Building Local Capacity to Prevent Prescription and Opiate Drug Abuse Before It Happens

J. David Hawkins Ph.D.
University of Washington
jdh@uw.edu

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thanks to:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Institute of Mental Health
National Institute on Alcohol Abuse and Alcoholism

National Cancer Institute
National Institute on Child Health and Human Development
Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids*, United States, 2000-2014

Deaths per 100,000 population

*Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 US standard population age distribution. Opioids include drugs such as morphine, oxycodone, hydrocodone, heroin, methadone, fentanyl, and tramadol.  

Source: CDC
• There has been a shift in the leading causes of mortality from infectious to non-communicable diseases and conditions.

• Behavioral health problems including drug overdoses contribute to this shift.
# Leading Causes of Mortality 15-24 Year Olds (2011, U.S.)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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</thead>
<tbody>
<tr>
<td>1. Motor Vehicle Crashes</td>
<td>15.9</td>
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<tr>
<td>2. Accidents</td>
<td>11.5</td>
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<tr>
<td>3. Intentional self harm (suicide)</td>
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<td>4. Assault (homicide)</td>
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<td>5. Malignant neoplasms</td>
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<tr>
<td>6. Diseases of heart</td>
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<td>7. Congenital malformations, deformations and abnormalities</td>
<td>1.0</td>
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<td>8. Influenza and pneumonia</td>
<td>0.5</td>
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<td>9. Cerebrovascular diseases</td>
<td>0.4</td>
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<td>10. Pregnancy, childbirth and the puerperium</td>
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<td>--- All other causes (Residual)</td>
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*48.8/100,000 or 72% of all deaths*
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<tr>
<th>Rank</th>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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<td>1</td>
<td>Intentional self harm (suicide)</td>
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<td>Motor Vehicle Crashes</td>
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<td>3</td>
<td>Accidents</td>
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<td>4</td>
<td>Assault (homicide)</td>
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<td>5</td>
<td>Drug-related overdose</td>
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<tr>
<td>6</td>
<td>Alcohol-related overdose and disease</td>
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<td>7</td>
<td>Malignant Neoplasms</td>
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<td>8</td>
<td>Diseases of Heart</td>
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<td>9</td>
<td>Pregnancy, childbirth and the puerperium</td>
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<td>10</td>
<td>Cerebrovascular diseases</td>
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<td></td>
<td>All other causes (Residual)</td>
<td>9.7</td>
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66.8/100,000 or 82.6% of all deaths
Why Focus on Prevention?
(Hacker & Walker, 2013: AJPH)

• 50% to 60% of health outcomes are due to behavioral health problems.

• Only 10% of health outcomes are a result of treatment or medical care.
Drug Abuse Prevention in the 1970’s

• **Strategies:**
  – Information
  – Fear arousal
  – Just say “no”

• **Outcomes:**
  – No decreases in drug use
  – Some programs *increased* drug use (Tobler, 1986)

*Lesson: Untested good ideas can make things worse.*
To Prevent a Problem Before It Happens:

1. Address its Predictors

   Research has Identified Predictors:
   - Risk Factors (including ACEs)
   - Protective Factors

2. Develop Interventions to Target R/P Factors
<table>
<thead>
<tr>
<th>Risk Factors for Health &amp; Behavior Problems</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Dropout</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<tbody>
<tr>
<td>Community</td>
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<td>Availability of Drugs</td>
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<td>Availability of Firearms</td>
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<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<td>Media Portrayals of the Behavior</td>
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<td>Transitions and Mobility</td>
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<td>Low Neighborhood Attachment and Community Disorganization</td>
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<td>Extreme Economic Deprivation</td>
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<td>Family</td>
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<td>Family History of the Problem Behavior</td>
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<td>Family Management Problems</td>
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<td>Family Conflict</td>
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<td>School</td>
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<td>Academic Failure Beginning in Late Elementary School</td>
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<td>Lack of Commitment to School</td>
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<td>Individual/Peer</td>
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<td>Early and Persistent Antisocial Behavior</td>
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<td>Rebelliousness</td>
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<td>Gang Involvement</td>
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<td>Friends Who Engage in the Problem Behavior</td>
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<td>Favorable Attitudes Toward the Problem Behavior</td>
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<td>Early Initiation of the Problem Behavior</td>
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<td>Constitutional Factors</td>
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</table>
Build Protective/nurturing environments and individual strengths

Protective factors predict less substance abuse, crime and violence, even in the presence of risk.
Five Important Elements of Protection

Social Development Strategy

- Opportunities
- Skills
- Recognition

Healthy Behaviors

- Clear Standards
- Bonding
- Individual Characteristics
1. We know the predictors
2. We know what works
Effective Prevention
NRC & IOM (2009)

Controlled trials focused on reducing risk and strengthening protective factors have identified over 60 effective policies and programs proven to prevent behavioral health problems.

- **Effective programs**: www.blueprintsprograms.com


- **Effective prevention saves money**: www.wsipp.wa.gov

Recognition of Evidence-Based Programs
Effective Prevention Programs Examples:

Effective Prevention Policies Examples:

- Prescription Drug Monitoring Program PDMP (Patrick et al., 2016)
- PDMP with “Pill Mill Control” policies (Rutkow et al, 2015)
- Graduated Driver Licensing, Night Driving Restrictions, Social Host Liability,
- Increased Taxes - Alcohol & Tobacco,
- Minimum Legal Drinking Age –Age of Tobacco Possession,
- Tobacco Clean Air Restrictions-Smoking Bans,
- Alcohol &Tobacco Sales Restrictions (outlet density regulations, single cigarette & vending machine prohibitions)
Some programs prevent multiple behavioral health problems

<table>
<thead>
<tr>
<th>Program</th>
<th>Drug use</th>
<th>Delinquency</th>
<th>Violence</th>
<th>School</th>
<th>Risky Sex</th>
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<td>Life Skills Training</td>
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<td>Strong African American Families</td>
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<td>MST (Multisystemic Therapy)</td>
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<td>Good Behavior Game</td>
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</table>
Example: Life Skills Training

- Middle/JHS School
- Year 1: 15 sessions
- Year 2: 10 sessions
- Year 3: 5 sessions
- Interactive methods
- Provider Training
- Technical Assistance
Effectiveness

- 32 published studies
- Randomized Trials
- Short and long-term
- SA and violence
- Diverse populations
- Different providers
- Multiple replications
- $17.25 benefit - $1 cost (WSIPP, 2016)
Strengthening Families 10-14 Program

• Population - Universal
  • All families with children entering adolescence

• Objectives
  – Enhance family protective factors
  – Reduce family-based risk factors for child problem behaviors

• Administration/Program Length
  – 7 weekly two-hour sessions
  – All but one session include one hour for separate parent and child training and one hour for family training

• Parent and Child Involvement
  – Children and parents attend all sessions
Strengthening Families 10-14 Reduced Prescription and Opioid Drug Misuse

In this study, for 100 young adults in general population starting prescription drug abuse, only 35 young adults from a Strengthening Families 10-14 community started.

** p<.01;

Notes: General=Non prescribed use of narcotics or CNS depressants or stimulants.

Benefits versus costs of Strengthening Families 10-14

Return of $5.00 for every $1 invested.
(Washington State Institute for Public Policy, 2016)
Combining School and Family Programs to Prevent Teen Opioid Misuse
Source: NIDA Notes (December 2015)
Combined Life Skills Training and Strengthening Families 10-14

Effects for High-Risk Subsample


Note. PDMO = prescription drug misuse overall; POM = prescription opioid misuse; *P < .05; **P < .01.
PROSPER – Community Prevention System

The Community Team

- PROSPER Community Teams **between 8-10 members including:**
  - Extension-based Team Leader (average 10 hours/week)
  - School-based Co-team Leader (about 1 hour/week)
  - Community volunteers (about 3 hours/month)
    * Local mental health/public health representatives
    * Local substance abuse agency representative
    * Parents
    * Youth
PROSPER - Menu of School and Family Focused Prevention Programs

• Family-focused Programs
  – Guiding Good Choices
  – Strengthening Families Program: For Parents and Youth 10-14

• School-based Programs
  – Life Skills Training
  – Project Alert
  – All Stars
PROSPER Long-term Impact on Young Adult Prescription Drug Misuse

PROSPER vs. control differences are practically significant: For every 100 misusers in non-PROSPER communities, there will be about 20-26 fewer in PROSPER communities.

Note: *p<.05, RRRs=20-26%. Source: Spoth et al., Long-term effects of the PROSPER delivery system for universal prevention: Emerging adult substance misuse and associated risk behavior outcomes. Manuscript under review.
Example: Nurse Family Partnership
David Olds, Ph.D.

- Home visitors are trained public health nurses
- Guideline-driven and family-centered
- Visit from pregnancy through child age 2
- Visit 2-4 times a month: weekly during 1st mo., every other week through pregnancy, weekly for 1st 6 weeks postpartum, & every other week until 2nd birthday
- Caseload of 25 families per full-time nurse
Evidence of NFP Effects: Elmira Follow-Up

Produced reductions of 40% - 60% in...

- Child abuse and neglect
- Arrest rate and convictions of the mothers (for poor, unmarried women)
- Arrest rate of juveniles (for children of poor, unmarried women)
- Problems associated with drug and alcohol abuse by mothers (poor, unmarried women)
- 25% reduction in smoking during pregnancy (poor, unmarried)
- Benefit over cost: $1.61 return on $1 invested (WSIPP, 2016).
Example: Seattle Social Development Project (Raising Healthy Children – RHC)

- Teacher training in classroom instruction and management – Grades 1-6
- Parent training in behavior management and academic support – Grades 1-3, 5-6
- Child social, emotional and cognitive skill development – Grades 1-2
Intervention has specific benefits for children from poverty through age 18:

- More attachment to school
- Fewer held back in school
- Better achievement
- Less school misbehavior
- Less drinking and driving

RHC Changed Risk, Protection and Outcomes

By the end of 2nd grade:
- boys less aggressive
- girls less self-destructive

By the start of 5th grade, those in the full intervention had:
- less initiation of alcohol
- less initiation of delinquency
- better family management
- better family communication
- better family involvement
- higher attachment to family
- higher school rewards
- higher school bonding

By age 18 Youths in the Full Intervention had:
- less heavy alcohol use
- less lifetime violence
- less lifetime sexual activity
- fewer lifetime sex partners
- improved school bonding
- improved school achievement
- reduced school misbehavior

By age 21, broad significant effects were found on positive adult functioning:
- more high school graduates
- more attending college
- more employed
- better emotional and mental health
- fewer with a criminal record
- less drug selling
- less co-morbid diagnosis of substance abuse and mental health disorder

By age 27, significant effects were found on educational and occupational outcomes, mental health and risky sexual activity:
- more above median on SES attainment index
- fewer mental health disorders and symptoms
- fewer lifetime sexually transmitted diseases

Less to the full diagnosis of substance abuse and mental health disorder

Fewer Pregnancies and Births among Teenage Girls

Among Females At age 21

Lifetime Pregnancy

<table>
<thead>
<tr>
<th>Grade</th>
<th>Control</th>
<th>Full</th>
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<tbody>
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<td>1</td>
<td>56%</td>
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Lifetime Birth

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Age 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27
Effects on sexually transmitted infection onset through age 30

Sig. effect on STI
Hazard rate, p < 0.019

Cumulative Onset

Control

Tx

Full Tx

0%
10%
20%
30%
40%
50%
60%
70%

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Age

38.8%
26.2%
RHC Eliminated Racial Disparity in Sexually Transmitted Infections

Sig. Tx X Ethnicity Interaction on STI onset, p < 0.0401

African Am. Control

European Am. Control

African Am. Full Tx

European Am. Full Tx

Age

Cumulative STI Onset
RHC Reduced Racial Disparity in Household Income

Intervention x Race
Age 24: p=.63
Age 27: p=.04

Solid marker notes Con-Full difference w/in race of p<.05

AA F $55,594
AA C $35,288
Return of $4.27 for every $1 invested.
(Washington State Institute for Public Policy, 2016)
All these behavioral health problems of young people have been prevented in controlled trials.

- Anxiety
- Depression
- Autistic Behaviors
- Alcohol, tobacco, other drug misuse
- Risky driving
- Aggressive behavior and conduct problems
- Delinquent behavior
- Violence
- Self-inflicted injury
- Risky sexual behavior
- School dropout
Summary: Advances of Prevention Science

1. Risk and Protection Focus
2. Social Development Strategy
3. Tested and Effective Programs/Policies
“According to the Office of National Drug Control Policy, the most effective way to mitigate the costs associated with illicit drug use is through prevention.”

How much are we investing in prevention compared to treatment and law enforcement?
Federal Drug Control Spending For FY 2008 through 2017

- Prevention spending
- Treatment spending
- Law enforcement, interdiction, and international spending
- Linear (Total spending)

Implications

• Effective Prevention is within our Reach
  – We Must Increase Investment in Prevention Programs and Policies Proven to Work if We Want to Reduce Prescription and Opioid Drug Misuse.

• Leverage Prevention Power
  – Combine Interventions Shown to Prevent Multiple Behavioral Health Problems including Opioid Addiction.
Think, Pair, Share

What did I hear worth remembering?

What do we want to ask or discuss with David?
Despite this progress...

Tested and effective interventions for preventing behavioral health problems are not widely used. We are not investing in prevention!

**In fact...**

When we do invest, prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective. (Ringwalt, Vincus, et al. 2009)
How do we ensure the healthy development of all youth?
Build community capacity to choose and implement effective preventive interventions that address prevalent risks and strengthen protection against behavioral health problems.
The Challenge for Community Prevention:
Different Communities, Different Needs

- Different Norms & Values
- Different levels of risk and protection
- Different youth problem behaviors
- Different resources & capacity
Example: Communities That Care

A system for building local capacity to choose and implement effective preventive interventions that address prevalent risks and strengthen protection against behavioral health problems.
A large trial of Communities That Care produced reductions in drug use and delinquency.

- 33% tobacco
- 32% alcohol
- 25% delinquent behavior
How do CTC communities get these results?
Building Protection into Daily Interactions with Young People

SOCIAL DEVELOPMENT STRATEGY

Opportunities
Skills
Recognition

HEALTHY BEHAVIORS

Clear Standards
Bonding
Individual Characteristics
8th Grade Protection
CTC vs Control

- COMMUNITY
- SCHOOL
- FAMILY
- PEER/INDIVIDUAL

Opportunities for... Rewards for... High neighborhood... Opportunities for... High commitment... Opportunities for... Rewards for... Attachment Rewards for... Prosocial involvement Social skills Belief in moral order

Control
CTC
Communities That Care
Core Elements

- **Uses a public health approach** to prevent youth problem behaviors by addressing risk and protective factors
- **Community owned and operated**: carried out by a coalition of community stakeholders from all sectors
- **Data Driven**: the community makes its decisions using the community’s own data
- **Evidence Based**: adoption and expansion of effective programs & policies
- **Outcome Focused**: measures changes in community levels of adolescent behavior problems; improvements in child & youth well-being
CTC - A Continuous Improvement Process

1. Get Started
2. Get Organized
3. Develop Community Profile
4. Create a Plan
5. Implement & Evaluate

communities that care
How CTC is organized

- Key Leaders
- Community Board
- Executive Committee
- Facilitator/Coordinator
- 6 Workgroups:
  - Workgroups:
    - Risk & Protective Factor Assessment
    - Community Outreach & Public Relations
    - Youth Involvement
    - Resource Assessment & Evaluation
    - Funding
    - Community Board Maintenance

Community

communities that care
CTC solves real problems in each community by giving kids a real voice.
CTC Youth Survey

- Assesses young peoples’ experiences and perspectives.
- Provides valid and reliable measures of risk and protective factors across state, gender, age and racial/ethnic groups. (Arthur et al., 2002; Glaser et al., 2005)
- Identifies levels of risk and protective factors and substance use, crime, violence and depression for state, district, city, school, or neighborhood.
- Provides a foundation for selection of appropriate tested, effective actions.
- Monitors effects of chosen actions by repeating surveys every two years.
Each CTC community selects the right evidence-based programs for its unique needs.
Blueprints for Healthy Youth Development

BLUEPRINTS: YOUR RESOURCE FOR HEALTHY YOUTH DEVELOPMENT PROGRAMS

FIRST TIME HERE? TRY OUR STEP-BY-STEP SEARCH APPROACH

GET STARTED >>

FIND WHAT WORKS

Match your children’s needs to cost-effective programs that meet the highest scientific standard of evidence for promoting youth behavior, education, emotional well-being, health, and positive relationships.

View videos: “Why Use Blueprints” and “How Blueprints Helps.”

We review and rate programs that promote positive youth development.

Find a program that matches your needs with the tools below, or view our entire List of Programs »
Effective Programs Implemented in CTC Trial

School-Based
- All Stars Core
- Life Skills Training (LST)
- Lion’s Quest SFA (LQ-SFA)
- Project Alert
- Olweus Bullying Prevention Program
- Towards No Drug Abuse (TNDA)
- Class Action
- Program Development Evaluation Training

Selective After School
- Participate and Learn Skills (PALS)
- Big Brothers/Big Sisters
- Stay SMART
- Tutoring
- Valued Youth

Family Focused
- Strengthening Families 10-14
- Guiding Good Choices
- Parents Who Care
- Family Matters
- Parenting Wisely
### Numbers exposed to effective programs

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-Based</td>
<td>1432</td>
<td>3886</td>
<td>5165</td>
<td>5705</td>
</tr>
<tr>
<td>After-school*</td>
<td>546</td>
<td>612</td>
<td>589</td>
<td>448</td>
</tr>
<tr>
<td>Family Focused</td>
<td>517</td>
<td>665</td>
<td>476</td>
<td>379</td>
</tr>
</tbody>
</table>

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

*Note: Total eligible population = 10,030.*

(Fagan et al., 2009)
CTC Implementation Fidelity Monitoring System

- Training for all program implementers
- Fidelity “checklists” to rate adherence
- Observations to rate adherence and quality
- Documentation of attendance
- Local monitoring and quality assurance by community coalitions
- External monitoring
CTC Achieves High Implementation Fidelity

Percentage of material taught or core components achieved averaged across all programs and communities

The Test of Communities That Care
2003-2013

24 incorporated towns
~ Matched in pairs within state
~ Randomly assigned to CTC or control condition

Longitudinal panel of 4407 students
~ All 5th graders in public schools
~ Surveyed annually from grade 5
Sustained Effects through High School

In CTC communities:

• 33% had never used alcohol
  (v. 23% control)
• 50% had never smoked cigarettes
  (v. 43% control)
• 42% had never engaged in delinquency
  (v. 33% control)
• 34% had never engaged in violent behavior
  (v. 41% control)
Is the Benefit Worth the Cost?
Communities That Care is Cost-Beneficial – even when effect sizes are reduced by 50%

• For every $1 spent - $4.23 return on investment

• Low risk of negative investment return—likely to get a benefit 99 times out of 100

Washington State Institute for Public Policy, 2013
From CTC to CTC PLUS

Traditional CTC
- Conducted by certified national trainers
- Delivered during 6 full day sessions
- Training new coalition members was difficult
- Refresher training was costly
- No coaching/ta was available

CTC PLUS
- CTC workshops streamed online to make access easy
- Workshops led by a local facilitator trained by UW
- Workshop content available to coalition members online
- Proactive coaching/ta from Center for CTC at UW
Web streamed workshops

- Content provided by experts in brief videos followed by checks for understanding and activities to ensure learning and application
- Workshops divided into 50 modules with facilitator guides
- 3 types of video content (122 total videos):
  1. Big idea
  2. Instructional
  3. Testimonial
Table Talk

What did I hear worth remembering?

What do we want to ask or discuss with David?
Thank you!

J. David Hawkins
jdh@uw.edu

www.communitiesthatcare.net