Meeting of the
Federal Advisory Committee on Juvenile Justice

Office of Juvenile Justice and Delinquency Prevention
October 20, 2015

Engaging Communities in Delinquency Prevention: The Communities That Care System

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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?

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Shift in Causes of Mortality

- 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

Leading Causes of Mortality 15-24 Year Olds

(2011, U.S.)

		Total deaths (per 100,000)
1	Motor Vehicle Crashes	15.9
2	Accidents	11.5
3	Intentional self harm (suicide)	10.7
4	Assault (homicide)	10.3
5	Malignant neoplasms	3.7
6	Diseases of heart	2.2
7	Congenital malformations, deformations and abnormalities	1.0
8	Influenza and pneumonia	0.5
9	Cerebrovascular diseases	0.4
10	Pregnancy, childbirth and the puerperium	0.4

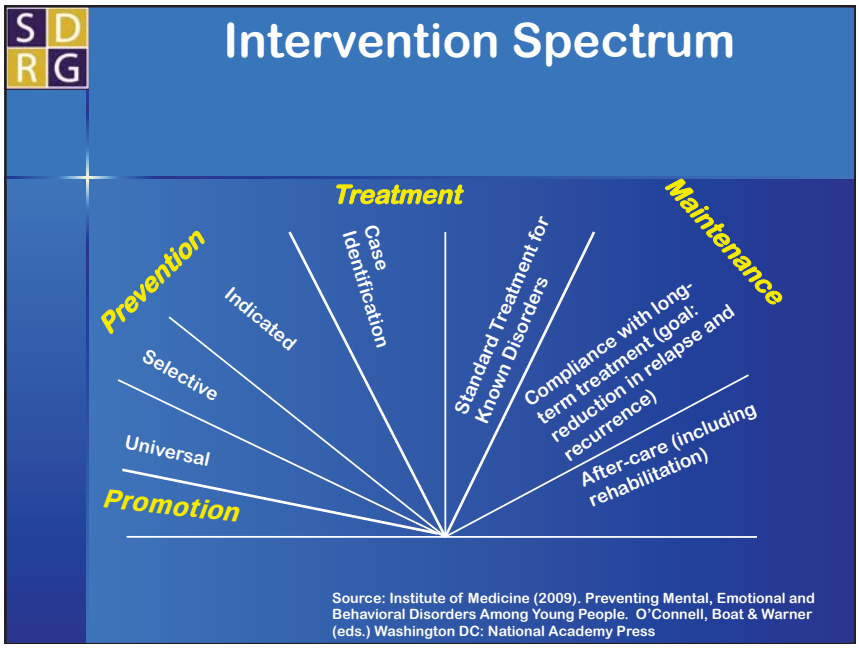
48.8/100,000 or 72% of all deaths

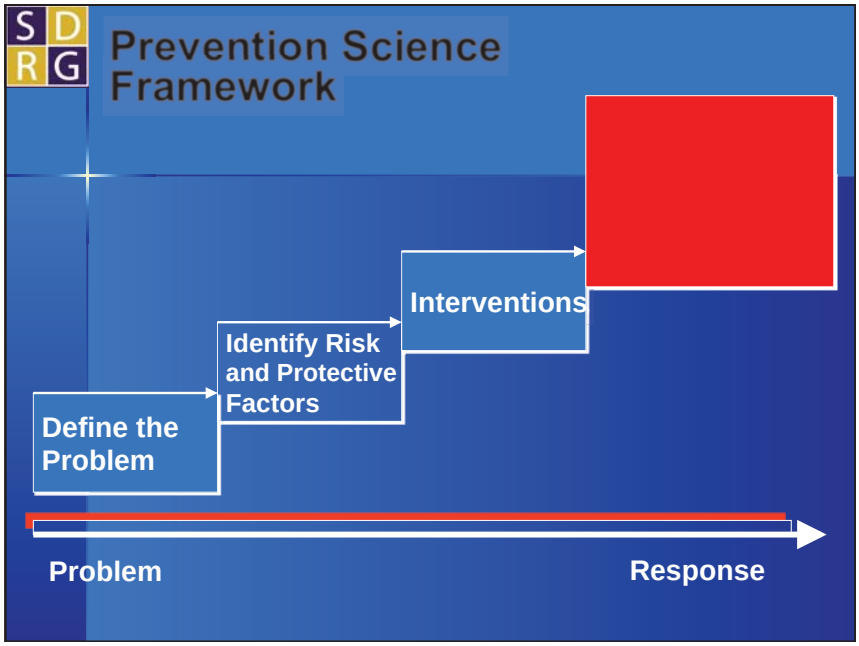
Prevention is Critical for Health and Well-being

- 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

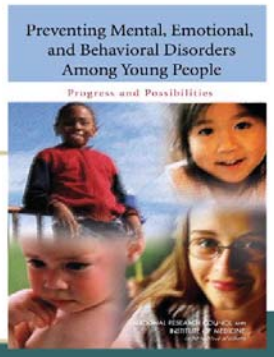
Prevention is Cost Beneficial

- According to a recent Justice Policy Institute report, the average cost per day (in the U.S.) to confine youth is >$400.
- Cost to society for youth problem behaviors that lead to contact with the justice system (property damage, substance abuse, theft, etc.) is large.


Intervention Spectrum
Treatment
Prevention
Maintenance
Indicated
Case Identification
Selective
Standard Treatment for Known Disorders
Compliance with long-term treatment (goal: reduction in relapse and recurrence)
Universal
After-care (including rehabilitation)
Promotion
Source: Institute of Medicine (2009). Preventing Mental, Emotional and Behavioral Disorders Among Young People. O'Connell, Boat & Warner (eds.) Washington DC: National Academy Press


Prevention Science Framework
Interventions
Identify Risk and Protective Factors
Define the Problem
Problem
Response

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



A summary of the progress of prevention science

THE NATIONAL ACADEMIES
Advisers to the Nation on Science, Engineering, and Medicine

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

Family

School

Individual/Peer

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Media Portrayals	✓				✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	
Individual/Peer						
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Alienation and Rebelliousness	✓	✓		✓	✓	
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	✓	
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

Protective Factors Also Affect Multiple Problems

Individual Characteristics

- High Intelligence
- Resilient Temperament
- Competencies and Skills

In each social domain (family, school, peer group and neighborhood)

- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding
- Healthy Beliefs and Clear Standards

FIVE IMPORTANT ELEMENTS
for promoting healthy behaviors
SOCIAL DEVELOPMENT STRATEGY
Opportunities
Skills
Recognition
HEALTHY BEHAVIORS
Clear Standards
Bonding
Individual Characteristics
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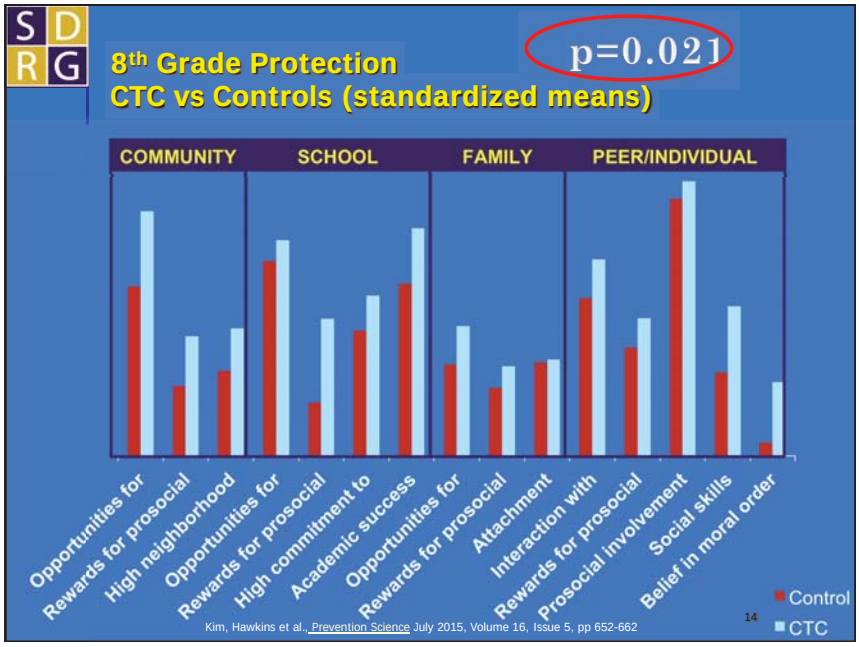
8th Grade Protection
CTC vs Controls (standardized means)
p=0.021
COMMUNITY
SCHOOL
FAMILY
PEER/INDIVIDUAL
Opportunities for
Rewards for prosocial
High neighborhood
Opportunities for
Rewards for prosocial
High commitment to
Academic success
Opportunities for
Rewards for prosocial
Attachment
Interaction with
Rewards for prosocial
Prosocial involvement
Social skills
Belief in moral order
Control
CTC
Kim, Hawkins et al., Prevention Science July 2015, Volume 16, Issue 5, pp 652-662
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Different Communities, Different Needs= Different Solutions

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CENTER FOR COMMUNITIES THAT CARE

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)

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THE LANCET

Adolescent Health

An Executive Summary for *The Lancet* Series

"Failure to invest in the health of the largest generation of adolescents in the world's history jeopardises earlier investments in maternal and child health, erodes future quality and length of life, and escalates suffering, inequality, and social instability."

Richard F Catalano, Abigail A Fagan, Loretta E Gavin, Mark T Greenberg, Charles E Irwin Jr, David A Ross, Daniel TL Shek (2012)

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)

Prevention Programs/Policies	Violence	Drug Use	HIV STI	Unintended Pregnancy	Vehicle Crash Risk	Obesity	Mental Health
1. Prenatal & Infancy Programs(eg., NFP)		✓		✓			
2. Early Childhood Education	✓	✓					
3. Parent Training	✓	✓			✓		✓
4. After school Recreation	✓						
5. Mentoring with Contingent Reinforcement		✓					
6. Cognitive Behavior Therapy							✓
7. Classroom Organization, Management and Instructional Strategies	✓	✓		✓			✓
8. Classroom Curricula	✓	✓		✓		✓	✓

Wide Ranging Approaches Have Been Found To Be Efficacious (Catalano et al., 2012 Lancet)

Prevention Programs/Policies	Violence	Drug Use	HIV STI	Unintended Pregnancy	Vehicle Crashes	Obesity	Mental Health
9. Community Based Skills Training/Motivational Interviewing			✓	✓			
10. Cash Transfer for School Fees/Stipend			✓	✓			
11. Multicomponent Positive Youth Development	✓			✓			
2. Policies (eg., MLDA, Access to Contraceptives, GDL)		✓		✓	✓		
13. Community Mobilization	✓	✓					
14. Medical Intervention			✓	✓			
15. Law Enforcement					✓		
16. Family Planning Clinic				✓			

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)

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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?

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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.

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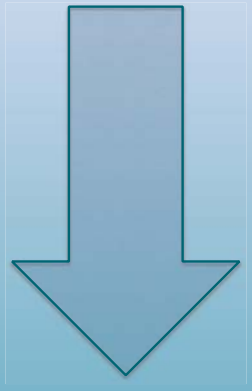
Communities That Care = Powerful Impact



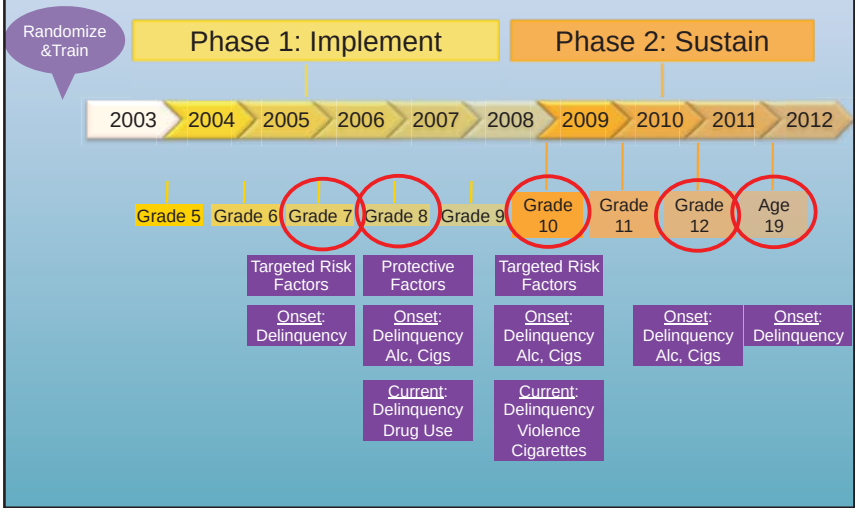
- **33%** tobacco
- **32%** alcohol
- **25%** delinquent behavior

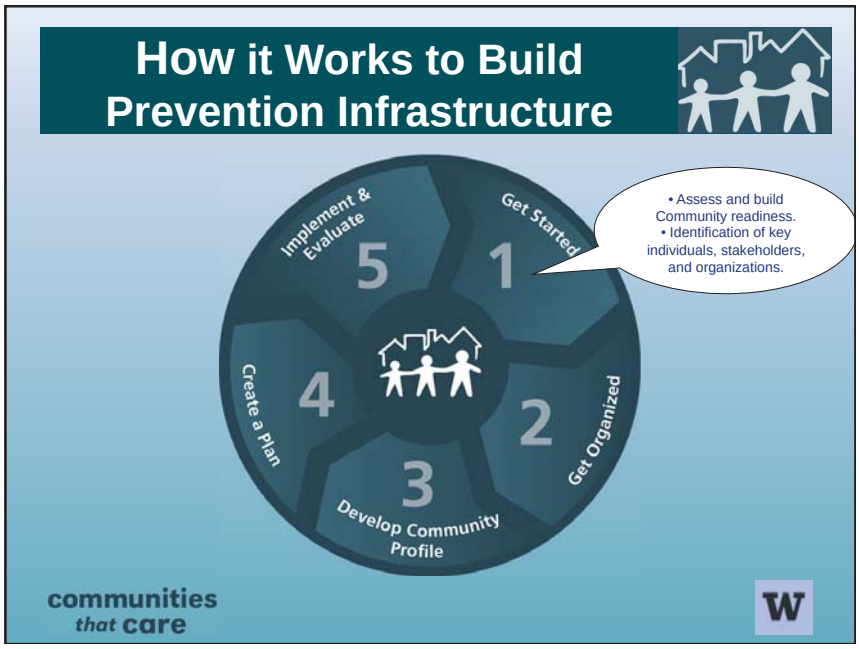
A large trial of Communities That Care produced reductions in drug use and delinquency.

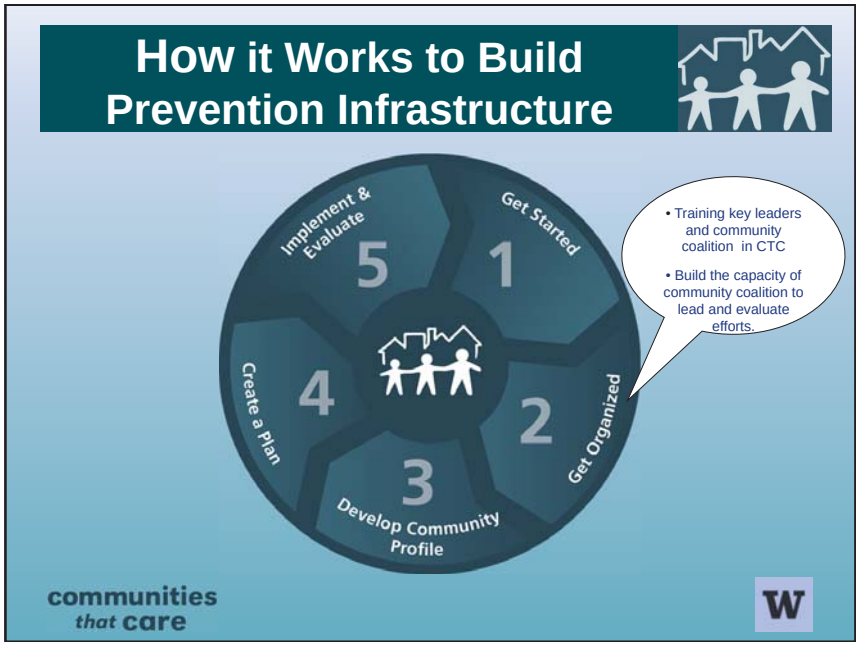
communities *that* care

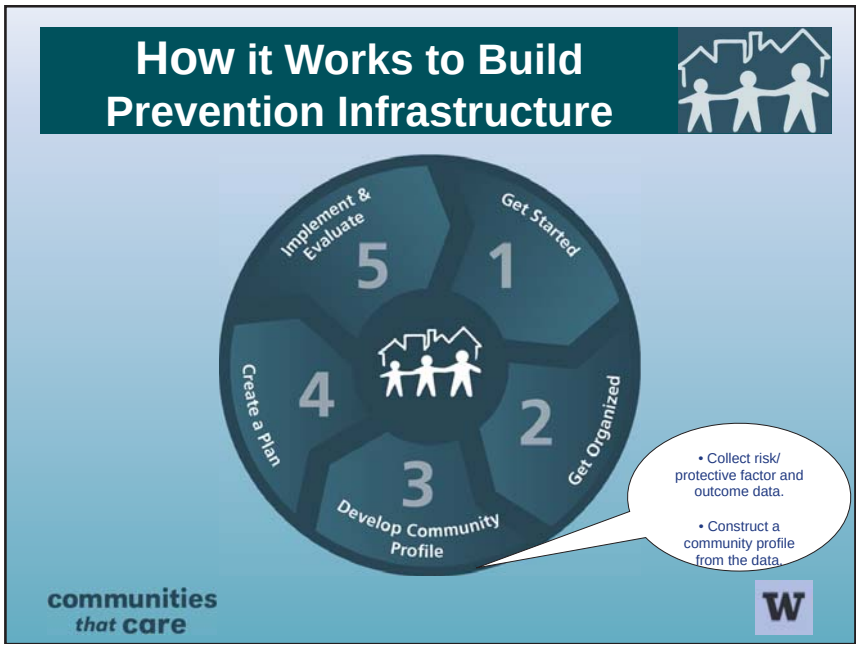
W

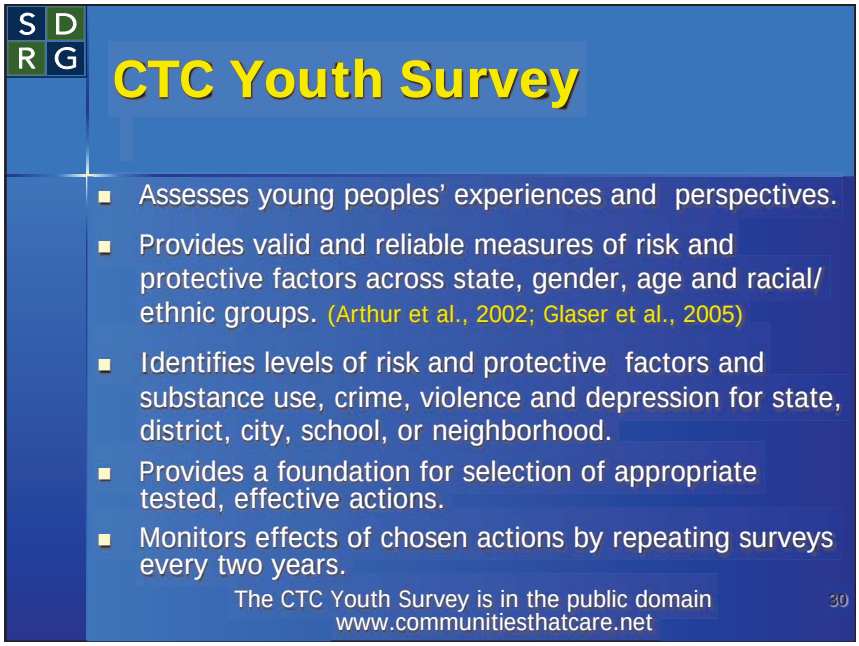
CTC effects on youth outcomes




How it Works to Build Prevention Infrastructure
Get Started
1
Get Organized
2
Develop Community Profile
3
Create a Plan
4
Implement & Evaluate
5
• Assess and build Community readiness.
• Identification of key individuals, stakeholders, and organizations.
communities that care


How it Works to Build Prevention Infrastructure
Get Started
1
Get Organized
2
Develop Community Profile
3
Create a Plan
4
Implement & Evaluate
5
• Training key leaders and community coalition in CTC
• Build the capacity of community coalition to lead and evaluate efforts.
communities that care


How it Works to Build Prevention Infrastructure
Get Started
1
Get Organized
2
Develop Community Profile
3
Create a Plan
4
Implement & Evaluate
5
• Collect risk/ protective factor and outcome data.
• Construct a community profile from the data.
communities that care


S D
R G
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
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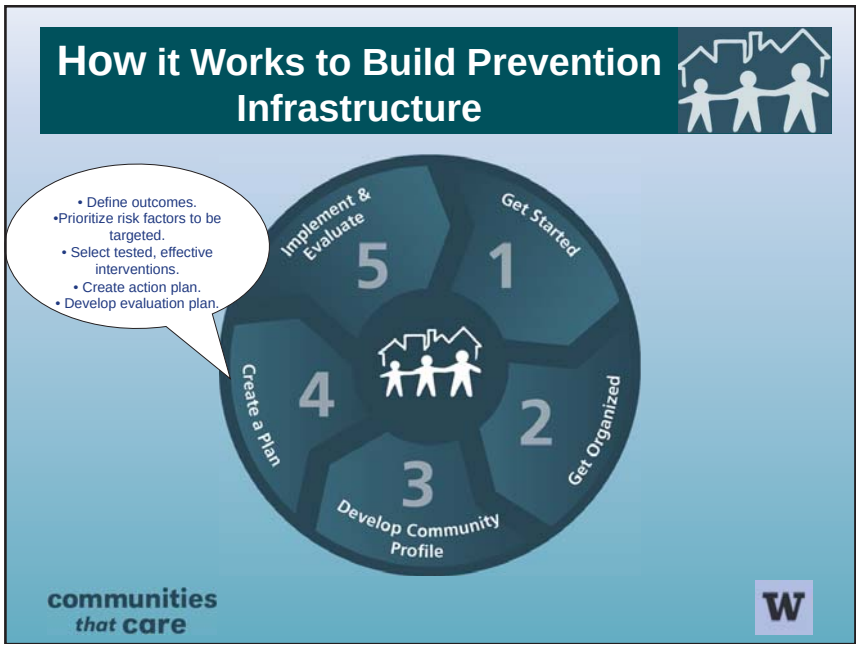
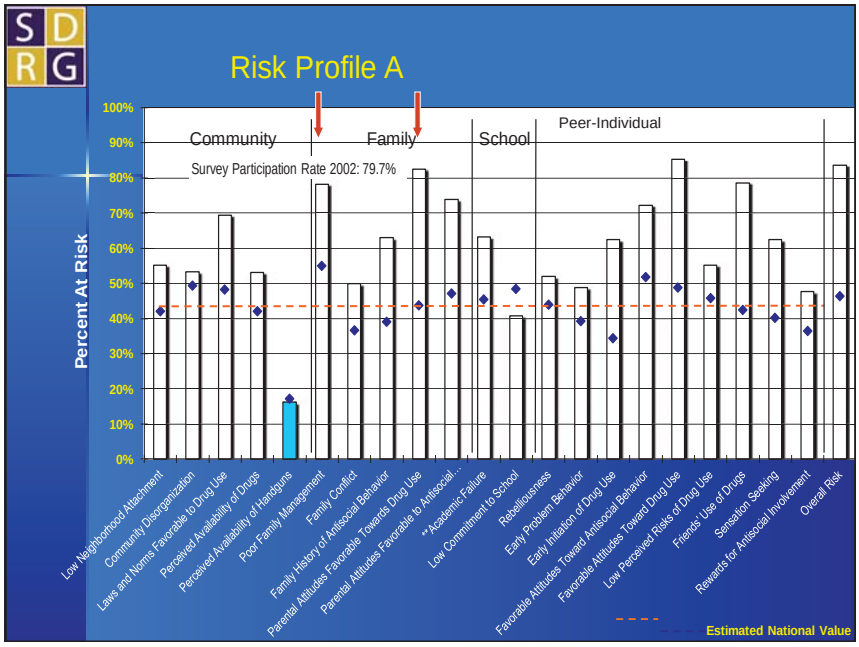

How it Works to Build Prevention Infrastructure
• Define outcomes.
•Prioritize risk factors to be targeted.
• Select tested, effective interventions.
• Create action plan.
• Develop evaluation plan.
1
Get Started
2
Get Organized
3
Develop Community Profile
4
Create a Plan
5
Implement & Evaluate
communities that care


Risk Profile A
Community
Family
School
Peer-Individual
Survey Participation Rate 2002: 79.7%
Percent At Risk
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Low Neighborhood Attachment
Community Disorganization
Laws and Norms Favorable to Drug Use
Perceived Availability of Drugs
Perceived Availability of Handguns
Poor Family Management
Family Conflict
Family History of Antisocial Behavior
Parental Attitudes Favorable Towards Drug Use
Parental Attitudes Favorable to Antisocial ...
**Academic Failure
Low Commitment to School
Rebelliousness
Early Problem Behavior
Early Initiation of Drug Use
Favorable Attitudes Toward Antisocial Behavior
Favorable Attitudes Toward Drug Use
Low Perceived Risks of Drug Use
Friends' Use of Drugs
Sensation Seeking
Rewards for Antisocial Involvement
Overall Risk
Estimated National Value

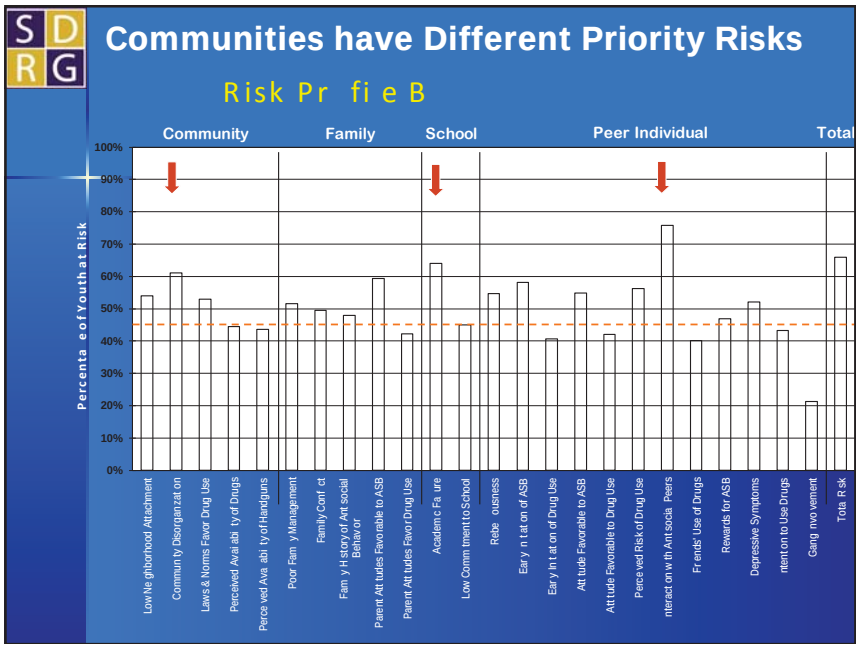
Community A Potential Prevention Responses

			Protective Factors					
	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Family Domain	Family History of the Problem Behavior	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
	Family Management Problems	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
		Early Childhood Education	✔	✔	✔	✔	✔	3-5
		Parent Training	✔	✔	✔	✔	✔	prenatal-14
		Family Therapy	✔	✔	✔	✔	✔	6-14
	Family Conflict	Marital Therapy	✔	✔	✔	✔	✔	prenatal
		Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
		Parent Training	✔	✔	✔	✔	✔	prenatal-14
		Family Therapy	✔	✔	✔	✔	✔	6-14
	Favorable Parental Attitudes and Involvement in the Problem Behavior	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
		Parent Training	✔	✔	✔	✔	✔	prenatal-14
		Community/School Policies	✔	✔	✔	✔	✔	all

Efficacious Parent Training

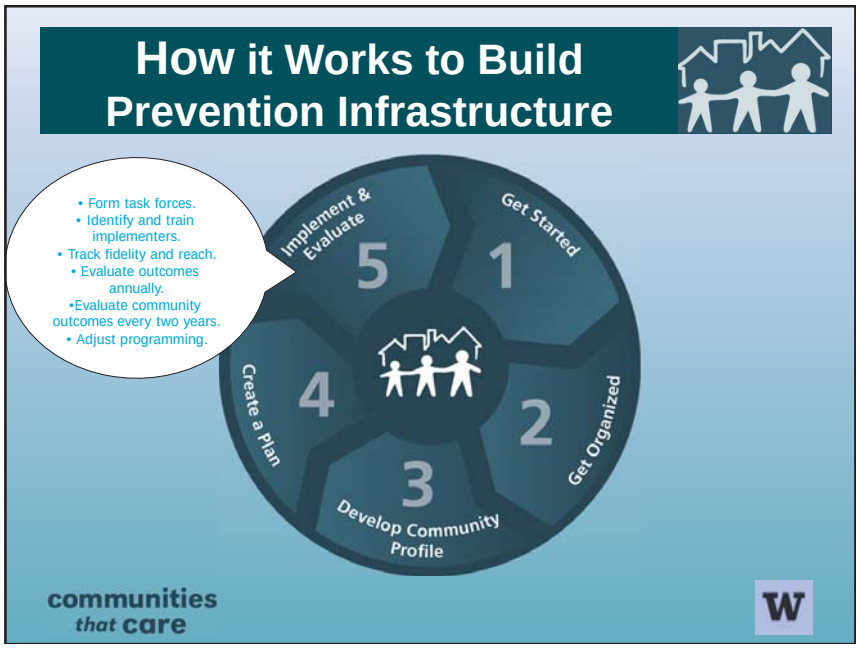
- Family Spirit Intervention (Barlow et al., 2006; Walkup et al., 2009)
- Guiding Good Choices (Spoth et al., 1998, Mason et al., 2003)
- Staying Connected with Your Teen (Haggerty et al., 2007; 2015)
- Parenting Wisely (Kacir and Gordon, 1997)
- Iowa Strengthening Families Program (Spoth et al, 1998)
- Focus on Families (Catalano et al., 1999; 1997; Haggerty et al., 2008)
- Family Matters (Bauman et al., 2001)

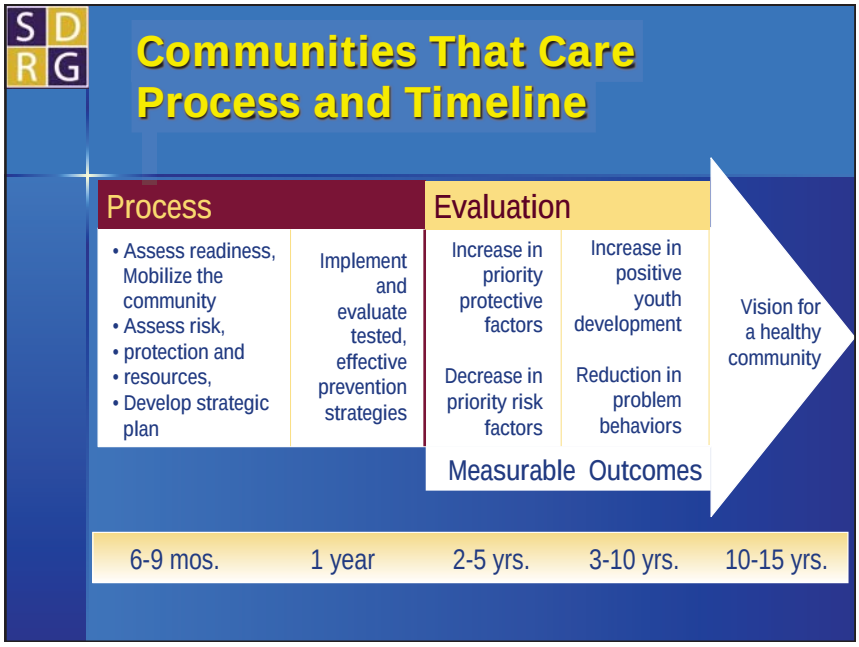
Communities have Different Priority Risks



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)


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

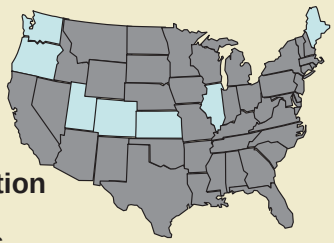

Communities That Care Process and Timeline
Process
• Assess readiness, Mobilize the community
• Assess risk,
• protection and
• resources,
• Develop strategic plan
Implement and evaluate tested, effective prevention strategies
Evaluation
Increase in priority protective factors
Decrease in priority risk factors
Increase in positive youth development
Reduction in problem behaviors
Measurable Outcomes
Vision for a healthy community
6-9 mos.
1 year
2-5 yrs.
3-10 yrs.
10-15 yrs.

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

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Research Support from:

Funders

National Institute on Drug Abuse

National Cancer Institute

Center for Substance Abuse Prevention

and

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

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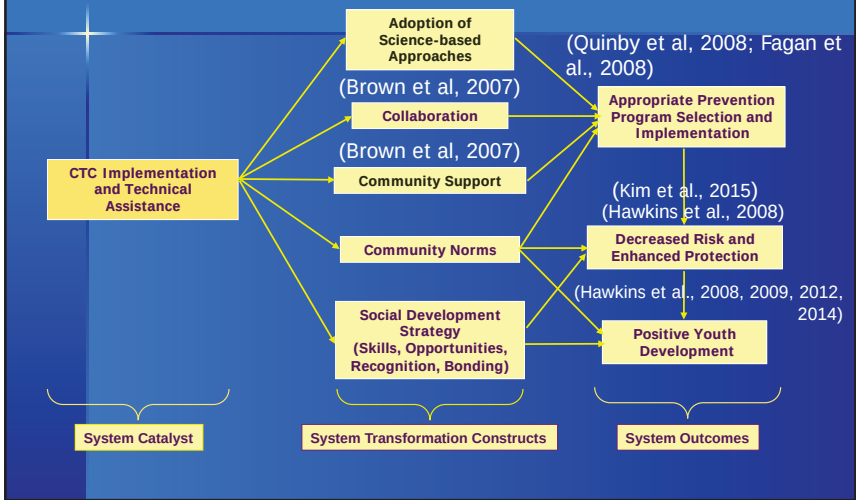
Communities That Care Theory of Change



Communities Targeted a Variety of Risk Factors

	CTC Community											
RISK FACTORS	1	2	3	4	5	6	7	8	9	10	11	12
Laws and norms favorable to drug use									x			
Low commitment to school		x	x	x		x	x	x	x		x	x
Academic failure				x	x			x		x	x	
Family conflict	X	x					x					
Poor family management			x	x						x		x
Parental attitudes favorable to problem behavior						x						
Drug using and antisocial friends	X	x			x				x	x	x	x

Number of CTC communities implementing effective programs 2004-2008

	Program	2004-05	2005-06	2006-07	2007-08
School-Based	All Stars Core	1	1	1	1
	Life Skills Training (LST)	2	4*	5*	5*
	Lion's Quest SFA (LQ-SFA)	2	3	3	3
	Project Alert	-	1	1	1
	Olweus Bullying Prevention Program	-	2*	2*	2*
	Towards No Drug Abuse (TNDA)	-	-	-	2
	Class Action	-	-	-	1*
	Program Development Evaluation Training	1	1	-	-
Selective After school	Participate and Learn Skills (PALS)	1	1	1	2
	Big Brothers/Big Sisters	2	2	2	1
	Stay SMART	3	3	1	1
	Tutoring	4	6	6	7
	Valued Youth	1	1	1	-
Family Focused	Strengthening Families 10-14	2	3	3	2
	Guiding Good Choices	6	7*	8*	7
	Parents Who Care	1	1	1	1
	Family Matters	1	1	2	2

*Some funded locally

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(Fagan et al., 2009)

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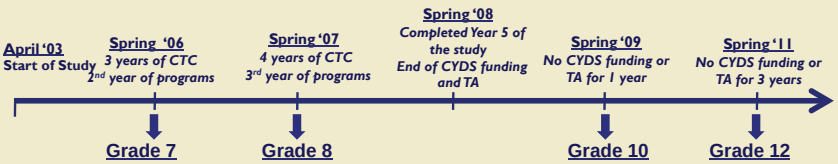
CYDS Timeline: Youth Outcomes



Grade 7	Grade 8	Grade 10	Grade 12
Targeted risk	Increased protection	Targeted risk	
Delinquency (initiation)	Delinquency (initiation & prevalence)	Delinquency (initiation & prevalence)	Delinquency (initiation)
		Violence (prevalence)	Violence (initiation)
	Alcohol (initiation & prevalence)	Alcohol (initiation)	Alcohol (initiation)
	Cigarettes (initiation)	Cigarettes (initiation & prevalence)	Cigarettes (initiation)

Hawkins et al., 2008, 2009, 2012, 2014

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communities that care

Strong Communities, Successful Kids

Benefit-Cost Analysis Summary I

CTC Effects on Cumulative Initiation – Grade 12 I

Discounted 2011 dollars	Benefits monitized i					CTC 12th i Grade Total i	WSIPP Adjust-i ments to i Effect Sizes * i
	Criminal i Justice i System i	Victimi-i zationi	Earnings i	ealth i Care i	Property i Loss i		
Costs i						($556) i	($556) i
Net Present Value i						$3,920 i	$1,749 i
Benefit Cost Ratio i						8.22 i	4.23 i
nvestment Risk: % trials NPV > $0 i						100% i	99% i

* WSIPP halves effects when the program developer is involved in the trial – as it was in the CTDS (Hawkins involved).

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History of Communities That Care

•I Developmental I Research & I Programs I

Developed CTC i 1984-1988 i

Formatted, packaged i and distributed CTC i 1993-2005 i

•ICHanning Bete Company I Purchased CTC in 2000 I

•ISAMHSA Purchased I CTC 2005 I

CTC Materials in i public domain i 2005 i

***eCTC* distributed by University i of Washington i 2014 – 2015 i**

•I*eCTC* created at I UW for scaling I

Research on CTC

UW /WA TOGETHER! I Grant 1988-1990 I

UW/Oregon I TOGETHER! I Grant I 1990-1992 I

Six State I Consortium I 1993 – 1997 I (CSAP) I

Diffusion I Study I 1997-2003 I (NIDA) I

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

Community Youth I Development Study I Sustainability Phase I 2009 - present I

1984 I 1990 I 1995 I 2000 I 2005 I 2010 I 2015 I

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CENTER FOR COMMUNITIES THAT CARE

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communities that care
Strong Communities, Successful Kids
Communities That Care
workshops are now online
making access easy
from anywhere at anytime.
Home
How It Works
Research & Results
Get Started
News
About
CTC can help you prevent problems before they start... » Watch video
SUPPORT OUR WORK
Your donation to the University of Washington Center for Communities That Care will help kids thrive.
Give Now!
FEATURED COMMUNITY
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communities that care
Strong Communities, Successful Kids
2015 eCTC Communities l
United States
Additional Communities launching in 2015 in Pennsylvania, Michigan, Utah, Texas, and new l
Annie E. Casey Foundation Evidence2Success sites wil use eCTC as base operating system. l
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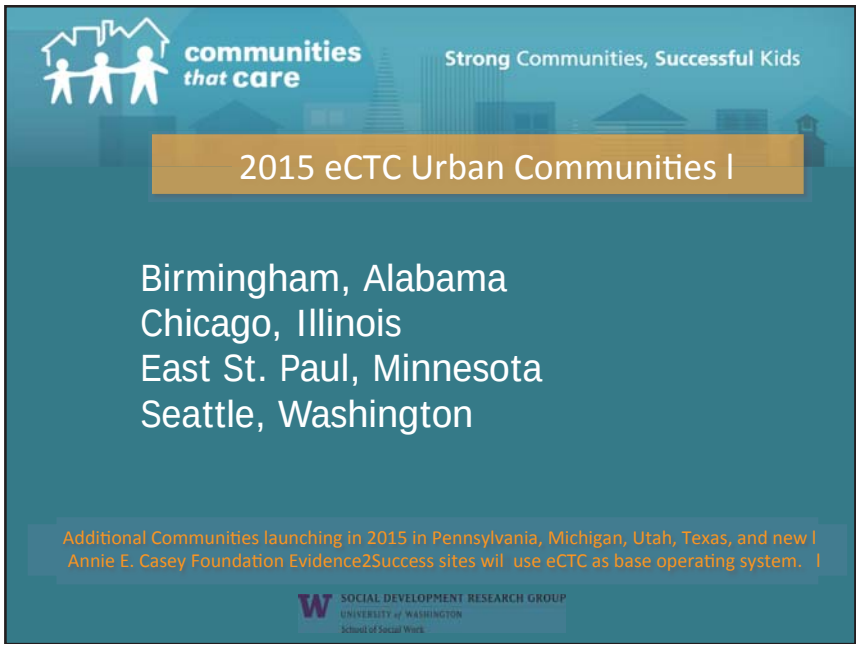
communities that care
Strong Communities, Successful Kids
2015 eCTC Urban Communities l
Birmingham, Alabama
Chicago, Illinois
East St. Paul, Minnesota
Seattle, Washington
Additional Communities launching in 2015 in Pennsylvania, Michigan, Utah, Texas, and new l
Annie E. Casey Foundation Evidence2Success sites wil use eCTC as base operating system. l
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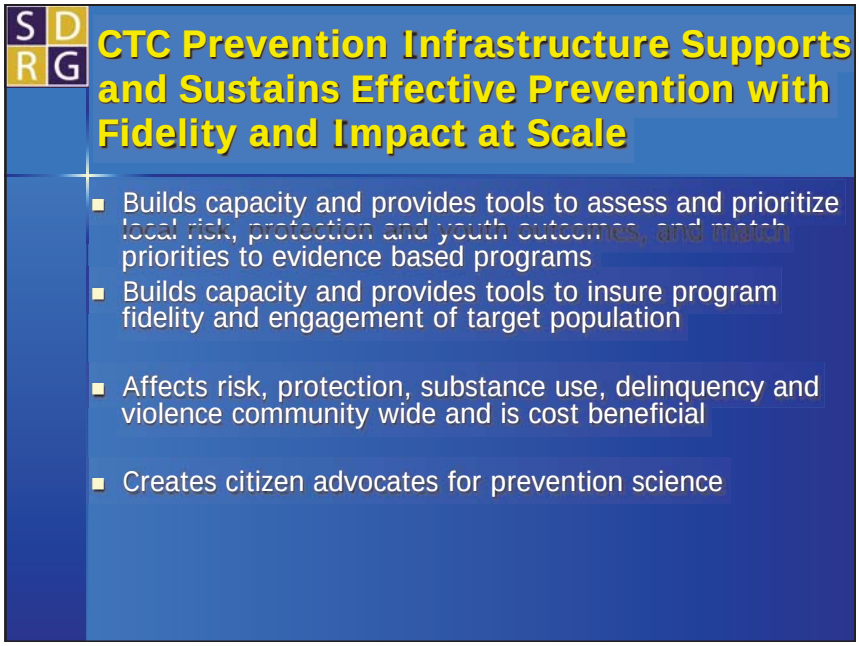
S D
R G
CTC Prevention Infrastructure Supports and Sustains Effective Prevention with Fidelity and Impact at Scale
Builds capacity and provides tools to assess and prioritize local risk, protection and youth outcomes, and match priorities to evidence based programs
Builds capacity and provides tools 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!

communities that care

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