

Communities That Care (Hawkins and Catalano Community Mobilization)

Description

(Excerpt from materials provided by Channing Bete Company in December 2001.)

The Communities That Care (CTC) process is an operating system that provides research-based tools to help communities mobilize to promote the positive development of children and youth and to prevent adolescent problem behaviors that impede positive development including substance abuse, delinquency, teen pregnancy, school dropout, and violence.

The CTC process was developed by David Hawkins, Ph.D. and Richard Catalano, Ph.D. to help communities plan, implement, and evaluate proven-effective prevention programs to meet their particular needs. These programs can address some or all focus areas - family, school, community-based youth, and community. The full CTC process is based on the public health model and includes five phases. (Alternative CTC programs can be customized to fit specific community needs.)

Phase I: Getting Started -- Create preliminary organization and identify community readiness issues.

Phase II: Getting Organized -- Engage key leaders, educate and involve the community, develop a vision, and address readiness issues.

Phase III: Developing A Community Profile -- Collect data; analyze and prioritize community risk and protective factors. Conduct a resource assessment. Identify gaps.

Phase IV: Creating A Comprehensive Youth Development or Community Action Plan -- Define clear, measurable outcomes. Identify strategies to address community priorities, matching proven-effective programs to specific community needs. Create action and evaluation plans.

Phase V: Implementing And Evaluating Programs -- Implement programs, conduct evaluations and refine strategies, adjust programs.

The Communities That Care operating system helps communities to:

- Mobilize and engage diverse members of the community in positive youth development.
- Target scarce resources to most effective use for positive youth results.
- Implement a clear decision-making process for allocating funding and other resources.
- Establish a shared vision, common language and collaborative prevention planning structure.
- Develop a data-driven profile of community strengths and challenges.
- Establish action priorities based on the data showing community needs.
- Develop clear and measurable outcomes that can be tracked over time to show progress.

Characteristics:

Risk Factors:	<ul style="list-style-type: none">* Community Laws & Norms Favorable Toward Drug Use* Low Neighborhood Attachment & Community Disorganization* Transition & Mobility
Protective Factors:	<ul style="list-style-type: none">* Bonding* Healthy Beliefs & Clear Standards* Opportunities* Skills
CSAP Strategies:	<ul style="list-style-type: none">* Community-Based Process
IOM Type:	<ul style="list-style-type: none">* Universal

Populations Found To Be Appropriate For This Practice:

Specific Ethnic Groups:	(None identified)
Specific Age Levels:	(None identified)
Other Specified Characteristics:	Not specified

Rated Effective By:

Rated Effective By:	* Office of Juvenile Justice And Delinquency Prevention
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For details on the criteria used by each agency, please review the appendix of the following document: [Comparison Matrix of Science-Based Prevention Programs: A Consumer's Guide for Prevention Professionals](#) (2002 Conference Edition), Center for Substance Abuse Prevention.

Evaluating This Practice:

This best practice comes with an evaluation tool that can be used when implementing this strategy. The evaluation tool is a youth survey that can be done prior to training and implementation of programs and then 1-2 years following.

Evaluation Tool Cost:

\$1.80 per student survey* plus \$1,100.00 report charge per county and/or individual school.

*Quantity discounts available.

The following are suggestions of areas you may want to assess if you implement this best practice. For assistance on creating an evaluation plan, refer to **Step 7: Evaluation**.

Assess the community coalitions' progress in conducting an assessment of risk and protective factors in their community and in implementing strategies to reduce prevalent risk and protective factors.

Research Conclusions:

(Excerpt from *Communities That Care Prevention Strategies: A Research Guide to What Works*, Developmental Research and Programs, 1996, p. 89-90 and materials from Channing Bete Company.)

The following research relates to the effectiveness of the Communities That Care in helping communities to mobilize for prevention needs assessment; and prevention program planning, implementation, and evaluation:

Results from the TOGETHER! project show that multiple communities can be mobilized using the *Communities That Care* strategy and that, with sufficient training, community prevention boards are both willing and able to conduct assessments of risk and protective factors in their community and implement promising risk reduction strategies. Of the forty Oregon communities that initially responded to the invitation to participate in the project, thirty-five completed all three of the *Communities That Care* trainings. Within a year after training, twenty-eight boards had completed risk-focused prevention plans and less than a year into the planning and implementation phase, twenty-seven had begun implementing risk reduction strategies. Four years later, thirty-one boards were still active, and twenty-eight of them were implementing risk reduction programs (Harachi et al., 1995).

A comparison of the *Communities That Care (CTC)* strategy used in the TOGETHER! project and the Washington State Community Youth Activity Program (CYAP) showed that CTC was more effective in mobilizing communities for the design and implementation of risk reduction strategies. Although both projects were successful in mobilizing community boards to plan and implement prevention activities, the *Communities That Care* process was more successful than the CYAP project at promoting planning and program activities aimed at specific, empirically-based risk factors identified through a community risk assessment process (Arthur et al., 1994).

Cost:**Training Costs/Time:**

(Travel and expenses are additional.)

\$3,400 for 50 participants - 1/2 day Key Leader Orientation with 1/2 day Strategic Consulting

\$5,500 for 30 participants - 2 days Community Board Orientation

\$3,400 for 25 participants - 1 day Community Assessment Training

\$3,400 for 25 participants - 1 day Community Resources Assessment Training

\$6,000 for 30 participants - 2 days Community Planning Training

\$3,400 for 25 participants - 1 day Community Plan Implementation Training

Special Considerations:

The following should be considered before selecting this strategy to be implemented in your community:

None specified by program developers.

Contact Information:

For training, technical assistance, and materials, ask for the Prevention Science Account Manager at:

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