Building Prevention Infrastructure for Sustainable Impact at Scale: Communities That Care

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President, Society for Prevention Research
Objectives

- Why should we care about prevention?
- What is the research base for prevention science?
- Why is prevention infrastructure important?
- How does Communities that Care build prevention infrastructure and what is its impact on delinquency, violence and substance use?
• Due to the success of concerted worldwide efforts to address infectious disease and investments in child health, more children are surviving into adolescence, and 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
<table>
<thead>
<tr>
<th>Position</th>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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<tbody>
<tr>
<td>1</td>
<td>Motor Vehicle Crashes</td>
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<tr>
<td>2</td>
<td>Accidents</td>
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<tr>
<td>3</td>
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<td>4</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
<td>Influenza and pneumonia</td>
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<td>Cerebrovascular diseases</td>
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<td>10</td>
<td>Pregnancy, childbirth and the puerperium</td>
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</table>

**Total for all other causes (Residual):** 11.1

**Leading Causes of Morality 15-24 Year Olds**
(2011, U.S.)

Should the Accountable Care Organizations Care about Prevention?
Keeping the Population Healthy Will Require:
(Hacker & Walker, 2013: AJPH)

- Only 10% of health outcomes are a result of the medical care system
- 50% to 60% of health outcomes are due to behavioral health problems
- Preventive activities must reach beyond the clinical setting and incorporate community and public health systems
- Enhancing our capacity to assess, monitor, and prioritize risk factors that impact patient health outcomes in local communities
Prevention is Critical for Health and Well-being

- Behavioral health problems cause harm in adolescence
- Behavioral health problems established in adolescence cause harm into adulthood
- Preventing these behavioral health problems during adolescence can reduce mortality and morbidity over the life course
Intervention Spectrum

Prevention Science Framework

Define the Problem

Identify Risk and Protective Factors

Interventions

Program Implementation and Evaluation

Response
Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities

A summary of the progress of prevention science
40 Years of Prevention Science Research Advances

Etiology/Epidemiology of Problem Behaviors
- Identify risk and protective factors that predict behavioral health problems and describe their distribution in populations and communities.

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

Prevention Services Research
- Understand how to build effective infrastructure to use prevention science to achieve community impact.

(Catalano et al., 2012; O’Connell, Boat & Warner, 2009)
## Risk Factors for Adolescent Behavioral Health 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/Pear
- 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
Different Communities, Different Needs = Different Solutions
What We Now Know About Risk and Protective Factors

- Both an individual’s level of risk and level of protection make a difference
- Common risk and protective factors predict diverse problems and academic outcomes
- Risk and protective factors show much consistency in effects across diverse groups
- Different neighborhoods have different levels of risk and protection
Science Guided Prevention

Prevention interventions should target malleable risk and protective factors

(Coie et al., 1994; Mrazek and Haggerty, 1984; Woolf, 2008; O’Connell, Boat & Warner, 2009)

Worldwide application of the prevention science research base in adolescent health

Adolescent Health Series Article 3
Wide Ranging Approaches Have Been Found To Be Efficacious *(Catalano et al., 2012 Lancet)*

<table>
<thead>
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<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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Research indicates reductions in underage and college age drinking and related problems can be achieved with interventions that focus on:

- Individuals
- Families
- Schools
- Environmental Changes/Legislation

Interventions targeting multiple levels are more effective.
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

- 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?
Building Prevention Infrastructure to Use the Prevention Science Research Base

Build capacity of local coalitions to reduce common risk factors for multiple negative outcomes through:

- Assessing and prioritizing epidemiological levels of risk, protection and problems
- Choosing proven programs and policies that match local priorities
- Implementing chosen programs with fidelity to those targeted
Communities That Care: A Tested and Effective System for Building Community Prevention Infrastructure

CTC is a *proven* method to build community commitment and capacity to prevent underage drinking, tobacco use, and delinquent behavior including violence.

- Idea developed in 1988, 15 years of implementation and improvement through community input prior to randomized trial
- 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.
A large trial of Communities That Care produced reductions in drug use and delinquency.

- 33% tobacco
- 32% alcohol
- 25% delinquent behavior
CTC Maps onto CSAP’s’s Strategic Prevention Framework

Strategic Prevention Framework

Creating Communities That Care

Get Started
Implement and Evaluate
Get Organized

Get Organized
Create a Plan
Develop a Profile
How it Works to Build Prevention Infrastructure

- Assess and build Community readiness.
- Identification of key individuals, stakeholders, and organizations.
How it Works to Build Prevention Infrastructure

- Training key leaders and community coalition in CTC
- Build the capacity of community coalition to lead and evaluate efforts.
How it Works to Build Prevention Infrastructure

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

- Collect risk/protective factor and outcome data.
- Construct a community profile from the data.
The 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
How it Works to Build Prevention Infrastructure

- Define outcomes.
- Prioritize risk factors to be targeted.
- Select tested, effective interventions.
- Create action plan.
- Develop evaluation plan.
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<td><img src="Skills" alt="Icon" /></td>
<td><img src="Recog." alt="Icon" /></td>
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</table>
Efficacious Parent Training

- Family Spirit Intervention (Barlow et al., 2006; Walkup et al., 2009)
- Guiding Good Choices (Spoth et al., 1998, Mason et al., 2003)
- Staying Connected with Your Teen (Haggerty et al., 2007; 2015)
- 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)
Communities have Different Priority Risks

**Risk Profile B**

- **Community**
- **Family**
- **School**
- **Peer-Individual**
- **Total**

- Low Neighborhood Attachment
- Community Disorganization
- Laws & Norms Favor Drug Use
- Perceived Availability of Drugs
- Perceived Availability of Handguns
- Poor Family Management
- Family Conflict
- Family History of Antisocial Behavior
- Parent Attitudes Favorable to ASB
- Parent Attitudes Favor Drug Use
- Academic Failure
- Low Commitment to School
- Rebelliousness
- Early Initiation of ASB
- Early Initiation of Drug Use
- Attitude Favorable to ASB
- Attitude Favorable to Drug Use
- Perceived Risk of Drug Use
- Interaction with Antisocial Peers
- Friends' Use of Drugs
- Rewards for ASB
- Depressive Symptoms
- Intention to Use Drugs
- Gang Involvement
- Total Risk

---

Percentage of Youth at Risk:

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

Communities have Different Priority Risks
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)
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Classroom Organization, Management, and Instructional Strategies

- The Good Behavior Game (Kellam and Rebok, 1992)
- Seattle Social Development Project (Hawkins et al., 1999; 2005; Lonczak et al., 2002)
- Behavioral Intervention for Middle School Students (Bry, 1982)
- Cooperative Learning Programs (Slavin, 1983)
- Tutoring Programs (Coie et al., 1984; Greenwood et al., 1993)
- Success for All (Slavin et al., 1990)
How it Works to Build Prevention Infrastructure

- Form task forces.
- Identify and train implementers.
- Track fidelity and reach.
- Evaluate outcomes annually.
- Evaluate community outcomes every two years.
- Adjust programming.
## Communities That Care Process and Timeline

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<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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<td>• Assess risk, protection and resources, Develop strategic plan</td>
<td>Increase in positive youth development</td>
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<td>Decrease in priority risk factors</td>
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<td>Reduction in problem behaviors</td>
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### Measurable Outcomes

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</tbody>
</table>

### Vision for a Healthy Community

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

Community Support
(Kim et al., 2015)
(Hawkins et al., 2008)

Decreased Risk and Enhanced Protection

Community Norms

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

Positive Youth Development

CTC Implementation and Technical Assistance

System Catalyst

System Transformation Constructs

System Outcomes

(System Catalyst)
### Communities Targeted a Variety of Risk Factors

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<tbody>
<tr>
<td>Laws and norms favorable to drug use</td>
<td></td>
<td></td>
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<td>X</td>
<td></td>
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<tr>
<td>Low commitment to school</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>Academic failure</td>
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<td>Family conflict</td>
<td>X</td>
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<td></td>
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<td>Poor family management</td>
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<td>X</td>
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<tr>
<td>Parental attitudes favorable to problem behavior</td>
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<td></td>
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<tr>
<td>Drug using and antisocial friends</td>
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<td>Peer rewards for antisocial behavior</td>
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<tr>
<td>Attitudes favorable to antisocial behavior</td>
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<tr>
<td>Rebelliousness</td>
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<td>X</td>
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<tr>
<td>Low perceived risk of drug use</td>
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<td></td>
<td></td>
<td>X</td>
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</table>
Number of CTC communities implementing effective programs 2004-2008

<table>
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<tr>
<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>1</td>
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<td>1</td>
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<tr>
<td>Life Skills Training (LST)</td>
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<td>4*</td>
<td>5*</td>
<td>5*</td>
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<td>Lion’s Quest SFA (LQ-SFA)</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<td>Project Alert</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<td>Olweus Bullying Prevention Program</td>
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<td>2*</td>
<td>2*</td>
<td>2*</td>
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<tr>
<td>Towards No Drug Abuse (TNDA)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
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<tr>
<td>Class Action</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1*</td>
</tr>
<tr>
<td>Program Development Evaluation Training</td>
<td>1</td>
<td>1</td>
<td>-</td>
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<tr>
<td><strong>Selective After school</strong></td>
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<td></td>
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<tr>
<td>Participate and Learn Skills (PALS)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Big Brothers/Big Sisters</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Stay SMART</td>
<td>3</td>
<td>3</td>
<td>1</td>
<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>
<td>1</td>
<td>1</td>
<td>-</td>
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<tr>
<td><strong>Family Focused</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Strengthening Families 10-14</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Guiding Good Choices</td>
<td>6</td>
<td>7*</td>
<td>8*</td>
<td>7</td>
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<tr>
<td>Parents Who Care</td>
<td>1</td>
<td>1</td>
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<td>-</td>
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<tr>
<td>Family Matters</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Parenting Wisely</td>
<td>-</td>
<td>1</td>
<td>1</td>
<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>
<td>39</td>
</tr>
</tbody>
</table>

*Some funded locally

(Fagan et al., 2009)
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)

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 & prevalence)
Cigarettes
(initiation)
Binge drinking
(prevalence)
Smokeless tobacco
(initiation & prevalence)

Spring '09
No CYDS funding or TA for 1 year

Grade 12
Targeted risk
Violence
(initiation)
Alcohol
(initiation)
Cigarettes
(initiation)

Spring '11
No CYDS funding or TA for 3 years

## Benefit-Cost Analysis Summary

**CTC Effects on Cumulative Initiation – Grade 12**

<table>
<thead>
<tr>
<th>Discounted 2011 dollars</th>
<th>Benefits monitized</th>
<th>CTC 12th Grade Total</th>
<th>WSIPP Adjustments to Effect Sizes *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Criminal Justice System</td>
<td>Victimization</td>
<td>Earnings</td>
</tr>
<tr>
<td>Costs</td>
<td>($556)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Present Value</td>
<td>$3,920</td>
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<tr>
<td>Benefit Cost Ratio</td>
<td>8.22</td>
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</tr>
<tr>
<td>Investment Risk: % trials NPV &gt; $0</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*WSIPP halves effects when the program developer is involved in the trial – as it was in the CYDS (Hawkins involved).*
History of Communities That Care

- Developmental Research & Programs
- Formatted, packaged and distributed CTC 1993-2005
- SAMHSA Purchased CTC 2005
- Channing Bete Company Purchased CTC in 2000
- CTC Materials in public domain 2005
- eCTC created at UW for scaling

Research on CTC

1984
UW/WA TOGETHER! Grant 1988-1990

1990
UW/Oregon TOGETHER! Grant 1990-1992

1995
Six State Consortium 1993 – 1997 (CSAP)

2000
Diffusion Study 1997-2003 (NIDA)

2005
Community Youth Development Study Intervention Phase 2003-2009 (NIDA, NCI, NICHD, NIMH, CSAP)

2010
Community Youth Development Study Sustainability Phase 2009 - present

2015
eCTC distributed by University of Washington 2014 – 2015

1984
1990
2000
2010
2015
Communities That Care workshops are now online making access easy from anywhere at anytime.

Communities That Care

Strong Communities, Successful Kids

Support Our Work

Your donation to the University of Washington Center for Communities That Care will help kids thrive.

Give Now!

Featured Community

CTC can help you prevent problems before they start... » Watch video
Additional Communities launching in 2015 in Pennsylvania, Michigan, Utah, Texas, and new Annie E. Casey Foundation Evidence2Success sites will use eCTC as base operating system.
2015 eCTC Urban Communities

Birmingham, Alabama
Chicago, Illinois
East St. Paul, Minnesota
Seattle, Washington

Additional Communities launching in 2015 in Pennsylvania, Michigan, Utah, Texas, and new Annie E. Casey Foundation Evidence2Success sites will use eCTC as base operating system.
CTC Prevention Infrastructure Supports and Sustains Effective Prevention with Fidelity and Impact at Scale

- Builds capacity and provides tools to assess and prioritize local risk, protection and youth outcomes, and match priorities to evidence based programs
- Builds capacity and provides tools to insure program fidelity and engagement of target population
- Affects risk, protection, substance use, delinquency and violence community wide and is cost beneficial
- Creates citizen advocates for prevention science
Thank You!

www.communitiesthatcare.net

www.sdrg.org