Working Together to Effectively Implement Family and School Programs

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Two Important Take Aways....

1. Addressing Underlying Risk and Protective Factors impacts numerous risky behaviors....substance abuse, delinquency, violence, teen pregnancy, depression, school drop-out

2. Working Together....Works...
In a community randomized controlled trial—we were able to demonstrate a collective impact on important outcomes:

- 33% less initiation of alcohol
- 32% less initiation of cigarette use
- 25% less delinquency

At 8th grade compared to control communities.
Objectives

- Provide some prevention science context.
- Identify how family and school programs focused on reducing risks and promoting protective factors reduce numerous risky behavior.
- Understand how the Communities that Care framework can promote implementation of effective programs.

1. Connect
2. Collaborate
3. Check
Prevention Logic

To prevent a problem before it happens, the factors that predict the problem must be changed.
Public Health Approach

1. Define the Problem
2. Identify Risk and Protective Factors
3. Interventions
4. Program Implementation and Evaluation

Problem Response
Risk factors exist in different environments:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Community</th>
<th>Substance Abuse</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<td>Use, Firearms, and Crime</td>
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<tr>
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<tr>
<td>Low Neighborhood Attachment and Community</td>
<td></td>
<td></td>
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</tbody>
</table>
The Social Development Model—Five elements of Protection

- Opportunities
- Skills
- Recognition

Healthy Behaviors
- Clear Standards
- Bonding

Individual Characteristics
Opportunities

Skills

Recognition

Bonding

Healthy Beliefs and Clear Standards
Experimental trials have identified over 50 effective interventions for promoting behavioral health and preventing negative developmental outcomes.
Interventions by Developmental Phase

Prior to Conception

- Pregnancy prevention
- Prenatal care

Prenatal

- Home visiting

Infancy

- Early childhood interventions

Early Childhood

- Parenting skills training

Childhood

- Social and behavioral skills training
- Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex

Early Adolescence

- Prevention of depression

Adolescence

- Prevention of schizophrenia

Young Adulthood

- Prevention focused on specific family adversities (Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)

- Community interventions

Policy
WA State approved marijuana prevention programs

**FAMILY**
- Guiding Good Choices
- Positive Family Support—Family Check-up

**SCHOOL**
- Caring School Community
- Keepin’ it Real
- Life Skills Training
- Lions Quest
- Toward No Drug Abuse

**INDIVIDUAL**
- Multi-Dimensional Treatment Foster Care

**COMMUNITY**
- Project Northland

See [www.theathenaforum.org](http://www.theathenaforum.org) for full descriptions
Why Family Programs?
Guiding Good Choices  
(formerly Preparing for the Drug Free Years)

Strengthens parents’ skills to:

- build family bonding,
- establish and reinforce clear and consistent guidelines for children’s behavior,
- teach children skills to resist peer influence,
- improve family management practices, and
- reduce family conflict.
## Risk Factors Addressed By the GGC Intervention

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
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</thead>
<tbody>
<tr>
<td>Family</td>
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<tr>
<td>Family History of the Problem Behavior</td>
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<tr>
<td>Family Management Problems</td>
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</tr>
<tr>
<td>Family Conflict</td>
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<td>✓</td>
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<tr>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<tr>
<td>School</td>
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<td>Academic Failure Beginning in Late Elementary School</td>
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<tr>
<td>Lack of Commitment to School</td>
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<tr>
<td>Individual/Peer</td>
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<tr>
<td>Early and Persistent Antisocial Behavior</td>
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<tr>
<td>Alienation and Rebelliousness</td>
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<tr>
<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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<tr>
<td>Early Initiation of the Problem Behavior</td>
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<td>Constitutional Factors</td>
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</table>
Guiding Good Choices – Preventing Marijuana Use

Percent of New Marijuana Users by Experimental Conditions

- Pretest
- Posttest
- 7th grade
- 8th grade
- 10th grade

Guiding Good Choices Reduced Growth in Delinquency through Grade 10

From Mason et al. (2003)
Trajectories of adolescent depressive symptoms for Guiding Good Choices and Control groups.

The rate of self-harm in 12th grade was reduced by 38% among GGC teens compared to control teens.


p<.05
Examples: Risk focused programs address a variety of outcomes

<table>
<thead>
<tr>
<th>Program</th>
<th>Drug use</th>
<th>Delinquency</th>
<th>Violence</th>
<th>School</th>
<th>Risky Sex</th>
<th>Mental health</th>
<th>Risky Driving</th>
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<td>Big Brothers/Big Sisters</td>
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The Social Development Model—Five elements of Protection

Social Development Strategy

- Opportunities
- Skills
- Recognition

Healthy Behaviors

- Clear Standards
- Bonding

Individual Characteristics
The power of promotive programs.

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<tr>
<th>Program</th>
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<th>Mental Health</th>
<th>Risky Driving</th>
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</table>
School Example

Seattle Social Development Project: A Test of the Raising Healthy Children Program
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Family</th>
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<th>Individual/Peer</th>
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<tr>
<td>Favorable Attitudes Toward the Problem Behavior</td>
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<tr>
<td>Early Initiation of the Problem Behavior</td>
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<tr>
<td>Constitutional Factors</td>
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<td>✓</td>
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</tr>
</tbody>
</table>
Social Development in the Classroom

In RHC program classrooms:

- Students have developmentally appropriate opportunities to be meaningfully involved in their classrooms.
- Teachers identify and teach cognitive, behavioral, emotional and social skills.
- Teachers use many different forms of recognition for students’ involvement.
Study Design

- Began in 1981 with 8 Seattle elementary schools.
- Expanded in 1985 to 18 Seattle elementary schools.
- Quasi-experimental study

- Full treatment (grades 1-6) = 149
- Late treatment (grades 5-6) = 243
- Control = 206
Teacher Training in Classroom Instruction and Management

Child Social and Emotional Skill Development

Parent Training in Behavior Management and Academic Support

Intervention Components
1. Teacher Training

Proactive classroom management (grades 1-6)
Social Emotional Skills Training

Interactive teaching (grades 1-6)
Cooperative Learning
Motivation Strategies
2. Child Social, Cognitive and Emotional Skills Training

- Listening
- Following directions
- Social awareness (boundaries, taking perspective of others)
- Sharing and working together
- Manners and civility (please and thank you)
- Compliments and encouragement
- Problem solving
- Emotional regulation (anger control)
- Refusal skills
3. Parent Training

Raising Healthy Children (grades 1-2)
- Observe and pinpoint desirable and undesirable child behaviors
- Teach expectations for behaviors
- Provide consistent positive reinforcement for desired behavior
- Provide consistent and moderate consequences for undesired behaviors

Supporting School Success (grades 2-3)
- Initiate conversation with teachers about children’s learning
- Help children develop reading and math skills
- Create a home environment supportive of learning

Guiding Good Choices (grades 5-6)
- Establish a family policy on drug use
- Practice refusal skills with children
- Use self-control skills to reduce family conflict
- Create new opportunities in the family for children to contribute and learn
Effects of SSDP Intervention on School Bonding from Age 13 to 18

SSDP Intervention Effects Compared to Controls

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 27, compared with controls, those in the full Tx had significantly better:
- educational attainment
- economic attainment
- mental health

By age 21, compared with controls, those in the full Tx had significantly:
- better positive functioning at school or work
- better emotional and mental health
- more likely to have graduated high school
- more likely to be attending college
- less likely to have criminal record

Prevention is a wise use of public funding

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>COST ($)</th>
<th>BENEFIT ($)</th>
<th>BENEFIT MINUS COST</th>
<th>BENEFIT FOR EVERY DOLLAR SPENT</th>
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<td>READING RECOVERY</td>
<td>$1,895</td>
<td>$22,781</td>
<td>$13,181</td>
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<td>$1,415</td>
<td>$1,382</td>
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<td>$14</td>
<td>$123</td>
<td>$109</td>
<td>$8.61</td>
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<td>SEATTLE SOCIAL DEVELOPMENT PROJECT</td>
<td>$2,959</td>
<td>$6,237</td>
<td>$3,249</td>
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<tr>
<td>GOOD BEHAVIOR GAME</td>
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<td>$14,508</td>
<td>$14,358</td>
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<td>D.A.R.E</td>
<td>$99</td>
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<td>$-99</td>
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</table>

The Challenge

How can we take tested and effective prevention programs to scale?
Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective.

http://www.blueprintsprograms.com/
What are the essential characteristics of a proven program? (Blueprints criteria)

- Positive impact on child well-being outcomes
- Absence of any negative effects
- Population of focus is clearly defined
- Risk and protective factors that a program seeks to change are identifiable
- One randomized controlled trial OR a quasi-experimental trial without design flaws
- Training materials are available
- Information on the financial and human resources are required
- Cost-benefit analysis

www.blueprintsprograms.com
Different Communities need different programs
Communities Vary in Protection & Risks
The Community Youth Development Study (CYDS)

A 24 community randomized controlled trial to test the Communities That Care system started in 2003.

J. David Hawkins, Principal Investigator

Funded by:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Cancer Institute
National Institute on Child Health and Development
National Institute on Mental Health
CTC Operationalizes CSAP’s Strategic Prevention Framework

Creating Communities That Care

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

Assessment
Sustainability and Cultural Competence
Capacity
Implementation
Planning
Evaluation
Example outcomes on targeted problem behaviors

8th Graders - 30 Day Marijuana Use

Survey Year

<table>
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<th>Year</th>
<th>% of Students with this Problem Behavior</th>
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<tr>
<td>1998</td>
<td>6%</td>
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<tr>
<td>2000</td>
<td>10%</td>
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<td>2002</td>
<td>12%</td>
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<tr>
<td>2004</td>
<td>10%</td>
</tr>
<tr>
<td>2006</td>
<td>2%</td>
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<td>Goal for 2008</td>
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Capacity Building
www.communitiesthatcare.net

1. Key Leader Orientation
2. Community Board Workshop
3. Community Assessment Workshop
4. Community Resource Assessment Workshop
5. Community Planning Workshop
6. Community Program Implementation Workshop
Communities That Care Develops Capacity to

Build a coalition of diverse stakeholders to achieve collective impact.

Assess and prioritize for action - risk, protection, and behavioral health outcomes.

Strengthen protection and address priority risks with effective preventive interventions.

Sustain high fidelity implementation of preventive interventions to reach all those targeted.

Measure progress and outcomes
Communities that Care Process and Timeline

**Process**
- Assess risk, protection and resources
- Implement and evaluate tested prevention strategies

**Measurable Outcomes**
- Protective factors
- Decrease in priority risk factors
- Positive youth development
- Reduction in problem behaviors
- Vision for a healthy community

**Timeline**
- 6-9 mos.
- 1 year
- 2-5 years
- 4-10 years
CTC Logic Model

CTC Training & Technical Assistance

Appropriate Selection & Implementation of Tested, Effective Prevention Programs

Decreased Risk & Enhanced Protection

Positive Youth Outcomes

“I think you should be more explicit here in step two.”
Youth Survey Panel Response Rates*

* Of the active still-living sample

Response rates do not differ by condition.
**CYDS Timeline: Youth 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**
    - Increased protection
    - Delinquency (initiation & prevalence)
    - Alcohol (initiation & prevalence)
    - Cigarettes (initiation)
    - Binge drinking (prevalence)
    - Smokeless tobacco (initiation & prevalence)

- **Spring '08**
  - Completed Year 5 of the study
  - End of CYDS funding and TA
  - **Grade 10**
    - Targeted risk
    - 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
Effects of CTC on Incidence of Behavior Problems

In the panel 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.

(Hawkins et al. 2009)
Effects of Communities That Care on Prevalence of Current Behaviors

In the panel, in grade 8 youth in CTC communities were:

- 23% less likely to drink alcohol currently than controls.
- 37% less likely to “binge” (5 or more drinks in a row) than controls.
- Committed 31% fewer different delinquent acts in past year than controls.

(Hawkins et al., 2009)
In the panel, compared to controls, 10th graders from CTC communities had:

- 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, Archives of Pediatrics and Adolescent Medicine
Sustained Abstinence through Grade 12
Never Used Alcohol

Control: 23.3%
CTC: 32.2%

RR = 1.31
p < .05
Hawkins et al., 2014
JAMA Pediatrics
Sustained Abstinence through Grade 12

Never Smoked Cigarettes

<table>
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<tr>
<th>Grade 12</th>
<th>Control</th>
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<tr>
<td></td>
<td>42.8%</td>
<td>49.9%</td>
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</tbody>
</table>

\[ \text{RR} = 1.13 \]

\[ p < .05 \]

Hawkins et al., 2014
JAMA Pediatrics.
Sustained Abstinence through Grade 12
Never Engaged in Delinquency

Hawkins et al., 2014
JAMA Pediatrics.
The Social Development Model—
Five elements of Protection
8th Grade Protection
CTC vs Controls (standardized means)

p=0.021
RECOGNITION: QUIZNO'S QUEST
KID OF THE WEEK—
Provide Recognition

- Give appropriate recognition
- Make it specific!
- Focus on the positive
- Be sincere
- Praise effort, progress, and achievement
Conclusions

- 8 years after CTC implementation and 3 years after study-provided resources ended:
  - CTC continued to prevent the initiation of alcohol use, smoking, delinquency, and violence through 12th grade.
  - Reductions in current prevalence of substance use, delinquency, or violence were not sustained through 12th grade.
  - Significant increases in community level Social Development
Investment in Communities That Care Pays Off

Reduced
• Initiation of Delinquency
• Initiation of Smoking

How does CTC produce better outcomes?

Communities That Care 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)
Working Together to Make a Difference

- Community owned and operated
- **Data Driven**: Ongoing monitoring of well-being, problem behaviors, and risk and protective factors
- **Evidence Based**: Widespread adoption of effective programs
  - Evaluations of unproven programs are required and supported.
- **Outcome Focused**: reductions in community levels of adolescent risk taking behavior
References


Number of CTC communities implementing effective programs
2004-2008

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<th></th>
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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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<td>Life Skills Training (LST)</td>
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<td>Olweus Bullying Prevention Program</td>
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<td>Towards No Drug Abuse (TNDA)</td>
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<td>Class Action</td>
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<td>Program Development Evaluation Training</td>
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<td><strong>Selective After school</strong></td>
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<tr>
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<td>1</td>
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<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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<td>Stay SMART</td>
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</tr>
<tr>
<td>Tutoring</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Valued Youth</td>
<td>1</td>
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<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Family Focused</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening Families 10-14</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Guiding Good Choices</td>
<td>6</td>
<td>7*</td>
<td>8*</td>
<td>7</td>
</tr>
<tr>
<td>Parents Who Care</td>
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<td>1</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Family Matters</td>
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<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Parenting Wisely</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total number of programs</strong></td>
<td>27</td>
<td>38</td>
<td>37</td>
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</tbody>
</table>

*Some funded locally

(Fagan et al., 2009)
### 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>
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<tbody>
<tr>
<td>School-Based</td>
<td>1432</td>
<td>3886</td>
<td>5165</td>
<td>5705</td>
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<td>After-school*</td>
<td>546</td>
<td>612</td>
<td>589</td>
<td>448</td>
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<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 of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.

(Fagan et al., 2009)