

Fast Track prevention program

Program description:

This is a comprehensive prevention program, delivered over the course of 10 years, that seeks to reduce multiple risk factors in children's lives (e.g., school, family). The program consists of various developmentally appropriate interventions at different ages, with the most intensive intervention taking place at younger ages.

Typical age of primary program participant: 6

Typical age of secondary program participant: N/A

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
			ES	SE	p-value	First time ES is estimated			Second time ES is estimated		
						ES	SE	Age	ES	SE	Age
Crime	P	1	-0.17	0.07	0.52	-0.04	0.07	15	-0.05	0.07	18
Disruptive behavior	P	1	-0.20	0.07	0.15	-0.10	0.07	15	-0.01	0.07	18
Attention deficit hyperactivity disorder symptoms	P	1	-0.15	0.12	0.27	-0.08	0.12	15	-0.01	0.08	18
Hospitalization (general)	P	1	-0.18	0.07	0.19	-0.09	0.07	19	-0.09	0.07	29
Hospitalization (psychiatric)	P	1	0.01	0.17	0.96	0.00	0.17	19	0.00	0.17	24

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.	Program Benefits				Costs	Summary Statistics				
	Partici-pants	Tax-payers	Other	Other Indirect		Total Benefits	Benefit to Cost Ratio	Return on Invest-ment	Benefits Minus Costs	Probability of a positive net present value
	\$157	\$450	\$1,121	\$224	\$1,953	-\$58,747	\$0.03	n/e	-\$56,794	0%

Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to:					Total Benefits
	Partici-pants	Tax-payers	Other	Other Indirect		
Crime	\$0	\$363	\$1,089	\$180		\$1,632
Earnings via high school graduation	\$135	\$50	\$0	\$26		\$211
Earnings via test scores	\$11	\$4	\$0	\$2		\$17
K-12 grade repetition	\$0	\$1	\$0	\$0		\$1
Health care costs for ADHD symptoms	\$3	\$10	\$9	\$5		\$27
Health care costs for disruptive behavior symptoms	\$8	\$23	\$22	\$11		\$64

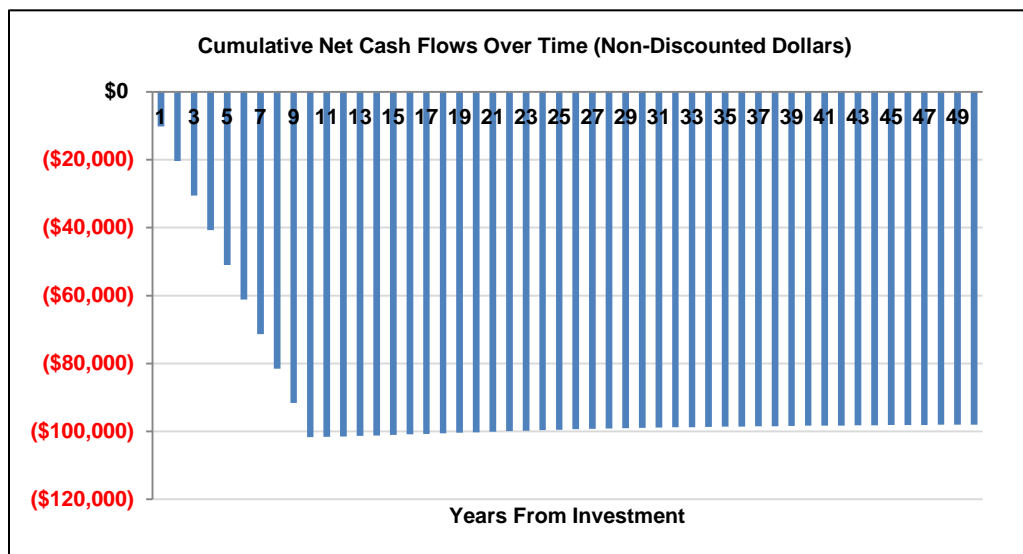
Additional Notes

The analysis of this program included only 1 study; however, we feel confident drawing conclusions from this study because it was methodologically rigorous and included a large sample from which to generalize.

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or - %)
	\$5,828	10	2004	\$0	10	2004	\$58,690	10%

Source: Costs derived from estimate reported in Foster, E.M., Jones, D.E., & the Conduct Problems Prevention Research Group (2006). Can a costly intervention be cost-effective? An analysis of violence prevention. Archives of General Psychiatry, 63(11), 1284-1291.



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., IV, regression discontinuity).	0.75
4- Random assignment, with some RA implementation issues.	0.75
5- Well-done random assignment study.	1.00
Program developer = researcher	0.5
Unusual (not "real world") setting	0.5
Weak measurement used	0.5

Studies Used in the Meta-Analysis

Conduct Problems Prevention Research Group. (2007). Fast track randomized controlled trial to prevent externalizing psychiatric disorders: Findings from grades 3 to 9. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(10), 1250-1262.

Conduct Problems Prevention Research Group. (2010). Fast Track intervention effects on youth arrests and delinquency. *Journal of Experimental Criminology, 6*(2), 131-157.

Conduct Problems Prevention Research Group. (2011). The effects of the Fast Track preventive intervention on the development of conduct disorder across childhood. *Child Development, 82*(1), 331-345.

Jones, D., Godwin, J., Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., . . . Pinderhughes, E. E. (2010). Impact of the fast track prevention program on health services use by conduct-problem youth. *Pediatrics, 125*(1), e130-e136.