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Evaluating the Implementation of Indiana Area 'Communities That Care'

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Evaluating the Implementation of

Indiana Area Communities That Care®

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Abstract

Communities That Care® (CTC) is a research-based operating system designed to help communities identify and reduce risk factors, enhance protective factors, and prevent a number of adolescent problem behaviors, including delinquency, violence, substance abuse, school drop-out, and teen pregnancy. Indiana, PA, is one of approximately 125 communities throughout Pennsylvania that have chosen to use the CTC approach to promote the positive development of children and youth in the local area. This paper presents an initial review of Indiana Area CTC, in terms of the planning and implementation efforts that have taken place during the past 5 years.

Evaluating the Implementation of

Indiana Area Communities That Care®

Historically, efforts to control and reduce crime in the United States have been dominated by criminal justice policies and programs that emphasize deterrence (through arrest and prosecution), incapacitation (by incarcerating massive numbers of offenders), and rehabilitation (by treating and attempting to change known offenders). These strategies generally have been found to be both highly expensive and limited in their overall effectiveness (Sherman, Farrington, Welsh, & MacKenzie, 2002; Sherman et al., 1997; Tonry & Farrington, 1995). In modern times, many criminologists have questioned this approach, with calls for the use of a more prevention-oriented "public health" model for dealing with crime and delinquency (Loeber & Farrington, 1999; Moore, 1995; Prothrow-Stith, 1991).

In contrast to the politically popular and reactive "war on crime" and "get tough" movements, within the public health model attention is given to proactive and collaborative strategies that have been shown to be more cost effective and successful in preventing and reducing crime and delinquency (Lab, 2000; Rosenbaum, Lurigio, & Davis, 1998; Sherman et al., 2002). Under this approach, risk factors and protective factors associated with future adolescent and adult problem behaviors are identified and targeted for prevention and intervention efforts. This is done with the belief that reducing risk factors and enhancing protective factors will prevent future offending (Moore, 1995).

Risk factors can exist within communities (e.g., availability of alcohol and drugs, norms favorable toward drug use and crime, economic deprivation), families (e.g., family conflict and management problems, favorable parental attitudes and involvement in problem behaviors), schools (e.g., academic failure, lack of commitment to school), and individuals (e.g., early onset

of problem behaviors, delinquent/criminal peers, favorable attitudes toward problem behaviors). In contrast, protective factors include strong parental bonds with children (starting at an early age), providing opportunities and recognition for positive behavior, improving parenting skills and childhood learning skills, and establishing and maintaining healthy community beliefs and clear standards for behavior (Hawkins, Arthur, & Catalano, 1995; Hawkins et al., 1999; Lipsey & Derzon, 1999).

During the past decade, this "comprehensive strategy" has been strongly supported at the federal level by the Office of Juvenile Justice and Delinquency Prevention (1999), and, in Pennsylvania, by the Governor's Partnership for Safe Children and the Pennsylvania Commission on Crime and Delinquency (PCCD). Subsequently, Communities That Care® (CTC) has been adopted on both a national and statewide basis, as an operating system designed to reduce risk factors, enhance protective factors, and prevent future crime and delinquency. A central aspect of this system is the utilization of community level research to identify priority risk and protective factors, and then implement programs that have been shown through research to be effective in changing risk and protective factors and preventing future problem behaviors (Developmental Research and Programs, Inc., 1997, 1998). Indiana is one of approximately 125 communities in Pennsylvania that have adopted CTC.

In February 1999, Indiana Area CTC received a $15,000 grant from PCCD for initial planning and assessment, and in December 1999, PCCD awarded Indiana Area CTC a 3-year, $150,000 CTC implementation grant. The prevention plan implemented focused on four areas: a) Training for expectant parents and those with young children, with an emphasis on early childhood brain development, effective child-rearing methods, and the importance of early parent-child interactions (i.e., the "Born to Learn" program), b) Parental networking, through the

use of a variety of techniques designed to enhance parental interactions and monitoring of

children's behavior and activities, c) Resource mapping, with an emphasis on identifying

community agencies and services directed at children, adolescents, and their families,

distributing this information to community members, and increasing integration and

collaboration between agencies and service providers, and d) Publications and Community

Events, involving the production and distribution of literature associated with CTC and the

coordination of community meetings and participation in community activities.

The CTC implementation grant discussed above expired in December 2002. This paper

will examine the planning and implementation of CTC in Indiana over the past 5 years, in terms

of the process involved, programs implemented, and continuation of collaborative prevention

efforts. CTC will be distinguished from more traditional community-based prevention strategies,

and illustrative information about CTC will be provided that typically has not appeared in past

criminological literature.

<div align="center">The Communities That Care® Process</div>

Communities That Care® is a research-based operating system designed to assist

communities with promoting the positive development of children and youth and with preventing

various adolescent problem behaviors (Developmental Research and Programs, Inc., 1997,

1998). In comparison to traditional community-based crime prevention programs and community

mobilization efforts that have been found to be limited in their effectiveness (Hope, 1995;

Sherman et al., 1997, 2002), CTC is unique in a number of ways:

1. Inclusiveness – CTC emphasizes engaging all areas of the community (families,

    schools, social service agencies, etc.) in promoting healthy development and

    preventing problem behaviors.

2. Proactive Focus – CTC requires identifying and addressing priority risk and

    protective factors associated with adolescent problem behaviors, rather than reacting

    to problems that may be entrenched in young people's lives.

3. Utilization of Theory and Research – CTC relies on developmental theory and

    research from a variety of fields that both establishes known risk factors and

    protective factors and identifies programs that are the most effective in preventing

    problem behaviors.

4. Community-Specific Orientation – CTC enables communities to collect and examine

    their own data and subsequently create a comprehensive prevention plan for

    strengthening existing resources and filling known gaps.

Implementing CTC is no quick and easy process, and CTC is not a prevention program

itself. Instead, the operating system provides a structured plan for communities to follow in

assessing risks and needs, promoting the healthy development of children and youth, and

unifying stakeholders, programs, and initiatives to address risk factors and problem behaviors in

a comprehensive manner. Different communities eventually will install different programs and

activities, based on their own unique profile derived through research. Reaching that point,

however, requires completion of a multi-phase process (Developmental Research and Programs,

Inc., 1997, 1998).

A community must first assess its readiness to install CTC. This involves identifying and

engaging key stakeholders, defining the boundaries of the community, mapping current

programs and initiatives, and identifying barriers and supports for change. Stakeholders and

other community members are then introduced and involved in the CTC process, in order to

develop a vision and organizational structure for future preventative efforts. Next, a data-driven

profile for the community needs to be developed, by collecting community-specific data on risk factors, protective factors, and problem behaviors. Data are then analyzed to identify priority risk factors, community resources, and gaps in programs and services. A comprehensive plan can then be developed that defines desired outcomes, reviews and selects programs and activities that are most supported by research, and supplies the groundwork for implementing prevention strategies and evaluating their effectiveness. Finally, actually implementing and evaluating the plan completes the process, but it is expected that these phases would continue on an ongoing basis.

Planning and Implementation

As previously mentioned, in February 1999 Indiana Area CTC received a $15,000 planning grant from PCCD for purposes of assessing community readiness to install CTC, introducing and involving stakeholders and other community members in the CTC process, and collecting and analyzing community-level data. The boundaries of the Indiana Area School District were adopted to identify the local community area. Indiana County Children and Youth Services was identified as the lead agency for Indiana Area CTC, and a Key Leader Team of nine individuals was established, representing various agencies, organizations, and service providers. The Indiana County Children's Advisory Commission, consisting of several dozen individuals, was selected to serve as the CTC Prevention Board.

Planning funds were subsequently utilized for four main purposes: monthly key leader luncheons and semi-annual community dinner meetings, advertising in various formats, computer equipment, and hiring a part-time CTC Coordinator and Community Mobilizer. During 1999, the Key Leader Team completed a series of training sessions sponsored by PCCD, and community-level risk factor data (based on available official records, an Indiana Area School

District survey of 6th, 9th, and 12th graders, and key leader and community member input) and information on children and youth services and programs in the community were collected and analyzed. In September 1999, these activities culminated with the submission to PCCD of a 3 year, $150,000 implementation grant proposal (Indiana Area Communities That Care®, 1999), which was subsequently awarded in December 1999.

As a result of the planning phase discussed above, five priority risk factors (of 19 that were assessed) were identified as being most prevalent in the Indiana community: availability of drugs and alcohol, extreme economic deprivation, favorable parental attitudes and involvement in problem behaviors, alienation and rebelliousness, and early initiation of problem behaviors. These priority risk factors were most associated with the adolescent problem behaviors of substance abuse and delinquency. Based on this risk factor and problem behavior assessment, along with the review of community-wide children and youth services and programs, Indiana Area CTC structured itself based on four key components:

- Training for expectant parents and those with young children, with an emphasis on early childhood brain development, effective child-rearing methods, and the importance of early parent-child interactions (i.e. the "Born to Learn" program).

- Parental networking, through the use of a variety of techniques designed to enhance parental interactions and monitoring of children's behavior and activities.

- Resource mapping, with an emphasis on identifying community agencies and services directed at children, adolescents, and their families, distributing this information to community members, and increasing integration and collaboration between agencies and service providers.

- 	Publications and Community Events, involving the production and distribution of literature associated with CTC and the coordination of community meetings and participation in community activities.

Early Parent Training

Early initiation of disruptive behavior is a risk factor for both adolescent delinquency and substance abuse, and early onset of problem behaviors generally is associated with poor parenting skills (Bernazzani, Cote, & Tremblay, 2001; Hawkins et al., 1995, 1999). Research also shows that early parent training and home visitation programs are among the most effective strategies for reducing risk factors, enhancing protective factors, and preventing delinquency and other adolescent problem behaviors (Bernazzani et al., 2001; Sherman et al., 2002; Tremblay & Craig, 1995; Wasserman & Miller, 1999). Supported by these research findings, Indiana Area CTC implemented an early parental training program with a home visitation component to address the risk factors of early initiation of problem behaviors, favorable parental attitudes and involvement in problem behaviors, and alienation and rebelliousness. Furthermore, the protective factors of strong family bonds, positive and rewarding family interactions, and fair and consistent standards for behavior and disciplinary practices were expected to be enhanced.

The program selected was Born to Learn™, an outgrowth of the Parents as Teachers program that originated in 1981 and seeks to improve outcomes for young children through early childhood family education and support. The Born to Learn™ curriculum targets expectant parents and those with children of less than three years of age. The program focuses on early childhood brain development and its link to behavior, the importance of early care and education, and the short and long term impact of parent-child interactions and bonding. General goals and objectives include increasing knowledge of child development and confidence in child-rearing

by participating parents; improving cognitive, language, and social development of participating children; and generating among participants positive attitudes about the program and the value of education.

Indiana Area CTC sought to offer this program to 15 to 24 families by December 31, 2002. Through a collaborative effort coordinated by Indiana Area CTC and involving the Indiana Regional Medical Center, local obstetricians and pediatricians, and the Armstrong-Indiana Intermediate Unit, 30 families actually participated in the Born to Learn™ program, with 18 completing the full 12 month program. Families received monthly group training sessions and home visitations by a certified Born to Learn™ instructor, along with referrals to other appropriate agencies and services.

Specific objectives for the Born to Learn™ program were that 90% of the participating parents would improve their knowledge of child development and parenting practices and that 90% would hold more favorable views about education and the Indiana Area School District as a result of participating in the program. In addition, another objective was that 100% of the participating parents subsequently would not be referred to Indiana County Children and Youth Services for abuse or neglect. Among the 18 families completing the program, all three of these objectives were met. Among all 30 families participating in the program, the third objective was met. However, due to a lack of a post-test, the first two objectives could not be assessed for those families not completing the full program.

At the end of 2002, 28 families were on the waiting list for the Born to Learn™ program. During the third year of CTC implementation, the Armstrong-Indiana Intermediate Unit (ARIN) received a grant to offer home visitation and early parental education to low-income families in Indiana and Armstrong counties. In November 2002, The Born to Learn™ instructor originally

hired by Indiana Area CTC was hired by ARIN (along with several other caseworkers) for this home visitation program. ARIN also offers a Family Focus program directed at pre-school aged children and their parents, focusing on parental education and parent-child interactions. In December 2002, the 28 families on the Born to Learn™ waiting list were referred to other appropriate ARIN programs.

Parental Networking

The parental networking component of Indiana Area CTC focused on improving parent-child interactions and communication among area parents of school-aged children. This effort also sought to reduce the risk factors of early initiation of problem behaviors, favorable parental attitudes and involvement in problem behaviors, and alienation and rebelliousness, as well as to reduce an additional priority risk factor of availability of drugs and alcohol. Furthermore, in addition to enhancing the protective factors of family and community bonds and strengthening healthy beliefs and standards for behavior, the parental networking component was expected to assist in creating opportunities for achievement among young people and recognition for positive behaviors. Again, these risk and protective factors have been found to be important predictors of adolescent substance abuse and delinquency (Hawkins et al., 1995, 1999; Wasserman & Miller, 1999).

An initial parental networking project was a book cover contest held in area elementary schools, which focused on having teachers and parents assist students with producing anti-drug and alcohol messages. In addition to recognizing six award-winning students, 2,500 book covers containing the winning designs were distributed and utilized in the elementary schools. Other early projects involved producing and distributing 6,000 "parenting tips" magnets that emphasized the importance of parent-child interactions and parental networking to families of

students of Indiana Area School District and Indiana County, along with 3,000 parental

networking cards to be used by these families as a tool for improving communication among

parents.

Two other major and more recent programs that evolved within the parental networking

component of Indiana Area CTC include a Caring Homes Campaign and the Parents Who Care®

program. The Caring Homes Campaign was established through collaboration with Indiana Area

School District and a community mini-grant in the amount of $1,500 from the Pennsylvania

Liquor Control Board. This strategy involved generating pledges from parents of children in the

district that they would not allow underage drinking and drug use in their homes, would make a

strong effort to monitor their children's behavior as well as that of their children's friends, and

would increase their communication with parents of their children's friends. Parents who made

this pledge were included in a community directory that listed names, addresses, and phone

numbers of "Caring Homes Network" members and also provided useful information for parents

on the value of prevention in the home and community, where to go for help with various

parenting issues, and how to start parental networking groups with the parents of their children's

friends. The main objective for the first year of the program (academic year 2001-2002) was for

at least 50 families to participate; instead, 270 families participated and community feedback was

very positive. During the second year of the program (academic year 2002-2003), 443 families

participated, and Indiana Area CTC and the Indiana Area School District have planned for this

effort to be a permanent annual activity.

A second aspect of the Caring Homes Campaign was a social marketing strategy

implemented in the Indiana Area Junior High School. Research indicates that students often hold

misperceptions about the nature and extent of drug and alcohol use among their peers (Berkowitz

& Perkins, 1987; Perkins, Meilman, Leichtliter, Cashin, & Presley, 1999). These misperceptions may cause students to believe drug and alcohol use is the norm, when in fact it is not, and misperceptions held by parents and youth may have an impact on the choices and decisions made about drug and alcohol use. On the other hand, social marketing of prevention has been proven effective in improving public health through a process of sound communication and community norm building (Jaker, 2000). It also is a popular approach used in higher education and a variety of other community-based efforts. With these findings in mind and using data previously collected from school district students, Indiana Area CTC assisted junior high school students involved with the Student Assistance Program with developing posters that sought to change misperceptions about levels of student drug and alcohol use. In general, positive messages were put forth that emphasized that a majority of junior high school students do not smoke, drink alcohol, or use other illegal substances.

Next, the Parents Who Care® program is a family-based strategy that is supported by research and has been named a model program by the Office of Juvenile Justice and Delinquency prevention. This program has been found to improve family discipline practices, family supervision skills, and family bonding (known protective factors), and to reduce family attitudes favorable to antisocial behavior (a targeted risk factor of IACTC). Through collaboration with Big Brothers & Big Sisters of Indiana County, Parents Who Care® was implemented near the end of 2002. Indiana Area CTC was responsible for purchasing program materials and for funding facilitator training. Big Brothers & Big Sisters of Indiana County currently is offering the program to 10 families involved with that agency, which targets at-risk youth ages 5-14. Future efforts will be directed at expanding program participation, especially among families involved with both Big Brothers & Big Sisters and Indiana County Children and Youth Services.

Resource Mapping

The third major component of Indiana Area CTC, resource mapping, involved identifying and defining the delivery of services to children, youth, and families in the Indiana community, and then distributing this information to community members. This was done in an effort to reduce all five priority risk factors and enhance a variety of protective factors. An additional goal of this effort was to increase collaboration among agencies who serve children, youth, and families in the area. The key aspect of this strategy was the purchase and distribution of 1,500 human service directories that identify county-wide services and family-based activities. These directories were distributed to families through area service providers, community events, and Indiana Area School District activities.

It is noteworthy that the implementation of Indiana Area CTC has involved the collaborative efforts of individuals from a variety of agencies and organizations, including Indiana University of Pennsylvania, Indiana Area School District, Indiana Borough Police, Indiana County Children and Youth Services, Indiana County Department of Human Services, Indiana County Family Center, Indiana Regional Medical Center, Big Brothers & Big Sisters of Indiana County, Indiana County Safe Kids, Pennsylvania Bureau of Liquor Control Enforcement, Armstrong-Indiana Intermediate Unit, Armstrong-Indiana Drug and Alcohol Commission, Indiana County Guidance Center, The Open Door, and The Center for Family Life. In 2001, Indiana County received additional state funding for purposes of linking CTC with America's Promise, another nationwide community-based prevention effort. Overall, CTC has been instrumental in facilitating interactions among numerous agencies and organizations and establishing ongoing relationships focused on the prevention of delinquency and substance abuse.

Publications and Community Events

Finally, the publications and community events component of Indiana Area CTC has been responsible for securing, developing, purchasing, and distributing literature pertaining to both CTC and the importance of prevention in the lives of children, youth, families, and communities. Social marketing and advertising of Indiana Area CTC programs and efforts have taken place to a great extent, through the use of brochures, flyers, newspaper articles and advertisements, a billboard, t-shirts, radio advertisements and broadcasts, a web page, speaking engagements, and several of the techniques previously mentioned in this paper (e.g., parenting tips magnet, parental networking cards, caring homes directory, etc.).

For purposes of distributing literature and other materials and for establishing a presence in the community, Indiana Area CTC has coordinated and/or participated in the planning and implementation of numerous community events. Two CTC community meetings were held annually during the 3-year implementation phase, during the fall and spring of each year. Initially, these meetings were used to introduce CTC to community members and to release the findings of the risk and resource assessment. Subsequent meetings focused on specific topics, such as "parenting for success," parent and child internet safety, and adolescent drug and alcohol prevention. Indiana Area CTC also was active in a variety of other community-based events, including Stand for Children Day, YMCA Healthy Kids Day, three Baby Expos, and a variety of Indiana Area School District activities (e.g., Back to School nights). The underlying theme of virtually all of these efforts was risk factor reduction and protection factor enhancement, for the purpose of preventing adolescent problem behaviors and setting up children, youth, and families for success.

Current Operating Structure

Although CTC implementation funding from PCCD ceased in December 2002, a stable Key Leader Team of 10 individuals representing the above community entities is committed to continuing prevention efforts based on the CTC approach. At the beginning of 2003, Indiana Area CTC reorganized itself around the following six components, all of which involve collaboration with various agencies and organizations:

- Big Brothers & Big Sisters and the Parents Who Care® Program – Responsible for increasing funding for and participation in the Parents Who Care® program offered through Big Brothers and Big Sisters of Indiana County, as well as for strengthening the traditional mentoring programs of this agency.

- Youth Priorities Workgroup of the Children's Advisory Commission - Responsible for enhancing and implementing delinquency and substance abuse prevention efforts on a county-wide basis, with an emphasis on strengthening life-skills of children and adolescents in rural areas.

- School-based Programs and the Caring Homes Campaign – Responsible for continuing the Caring Homes Campaign on an annual basis, as well as for implementing or enhancing school-based prevention efforts. For example, Indiana Area CTC assisted Indiana Area Junior High School with the development of a community mini-grant proposal focused on drug and alcohol prevention and submitted to the Pennsylvania Liquor Control Board. As a result of this collaboration, $1,500 was awarded in November 2002.

- New Projects – Responsible for identifying and implementing appropriate prevention strategies in the local community. For instance, Indiana Area CTC

recently received a $4,200 grant from the Armstrong-Indiana Drug and Alcohol

Commission, for purposes of implementing a tobacco prevention project in

collaboration with Indiana Area Junior High School.

- Stand for Children Day and Other Community Events – Responsible for
  continued coordination of and participation in a variety of community-based
  activities, including Stand for Children Day in June of each year.

- Research and Evaluation – Responsible for evaluation of Indiana Area CTC
  efforts; reassessment of community-based risk factors, protective factors, and
  adolescent problem behaviors; and the utilization of data in assisting with and
  developing grant proposals.

Summary and Conclusions

Based on the information presented in this paper, it seems clear that Indiana Area CTC

was successfully planned and implemented according to the Communities That Care® operating

system. Programs and activities contained in the original implementation grant proposal (Indiana

Area Communities That Care®, 1999) were instituted and carried out, and additional projects

and programs were added and implemented (e.g., Caring Homes Campaign, Parents Who

Care®). Furthermore, collaborative working relationships were established that will continue

into the future. Numerous community agencies, organizations, and individuals are involved and

committed to a variety of prevention efforts. Overall, this illustrates the type of multi-faceted and

proactive approach that has been found to be most effective in preventing crime, delinquency,

substance abuse, and other problem behaviors (Hawkins et al., 1995; Lab, 2000; Loeber &

Farrington, 1999; Rosenbaum et al., 1998; Sherman et al., 2002).

Because CTC is inclusive, based on theory and research, and community-specific, it has the potential to overcome many of the implementation problems that have contributed to the general ineffectiveness of community-based prevention efforts in the past (Hope, 1995; Sherman et al., 1997, 2002). Still, there are several reasons for caution in concluding that CTC is an effective operating system. To begin, past research has shown that community-based prevention programs usually are easiest to implement in areas that need them the least (i.e., those that are relatively lower in risk, needs, and crime), and hardest to establish in communities that need them the most (i.e., those higher in risk, needs, and crime). Indiana Area CTC was implemented in a community that would be considered by most to be an example of a "less-needy," small town with a variety of programs and services directed at children, youth, and families. Many other parts of Indiana County, though, are more rural, higher in risk factors, and lacking in resources and services (including CTC efforts). CTC is a time-consuming and somewhat difficult system to install, requiring much work from numerous dedicated individuals, which may limit its utilization in more needy communities. The Youth Priority Workgroup briefly mentioned in this paper serves as an effort to overcome this problem and provide prevention services to areas most in need.

Second, many past community-based efforts have suffered over time from poor overall implementation, loss of program integrity, and diminished participation. To the extent that CTC can become ingrained in communities, continue to receive the support of key leaders and other stakeholders, and be used as a way to facilitate collaborative working relationships, this problem might be overcome. Whether CTC can maintain itself remains to be seen; in Pennsylvania, for instance, it will be interesting to see if tough economic times and a change in gubernatorial leadership will result in reduced funding and support for prevention efforts.

Finally, further and more rigorous scientific research is needed to better establish the impact of CTC on risk factors, protective factors, and adolescent problem behaviors. Future research in Indiana will examine ongoing prevention efforts and resulting changes in risk factors and problem behaviors that have occurred since the implementation of CTC. The results of this evaluation research will be used in conjunction with the findings contained in the current article to illustrate the overall effectiveness of Indiana Area CTC and to supply useful information to other communities seeking to establish, implement, or enhance collaborative prevention efforts.

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