Using the Research Base for Prevention Science to Reduce Behavioral Health Problems in 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?
3. Implement assessment and capacity-building tools that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs that target prioritized factors

- **Goal 1:** In a decade, at least 1,000 communities in the United States will actively monitor population levels of risk and protection and behavioral health problems among young people

- **Goal 2:** In a decade, at least 1,000 U.S. communities will implement effective health promotion approaches and evidence-based preventive interventions
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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</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
An Example of an Effective Community Mobilization Approach: Communities That Care:

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.
How is CTC Different from Other Tested, Effective Community Mobilization Approaches?

- CTC focuses on reducing common risk factors for multiple negative outcomes.
- CTC assesses and prioritizes epidemiological levels of risk, protection and problems.
- CTC does not prescribe specific programs but builds capacity of coalitions to choose proven programs that match its priorities.
- CTC does not prescribe who leads prevention efforts but allows community choice in leadership.
The Challenges for Community Prevention:

1: Different Communities, Different Needs

- Different Norms & Values
- Different youth problem behaviors
- Different levels of risk and protection
- Different resources & capacity
Challenge 2: To improve outcomes, all areas of children’s lives are important
What is Communities That Care?

A system for building local capacity to choose and implement effective prevention programs that address prevalent risks and strengthen protection against behavioral health problems.
Communities That Care Features

• **Uses a public health approach** to prevent youth problem behaviors by addressing risk and protective factors

• **Community owned and operated**: run 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

• **Outcome Focused**: reductions in community levels of adolescent risk taking behavior; improvements in child & youth well-being

• **Support/sustain high fidelity**: training and TA provided
The *Communities That Care* Operating System

**Get Started**

- 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.

**Get Organized**

**Create a Plan**

**Implement and Evaluate**

**Develop a Profile**

**Creating Communities That Care**
<table>
<thead>
<tr>
<th>Phase</th>
<th>Milestones</th>
<th>Training and Technical Assistance</th>
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<td>Phase One: Getting</td>
<td>• Organize the community to begin the <strong>Communities That Care</strong>® process.</td>
<td>Strategic Consultation</td>
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<td>Started</td>
<td>• Define the scope of the prevention effort.</td>
<td>*Investing in Your Community’s Youth: An Introduction to the</td>
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<td>• Identify community readiness issues.</td>
<td><strong>Communities That Care</strong>® System</td>
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<td>• Analyze and address community readiness issues, or develop a plan for</td>
<td>*Tools for Community Leaders: A Guidebook for Getting Started</td>
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<td>addressing them.</td>
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The Communities That Care Operating System

Get Started

Implement and Evaluate

Get Organized

Create a Plan

Develop a Profile

- Build the community coalition.
- Train key leaders and prevention board members in CTC
- Educate the community about CTC
<table>
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<td>addressing them.</td>
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<td>• The community is ready to move to Phase Two: Organizing, Introducing,</td>
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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

**Get Started**
- 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

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

Get Started

Get Organized

Create a Plan

Develop a Profile

Creating Communities That Care
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.
School A Risk Factor Profile

Survey Participation Rate 2002: 79.7%

Estimated National Value

Percent At Risk

Community

Family

School

Peer-Individual

- Estimated National Value
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© 1998 Developmental Research and Programs
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)
School A Risk Factor Profile

Survey Participation Rate 2002: 79.7%

Percent At Risk

Community
Family
School
Peer-Individual

Estimated National Value

- Low Neighborhood Attachment
- Community Disorganization
- Perceived Availability of Drugs
- Poor Family Management
- Family Conflict
- Family History of Antisocial Behavior
- Parental Attitudes Favorable Towards Drug Use
- Parental Attitudes Favorable to Antisocial Behavior
- Academic Failure
- Low Commitment to School
- Rebelliousness
- Early Problem Behavior
- Early Initiation of Drug Use
- Favorable Attitudes Toward Antisocial Behavior
- Low Perceived Risks of Drug Use
- Friends Use of Drugs
- Sensation Seeking
- Rewards for Antisocial Involvement
- Overall Risk
### Protective Factors

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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

Get Started

Get Organized

Create a Plan

Develop a Profile

Implement and Evaluate

Creating Communities That Care

- 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

<table>
<thead>
<tr>
<th>Process</th>
<th>Evaluation</th>
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<tr>
<td>• Assess readiness, Mobilize the community</td>
<td>Increase in priority protective factors</td>
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<tr>
<td>• Assess risk, protection and resources</td>
<td>Increase in positive youth development</td>
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<tr>
<td>• Develop strategic plan</td>
<td>Reduction in problem behaviors</td>
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<td>Implement and evaluate tested, effective prevention strategies</td>
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### Measurable Outcomes

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<th>Timeframe</th>
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<td>6-9 mos.</td>
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<td>2-5 yrs.</td>
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<td>3-10 yrs.</td>
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<td>10-15 yrs.</td>
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Vision for a healthy community
Randomized Trial of CTC: Community Youth Development Study

24 incorporated towns
- Matched in pairs within state
- Randomly assigned to CTC or control condition
- 5-year implementation phase
- 5-year sustainability phase

Longitudinal panel of 4407 students
- Population sample of public schools
- Surveyed annually starting in grade 5
Research Support from:

**Funders**
- National Institute on Drug Abuse
- National Cancer Institute
- Center for Substance Abuse Prevention
- National Institute on Child Health and Human Development
- National Institute of Mental Health
- National Institute on Alcohol Abuse and Alcoholism

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

CTC Implementation and Technical Assistance

Community Support

Community Norms
(Kim et al., nd)

Positive Youth Development
(Hawkins et al., 2008)

Decreased Risk and Enhanced Protection
(Hawkins et al., 2009; 2012)

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

System Catalyst

System Transformation Constructs

System Outcomes
Stages of Adoption by Intervention Status (2001)

Control Communities vs CTC Communities

Stage of Adoption

Probability
Stages of Adoption by Intervention Status (2007)

- Control Communities
- CTC Communities

Probability

Stage of Adoption
Funding Allocation by Intervention Status (2001)

Control Communities

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

CTC Communities

- Prevention: 41.5%
- Treatment: 28.0%
- Law Enforcement: 30.6%
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
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Theory of Change
(System Catalyst)
(System Transformation Constructs)
(System Outcomes)
(System Catalyst)
(System Transformation Constructs)
(System Outcomes)
(System Catalyst)
(System Transformation Constructs)
(System Outcomes)
## Communities Targeted a Variety of 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>Drug using and 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>
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

SOCIAL DEVELOPMENT RESEARCH GROUP
UNIVERSITY OF WASHINGTON
School of Social Work
## 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)
Adherence Rates
Averaged across four years

Percentage of material taught or core components achieved
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)

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System Catalyst

System Transformation Constructs

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Communities That Care Theory of Change

(Brown et al., 2007)
CTC Effects on Youth Outcomes

Randomize & Train

Phase 1: Implement

Grade 5 2003
Grade 6 2004
Grade 7 2005
Grade 8 2006
Grade 9 2007

Targeted Risk Factors
Onset: Delinquency

Phases 2: Sustain

Grade 10 2008
Grade 11 2009
Grade 12 2010
Age 19 2011

Targeted Risk Factors
Onset: Delinquency

Males: Onset Delinquency Cigarettes

Protective Factors
Onset: Delinquency Alc, Cigs

Targeted Risk Factors
Onset: Delinquency Alc, Cigs

Current: Delinquency Drug Use

Current: Delinquency Violence Cigarettes

Social Development Research Group
University of Washington
School of Social Work
Sustained Effects Through Grade 12

- In CTC communities:
- 33% had never used alcohol (v. 23% of controls)
- 50% had never smoked cigarettes (v. 43% of controls)
- 42% had never engaged in delinquency (v. 33% of controls)

Benefit cost ratio: $4.23 benefit for each $1 cost
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
CTC is now widely available through web-streamed locally-facilitated training with coaching support.

www.communitiesthatcare.net
For Community Members

Welcome to the electronic Communities that Care (eCTC) center.

The Communities that Care (CTC) system is a planning and implementation process for building positive futures for youth community-wide. It brings diverse stakeholder input online to prevent youth health and behavior problems in a science based, data-driven way.

eCTC weaves the development of community capacity to implement the 5 phases of CTC.

Here's what you need to get started:

Documents Index
Videos Index
Milestones & Benchmark Tool
Instructional Design

- Content provided by experts on video followed by checks for understanding and activities to ensure learning and application
- 50 modules with facilitator guides
- 3 types of video content (122 total videos):
  1. Big idea
  2. Instructional
  3. Testimonial
Facilitator Role:
• Facilitate local process
• Work with local leaders to recruit & maintain coalition
• Lead local workshops

Coach Role:
• Train facilitator
• Provide regular, proactive, virtual coaching
• Trouble shoot and problem solve

Curriculum

Facilitator

Coach

But ... Technology is not Enough!
Building CTC Coaching Infrastructure

Capacity Building

1. Facilitator Training & application

2. Coaching Training & application

“Going forward I have the tools I need and support system in place to move forward.”
CTC Maps onto CSAP’s Strategic Prevention Framework

Creating Communities That Care

Get Started

Get Organized

Implement and Evaluate

Create a Plan

Develop a Profile
GOAL 5: Increase State infrastructure to support the high-quality implementation of preventive interventions
Building Community and Public Systems’ Capacity to Unleash the Power of Prevention to Achieve State Level Outcomes

Brian K. Bumbarger

Assistant Director for Knowledge Translation & Dissemination
Bennett Pierce Prevention Research Center
Penn State University
To improve outcomes, we must bridge the gap between science and practice

**Pennsylvania’s Approach:** Create sustained, community-wide public health impact through effective community coalitions using proven-effective programs targeted at strategically identified risk and protective factors

- Community Mobilization +
- Systems Coordination +
- Data-driven Surveillance and Diagnosis +
- Evidence-based strategies
- applied with fidelity & sustained
What does capacity look like?

- Infrastructure to support thorough diagnostic community needs assessment, with....
- Infrastructure to support thoughtful, data-informed program selection
- Infrastructure to support training, startup, and optimization (of programs and systems)
- Infrastructure to support ongoing implementation monitoring in a CQI feedback cycle (i.e. beyond compliance)
- Infrastructure to support ongoing documentation of impact and ROI
- All of this....at scale
Support to Community Prevention Coalitions

Support to Evidence-based Prevention & Intervention Programs

Improve Quality of Local Innovative Programs and Practices

Multi-Agency Steering Committee
(Justice, Welfare, Education, Health)

Intermediary and State-level Prevention Support System

Broad-scale Dissemination

High Quality Implementation

Valid Impact Assessment

Long-term Sustainability
Evidence-Based Programs (EBP)

Project Towards No Drug Abuse

Project TND Pennsylvania Outcomes

This report summarizes outcomes data from Project TND implementations.

Project Towards No Drug Abuse (TND) curriculum implemented at the high school level provides comprehensive information about the social and health consequences of drug use, hard drug use, and victimization at one.

Are You Ready to Implement Project TND?

Find out by using this new Project TND Readiness Checklist.

Project TND Program Model

Project TND Frequently Asked Questions

Tools for Maintaining Model Fidelity

In order to make sure that we get the desired outcome from the Project TND curriculum it is important to teach each lesson as written in the developers manual with the correct style and additional activities. The tool below will help you to stick to the Project TND model by providing a structure for assessing each one and/or completing a self assessment. PCCD sites are required to conduct two peer observations and one self report observation for every implementation of the curriculum.

Project TND Fidelity Observation Checklist

Complete 3 fidelity observation checklists for every 12 TND lessons taught.

More Than Just Check The Box! 7 Ways to Bring Meaning to Your Use of Fidelity Observation Tools

Click here for a list of strategies for enhancing your fidelity observation process.

Project TND Game Tips: This deceptively simple part of the TND curriculum is actually an excellent tool for engaging students, reviewing material and controlling classroom behavior. Click here for tips on how to maximize your use of this game while teaching TND lessons.
Pennsylvania’s EBP dissemination in 1999...
Pennsylvania’s EBP dissemination in 2015...
419 age-grade cohorts over a 5-year period: youth in CTC communities using EBPs had significantly lower rates of delinquency, greater resistance to negative peer influence, stronger school engagement and better academic achievement.

Between 2007 and 2014, the number of juvenile delinquency dispositions from new allegations decreased 44%, from 45,573 to 25,567.
Between 2007 and 2014, the number of delinquency placements decreased 45%, from 7,525 to 4,136.
Total Delinquency Placement Expenditures*:
Fiscal Year 08-09 to Fiscal Year 13-14

Source: Office of Children, Youth, and Families (OCYF) Needs-Based Budget

- Total delinquency placement expenditures decreased from $321,652,465 to $236,110,115, when comparing FY 08-09 to FY 13-14 costs, a difference of $85,542,350.

*Does not include secure detention costs.
Join the Coalition for the Promotion of Behavioral Health!

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Coalition for the Promotion of Behavioral Health
Graduate School of Social Work
University of Denver
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Contact:
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For more information about Pennsylvania EPISCenter
Contact:
Brian Bumbarger
bbumbarger@episcenter.org
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.
- State systems infrastructure can support and build community capacity to achieve outcomes at scale.
Thank YOU!

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Co-Founder, Social Development Research Group
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University of Washington
www.sdrg.org
President, Society for Prevention Research