Using Prevention Science to Create Collective Impact in Communities: Communities That Care (CTC)

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Objectives

- Why should we care about prevention?
- What are the key frameworks guiding prevention efforts?
- How does CTC achieve collective impact?
Global Shift in Causes of Mortality

- Due to the success of concerted worldwide efforts to address infectious disease, there has been a shift in the leading causes of mortality from infectious to non-communicable diseases and conditions.
- Behavioral health problems are implicated in this shift (motor vehicle fatalities, violence, mental health, and risky sex, alcohol, tobacco, and other drugs).
## 10 Leading Causes of Death in 10 to 24 year olds (Patton et al., 2009 Lancet)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Males</th>
<th>% total</th>
<th>Females</th>
<th>% total</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Road traffic accidents</td>
<td>13.9</td>
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<td>6.7</td>
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<tr>
<td>2</td>
<td>Violence</td>
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<td>Self-inflicted injuries</td>
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<td>HIV/AIDS</td>
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<td>5.3</td>
<td>Tuberculosis</td>
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<td>Road traffic accidents</td>
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<tr>
<td>6</td>
<td>Lower respiratory infections</td>
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<td>Fires</td>
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<td>7</td>
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<td>Maternal haemorrhage</td>
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<tr>
<td>8</td>
<td>War</td>
<td>2.8</td>
<td>Abortion</td>
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<tr>
<td>9</td>
<td>Leukaemia</td>
<td>1.9</td>
<td>Drownings</td>
<td>2.5</td>
</tr>
<tr>
<td>10</td>
<td>Meningitis</td>
<td>1.8</td>
<td>Meningitis</td>
<td>2.3</td>
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</table>

**70.1% due to behavior problems**  **57.2 % due to behavior problems**
# Leading Causes of Mortality 15-24 Year Olds (2011, U.S.)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor Vehicle Crashes</td>
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<tr>
<td>2</td>
<td>Accidents</td>
<td>11.5</td>
</tr>
<tr>
<td>3</td>
<td>Intentional self harm (suicide)</td>
<td>10.7</td>
</tr>
<tr>
<td>4</td>
<td>Assault (homicide)</td>
<td>10.3</td>
</tr>
<tr>
<td>5</td>
<td>Malignant neoplasms</td>
<td>3.7</td>
</tr>
<tr>
<td>6</td>
<td>Diseases of heart</td>
<td>2.2</td>
</tr>
<tr>
<td>7</td>
<td>Congenital malformations, deformations and abnormalities</td>
<td>1.0</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
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<tr>
<td>9</td>
<td>Cerebrovascular diseases</td>
<td>0.4</td>
</tr>
<tr>
<td>10</td>
<td>Pregnancy, childbirth and the puerperium</td>
<td>0.4</td>
</tr>
<tr>
<td>---</td>
<td>All other causes (Residual)</td>
<td>11.1</td>
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48.8/100,000 or 72% of all deaths

### Leading Causes of Mortality 15-24 Year Olds, AI/AN (2010, U.S.)

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<tr>
<th>Rank</th>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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</thead>
<tbody>
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<td>1</td>
<td>Intentional self harm (suicide)</td>
<td>20.9</td>
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<td>2</td>
<td>Motor Vehicle Crashes</td>
<td>18.0</td>
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<td>3</td>
<td>Accidents</td>
<td>9.9</td>
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<tr>
<td>4</td>
<td>Assault (homicide)</td>
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<tr>
<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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<tr>
<td>7</td>
<td>Malignant Neoplasms</td>
<td>2.0</td>
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<td>8</td>
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<td>1.9</td>
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<td>10</td>
<td>Cerebrovascular diseases</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>9.7</td>
</tr>
</tbody>
</table>

66.8/100,000 or 82.6% of all deaths
Prevention is Critical for Health and Well-being

- Behavior problems cause harm in adolescence
- Behavior problems established in adolescence cause harm into adulthood
- Preventing these behavior problems during adolescence can reduce mortality and morbidity over the life course
Science Guided Prevention

Prevention interventions should target risk and protective factors for multiple problems

(Coie et al., 1994; Mrazek and Haggerty, 1984; Woolf, 2008; O’Connell, Boat & Warner, 2009)
40 Years of Prevention Science Research Advances

Etiology/Epidemiology of Problem Behaviors
- Identify risk and protective factors that predict multiple problem behaviors and describe their distribution in populations.

Efficacy Trials
- Design and test preventive interventions to interrupt causal processes that lead to youth problems.

O’Connel, Boat & Warner, 2009
# Risk Factors for Adolescent Problems

## Community
- Availability of Drugs
- Availability of Firearms
- Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime
- Media Portrayals
- Transitions and Mobility
- Low Neighborhood Attachment and Community Disorganization
- Extreme Economic Deprivation

## Family
- Family History of the Problem Behavior
- Family Management Problems
- Family Conflict
- Favorable Parental Attitudes and Involvement in the Problem Behavior

## School
- Academic Failure Beginning in Late Elementary School
- Lack of Commitment to School

## Individual/Peer
- Early and Persistent Antisocial Behavior
- Alienation and Rebelliousness
- Friends Who Engage in the Problem Behavior
- Favorable Attitudes Toward the Problem Behavior
- Early Initiation of the Problem Behavior
- Constitutional Factors
Protective Factors Also Affect Multiple Problems

Individual Characteristics
- High Intelligence
- Resilient Temperament
- Competencies and Skills

In each social domain (family, school, peer group and neighborhood)
- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding
- Healthy Beliefs and Clear Standards
Risk and Protective Factors Shaping Child and Adolescent Development

Snowstorm: Extended Exposure to Norms and Models of Problem Behavior without Protection

Snowstorm: Early Developmental Challenges without Protection

Community
Peers
School
Parents

Toumbourou and Catalano, 2005
Illustrates Wide Ranging Tested, Effective Prevention Programs and Policies for Multiple Problems


Worldwide application of the prevention science research base in adolescent health

Adolescent Health Series Article 3

“Failure to invest in the health of the largest generation of adolescents in the world’s history jeopardises earlier investments in maternal and child health, erodes future quality and length of life, and escalates suffering, inequality, and social instability.”
What is an efficacious intervention?

**Evaluation Quality**
- At least one randomized controlled trial OR a quasi-experimental trial without design flaws

**Intervention Specificity**
- Population of focus is clearly defined
- Risk and protective factors that program seeks to change are identifiable

**Impact**
- Impact on adolescent problem behavior
- Absence of any negative effects

**Implementation Tools**
- Training materials are available
- Information on the financial and human resources required
- Benefit-cost information desirable
Wide Ranging Approaches Have Been Found To Be Efficacious

<table>
<thead>
<tr>
<th>Prevention Programs/Policies</th>
<th>Violence</th>
<th>Drug Use</th>
<th>HIV STI</th>
<th>Unintended Pregnancy</th>
<th>Vehicle Crash Risk</th>
<th>Obesity</th>
<th>Mental Health</th>
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</thead>
<tbody>
<tr>
<td>1. Prenatal &amp; Infancy Programs (eg., NFP)</td>
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<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
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<td>2. Early Childhood Education</td>
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<td>3. Parent Training</td>
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<td>4. After-school Recreation</td>
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<td>5. Mentoring with Contingent Reinforcement</td>
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<td>6. Cognitive Behavior Therapy</td>
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<td>7. Classroom Organization, Management and Instructional Strategies</td>
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<td>8. Classroom Curricula</td>
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<th>Obesity</th>
<th>Mental Health</th>
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<tr>
<td>9. Community Based Skills Training/Motivational Interviewing</td>
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<td>10. Cash Transfer for School Fees/Stipend</td>
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<tr>
<td>11. Multicomponent Positive Youth Development</td>
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<tr>
<td>12. Policies (eg., MLDA, Access to Contraceptives)</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>13. Community Mobilization</td>
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<td>14. Medical Intervention</td>
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<td>15. Law Enforcement</td>
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<td>16. Family Planning Clinic</td>
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</table>
Despite this Progress...

- Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be efficacious.

(Ringwalt, Vincus et al., 2009)
The Challenge that Led us to Develop Communities that Care (CTC)

- How can we build prevention infrastructure to increase use of tested and effective prevention policies and programs with fidelity and impact at scale...

while recognizing that communities are different from one another and need to decide locally what policies and programs they use?
How is CTC Different from Other Approaches to Collective Impact?

- CTC focuses on reducing common risk factors for multiple negative outcomes
- CTC builds capacity of coalitions to assesses and prioritizes levels of risk, protection and problems
- CTC builds capacity of coalitions to choose tested, effective prevention approaches that match its priorities
- CTC does not prescribe who leads prevention efforts but allows community choice in leadership
CTC Development

- Concept developed 1987
- First implementation with 25 Washington state communities 1989
- Second with 30 Oregon Communities-1991
- Implementation in most states with OJJDP Title V funding 1994-5
- Implementation in Pennsylvania in most counties over 20 years 1995-present
- International implementation UK, AU, NLD, GER, CYP, SWE, COL
Communities That Care: A Tested and Effective System for Community Wide Prevention Planning

CTC is a *proven* method for building community capacity or infrastructure to prevent underage drinking, tobacco use, and delinquent behavior including violence by promoting use of efficacious prevention programs to address community needs.

- CTC has been tested in a randomized controlled trial involving 12 pairs of matched communities across 7 states from Maine to Washington.
- CTC’s effects have been independently replicated in a statewide quasi-experimental test in Pennsylvania.
The Communities That Care
Building Community Capacity

Get Started

Implement and Evaluate

Create a Plan

Develop a Profile

Get Organized

- Assess and build Community readiness.
- Identification of key individuals, stakeholders, and organizations.
The *Communities That Care*

Building Community Capacity

- **Get Started**
  - Training key leaders and community coalitions in CTC
  - Build the capacity of community coalitions to lead and evaluate efforts.

- **Create a Plan**
- **Get Organized**
- **Develop a Profile**
- **Implement and Evaluate**

Creating Communities That Care
Creating Communities That Care

Get Started

Implement and Evaluate

Create a Plan

Develop a Profile

- Collect risk/protective factor and outcome data.
- Construct a community profile from the data.
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), in Australia (Hemphill et al., 2011) and Netherlands (Oesterle et al., 2012).
- Identifies levels of risk and protective factors and substance use, crime, violence and depression.
- Provides a foundation for selection of appropriate tested, effective actions.
- Monitors effects of chosen actions by repeating surveys every two years.

The CTC Youth Survey is in the public domain
www.communitiesthatcare.net
Why Assess Local Communities?
Communities Vary in Protection & Risks
For Example: Communities Vary in Risk Priorities

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>CTC Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laws and norms favorable to drug use</strong></td>
<td></td>
</tr>
<tr>
<td>Low commitment to school</td>
<td>x</td>
</tr>
<tr>
<td>Academic failure</td>
<td>x x x x</td>
</tr>
<tr>
<td>Family conflict</td>
<td>x x</td>
</tr>
<tr>
<td>Poor family management</td>
<td>x x</td>
</tr>
<tr>
<td>Parental attitudes favorable to problem behavior</td>
<td>x</td>
</tr>
<tr>
<td>Antisocial friends</td>
<td>x x x</td>
</tr>
<tr>
<td>Peer rewards for antisocial behavior</td>
<td>x</td>
</tr>
<tr>
<td>Attitudes favorable to antisocial behavior</td>
<td>x</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>x</td>
</tr>
<tr>
<td>Low perceived risk of drug use</td>
<td>x</td>
</tr>
</tbody>
</table>
The Communities That Care
Building Community Capacity

Get Started

Develop a Profile

Create a Plan

Get Organized

Creating Communities That Care

- Define outcomes.
- Prioritize risk factors to be targeted.
- Select tested, effective interventions.
- Create action plan.
- Develop evaluation plan.
Risk Profile A

Survey Participation Rate 2002: 79.7%

Percent At Risk

Risk Profile A
Community Family School Peer-Individual

Estimated National Value

Survey Participation Rate 2002: 79.7%
## Community A Potential Prevention Responses

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<tr>
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<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>6-14</td>
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<tr>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
<td>Prenatal/Infancy Programs</td>
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<td>☑️</td>
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<td>☑️</td>
<td>all</td>
</tr>
</tbody>
</table>
Efficacious Parent Training
Secondary School

- Guiding Good Choices (Spoth et al., 1998, Mason et al., 2003)
- Staying Connected with Your Teen (Haggerty et al., 2007)
- Parenting Wisely (Kacir and Gordon, 1997)
- Iowa Strengthening Families Program (Spoth et al., 1998)
- Focus on Families (Catalano et al., 1999; 1997; Haggerty et al., 2008)
- Family Matters (Bauman et al., 2001)
The Communities That Care
Building Community Capacity

Get Started

Get Organized

Create a Plan

Develop a Profile

Implement and Evaluate

- Form task forces.
- Identify and train implementers.
- Sustain collaborative relationships.
- Evaluate processes and outcomes for programs annually.
- Evaluate community outcomes every two years.
- Adjust programming.
Communities That Care Process and Timeline

**Process**
- Assess readiness, mobilize the community
- Assess risk, protection and resources
- Develop strategic plan

**Evaluation**
- Implement and evaluate tested, effective prevention strategies
- Increase in priority protective factors
- Decrease in priority risk factors
- Increase in positive youth development
- Reduction in problem behaviors

**Measurable Outcomes**
- 6-9 mos.
- 1 year
- 2-5 yrs.
- 3-10 yrs.
- 10-15 yrs.

Vision for a healthy community
Community Youth Development Study (CYDS): A Test of Communities That Care

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

5-year implementation phase

3-year follow-up post intervention

Longitudinal panel of students
- N=4,407 - population sample of public schools
- Surveyed annually starting in grade 5
Funders & State Collaborators

**Funders**

- 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

**State Collaborators**

- **Colorado** DHS Alcohol & Drug Abuse Division
- **Illinois** DHS Bureau of Substance Abuse Prevention
- **Kansas** Dept. of Social & Rehabilitation Services
- **Maine** DHHS Office of Substance Abuse
- **Oregon** DHS Addictions & Mental Health Division
- **Utah** Division of Substance Use & Mental Health
- **Washington** Division of Behavioral Health & Recovery
Communities That Care Theory of Change

- Adoption of Science-based Approaches
  - Collaboration
    - Community Support
    - Community Norms
      - Social Development Strategy (Skills, Opportunities, Recognition, Bonding)
  - Appropriate Prevention Program Selection and Implementation
    - Decreased Risk and Enhanced Protection
    - Positive Youth Development

- CTC Implementation and Technical Assistance
- System Catalyst
- System Transformation Constructs
- System Outcomes

(Brown et al., 2007; Quinby et al., 2008; Fagan et al., 2008; Kim et al., nd; Hawkins et al., 2008; 2009; 2012)
### Number of CTC Communities Implementing Effective Programs 2004-2008

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<tbody>
<tr>
<td><strong>School-Based</strong></td>
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<tr>
<td>All Stars Core</td>
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<tr>
<td>Life Skills Training (LST)</td>
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<td>4*</td>
<td>5*</td>
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<tr>
<td>Lion’s Quest SFA (LQ-SFA)</td>
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<td>Project Alert</td>
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<td>Olweus Bullying Prevention Program</td>
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<td>2*</td>
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<td>Towards No Drug Abuse (TNDA)</td>
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<td>Class Action</td>
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<tr>
<td>Program Development Evaluation Training</td>
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<tr>
<td><strong>Selective After school</strong></td>
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<tr>
<td>Participate and Learn Skills (PALS)</td>
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<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Big Brothers/Big Sisters</td>
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<td>2</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Stay SMART</td>
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<td>3</td>
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<td>1</td>
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<tr>
<td>Tutoring</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>7</td>
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<tr>
<td>Valued Youth</td>
<td>1</td>
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<td><strong>Family Focused</strong></td>
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<tr>
<td>Strengthening Families 10-14</td>
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<tr>
<td>Guiding Good Choices</td>
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<td>7*</td>
<td>8*</td>
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<tr>
<td>Parents Who Care</td>
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<td>Family Matters</td>
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<tr>
<td>Parenting Wisely</td>
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<td>2</td>
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<tr>
<td><strong>Total number of programs</strong></td>
<td>27</td>
<td>38</td>
<td>37</td>
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</tr>
</tbody>
</table>

*Some funded locally

(Fagan et al., 2009)
What Percent of the Population Must Be Reached to Achieve Collective Impact?  
CTC Results Achieved by Reaching 20-50%

### Number of students or families at least one session

<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>
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<tr>
<td>After-school</td>
<td>546</td>
<td>612</td>
<td>589</td>
<td>448</td>
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<tr>
<td>Parent Training</td>
<td>517</td>
<td>665</td>
<td>476</td>
<td>379</td>
</tr>
</tbody>
</table>

*Note: Total eligible population of 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>-grade students in 2005-06 was 10,031.*

(Fagan et al., 2009)
All Sites Achieve High Fidelity Implementation

- **Local monitoring and action**
  - Community Program Implementation Training
  - CTC coalitions routinely tracked implementation and provided feedback
  - Changes were made as necessary

- **External monitoring/technical assistance**
  - Regular telephone, email, and in-person TA to CTC coordinators and coalitions
  - Semi-annual reports summarized program successes, challenges & potential solutions
## CYDS Timeline & Outcomes

### April '03
Start of Study

### Spring '06
3 years of CTC
2nd year of programs

- **Grade 7**
  - Targeted risk
  - Delinquency (initiation)

### Spring '07
4 years of CTC
3rd year of programs

- **Grade 8**
  - Delinquency (initiation & prevalence)
  - Alcohol (initiation & prevalence)
  - Cigarettes (initiation)
  - Binge drinking (prevalence)
  - Smokeless tobacco (initiation & prevalence)

### Spring '08
Completed Year 5 of RCT \ End of CYDS funding and TA

- **Grade 10**
  - Delinquency (initiation & prevalence)
  - Violence (prevalence)
  - Alcohol (initiation)
  - Cigarettes (initiation & prevalence)

### Spring '09
No CYDS funding or TA for 1 year

- **Grade 12**
  - Delinquency (initiation)
  - Violence (Initiation)
  - Alcohol (initiation)
  - Cigarettes (initiation)

### Spring '11
No CYDS funding or TA for 3 years

How does CTC produce better outcomes?

Communities That Care training increases adoption of science based prevention by key community leaders.

Key leader adoption of a science based approach to prevention is the mechanism by which CTC leads to significant reductions in youth crime and drug use.

(Brown et al. 2013)
Was that benefit worth the cost of CTC?
## Benefit-Cost Analysis Summary: CTC Effects on Cumulative Initiation – Grade 12

### Discounted 2011 dollars

<table>
<thead>
<tr>
<th></th>
<th>1,000 Monte Carlo Simulations</th>
<th>CTC 12th Grade Total</th>
<th>WSIPP Adjustments to Effect Sizes *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Criminal Justice System</td>
<td>$897</td>
<td>$1,729</td>
<td>1,767</td>
</tr>
<tr>
<td>Victimization</td>
<td>0</td>
<td>0</td>
<td>960</td>
</tr>
<tr>
<td>Earnings</td>
<td>598</td>
<td>0</td>
<td>353</td>
</tr>
<tr>
<td>Health Care</td>
<td>0</td>
<td>1,729</td>
<td>0</td>
</tr>
<tr>
<td>Property Loss</td>
<td>299</td>
<td>0</td>
<td>454</td>
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<tr>
<td><strong>Participants</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Taxpayers</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>Other</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Indirect</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>($556)</td>
<td></td>
</tr>
</tbody>
</table>

* WSIPP halves effects when the program developer is involved in the trial – as it was in the CYDS
# Benefit-Cost Analysis Summary: CTC Effects on Cumulative Initiation – Grade 12

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<th>CTC 12\textsuperscript{th} Grade Total</th>
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<td></td>
</tr>
<tr>
<td>Criminal Justice System</td>
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<td>$4,477</td>
<td>$2,305</td>
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<tr>
<td>Victimization</td>
<td>$1,729</td>
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<tr>
<td>Earnings</td>
<td>1,767</td>
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<tr>
<td>Health Care</td>
<td>$83</td>
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<tr>
<td>Property Loss</td>
<td>$1</td>
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<tr>
<td><strong>Participants</strong></td>
<td>0</td>
<td>943</td>
<td>486</td>
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<tr>
<td>Taxpayers</td>
<td>598</td>
<td>1,085</td>
<td>562</td>
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<tr>
<td>Other</td>
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<td>1,629</td>
<td>836</td>
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<tr>
<td>Other Indirect</td>
<td>299</td>
<td>820</td>
<td>421</td>
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<td><strong>Costs</strong></td>
<td>($556)</td>
<td>($556)</td>
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<tr>
<td><strong>Net Present Value (NPV)</strong></td>
<td></td>
<td>$3,920</td>
<td>$1,749</td>
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<tr>
<td><strong>Benefit Cost Ratio</strong></td>
<td>8.22</td>
<td>4.23</td>
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<tr>
<td><strong>Investment Risk:</strong> % trials NPV &gt; $0</td>
<td>100%</td>
<td>99%</td>
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</tbody>
</table>

\* \textit{WSIPP halves effects when the program developer is involved in the trial – as it was in the CYDS}

Participants 0, 0, 960 (17), 1, 943, 486
Taxpayers 598, 0, 353, 133, 0, 1,085, 562
Other 0, 1,729, 0, (100), 0, 1,629, 836
Other Indirect 299, 0, 454, 67, 0, 820, 421

Net Present Value (NPV): $3,920, $1,749
Benefit Cost Ratio: 8.22, 4.23
Investment Risk: % trials NPV > $0 100%, 99%

UNIVERSITY of WASHINGTON
School of Social Work
Other Adaptations of CTC

- eCTC - Webinar based version
- Test of CTC for youth 0-10 to prevent child welfare placement and enhance child wellbeing
- Test of combining CTC processes with system reform for public child serving agencies and schools in high poverty urban centers
- Exploring adaptation in American Indian communities
CTC Builds Local Community Capacity to Use Data to Support and Sustain Impact at Scale

- Builds capacity and provides tools to assess and prioritize local risk, protection and youth outcomes
- Guides choice of evidence based programs matched to these priorities
- Builds capacity to insure program fidelity and engage target population
- Affects risk, protection, substance use, delinquency and violence community wide
- Communities That Care is Cost-Beneficial – even when effect sizes are reduced by 50%
Communities That Care Ltd

A partnership between local communities and the Royal Childrens Hospital (Centre for Adolescent Health, Murdoch Childrens Research Institute), the Rotary Club of Melbourne, Deakin University & the University of Washington
Communities that Care in Australia

www.rch.org.au/ctc
Thank You!

Learn more about CTC and eCTC at:
http://www.communitiesthatcare.net

www.sdrg.org
CTC Discounted Cash Flows Over 50 Years

Discount rate: 3.5%