



The EB-Advocate

evidence-based
associates

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Editor's Foreword: *Blueprints 2008*

The generation of fresh undergraduates who jumped into this life's work with enthusiasm in the early 1970s remembers the science that greeted us back then: nothing works in preventing or intervening in juvenile crime. In 1974, Robert Martinson assessed all of the evaluations of rehabilitation programs between 1945 and 1967 and loudly proclaimed that anything we did would have little or no impact on changing kids' delinquent behaviors. He opined: "*With few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism.*"

In a follow-up publication later in the decade, Martinson admitted that he had left out some vital pieces of research which may have shown rehabilitation to be more effective than he had publicly stated; but by then, the die had been cast and the 'nothing works' brand had already swept the nation. There was widespread belief that our roles in working with troubled kids simply provided cover for doing little more than maintenance and supervision. New institutions were built while existing ones were expanded. Most programs of treatment were nothing more than "the flavor of the week," giving way after a while to the next popular fashion to stake a claim in the industry. Individual whims could quickly become public policy.

As a young juvenile probation officer, my idealistic view of changing the world was ground to a halt - replaced by a "tail 'em, nail 'em and jail 'em" mentality. In many cases, watching the calendar until someone turned 18 without further arrests was the science of success. No point in trying anything different. After all, nothing worked.

With experience and hindsight comes wisdom and insight, we hope. Today, I often find myself thinking about specific kids, their families and what influenced them back then. In retrospect, I have a pretty good hunch about which kids and families would have benefited from careful, trained professionals in Multisystemic Therapy or Functional Family Therapy; youth who would have excelled with a Multidimensional Treatment Foster Care professional family; or the number of families who may never have been in my office had their mothers been visited by a nurse from Nurse-Family Partnership earlier in their lives.

We owe a great deal to science and to those who have persevered over time. Notwithstanding the early misdirection by folks like Robert Martinson, today we can say with certainty that, in fact, 'much works.' But this is not just about the science. Putting it all together also requires the political courage of leaders on the ground, willing to make investments today for programs that will not always reap the benefits during their watch. It needs the support from people on the ground; practitioners pushing for the programs and resources to better serve children. It's been gratifying to watch science, policy and practice converging in unison around the common goal of evidence-based programs.

This special Blueprints issue of *EB-Advocate* offers insights and perspectives from some of the giants in the industry. I want to thank and express gratitude to David Olds, Mark Greenberg, David Hawkins, Steve Aos and Donna Gority for their contributions to this special edition of the newsletter.

Finally, our collective appreciation goes to Del Elliott and his colleagues at the Center for the Study and Prevention of Violence at the University of Colorado for coining a new brand now sweeping the country: *Blueprints*.



Clay Yeager has served the interests of at-risk children for 34 years in the public, private and nonprofit sectors. Mr. Yeager was the first recipient of the 'Visionary of Pennsylvania Award' for his role as one of the principal architects of the Commonwealth's far-reaching and coordinated evidence-based prevention strategies

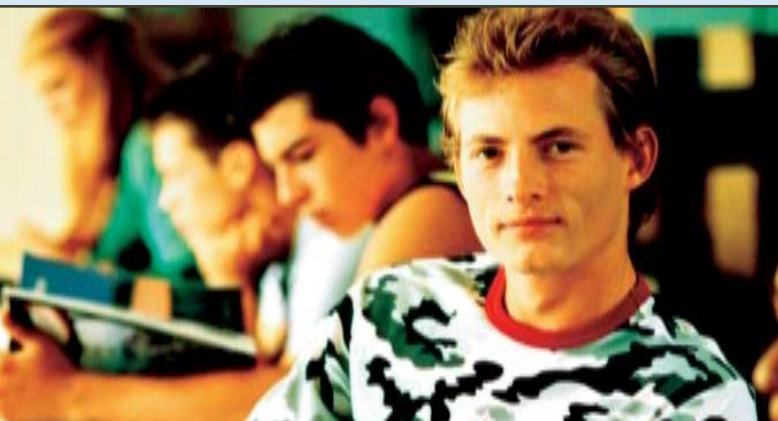
- recognized as one of the most comprehensive in the nation. Mr. Yeager has spoken to groups and organizations across the country on the importance of utilizing prevention programs that work on behalf of children. He currently manages his own consulting firm, promoting the healthy development of children by establishing partnerships between the public, private and nonprofit systems. He is a Pennsylvania-based consultant to Evidence-Based Associates and will be one of the keynote speakers at the Blueprints Conference.

"All life is an experiment. The more experiments you make the better."

— Ralph Waldo Emerson

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Evidence-Based Associates is pleased to provide this special issue of the EB-Advocate exclusively for the 2008 Blueprints Conference. The EB-Advocate is published quarterly by Evidence-Based Associates. Requests to be added to the mailing list can be made on our website at www.evidencebasedassociates.com.

In the Spotlight: *Blueprints for Violence Prevention*

In 1996, the Center for the Study and Prevention of Violence (CSPV), at the University of Colorado at Boulder, with funding from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and the Pennsylvania Commission on Crime and Delinquency, designed and launched a national violence prevention initiative to identify violence prevention programs that are effective. The project, called Blueprints for Violence Prevention, has identified 11 prevention and intervention programs that meet a strict scientific standard of program effectiveness. Program effectiveness is based upon an initial review by CSPV and a final review and recommendation from a distinguished Advisory Board, comprised of seven experts in the field of violence prevention. The 11 model programs, called Blueprints, have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Another 17 programs have been identified as promising programs. To date, more than 700 programs have been reviewed, and the Center continues to look for programs which meet the selection criteria.

Soon after the initiation of Blueprints, the Office of Juvenile Justice and Delinquency Prevention became an active supporter of the project and provided funding to CSPV to sponsor program replications in sites across the United States. As a result, Blueprints has evolved into a large-scale prevention initiative, both identifying model programs and providing training and technical assistance to help sites choose and implement a set of demonstrated effective programs with a high degree of integrity.

While the designers of each program provide training and consultation to sites, CSPV monitors the quality of replication by conducting a detailed and comprehensive process evaluation at each site. Little is known about the implementation problems that cause many programs to fail. A CSPV objective is to build this body of knowledge about implementation by accumulating data on the Blueprints replication sites regarding problems encountered, attempted solutions, which worked or didn't work and why. We also collect useful data for screening potential replication sites such as organizational capacity needed, funding stability, commitment, resources, etc., required for a high probability of success.

Overall, the Blueprints Initiative sets a gold standard for implementing exemplary, research-based violence and drug programs and for implementing these programs with fidelity to the models. The work that is being conducted will help to bridge the gap between knowledge (research) and practice and inform the users of programs of the barriers that must be overcome in order to achieve maximum success.



BLUEPRINTS FOR VIOLENCE PREVENTION

Center for the Study and Prevention of Violence

Institute of Behavioral Science

University of Colorado at Boulder

1877 Broadway, Suite 601

Boulder, CO 80302

(303) 492-1032

Fax: (303) 443-3297

E-mail: blueprints@colorado.edu

Website: <http://www.colorado.edu/cspv/blueprints/>

Blueprints for Violence Prevention: *Model Programs*

Program	Results
Big Brothers Big Sisters of America www.bbbs.org • (215) 567-7000	46% are less likely to try drugs, drink or become physical; and more likely to do well in school.
Functional Family Therapy www.fftinc.com • (206) 369-5894	Shown to help keep delinquent or violent adolescents from entering the adult criminal system.
Incredible Years Series www.incredibleyears.com • (888) 506-3562	Problems at home and school were reduced by teaching parents praise and limit-setting skills, rather than harsh discipline.
LifeSkills Training www.lifeskillstraining.com • (800) 293-4969	50 to 75% decrease in tobacco and marijuana use. Six years after intervention, poly-drug use was cut up to 66%.
Midwestern Prevention Project (323) 865-0330	40% decrease in cigarette and marijuana use from middle school through high school.
Multidimensional Treatment Foster Care www.mtfc.com • (541) 343-2388	Youth with chronic disruptive behavior spent 60% fewer days in jail; also less drug use.
Multisystemic Therapy www.mstservices.com • (843) 856-8226	25 to 70% reduction in the rearrest rate with improvements in family functioning and juveniles' mental-health problems.
Nurse-Family Partnership www.nursefamilypartnership.org (866) 864-5226	56% are less likely to be arrested and mothers were far less likely to engage in abuse or drugs.
Olweus Bullying Prevention Program www.clemson.edu/olweus • (864) 710-4562	Bullying, victimization and antisocial behavior, including truancy, were substantially reduced. The social climate of class improved.
Project Towards No Drug Abuse http://tnd.usc.edu • (800) 400-8461	Shown to significantly cut use of cigarettes, marijuana, hard drugs and alcohol.
Promoting Alternative Thinking Strategies www.prevention.psu.edu/projects/PATHS.html (626) 457-6635	Self-control and the ability to tolerate frustration were improved, and there were fewer conduct problems, including aggression.

Source: Center for the Study and Prevention of Violence, University of Colorado

The Blueprints Promising Programs are:

- Athletes Training and Learning to Avoid Steroids
- Behavioral Monitoring and Reinforcement Program
- Brief Alcohol Screening and Intervention of College Students
- Brief Strategic Family Therapy
- CASASTART
- FAST Track
- Good Behavior Game
- Guiding Good Choices
- I Can Problem Solve
- Linking the Interests of Families and Teachers
- Perry School Project
- Preventative Treatment Program
- Project ALERT
- Project Northland
- Seattle Social Development Project
- Strengthening Families Program For Parents and Youth 10-14
- Strong African American Families

Improving Public Health: A 30-Year Journey

by David Olds, Ph.D.

One of the great advances in social sciences in the past decade has been the development of evidence-based interventions that have met rigorous scientific standards. Interventions examined in high quality randomized controlled trials that produce effects of public health importance in replicated studies warrant particular consideration from policy makers and practitioners. The Blueprints for Violence Prevention initiative deserves considerable credit for promoting interventions that meet these standards.



Having solid evidence that an intervention can produce its intended effects, however, does not mean that investments in such interventions will translate directly into improving public health. In order to produce public health impacts, evidence-based interventions need to be delivered with essential fidelity to the model tested in the original trials and need to reach significant portions of their target populations. This requires significant investment in building infrastructure for effective program implementation and ongoing research into improving program implementation as well as the basic program model.

For the past 30 years, our team has been involved in developing, testing, and replicating a program of prenatal and infancy home visiting by nurses known as Nurse-Family Partnership. In replicated randomized controlled trials, the program has produced important

impacts on women's prenatal health, children's injuries early in life, and women's own life-course, including the rates and timing of subsequent pregnancies. In our first trial, the program reduced the rates of state-verified child abuse and neglect and children's involvement with the criminal justice system.

In the past 10 years, there has been growing interest in developing the program outside of research settings. This has led our team to consider what it would take to develop the program well in community settings and to make sure that the program is improved in ways that are consistent with its evidence-based roots.

Today, Nurse-Family Partnership is being replicated throughout the United States through a nonprofit organization known as the Nurse-Family Partnership National Service Office (www.nursefamilypartnership.org). The National Service Office is organized around three fundamental functions: 1) nurse professional development to support effective delivery of the program; 2) organizational support to increase the likelihood that the program will be developed well; and 3) improvement of program implementation, including support of a clinical information system that includes detailed information on program implementation and maternal and child outcomes. The National Service Office also supports work to help policy makers and the public understand the Nurse-Family Partnership program and its impacts.

As the capacity for program replication has increased, our team at the University of Colorado has become less involved in the replication of the program and taken on the responsibility for developing the next version of Nurse-Family Partnership, following the same scientific principles that guided development of the original model.



David Olds, Ph.D. is the founder and developer of Nurse-Family Partnership, a Blueprints program. His passion to help young children and families get a better start in life led to research that is ongoing after more than 30 years. He has devoted his career to investigating methods of preventing health and developmental problems in children and parents from low-income families. He

is Professor of Pediatrics, Psychiatry, Preventive Medicine, and Nursing at the University of Colorado Health Sciences Center, where he directs the Prevention Research Center for Family and Child Health. Today, Nurse-Family Partnership is operating in over 270 counties nationally, serving more than 20,000 families annually.

An Interview with Donna Gority: *Blair County Commissioner, Pennsylvania*



Donna Gority has been a County Commissioner in Blair County, Pennsylvania for 24 years and has been instrumental in promoting the use of evidence-based programs at both the county and state levels. She is the Prevention Subcommittee Chair of the Pennsylvania Commission on Crime and Delinquency and has been deeply involved in providing human services and delinquency prevention at home and across the state. Over the past ten years, she has successfully implemented nine Blueprints programs in her county.

EB-Advocate: *How did you first learn about the Blueprints programs?*

Commissioner Gority:

“We are fortunate to live in a state where key leadership around prevention and juvenile justice is synonymous with progressive thinking. Pennsylvania has been on the leading edge of evidence-based approaches for quite a while, beginning with the Communities That Care prevention planning process to help us identify our risk and protective factors and then identify appropriate evidence-based programs to reduce our risks and increase protection. The Pennsylvania Commission on Crime and Delinquency (PCCD) also followed up with funding for these programs. In addition, I’ve made it a priority over the years to get involved with state level committees – to gain knowledge and understanding of what works and what doesn’t and bring that information back to Blair County.”

EB-Advocate: *What was it that really made you want to pursue evidence-based programming in your county?*

Commissioner Gority:

“As a county commissioner, I saw a lot of funding going into various prevention programs with little, or no, evidence that there were any real outcomes. I knew that Blueprints programs were proven effective, so with limited resources, it only makes sense to invest those dollars wisely – in programs that were developed and tested through science and research.”

EB-Advocate: *How has this impacted the families in your county?*

Commissioner Gority:

“We’ve implemented nine out of 11 Blueprints programs and there is one key factor that most have in common – they strengthen families and give parents the knowledge and tools to be better, more effective parents. These programs offer guidance, support, and knowledge to change health habits, attitudes and most importantly, help to develop healthier behaviors in both the adults and children. Implementing Blueprint programs ensures more positive, long-term outcomes.”

EB-Advocate: *How has this impacted the county’s budget?*

Commissioner Gority:

“We are seeing a decline in problem behaviors among youth – and certainly among the program participants. The impact is community-wide.”

EB-Advocate: *Was it difficult to integrate Blueprints programs into existing services?*

Commissioner Gority:

“Again, we were fortunate to have a few things going in our favor that helped us with our evidence-based approach... we had a terrific children and youth director who was also a pediatric nurse. My own long-standing involvement as a county commissioner provided a better understanding of what was going on at the state level and the opportunities that were available. We have a very committed group of community leaders who serve on the Communities That Care board, so we have good “buy-in” at the community level. We also have good

working relationships with our local service providers who have worked with us to bring about strong implementation of Functional Family Therapy and Multisystemic Therapy, Nurse-Family Partnership and Multidimensional Treatment Foster Care. We are very pleased to have countywide implementation of these programs. The final piece that completed the puzzle was support and funding from PCCD.”

EB-Advocate: *In your opinion, what are the biggest challenges in getting evidence-based programs implemented in communities?*

Commissioner Gority:

“The biggest obstacle is usually human nature. People don’t like change and there is a certain comfort in continuing to do things the same way they’ve always been done. Learning something new, trying new things is both time consuming and uncomfortable. Plus, they’ve often made significant investments (*both financially and emotionally*) in programs that might have received local attention. They might not have any evidence that they work, but they sure sounded good at the media conference. There is also the perception of costliness. People think they are saving money by taking a cheaper route and what they end up getting for their money is very little long-term positive impact. Lastly, there are still many people in decision-making capacities that are unaware of the science, research, outcomes and/or available funding opportunities.”

EB-Advocate: *What, in your opinion, are the greatest tangible outcomes from your methodical application of Blueprints programs?*

Commissioner Gority:

1. Stronger, healthier families; more confident parents with better parenting skills to provide guidance, monitoring and accountability for their children.
2. We’ve created a safety net to catch kids before they get into deeper trouble and prevent them from becoming permanent fixtures in the adult prison system. It’s a lot less expensive for taxpayers to provide these early, evidence-based interventions

- than to pay for 20 or 30 years of prison costs later.
3. Improved public safety.

EB-Advocate: *Why do you think other political leaders aren’t embracing and implementing these proven programs with the same urgency and importance as you have done in Blair County?*

Commissioner Gority:

“County-level decision-makers need to know a lot about many different topics, from road maintenance, to nursing home care, to economic development, and that’s a difficult task. What we need to realize is that we are spending enormous amounts of public funds on the back end – “after the horse has escaped from the barn.” If even a small portion of those funds were invested on the front end for proven effective, evidence-based programs, our expenses on the back end would be significantly less. Plus, many people are not aware of the many state and federal funding streams that are available to support implementation of these programs – and that list is constantly changing.”

EB-Advocate: *If you could send a message to your peers across the nation about how to achieve the greatest long-term results with youth and families, what would you say?*

Commissioner Gority:

“Take advantage of every opportunity to get involved and learn more about these programs. Find out who supports these efforts in your state. There are usually many more resources available than you think. It’s just a matter of taking the time to connect the dots. The Pennsylvania State University Prevention Research Center has done a lot to advance the knowledge of evidence-based prevention in our state and works cooperatively with state leaders. I know there are many other universities across the country doing similar work.”

“We are seeing a decline in problem behaviors among youth and, certainly, among the program participants. The impact is community-wide.”

– Donna Gority

The Blueprints and Prevention Science: *Progress and Prospects*

by J. David Hawkins, Ph.D.

By the early 1990s, it was clear from controlled trials in schools and communities that some programs for preventing youth substance abuse actually worked (Hawkins Catalano & Miller, 1992). This caused prevention scientists, like Rick Catalano and me, to wonder how such programs could be disseminated to meet the varying needs of diverse communities across the country. We began to develop the Communities That Care system to help communities choose and implement tested and effective policies or programs that affected those most prevalent elevated risks faced by the community's children. In the mid 1990s, the Office of Juvenile Justice and Delinquency Prevention began to provide Communities That Care training nationally to help communities, seeking Title Five delinquency prevention funds, select tested and effective prevention programs to address each community's prioritized risks.

As this work was progressing, Del Elliott, Sharon Mihalic and their colleagues at the University of Colorado recognized another huge need. They reasoned that if scientifically tested policies and programs were to be successfully implemented in new communities beyond the original test sites, these communities would need clear guidelines for implementing the programs completely and with fidelity. Through tenacity and perseverance, Del Elliott first convinced Colorado and Pennsylvania state officials, and then the federal Office of Juvenile Justice and Delinquency Prevention, to support the development of Blueprints for Violence Prevention's little blue books that explained precisely how to implement those prevention and early intervention programs shown in replicated, controlled trials to prevent violence or drug abuse. Elliott and Mihalic (2004) went on to demonstrate that with training and technical assistance in following the Blueprints guidelines, eight of nine of the originally designated Blueprints programs could be implemented with fidelity in far flung communities across the United States.

Prevention science has demonstrated that many health and behavioral problems in young people can be effectively prevented, and economists have found that effective prevention can have large monetary benefits over costs (Aos et al., 2004). Increasingly, federal, state and local governments, focused on reducing health and behavior problems among young people, are looking for tested and effective policies and programs that can achieve those outcomes. Today, the Blueprints criteria for model violence and substance abuse prevention programs have become the gold standard for identifying effective programs,

and the Blueprints Model Programs list provides the most empirically supported list of tested and effective prevention programs available in the United States. Currently, tested and effective Blueprints programs like Nurse-Family Partnership, LifeSkills Training, Multisystemic Therapy, and Functional Family Therapy are being implemented with fidelity in communities across the United States.

Challenges remain... Resources are required to install and sustain tested and effective programs with fidelity in communities. Implementation fidelity, monitoring, and outcome reporting are essential elements of successfully installed programs, but these are relatively new activities, often viewed as too time consuming or costly by program implementers. Achieving strong federal, state, and ultimately, community support for high fidelity installation and maintenance of tested and effective prevention programs remains an important goal. The most recent findings from the randomized trial of Communities That Care underscore this point. They show that when communities target elevated risk with tested programs that are implemented with fidelity, significant community-level reductions in targeted risks and in delinquency initiation rates can be achieved (Hawkins et al., in press).

Aos, S., Leib, R., Mayfield, J., Miller, M., & Pennucci, A. (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Washington State Institute for Public Policy, <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

Elliott, D. S. and S. Mihalic (2004). *Issues in disseminating and replicating effective prevention programs*. *Prevention Science* 5 (1): 47-53.

Hawkins, J. D., Brown, E. C., Oesterle, S., Arthur, M. W., Abbott, R. D., & Catalano, R. F. (in press). *Early effects of Communities That Care on targeted risks and initiation of delinquent behavior and substance use*. *Journal of Adolescent Health*.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). *Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention*. *Psychological Bulletin*, 112(1), 64-105.



J. David Hawkins, Ph.D. is the Endowed Professor of Prevention and Founding Director of the Social Development Research Group, School of Social Work, University of Washington, Seattle. His research focuses on understanding and preventing child and adolescent health and behavior problems. He is a past President of the Society for Prevention Research, and has served as a member of the National Institute on Drug Abuse's Epidemiology, Prevention and Services Research Review Committee, the Office for Substance Abuse Prevention's National Advisory Committee, the National Institutes of Health's Study Section for Community Prevention and Control, the Department of Education's Safe, Disciplined, Drug-Free Schools Expert Panel, and the Washington State Governor's Substance Abuse Prevention Committee. He is also a member of the Editorial Board of Prevention Science.

Pennsylvania: A Model for the Community Use of Evidence-Based Programs

by Mark Greenberg, Ph.D.

Youth violence, delinquency, and substance abuse are problems that continue to challenge many communities across the United States. For over a decade, Pennsylvania has been a national leader in confronting youth problem behaviors in a progressive and proactive fashion, investing heavily in supporting local community prevention coalitions and the use of proven-effective models for preventing youth violence and aggression, delinquency and youth substance abuse. Since 1998, the Pennsylvania Commission on Crime and Delinquency (PCCD) has invested over \$60 million in implementing more than 140 evidence-based prevention programs (EBPs) in more than 100 Pennsylvania communities. Community priorities are guided by local data based on the Communities That Care public health model of reducing known risk factors associated with violence and delinquency and promoting positive youth development.

In cooperation with PCCD, the Pennsylvania State University Prevention Research Center has just released a report, "Reducing Youth Violence and Delinquency in Pennsylvania: PCCD's Research-Based Programs Initiative." This report details Pennsylvania's approach to effectively addressing juvenile crime. It presents case studies from across the state of model EBPs and describes the positive outcomes being seen in these communities. For example:

- In Monroe and Fayette Counties, mothers who participated in the Nurse-Family Partnership program had fewer premature births, better pre- and post-natal health, and were more likely to maintain employment.
- In Clearfield and Elk Counties, elementary children engaged in the PATHS program are learning critical social and emotional skills that help them self-regulate their emotions and behavior. The program has significantly increased students' ability to prevent and resolve conflicts and has resulted in meaningful decreases in classroom behavior problems.
- In Dauphin, Lawrence, and Blair Counties, the Multisystemic Therapy program focuses on youth who have already had contact with the juvenile justice system. Hundreds of juvenile offenders have been served by these therapists. Participating youth have shown reductions in drug and alcohol use, physical aggression, rearrest, and the need for residential placement, as well as improvements in school attendance and academic achievement.

These success stories are just a sampling of the positive impacts being seen by communities across the Commonwealth. Not only has Pennsylvania made the commitment to widespread funding of EBPs, but PCCD has further recognized that to fully reap the benefits of this investment, it also needs to provide ongoing training and technical



assistance to these communities to ensure that the programs are implemented with the highest quality and fidelity. In the past two years, PCCD has also added a funding requirement that two years after first implementation, the EBP developer needs to return and certify the quality of implementation in order for funding to continue. The Pennsylvania model is still evolving but it shows that thoughtful planning and long-term investment can lead to sustainable use of EBPs to improve the lives of children, youth, and families.

Although this report provides clear evidence that these evidence-based programs are already having a significant impact on violence, delinquency, and youth substance abuse, the full benefits of Pennsylvania's investment in research-guided prevention will continue to be seen for generations to come.

The full text of this report is available through the Prevention Research Center at: www.prevention.psu.edu. For more information on PCCD's Research-Based Programs Initiative, visit www.pccd.state.pa.us.

- Brian Bumbarger, Director of Policy Research and Outreach at the Prevention Research Center, Pennsylvania State University, contributed to this article.



Mark Greenberg, Ph.D. holds The Bennett Endowed Chair in Prevention Research in Pennsylvania State's College of Health and Human Development and is the Director of the Prevention Research Center for the Promotion of Human Development. Since 1981, Dr. Greenberg has been examining the effectiveness of school-based curricula (*PATHS curriculum*) to improve the social, emotional, and cognitive competence of elementary-aged children. His research has focused on the role of individual, family, and community-level factors in prevention. Dr. Greenberg is the author of more than 170 journal articles and book chapters. He received the Research Scientist Award from the Society for Prevention Research in 2002. Dr. Greenberg will be one of the keynote speakers at the Blueprints Conference.

Necessary and Sufficient: *On the Road to More Effective Use of Taxpayer Dollars*

by Steve Aos

In recent years, decision-makers throughout the United States have expressed interest in adopting “evidence-based” public policies. I work for the Washington state legislature and, in just the last decade, it has passed a number of evidence-based initiatives in a wide range of public policy areas. These include: juvenile justice, adult corrections, K–12 education, child welfare, mental health, substance abuse, public health, and prevention.



Similar to the aims of evidence-based medicine, these efforts seek to improve public systems by implementing programs and policies that have been shown to work. Just as important, there is a desire to use evidence to eliminate or modify programs that fail to produce outcomes. A dollar saved is a dollar earned (roughly).

Despite its intuitive appeal, however, what does it take in the real-world to make the “evidence-based” phrase more than just public policy window dressing? While it may be easy and popular for units of federal, state, and local governments to fly the evidence-based flag, what other actions are needed in order to bring about real cost-efficient changes in key outcomes?

In the academic field of logic, there is the concept of “necessary and sufficient” conditions. For example, if the goal is to have a championship baseball team, it is a necessary condition to have nine players on the field, but the ultimate outcome (winning the World Series) can only be obtained if a number of sufficient conditions are also met, such as having competent baseball players, management, motivation, and luck.

What necessary and sufficient conditions are required for evidence-based public policy to be effective? As a first step, it is necessary for a political body, such as a state legislature or executive agency, to adopt an evidence-based approach to resource allocation. The sufficient conditions, on the other hand, are more complex. What are these conditions? Three come to mind: 1) a sufficient commitment to rigorous standards of evidence, 2) a sufficient focus on economics, and 3) a sufficient number of human champions in the policy and implementation process.

A rigorous adherence to accepted scientific principles of evidence is a central sufficient condition. Without it, there is too strong a temptation to use the phrase “evidence-based” to justify whatever anyone wants to do. New scientific evidence may ultimately unseat old scientific evidence, but adherence to the standards of proof is the vital first sufficient condition.

A second sufficient condition is a focus on economics. This discipline teaches that everything costs something. Free lunches are nowhere to be found. A tough decision about the trade-offs among evidence-based policies requires a common yardstick and economics is a science built on analyzing trade-offs. As a practical matter, a focus on the economic use of taxpayer monies often provides a common language between otherwise opposing political interests.

Finally, a third sufficient condition acknowledges the need for committed humans to apply evidence-based public policies. The process is not a mechanical adherence to data on a spreadsheet. Rather, it requires human-on-human contact to devise, analyze, persuade the adoption of, and successfully implement cost-efficient public policies.

Do all of this and, who knows, maybe a world championship awaits!



Steve Aos is an economist and Assistant Director of the Washington State Institute for Public Policy, an applied research group working for the Washington State legislature. He has 28 years of experience in conducting benefit-cost analyses in a number of public policy areas, as well as in the private sector. His current work focuses on identifying and evaluating the costs and benefits of programs and policies for reducing crime, improving educational outcomes, reducing substance abuse and tobacco use, lowering teen pregnancy, and reducing child abuse and neglect. He is the lead author of the Washington State Institute for Public Policy’s nationally recognized work on the benefits and costs of prevention and early intervention programs for youth. Mr. Aos will be one of the keynote speakers at the Blueprints Conference.

Evidence-Based Associates: *The EB-Advantage*



Helping communities keep their kids at home, in school and out of trouble.

Evidence-Based Associates represents a “family” of evidence-based programs that have been identified as Model Programs by the Blueprints for Violence Prevention at the University of Colorado. The programs currently represented include:

- Functional Family Therapy
- Multidimensional Treatment Foster Care
- Multisystemic Therapy
- Nurse-Family Partnership

Our team of experts provides guidance, support, and technical assistance to help stakeholders and policymakers:

- Assess the needs of youth in their care
- Identify appropriate, evidence-based solutions to address those needs
- Ensure high-quality implementation with strict fidelity to the program models
- Monitor performance standards and ensure that programs achieve successful outcomes

Evidence-based programs deliver positive results when implemented with strict adherence to the original models. By contrast, poor or partial implementation will not deliver results. Evidence-Based Associates is committed to accountability, quality assurance and continuous quality improvement.

Our Value Process



For more information about Evidence-Based Associates services, please contact us at info@evidencebasedassociates.com or visit our website www.evidencebasedassociates.com.

About the Blueprints Conference

The Goal

The goal of the conference is to disseminate science-based information on youth violence, delinquency, and drug prevention programs that are effective. This conference will motivate the prevention field to adopt evidence-based programs and provide support, guidance, and tools by program experts to help practitioners implement these programs successfully in their own communities.



MARCH 17-19, 2008

ADAM'S MARK HOTEL • DENVER, COLORADO

The Purpose

The purpose of bringing evidence-based programs together in one location is to provide a first-class conference that offers continuing education and networking opportunities for model and promising evidence-based prevention and intervention programs for youth and their families. This conference sets a foundation for future collaboration among evidence-based programs.

For more information about the Blueprints Conference, please contact Sharon Mihalic at 303-492-1032 or via e-mail at sharon.mihalic@colorado.edu or visit the conference website at www.blueprintsconference.com.



505 Belle Hall Parkway, Suite 202
Mount Pleasant, SC 29464

contact: info@evidencebasedassociates.com
www.evidencebasedassociates.com

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