An Effective Community-based Approach for Preventing Adolescent Violence: The Communities That Care System

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What is community-based violence prevention?

• Efforts to change features of the community that are related to crime

• Delivery of a set of coordinated activities by multiple local agencies
Why Use a Community-based Approach to Prevent Violence?

• Youth behavior is affected by the community context

• Crime rates are lowest in areas with:
  – High collective efficacy
  – Strong anti-crime norms
Why Use a Community-based Approach to Prevent Violence?

• Communities differ in:
  – Levels of youth delinquency and violence
  – Levels of risk and protective factors related to delinquency
  – Resources and capacity
  – Norms and values
Example Risk Profile:
Community A

<table>
<thead>
<tr>
<th>Year of Administration (Response Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 (82.6%)</td>
</tr>
<tr>
<td>2002 (73.5%)</td>
</tr>
<tr>
<td>2004 (84.2%)</td>
</tr>
<tr>
<td>2006 (85.1%)</td>
</tr>
</tbody>
</table>

Less than 50% of students responded to the questions measuring this factor.
Example Risk Profile: Community B


Year of Administration (Response Rate)
- 2002 (67.8%)
- 2004 (76.6%)
- 2005 (75.2%)
- 2007 (70.8%)
Benefits of Community-based Violence Prevention

• Community-based prevention efforts allow for:
  – More participation and support by local stakeholders
  – Increased coordination of services
  – Pooling of resources across agencies

• BUT, only when:
  – Residents DO participate
  – Effective violence prevention activities are well implemented and “fit” local needs
Communities That Care

• Provides a process and tools for community coalitions to **effectively** prevent youth crime

• Relies on local control and choice to:
  – build **ownership**
  – enhance **collaboration**
  – Implement **proven** strategies
  – Create **sustainable** community-level change
The Communities That Care Prevention System

Getting Started

Creating Communities That Care

Get Organized

Develop a Profile

Create a Plan

Implement and Evaluate
CTC Coalitions Include Diverse Stakeholders

- Advocacy groups
- Business
- Drug/alcohol treatment
- Education
- Government
- Health
- Juvenile Justice
- Law Enforcement
- Any other concerned citizens/groups

- Media
- Mental health
- Parents
- Philanthropic
- Recreation
- Religion
- Social services
- Youth
Communities That Care

• **Does not prescribe** who is involved in prevention efforts but allows community choice in leadership/membership

• **Does not prescribe** the use of specific programs but provides support for:
  – Conducting local needs assessments
  – Identifying effective prevention programs and policies
    • Using the *Blueprints for Healthy Youth Development* list
  – Implementing multiple interventions to address multiple needs
  – Monitoring implementation to ensure outcomes
Communities That Care

• Providing flexibility/choice AND structure/support helps to avoid:
  – Confusion
  – Inertia
  – Conflict
  – Wasted resources
CTC is NOT a quick fix!

CTC Process and Timeline

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

Measurable Outcomes

6-9 mos.  1 year  2-5 yrs.  3-10 yrs.  10-15 yrs.
Does it *really* work?

Yes!

How do you know?

We tested it
The Community Youth Development Study: Testing Communities That Care

PI: J. David Hawkins, PhD

14-year RCT funded by:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Cancer Institute
National Institute of Child Health and Human Development
National Institute of Mental Health
National Institute on Alcohol Abuse and Alcoholism
Investigators Team:
J. David Hawkins (PI)
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Michael Arthur
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Margaret Kuklinski
Kate Monahan
Sabrina Oesterle
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Kari Gloppen
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Kevin Haggerty

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Ashleigh Lewis
Nancy Reinhold
Maria Roper-Caldbeck
Lara Schiff
Andrew Turgeon
Jessica Van Vleet
Catherine Wilson

Data Management:
John Briney
Koren Hanson
STUDY DESIGN

Randomized Controlled Trial
2003-2008

5-Year Baseline
1997-2002

2003 2004 2005 2006 2007 2008
Planning  Implement selected interventions

Randomize

CKI CRD

CKI CRD

CTCYS

CTCYS

CTCYS

CTCYS

Intervention

Control

YDS YDS YDS YDS YDS

YDS YDS YDS YDS YDS

YDS YDS YDS YDS YDS

YDS YDS YDS YDS YDS

CTCYS CTCYS CTCYS CTCYS CTCYS

CTCYS CTCYS CTCYS CTCYS CTCYS

SURVEY INSTRUMENTS

CTCYS: Cross-sectional student survey of 6th-, 8th-, 10th-, and 12th-grade students using the CTC Youth Survey
CKI: Community Key Informant Interview
CRD: Community Resource Documentation measuring effective prevention programs and policies in the community
CTC Board: CTC Board Member Interview
YDS: Longitudinal Youth Development Survey - students in Grade 5 in spring 2004
CTC Logic Model

CTC Training & Technical Assistance → CTC Coalition Functioning & Capacity

- Adoption of Science-Based Prevention
- Community Collaboration for Prevention
- Community Support for Prevention
- Positive Community Norms
- Social Development Strategy

→ Appropriate Selection & Implementation of Tested, Effective Prevention Programs → Decreased Risk & Enhanced Protection → Positive Youth Outcomes
Example Risk Profile: Community A


Year of Administration (Response Rate)

- 2000 (82.6%)
- 2002 (73.5%)
- 2004 (84.2%)
- 2006 (85.1%)

Less than 50% of students responded to the questions measuring this factor.
# Targeted Risk Factors Across the 12 CTC Communities

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>CTC Community</th>
</tr>
</thead>
<tbody>
<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>X X X X X X X X</td>
</tr>
<tr>
<td>Family conflict</td>
<td>X X X</td>
</tr>
<tr>
<td>Poor family management</td>
<td>X X</td>
</tr>
<tr>
<td>Parental attitudes favorable to problem behavior</td>
<td>X</td>
</tr>
<tr>
<td>Antisocial friends</td>
<td>X X 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>
# Number of CTC Communities Implementing Effective Prevention Programs*

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School-Based</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Stars Core</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Life Skills Training (LST)</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lion’s Quest SFA (LQ-SFA)</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Olweus Bullying Prevention Program</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Program Development Evaluation Training</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Project Alert</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Project Northland-Class Action</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Towards No Drug Abuse (TNDA)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>After-School</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big Brothers/Big Sisters</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Participate and Learn Skills (PALS)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stay SMART</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tutoring (generic programs)</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Valued Youth Tutoring Program</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Parent Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Matters</td>
<td>1</td>
<td>1</td>
<td>2</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>Parenting Wisely</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Parents Who Care</td>
<td>1</td>
<td>1</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><strong>Total number of programs</strong></td>
<td>27</td>
<td>38</td>
<td>37</td>
<td>39</td>
</tr>
</tbody>
</table>

*Programs implemented in this study targeted youth in Grades 5-9
# Reach of Services

## Number of Program Participants/Families Receiving Services

<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><strong>School Curricula</strong></td>
<td>1432</td>
<td>3886</td>
<td>5165</td>
<td>5705</td>
</tr>
<tr>
<td><strong>After-school</strong></td>
<td>546</td>
<td>612</td>
<td>589</td>
<td>448</td>
</tr>
<tr>
<td><strong>Parent Training</strong></td>
<td>517</td>
<td>665</td>
<td>476</td>
<td>379</td>
</tr>
</tbody>
</table>

*Note: Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031*
Summary of Positive Youth Outcomes
Based on surveys of 4,407 youth followed from Grades 5 – 12 in all 24 communities

April ‘03
Start of Study

Spring ‘06
3 years of CTC
2nd year of programs

Spring ‘07
4 years of CTC
3rd year of programs

Spring ‘08
Completed Year 5 of the study
End of CYDS funding and TA

Spring ‘09
No CYDS funding or TA for 1 year

Spring ‘11
No CYDS funding or TA for 3 years

Grade 7
Targeted risk
Delinquency (initiation)

Grade 8
Delinquency (initiation & prevalence)
Alcohol (initiation & prevalence)
Cigarettes (initiation)
Binge drinking (prevalence)
Smokeless tobacco (initiation & prevalence)

Grade 10
Delinquency (initiation & prevalence)
Violence (prevalence)
Alcohol (initiation)
Cigarettes (initiation & prevalence)

Grade 12
Delinquency (initiation)
Violence (initiation)
Alcohol (initiation)
Cigarettes (initiation)
**Delinquency**

*Based on youth reports:*

<table>
<thead>
<tr>
<th>How many times in the past year have you ...?</th>
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<tr>
<td>1. stolen something worth more than $5?</td>
</tr>
<tr>
<td>2. purposely damaged or destroyed property that did not belong to you (not counting family property)?</td>
</tr>
<tr>
<td>3. taken something from a store without paying for it?</td>
</tr>
<tr>
<td>4. been arrested?</td>
</tr>
<tr>
<td>5. attacked someone with the idea of seriously hurting them?</td>
</tr>
<tr>
<td>6. beat up someone so badly that they probably needed to see a doctor or a nurse?</td>
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<tr>
<td>7. carried a handgun?</td>
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## Violence

*Based on youth reports...*

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Percent of Youth Who Reported Any Delinquency in the Past Year at Grade 10

*\(p<.05\); AOR = adjusted odds ratio from generalized linear mixed regression analysis controlling for student and community characteristics and grade 5 delinquency

AOR = .83*

Percent of Youth Who Reported Any Violence in the Past Year at Grade 10

*p<.05; AOR = adjusted odds ratio from generalized linear mixed regression analysis controlling for student and community characteristics and grade 5 delinquency

Effects on the Initiation of Delinquency, Grades 5 - 12

$N = 3464$ non-initiators at baseline (78.6% of total sample).

Hawkins et al., 2014, *JAMA Pediatrics* 168: 122-129
Effects on the Initiation of Violence, Grades 5 - 12

N = 4006 non-initiators at baseline (90.9% of total sample).

Hawkins et al., 2014, *JAMA Pediatrics* 168: 122-129
Summary of Effects at Grade 12

• 8 years after CTC implementation began and 3 years after study-provided resources ended:
  – CTC continued to prevent the initiation of alcohol use, tobacco use, delinquency, and violence
  – CTC did not produce sustained reductions in current prevalence of substance use, delinquency, or violence

Hawkins et al., 2014, *JAMA Pediatrics* 168: 122-129
CTC Cost-Benefits Analysis

Net Benefit Per Child in CTC Community

<table>
<thead>
<tr>
<th></th>
<th>Delinquency</th>
<th>Smoking</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>$4,438</td>
<td>$812</td>
<td>$5,250</td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td>$991</td>
</tr>
<tr>
<td>Net Benefit</td>
<td></td>
<td></td>
<td>$4,259</td>
</tr>
</tbody>
</table>

Benefit-Cost Ratio

\[
\frac{\text{Benefit}}{\text{Cost}} = \frac{\$5,250}{\$991} = \$5.30
\]

$1.00 invested in CTC yields $5.30 in benefits

Based on outcomes at Grade 10; see Kuklinski et al., 2012, *Prevention Science* 13: 150-161
CTC at Scale: The Pennsylvania Experience

- CTC adopted as a statewide initiative in 1994
- Over 120 communities have been trained in CTC
  - About 60 active CTC coalitions currently
  - Nearly 200 evidence-based programs have been implemented

CTC coalitions are supported by the Penn State EPIS Center. http://www.episcenter.psu.edu.
Also see: Brown et al., 2010; Rhoades et al. 2012
Communities across the U.S. using CTC
Advantages of the CTC Approach

• CTC helps communities:
  – Identify “what works” to reduce violence and other problems
  – Increase local support for and use of effective prevention services
  – Create an integrated and coordinated system of services
  – Ensure high quality implementation quality via structured protocols and continuous quality improvement
  – Sustain prevention efforts over time
  – Realize community-wide reductions in crime and related problem behaviors
Challenges Likely to be Faced

• Community-wide engagement and participation in coalitions and programs
• Turnover in community key leaders, coalition members, and program staff
• Knowledge of and support for:
  – “Effective” / “evidence-based” interventions
  – Monitoring of prevention efforts
• Adequate funding to support the coalition and interventions
• Expectations of a “quick fix”
Thank you!

• For more information on CTC: www.comunitiesthatcare.net and www.sdrg.org/index.asp

• Contact me at afagan@ufl.edu