



Synergy in Prevention: How the Communities That Care Model Complements the Strategic Prevention Framework

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Tribal-State Relations Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

The Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our work, we demonstrate our commitment to Tribal-State relations in the following ways: **by evaluating our grant-making processes and making changes to reduce unnecessary bureaucratic barriers for grants to Tribal Nations.**

Today's Agenda – October 15, 2025

- **Welcome and Introductions**
- **Who's in The Room**
- **Why Minnesota Chose CTC**
- **Brief Overview of CTC Model**
- **Brief Overview of SPF**
- **The synergy of the two models**
- **Questions & Answers**

Who's In The Room



Who is represented here today

How many of you have heard of CTC?

How many of you have heard of SPF?

Why Minnesota Chose CTC



CTC aligns with Injury and Violence Prevention State Plan

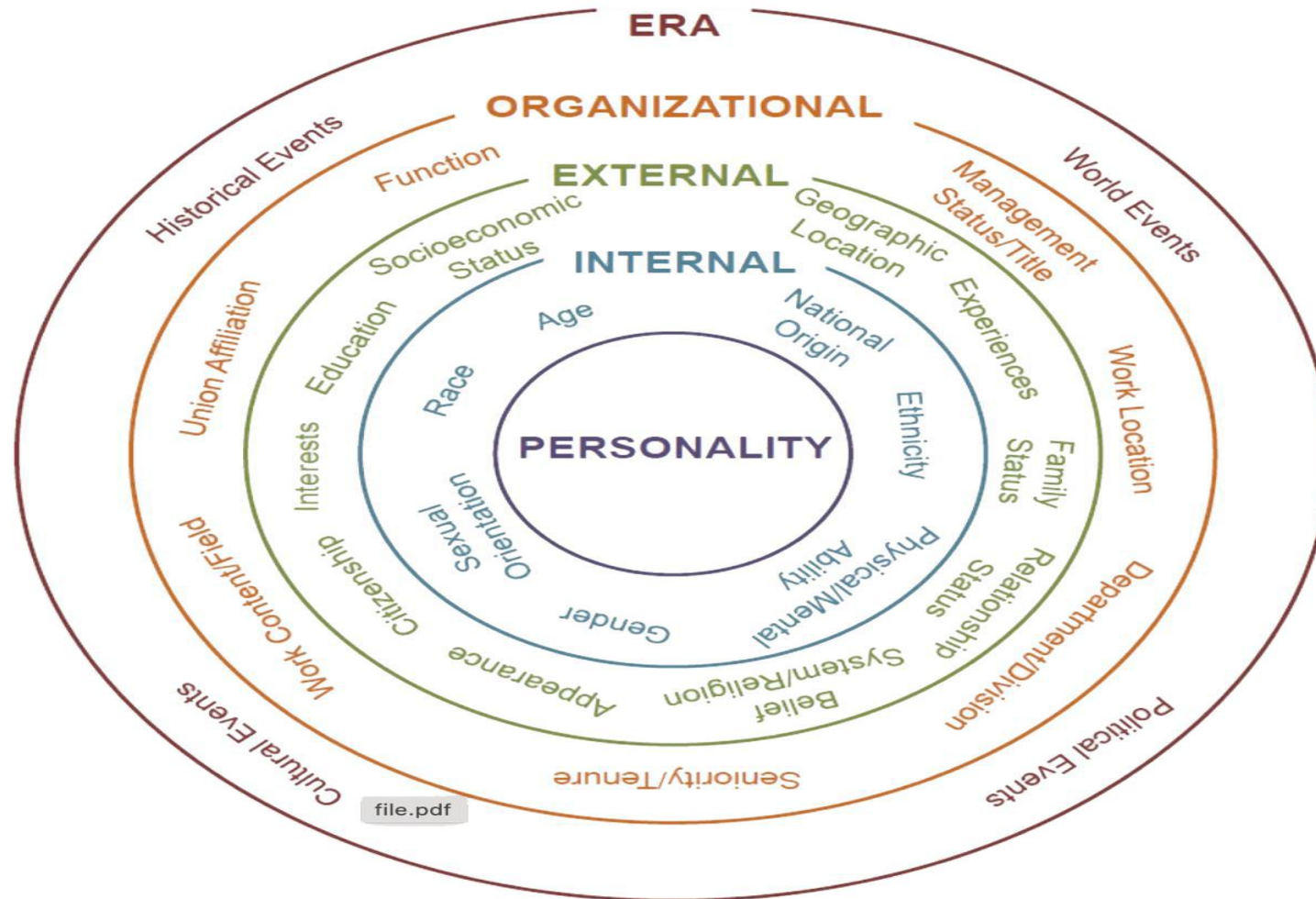
Community-Based Approach

CTC is complimentary to SPF

Upstream

Evidence Based

Why MN Chose CTC



Why CTC Minnesota Chose

Working Upstream to prevent the problem from happening in the first place

- This is an example of a continuum of care

Principles of prevention science
(National Academy of Sciences 2019)



Why Minnesota Chose CTC

Critical Elements of CTC

1. Uses a public health approach to prevent youth problem behaviors
2. Community owned and operated: run by a coalition of community stakeholders from all sectors
3. Data Driven: the community makes its decisions using the community's own data
4. Evidence Based: adoption of effective programs
5. Outcome Focused: reductions in community levels of adolescent risk taking behavior; improvements in child & youth well-being
6. It works!



communities
that care PLUS



The Center for
Communities That Care



Let's turn prevention science into
action for kids.

Our mission is to promote the **healthy
development of young people through high-
quality implementation** of CTC Plus, Guiding
Good Choices, and other preventive
interventions.

The Center for
Communities That Care

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5 Phases of CTC



Foundations of CTC



- Prevention Science: Risk and Protective Factors
- Social Development Strategy
- Tested and Effective Programs/Policies

Risk Factors

Risk Factors for Health & Behavior Problems	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	.				.	
Availability of Firearms		.			.	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	.	.			.	
Media Portrayals of the Behavior	.				.	
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						
Academic Failure Beginning in Late Elementary School	.	.	.	.	.	.
Lack of Commitment to School	.	.	.	.	.	
Individual/Peer						
Early and Persistent Antisocial Behavior	.	.	.	.	.	.
Rebelliousness	.	.		.	.	
Gang Involvement	.	.			.	
Friends Who Engage in the Problem Behavior	.	.	.	.	.	
Favorable Attitudes Toward the Problem Behavior	.	.	.	.	.	
Early Initiation of the Problem Behavior	.	.	.	.	.	
Constitutional Factors	.	.			.	.

Opportunities

Skills

Recognition

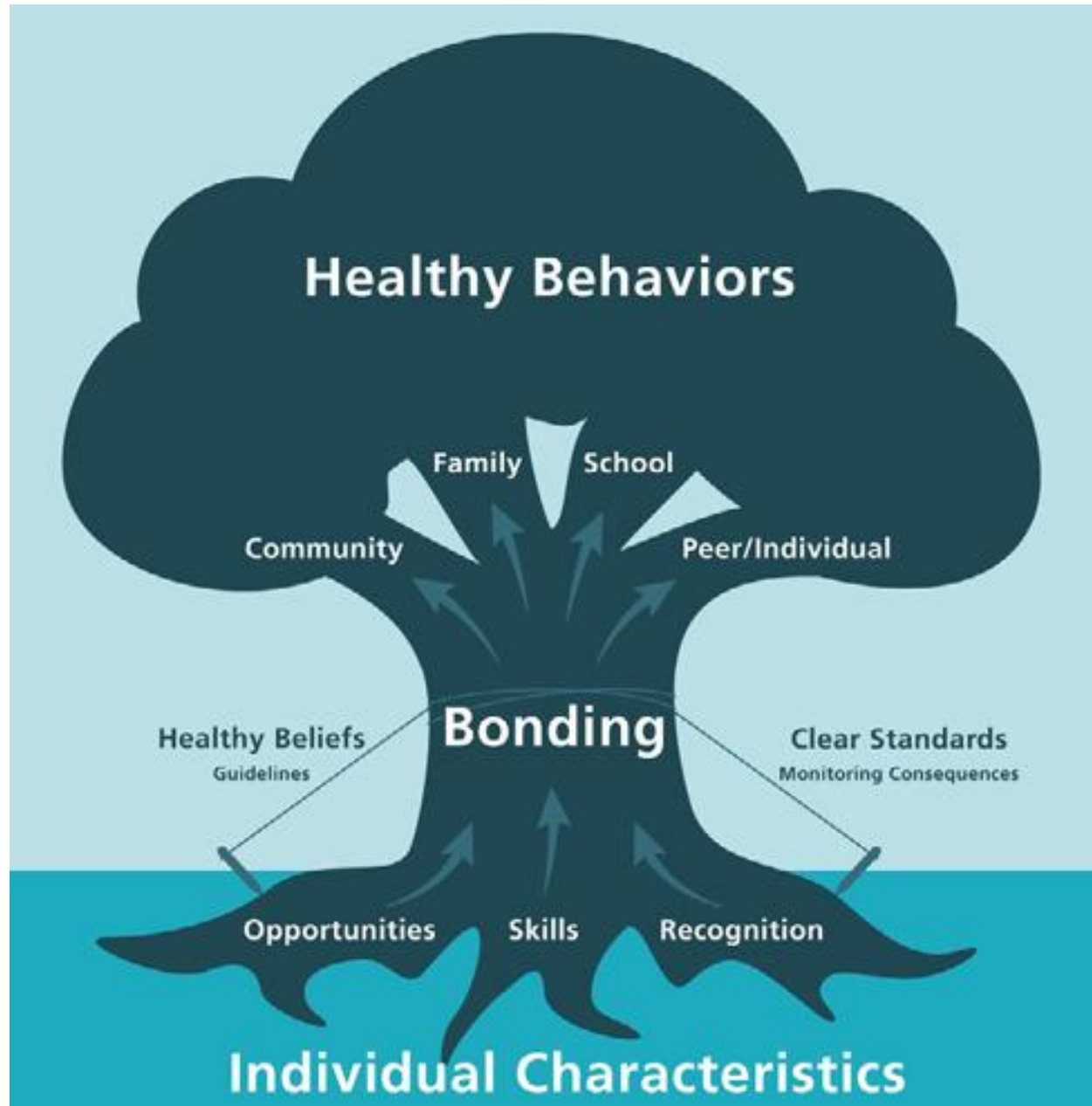
HEALTHY BEHAVIORS

Clear Standards

Bonding



Individual Characteristics



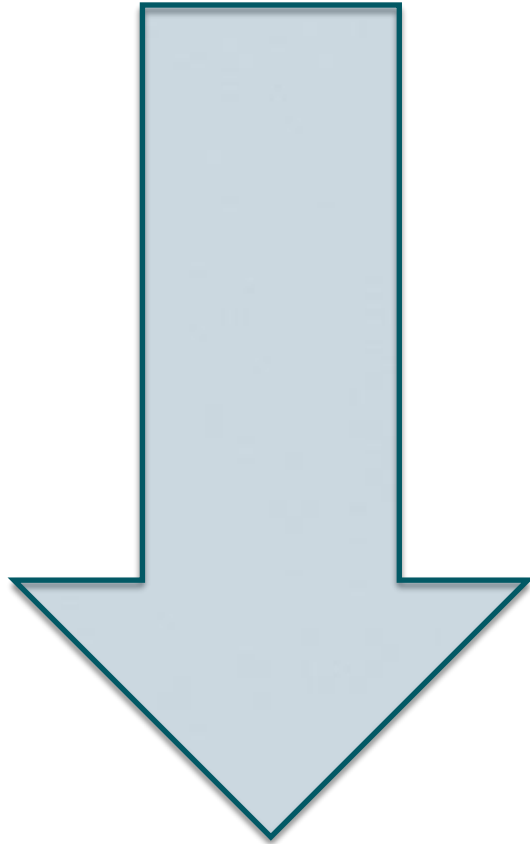
Youth in CTC Communities are less likely to initiate . . .

tobacco by **33%** ♦ alcohol by **32%** ♦ delinquent behavior by **25%**



A large trial of Communities That Care produced reductions in drug use and delinquency by 8th grade

Communities That Care = Powerful Results



33% tobacco

32% alcohol

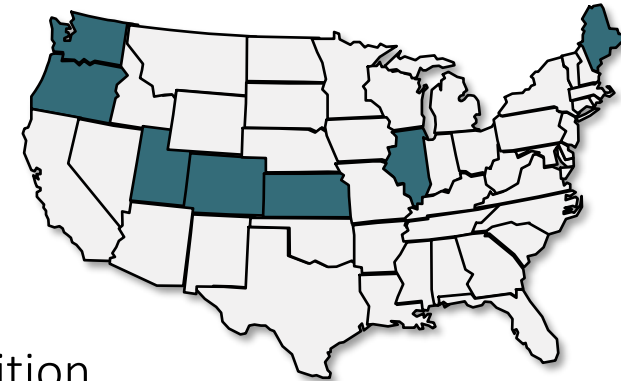
25% delinquent
behavior

*A large trial of Communities That
Care produced reductions in drug use
and delinquency.*

COMMUNITY YOUTH DEVELOPMENT STUDY

Community randomized trial testing CTC

- **3 Phases**
Efficacy, Sustainability, Long-term Effects
- **24 communities in 7 states**
Washington, Oregon, Utah,
Colorado, Kansas, Illinois, Maine
- **Communities matched in pairs within state**
Randomly assigned to CTC or control condition
- **Evidence**
Key leaders, coalitions, youth



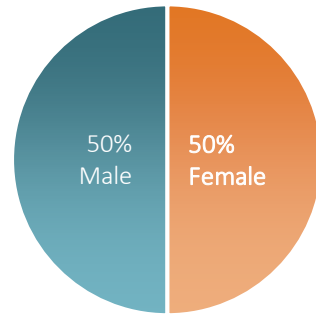
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CTC – 0200 TOF Science Update Slides 1.30.25

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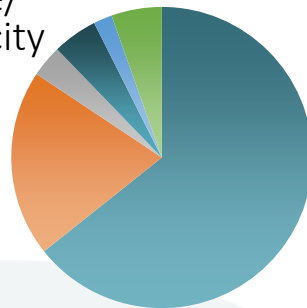
4,407 PARTICIPANTS

Sex



■ Male ■ Female

Race/
Ethnicity



■ White ■ Hispanic
■ Black ■ Native
■ Asian/Pacific Islander ■ Other

Phase 1



Phase 2



Phase 3



Efficacy

Does CTC work?

Install CTC & implement
EBPs in Grades 6-9

Survey Panel
annually in Grades 5-9

Sustainability

Are impacts sustained?

No funding or technical
assistance

Survey Panel in Grades 10
& 12, at Age 19

Long-term Impact

. . . into young adulthood?

Assess long-term impacts

Survey Panel at
Ages 21 & 23, 26 & 28

Sample Retention: $\geq 88\%$ completed the CTC Youth Survey in each wave



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SUSTAINED EFFECTS THROUGH AGE 21



Less Likely to initiate:

49% substance of convenience
(tobacco, marijuana & alcohol)

18% antisocial behavior

And reduced lifetime incident of:

11% violence

Males were more likely to abstain from

30% tobacco use

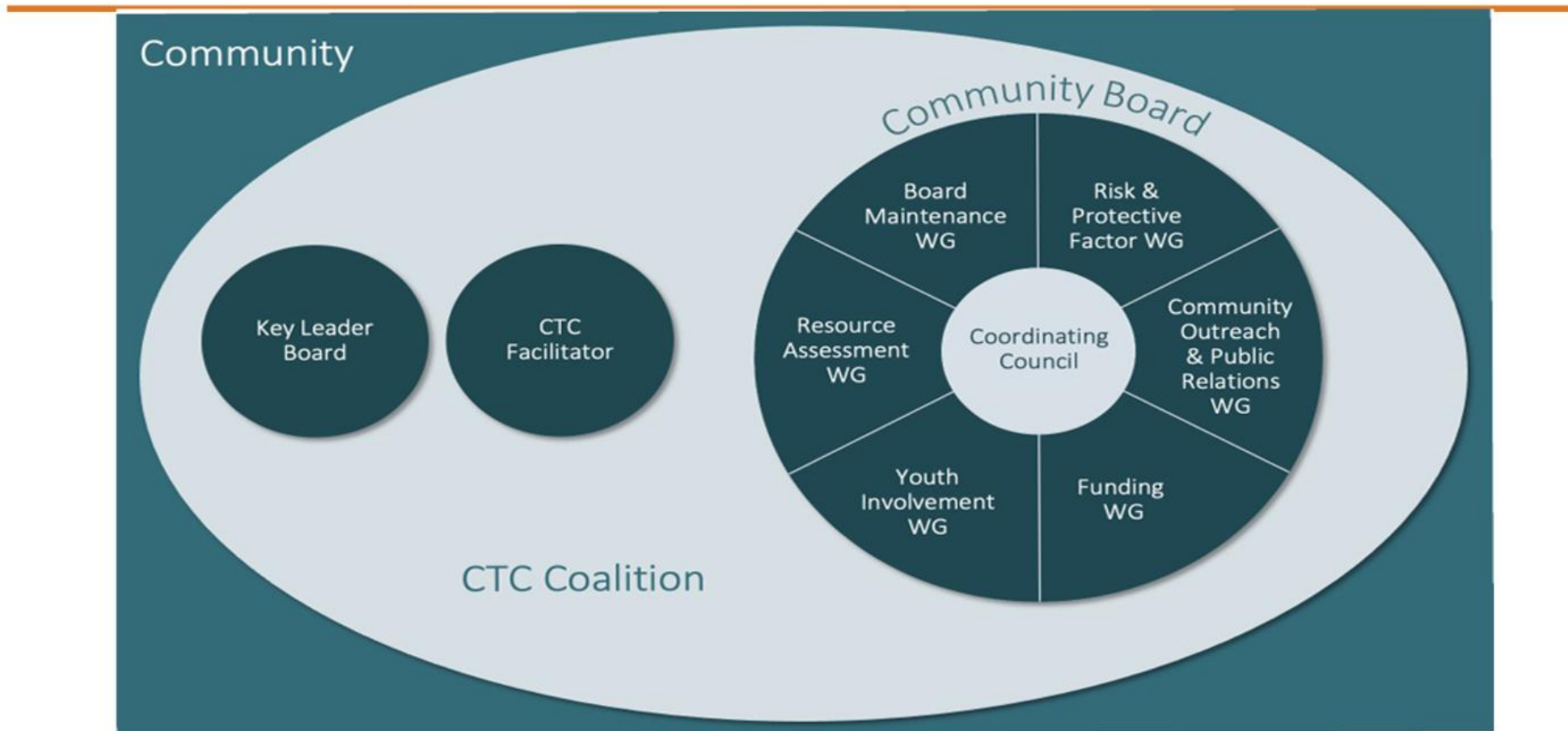
24% marijuana use

And reduced lifetime incident of:

18% inhalant use



How CTC Organizes Communities



The Center for



CTC Milestones & Benchl

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file:///C:/Users/jasagers/Documents/CTC%20Materials/CTC%20Milestones%20&%20Benchmarks.pdf

Milestones & Benchmarks

Phase 1: Get Started

Milestone	Benchmarks to Achieve this Milestone
1.1 Organize the community to begin the <i>Communities That Care</i> Process.	Designate a single point of contact to act as a catalyst for the process. Identify a champion (a community leader) to guide the process. Inventory existing initiatives addressing youth and family issues. Identify "lead" agency committed to supporting the project. Secure coordinator/facilitator (at least half time). Form core workgroup to activate the process. Develop roster of key leaders to be involved in the process. Prepare initial work plan and time line for getting started. Identify and acquire resources needed to get started.
1.2 Define the scope of	Define the community to be organized.

Strategic Prevention Framework

Strategic Prevention Framework (SPF) is a five + two guiding principles framework developed by SAMHSA. It offers prevention planners a comprehensive public health approach to understanding and addressing substance misuse and related behavioral health problems within their state and local communities.



Strategic Prevention Framework



Ensures prevention efforts are strategic, intentional, and effective

Promotes equity by tailoring prevention to the community's unique cultural and social context

Encourages community ownership, improving buy-in and outcomes.

5 Steps of Strategic Prevention Framework

The SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data (e.g., What is the problem?)

2. Capacity: Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)

3. Planning: Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)

4. Implementation: Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)

5. Evaluation: Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

2 Guiding Principles

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

1. Cultural competence- The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinct heritage and social relationships.
2. Sustainability- The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Strategic Prevention Framework



Comparisons & Contrast of Both Models

- Communities That Care (CTC) is a community-change system developed by the University of Washington
- It helps communities prevent youth problem behaviors by: Using evidence-based prevention programs.
- Engaging diverse key leaders
- Focuses on risk and protective factors
- 5-phase process (Getting Started, Organizing, Developing a Profile, Creating a Plan, Implementation and Evaluation)
- Strategic Prevention Framework (SPF) SPF is a SAMHSA-developed public health model designed to guide state and community-level prevention planning.
- Address substance use and related behavioral problems
- A data-driven process
- Cultural competence & sustainability
- Five steps: Assessment, Capacity, Planning, Implementation, and Evaluation

SPF & CTC Intersection

SPF	CTC	Both
Step 1: Assessment	Phase 3: Community Profile	Both use data to assess needs, especially youth risk/protective factors from surveys.
Step 2: Capacity Building	Phases 1 Getting Started Phase 2: Getting Organized	CTC builds coalitions, aligning with SPF's focus on key leader engagement and readiness.
Step 3: Planning	Phase 4: Create a Community Action Plan	Both emphasize strategic, data-informed planning and selecting evidence-based programs.
Steps: 4 Implementation	Phase 5: Implement and Evaluate	CTC provides a library of tested interventions, which supports SPF implementation.
10/29/2025	health.state.mn.us	

SPF & CTC Intersection

SPF	CTC	Both
Step 5: Evaluation	Phase 5: Implement and Evaluate	Both frameworks value continuous improvement and evaluation of outcomes.

Questions?

Contact The Center for Communities That Care at:

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Website:

www.communitiesthatcares.net/

Thank You!

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Check out our website:

BeCannabisAware.org