT's	High
Experimentally Proven	RCT Quasi-Experimental (Control Groups)	Moderate
Research Informed	Correlational Study Pre-Post Outcome Survey Post-Test Outcome Survey	Low
Opinion-Informed	Satisfaction Survey Personal Experience Testimonials Anecdote	Very Low

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Options

- Achieve better agreement that label "Evidence-Based" is reserved for programs/practices/policies with experimental evidence
- Drop the term "Evidence-Based" (EBP) and substitute the term "Experimentally Proven" (EPP)" for programs/practices certified as having demonstrated effectiveness

EP Programs, Practices and Policies: Definitions

- **EXPERIMENTALLY PROVEN PROGRAMS: LST, NFP, MST, ETC.**
  - INDIVIDUAL "BRAND NAME" INTERVENTIONS
  - EXPLICIT THEORETICAL RATIONALE & CHANGE MODEL, MANUALS, TRAINING, TA, FIDELITY CHECKLISTS
  - PROVEN EFFECTIVE IN A WELL CONDUCTED EVALUATION(S)
- **EXPERIMENTALLY PROVEN PRACTICES: CBT, FAMILY THERAPY, HOT SPOT POLICING, ETC.**
  - GENERIC STRATEGIES PROVEN EFFECTIVE, ON AVERAGE, IN A SYSTEMATIC REVIEW OF THE EXPERIMENTAL EVALUATIONS OF THE GROUP OF PROGRAMS USING THAT STRATEGY
- **EXPERIMENTALLY PROVEN POLICIES: RESTRICTING ALCOHOL SALES TO MINORS, PER SE LAWS (BAC) ETC.**
  - REGULATIONS OR STATUTES ENACTED TO PREVENT OUTCOMES ACROSS A LARGE POPULATION
  - USUALLY PROVEN EFFECTIVE IN QEDS COMPARING OUTCOMES BEFORE AND AFTER THE POLICY WAS ENACTED

Reliance on Meta-Analysis

- Major Increase in experimental evaluations and need to establish "predominant effect"
- For Practices, no established guidelines for selection of programs within the targeted "strategy" e.g., bullying prevention programs, family-based therapies, improving academic performance
- No consensus on evaluation quality for inclusion: RCTs, QEDs, Non-experimental studies; Internal validity, Measure reliability/validity, type of control.
- Complex Coding and Analysis Issues
- Difficulties Comparing Effect-Sizes

Going Forward

- BP has addressed most of the concerns expressed by key decision-makers
- Drop the term EBP and use EPP for programs certified as effective on What Works Registries
- Review/develop certification standards for practices and policies
- Develop the capability and guidelines for reviewing meta-analysis evaluations
- Develop certification standards of evidence for meta-analyses

THANK YOU

Blueprints for Healthy Youth Development

Program on Problem Behavior and Positive Youth Development

Institute of Behavioral Science

University of Colorado Boulder

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Blueprints

	Evaluation Design	Significant Effect	Sustained Effect	Successful Replication	Research Design Issues
Model Plus	2 Randomized Controlled Trials (RCT), or 1 RCT and 1 QED	Blueprint behavioral outcome $p < .05$	Yes	Independent replication in 1 study	Satisfies all
Model	1 RCT and 1 Replication (RCT or QED)	Blueprint behavioral outcome $p < .05$	Yes	1 RCT or 1 QED	Satisfies all
Promising	1 RCT, or 2 QEDs	Blueprint behavioral outcome $p < .05$	No	No	Satisfies all
Ineffective	1 RCT or 2 QEDs	Blueprint behavioral outcome with Null effects	No	No	Satisfies most
Harmful	1 RCT or 2 QEDs	Blueprint behavioral outcome with significant harmful effects	No	No	Satisfies most
Inconclusive Evidence	RCTs or QEDs	contradictory or weak findings; low quality study	No	No	Methodological problems
Insufficient Evidence	No control group No Evaluation	Design too weak to support findings; or no evaluation	No	No	Non-experimental design

STANDARDS OF EVIDENCE

Evidence-Based	Evidence Continuum	Type of Evidence	Confidence Continuum	Blueprints Program
✔	Experimentally Proven (Ready for Scale)	Independent Replication Multiple Randomized Control Trials	Very High	Model Plus Program
✔	Experimentally Proven (Ready for Scale)	Randomized Control Trials with Replication	High	Model Program
✔	Experimental	Regression Discontinuity Interrupted Time Series Matched Comparison Group	Moderate	Promising Program
	Research Informed	Correlational Study Pre-Post Outcome Survey Post-Test Outcome Survey	Low	
	Opinion Informed	Satisfaction Survey Personal Experience Testimonials Anecdotes	Very Low	