



COMMUNITIES THAT CARE

Blueprints Program Rating: Promising

A prevention system designed to reduce levels of adolescent delinquency and substance use through the selection and use of effective preventive interventions tailored to a community's specific profile of risk and protection.

FACT SHEET

PROGRAM OUTCOMES

Alcohol
Delinquency and Criminal Behavior
Tobacco
Violence

PROGRAM TYPE

Community, Other Approaches

PROGRAM SETTING

Community (e.g., religious, recreation)

CONTINUUM OF INTERVENTION

Universal Prevention (Entire Population)

AGE

Infant (0-2)
Early Childhood (3-4) - Preschool
Late Childhood (5-11) - K/Elementary
Early Adolescence (12-14) - Middle School
Late Adolescence (15-18) - High School
Early Adulthood (19-22)

GENDER

Male and Female

RACE/ETHNICITY

All Race/Ethnicity

ENDORSEMENTS

Crime Solutions: Promising
Blueprints: Promising
SAMHSA: 3.2 - 3.6

PROGRAM INFORMATION

CONTACT

Blair Brooke-Weiss
Social Development Research Group
University of Washington School of Social Work
9725 3rd Ave. NE, Suite 401
Seattle, WA 98115-2024
(206) 543-5709
email: bbrooke@myuw.net
www.communitiesthatcare.net

PROGRAM DEVELOPER/OWNER

J. David Hawkins, Ph.D.
University of Washington School of Social Work

BRIEF DESCRIPTION OF THE PROGRAM

Communities That Care (CTC) is a prevention system, grounded in science that gives communities the tools to address their adolescent health and behavior problems through a focus on empirically identified risk and protective factors. CTC provides a structure for engaging community stakeholders, a process for establishing a shared community vision, tools for assessing levels of risk and protection in communities, and processes for prioritizing risk and protective factors and setting specific, measurable, community goals. CTC guides the coalition to create a strategic community prevention plan designed to address the community's profile of risk and protection with tested, effective programs and to implement the chosen programs with fidelity. CTC instructs the coalition to monitor program implementation and to periodically reevaluate community levels of risk and protection and outcomes, and to make adjustments in prevention programming if indicated by the data. Implementation of CTC is organized into five stages, each with its own series of "benchmarks" and "milestones" to help guide and monitor implementation progress. CTC is installed in communities through a series of six training events delivered over the course of 6 to 12 months by certified CTC trainers.

See: [Full Description](#)

OUTCOMES

Randomized Control Study in 24 communities:

Through Grade 7 (Hawkins, Brown et al., 2008):

- Students in control communities were significantly more likely to initiate delinquent behavior between fifth and seventh grades than were students in CTC communities.
- No significant intervention condition effects were found on substance use initiation between grades 5 and 7.

Through Grade 8 (Hawkins et al., 2009):

- The incidence of delinquent behavior, alcohol, cigarette, and smokeless tobacco initiation were significantly lower in CTC than in control communities between grades 5 and 8.
- In grade 8, the prevalence of alcohol and smokeless tobacco use in the last 30 days, binge drinking in the past 2 weeks, and the number of different delinquent behaviors committed in the past year in grade 8 were significantly lower in CTC communities compared to control communities.

Through Grade 10, one year after the end of technical assistance (Hawkins et al., 2011):

- The incidence of alcohol use, cigarette use, and delinquency was lower by grade 10 among students in CTC communities than in control communities.
- The prevalence of current cigarette use and past-year delinquent and violent behavior were significantly lower in CTC than in control communities in grade 10.

Through age 19, nine years after baseline (Oesterle et al., 2015):

• The incidence of cigarette use and delinquency was lower for males in CTC communities than in control communities.

Community-Level Prevention Service System Outcomes (Brown et al., 2007; Rhew et al., 2011 draft):

- CTC communities exhibited significantly greater increases in adopting a science-based approach to prevention, collaboration across community sectors, and collaboration regarding specific prevention activities between 2001 and 2004, relative to control communities.
- CTC communities reported higher levels of adoption of a science-based approach to prevention in 2009, 1.5 years after study-funded resources for CTC ended.
- All but one of the 12 CTC coalitions was still in existence in 2009 and sustaining the coalition's structure and prevention activities.

Pennsylvania Quasi-experimental Study (Feinberg et al. 2007)

- In general, the pattern of findings shows that communities employing the CTC model had lower levels of risk factors and problem behaviors (delinquency and alcohol/drug use) than communities not employing CTC.
- When contrasting grade cohorts that were actually exposed to evidence-based programs ("expected impact" cohorts), compared to grade cohorts in the same schools that were not exposed to EBPs combined with students from non-CTC schools, youth in "expected impact" CTC grade cohorts demonstrated significant and beneficial effects for risk/protective factors, academic grades, and delinquency.

Significant Program Effects on Risk and Protective Factors:

- The levels of risk factors targeted by CTC communities were significantly lower among panel students in grade 7 in intervention communities than in control communities after 1.67 years of implementing preventive interventions selected through the CTC process (Hawkins, Brown, et al., 2008).
- Mean levels of targeted risks increased less rapidly between grades 5 and 10, and were significantly lower in grade 10, in CTC than in control communities (Hawkins et al., 2011).

RACE/ETHNICITY/GENDER DETAILS

Communities That Care was implemented in communities with a diverse population. At nine years post baseline, only males showed significant sustained effects.

RISK AND PROTECTIVE FACTORS

TRAINING AND TECHNICAL ASSISTANCE

BRIEF EVALUATION METHODOLOGY

REFERENCES

Blueprints for Healthy Youth Development
In partnership with the Annie E. Casey Foundation

University of Colorado Boulder
 Institute of Behavioral Science
 Center for the Study and Prevention of Violence
 1440 15th Street, Boulder, CO 80302
 T: 303-492-1032 F: 303-492-2151
