Applying the Research Base for Prevention Science: Communities That Care

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The Challenge

- 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?
Recommendations to Build Prevention Infrastructure at the Community Level

Use tested, effective prevention operating systems to build community capacity to:

- Build prevention coalitions
- Assess and prioritize risk, protection, and behavior problems
- Match priorities to efficacious preventive interventions
- Support/sustain quality implementation of efficacious preventive interventions to all those targeted
Why Community Coalitions to Prevent Adolescent Problems?

- Risk/protective factors are located in community, family, school, peer and individual
- Risk/protection vary by neighborhood
- Community coalitions representing multiple sectors of influence can coordinate multiple resources and actions
- Multiple sector involvement more likely to reach all children and youth and may have population wide effect

**However, not all approaches are effective**
History of Models for Achieving the Vision of Science Informing Practice—Early Models

- **Scientists know best**
  - Experts inform communities what to do

- **Communities know best**
  - Providing resources to support community coalitions without a structure or process
Ineffective Preventive Community Mobilization Approaches

Providing resources to support community coalitions without a structure or process

Sources of failure (Hallfors et al. 2002; Klerman et al. 2005; Merzel & D'Afflitti, 2003):

- Lack of clearly defined goals based in data, with high-quality data sources to monitor progress;
- Lack of use of tested and effective programs,
- Inattention to monitoring of implementation quality and fidelity;
History of Models for Achieving the Vision of Science Informing Practice—More Recent Models

- **Mutual self interest**
  - collaboratively identifying, generating and testing potential solutions to salient social problems

- **Community capacity building informed by science**
  - Providing the skills and tools to build capacity of communities to become advocates for tested, effective programs to meet their needs
Effective Preventive Community Mobilization Approaches (Fagan et al., 2011)

- **CMCA** - Communities Mobilizing for Change on Alcohol (no effect under age 18) (Wagenaar et al., 2000)
- **CTI** - Community Trials Intervention to reduce high risk drinking (no effect under age 18) (Holder et al., 2000)
- **Project Northland** (Perry et al., 2002)
- **MPP** - Midwest Prevention Project - (Pentz et al., 2006)
- **KI** - Kentucky Incentives for prevention (Collins et al., 2007)
- **PROSPER** - Promoting school–community–university partnerships to enhance resilience (Spoth et al., 2007)
- **CTC** - Communities That Care (Hawkins et al., 2009; 2011; Feinberg et al., 2007)
## Elements of Effective Community Mobilization to Prevent Substance Use

<table>
<thead>
<tr>
<th>Cross-sector Community Mobilizing Program</th>
<th>Assess and Prioritize Risk and Protective Factors</th>
<th>Efficacious school prevention curriculum</th>
<th>Other efficacious preventive programs</th>
<th>Change norms and laws</th>
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</thead>
<tbody>
<tr>
<td>CMCA</td>
<td>Norms, laws, availability</td>
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<tr>
<td>CTI</td>
<td>Norms, laws, availability</td>
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<td>MPP</td>
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<td>PROSPER</td>
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<tr>
<td>CTC</td>
<td>Comprehensive</td>
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</table>
Characteristics of Effective Coalitions with Impact on Youth

- Goals clearly defined, and manageable
- Planning time adequate
- Prioritization based on local data about community levels of risk, protection
- Prevention actions employed have evidence of efficacy from controlled trials
- Prevention actions monitored to ensure implementation quality
Effective Preventive Community Mobilization Approaches

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- **CTC** - Communities That Care (Hawkins et al., 2009; 2011; Feinberg et al., 2007)
Communities That Care: A Tested and Effective System for Community Wide Prevention

CTC is a *proven* method for building community capacity or infrastructure to prevent underage drinking, tobacco use, and delinquent behavior including violence.

- 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 test in Pennsylvania.
Communities That Care Builds Prevention Infrastructure

Develops capacity to:

- Build coalition of diverse stakeholders.
- Assess and prioritize risk, protection, and behavior problems with a student survey.
- Address locally prioritized risks with tested, effective preventive interventions.
- Support/sustain high fidelity implementation of chosen tested, effective preventive interventions with impact at scale.
CTC Effects on Problem Behavior Initiation in a 24 Community Randomized Trial

In a panel of 4407 youth followed from grade 5, by grade 8 youth in CTC communities were:

- 33% * less likely to start Smoking Cigarettes
- 32% * less likely to start Drinking
- 25% * less likely to start engaging in Delinquent Behavior

...than those from control communities

Effects sustained in 10th grade

*Relative Risk Reduction
The **Communities That Care** Operating System

**Get Started**

**Implement and Evaluate**

**Get Organized**

**Create a Plan**

**Develop a Profile**

- Assess in diverse groups - Key community issues:
  - View of prevention, History of collaboration, Use of tested, effective programs
  - Identification of key individuals, stakeholders, and organizations.
<table>
<thead>
<tr>
<th>Phase</th>
<th>Milestones</th>
<th>Training and Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase One: Getting Started</td>
<td>• Organize the community to begin the <strong>Communities That Care</strong>® process.</td>
<td>Strategic Consultation</td>
</tr>
<tr>
<td></td>
<td>• Define the scope of the prevention effort.</td>
<td><strong>Investing in Your Community’s Youth: An Introduction to the Communities That Care</strong>® System</td>
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<td>• Identify community readiness issues.</td>
<td><strong>Tools for Community Leaders: A Guidebook for Getting Started</strong></td>
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<td>• Analyze and address community readiness issues, or develop a plan for addressing them.</td>
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<td></td>
<td>• The community is ready to move to Phase Two: Organizing, Introducing, Involving.</td>
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</tbody>
</table>
The **Communities That Care** Operating System

**Get Started**
- Build the community coalition.
- Train key leaders and prevention board members in CTC
- Educate the community about CTC

**Get Organized**

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

**Create Communities That Care**
<table>
<thead>
<tr>
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<th>Milestones</th>
<th>Training and Technical Assistance</th>
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</thead>
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<td>Involving.</td>
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The *Communities That Care* Operating System

**Get Started**

**Create a Plan**

**Develop a Profile**

**Implement and Evaluate**

- 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)
- 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.

The CTC Youth Survey is in the public domain
www.communitiesthatcare.net
The Communities That Care Operating System

Get Started

Get Organized

Create a Plan

Develop a Profile

Creating Communities That Care

- Prioritize risk and protective factors and outcomes to be targeted.
- Review and match tested, effective interventions to priorities.
- Create action and evaluation plan.
School A Protective Factor Profile

Survey Participation rate 79%
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<td>Constitutional Factors</td>
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<td>prenatal-2</td>
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Tested, Effective Classroom Curricula for Social and Emotional Competence Promotion (Middle and High School)

- The Life Skills Training Program (Botvin et al., 1995; 2001)
- Lions’ Quest Skills for Adolescence (Eisen et al., 2002)
- Alcohol Misuse Prevention (Maggs et al., 1998)
- Toward No Drug Use (Sussman et al. 2003; 2003)
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<td>Family Therapy</td>
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<td>all</td>
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</table>
Parent Training
Middle & High School

- 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)
- Guiding Good Choices® (Spoth et al., 1998, Mason et al., 2003)
- Staying Connected with Your Teen (Haggerty et al., 2007)
The *Communities That Care* Operating System

- 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.

Creating Communities That Care

**Get Started**

**Get Organized**

**Create a Plan**

**Develop a Profile**

**Implement and Evaluate**
Communities That Care Process and Timeline

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

**Evaluation**
- Increase in priority protective factors
- Increase in positive youth development
- Decrease in priority risk factors
- Reduction in problem behaviors

Vision for a healthy community

<table>
<thead>
<tr>
<th>Measurable Outcomes</th>
<th>6-9 mos.</th>
<th>1 year</th>
<th>2-5 yrs.</th>
<th>3-10 yrs.</th>
<th>10-15 yrs.</th>
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<td>Evaluation</td>
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</table>
Community Youth Development Study: A Test of *Communities That Care*

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

5-year implementation

Longitudinal panel of students
~ 4,407 students
~ 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
(Brown et al., 2007)

Collaboration
(Brown et al., 2007)

Appropriate Prevention Program Selection and Implementation

CTC Implementation and Technical Assistance

Community Support

Community Norms
(Kim et al., nd)

Social Development Strategy (Skills, Opportunities, Recognition, Bonding)

Decreased Risk and Enhanced Protection
(Hawkins et al., 2008)

Positive Youth Development
(Hawkins et al., 2009; 2012)

System Catalyst

System Transformation Constructs

System Outcomes

(Quinby et al., 2008; Fagan et al., 2008)
Stages of Adoption by Intervention Status (2001)

Comparing Control Communities and CTC Communities:

- Probability of stages of adoption.
- Stages 0 to 5 are represented on the x-axis.
- The diagram shows the probability distribution for different stages of adoption.
Stages of Adoption by Intervention Status (2007)

Stage of Adoption

Probability

Control Communities
CTC Communities

0.0
0.1
0.2
0.3
0.4
0.5
0.6

0 1 2 3 4 5

Stage of Adoption
Funding Allocation by Intervention Status (2001)

Control Communities:
- Treatment: 27.4%
- Law Enforcement: 31.9%
- Prevention: 40.9%

CTC Communities:
- Treatment: 28.0%
- Law Enforcement: 30.6%
- Prevention: 41.5%
Percentage Funding for Prevention by Intervention Status

Note. Change from 2001 to 2007, \( p < .05 \).
Communities That Care
Theory of Change

Adoption of Science-based Approaches
(Brown et al., 2007)

Collaboration
(Brown et al., 2007)

Appropriate Prevention Program Selection and Implementation

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(Hawkins et al., 2008)

Positive Youth Development
(Hawkins et al., 2009; 2012)

System Catalyst

System Transformation Constructs

System Outcomes

(Quinby et al., 2008; Fagan et al., 2008)
### Tested, Effective Programs Selected in 2004-2007

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>2004-05</th>
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<th>2006-07</th>
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<td>Life Skills Training</td>
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<td>4*</td>
<td>5*</td>
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<td>Lion’s-Quest Skills for Adolescence</td>
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<tr>
<td>Project Alert</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Olweus Bullying Prevention Program</td>
<td>-</td>
<td>2*</td>
<td>2*</td>
</tr>
<tr>
<td>Program Development Evaluation Training</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Participate and Learn Skills (PALS)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Big Brothers/Big Sisters</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Stay SMART</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Tutoring</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Valued Youth Tutoring Program</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Strengthening Families 10-14</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Guiding Good Choices</td>
<td>6</td>
<td>7*</td>
<td>8*</td>
</tr>
<tr>
<td>Parents Who Care</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Family Matters</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Parenting Wisely</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>27</strong></td>
<td><strong>38</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

*Program funded through local resources in one or two communities*
Exposure in the Community

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Curricula</td>
<td>1432</td>
<td>3886</td>
<td>5165</td>
</tr>
<tr>
<td>After-school*</td>
<td>546</td>
<td>612</td>
<td>589</td>
</tr>
<tr>
<td>Parent Training</td>
<td>517</td>
<td>665</td>
<td>476</td>
</tr>
</tbody>
</table>

Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.

*Includes PALS, BBBS, Stay SMART, and Tutoring programs
Adherence Rates
Averaged across four years

Percentage of material taught or core components achieved
Communities That Care
Theory of Change

- **Adoption of Science-based Approaches**
  - (Brown et al., 2007)

- **Collaboration**
  - (Brown et al., 2007)

- **Appropriate Prevention Program Selection and Implementation**
  - (Quinby et al., 2008; Fagan et al., 2008)

- **Community Support**
  - (Hawkins et al., 2008)

- **Community Norms**
  - (Kim et al., nd)

- **Social Development Strategy**
  - (Skills, Opportunities, Recognition, Bonding)
  - (Hawkins et al., 2009; 2012)

- **Decreased Risk and Enhanced Protection**

- **Positive Youth Development**

- **CTC Implementation and Technical Assistance**

- **System Catalyst**

- **System Transformation Constructs**

- **System Outcomes**
Targeted Risk Factors

- Communities targeted locally specific sets of elevated risk factors.
- They targeted 2 to 5 risk factors each year.
## Targeted Risk Factors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>CTC Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Laws and norms favorable to drug use</td>
<td></td>
</tr>
<tr>
<td>Low commitment to school</td>
<td>x</td>
</tr>
<tr>
<td>Academic failure</td>
<td></td>
</tr>
<tr>
<td>Family conflict</td>
<td>X</td>
</tr>
<tr>
<td>Poor family management</td>
<td></td>
</tr>
<tr>
<td>Parental attitudes favorable to problem behavior</td>
<td></td>
</tr>
<tr>
<td>Antisocial friends</td>
<td>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></td>
</tr>
</tbody>
</table>
Notes: Results from a linear growth model with community matched pairs using data from YDS Grades 5 through 8 averaged across 40 imputed data sets; $\beta_{101} = 0.026, \ SE = 0.010, \ t (df = 9, \ N = 4407) = 2.54, \ p = 0.032$ for linear slopes; $\beta_{001} = -0.064, \ SE = 0.031, \ t (df = 9, \ N = 4407) = -2.10, \ p = 0.064$ for mean difference at Grade 8.
Communities That Care
Theory of Change

Adoption of Science-based Approaches
(Brown et al., 2007)

Collaboration
(Brown et al., 2007)

Appropriate Prevention Program Selection and Implementation

Community Support

Community Norms
(Kim et al., nd)

Social Development Strategy (Skills, Opportunities, Recognition, Bonding)

Decreased Risk and Enhanced Protection
(Hawkins et al., 2008)

Positive Youth Development
(Hawkins et al., 2009; 2012)

System Catalyst

System Transformation Constructs

System Outcomes

CTC Implementation and Technical Assistance

(Quinby et al., 2008; Fagan et al., 2008)

(Quinby et al., 2008; Fagan et al., 2008)

(Quinby et al., 2008; Fagan et al., 2008)

(Quinby et al., 2008; Fagan et al., 2008)
Effects of CTC on Onset of Drug Use and Delinquency at Grade 8*

Compared with controls (RRR):
- 33% less likely to start smoking cigarettes
- 32% less likely to start drinking alcohol
- 25% less likely to start delinquent behavior

*Among 5th grade students who had not yet initiated. Significant at p<.05

Hawkins et al., 2009; 2012
Prevalence of Current Alcohol Use
In Panel
In Control and CTC Communities

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Controls</th>
<th>CTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 5</td>
<td>3.3</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>Grade 8</td>
<td>21.4</td>
<td></td>
<td>16.4</td>
</tr>
</tbody>
</table>

Note. Observed rates averaged across 40 imputations. ns = nonsignificant. N = 4407.
Prevalence of Binge Drinking in Past Two Weeks In Panel In Control and CTC Communities

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Controls</th>
<th>CTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 5</td>
<td>1.3</td>
<td>ns</td>
<td>1.0</td>
</tr>
<tr>
<td>Grade 8</td>
<td>9.0</td>
<td>p &lt; .05</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Note: Observed rates averaged across 40 imputations. ns = nonsignificant. N = 4407.
Mean Number of Different Delinquent Behaviors Committed by Panel in Past Year In CTC and Control Communities

<table>
<thead>
<tr>
<th>Grade</th>
<th>Controls</th>
<th>CTC</th>
<th>p-Value</th>
<th>ns</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 5</td>
<td>0.36</td>
<td>0.31</td>
<td>ns</td>
<td>ns</td>
<td>N = 4407</td>
</tr>
<tr>
<td>Grade 8</td>
<td>1.13</td>
<td></td>
<td>p &lt; .01</td>
<td>.78</td>
<td></td>
</tr>
</tbody>
</table>

Note. Observed means averaged across 40 imputations. ns = nonsignificant. N = 4407
Sustained Effects after Six Years of CTC
(One Year after Project Funding Ended)

In the panel, compared to controls, 10th grade students from CTC communities had significantly (p<.05):

- Lower levels of targeted risk factors.
- Less initiation of delinquent behavior, alcohol use, and cigarette use.
- Lower prevalence of past-month cigarette use.
- Lower prevalence of past-year delinquency
- Lower prevalence of past-year violence.

Hawkins et al., 2012
Percent of Panel Who Ever Smoked

Note: AOR = adjusted odds ratio for smoking initiation in grade 10 from generalized linear mixed regression analysis controlling for student and community characteristics and grade 5 smoking.
Percent of Panel Who Ever Drank Alcohol

Note: AOR = adjusted odds ratio for drinking initiation in grade 10 from generalized linear mixed regression analysis controlling for student and community characteristics and grade 5 drinking.
Percent of Panel Who Engaged in Violence in Past Year

Note: AOR = adjusted odds ratio from generalized linear mixed regression analysis controlling for student and community characteristics and grade 5 delinquency.
Benefits of CTC Compared to Costs

Net Benefit Per Child in CTC Community

<table>
<thead>
<tr>
<th></th>
<th>Delinquency</th>
<th>Smoking</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>$4,982</td>
<td>$911</td>
<td>$5,893</td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td>$1,112</td>
</tr>
<tr>
<td>Net Benefit</td>
<td></td>
<td></td>
<td>$4,780</td>
</tr>
</tbody>
</table>

**Benefit-Cost Ratio**

\[
\frac{\text{Benefit}}{\text{Cost}} = \frac{\$5,893}{\$1,112} = \$5.30
\]

$1.00 invested in CTC yields $5.30 in benefits

Kuklinski et al., 2012
CTC Prevention Infrastructure Supports and Sustains Effective Prevention with Fidelity and Impact at Scale

- Provides skills and 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, substance use and delinquency community wide
Communities That Care on the Web

CTC materials have been placed in the public domain and available for download at:

http://www.communitiesthatcare.net

Communities That Care on Facebook

http://www.facebook.com/pages/Communities-that-Care/169417303103839

Communities That Care on Wikipedia

http://en.wikipedia.org/wiki/Communities_That_Care
CTC Maps onto CSAP’s Strategic Prevention Framework

Creating Communities That Care

Get Started
Implement and Evaluate
Create a Plan
Develop a Profile
Get Organized

Strategic Prevention Framework
Communities That Care
Funding Required for Infrastructure

- Training and coaching to build capacity of states to implement CTC
- State and community monitoring of fidelity of implementation of CTC and fidelity and reach of EBP’s chosen
- State and community monitoring of outcomes
Communities That Care: What is required?

- Commitment of key leaders and community members
- Funding for a community coordinator
- Training in the CTC strategy
- Assessment/ survey every two years
- Funding for selected programs
- Training in selected programs
- Evaluation of implementation and outcomes
- Institutionalization requires
  - Monitoring and assessment system
  - Ongoing training and support for tested, effective actions
CTC Trainings

1. Key Leader Orientation
2. Community Board Training
3. Community Assessment Training
4. Community Resource Assessment Training
5. Community Planning Training
6. Community Program Implementation Training
Conclusions

- Community coalitions can be effective in transferring prevention science to practice.
- Effective community prevention should include local assessment, a combination of locally chosen, tested and effective preventive interventions, and change community norms.
- Achieving high quality implementation of EBPs at scale requires state and local infrastructure and capacity to chose, support and sustain them.
- CTC has achieved prevention intervention fidelity and impact at scale.
New Jersey Prevention Network
13th Annual Addiction Conference
Atlantic City, New Jersey
March 8, 2013

Applying the Research Base for Prevention Science: Communities That Care

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Director, Social Development Research Group
School of Social Work
University of Washington

www.sdrg.org