

# Fremont County...

## A Community That Cares



### PROGRAM BRIEF

July 2016

**Fremont County Public Health (FCPH)** has been awarded a grant by the Colorado Department of Public Health and Environment (CDPHE) for implementation of **Communities that Care® (CTC)**.

CTC is an evidence based prevention planning system that uses coalitions and community partners to address health concerns affecting youth in a community. In order to facilitate this process CTC coalitions work to identify prevention priorities and implement evidence-based strategies to address those identified concerns.

The CTC process is accomplished through primary and secondary data collection and synthesis, identification of the risk and protective factors associated with a specific outcome, assessment of current resources, programs and policies, and implementation and evaluation of effective and proven solutions. Realizing that behavior is multi-faceted, the model looks at all aspects of the environment: Individual, Family, Schools and Community. The five phase system targets predictors of problems rather than waiting until problems occur. Because it uses existing community partners and a coalition structure, the CTC model is designed for sustainability.

Oversite and technical assistance of this program is being provided by CDPHE and the University of Washington. Funding is the result of taxes collected on marijuana sales. There is currently a 5-year budget forecasted for implementation of all five phases of the model.

Local public health agencies were eligible for funding to implement the Communities That Care® model if they had identified mental health and/or substance abuse as one of their priorities in their Community Health Assessment; Fremont County identified both.



**CTC is estimated to return \$5.30 for every dollar invested**

A randomized controlled trial of CTC in 24 communities found that by eighth grade, students in CTC communities were significantly less likely to initiate delinquent behaviors and use alcohol, cigarettes and smokeless tobacco compared to students in control groups.

*Hawkins, J. D., Oesterle, S., Brown, E. C., Arthur, M. W., Abbott, R. D., Fagan, A. A., & Catalano, R. F. (2009). Results of a type 2 translational research trial to prevent adolescent drug use and delinquency: A test of Communities That Care. Archives of Pediatrics and Adolescent Medicine, 163(9), 789-798*



[www.communitiesthatcare.net](http://www.communitiesthatcare.net)

## Prevention Priority

The legalization of marijuana in Colorado raises concerns for youth in that the perception of risk associated with its use is diminished. *This effect, and other risk factors unrelated to marijuana* could lead to problem behaviors including youth drug use and social/emotional challenges negatively affecting them.

Good public health practice requires working upstream to prevent problems before they arise by assessing, and reducing, risk factors and assessing, and increasing, protective factors and will require the use of LOCAL data, LOCAL resources, and LOCAL residents to be the driving force behind evidence-based processes aimed at achieving outcomes to assure that Fremont County Youth, now and in the future, can lead healthy, happy, and productive lives.

**For more information contact Jen O'Connor at FC Public Health at 719-276-7454 or [jen.oconnor@fremontco.com](mailto:jen.oconnor@fremontco.com)**

## HOW CTC WORKS – THE FIVE PHASES

### **Phase 1: Getting Started – Communities get ready to introduce CTC**

Using online tools at [www.communitiesthatcare.net](http://www.communitiesthatcare.net) and with coaching from a CTC Specialist, our community will follow an evidence-based process to implement CTC starting with the development of a Key Leader Board and with the assistance of those stakeholders, the subsequent development of a working Community Board(s).

### **Phase 2: Get Organized – Communities form a board or work within an existing coalition and after recruiting community board members, they:**

- ◇ Learn about prevention science
- ◇ Write a vision statement
- ◇ Organize workgroups (R/P Factors, Resource/Evaluation, Board Maintenance, PR/Outreach, Youth)
- ◇ Develop a timeline for installing CTC

### **Phase 3: Develop a Community Profile – Communities assess community risks and strengths and identify existing resources. The community board and workgroups:**

- ◇ Review data from the communities youth survey
- ◇ Identify priority risk and protective factors that predict targeted health and behavior problems
- ◇ Assess community resources that address these factors
- ◇ Identify gaps to be filled in existing resources

### **Phase 4: Create a Community Action Plan – The community board creates a plan for prevention work in their community, to:**

- ◇ Reduce widespread risks and strengthen protection
- ◇ Define clear, measurable outcomes using assessment data
- ◇ Select and expand tested and effective policies and programs using the *Blueprints for Healthy Youth Development* website

### **Phase 5: Implement and Evaluate – In this final phase, communities will:**

- ◇ Implement selected programs and policies
- ◇ Monitor and evaluation them
- ◇ Measure results and track progress to ensure improvements are achieved

### **Throughout the five-year process, local CTC Facilitators will:**

- ◇ Continue working with CTC Coaches and University of Washington to maintain implementation and fidelity of CTC system in their community
- ◇ Maintain community board and key leader participation through regular communication and/or effective and meaningful meetings/workgroups
- ◇ Re-assess the communities risk and protective factors/resources every two years
- ◇ Regularly communicate CTC activities and progress throughout the community
- ◇ Work towards sustainability of selected programs and policies