



University of Colorado

# Evaluation Report: Progress on Communities That Care in Colorado (2016-2021)

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# Executive Summary

Communities That Care (CTC) is a model that walks communities through organizing a diverse, cross-sector coalition that unites to achieve the shared goal of building a healthier community. As CTC coalitions mature, they become a mobilizing force for community-driven prevention, taking ownership of local issues and driving decisions and funding toward community needs and evidence-based solutions. From 2016 to 2021, 46 communities in Colorado implemented the CTC model. Communities were funded by the State of Colorado and coached by the Colorado Department of Public Health and Environment (CDPHE), Violence and Injury Prevention – Mental Health Promotion Branch. Researchers at the University of Colorado (CU) supported the evaluation and quality improvement of CTC in Colorado. Key findings and recommendations in the report are based on five years of data (2017-2021) collected and analyzed across three primary categories: (1) information gathered from the coalitions; (2) information gathered from the Community Mobilizers; and (3) administrative files gathered by CDPHE and CU to track community-level progress.



## Key Findings at a Glance

Communities made substantial progress on building coalitions with strong overall operational capacity.

Coalitions grew youth and community representative membership and are integrating inclusive processes and equitable approaches in their efforts. They continue to work towards increased representation of diverse sectors and individuals.

Within CTC communities, collaboration across agencies and sectors increased significantly, indicating success in local collective impact approaches to upstream prevention.

Community leaders and decision-makers were difficult to engage across Colorado communities, indicating more investment is needed to maintain the support of these individuals.

All communities successfully created Community Action Plans; all plans included community-level prevention strategies and few included individual-level programs.

By October 2020, only 26% of communities began implementing their selected community-level prevention strategies.

Communities implementing community-level prevention strategies reported limited capacity to communicate and conduct outreach with the broader community, and insufficient financial resources, staff, or volunteers to implement their efforts, and lacked a sustainability plan to ensure efforts are carried out over time.

Communities who are implementing and improving their evidence-based community-level prevention strategies and programs will likely see impacts on risk and protective factors in the next 3 to 5 years.

Only half of coalition members feel they gained appropriate knowledge and skills to implement CTC and upstream prevention, indicating a need for ongoing local capacity building.

10% of coalition members expressed concern that their backbone agency was not the right fit, indicating the need to discuss appropriate local backbones for community organizing approaches.



## Recommendations at a Glance

State and academic partners should continue to provide a robust, accountable, and responsive system of support that encourages communities to move through the CTC milestones consistently and accurately.

Identify and recommend tailored training and technical assistance opportunities that could build appropriate knowledge and skills in local communities.

Build community capacity to create local-level systems change in the areas of communication and outreach, funding, administration and operations, and sustainability planning.

Continue to build local community capacity to focus on shared risk and protective factors and upstream prevention, even as tragedies strike. It is important that ongoing efforts continue to focus on the root causes of these tragedies to prevent problems before they ever happen.

Coalitions should continue to diversify the makeup of their coalitions to represent the communities where they are working, and to ambitiously engage youth in the CTC process. As coalitions diversify, there should be ongoing attention to using inclusive processes and ensuring efforts will advance equity.

There is an opportunity to include community organizing principles to advance upstream prevention and equity. These principles could be embedded into Phases 1 and 2 of CTC, where diverse membership, prevention science, and systems change knowledge and skills are built locally.

Communities should embed the Social Development Strategy/Positive Youth Development approaches as a core part of the CTC process rather than a stand-alone community-level prevention strategy.

Communities should continue to build out comprehensive Community Action Plans, to include both community-level prevention strategies and individual-level programs to address risk and protective factors.

Community Mobilizers should serve in their role for at least 75% of their time/effort to effectively support community organizing efforts.

Future evaluation efforts should enhance (1) measurement and understanding of collective impact approaches being used within communities, and (2) assessment of how backbone agencies share power with cross-sector and representative coalitions.



# Program Background and Evaluation Goals

Communities That Care (CTC) is a model that walks communities through organizing a diverse, cross-sector coalition that unites to achieve the shared goal of building a healthier community. Each coalition works to foster their community's capacity to use data to identify local problems and advance strategies that address risk and protective factors for violence, substance misuse, and mental health among youth, as well as promote positive youth development. As CTC coalitions mature, they become a mobilizing force for community-driven prevention, taking ownership of local issues and driving decisions and funding toward community needs and evidence-based solutions.

The CTC model is evidence-based, with multiple randomized control trials demonstrating positive results over 10-15 years of investment, including reductions in violence, substance misuse, and delinquency, and increasing protective environments and opportunities for positive youth development. Furthermore, CTC returns \$11.13 for every \$1.00 invested, demonstrating long-term economic benefits in addition to the health and social benefits.<sup>1</sup>

<sup>1</sup> Kuklinski, M. R., Oesterle, S., Hawkins, J. D., and Briney, J. S. (in press). Long-term Impacts and Benefit-cost Analysis of the Communities That Care Prevention System at Age 23, Twelve Years After Baseline. *Prevention Science*.

## CTC is a five-phase process that walks communities through:

- 1** Building a key leader board of local decision-makers;  
Developing a community board made up of diverse community agency representatives and local community members, including youth. Together, the key leader and community boards comprise the local coalition;
- 2** Collecting and using data to understand what local problems exist as barriers for youth to live healthy lives, and then understanding what resources do or do not exist to address these problems;
- 3** Developing a Community Action Plan that includes what risk and protective factors communities have prioritized, and what community-level prevention strategies and individual-level programs they will use to address these priorities;
- 4** Implementing, evaluating, and improving their local prevention efforts over time, and adapting their community action plan as needs change within their community.



From 2016 to 2021, there were 46 communities in Colorado that implemented the 5-phase CTC model. Communities were funded by the State of Colorado and coached by the Colorado Department of Public Health and Environment (CDPHE), Violence and Injury Prevention – Mental Health Promotion Branch. Researchers at the University of Colorado (CU) supported the evaluation and quality improvement of CTC implementation in Colorado.

CDPHE and CU used the following questions to guide evaluation over time:

- To what extent are CTC Community Mobilizers and their backbone agencies effectively supporting coalitions?
- To what extent are coalitions representative of the diverse populations and sectors within the community?
- To what extent are coalition members developing knowledge and skills to implement CTC?
- To what extent do coalition members feel they are using inclusive and equitable practices in the CTC process?
- To what extent does CTC implementation impact collaboration within CTC communities in Colorado?
- What issues are CTC communities facing that create barriers to implementing CTC?
- To what extent are CTC communities implementing primary prevention strategies effectively?
- To what extent do primary prevention strategies impact youth risk and protective factors in CTC communities?
- To what extent is the statewide system of support effectively building capacity of CTC Community Mobilizers and coalitions to implement the CTC model?



# Evaluation Methods

This evaluation report compiles five years of data collected (2017, 2018, 2019, 2020, 2021) from multiple sources to answer the evaluation questions. The report demonstrates progress in the State of Colorado in creating community change that improves the lives of young people through the CTC process.

## There were three primary categories of data collected:

- 1 Information gathered from the coalitions
- 2 Information gathered from the Community Mobilizers
- 3 Administrative files gathered by CDPHE and CU to track community-level progress.

- 1 Coalitions were made up of diverse community members representing different sectors (including youth), and provided information on the following two surveys from 2017 to 2020:

### Coalition Survey:

Electronic surveys administered to all community members participating in their local CTC coalition. The survey collected information from coalition members about the structure, functioning, and health of their coalition. It also asked about the benefits of CTC, practices within their coalition, and the collaboration among agencies within their community.

In 2017, 419 coalition members completed the survey (response rate of 26%);  
in 2018, 811 coalition members completed the survey (response rate of 48%);  
in 2019, a total of 925 coalition members completed the survey (response rate of 54%);  
in 2020, 540 coalition members completed the survey (response rate of 31%).

### Prevention Strategy Survey:

Electronic surveys administered to all community members participating in their local CTC coalition, where the community had already begun implementing community-level prevention strategies (n=12 communities in 2020). The survey collected information from coalition members about the quality, satisfaction, and advancement of equity within the implementation efforts for their prevention strategies. It also asked about the community's capacity and support for the strategies.

In 2020, 204 coalition members completed the survey (response rate of 36%).

## 2

Community Mobilizers were hired by a local backbone agency to organize coalition members (adults and youth) and to support building local knowledge and skills to create the community's desired change. Community Mobilizers provided information in two ways from 2016 to 2021:

### **Facilitator Survey:**

Electronic surveys administered to all CTC Community Mobilizers across the state.

The survey collected information from Community Mobilizers on local context barriers and stakeholder involvement, and on collaboration across different CTC communities.

In 2017, 42 Community Mobilizers completed the survey (response rate of 88%);  
in 2018, 44 Community Mobilizers completed the survey (response rate of 92%);  
in 2019, a total of 39 Community Mobilizers completed the survey (response rate of 83%);  
in 2020, 45 Community Mobilizers completed the survey (response rate of 98%).

### **Progress Reports to CDPHE:**

Community Mobilizers submitted quarterly progress reports to CDPHE, often responding to questions that helped capture local successes and challenges, including barriers to implementation.

## 3

CDPHE and CU collected administrative information to capture essential components of progress:

### **CDPHE Administrative Data Sources. CDPHE tracked the following:**

- Progress on CTC phases and milestones made by local communities.
- Community Action Plan (CAP) submissions and approvals.

### **CU Administrative Data Sources. CU tracked the following:**

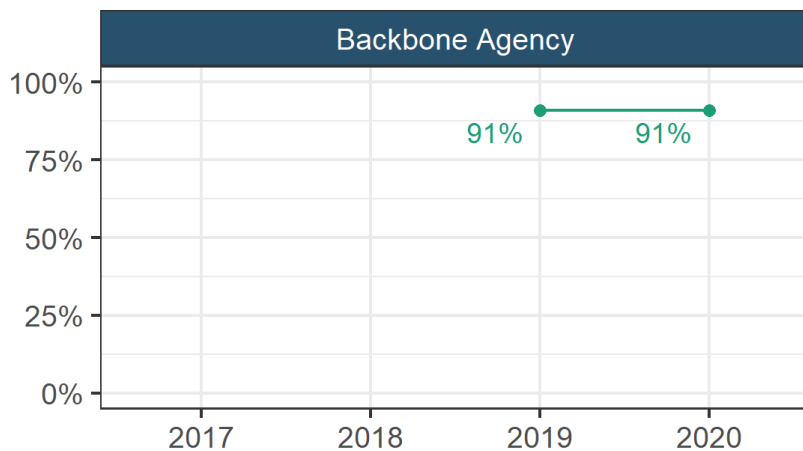
- The time/effort of CTC Community Mobilizers and the turnover of Community Mobilizers within communities.
- All risk and protective factors and community-level prevention strategies selected by CTC communities.
- All technical assistance provided to Colorado CTC communities from 2017 to 2021.

# Results

## Coalitions' Capacity to Create Change

CTC communities align around a common agenda to address root causes – or risk and protective factors – associated with complex problems that youth face in their communities. Communities use a collective impact approach that is embedded in the CTC process: they intentionally work across diverse sectors and community groups to share information and develop a unified vision and joint action plan for solving these complex problems. At the core of the collective impact approach is having a backbone agency that provides supporting infrastructure and facilitation for this community-wide approach.

The majority of backbone agencies for Colorado CTC were local public health agencies (n=39) with the remaining from non-profit organizations (n=6).



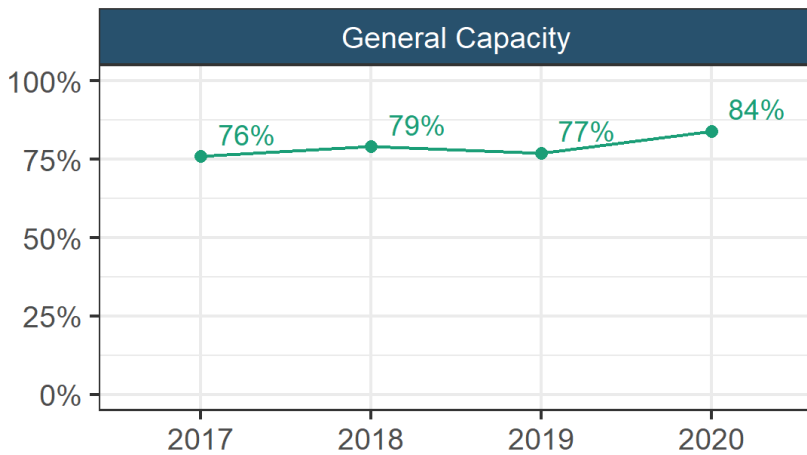
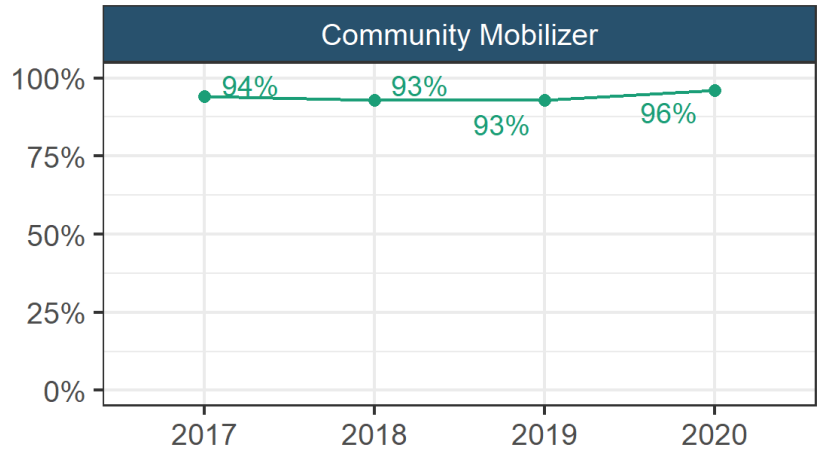
In Fall 2019 and 2020, we asked coalition members to assess the effectiveness of the backbone agencies supporting the CTC and collective impact process locally.

In both years, an average of 91% of coalition members agreed the backbone agencies provided effective infrastructural support for efforts, with no significant difference across years.

The effectiveness of Community Mobilizers might have been impacted by two challenges.

- 1 While the Center for CTC at the University of Washington (who developed the CTC model) recommends that Community Mobilizers dedicate at least 75% of their time to the position, 10% of CTC communities did not have a Community Mobilizer who were able to dedicate 75% of their time to the role.
- 2 Over 31% of the communities had turnover in their Community Mobilizer at least two times over the five-year period, and 71% of communities had their Community Mobilizer turn over at least one time.

Despite the turnover, an average of 93% to 96% of coalition members agreed Community Mobilizers provided this support effectively with the highest agreement in 2020; however, there was no significant difference between the first and last year of CTC implementation.



It is critical that coalitions maintain their capacity to implement, advocate for, and support the efforts outlined in their local Community Actions Plans. As such, from 2017 to 2020, we asked coalition members to assess their general capacity to function as a group.

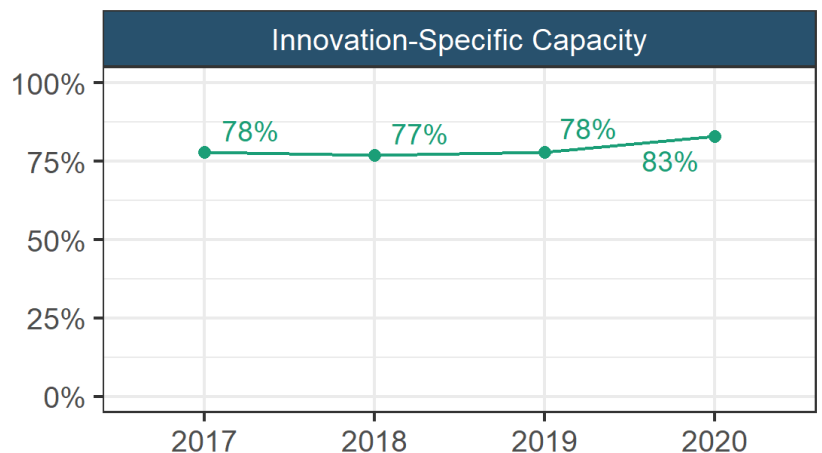
An average of 76% to 84% of coalition members agreed their general capacity was appropriate for the work that they needed to do locally.

There was a significant increase (5.57 to 5.80,  $p < 0.05$ ) in the level of general capacity of coalitions between the first and last year of CTC implementation.

In addition, from 2017 to 2020, we also asked coalition members to assess their innovation-specific capacity to implement the CTC model.

This demonstrated the coalitions' specific capability to implement the CTC model and collective impact approach.

An average of 78% to 83% of coalition members agreed their innovation-specific capacity was appropriate for their implementation of the CTC model locally.



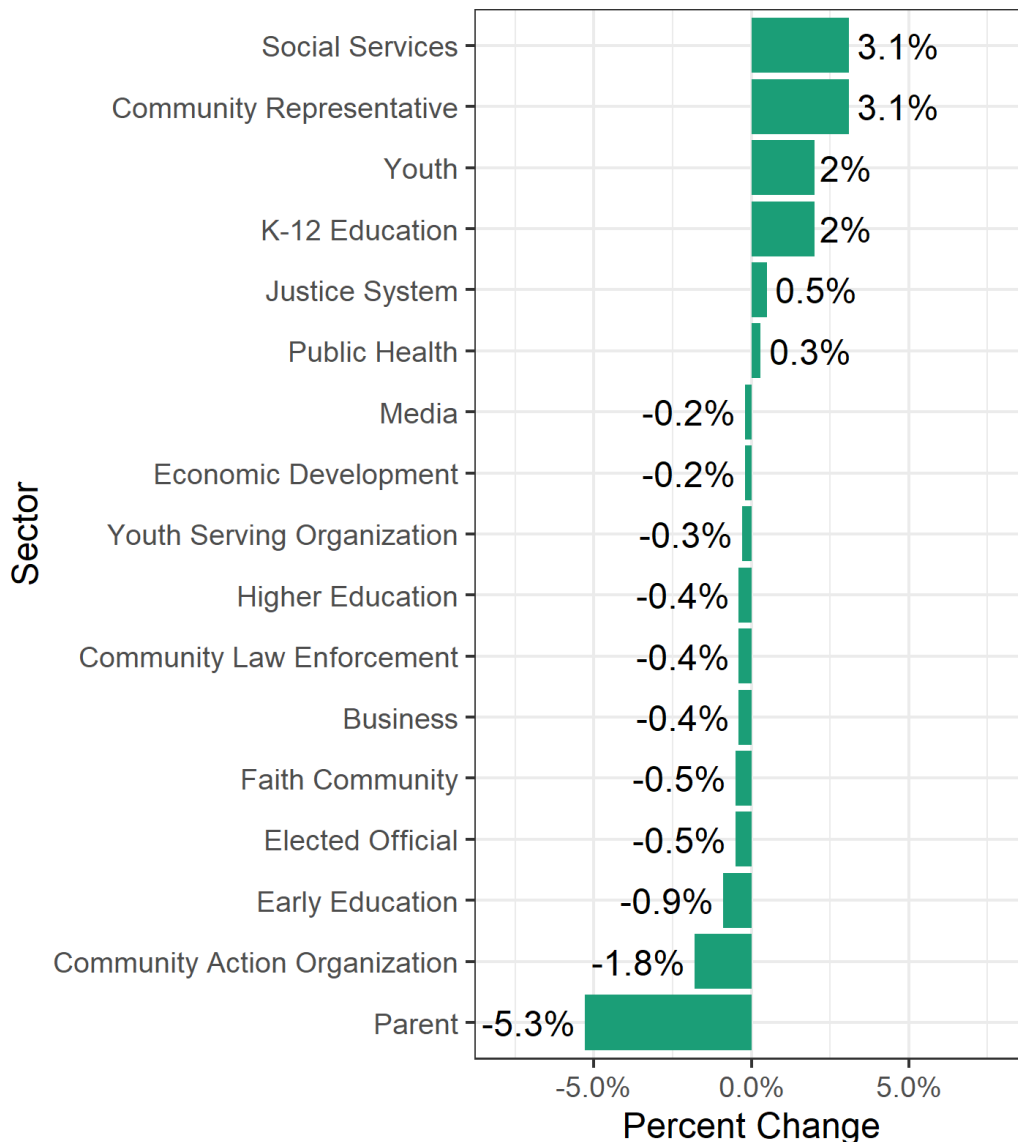
Again, there was a significant increase (5.87 to 5.80,  $p < 0.05$ ) in the level of innovation-specific capacity of coalitions from the first and last year of CTC implementation.



# Stakeholder Involvement & Community Collaboration

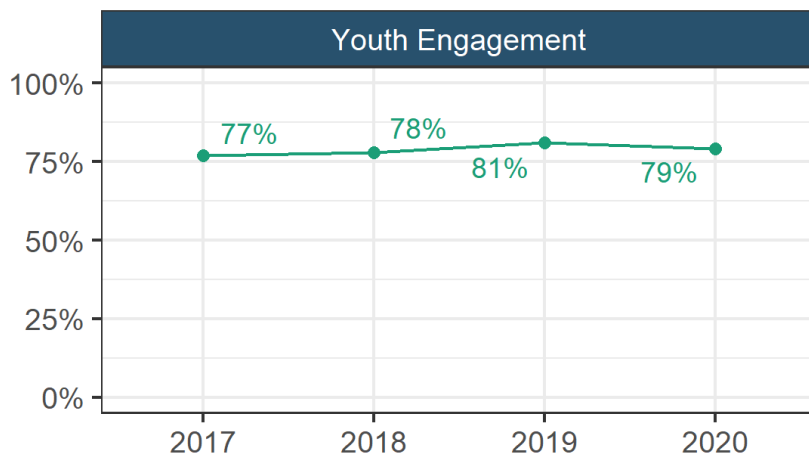
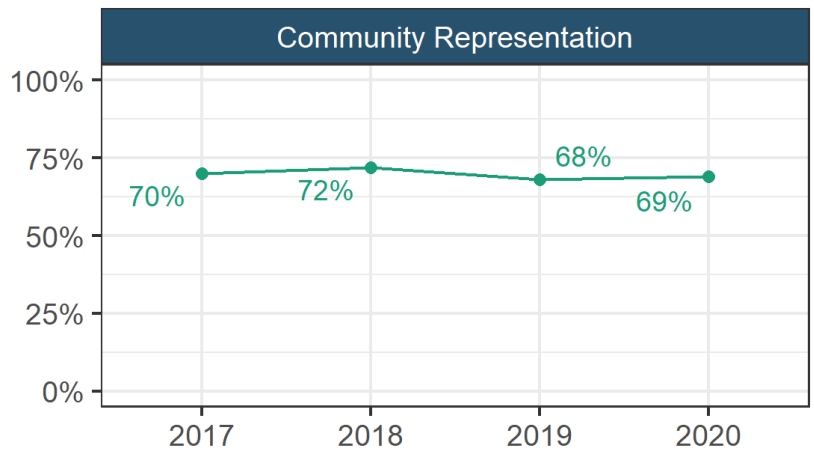
While it is important that coalitions have sufficient backbone support and operational capacity to implement their Community Action Plans, it is also important that these coalitions engage diverse and appropriate sectors and community members in their efforts. This ensures that the coalitions' efforts represent the needs of all community members. We understand community representation on CTC coalitions in two ways.

First, each year from 2017 to 2020, we asked Community Mobilizers to indicate which sectors their coalition members represented. The chart below demonstrates how these sectors changed between 2017 to 2020. While the majority maintained stable representation, we saw gains in representation from social services, community representatives, youth, and the K-12 education system. Community and youth representation are especially important to ensure all community voices are engaged and included in the CTC process. We also saw decreases in involvement of those in community action organizations and parents; this is likely due to the COVID-19 pandemic and needing to prioritize their focus elsewhere. Engaging the experience of parents raising youth in local communities will be especially important moving forward, as well as growing voices and leadership of youth themselves. Impacts of the pandemic are also discussed in more depth in the Coalition Progress section below.



Second, from 2017 to 2020, we asked coalition members to also assess how representative they felt their coalitions were of demographic groups and sectors within their local population.

An average of 68% to 72% of coalition members agreed their coalitions were fully representative of the local community, with no significant difference between the first and last year of CTC implementation. Coalition members demonstrate there is room for growth in ensuring that coalitions fully represent the youth and adults that make up our diverse Colorado communities.



As previously mentioned, youth involvement grew over time. We wanted to understand how meaningfully involved youth are in the CTC process, so we also asked coalition members to assess how well their coalition provided youth with an equal voice and opportunity for involvement within their communities. An average of 77% to 81% of coalition members agreed their youth members received equal voice and opportunity community-wide, which was a significant increase (2.92 to 3.06,  $p < 0.05$ ) in youth engagement between the first and last year of CTC implementation.

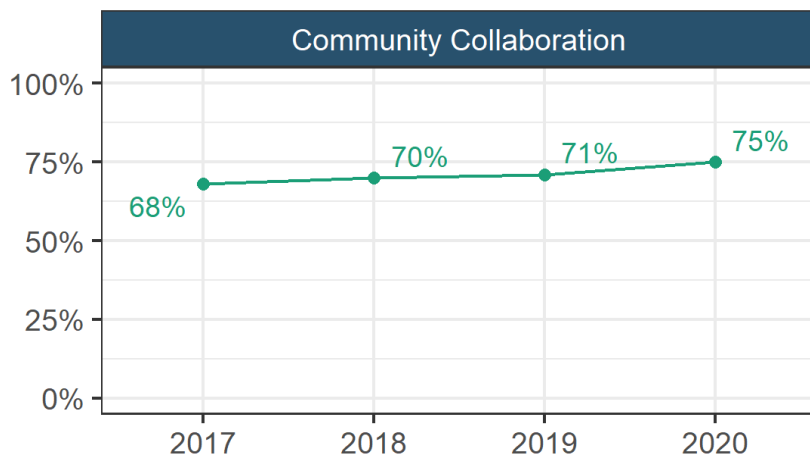
CU created a report in May 2020 that provided a qualitative summary of the impact of CTC efforts in Colorado communities to date, based on narrative provided by all Community Mobilizers in December 2019.



One finding was that CTC increased authentic community and youth engagement in Colorado communities. The findings included:

**Changing perceptions of youth in the community.** With increased exposure to Positive Youth Development, communities recognize the importance of youth voice and participation. Increasing youth presence in a variety of capacities changed how adults in the community perceived youth.

**Youth are using their voices to advocate for change in their communities.** CTC embraced 'nothing about us, without us,' representing the importance of engaging youth not just to contribute to the work, but to lead it. Subsequently, youth developed skills to effectively advocate for change in their communities.



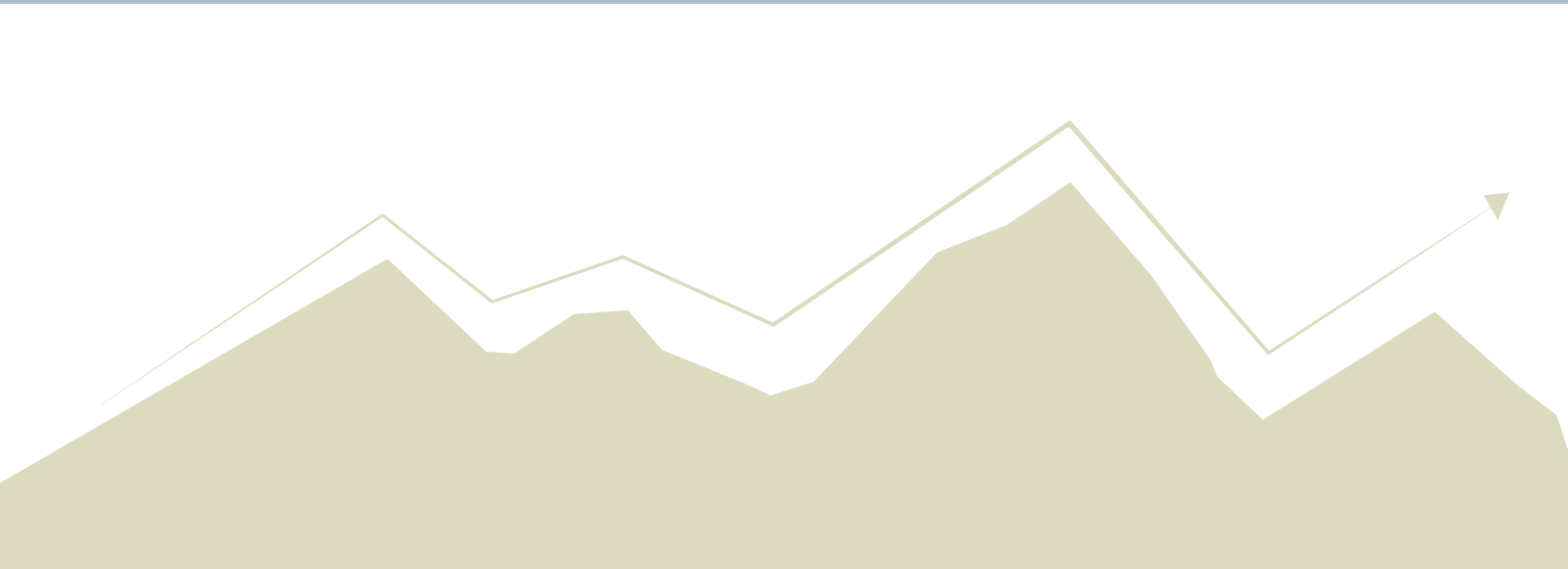
Finally, given diverse sector and community member representation on a coalition, we also wanted to determine whether there were changes in community collaboration over time. As such, from 2017 to 2020, we asked coalition members to assess how they felt agencies in their community were collaborating to support upstream prevention locally. An average of 68% to 75% of coalition members agreed local community agencies were collaborating on upstream prevention efforts. This was a significant increase (2.81 to 3.03,  $p < 0.05$ ) in collaboration within CTC communities between the first and last year of CTC implementation.



In the May 2020 report created by CU on the impact of CTC efforts in Colorado communities to date, an additional finding was that CTC **fostered multi-sector communication and collaboration** in CTC communities. The findings included:

**Coalitions are creating an environment where community members, agencies, and youth can come together to create change.** The coalition structure was built on engaging diverse community stakeholders, which allowed communities to have increasingly direct access to a space where different perspectives are not just valued, but necessary.

**Communities are building partnerships that can increase the sustainability of prevention and intervention work.** Cross-sector and community collaboration were pillars to a coalition's success, so increasing collaboration among diverse stakeholders contributes to the community's ability to build stronger bridges, pool resources, and increase strategic influence to make sustainable change in the community.



# Coalition Skills in Prevention Science

In addition to coalition operational capacity and representation of coalitions of their community, a key component to the success of CTC is the ability to understand and put into practice principles of prevention science. Prevention science focuses on using evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities.

A central tenet of prevention science is the promotion of health equity and reduction of disparities by studying how social, economic, and racial inequalities and discrimination influence healthy development and wellbeing.

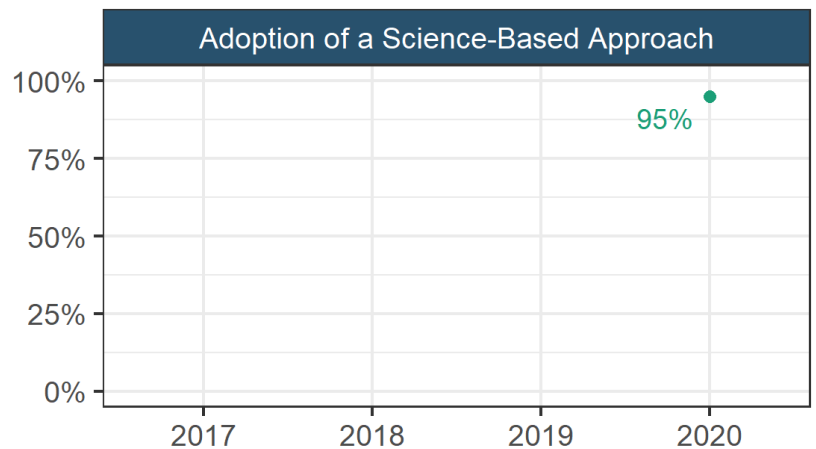


In the May 2020 report created by CU on the impact of CTC efforts in Colorado communities to date, an additional finding was that CTC helped to bring science to life across communities in Colorado. The findings included:

**Communities are increasingly valuing the role of data in local decision-making.** Multiple communities demonstrated a shift in their perception of the importance of data, recognizing its strength as a tool to inform strategy and action. This was especially evident in the decision among schools in many communities to use data to guide the development of their Community Action Plans.

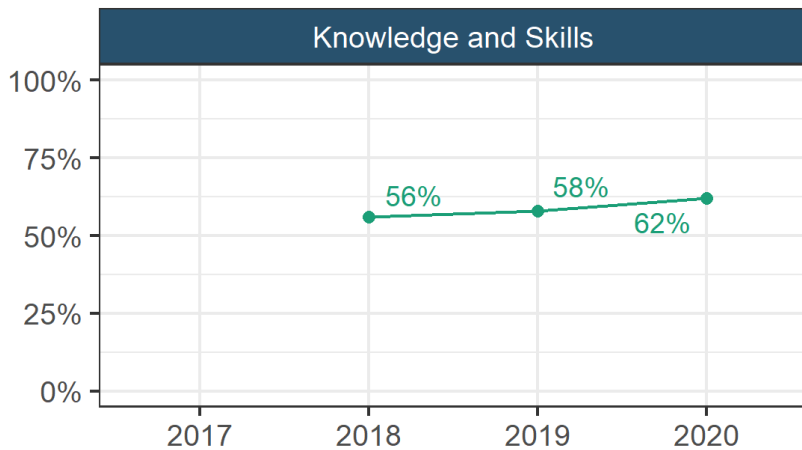
**Communities are more widely using data and enacting evidence-based strategies and practices.** Data became a driver for action, providing many communities with newfound insight into what issues exist at the local level, and how to implement effective strategies and programs in response.

These findings encouraged evaluators to ask coalition members to assess how well they felt their community had adopted a science-based approach to prevention in 2020. An outstanding average of 95% of coalition members agreed their community had adopted a science-based approach to their efforts.



While the self-report of coalition members about science-based approaches was high, CDPHE coaches and CU technical assistance providers noted an important limitation in the uptake of prevention science in CTC coalitions in their consistent communications with community partners. While many communities were focused on prevention of long-term outcomes such as substance misuse, violence, and mental illness, they faced difficulties shifting focus to upstream prevention of shared risk and protective factors.

CTC specifically examines risk and protective factors that predict or buffer against long-term outcomes. The shared risk and protective factor approach allows communities to address the root causes of multiple long-term outcomes. This shift in focus to risk and protection is key to future success in CTC implementation and the collective impact approach in Colorado.



In addition, an important part of prevention science is that coalition members themselves developed the appropriate knowledge and skills to implement, advocate for, and support upstream efforts in their community. We asked coalition members to assess the knowledge and skills they gained through their CTC involvement from 2018 to 2020.

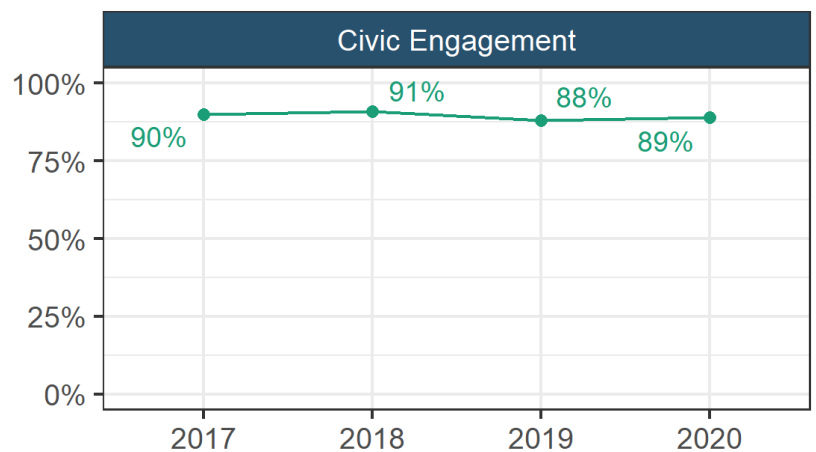
An average of 56% to 62% of coalition members agreed members were gaining knowledge and skills. The percentage overall remained low for coalition members who agreed they gained knowledge and skills, indicating there is room for improvement on developing the knowledge and skills of CTC coalition members.

However, there was still a significant increase (2.61 to 2.75,  $p < 0.05$ ) in knowledge and skills gained by coalition members from 2018 to 2020.

Finally, given the need to ensure that CTC communities are building public support for the prevention strategies in their Community Action Plans, it was also important to understand the level of civic engagement that coalition members had over time. From 2017 to 2020, we asked coalition members to assess their skills in being civically engaged in their community.

An average of 88% to 91% of coalition members agreed they had the appropriate civic engagement skills to advocate for change in their community.

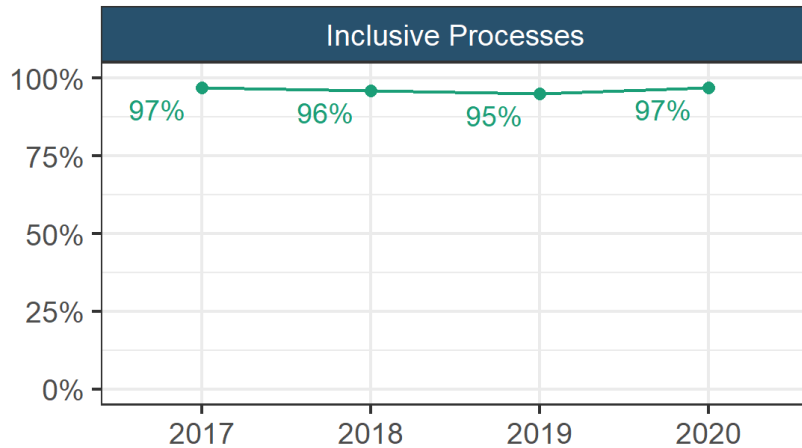
There was no significant difference between the first and last year of CTC implementation. The high level from the start of CTC implementation may also indicate that coalition members already had a high level of civic engagement before they became involved in CTC specifically.



# Coalitions' Equitable Approaches

Operational capacity, diverse representation, and appropriate knowledge and skills are all important components of the health and functioning of coalitions to support upstream prevention in their communities.

The final ingredient is the coalitions' focus on equity and inclusion. This focus is critical so that all coalition members feel their voice is equally represented and so that upstream prevention efforts can achieve equity among populations within their local community who may face disparate health and social outcomes.



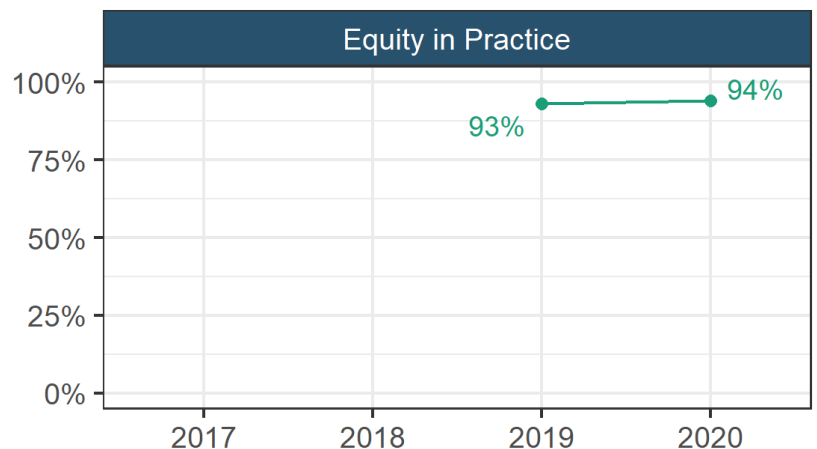
From 2017 to 2020, we asked coalition members to assess how inclusive their coalitions were with all members. An average of 95% to 97% of coalition members agreed inclusive processes were used within their coalition to support everyone having an equal opportunity to influence decision-making. There was no significant difference between the first and last year of CTC implementation.

While these findings were high overall, it is important to compare these back to the finding that an average of 30% of coalition members felt that their coalitions were not fully representative of their local communities. As we continue to encourage coalitions to apply an equity lens to their prevention work and diversify their membership to engage more youth and community representatives, we acknowledge that these high levels of "equity in practice" may be due to limitations in deep understanding of equity and inequity, particularly among dominant demographic groups.

In 2019 and 2020, we also asked coalition members to assess their coalitions' practices to promote equity in their community.

An average of 93% (2019) and 94% (2020) of coalition members agreed their coalition promoted equity in their community.

There was no significant difference between 2019 and 2020.



In March of 2021, we asked Community Mobilizers to report on changes their coalitions enacted to root an equity focus within their community coalitions and the implementation of their local prevention programs and strategies. Qualitative analysis of these responses revealed the following themes:

**Accessible Participation in CTC Coalitions.** This was the most common theme noted by Community Mobilizers and broadly referred to removing barriers so that all community members had the opportunity to participate in coalition efforts. The goal was to establish coalitions representative of the community and to ensure the inclusion of diverse voices at the table. Specific examples of activities included (a) offering meetings both virtually and in-person, (b) providing transportation to and from meetings (with one community partnering with the local recreation department to use vans to provide transportation), (c) adjusting meeting times to allow more youth and working adults to attend, (d) providing various incentives (including food and gift cards) for participation, and (e) offering interpretation to Spanish-speaking participants (such as through the use of interpretation features on Zoom and translating coalition resources and trainings).

**Enhancing Community-Led Decision-Making and Involvement.** This theme focused on specific attention to integrating more diverse perspectives to build a more comprehensive understanding of how best to address local problems with a focus on equity. Specific examples of activities included (a) incorporating more community voices into the decision-making process around choosing a new parenting curriculum, (b) working with community partners to discuss vaccine equity, specifically within their community's Latinx population, and (c) involving more diverse youth in planning and implementation efforts (and compensating them fairly for participation) to focus on sharing power with youth.

**Educating Coalitions on Racial Equity.** Many Community Mobilizers noted a consistent theme of focusing first on their own education around equity, and more specifically racism, to ensure their actions moving forward are informed and intentional. Specific examples of activities included (a) sharing general literature and resources on racial equity and engaging in book clubs and discussions around their learnings, (b) participating in trainings specific to identity and social justice, (c) creating an equity task force within the coalition, and (d) working with consultants to better understand gaps and strengths related to coalition diversity, equity, and inclusion efforts.

While many communities reported activities aligned to these three themes, we acknowledge that many of these activities are focused on education and introductory-level equity practices such as trying to engage more people in the process. Very few of these activities reflect a critical engagement with the concept and practice of health disparities and equity.

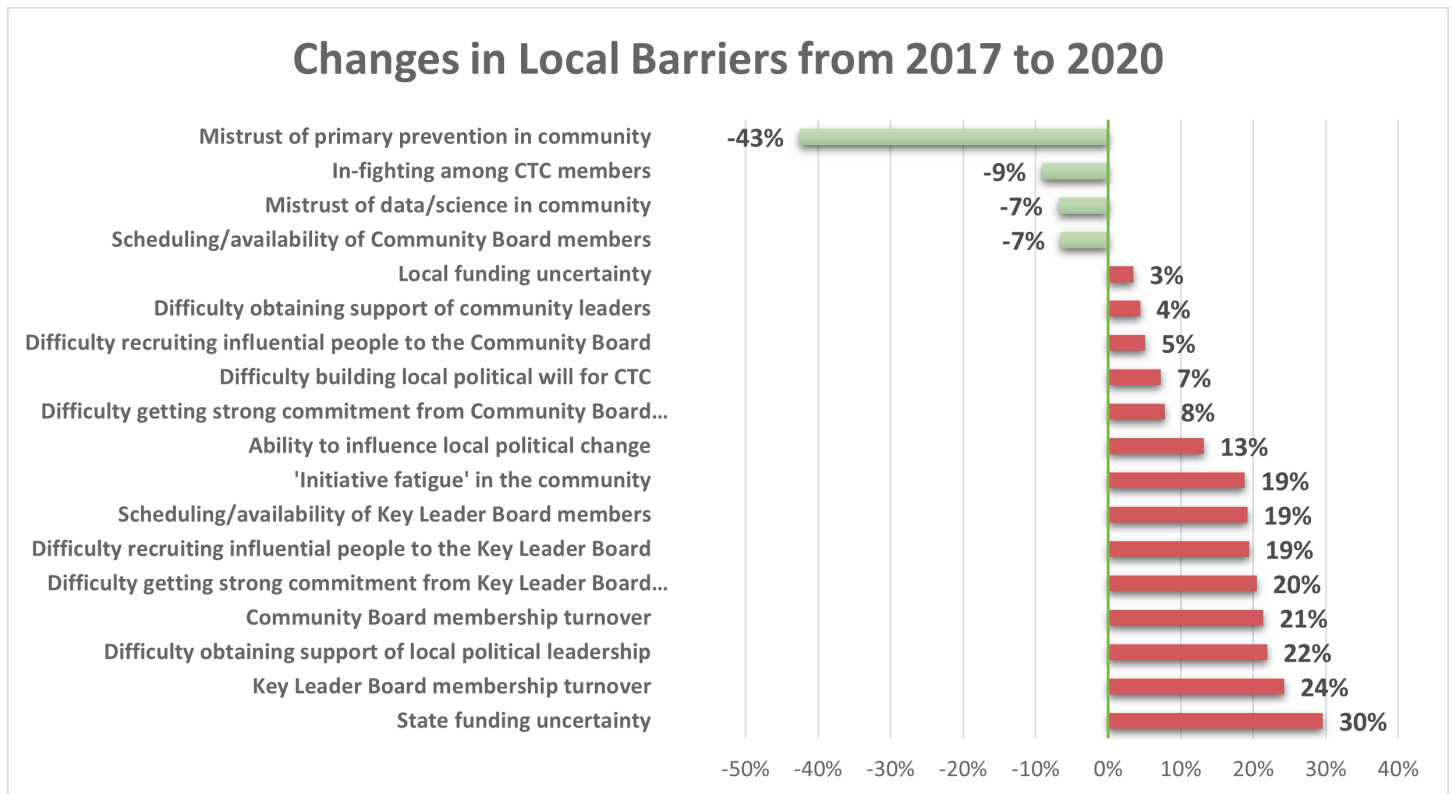
Overall, it seems that most coalitions have a foundational understanding that there is a need to focus more explicitly on equity practices in the future. However, activities are currently lacking both a consistency across all CTC communities, and an approach that encourages deep equity work and challenges the systems of oppression.

In the future, deep equity work will need to be practiced throughout coalition development to ensure that multiple community perspectives are represented and included in the process, power and decision-making is shared across all traditional and non-traditional stakeholders, and crucial conversations occur about the need for change and developing systemic solutions that address harm, accountability, repair, and unity.

# Coalitions' Progress

From 2017 to 2020, we asked Community Mobilizers to tell us what barriers were the most challenging in moving forward CTC efforts in their community.

In the chart below, we see how these barriers have changed over time.



An important success was the 43% reduction over time of Community Mobilizers reporting mistrust of primary prevention in local communities, as this provides a critical foundation for successful implementation of Community Action Plans focused on primary prevention in the future.

The barriers that saw large increases during this time period represent a few patterns:

- 1 Key leaders and political leadership in communities were often hard to recruit, engage, and maintain support from;
- 2 Continued turnover of community members on the coalitions;
- 3 Communities were operating in an uncertain environment about whether state funding would continue.

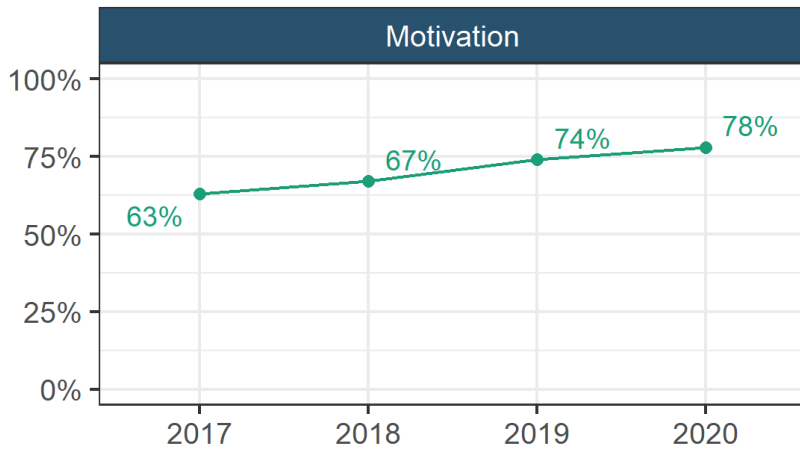


Many of these increased barriers can be somewhat explained by the impact of COVID-19 in Colorado CTC communities in 2020 and 2021. In June 2020 and again in June 2021, we asked Community Mobilizers how their coalitions adjusted to current community needs as a result of the pandemic, as several of the Community Mobilizers were either deployed full-time or part-time to COVID-19 response. While this had a larger impact in 2020, we did see shifts towards Community Mobilizers having more involvement and coalitions making more progress in 2021.

<b>Impact of COVID-19 Response on Coalition Activities</b>	<b>June 2020</b>	<b>June 2021</b>
No work was able to continue at that time due to deployment of CTC staff.	10%	3%
Some efforts were able to continue led by other agencies, despite deployment of CTC staff.	24%	14%
Able to continue in the Community Mobilizer role but the coalition had to stop and pause work significantly because they felt they could not carry forward their work during the pandemic.	16%	19%
Community Mobilizer continued in the role and coalition only needed to make minor delay or adjustment to their efforts.	34%	34%
Pandemic had no impact and coalition was able to carry forward their efforts and were even able to add new efforts to be more responsive to community need during the pandemic.	16%	30%

We also asked the coalition members to assess how they felt their coalitions were able to adapt and help in response to the impact of the pandemic within their community in October 2020. The following table demonstrates the percentage of community members who felt their coalition was able to provide positive support for youth and the community in the midst of the pandemic and the subsequent economic, social, and emotional toll it took on many communities across the state.

<b>Coalitions' Response to Community Needs during COVID-19</b>	<b>Felt Somewhat or To a Great Extent Able to Respond</b>
Our coalition supported COVID-19 response or prevention efforts in our community.	79%
During the pandemic, our coalition promoted the social development strategy and positive youth development approaches in our community.	79%
During the pandemic, our coalition created space for ongoing social connectedness in our community.	76%
Our coalition disseminated science-based messages to our community about the pandemic and necessary public health actions.	70%



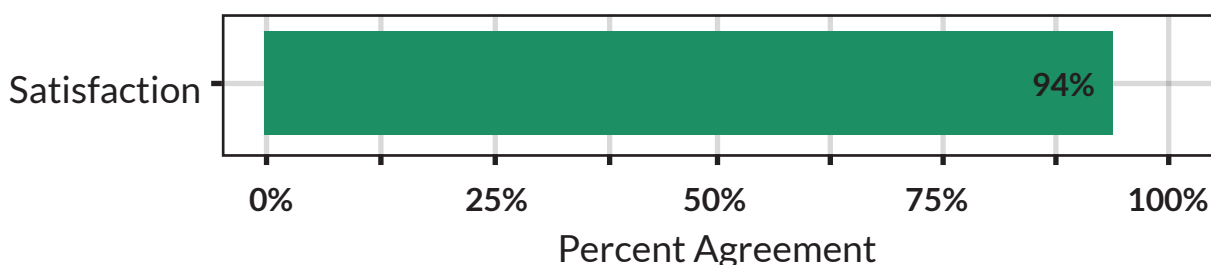
Despite these ongoing barriers and the unexpected crises associated with the COVID-19 pandemic, we asked coalition members to assess their level of motivation for their work from 2017 to 2020. On average, motivation increased over time from 63% in 2017 to 78% in 2020, which was a significant increase (5.21 to 5.69,  $p < 0.05$ ). This is an encouraging finding as many communities carry forward their CTC efforts to address upstream prevention in Colorado.

## Community Action Plan Progress

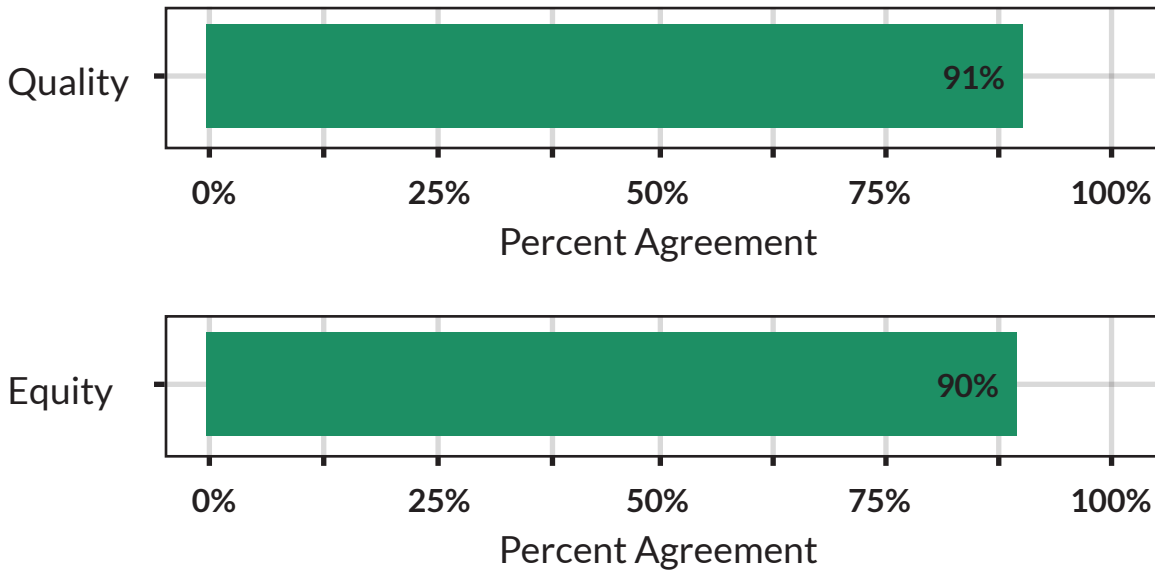
CTC communities all developed Community Action Plans (CAPs) that strategically outline the most important risk or protective factors that communities will address locally, and what efforts they will implement to reduce risk factors and increase protective factors. In Colorado, CTC communities were coached to select evidence-based community-level prevention strategies. These strategies address concerns in the physical, social, and cultural environment and community in which a young person is growing that may play a role in shaping their decisions, experiences, and health outcomes. These community-level prevention strategies included public policy and systems improvements that enhance sustainability and reach more of the population than individual-level programs. CAPs are intended to be comprehensive, which means that communities would select both a combination of strategies targeting population change in community environments, and programs targeting individual behavioral change.

While all Colorado communities ultimately selected community-level prevention strategies, few selected programs. Moreover, by mid-2019 – three years into implementation and prior to the COVID-19 pandemic – only 12 communities (26%) had made at least six months of progress implementing and evaluating the community-level prevention strategies that were part of local CAPs. This progress was slower than expected and again may have been impacted by the barriers faced by coalitions overall and discussed in the previous section. In addition, many communities were slowed down by Phase 3 of CTC, in which communities conduct a local data and resource assessment to understand social problems and local needs among youth in their community. CDPHE coaches and CU technical assistance providers observed that this phase often took much longer than the one year estimated by the Center for CTC, as they developed data and prevention science skills that may not have been previously used by the broader community. This indicates the need for enhanced capacity building in local prevention science knowledge and skills moving forward.

In October 2020, we asked coalition members from the 12 communities who had been implementing strategies since mid-2019 to report on their level of satisfaction with the overarching strategy implementation, as well as their perception of the overall quality of the implementation activities of the strategy, and whether the strategy activities were being implemented in a way that advanced equity. An outstanding average of 94% of coalition members in the 12 communities agreed they were satisfied with the strategies that were being implemented in their community.



While still remarkably high, slightly fewer coalition members in these 12 communities agreed that the overall quality of strategy implementation across different strategies and communities was high (91% average), and that activities were being implemented in ways that advanced equity (90% average).



We also asked questions of coalition members of these 12 communities to understand specific aspects of how core components of systems change are being implemented within communities. The findings in the table below (by highest to lowest average percent agreement of coalition members) demonstrate that more specific aspects of implementation can be addressed to improve the overall quality and equitable approaches within strategy implementation in communities.

Core Component of System Change	Coalition Members who Agree or Strongly Agree Component is Being Implemented Appropriately
<b>Effectiveness (Best Practices):</b> evidence-based and best practices are being utilized	95%
<b>Shared Understanding:</b> agencies who collaborate to do this work have a similar vision	93%
<b>Leadership/Champions:</b> sufficient leaders and champions are engaged in the work and willing to encourage public support	90%
<b>Effectiveness (Evaluation):</b> efforts are evaluated to ensure they are effective	87%
<b>Community Support:</b> community members buy-in to this work and its purpose	85%
<b>Sustainability:</b> there are agencies or individuals in place who ensure that the work is followed or carried out	82%
<b>Administration/Operations:</b> there are agencies with staff/volunteers able to support the work	78%
<b>Funding:</b> financial resources are in place to implement and monitor the work	78%
<b>Communication/Outreach:</b> there is outreach and education to the community on the importance of this work	75%

By March 2021, all communities who received ongoing funding to continue implementing CTC efforts in July 2021 had finalized their Community Action Plans and included their selected community-level prevention strategies.

In Colorado, the most selected community-level prevention strategies included:

Strategy	Number Selected
Leverage Statewide Mass Media Campaigns to Change Community and Social Norms and Parent and Youth Favorable Attitudes toward Substance Use	15
Promote Social Development Strategy (Positive Youth Development) in the Community	14
Build Public Support for Creating Community Spaces for Youth	12
Recruit and Reward Youth Participation in Community Coalitions	8
Building Community Support for Ordinances, Regulations, Requirements for Establishments Selling Liquor, Marijuana, or Promoting Prescription Drug Use	6
Build Public Support for Conventional Enforcement of Existing Laws	6
Build Public Support for District-wide Implementation of Evidence-Based School Social and Emotional Learning	6
Build Public Support for Increased Funding and Access to High Quality Extracurricular Activities for Youth	5
Build Public Support for Quality Childcare Early in Life	5

Many of the popular strategies included a strong focus on youth engagement and involvement in the community, as well as the use of mass media to influence social norms. However, there was also a strong focus on the environments shaping young people’s ability to thrive.

In future years, there is a strong need to embed a focus on youth engagement using the Social Development Strategy and Positive Youth Development approaches into the core of CTC efforts, not necessarily as a separate strategy implemented.

# Opioid Prevention Strategies

In addition, six communities (Chaffee, Fremont, Gunnison, Huerfano, Las Animas, and Otero) prioritized incorporating opioid misuse prevention strategies into their CTC efforts as part of their work to reduce access to substances in their communities. Some of the communities received additional funds for this work from the Center for Disease Control and Prevention's Opioid Overdose Data to Action grant, and others through the United States Department of Agriculture's Communities Facilities grant program. Some communities did not receive additional funding but prioritized the efforts regardless.

Activities of these six communities included educating the public on opioid misuses with a focus on campaigns to change social norms, purchasing medication lock boxes, providing overdose trainings, implementing local prevention programs, and developing collaborations with other local agencies focused on opioid misuse prevention. An additional eleven CTC communities also reported some opioid-specific funding, either granted directly from local, regional, or federal sources, or indirectly through partnerships with local or regional agencies. Two communities mentioned opioid settlement funds.

Across all communities supporting opioid misuse prevention, we concluded the following based on responses within March 2021 progress reports submitted to CDPHE:

- 1 Many communities bucketed their opioid prevention efforts into substance misuse prevention more broadly, without a focus on the prevention of opioid misuse specifically, most often by reducing access to opioids in their communities.
- 2 In the majority of CTC communities, information sharing occurred across local agencies related to opioid prevention activities, but CTC coalitions were often just aware of these local activities, rather than actively engaged in local opioid misuse prevention efforts.
- 3 In some CTC communities, there was strong collaboration for opioid misuse prevention with local or regional agencies. These communities reported intentional alignment of activities and funding to increase efficiency and collaboration across local efforts.



# Impacting Risk and Protective Factors

In Colorado, communities use school- or local-level data that include validated risk and protective factor scales on the Healthy Kids Colorado Survey and additional data sources that shine light on risk and protection in their communities, such as the Behavioral Risk Factor Surveillance Survey, the Colorado Department of Education (CDE) School-View Data, Colorado Health Indicators, and the U.S. Census or American Community Survey. Communities use and monitor these data to inform what risk and protective factors they will prioritize in their local community.

The table below shows **the risk and protective factors that had the highest priority in CTC communities**. Each community then selects evidence-based community-level prevention strategies that are aligned to these risk and protective factors. Evidence-based community-level prevention strategies are selected because they demonstrate the ability to impact risk and protective factors for adverse health and social outcomes in the U.S.

Risk or Protective Factor	Number Prioritized
Community Opportunities for Prosocial Involvement	30
Favorable Youth Attitudes toward Substance Use	19
Community Laws & Norms Favorable Toward Substance Use	18
Availability of Substances	11
Family Opportunities for Prosocial Involvement	11
Favorable Parental Attitudes and Involvement in Substance Use	11
School Opportunities for Prosocial Involvement	10
Extreme Economic Deprivation	10
Early Initiation of Substance Use	8
Low Neighborhood Attachment & Community Disorganization	7
Academic Failure Beginning in Late Elementary School	7
Family Management Problems	6
Lack of Commitment to School	5

# Impacting Long-Term Health Outcomes

Focusing on shared risk and protective factors allows multiple community agencies who may work on different health and social outcomes to come together and collectively address the shared root causes of these issues, and to collaborate to reduce risk and increase protection.

We used 2019 data from the Healthy Kids Colorado Survey to create prevalence ratios that show how risk factors are associated with the long-term health outcomes of focus for Colorado CTC: substance misuse, violence, and mental health. These prevalence ratios show how much more likely a Colorado high school student is to have experienced one of these long-term outcomes if they had higher exposure to risk factors. Having higher exposure to risk factors means that a high school student self-reports that the risk factor is something they experience in their life.

We provide three examples of how risk factors make a student more likely to experience specific outcomes.

A high school student in Colorado is **more likely** to have used **marijuana in the past 30 days** if they reported exposure to the following risk factors:

## Community

**2.3X** as likely if they believe the community where they live has **laws and norms that are favorable to using substances** as compared to those who do not

**3.5X** as likely if they believe they can **easily access substances** in their community as compared to those who do not

## School

**1.8X** as likely if they are **not doing well in school** as compared to those who do

**2.3X** as likely if they **do not feel committed to school** as compared to those who do

## Family

**2.6X** as likely if they have **poor family management** at home as compared to those who do not

**3.3X** as likely if their **parents have favorable attitudes towards using substances** as compared to those who don't

## Individual

**6.0X** as likely if began **using substances before the age of 11** as compared to those who do not

**4.3X** as likely if have **favorable attitudes towards using substance** as compared to those who do not

**2.1X** as likely if **perceived there are low risks associated with substance use** as compared to those who do not

A high school student in Colorado is **more likely** to have used an **electronic vape product in the past 30 days** if they reported exposure to the following risk factors:

**Community**

**1.7X** as likely if they believe the community where they live has **laws and norms that are favorable to using substances** as compared to those who do not

**2.8X** as likely if they believe they can **easily access substances** in their community as compared to those who do not

**School**

**1.7X** as likely if they are **not doing well in school** as compared to those who do

**2.2X** as likely if they **do not feel committed to school** as compared to those who do

**Family**

**1.8X** as likely if they have **poor family management** at home as compared to those who do not

**2.2X** as likely if their **parents have favorable attitudes towards using substances** as compared to those who don't

**Individual**

**4.2X** as likely if began **using substances before the age of 11** as compared to those who do not

**2.9X** as likely if have **favorable attitudes towards using substance** as compared to those who do not

**1.8X** as likely if **perceived there are low risks associated with substance use** as compared to those who do not

A high school student in Colorado is **more likely** to have **attempted suicide in the past 12 months** if they reported exposure to the following risk factors:

**Community**

**1.9X** as likely if they believe the community where they live has **laws and norms that are favorable to using substances** as compared to those who do not

**2.3X** as likely if they believe they can **easily access substances** in their community as compared to those who do not

**School**

**2.4X** as likely if they are **not doing well in school** as compared to those who do

**2.8X** as likely if they **do not feel committed to school** as compared to those who do

**Family**

**2.8X** as likely if they have **poor family management** at home as compared to those who do not

**1.6X** as likely if their **parents have favorable attitudes towards using substances** as compared to those who don't

**Individual**

**3.6X** as likely if began **using substances before the age of 11** as compared to those who do not

**2.2X** as likely if have **favorable attitudes towards using substance** as compared to those who do not

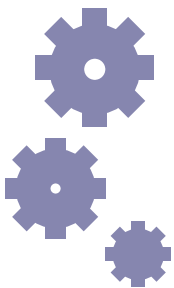
**1.8X** as likely if **perceived there are low risks associated with substance use** as compared to those who do not



These prevalence ratios demonstrate how important it is to consider the risk factors for substance misuse and suicide attempts among youth. By focusing on these root causes of adverse outcomes, we can have a long-term beneficial impact on outcomes of interest in our community. These findings also demonstrate the concept of **shared** risk and protection across multiple outcomes. For example, for attempted suicide, recent marijuana use, and recent vaping, the risk factors of access to substances increases the likelihood that a student will experience all three of those outcomes. Therefore, if a community were to focus on that shared risk factor, they would be able to work upstream and have an impact across several social or health problems that are identified in the community. In recent discussions with CTC Community Mobilizers, one summed up this approach well:

*“So we’re just like, oh, there’s a problem, let’s try to... plug the dam, fill the hole, that kind of thing. And we rarely step back and really look at what is actually causing this health issue or this catastrophe over and over and over again. And CTC allows you to step back and really look at it from that prevention science lens of what is the underlying issues here and... can we do something about them so that we aren’t constantly pulling people back from the brink or constantly reacting to a health concern or to truancy or drug use or violence prevention, like, what is actually causing that and... can we do something about it?”*

An important observation to note in communities’ use of risk and protective factor data is that it can be challenging to assess how these factors are experienced across diverse demographic or geographic sub-populations locally. Despite the reality that systems, services, and programs do not always support or reach different populations equitably, communities are explicitly working towards advancing equity in their efforts through their systems change approaches. As such, CTC communities have noted that they would benefit from the ability to break down these scaled risk and protective factors by sub-populations in the future, so they are carefully able to consider how they can authentically engage these communities in their upstream prevention efforts locally.



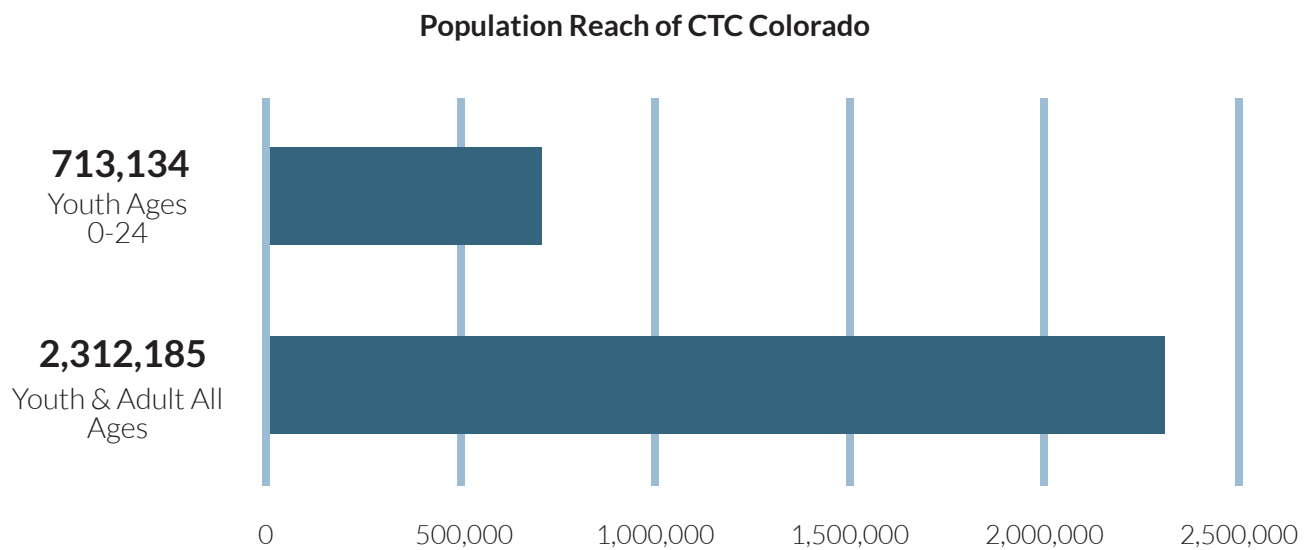
All CTC efforts in Colorado are carefully embedding a **systems change** approach. Systems change approaches address the root causes of social problems by altering the components and structures that make up environments in which individuals live and make decisions. The CTC model in and of itself creates positive changes in systems by authentically engaging adult and youth community members, by increasing collaboration across agencies to focus on shared risk and protection across multiple outcomes, by using data to inform decisions, and by using evidence-based policies, practices, and programs to address community needs. Moreover, communities then implement community-level prevention strategies that target the physical, social, and cultural environments in which youth are raised. Research has long demonstrated that **systems change** efforts take time. As such, the evaluation will also continue to collect and analyze data to monitor how risk and protective factors – and eventually longer-term outcomes of substance misuse, violence, and mental health – change as a result of CTC intervention in Colorado.

CU will use the data sources that CTC communities are using (HKCS, BRFSS, Census/ACS, CDE school-view data) to assess how measures change over time. We will examine differences in CTC communities versus non-CTC communities to understand whether we can attribute CTC to some of these changes. Moreover, we will also create matches between CTC communities and non-CTC communities that have similar demographic makeups to add rigor to the evaluation and ensure we can have stronger conclusions about how much CTC has contributed to these changes over time.

# Reach of CTC Efforts

As CTC communities continue to enhance their capacity to address the root causes of social and health problems, using the CTC model and a collective impact approach, they will ultimately reach much of the Colorado population with their efforts. The geographic focus of their CTC efforts varies widely across CTC communities in Colorado, ranging from an entire county, a school district, a few cities or towns, only one city or town, specific neighborhoods within a city, or a specific population demographic.

In the 45 CTC communities in Colorado, we estimate that CTC efforts have the potential to reach **over 700,000 youth ages 0-24, or 2.3 million youth and adults.**



## System of Support for Local Communities




Local CTC communities in Colorado have several external partners supporting their efforts:

A CTC Coach is employed by CDPHE to provide direct support to the Community Mobilizers in each community. They train Community Mobilizers and their coalitions on moving through the CTC phases and milestones, and advancing prevention science, collective impact, and equity approaches. CTC Coaches are also in a training program to receive certification from the Center for CTC at the University of Washington, the developers of the CTC model

CU provides technical assistance to communities to provide a deeper dive into elements of prevention science: collecting and interpreting local data, using data to inform decisions, developing implementation plans based on evidence-based best practices, and monitoring progress and improving efforts over time.

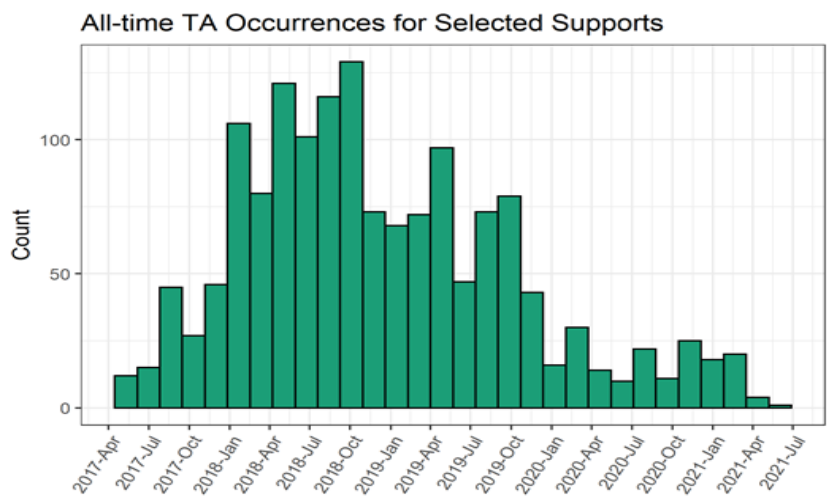
The Rocky Mountain Public Health Training Center (RMPHTC) at CU also provides training and education opportunities to CTC Community Mobilizers and coalitions, including on the shared risk and protective factor approach.

In 2019 and 2020, we asked Community Mobilizers to assess the quality and responsiveness of these teams, as well as their overall satisfaction with the teams' support. Across these years, we found that Community Mobilizers are content with the support they are receiving from these entities:

Support Entity	Measures	Agreement Percentage
	High Quality of Support	89%
	Responsive to Local Needs	94%
	High Satisfaction with Support	91%
	High Quality of Support	87%
	Responsive to Local Needs	91%
	High Satisfaction with Support	85%
	High Quality of Support	95%
	Responsive to Local Needs	95%
	High Satisfaction with Support	97%

Technical assistance from CU began in April of 2017 and has been tracked over time. The CU team was most frequently pulled in to support community-driven data and resource assessments and the development and monitoring of implementation and evaluation plans.

Across these four years of providing technical assistance, the CU team provided 701 sessions across the 46 communities on data and resource assessment, 823 sessions providing implementation and evaluation support, and 225 instances of other support. The TA team also frequently supports the CDPHE CTC Coaches in ongoing learning opportunities to sharpen their own skills.



In addition, the CU team convenes affinity groups for the Community Mobilizers and coalition members. The purpose of these meetings is to network and share best practices about the topic of focus, to recognize and celebrate local efforts, to brainstorm solutions to challenges, and to learn from subject matter experts in the area of focus. Since these affinity groups began in January 2020, 35 groups have been convened.

The Rocky Mountain Public Health Training Center (RMPHTC) has hosted the Shared Risk and Protective Factor Conference in Colorado annually since the conference began in 2017. This conference is an opportunity for CTC Community Mobilizers and coalition members to learn and share more about their work in CTC, and to network with other groups doing similar work. The number of attendees grew over time (565 in 2017, 609 in 2018, 625 in 2019) with an initial dip in 2020 during the pandemic (321 attendees) and some growth by 2021 (502 attendees), both of which were offered virtually.

RMPHTC also develops and maintains trainings that are free to all who wish to enroll:  
<https://registrations.publichealthpractice.org/Training>

There is a list of trainings specific to the knowledge and skills necessary for CTC Community Mobilizers and coalition members (filter list by partner: Communities That Care (CTC) – Colorado). While CDPHE Coaches and CU Technical Assistance providers gathered some evidence that these were used by Community Mobilizers and coalition members, there is ongoing need to direct local community members to these tailored resources in the future.

Finally, CDPHE and CU provide additional opportunities for Community Mobilizers to engage and provide feedback and guidance regarding decisions about what systems of support can best align to local community need:

Advisory Committee: This group was gathered in 2020 and 2021 to serve in an advisory capacity to ensure the state-level system of support is responsive to local needs, in preparation for the next grant cycle of statewide coalitions organizing for prevention.

Equity Planning Group: This group was convened in August 2020 in response to community needs to design an ongoing equity and anti-racism learning experience for all Community Mobilizers and their communities.





# Evaluation Report:

Progress on Communities That Care in Colorado (2016-2021)

## Key Findings

- 1 Since 2017, CTC communities have made substantial progress on building coalitions with strong operational capacity overall to advance systems changes and upstream prevention in their communities.
- 2 Coalitions have grown their membership of youth and community representatives over time, and are integrating inclusive processes and equitable approaches into their efforts. Coalition members indicate that there is room for growth in continuing to recruit diverse sectors and representatives from their local communities. Authentically engaging the diversity of youth and adults in local communities is a critical step to advancing equity.
- 3 Community collaboration increased significantly over time, indicating that the collective impact approach and cross-sector partnerships are advancing collective work in communities.
- 4 Community leaders and decision-makers have been hard to engage over time across Colorado communities, particularly during the COVID-19 pandemic. Previous CTC research has shown that these key leaders are critical to the success of CTC, so more investment is needed to maintain the support of these individuals.
- 5 All communities successfully created Community Action Plans which will drive their community prevention efforts forward for years to come. These plans largely included community-level prevention strategies and few included individual-level programs.
- 6 By October 2020, only 26% of communities began implementing their selected community-level prevention strategies. The pandemic slowed progress on CTC overall, but many were able to adapt and respond to new community needs.
- 7 Communities implementing community-level prevention strategies reported limited capacity to communicate and conduct outreach with the broader community, and insufficient financial resources, staff, or volunteers to implement their efforts, and lacked a sustainability plan to ensure efforts are carried out over time.
- 8 Addressing shared risk and protective factors can help communities focus on the root causes of local social and health problems and lead to future impact across multiple outcomes. Communities who are implementing evidence-based strategies and programs will likely see impacts on risk and protective factors in the next 3-5 years as they continue to use best practices and monitor and improve these efforts over time.
- 9 Only half of coalition members feel they gained the appropriate knowledge and skills to implement CTC and upstream prevention in their community, so there is opportunity to tailor necessary knowledge and skills to local communities to advance efforts.
- 10 Just under 10% of coalition members expressed concern that their backbone agency was not the right fit for their community, indicating that ongoing conversations are necessary to discuss the role of the backbone agency and how they can best support the Community Mobilizer and their community organizing approach.



# Evaluation Report:

Progress on Communities That Care in Colorado (2016-2021)

## Recommendations

- 1 State and academic partners should continue to provide a robust, accountable, and responsive system of support that encourages communities to consistently and accurately move through the CTC milestones. Attention to fidelity of these milestones is key to success.
- 2 There is opportunity to better identify training and technical assistance opportunities that could build appropriate knowledge and skills in local communities. One example is for communities to better understand how to intervene and change policies locally.
- 3 Coaching and technical assistance should focus on supporting communities to build their capacity to create local-level systems change specifically in the areas of communication and outreach, funding, administration and operations, and sustainability.
- 4 CTC communities should continue to build out their coalitions' capacity to focus on shared risk and protective factors, even as tragedy strikes such as a death by suicide of a local youth. It is important that ongoing efforts continue to focus on the root causes of these tragedies, so that communities can also work to prevent these long-term outcomes before they ever occur.
- 5 Coalitions should continue to diversify the makeup of their coalitions to represent the communities where they are working, and to ambitiously engage youth in the CTC process. As coalitions diversify, there should be ongoing attention to using inclusive processes and ensuring there are explicit discussions regarding how CTC and upstream prevention efforts will advance equity within sub-populations.
- 6 There is an opportunity to include community organizing principles into the work of the Community Mobilizers in building their community's capacity to advance upstream prevention and equity. These principles could be embedded into coaching around Phases 1 and 2 of CTC, where diverse membership is built locally. CTC communities should continue to intentionally consider who is involved and how individuals and groups are engaged in their coalition moving forward.
- 7 The CTC model emphasizes the need to use the Social Development Strategy (SDS) and Positive Youth Development (PYD) in its approach so that communities are authentically allowing youth to lead efforts that affect their lives. Given this, we recommend embedding SDS/PYD as a central and necessary part of the CTC process rather than a stand-alone community-level prevention strategy.
- 8 Communities should continue to build out comprehensive Community Action Plans to include both community-level prevention strategies and individual-level programs that address prioritized risk and protective factors.
- 9 All Community Mobilizers should serve in their role for at least 75% time/effort to effectively support their coalition and community organizing efforts.
- 10 The current evaluation effectively captured how effective coalitions can create community-wide change by enhancing collaboration across agencies within the community. However, community collaboration is a narrow scope for how coalitions and CTC contribute to broader collective impact. As such, we recommend enhancing measurement and understanding of collective impact within communities. Moreover, given the importance of backbone agencies in supporting the infrastructure of a collective impact approach, we also recommend enhancing assessment of how backbone agencies can share power with cross-sector coalitions.