COMMUNITIES THAT CARE

INFORMATION PACKET

Developmental Research and Programs, Inc.
Seattle, Washington

What is the *Communities That Care* operating system?

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

CTC is

- **Inclusive**–engaging all areas of the community in promoting healthy development.

- **Proactive**–identifying and addressing priority areas *before* young people become involved in problem behaviors by targeting early predictors of problems rather than waiting until problems have become entrenched in young people's lives.

- **Based on over 30 years of rigorous research** from a variety of fields-sociology, psychology, education, public health, criminology, medicine, and organizational development.

- **Community**-**specific**–rather than a "cookie cutter" approach. Each community or neighborhood uses it's own data-based profile to craft a comprehensive long-range plan for strengthening existing resources and filling identified gaps with tested, effective programs, policies and practices.

How can CTC promote the healthy development of children and youth?

The *Communities That Care* operating system helps communities

- Engage all members of the community who have a stake in healthy futures for children and youth; including elected key leaders, youth, parents, law enforcement, schools, local youth and family serving agencies and organizations, the faith community, the business community, and residents

- Establish a shared vision, a common language, and a collaborative planning structure to integrate diverse community efforts addressing youth and family issues

- Establish priorities for action using a data-based profile of the community's unique strengths and challenges

- Define clear and measurable outcomes that can be tracked over time to show progress and ensure accountability

- Identify gaps in the current response to priorities

- Select tested, effective programs, policies and practices to fill identified gaps

- Implement new programs with fidelity

- Evaluate progress toward desired outcomes and use evaluation results to refine prevention strategies

The CTC Research Foundation

One of the hallmarks of the CTC operating system is its grounding in rigorous research from a variety of disciplines. There are four primary areas of research that form the foundation for CTC: 1) the Social Development Strategy; 2) a comprehensive, community-wide approach; 3) data-based predictors, and 4) tested, effective programs, policies and practices.

The Social Development Strategy

The Social Development Strategy (SDS) is the research framework that guides communities toward their vision of positive futures for young people, by organizing the research on **protective factors** that can buffer young people from risks and promote positive youth development. The Social Development Strategy begins with the goal of **healthy, positive behaviors** for young people. Research indicates that in order to develop healthy behaviors, young people must be immersed in environments that:

- Consistently communicate **healthy beliefs and clear standards** for behavior. CTC engages all community members in a dialogue about core community standards that help young people develop into healthy, productive citizens and avoid problem behaviors and about how those beliefs can be infused into all aspects of young people's lives.

- Develop strong **bonds** to their families, schools, and communities. Children who have strong bonds become more invested in following the beliefs and standards held by these groups. Research shows that children living in high-risk environments can be protected from behavior problems by a strong, affectionate relationship with an adult who cares about and is committed to their healthy development. The adult can be a parent, a teacher, an extended family member, a coach, an employer, and adult from the child's faith community–any caring adult.

  The most critical aspect of this relationship is that the youth has a long-term investment in the relationship; that he believes that the relationship is worth protecting. This investment moti-

Figure 1—
The Social Development Strategy
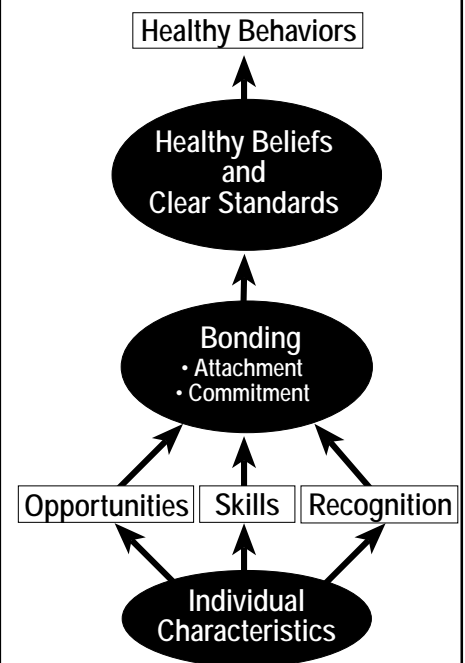
vates young people to abide by the healthy beliefs and clear standards held by these important adults in their lives.

Protective bonds are created by providing **opportunities** for young people to be involved in meaningful ways, **skills** for successful involvement, and **recognition** for their involvement.

Strong bonds are built when young people have **opportunities** to be involved in their families, schools and communities–to make a real contribution and feel valued for it. In order for young people to take advantage of the opportunities provided in their families, schools and communities, they must have the **skills** to be successful in that involvement. These skills are social skills, cognitive skills, emotional skills and behavioral skills. If we want young people to continue to contribute in meaningful ways, they must be **recognized** for their involvement as well as receiving corrective feedback when performance is not up to standards.

- Recognize the **individual characteristics** of each young person. Each child "comes to the table" with a different set of skills and abilities to participate. Community members and youth development and prevention program personnel must recognize that all children do not have the same gifts. For children born without the protective advantages of a positive social orientation, without a resilient temperament and without high intelligence, extra efforts must be made to provide opportunities for involvement, teach social, emotional, and cognitive competency, and recognize their efforts as well as their successes. See Figure 1–The Social Development Strategy.

Comprehensive, Community-Wide Approach

Research in the public health field has documented the effectiveness of a **community**-**wide approach** to public health issues. Heart disease, breast cancer, and drunk driving are all issues that have been successfully addressed by mobilizing all segments of the community to educate and promote behavior change. For example, heart disease has been attacked on many fronts: in grocery stores and restaurants with "low-fat, heart-healthy" foods; in "smoke-free" buildings, restaurants, and workplaces; in gyms, jogging tracks, and aerobic classes; in classrooms; in media campaigns and by health professionals.

At the same time, the connections between prevention of heart disease and prevention of other major illnesses, such as lung cancer and breast cancer, have been emphasized. This approach has proven successful in altering attitudes and behavior where other methods have produced limited results.

Recognizing that no single entity can ensure the positive development of all a community's young people, CTC engages all areas of the community in promoting the positive development of young people, including youth, parents, service providers, local government, law enforcement, education, faith community, business community, recreation, health, mental health, and social services.

Data-based Predictors

The use of **data-based predictors**–risk and protective factors–is also grounded in the successful public health approach to prevention of heart and lung disease. Americans of all ages can list many of the risk factors for heart disease–smoking, high-fat diet, high blood pressure, obesity, family history. We also know that regular, aerobic exercise is a protective factor for heart disease.

In CTC, **risk factors** are those conditions that increase the likelihood that a child will develop one or more health and behavior problems in adolescence. Research has identified nineteen **risk factors** that are reliable predictors of adolescent substance abuse, delinquency, school dropout, teen pregnancy and violence as well as positive outcomes, such as social and emotional competence and academic success. These risk factors are based on a review of over thirty years of research across a variety of disciplines and are subject to the most rigorous research criteria. Figure 2 shows the nineteen risk factors and the problem behaviors each predicts. Risk factors used in CTC must have been shown, in multiple longitudinal studies, to be reliable predictors of one of the five adolescent health and behavior problems.

Protective factors, the powerful ingredients of the Social Development Strategy, are also based on a broad body of research. Protective factors, which can exist in individuals, peer groups, schools, families, and communities, promote healthy development by buffering young people from exposure to risk.

To produce the greatest impact on promoting positive development and reducing problem behaviors, it is necessary to address both risk factors and protective factors. The CTC process helps communities assess current levels of risk and protective factors using validated needs assessment tools, such as the *Communities that Care Youth Survey®* and use those data to create a profile, or snapshot, of the community's strengths and challenges. The profile is used to identify priorities on which a strategic plan can be focused, as well to provide baseline data on risk factors, protective factors, and behavior outcomes. Repeating the assessment every two to three years allows communities to track their progress and ensure accountability.

PROTECTIVE FACTORS

Protective factors buffer children and youth from exposure to risks.

- **Healthy beliefs and clear standards** in families, schools, communities and peer groups

- **Bonding**–committed, attached relationships with adults who hold healthy beliefs and clear standards for children and youth

- **Opportunities** for prosocial involvement in families, schools, the community and peer groups

- **Competencies and skills**-social, cognitive, emotional and behavioral skills

- **Individual characteristics**, such as prosocial orientation and a resilient temperament

---

Figure 2—
Correlation Between Risk
Factors and Adolescent
Problem Behaviors

Risk Factors	Adolescent Problem Behaviors				
	Substance	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	✔				✔
Availability of Firearms		✔			✔
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✔	✔			✔
Media Portrayals of Violence					✔
Transitions and Mobility	✔	✔		✔	
Low Neighborhood Attachment and Community Disorganization	✔	✔			✔
Extreme Economic Deprivation	✔	✔	✔	✔	✔
Family					
Family History of the Problem Behavior	✔	✔	✔	✔	✔
Family Management Problems	✔	✔	✔	✔	✔
Family Conflict	✔	✔	✔	✔	✔
Favorable Parental Attitudes and Involvement in the Problem Behavior	✔	✔			✔
School					
Early and Persistent Antisocial Behavior	✔	✔	✔	✔	✔
Academic Failure Beginning in Late Elementary School	✔	✔	✔	✔	✔
Lack of Commitment to School	✔	✔	✔	✔	✔
Individual/Peer					
Alienation and Rebelliousness	✔	✔		✔	
Friends Who Engage in the Problem Behavior	✔	✔	✔	✔	✔
Favorable Attitudes Toward the Problem Behavior	✔	✔	✔	✔	
Early Initiation of the Problem Behavior	✔	✔	✔	✔	✔
Constitutional Factors	✔	✔			✔

# Tested, Effective Programs, Policies and Practices

The final research foundation for CTC is tested, effective programs, policies and practices. Through extensive research reviews, DRP has identified programs and strategies in families, schools, and communities that have shown significant effects on reducing risk factors, enhancing protective factors and/or reducing substance abuse, delinquency, teen pregnancy, school dropout, and violence. These strategies are compiled in *Communities That Care Prevention Strategies: A Research Guide to What Works.* The Guide includes strategies from before birth through adolescence and in all areas of young people's lives.

Installing the Operating System

With over ten years of experience helping communities across the country install the CTC operating system, DRP continues to enhance and refine its tools, based on emerging promotion and prevention science.
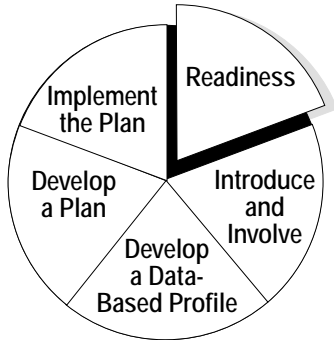
We have selected the term "operating system" to describe *Communities That Care* because, just as your computer's operating system tells your computer how to function and provides the platform to help users get to the application programs they need, CTC is a framework for organizing the way a community operates to promote the healthy development of young people. It provides a unifying process that brings together a wide range of stakeholders, programs, and initiatives to address youth issues in a comprehensive, systemic way. Just as your computer operating system doesn't tell you *which* specific programs to use on your computer–that depends on your own needs and how your computer will be used– each community using CTC will have a different set of programs and activities in place, based on its unique profile of needs.

Because many communities have a history of collaborative efforts and have already engaged in numerous planning activities to address youth issues, CTC starts with understanding existing collaborative teams and planning efforts, community structures, data profiles, and programs and activities. Many communities have found that one of the greatest strengths of CTC is that it provides a unifying framework for integrating all of the activities in the community that are focusing on the healthy development of young people. One key leader describes it as "the merging of the parades."
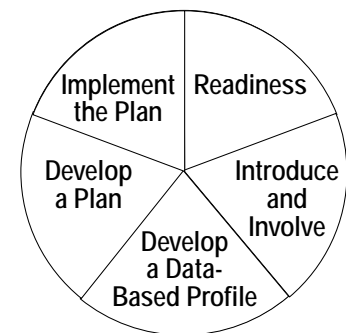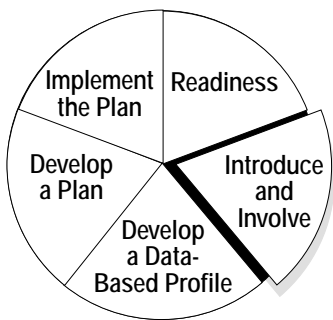
The CTC Process

Communities use a five-phase process to install the CTC operating system. Developmental Research and Programs provides tools to support communities through each phase.

Phase One: Getting Started with CTC

This phase involves

- Forming a core workgroup of key individuals to activate the CTC process

- Designating a single point of contact to serve as "catalyst" to guide and support the process

- Identifying a "convener" to provide leadership to the CTC process

- Determining the "lead agency" committed to supporting the project

- Defining key parameters of the planning effort

- Investigating readiness issues

- Identifying resources necessary to get started

Phase Two: Getting Organized for CTC–Introduce and Involve

This phase involves developing a coalition of individuals and organizations to engage in the process, building on existing initiatives that address health and safety issues. Specifically this phase includes

- Engaging and educating key stakeholders. CTC defines three groups to be engaged: 1) *A Youth Development Team or Board*– the "engine" driving the CTC effort. This representative group should include youth, parents, the faith community, elders, the media, health professionals, service providers, law enforcement, educators, and government; 2) *Key Leaders*–these are the individuals in a community who can impact policy, direct resources, and/or influence public opinion. Their leadership

DRP'S TOOLS TO SUPPORT PHASE ONE:

■

Technical Assistance
Strategic Consultation

Tools for Community Catalysts: A Guidebook for Getting Started with Communities That Care®

DRP'S TOOLS TO SUPPORT PHASE TWO:

■

Key Leaders' Orientation
Community Board Orientation
Technical Assistance

and support of the Youth Development Team's work is key to successful installation of CTC; 3) *Community members*–parents, youth, elders and all other residents who have a stake in the healthy development of young people.

- Creating or designating an organizational structure to support the planning and implementation process. CTC provides a systematic framework to help various parts of a community work together, communicate with each other, build on existing structures, and use a common set of tools and terminology to make important implementation and evaluation planning decisions.

- Developing a positive vision for the future of the community's children.

Phase Three: Develop a Profile of Community Strengths and Challenges

This phase involves collecting several types of community-specific data and using that information to construct a community profile that allows the community to analyze its unique strengths and challenges. Specific tasks of this phase are
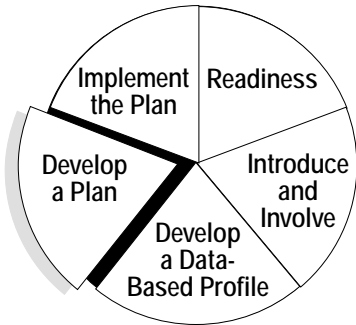
- Collecting data on risk factors, protective factors and behavior outcomes.

- Analyzing the data to identify priority risk and protective factors. This information is then used to focus the community's efforts and concentrate resources on priority areas that will have the greatest impact on the positive development of youth.

- Inventorying and assessing community resources currently addressing priority risks and protective factors. The comprehensive community action plan begins with the resources that are already addressing priorities. Inventorying these resources helps communities identify areas of duplication and overlap, raise awareness of existing resources, and acknowledge and celebrate the current community assets contributing to positive youth development. The resource inventory and assessment also helps communities identify gaps in programs and services to be filled by enhancing or expanding existing resources or implementing new tested, effective approaches.
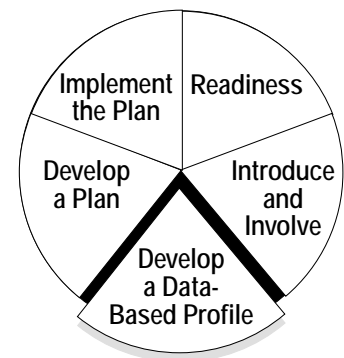
DRP'S TOOLS TO SUPPORT
PHASE THREE:

■

Community Assessment Training

Community Resources and
Strengths Training

CTC Youth Survey

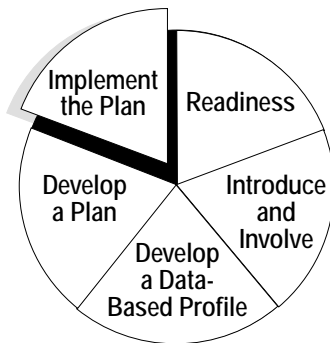*Community Analyst*™

Technical Assistance

Phase Four: Create a Comprehensive Community Action Plan

This phase involves

- Defining desired outcomes. Communities use their risk and protective factor profile to develop clear, measurable desired outcomes. Defining outcomes helps establish the foundation for evaluation as well as clarifying what programs and activities need to be put in place in order to positively change the risk and protective factor profile of the community.

- Reviewing tested, effective, approaches–programs and activities that have been shown to be effective in reducing specific risk factors and enhancing protective factors to address gaps identified in the assessment process–and selecting programs that match the community's profile and can achieve desired outcomes.

- Creating action plans for implementing new programs and strategies or enhancing/expanding existing effective resources.

- Planning for evaluation. Building on the desired outcomes, the team develops a plan for collecting and analyzing data to measure progress toward those outcomes.

Phase Five: Implement and Evaluate the Plan

This is where the "rubber meets the road"–putting into place a comprehensive, community-wide strategic plan. This phase involves

- Forming task forces to implement each tested program, policy or practice

- Developing resources to support the plan

- Identifying policymakers, service providers and practitioners who require training to implement the selected effective approaches

- Building/sustaining collaborative relationships between key stakeholders

- Developing information and communication systems to support a collaborative approach

- Evaluating process outcomes as well as outcomes for participants

- Evaluating outcomes for the targeted population and for the community

- Adjusting programming to meet plan goals

- Educating and engaging the entire community so that everyone has a significant and valued role to play in implementing the plan

- Celebrating successes

Assessing Effectiveness

CTC has been implemented in over 500 communities across the United States since its inception in 1990.

Evaluation of the effectiveness of the operating system has focused on two major areas: 1) does the CTC operating system improve the quality of community planning and decision-making for positive youth development and prevention of adolescent health and behavior problems, such as substance abuse, delinquency, school dropout, teen pregnancy, and violence? and 2) does installation of the CTC operating system positively affect indicators of the risk and protective factors associated with adolescent health and behavior problems? Evidence of effectiveness has been collected by communities as well as by state and federal agencies supporting local programs. Following is a sampling of effectiveness data.

Improving the quality of community planning and decision-making. Several evaluations have addressed this area of effectiveness. A process evaluation of the CTC model funded by the Center for Substance Abuse Prevention showed that multiple communities can be effectively mobilized using the CTC operating system and that, with sufficient training, diverse community boards can collect and analyze risk and protective factor data and use those data to make decisions about the selection and implementation of research-based strategies to address the unique profile of their community (Harachi, Ayers, Hawkins, Catalano, and Cushing, 1996).

The CTC operating system is the framework for the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Title V Delinquency Prevention Program. In its annual Report to Congress, OJJDP provides both quantitative and qualitative data on the CTC operating system in Title V subgrantee communities. Positive outcomes documented in these evaluations include 1) improved interagency collaboration; 2) reduction in duplication of services; 3) coordinated allocation of resources; 4) increased leveraging of resources for prevention programming; 5) targeting of prevention activities to priority risk and protective factors, resulting in a more strategic approach; 6) increased use of research-based "promising approaches" that have demonstrated effectiveness; 7) increased involvement of professionals, citizens and youth in community prevention activities (Title V Report to Congress, 1996).

A General Accounting Office (GAO) report to Congress found that ninety percent of Title V communities employed two or more different tested programs that have research evidence of effectiveness.

In LaCrosse, Wisconsin, the prevention team, using the CTC operating system, was able to identify three existing prevention initiatives that were providing overlapping services; the Hmong Mutual Assistance Association, a community-based mentoring/tutoring program, and the Serious, Habitual Offenders Comprehensive Action Program. By building on the shared objectives of these three programs, the team was able to reduce duplication of efforts and enhance prevention services, as well as achieve an eight percent reduction in county delinquency referrals to juvenile court and a ten percent reduction in county Child Protective Service referrals.

Fremont Colorado's *Build a Generation* project has generated 2.4 million dollars in new funding as a result of their CTC strategic plan.

Detroit's CTC Prevention Policy Board designed a comprehensive, school-based approach to delinquency prevention focused on the Cooper Elementary School community. The strategy includes mental health services, conflict resolution training, an afterschool program, a parent support component, and health services. In the last two years school personnel have seen an increase in parent involvement in school activities. According to one member of the Board, "relationships between the school and families have been completely redefined. Cooper School is no longer just a place where children go to school. Rather, it is a center for the neighborhood and a place for support, information, and friendship."

Results of Bay County, Michigan's CTC risk assessment indicated transitions and mobility, lack of commitment to school and early and persistent antisocial behavior as priority risk factors to address. The Prevention Policy Board adopted a two-pronged approach to addressing these risk factors: 1) expanding the probate court's Fast Track diversion program and 2) developing education, training and recreation programs for youth. Teachers have reported reductions in behavior problems and improvements in academic skills among program participants. In addition, Prevention Policy Board members report that "serious juvenile crime has been capped in this area" (Title V Report to Congress, 1997).

Buchanan County, Missouri's comprehensive prevention strategy is also showing early positive trends in their primary risk factors: early and persistent antisocial behavior, academic failure and low commitment to school. During the 1996/1997 school year, eighty-one percent of students in the program raised failing grades in two or more core subjects to passing grades. There has also been a seventy-eight percent decrease in truancy and a sixty-two percent decrease in tardiness as well as a thirty-one percent reduction in the number of school discipline notices and a thirty-three percent reduction in juvenile crime and vandalism in the school district.

Seventy-five percent of projects reported using multiple approaches to address multiple risk factors in three or more domains as advocated by the CTC model (United States General Accounting Office, 1996).

According to one CTC program coordinator in Michigan, CTC has "made our community into a big quilt: community members and agencies working with youth are the patches and the Prevention Policy Board is the quilter who stitches the patches together."

A statewide evaluation of communities involved in Title V Delinquency Prevention Grants using CTC in Iowa found that the program "generated significant enthusiasm and commitment among professionals and citizens…(the) prevention initiative has involved citizens who were unfamiliar with youth problems in the process of finding solutions to crime and delinquency" (Jenson, Hartman, and Smith, 1997).

Positive effects on risk and protective factors for adolescent health and behavior problems. Because the CTC operating system involves the creation of a unique prevention strategy for each community, tailored to the specific conditions, risk and protective factor profiles and existing resources in that community, systematic, rigorous evaluation of long-term outcomes is a complex endeavor. However, preliminary local data show positive trends in risk and protective factors from some communities (Title V Report to Congress, 1997).

CTC's risk and protective factor focused approach is currently being tested in a natural experimental study involving forty-two communities in seven states. The five-year study is funded by the National Institute on Drug Abuse, Office of Juvenile Justice and Delinquency Prevention, Center for Substance Abuse Prevention, and the U.S. Department of Education. A three-site pilot implementation of the CTC operating system in the United Kingdom is being evaluated by the University of Sheffield.

About Developmental Research and Programs, Inc. (DRP)

DRP was founded in 1984 to translate current research findings into programs and services for promoting the healthy development of children and families in communities. DRP is a pioneer in using the principles of prevention science to guide the development of programs and tools that help families, schools and communities ensure positive outcomes for children.

The founders, Dr. J. David Hawkins and Dr. Richard F. Catalano, Director and Associate Director of the Social Development Research Group and professors of social work at the University of Washington in Seattle, are internationally known researchers in positive youth development and the prevention of crime, violence and substance abuse. Their rigorous attention to the application of research to program design sets DRP apart from other organizations in the prevention and youth development field.

DRP is committed to using all the information we have about what works in promoting the healthy development of children. DRP's work is grounded in over thirty years of research on the predictors of positive outcomes for children, as well as the health and behavior problems that get in the way of positive development, and the effectiveness of programs in influencing these predictors. Program design and selection at DRP is guided by the founders' Social Development Strategy, which provides a road map for promoting healthy development by building strong bonds between young people and positive adults who communicate healthy beliefs and clear standards.

DRP's research-based programs have been reviewed and recognized by the American Federation of Teachers, the Centers for Disease Control and Prevention, the Center for Effective Collaboration and Practice, the Center for Mental Health in Schools, the Center for Substance Abuse Prevention, the Center for the Study of Prevention of Violence, the Department of Education, the Department of Housing and Urban Development, the Joseph Rowntree Foundation, the Ministry of Justice of The Netherlands, the National Academy of Sciences, the National Council on Alcoholism, the National Council of Juvenile and Family Court Judges, the National Institute on Drug Abuse, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Urban Institute. DRP was designated as a 1996 PASS Award winner by the National Council on Crime and Delinquency for guiding and supporting communities in their delinquency and violence prevention efforts.

Bibliography

Brewer, D.D., Hawkins, J.D., Catalano, R.F. and Neckerman, H.J. (1995). Preventing serious, violent and chronic juvenile offending: A review of selected strategies in childhood, adolescence and the community. In J.C. Howell, B. Krisberg, J.D. Hawkins, and J.J. Wilson (Eds.), A sourcebook: Serious, violent and chronic juvenile offenders (pp. 61-141). Thousand Oaks, CA: Sage.

Catalano, R.F., Arthur, M.W., Hawkins, J.D., Berglund, L., Olson, J.J. (1998). Comprehensive community and school based interventions to prevent antisocial behavior. In R. Loeber and D.P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions, Thousand Oaks, CA: Sage Publications, (pp. 248-283).

Calalano, R.F. and Hawkins, J.D. (1996). The social development model: A theory of antisocial behavior. In J.D. Hawkins (Ed.), Delinquency and crime: Current theories (pp. 149-197). New York: Cambridge University Press.

Developmental Research and Programs. (1996). Communities That Care prevention strategies: A research guide to what works. Seattle, WA: Author.

Harachi, T.W., Ayers, C.D., Hawkins, J.D., Catalano, R.F., Cushing, J. (1996). Empowering communities to prevent substance abuse: Process evaluation results from a risk and protection-focused community mobilization effort. Journal of Primary Prevention, 16-3, (pp. 235-254).

Hawkins, J.D., Arthur, M.W., Catalano, R.F. (1995). Preventing substance abuse, in M. Tonry and D. Farrington (Eds.), Building a safer society: Strategic approaches to crime prevention, Crime and justice: A review of research), Chicago: University of Chicago Press, (Vol. 19, pp. 343-427)

Hawkins, J.D., Arthur, M.W., Olson, J.J. (1998). Community interventions to reduce risks and enhance protection against antisocial behavior. In D.W. Stoff, J. Breiling, and J.D. Masers (Eds.), Handbook of antisocial behaviors), NIMH/John Wiley and Sons, Inc. (pp. 365-374)

Brewer, D.D., Hawkins, J.D., Catalano, R.F., Neckerman, H.J. (1995). Preventing serious, violent and chronic juvenile offending: A review of evaluations of selected strategies in childhood, adolescence, and the community, in J.C. Howell, B. Krisberg, J.D. Hawkins, and J.J. Wilson (Eds.), A sourcebook: Serious, violent and chronic juvenile offenders, Thousand Oaks, CA: Sage, (pp. 61-141).

Hawkins, J.D., Catalano, R.F., and Miller, J.Y. (1992) Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin, 112, (pp. 64-105).

Hawkins, J.D., Herrenkohl, T., Farrington, D.P., Brewer, D.D., Catalano, R.F., Harachi, T.W. (1998). A review of predictors of youth violence. In R. Loeber

and D.P. Farrington (Eds.), <u>Serious and violent juvenile offenders: Risk factors and successful interventions</u>. Thousand Oaks, CA: Sage Publications, (pp. 106-146).

Jenson, J., Hartman, J., and Smith, J. (1997). An evaluation of Iowa's Juvenile Crime Prevention Community Grant Fund Program. University of Iowa, School of Social Work.

Office of Juvenile Justice and Delinquency Prevention (1996). 1996 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs.

Office of Juvenile Justice and Delinquency Prevention (1997). 1997 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs.

Pollard, J., Catalano, R., Hawkins, J.D., Arthur, M. (1997). Development of a school-based survey measuring risk and protective factors predictive of substance abuse, delinquency and other problem behaviors in adolescent populations.

U.S. General Accounting Office (1996). Report to the Committee on the Judiciary, U.S. Senate, and the Committee on Economic and Educational Opportunity, House of Representatives, Washington, D.C.

For further information contact:

Developmental Research and Programs
130 Nickerson Sttreet, Suite 300 • Seattle, Washinton 98109
TELEPHONE 800. 736. 2630 • FAX 206. 286. 1462
EMAIL sales@drp.org
VISIT OUR WEBSITE www.drp.org