Communities That Care

Community and Societal-Level Strategies Menu

For the prevention of adolescent substance abuse in Colorado

CDPHE CO COLORADO
Department of Public Health & Environment

Preventing Adolescent Substance Abuse in Colorado

This guide for Colorado communities funded to use the Communities That Care approach includes community and society-level strategies that reduce youth use and abuse of marijuana, alcohol, and prescription drugs.

Mission Statement

The Colorado Department of Public Health and Environment's marijuana education program, authorized in statute to support local prevention programs (C.R.S. 25-3.5-1004: 25-3.5-1007), received marijuana tax funds to implement local youth substance abuse prevention activities using the Communities That Care (CTC) planning framework. The mission of the Colorado CTC initiative is to promote healthy development, improve outcomes, and reduce problem behaviors among youth in Colorado through achieving the following objectives:

- Reduce risk factors or increase protective factors commonly associated with underage use or abuse of substances as measured by the Healthy Kids Colorado Survey.
- Delay initiation and reduce current use of marijuana, alcohol, and opioids among middle and/or high school students.

Problem Statement: Youth Substance Abuse

Addressing underage marijuana use, alcohol use, and prescription drug abuse are priorities for multiple state departments in Colorado. Reduction in youth substance use and abuse improves the likelihood of educational success and promotes community safety (Chatterji, 2003; Horwood et al., 2010; Kitsantas et al., 2004). Through the implementation of evidence-based prevention programs, policies, and practices in communities across Colorado, the state will enhance and strengthen the health of its youth, families, and communities.

Substance abuse prevention is one of Governor Hickenlooper's flagship priorities for Colorado, and this issue has been categorized as one of the administration's "Winnable Battles." It is a recurring topic of discussion in his annual State of the State addresses, as well as a priority in his administration's health policy agenda detailed in "The State of Health: Colorado's Commitment to Become the Healthiest State." Under his leadership, the Colorado Department of Public Health and Environment has funded the CTC model in 46 communities, which empowers these communities to select, implement, and evaluate evidence-based prevention strategies to address youth substance abuse.

In order to achieve these substance abuse prevention goals, the Colorado Department of Public Health and Environment has partnered with University of Washington's Center for Communities That Care to provide training and coaching to local communities to implement the program. During Phase 3 of CTC, communities complete an assessment, select priority youth outcomes and risk and protective factors, and determine the resource gaps related to those priorities. In Phase 4, communities create an action plan to fill those resource gaps.

In order to support Colorado communities in completing Phase 3 and Phase 4 tasks, the Colorado Department of Public Health and Environment has developed this Community and Society-Level Strategies Menu to guide primary prevention efforts (i.e., efforts that aim to prevent disease or injury before it ever occurs).

Communities That Care: Funding Opportunity for Community Agencies

The Colorado Department of Public Health and Environment requested ongoing funding generated by the marijuana tax fund for the purpose of youth substance abuse prevention related to marijuana, opioids (including heroin or prescription drugs), and alcohol. Initially, approximately $6.8 million was available for community implementation, data collection, evaluation, and training. At the request of the Governor's Office, this funding was to be used to implement local evidence-based youth substance abuse prevention strategies within the CTC model.

What is Communities That Care?

Communities That Care (CTC) is an evidence-based community prevention operating system identified as a "promising program" by the [Blueprints for Healthy Youth Development](#) evidence-based registry. The CTC model was selected for the statewide initiative because of its strong research base in achieving community-level reductions in youth substance use, delinquency, and violence. For more information on CTC, see www.communitiesthatcare.net, as well as the description of CTC on the Blueprints website at http://www.blueprintsprograms.com/factsheet/communities-that-care.

Communities That Care Foundation: Promoting Positive Youth Development through
Social Development Strategy

Social Development Strategy is the theoretical foundation of the Communities That Care model. This approach emphasizes providing young people with opportunities, skills, and recognition in order to strengthen their bonds with family, school, and community. Social Development Strategy organizes information about protective factors into a strategy for action that any adult can use in his/her/their daily interactions with young people. In essence, this approach asserts that individuals develop bonds to individuals, groups, and organizations when those entities provide opportunities for involvement, teach the skills necessary for involvement, and provide positive feedback regarding their involvement ([Hawkins et al., 1985](#)). Strong bonds motivate young people to follow the clear standards for behavior shared by those individuals, groups, and organizations. Following these standards then leads to healthy behavior.

In a study that followed 808 10-year-olds for more than 15 years, this approach was proven successful. When parents and elementary teachers were provided training in how to implement Social Development Strategy with elementary school children, even 15 years later, these children had significantly better outcomes than those who did not experience the benefits of the training. Positive youth outcomes included: a greater percentage of students who graduated high school on time, better economic outcomes, better mental health, significantly fewer sexually transmitted diseases (especially among those at greatest risk), and fewer teen pregnancies ([Hawkins et al., 2008](#)).

Overall, [Kim et al. (2015)](#) found significantly higher levels of protective factors in CTC communities as compared to control communities. The authors identified that there were significantly more opportunities for prosocial involvement in the community, recognition for prosocial involvement in schools, and interaction with prosocial peers for youth living in CTC communities.

Adolescent Substance Abuse Risk and Protective Factors

Communities engaging in the CTC approach are tasked with prioritizing risk and protective factors that are linked to targeted health and behavior problems.

Risk and Protective Factors that Predict Youth Substance Abuse

- Risk factors are predictors of problem behaviors in adolescence. They are those characteristics or situations that are known to increase the probability of negative health or behavioral outcomes.
- Protective factors buffer against risk factors. Protective factors mitigate or protect against negative health or behavioral outcomes.

Prevention science research suggests that the most effective methods for preventing adolescent substance abuse involve addressing both risk and protective factors that exist in every domain of life—identified in the social-ecological model as the domains of community/society, school, family, and individual/relationship.

Youth substance abuse and negative mental health outcomes are often interconnected and share risk and protective factors (Khantzian, 1997). Implementing a shared risk and protective factors approach not only has the potential to prevent these problems, it also has the potential to leverage resources and partnerships across state and community-based agencies in order to effectively break down issue-specific silos within agencies and enhance the sustainability of these initiatives.

societal:
Interpreting and implementing legislation and policy

community:
Leveraging resources and participation of community-level institutions (i.e. coalitions, advocacy organizations, media, public awareness campaigns, research institutions)

organizational:
Influencing organizational systems and policies (i.e. hospitals, health care systems, health insurance plans, employer/work sites, community-based organizations, health departments, state agencies).

interpersonal:
Affecting social and cultural norms and overcoming interpersonal barriers (i.e.peers, family, health care providers,community health workers, home visitors)

individual:
Increasing an individual's knowledge and influencing individual-level attitudes and beliefs

The risk and protective factors listed in the following chart will be the focus of the CTC-related prevention efforts in Colorado.

COMMUNITIES THAT CARE RISK & PROTECTIVE FACTORS AND IMPACTED OUTCOMES ACROSS THE SOCIO-ECOLOGICAL MODEL

Communities that Care Risk & Protective Factors	Substance Abuse	Depression & Anxiety	Teen Pregnancy	School Dropout	Violence	Deliquency	Colorado Data Sources
COMMUNITY / SOCIETY							
Availability of Substances	X				X		Healthy Kids CO Survey (HKCS) local report with scaled risk and protective factors
Community Laws and Norms Favorable Toward Substance Use	X				X	X	HKCS local report with scaled risk and protective factors, Community Resource Assessment
Low Neighborhood Attachment and Community Disorganization	X				X	X	Identify during Assessing Community Resources work, voting participation, admissions to prison by county of residents
Transitions and Mobility*	X	X		X		X	Secondary data sources and qualitative methods, key informant interviews and local housing data
Extreme Economic Deprivation	X		X	X	X	X	Unemployment rates, free and reduced lunch, number of TANF recipients, number of food stamp recipients, educational attainment and single-parent households, cost of childcare, family-friendly business practices
Protective: Opportunities for Prosocial Involvement	X					X	Identify during Assessing Community Resources work
Protective: Recognition for Prosocial Involvement	X	X			X	X	Identify during Assessing Community Resources work
SCHOOL							
Academic Failure Beginning in Late Elementary School	X	X	X	X	X	X	HKCS local report with scaled risk and protective factors
Lack of Commitment to School	X		X	X	X	X	HKCS local report with scaled risk and protective factors, high school dropout rates
Protective: School Opportunities for Prosocial Involvement	X					X	HKCS local report with scaled risk and protective factors
FAMILY							
Family Management Problems	X	X	X	X	X	X	HKCS local report with scaled risk and protective factors, percentage of children in foster care
Family History of Substance Abuse	X	X	X	X	X	X	Behavioral Risk Factor Surveillance System (BRFSS; the Center for Disease Control's survey of health-related risk behaviors, including substance abuse)
Favorable Parental Attitudes and Involvement in Substance Use	X				X	X	HKCS local report with scaled risk and protective factors
Protective: Family Opportunities for Prosocial Involvement	X					X	HKCS local report with scaled risk and protective factors
INDIVIDUAL / RELATIONSHIP							
Favorable Attitudes Toward Substance Use	X		X	X	X	X	HKCS local report with scaled risk and protective factors
Early Initiation of Substance Use	X		X	X	X	X	HKCS local report with scaled risk and protective factors

*A few communities use alternative data sources for Transitions and Mobility, therefore strategies to address this risk factor are part of the Colorado Menu of Systems Change Strategies. For that reason, it is included in this chart, though not all communities may have available data sources to monitor impact over time.

Note: This chart is provided as a Colorado companion to the CTC Risk and Protective Factor charts, and summarizes data sources for the factors for which we currently have measures in Colorado. For more information, please refer to document: Menu Systems Change Strategies. Available at: http://bit.ly/Menu_Systems_Change_Strategies

- To view chart in landscape: Click here: or copy & paste link: http://bit.ly/R_P_Factor_Chart_CTC_CO
- To download, Click here: Select File > Download as > PDF Document

If questions arise in the process of identifying and collecting data from these and other sources, the University of Colorado's Center for the Study and Prevention of Violence in Boulder is providing technical assistance for CTC in Colorado. CU Boulder can help CTC-funded Coalitions build capacity, knowledge, and skills to better collect, interpret, and use data to inform the creation of the Community Profile during Phase 3.

Introduction to Community and Societal-Level Strategies Menu

Below is a menu of community and societal-level primary prevention SYSTEMS CHANGE strategies with the goal of reducing risk factors and improving protective factors for adolescent substance abuse in Colorado.

A Health Equity Approach

The Centers for Disease Control and Prevention (CDC) recently issued "A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease," which emphasizes the importance of policy, systems, and environmental improvement strategies to reduce health disparities at the community and societal-level:

> "Such interventions have great potential to prevent and reduce health inequities, affect a large portion of a population, and can also be leveraged to address root causes, ensuring the greatest possible health impact is achieved over time" (p. 3).

Health (both behavioral and physical) is not the same as health care. The provision of health care is responsible for only about 10 percent of what ultimately determines health status. A person's community and environment are typically the largest determinants of health status. Thus, effective efforts to promote health and prevent illness need to focus on community environments. The "environment" in a public health context is defined not just as the condition of the physical surroundings, but also includes the social and economic spheres that play a role in shaping health. Many of the greatest public health achievements, like motor vehicle safety improvements, have relied on the use of laws, regulations, and environmental improvement strategies.

Based on the public health prioritization of population health strategies, the Department has chosen to highlight evidence-based and evidence-informed strategies at the *community and societal-level* in this list, which include public policy and systems improvements. These *community and societal-level strategies* will help to institutionalize prevention strategies, enhance sustainability, and reach more of the population than individual-level programs alone.

If a community determines a gap in evidence-based strategies for individual/relationship-level interventions, the community may look for alternative funding sources to complement the CTC strategies. Funding is available to community from other state agencies to implement individual/relationship-level strategies, and the Colorado Department of Public Health and Environment is available for support and technical assistance.

Method of Selecting Strategies

In order to begin the process of identifying a preliminary list of community and societal-level youth substance abuse prevention strategies, the Colorado Department of Public Health and Environment conducted a search of fourteen registries and lists that evaluate programs and practices and focus on community and societal-level prevention strategies (see Appendix 1 for details).

For strategies included in this Menu, the following standards were adhered to:

- Representation on at least one empirical study (usually multiple studies) that met the following criteria:

    - *Addresses specified risk or protective factor or a significant related correlate;*
    - *Demonstrates positive adolescent substance abuse prevention outcomes;*
    - *Utilizes rigorous quantitative evaluation methodologies, such as randomized control trial, interrupted time series analysis, regression discontinuity, or other quasi-experimental designs (for example, propensity scoring for comparison communities);*
    - *Accounts for threats to external validity of study, including selection bias, sample bias, and baseline equivalency, statistical control, and assigned to conditions (in quasi-experimental studies);*
    - *Accounts for threats to internal validity of study (attrition rates and fidelity in implementation); and,*
    - *Demonstrates sustained outcomes, such that program implementation tools are available for communities to replicate the strategy.*

The preliminary document was reviewed by the University of Washington's Center for Communities That Care, and the strategies and activities were found to be consistent with research.

Please note that this Strategies Menu is viewed as a foundation of information from which Coalitions can formulate more specific action plans. There are many links to external references and resources that CTC Facilitators can utilize to focus their efforts. For this reason, it is essential that readers access this document on a computer in order to be able to open the linked information.

An Important Note About Lobbying

Grantees shall not use State funds provided under this Contract for the purpose of **lobbying** as defined in Colorado Revised Statutes (C.R.S.) 24-6-301(3.5)(a). Lobbying includes "communicating directly, or soliciting others to communicate, with a covered official for the purpose of aiding or influencing" a list of specific activities, including introducing legislation, calling a special session, or affecting state rule-making bodies. "Covered official" means the Governor, the Lieutenant Governor, or a member of the General Assembly (C.R.S. § 24-6-301(1.7)(a)).

Additionally, the Colorado Fair Campaign Practices Act (C.R.S § 1-45-101 et seq.) prohibits the use of state funds to support or oppose citizen petitions, referred measures, tax changes, tax policy changes, or revenue changes that have had a title set by the title board convened by the Secretary of State, or submitted for that purpose; or had a title fixed, or been referred, by municipal legislative body.

In summary, the following activities are not allowable under these funds: 1) Communicating with a member of a rule-making board or commission or a rule-making official of a state agency which has jurisdiction over the subject matter of a rule. 2) Supporting or opposing any ballot question or ballot initiative that has been referred by the General Assembly or the governing body of a political subdivision to a vote of the people.

Identifying Innovative/Promising Strategies Beyond this Strategies Menu

The strategies described below can be funded by the Colorado Department of Public Health and Environment. However, it is important to note that the menu is not comprehensive. Communities are welcome to consider other evidence-based primary prevention strategies to address their specific needs, especially as new research emerges. Communities *may <u>not</u>* implement these strategies until they receive approval from the Department. The Department will work with communities considering other primary prevention and population health strategies (not individual programs) that are not on this list to ensure they are evidence-informed and meet community needs. Again, innovative and promising practices must meet the following criteria:

- Evidence of impact (based in theoretical model or direct evaluation of impact)
- Population-based (addressing the community or societal levels of the socioecological model)
- Primary prevention (addressing upstream factors)

Evidence of capacity to implement innovative strategies must be demonstrated, in addition to a clear plan for evaluating the effectiveness of the implementation.

Request the "Innovative Strategy Submission Proposal" for more information from your CTC Coach. If the proposal is accepted,   the Department strongly encourages consultation with the University of Colorado Boulder technical assistance team to ensure that a suitable evaluation plan is in place.

Community and Societal-Level Strategies Menu
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FACTOR	STRATEGY
I. Community/Society – Risk and Protective Factors	
I.A. Availability of Substances &/OR Community Laws/Norms Favorable Toward Substance Use *The more available alcohol, marijuana, and other drugs are in a community, the higher the risk for alcohol and other drug use and violence. Perceived availability of drugs is also associated with increased risk. In communities where children think that drugs are more available, a higher rate of drug use occurs.* *The attitudes and policies a community holds in relation to drug use are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations of parents and other members of the community. When laws, tax rates, and community standards are favorable toward alcohol and other drug use—or even when they are just unclear—young people are at higher risk.*	Strategy I.A.1: Building Community Support for Ordinances, Regulations, Requirements for Establishments Selling Liquor, Marijuana, or Promoting Prescription Drug Use
	Strategy I.A.2: Build Public Support for Conventional Enforcement of Existing Laws
	Strategy I.A.3: Leverage Statewide Mass Media Campaigns to Change Community and Social Norms
I.B. Transitions and Mobility *Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle school, or from middle school to high school, significant increases in drug use, dropping out of school and antisocial behavior may occur. Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community who move, the greater the risk of criminal behavior and drug-related problems in families in these communities.*	Strategy I.B.1:Build Public Support for Sustainably-Funded Programs that Support Stable, Affordable Housing
	Strategy I.B.2: Facilitate Community Support for School Transitions
I.C. Low Neighborhood Attachment and Community Disorganization *Higher rates of drug problems, delinquency, violence, and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. These conditions are not limited to low-income neighborhoods—they can also be found in more well-to-do neighborhoods.* *Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the key players (such as merchants, teachers, police, and human and*	Strategy I.C.1: Facilitate Hot Spot Mapping to Increase Community Organization

social service personnel) live outside the community, residents' sense of commitment will be lower. Lower rates of voter turnout and parent involvement in school also reflect attitudes about community attachment. Neighborhood disorganization makes it more difficult for schools, churches, and families to promote positive social values and norms.	Strategy I.C.2: [Build Public Support for Community-wide Implementation of Programs Designed to Address Low Neighborhood Attachment and Community Disorganization](#)
I.D. Extreme Economic Deprivation *Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions, and high unemployment are more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy, and dropping out of school. They are also more likely to engage in violence towards others during adolescence and adulthood. Further, children who live in these areas and have behavior or adjustment problems early in life are even more likely to develop problems with drugs.* *To learn more about how extreme economic deprivation impacts youth, read [“Healthy Youth Development without Displacement: Realizing the Vision of Healthy Communities for All”](#) by the Prevention Institute.*	Strategy I.D.1: [Build Community Support to Alter the Physical Environment](#)
	Strategy I.D.2: [Make Community Resources for Housing and Other Assistance More Accessible to Eligible Families](#)
	Strategy I.D.3: [Increase Awareness of Eligibility for Earned Income Tax Credit and Child Tax Credit](#)
	Strategy I.D.4: [Address Low Employment](#)
	Strategy I.D.5: [Build Public Support for Family-Friendly Business Practices](#)
	Strategy I.D.6: [Build Public Support for Quality Childcare Early in Life](#)
I.E. Opportunities and Rewards for Prosocial Involvement *Youth report opportunities to participate in positive activities and interactions with prosocial adults in their neighborhood. Youth report that young people are recognized by adults in the community for positive participation in community activities.*	Strategy I.E.1: [Recruit and Reward Youth Participation in Community Coalitions](#)
	Strategy I.E.2: [Build Public Support for Creating Community Spaces for Youth](#)
	Strategy I.E.3: [Promote Social Development Strategy, Positive Youth Development in Colorado, Broadly in the Community](#)
II. School - Risk and Protective Factors	
II.A. Academic Failure Beginning in Late Elementary School *Beginning in the late elementary grades, academic failure increases the risk of all five problem behaviors (substance abuse, delinquency, teen pregnancy, school drop-out, violence). The evidence appears to show that the experience of failure, not any lack of intellect, increases the risk of these problem behaviors.*	Strategy II.A.1: *See the section* [Strategy 1.D.6: Build Public Support for Quality Childcare Early in Life](#)
	Strategy II.A.2: [Connect Families to Head Start, Early Head Start, and Preschool Education](#)
	Strategy II.A.3: [Promote Academic Achievement](#)
II.B. Lack of Commitment to School *Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for all five problem behaviors (substance abuse, delinquency, teen pregnancy, school drop-out, violence).*	Strategy II.B.1: [Build Public Support for District-wide Implementation of Evidence-Based School Climate Interventions](#)
	Strategy II.B.2: [Build Public Support for the Inclusion of Safe School Policies for LGBT Students](#)
	Strategy II.B.3: [School Policy Enforcement Review](#)
II.C. School Opportunities for Prosocial	Strategy II.C.1: [Build Public Support for Increased Funding and](#)

Involvement *Opportunities are available for youth to participate meaningfully in their classrooms and school.*	Access to High Quality Extracurricular Activities for Youth
	Strategy II.C.2: Build Public Support for District-wide Implementation of Evidence-Based Social-Emotional Learning

III. Family - Risk and Protective Factors	

III.A. Family Management Problems *Poor family management practices include a lack of clear expectations for behavior; failure of parents to supervise and monitor their children (knowing where they are and whom they're with); and excessively severe, harsh, or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all five problem behaviors (substance abuse, teen pregnancy, school drop-out, violence).*	Strategy III.A.1: *See the section Strategy I.D.5: Build Public Support for Family-Friendly Business Practices*
	Strategy III.A.2: Build Public Support for Community-wide Implementation of Evidence-Based Parenting Programs
III.B. Family History of Substance Abuse *In a family with a history of addiction to alcohol or other drugs, children are at increased risk of developing alcohol or other drug problems themselves.*	Strategy III.B.1: Increase Integrated Care Practices in the Community with Colorado State Innovation Model (SIM) Resources
	Strategy III.B.2: Build Public Support for Mandated Screening, Brief Intervention, and Referral to Treatment Trainings for Health Care Professionals in the Community
III.C. Favorable Parental Attitudes and Involvement in Substance Use *Parents' attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Children whose parents approve of or excuse them for breaking the law are more likely to become involved with juvenile delinquency.* *If parents use illegal drugs, are heavy users of alcohol, or tolerate children's use, children are more likely to become drug users in adolescence. The risk is further increased if parents involve children in their own drug- or alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Parental approval of children's moderate drinking, even under supervision, increases the risk that children will use marijuana and develop problems with alcohol or other drugs.*	Strategy III.C.1: *See the section Strategy I.A.3: Leverage Statewide Mass Media Campaigns to Change Community and Social Norms*
III.D. Family Opportunities for Prosocial Involvement *Youths report having opportunities to participate meaningfully in family responsibilities and activities with their parents or caregivers.*	Strategy III.D.1: Build Public Support for and Organize Family-Friendly Community Events
	Strategy III.D.2: *See the section Strategy III.A.2: Build Public Support for Community-wide Implementation of Evidence-Based Parenting Programs*

IV. Individual/Relationship - Risk and Protective Factors	

IV.A. Favorable Attitudes Toward Substance Use *During the elementary years, children usually express anti-drug, anti-crime, and prosocial views; they have*	Strategy IV.A.1: *See the section Strategy I.A.3: Leverage Statewide Mass Media Campaigns to Change Community and Social Norms*

trouble imagining why people use drugs, commit crimes, and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance, placing them at higher risk.	Strategy IV.A.2: *See the section Strategy II.C.2: Build Public Support for District-wide Implementation of Evidence-Based Social-Emotional Learning*
IV.B. Early Initiation of Substance Use *The earlier that young people use drugs, commit crimes, or first drop out of school or become sexually active, the greater their chances of having chronic problems with the respective behavior. Aggressive behavior at ages 4-8 predicts later violent behavior and truancy in the elementary grades predicts school dropout. For example, research shows that young people who start drug use before age 15 have twice the risk of drug problems than those who start after age 19.*	Strategy IV.B.1: Build Public Support for District-wide Implementation of a Systematic School Substance Abuse Screening Process and Referral to Treatment Procedure
	Strategy IV.B.2: Build Public Support for District-wide Implementation of Evidence-Based School Substance Abuse Prevention Curriculum

V. Additional Strategies for Working with University Populations
VI. Additional Funding for Community and Societal-Level Strategies:
Strategy VI.1: Earmark Local Excise or Sales Tax on Substances for Prevention Efforts Dedicated to a Specific Agency
Strategy VI.2: Apply for Additional Funding Opportunities
VII. Strategies at the Individual and Relationship-Level: *CTC Communities may select individual or relationship-level strategies for implementation using other funding sources within their communities. While these strategies are not the focus of this manual, they may be reflected in your community action plan.*
VIII. Technical Appendix
APPENDIX 1: Research Sources in the Development of Community and Societal-Level Strategies Menu
APPENDIX 2: Implementation Tips - Community Tool Box

*Note that formatting and page numbers may be discrepant when viewing this document on a Mac.