

**BOULDER COUNTY PREVENTION
AND INTERVENTION PROGRAM**

**A Community Partnership Supporting Youth,
Families, and Schools**

2011 – 2012 SCHOOL YEAR



SUBMITTED TO BOULDER COUNTY PUBLIC HEALTH
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BY OMNI INSTITUTE



Program Background

In 1987, the Intervention Program was established through a collaborative partnership between Boulder County Public Health (BCPH) and St. Vrain Valley School District (SVVSD). This was in response to a request made by several SVVSD high schools for on-site substance abuse evaluations of at-risk students. The first on-site “Interventionist” position conducted assessments at Skyline High School, located in Longmont. The role of the interventionist was soon expanded to address all high-risk behaviors. Shortly thereafter, Boulder Valley School District (BVSD) joined the program with staff contracted through the City of Boulder Youth Services to serve Boulder city schools and BCPH to serve other Boulder county schools. The partnership was further expanded through funding from Communities for a Drug-Free Colorado, and later with support from the Colorado Department of Education Safe and Drug-Free Schools and Communities, the Colorado Department of Public Health and Environment (CDPHE) and the Alcohol and Drug Abuse Division (ADAD). The program was later renamed the Boulder County Prevention and Intervention Program (BCPIP) to better reflect the important role prevention strategies had grown to play in meeting the needs of participating schools and communities. In 1990, the partnership was formalized with the formation of an advisory board and the identification of the BCPH Community Health Division and the City of Boulder Division of Children, Youth, and Families as the lead administrative agencies for the partnership. These agencies were to work in close collaboration with St. Vrain Valley and Boulder Valley School Districts; the City of Longmont; Mental Health Partners; and the Town of Lyons. Clinical supervision was the assigned responsibility of Mental Health Partners. In 1988, this partnership was recognized by Communities for a Drug-Free Colorado and the governor of Colorado as an outstanding collaborative effort.

The program places master’s-level counselors and social workers, referred to as “Prevention/Interventionists” in 31 middle and high schools throughout the Boulder Valley and St. Vrain Valley school districts to help reduce at-risk behaviors, provide the help they need, and increase their readiness to learn, in order to enhance academic success, and support positive social/emotional development. Prevention/interventionists provide a variety of services including: assessing mental health and substance use/abuse; providing brief, solution-focused counseling; connecting youth and families with services that can help; educating youth, teachers, and parents about important adolescent issues; quickly responding to school/community trauma; providing referral and follow-up to community agencies and coordination of community-based services offered on-site at schools; partnering with school staff to create plans to address youth concerns and issues; sponsoring peer counseling and mediation programs;

offering psychosocial-educational support groups and youth leadership development opportunities; offering parenting skills development trainings and presentations; and sponsoring graduate-level intern school year placements. All services are voluntary and provided free of charge to students and families.

A guiding principle of BCPIP is to incorporate evidence-based, state of the art health practices into policies, programs, and services. Recommendations from OMNI's previous school year evaluations are put into practice to improve current school year services and to strengthen the program's outcome evaluation design. The principal function of the BCPIP is to promote the health and resiliency of adolescents and their families by providing effective school-based, health related prevention and intervention services, focused on the characteristics of effective risk behavior education and prevention. These characteristics include correct problem diagnosis, selection of appropriate and multiple services with sufficient intensity, repetition and consistency of message, and duration over time. All services are focused on strengthening the capacities of youth while decreasing the risk factors that negatively impact them and their families.

Development of the BCPIP Evaluation Plan

In August 2002, BCPH contracted with the OMNI Institute (OMNI) of Denver, Colorado to assist in the development of an evaluation protocol for the Prevention and Intervention Program. The evaluation of the program to that point had been challenging because of the variety of populations served, the range of services provided, and the quantity of outcomes that could be selected to gauge program impacts. This resulting complexity is due, in large part, to the program's philosophy, which holds that services are most effective when they are individually tailored to the unique needs and climate of the school community. The variability in program services is somewhat incompatible with typical evaluation efforts that attempt to hold program services relatively constant to better assess program effects and purported causes. However, the 31 participating schools have different needs and, to meet these, Prevention/Interventionists are required to employ a variety of prevention and intervention skills and approaches. Thus, the evaluation approach needed to consider the non-standard delivery of services while, at the same time, selecting outcomes that could uniformly gauge program impacts.

To work toward the development of an evaluation plan, OMNI facilitated a group discussion with program staff to begin the process of identifying process and outcome areas and, through their participation, cultivate buy-in from these same staff. This was followed with several meetings between OMNI and key BCPIP staff that led to a description of the program's internal logic. These meetings culminated in the creation of a logic model outlining program phases (e.g., intake, assessment, service provision), service approaches (group, individual, etc.) and possible outcome areas (see Appendix A for this logic model).

Once the logic model was completed, intake and service tracking forms were developed to collect basic information on students served and services provided. In addition, OMNI developed a management information system that could be used to store, manage and report information collected from these two forms. This system has subsequently been migrated to a web-based platform that incorporates intake and service tracking data entry, replacing the need for paper forms. The online system is hosted by the City of Boulder and data are downloaded for use by program management and for analysis by OMNI.

Finally, the OMNI-BCPIP team examined a number of possible evaluation instruments that might be used to measure program effects. Any selected tool would need to have strong and precise measurement qualities, be easy to administer, and include measurement across a broad set of outcome areas. After conducting a thorough search, the team selected the Child and Adolescent Functional Assessment Scale, or CAFAS. The CAFAS (Hodges, 1990, 1994) is an outcome measurement instrument designed to measure functional impairment in children and adolescents. It consists of separate scales in the areas of Behavior Toward Others, Community, Moods/Emotions, Home, School, Self-Harmful Behavior, Substance Abuse, and Thinking. Importantly, the instrument was found to be suitable for youth, ages 7 to 17, and to be both valid and reliable for low to middle socio-economic groups, as well as African-American, Caucasian, and Hispanic/Latino race/ethnicity groups. In addition, the test's measurement properties for these groups were found to be acceptable for use in the program (test-retest: 0.78, inter-rater reliability: 0.92, internal consistency: 0.73 to 0.78, and criterion-related validity: rated acceptable).ⁱ

The CAFAS requires that all raters receive training to become reliable in their administration of the instrument. To ensure that this was effectively accomplished, the program's clinical supervisor attended a "training the trainer" program on the CAFAS. She subsequently trained all Prevention/Interventionists and provides periodic booster testing in the timeframe required by the instrument designer to ensure their ongoing reliability/validity as CAFAS raters.

While the evaluation plan was phased in over time, with process measures being introduced before the CAFAS, a complete instructional packet was developed by (BCPH), detailing the specific steps Prevention/Interventionists were to follow in the collection and management of data. This instructional packet was reviewed with each Prevention/Interventionist to further ensure the integrity of the evaluation plan's implementation (the guide can be seen in Appendix B).

This was the ninth year in which the CAFAS was used and in order to lower administration costs, a new sampling technique was implemented this year. In previous years, Prevention/Interventionists were instructed to collect data on every student who was provided intervention, treatment, or crisis intervention services but this year the CAFAS was administered

ⁱ Hodges, K. (1990, 1994 revision). Child and Adolescent Functional Assessment Scale. Ypsilanti, MI: Eastern Michigan University, Department of Psychology.

only to those students whose birthdays were on an odd-numbered date (e.g., June 7th). An analysis of previous years' data showed that this technique does not significantly alter the results or compromise the representativeness of the data. In all cases, informed consent was required in order for students to participate in the evaluation. If consent was refused, students were deemed ineligible for the evaluation, but continued to receive services.

Other CAFAS administration changes that began in the 2004-2005 school year and have continued are a "blind" post-test whereby Prevention/Interventionists do not have access to previous scores when administering post-tests; CAFAS tests are not administered to students in non-therapeutic treatment; and the elimination of the previous requirement that a student had to receive three service sessions before the first CAFAS was administered. Prior to the 2010-2011 school year, the CAFAS was administered to students every three months as long as they were receiving services. The first and last administrations then served as the "pre-test" and "post-test" for analysis. Starting in 2010-2011, the Prevention/Interventionists were instructed to administer the CAFAS to students once at the beginning of service and again at the end of service or at the end of the school year, whichever came first. This change saved money by reducing the total number of administrations while maintaining the pre-test/post-test design. In order to lower CAFAS administration costs, a new sampling technique was used this year. Instead of administering the CAFAS to every student receiving intervention services, the CAFAS was administered only to those students whose birthdays were on an odd-numbered date (e.g., June 7th). An analysis of previous years' data showed that this technique does not significantly alter the results or compromise the representativeness of the data.

This is the ninth annual report of the process and outcome data since the inception of the program evaluation plan. The first report contained data from the 2003-2004, and this report will focus on data collected during the 2011-2012 school year.

Findings

Report findings are presented in two sections. The first section provides selected descriptive information on program participants and services. The second section provides highlights of outcomes in relation to collected CAFAS and service data and is prefaced by brief explanations of how to interpret statistical tests.

a. Descriptive Data

BCPIP provides a diverse and flexible array of prevention and intervention services designed to meet students' needs at the most appropriate level.

During the 2011-2012 school year, 2,423 students were provided with intervention services. Students are identified as having received intervention services if they have at least one encounter with a Prevention/Interventionist that involves some combination of assessment, crisis intervention, case management, brief solution focused counseling, family involvement, or group counseling. This is estimated to reflect about 10% of all students who received services through the program. The use of intake and service forms provides a variety of data on these students, which are summarized in the following pages.

Presenting Issues and Services Information

In order to correctly assess student issues during the intake procedure, staff complete an assessment of a student's general areas of concern as well as those which will serve as the focus of intervention services. For data tracking, the issues identified in this initial assessment are tied to a student's treatment "set." In addition, Prevention/Interventionists then record the issues that were focused on during each particular encounter with the student that occurs within a treatment set. The table below lists, in descending order, the number of students who had encounters that focused on each issue area, and the total number of student encounters in that focus area. Because student encounters may focus on more than one problem area, these counts are not mutually exclusive and, therefore, not additive.

The Encounter/Client ratio shows the average number of encounters per client among clients that deal with each issue. A higher ratio of encounters per client for a given issue might suggest that a higher level of service is required to treat that issue. The issues with the four highest and four lowest Encounter/Client ratios are highlighted in the table.

Frequency Count of Presenting Issues

Presenting Issue	Student Count	Encounter Count	Encounter / Client Ratio
Family Problems	1,344	6,449	4.8
School Failure/Success	1,274	6,414	▲ 5.0
Stress	979	3,923	4.0
Depression	680	2,804	4.1
Relationship	500	1,857	3.7
Anger	431	1,576	3.7
Self-Esteem	421	1,469	3.5
Social Skills	403	1,561	3.9
Anxiety	397	1,520	3.8
Alcohol/Drugs	396	1,530	3.9
Transition	369	1,130	3.1
Conflict Resolution	367	1,171	3.2
Setting Limits/Boundaries	361	1,265	3.5
Grief or Loss	337	1,069	3.2
Suicidal Ideation	328	1,576	4.8
Concern for Others	254	615	▼ 2.4
Self-Harm	237	1,120	4.7
MH Diagnosis by Other Provider	193	829	4.3
Harassment (Victim)	183	499	2.7
Abuse, Domestic Violence (Victim)	140	505	3.6
Legal System	106	309	2.9
Harassment (Perpetrator)	100	260	2.6
Body Image Issues	98	276	2.8
Sexual Orientation	88	331	3.8
Physical health condition	84	229	2.7
Sexual Assault, Recovery	82	401	▲ 4.9
Sexuality/Reproduction	80	196	▼ 2.5
Cultural Issues	78	190	▼ 2.4
Homeless or Runaway	69	285	4.1
Teen Parenting	55	182	3.3
Independent Living	36	130	3.6
Violence (Victim)	30	103	3.4
Violence (Perpetrator)	22	58	2.6
Gender Identity	16	105	▲ 6.6
Tobacco	16	35	▼ 2.2
Homicidal Ideation	15	74	▲ 4.9
Gang Involvement	13	32	2.5

Family Problems, School Failure/Success, and Stress were the three most prevalent presenting problems as measured by number of students and number of encounters. The issue with the highest encounter ratio was Gender Identity, with an average of 6.6 encounters per client. The issue with the lowest encounter ratio was Tobacco, with an average of 2.2 encounters per client. Among the top ten most prevalent presenting issues, School Failure/Success had the highest encounter ratio (5.0) and Self-Esteem had the lowest (3.5).

Following best practice approaches, multiple types of services are provided through the BCPIP. As presented in the following table, Assessment was the service provided to the highest number of students, while Case Management/Consultation and Treatment were the services provided at the highest number of encounters. Because multiple services can be provided to the same student, these numbers are not mutually exclusive or additive.

Counts by Service Type

Service Type	Student Count	Encounter Count	Encounter / Client Ratio
Assessment	1,564	3,279	2.1
Case Management/Consultation	1,518	5,955	3.9
Treatment	1,148	5,225	4.6
Family Involvement	955	2,551	2.7
Informal Contact	808	1,624	2.0
Referral	459	661	1.4
Group	159	920	5.8

The Encounter/Client ratio shows the average number of encounters per client for each service type. Students who received Group treatment had an average 5.8 encounters with that service type.

CAFAS

The CAFAS was administered this year at least once to 377 students, which is 16% of the population that received intervention services. The remainder of this report will focus primarily on these 377 students. On demographic measures (gender, ethnicity and grade), these students are similar – within six percentage points – to the overall intervention population.

A large majority, nearly two-thirds (64%), of the students who received at least one CAFAS administration were female (N=241), and 35% were male (N=131). Five students identified as transgender. The table below displays the number and percentage of the genders represented.

Gender Breakdown of Clients

Gender	N	Percent
Female	241	63.9
Male	131	34.7
Transgender	5	1.3
Total	377	100.0

Almost 3 in 4 students were non-Hispanic Caucasian (71.4%, N=269), while 21% (N=79) of the students were Latino/Hispanic. All other ethnicities represented less than 8% of the population, as displayed in the table below.

Ethnic Breakdown of Clients

Ethnicity	N	Percent
African-American/Black	6	1.6
Asian/Pacific Islander	8	2.1
Caucasian/White	269	71.4
Latino/Hispanic	79	21.0
Mixed Ethnicity	10	2.7
Native American/Alaska Native	4	1.1
Other	1	0.3
Total	377	100.0

This ethnic distribution is similar to the larger BVSD and SVVSD school population, which was 67.9% white and 22.8% Latino in the Colorado Department of Education fall 2011 pupil count.

A majority of the students were in the high school grades (59%, N=222), with 41% (N=155) in the elementary/middle school grades. The highest counts are in 8th grade (19%, N=70) and 10th grade (18%, N=67).

Grade Breakdown of Clients

Grade	N	Percent
5 th	3	0.8
6 th	40	10.6
7 th	42	11.1
8 th	70	18.6
9 th	46	12.2
10 th	67	17.8
11 th	61	16.2
12 th	48	12.7
Total	377	100.0

b. Program Outcomes

CAFAS Administration

The outcome portion of the evaluation plan is largely based on a simple pre-test/post-test design using the CAFAS. Almost all (93.4%) of the students who were administered the CAFAS had two or more administrations. However, 25 students were given the CAFAS only once, and are therefore excluded from the pre-test/post-test comparative analyses in this report. For the eight students who had three or four administrations, the post-test is defined as the last administration.

Number of CAFAS Administrations

CAFAS Count	N	Percent
1	25	6.6
2	344	91.2
3	7	1.9
4	1	0.3
Total	377	100.0

Interpreting Statistical Tests of Significance

The statistic used to measure the pre-post change is called a **paired-samples t-test**. Essentially, this test examines the difference between each youth's pre-test and post-test score, and averages this difference across all students. Once analyzed, this reveals an improved score (became lower), a worsened score (became higher), or no change (score stayed about the same). It is often confusing for people not familiar with statistics to understand how to interpret these changes. Researchers typically use terms such as "p-values" and "statistical significance" to describe their results, and these often lack meaning for the typical reader. While confusing, these are important concepts that should be understood to fully comprehend the meaning of presented results.

In order to compare outcomes between different groups, defined by demographic or other criteria, an **independent-samples t-test** is used. This test compares the means between two independent groups to determine if the difference is statistically significant.

Statistical significance simply means that an observed change is probably not a chance occurrence. That is, if a score changes from 10 on a pretest to 12 on a posttest, this change of 2 could be real or it could simply be an artifact of chance variation in the data. For this reason, researchers report **p-values** or **probability values** along with their results. These simply reflect how confident we can be that an observed change is real and not due to chance error. By convention, researchers use a probability value of .05, or 5%. This means that we are willing to accept a 5% probability or chance ($p=.05$) that an observed change *is not real*. It is important to note that there is nothing singular about 5%. A researcher may want to set a more stringent condition, and only accept a 1% chance that results are false. P-values of 1% or less are typically referenced as being highly significant. Importantly, if a generated p-value is greater than .05, researchers tend to accept the possibility that the difference could have been due to chance, and therefore do not deem the difference to be statistically significant.

Finally, a frequently overlooked issue has to do with whether a change is **meaningful** beyond being simply statistically significant. That is, a change can be **statistically significant** (is determined to be a real change) but be so small that it is of little **practical significance**. Therefore, we first assess whether a change is statistically significant and, if so, examine how large the change is to decide whether it reflects a meaningful improvement for students.

Outcome Findings

Intake

The CAFAS consists of eight scales describing a student's level of dysfunction in eight distinct domains: Behavior Toward Others, Community, Moods/Emotions, Home, School, Self-Harmful Behavior, Substance Abuse, and Thinking. Each scale ranges in score from zero to thirty, where a higher score indicates a higher level of dysfunction in the given domain. Thus, the total CAFAS score (combining all eight domains) can range from 0 to 240. The total CAFAS score can then be broken down into five categories of severity:

- None or Minimal (Total Score = 0 to 10)
- Mild (20 to 40)
- Moderate (50 to 90)
- Marked (100 to 130)
- Severe (≥ 140)

To ensure data comparability, a total score is only calculated for students who have scores on at least four of the eight domains. Students who do not have four domain scores are coded as "Missing" in total score analyses.

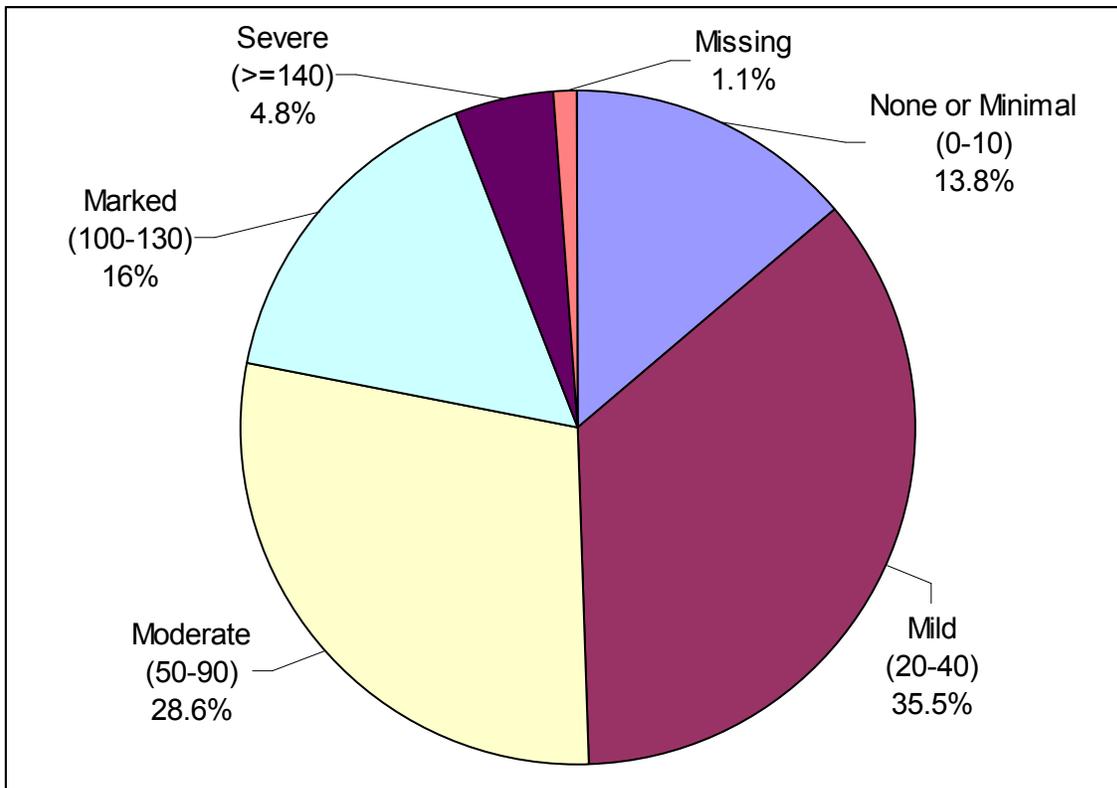
The figures below illustrate the level of dysfunction on the first CAFAS for all students. It is important to note that intervention services are designed to work most effectively with students who score in the mild to moderate range, as is typical for most public school-based programs. Youth whose behavior falls in the marked or severe impairment areas are more appropriate for residential/institutional settings and are referred by program staff to these more intensive service settings.

Total Score Categories (Pre)

Category	N	Percent
None or Minimal (0-10)	52	13.8
Mild (20-40)	134	35.5
Moderate (50-90)	108	28.6
Marked (100-130)	61	16.2
Severe (≥ 140)	18	4.8
Missing	4	1.1
Total	377	100.0

Most students (79%) fell into the three lowest dysfunction categories. A plurality of students (36%) were in the Mild category.

Dysfunction at Pre-Test (Total CAFAS Score Categories)

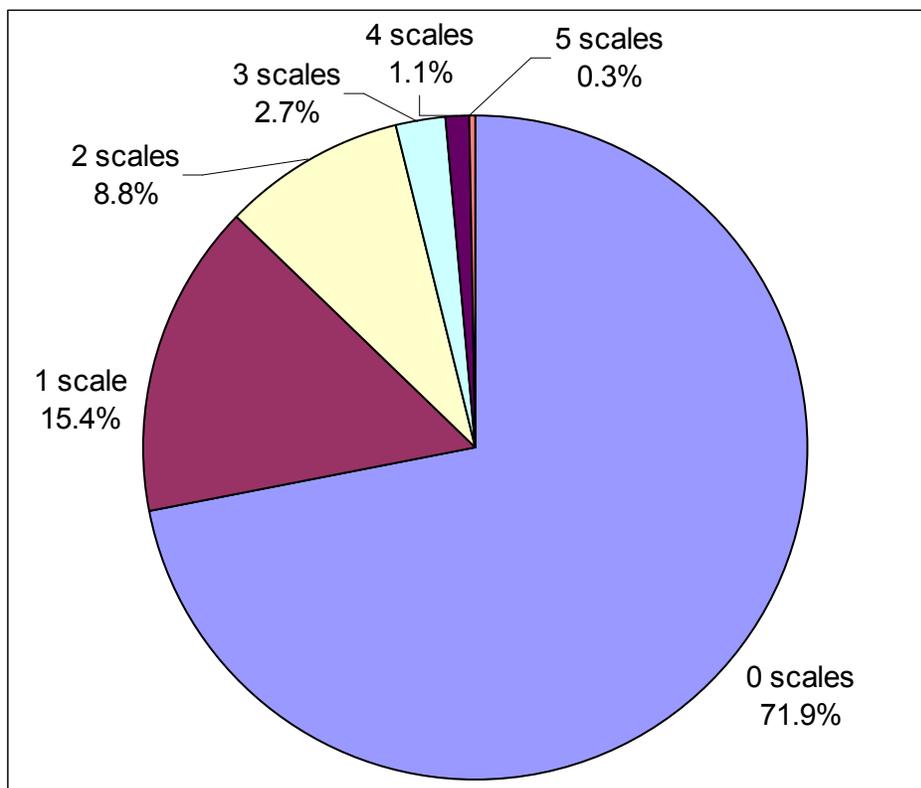


The level of severity can also be gauged by looking at the number of scales (out of eight) on which a student is rated as severe (received a score of 30). Most students (72%, N=271) were not severe on any scales at intake. Slightly more than one quarter of students (28%, N=106) were rated as severe on one or more scales. Most of the students who rated severe on any scales were rated severe on only one scale (15%, N=58).

Number of Scales Rated Severe at Intake

Number of Scales	N	Percent
0	271	71.9
1	58	15.4
2	33	8.8
3	10	2.7
4	4	1.1
5	1	.3
Total	377	100.0

Number of Scales Rated Severe at Intake



Change from Pre-Test to Post-Test

For the 352 students with at least two CAFAS administrations in 2011-2012, the change in scores is measured in two ways. First, the change in each student's total score is calculated and placed into one of three change categories. If the final score is more than 10 points lower than the pre-test score it is classified as a "Decrease"; if it is more than 10 points higher it is classified as an "Increase"; and if the final score is within 10 points (+/-) of the pre-test score it is classified as having stayed "About the Same."

Frequency of Change on Total Score

Change	N	Percent
Decrease	195	55.4
About the Same	129	36.6
Increase	21	6.0
Missing	7	2.0
Total	352	100.0

As shown in the above table, among the 352 students with two or more CAFAS scores, 55.4% demonstrated an improvement (a decrease in total score) from pre-test to post-test and 36.6% stayed about the same on the total score. Overall, 92% of students in 2011-2012 either showed an improvement or stayed the same on the total CAFAS score.

A second measure of change is the difference between the means of each scale (and the total score) on the pre-test and post-test. These changes in the means are tested for statistical significance to determine if the difference is real or potentially due to random variation. Once statistical significance is confirmed, the changes can be discussed in terms of practical significance.

Change from Pre to Post (Paired T-Test)

Scale/Measure	N	Pre	Post	Change	% Change	P	Sig.
Behavior Toward Others	342	8.25	5.03	-3.22	-39.0%	0.000	**
Community	340	2.35	1.32	-1.03	-43.8%	0.000	**
Moods/Emotions	345	14.93	9.45	-5.48	-36.7%	0.000	**
Home	343	8.34	5.13	-3.21	-38.5%	0.000	**
School	347	11.33	8.44	-2.88	-25.4%	0.000	**
Self-Harmful Behavior	337	5.10	2.43	-2.67	-52.3%	0.000	**
Substance Abuse	342	5.44	3.83	-1.61	-29.6%	0.000	**
Thinking	326	1.41	0.67	-0.74	-52.2%	0.000	**
Total Score	345	56.67	35.91	-20.75	-36.6%	0.000	**

Significance guide:

** P<.01 (Highly Significant)

* P<.05 (Significant)

The preceding table shows that on all eight CAFAS scales and the total CAFAS score, the group mean at post-test was lower than the mean at pre-test. These differences are statistically

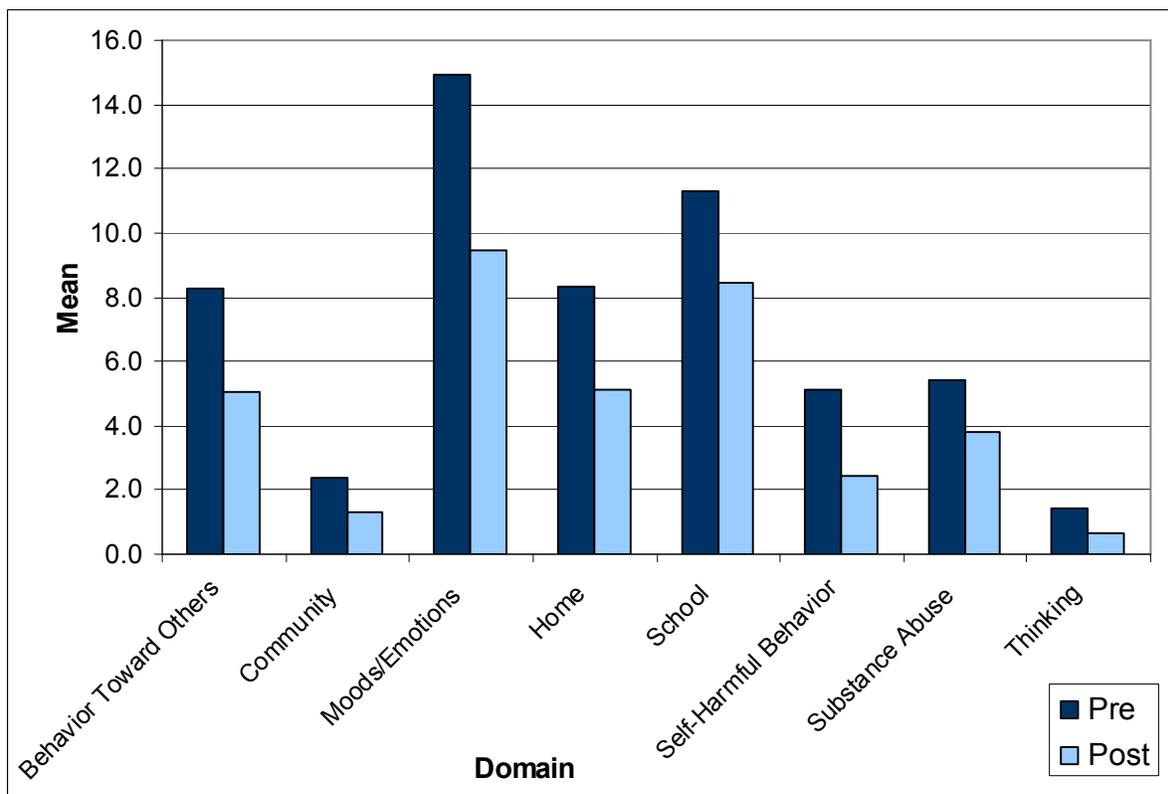
significant at the $p < .01$ level, meaning the difference between the pre-test/post-test means is very unlikely to be due to random variation in the data.

The scale that saw the biggest absolute improvement (decrease in mean score) was Moods/Emotions (-5.48). This scale had the highest mean at pre-test, so it is logical that it had the most room to improve. The Thinking scale had the lowest pre-test mean and saw the smallest absolute improvement (-0.74).

The largest percentage improvement (-52%) occurred on the Self-Harmful Behavior scale. The smallest percentage improvement (-25%) was seen on the School Failure/Success scale, despite it having the second highest level of dysfunction at intake with a pre-test mean score of 11.33.

Overall, the scale means declined an average of 40%, and the mean of the total score fell 37%. These changes in the scale means are represented graphically in the figure below.

Mean Score of Scales on Pre-Test and Post-Test



With wide variation in the levels of dysfunction across the scales at pre-test, the largest absolute improvement at post-test occurred on the Moods/Emotions scale and the largest percentage improvement was seen on the Self-Harmful Behavior scale.

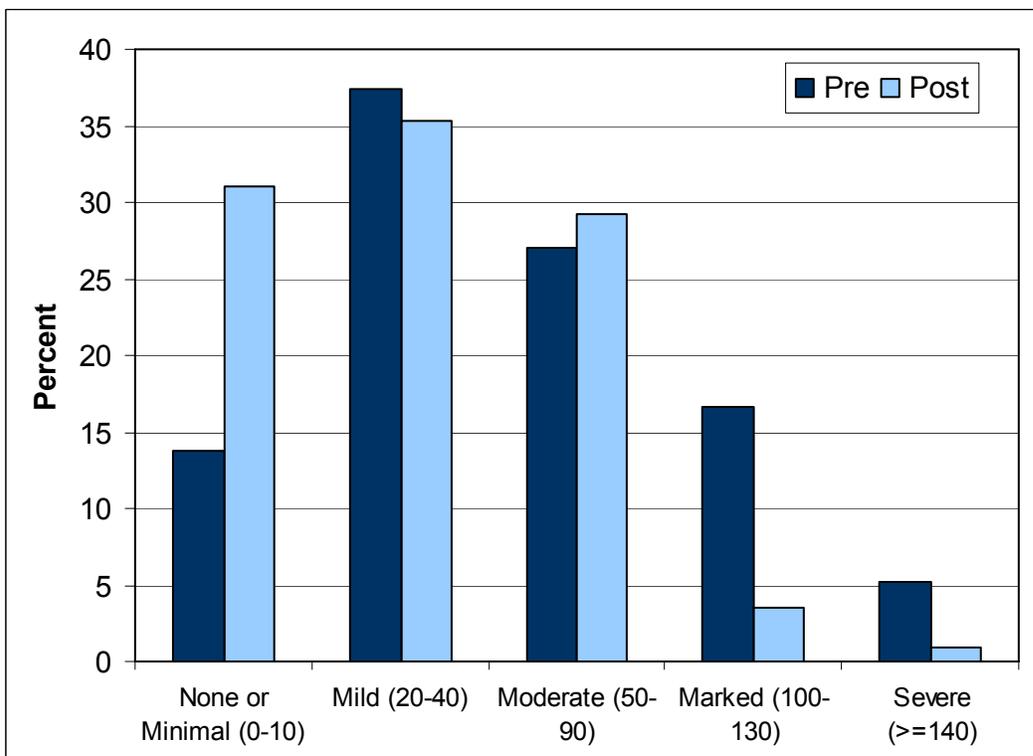
Overall Dysfunction at Last CAFAS

Earlier in this report, a frequency distribution of the five categories of dysfunction at intake was presented for all students with at least one CAFAS administration. Below are the frequency distributions for both the intake (Pre) scores and the final CAFAS (Post) scores for students with at least two administrations.

Total Score Categories (Pre/Post)

Category	Pre N	Post N	Pre Percent	Post Percent
None or Minimal (0-10)	48	107	13.8	31.0
Mild (20-40)	130	122	37.4	35.4
Moderate (50-90)	94	101	27.0	29.3
Marked (100-130)	58	12	16.7	3.5
Severe (≥ 140)	18	3	5.2	0.9
Total	348	345	100.0	100.0

Total CAFAS Scores (Pre/Post)



On the first CAFAS, 14% (N=48) of the 342 students were rated as having no or minimal dysfunction based on total score. On the last CAFAS that number had more than doubled to 31% (N=107) of 345 students. The percentage rated as Mild fell slightly from 37% (N=130) to 35% (N=122). The percentage of students at intake rated as Moderate rose slightly from 27% (N=94) to 29% (N=101). The percentage rated Marked fell from 17% (N=58) to 4% (N=12), and the percentage rated Severe fell from 5.2% (N=18) to 0.9% (N=3). This indicates that many students moved from the higher to lower severity rating categories, with the lowest severity

category seeing the largest increase in number. (Note: Students assessed as Marked or Severe typically receive educational health services in institutional settings. The Prevention and Intervention program is not designed to serve this population.)

Demographic Group Differences

The BCPIP collects various demographic and process data for all of the students in the program. This section compares means for total CAFAS score and changes of the total across some of these variables, noting where there are statistically significant differences between groups (among students with at least two CAFAS administrations).

Mean of Total CAFAS Score by Gender

Group	N	Pre	Post	Change
Female	221	49.41	31.00	-18.45
Male	122	67.70	43.80	-24.30
Difference Significance		**	**	

Significance guide:

- ** P<.01 (Highly Significant)
- * P<.05 (Significant)

There were almost twice as many females as males among those with at least two CAFAS administrations. The mean of the total CAFAS score at pre-test for males was higher than for females, and this difference was statistically significant. This means that, on average, male students entered the program with a higher level of dysfunction than females. Both groups showed an improvement, but the difference remained at post-test. The magnitude of improvement for males and females was statistically equivalent.

Mean of Total CAFAS Score by Ethnicity

Group	N	Pre	Post	Change
White	247	57.09	37.54	-19.80
Non-White	101	55.05	31.98	-23.07
Difference Significance				

Significance guide:

- ** P<.01 (Highly Significant)
- * P<.05 (Significant)

Non-Hispanic white students comprised almost three quarters of the service population. There was no statistical difference between white and non-white students in the level of dysfunction at pre-test, post-test, or in the magnitude of change.

English-speaking students outnumbered students who speak another language by more than six to one. The CAFAS means at pre-test, post-test and the magnitude of change were statistically equivalent for the two groups.

Mean of Total CAFAS Score by Language

Group	N	Pre	Post	Change
English	300	56.53	36.30	-20.44
Other	48	56.25	33.54	-22.71
Difference Significance				

Significance guide:

** P<.01 (Highly Significant)

* P<.05 (Significant)

Household Type

Students from households where both biological parents are present were compared to students from other household types, e.g., single-parent, split-custody, single-parent and step-parent, foster parents, etc. There were no statistically significant differences on CAFAS measures across these categories. However, there were differences on two service measures: the mean number of encounters with a Prevention/Interventionist and the duration of service (defined as the time between a student's first and last encounters). The following table compares the household types on these measures.

Service Frequency and Duration by Household Type

Group	N	Mean Encounters	Mean Duration (days)
Not Two Biological Parents	215	16.15	163.56
Two Biological Parents	137	11.53	133.00
Difference Significance		**	**

Significance guide:

** P<.01 (Highly Significant)

* P<.05 (Significant)

Almost two-thirds of students live in households without two biological parents. These students averaged almost five more encounters than students from households with two biological parents and their duration of service that was, on average, one month longer. There were no statistically significant differences on these measures across gender, ethnicity or language categories.

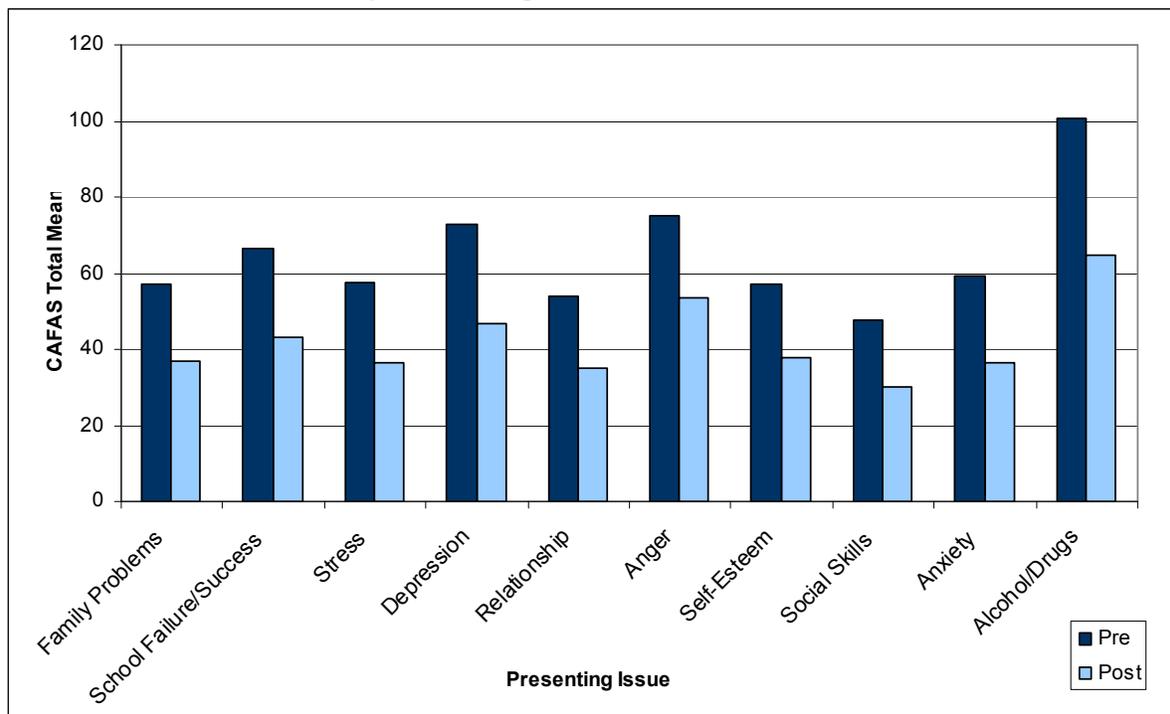
Presenting Issue Differences

This section compares CAFAS outcomes for students facing the ten most frequently occurring presenting issues among the students with at least two CAFAS administrations. Students can have multiple presenting issues, so these categories are not mutually exclusive. However, by comparing the subset of students facing each issue to the overall sample it is possible to identify the issues that correspond to higher than average levels of dysfunction.

Presenting Issue	N	Total Mean Pre	Total Mean Post	Total Mean Change	Total Mean Change %
Family Problems	243	56.9	36.6	-20.6	-36%
School Failure/Success	205	66.7	43.0	-24.0	-36%
Stress	186	57.3	36.2	-21.4	-37%
Depression	127	73.0	46.9	-27.0	-36%
Relationship	104	53.8	35.2	-18.4	-35%
Anger	72	75.3	53.3	-23.6	-29%
Self-Esteem	78	57.2	37.9	-20.1	-34%
Social Skills	73	47.5	30.3	-17.3	-36%
Anxiety	80	59.5	36.3	-23.6	-39%
Alcohol/Drugs	70	100.6	64.9	-35.7	-36%
Overall Sample	345	56.67	35.91	-20.75	-37%

The 70 students with “Alcohol/Drugs” as a presenting issue had the highest level of dysfunction at pre-test, with a CAFAS total score mean of 100.6. This higher level of dysfunction persisted at post-test. The 72 students with “Anger” as an issue had the second highest level of dysfunction at both pre- and post-test. The 73 students with “Social Skills” as a presenting issue had the lowest level of dysfunction at pre- and post-test. The issue groups showed similar percentage improvements on the total score mean. The chart below illustrates these data.

CAFAS Score Differences by Presenting Issue



Presenting Issue Grouping

Correlation is a measure of the statistical strength of the relationship between different variables. Correlation values are expressed with a correlation coefficient, which can range from -1, meaning a perfect negative relationship, to +1, meaning a perfect positive relationship. A correlation of zero (0) indicates there is no statistical relationship between the variables.

An analysis of correlation was done to examine the relationship of the ten most frequently occurring presenting issues for all 2,423 BCPIP students. The table below summarizes the findings, listing the number of other top issues with which each issue shows a statistically significant correlation, and also lists the most highly correlated issue for each along with its correlation coefficient.

Issue	Correlated Issue Count	Most Correlated Issue	Correlation Coefficient
Family Problems	9	School Failure/Success	0.547
School Failure/Success	9	Family Problems	0.547
Stress	9	Social Skills	0.614
Depression	9	Anger	0.721
Relationship	8	Self-Esteem	0.621
Anger	8	Depression	0.721
Self-Esteem	9	Alcohol/Drugs	0.761
Social Skills	8	Self-Esteem	0.681
Anxiety	9	Alcohol/Drugs	0.700
Alcohol/Drugs	8	Self-Esteem	0.761

Out of the ten most frequently occurring presenting issues, “Self-Esteem” and “Alcohol/Drugs” show the highest correlation, with a coefficient of 0.761. “Self-Esteem” was the highest correlated issue of three other issues, making it the most commonly correlated issue.

The high correlations between these issues mean that students frequently experience these issue pairs together. It does not mean that one issue in a pair causes the other, though that is possible. It is also possible that both issues are caused by some other external factors. In assessing and working with students, understanding the statistical propensity of these issues to co-occur might prove useful information for Prevention/Interventionist.

The table on the following page shows a detailed description of the correlations between the five most frequently occurring presenting issues.

Correlation of Five Most Frequently Occurring Presenting Issues

<i>Issue</i>	<i>Statistic</i>	Family Problems	School Failure / Success	Stress	Depression	Relationship
Family Problems	<i>Correlation</i>	1.000	.547**	.518**	.496**	.458**
	N	1344	816	632	485	319
School Failure / Success	<i>Correlation</i>	.547**	1.000	.430**	.511**	.184**
	N	816	1274	567	457	265
Stress	<i>Correlation</i>	.518**	.430**	1.000	.360**	.488**
	N	632	567	979	320	278
Depression	<i>Correlation</i>	.496**	.511**	.360**	1.000	.448**
	N	485	457	320	680	172
Relationship	<i>Correlation</i>	.458**	.184**	.488**	.448**	1.000
	N	319	265	278	172	500

The above table shows two statistics for each relationship between the five most frequently occurring presenting issues. The first statistic is the correlation coefficient, which can range from -1 to +1 (an issue's correlation with itself is always +1, by definition). The correlations between all five issues are statistically significant at the $P < .01$ level. Family Problems and School Failure/Success are the most highly correlated presenting issues among the five most prevalent, with a coefficient of 0.547.

The second statistic for each pair is the number (N) of students who had both presenting issues. The most frequently co-occurring issues were School Failure/Success and Family Problems. This combination of issues was faced by 816 students.

Summary of Findings

The 2011-2012 school year was the ninth in which BCPIP implemented a systematic process for the collection of outcome data, and it was the fifth year in which the system allowed for detailed analysis of process data in relation to outcome data.

As was the case in all eight previous years, this year's results suggest that the program was effective in decreasing dysfunction for 55% of the youth served, and stabilizing an additional 37% of students, amounting to a total of 92% of youth served showing no increase in their levels of dysfunction. This is noteworthy because, given the multiple challenges that these students face, levels of dysfunction may have continued to increase without intervention. In the aggregate, all eight CAFAS domains showed statistically significant decreases, with the largest absolute changes being shown for the Moods/Emotions (-5.48). The biggest percentage change (-52%) occurred on the Self-Harmful Behavior dimension. The mean of the Total CAFAS score also showed a statistically significant improvement, decreasing 37% from pre-test to post-test. These findings are promising and can be helpful for guiding program strategic planning, staff development, and service provision. Highlights include:

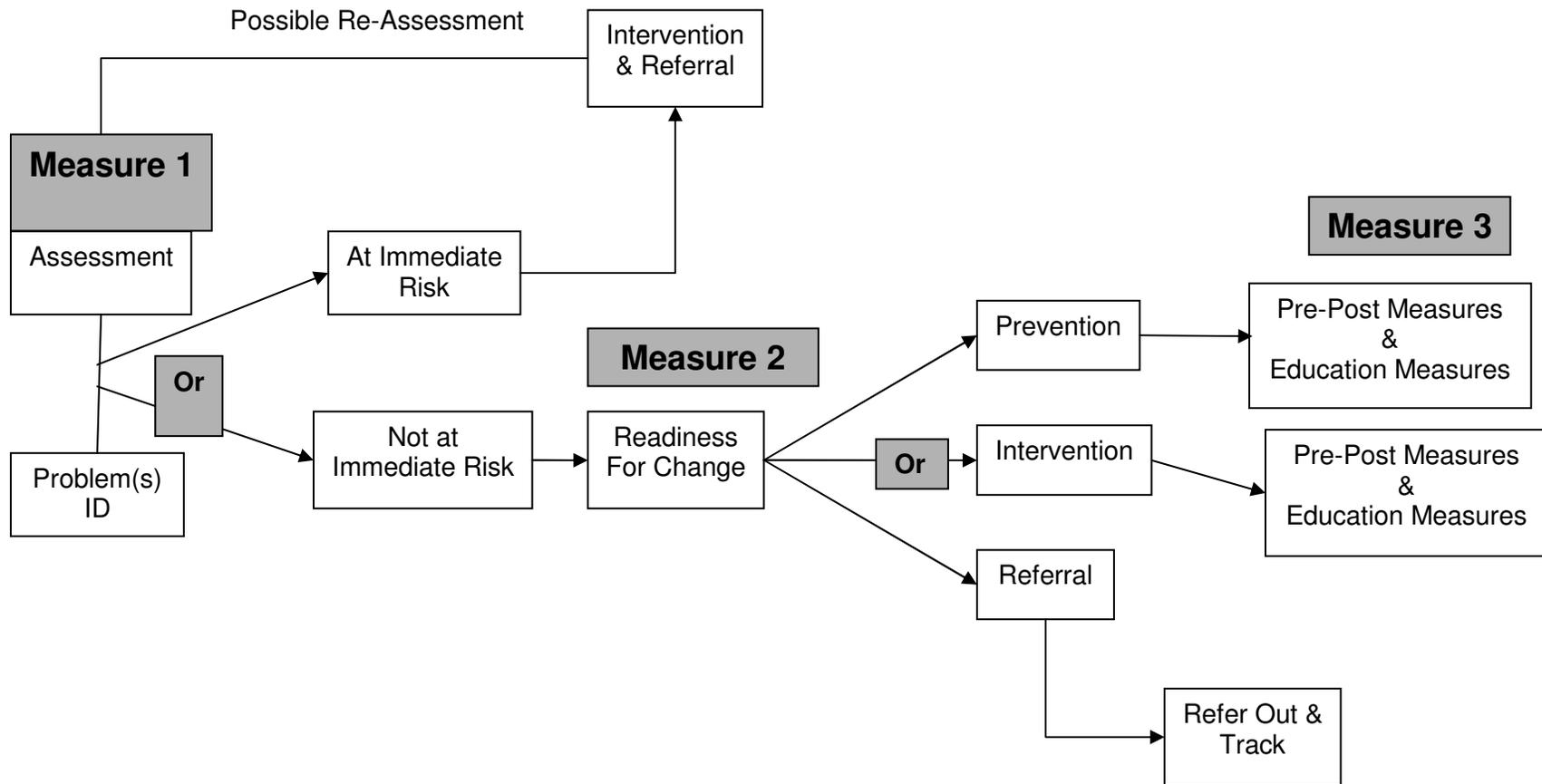
- The preponderance of presenting problems fell into three categories: family problems, school issues, and stress management. Also prevalent were issues with depression, relationships, anger and self-esteem. In response, a variety of direct services were provided, including assessment, treatment, consultation services, and group sessions. These services were supplemented with outside agency referrals.
- CAFAS pre-test data demonstrate that the service population is comprised primarily of youth in the Mild (36%) and Moderate (29%) categories of dysfunction. This is appropriate for a public school-based program. Students whose behavior falls in the Severe impairment category are more appropriate for residential/institutional settings. At post-test, there was a shift to the lower dysfunction categories, with a notable increase in the None/Minimal category (from 14% to 31%).
- Among the 352 students with two or more CAFAS scores, over half (55%) demonstrated an improvement (a decrease in total score) from pre-test to post-test and an additional 37% stayed about the same (stabilized) on the total score. Overall, 92% of the students saw either an improvement or stayed the same on the total CAFAS score. Only 6% of the students experienced an increase on the total score. This low percentage is particularly notable because it occurred despite the phenomenon whereby students often become more forthcoming with their counselors over time, which can contribute to increases in scores from pre-test to post-test.
- The majority of students who were administered the CAFAS were non-Hispanic Caucasian (71%), followed by Latino/Hispanic (21%). This is comparable to state Department of

Education October 2011 enrollment data for the BVSD and SVVSD districts, where the population is 68% Caucasian and 23% Latino. The CAFAS was administered to – and the program served – more female than male students (64% compared to 35%). Males and females both showed statistically significant changes on all CAFAS dimensions. However, males showed a statistically significant higher level of dysfunction at pre-test and this difference persisted at post-test. English-speaking students (86% of the sample) and students who speak another language (14%) had equivalent CAFAS means at pre-test, and both groups experienced a statistically significant improvement at post-test.

- Students from households with two biological parents and students from other household types had statistically equivalent levels of dysfunction at intake. Both groups experienced significant improvements at post-test. However, students from households with two biological parents had significantly fewer encounters and their duration of service was, on average, one month shorter.
- Students facing alcohol/drug issues had the highest level of dysfunction at both pre-test and post-test. However, these students showed the largest absolute improvement on the dysfunction measure, and all the issue groups showed similar percentage improvements. Students facing problems with social skills had the lowest level of dysfunction at both pre-test and post-test.
- Of the five most frequently occurring presenting issues, all were significantly correlated with the other top issues. The two most highly correlated presenting issues were family problems and school failure/success, which were also the most frequently co-occurring issues.

Appendix A

Boulder County Public Health Prevention and Intervention Program Logic Model



Boulder County Prevention/Intervention Program

School Year 2011-2012

INSTRUCTIONS FOR ENTERING REQUIRED STUDENT DATA IN P/I PROGRAM DATABASE

The following instructions relate to five separate components of data entry: 1) The Master Student List (MSL), 2) The Student ID section of the database, 3) The Set Information (demographics), 4) Encounter Information, and 5) Child and Adolescent Functional Assessment Scale (CAFAS).

1. Master Student List (MSL)

- Master Student Lists (MSL) will be maintained confidentially by you (*for your eyes only*) at each school.
- The official purpose of the MSL is to maintain a record of students' names and corresponding ID#s.
- The MSL should also assist P/I staff in tracking students served, and prompt staff to complete required CAFAS entry.
- Each MSL contains the following information: full name of each student you see in a particular school year; assigned student ID #s (see below for how to create the student ID#); date student was first seen this school year; the dates the CAFAS pre and post-test were done.
- The MSL will be started over at the beginning of each new school year, so you will re-enter students that you served in previous school years on your new MSL.
- How to create a student ID# = First initial of first name, six digit birthday, first initial of last name. Example: Jennifer Brown = J092457B.
- The MSL is also available in an electronic version (Excel) and will need to be password protected

2. How to Access the Database

The P/I Program's website can be accessed securely through the Internet at the following web address: <https://secure.ci.boulder.co.us/Cyfbcp/>

*A note about off site (i.e. at Public Health) data entry: You may only remove student notes from your school if there is no identifying information on them. You may bring information that has student ID#s with you, but no names, or other identifying info. This is a safeguard in case the note is left in the other location by mistake or the note gets lost in transit back to your office.

Staff will enter their assigned user ID and password to gain access to the secured site. If you are unsure what your username and password are, contact Michel Holien at 303.678.6108.

3. Student ID Creation in Database

- Once you have created a student ID for a student and you have entered that ID on the Master Student List, you will need to enter that ID into the database.
- The only piece of data that is directly associated with the student ID in the database is the student's ethnicity.
- If the student has never been entered into the database, this will be a very simple task.
- If the student ID already exists in the database, you will not be allowed to enter it again. The database only allows an ID to be used once. Therefore, if you try to add a student ID that is already in the system, the database will display the following message "this number is already used". When this happens, you will need to add a set to the existing student record.

4. Set Information (Demographics)

The *Set Information* page collects demographic information for individual students, as well as gathers student-related presenting issues. In regards to the demographics, please remember that although we know that you will not always have all of a student's demographic data when you begin a set (i.e., begin working with a student), you will need to try to enter this information into the program's online database as soon as you've gathered it.

Presenting issues: you will see that issues are divided into those that are "presented" and those that will be "focused" on. It is these focus issues that we would like you to try to limit to two or three. This is critical if we are to measure the effects of our efforts. In addition, this will also help you to focus your clinical interventions in an intentional manner. Early on, you should work with the student to establish a set of treatment goals around these issues so that your course of services has intention. The goal is to avoid providing services around whatever problems may be presented on any given day, and instead focus on the resolution of originally presented issues as long as they remain real and relevant.

Time frame for sets: Open a set when you start working with a student. You will most likely leave the set open for the whole year due to the episodic nature of this work. Even if you don't work with the student for the whole year, you can leave the set open and it will be closed by admin at the end of the year. However, if the student leaves your school (transfers, moves, drops out, gets expelled, etc.), please close the set as soon as you become aware of this.

Once you've begun your work with a student you only need to update the set **IF** there are changes in his/her demographic information (for example if his/her household type changes) **OR** if you wish to add a presenting (not focused) issue. If focused issues change, you will need to update these on the *Set Information* page.

CAFAS': CAFAS' will only be done on students with an odd-numbered birthdate. For example: students born on the 5th, 7th, 23, 27th, etc. on any given month.

Once you have received consent and you have established a working relationship with the student, you should administer a pre-CAFAS. The post-CAFAS is due in May. If a student leaves your school during the year, then the post-CAFAS should be done at that point (when the set is closed).

When to stop doing CAFAS': Don't do a pre-CAFAS when there are less than 6 weeks left in the school year. However, there is an exception to this: Any new student that you are meeting with that is in crisis, or that results in you needing to page your clinical supervisor. Please do both a Pre and a Post-test in this situation, regardless of the amount of time in between.

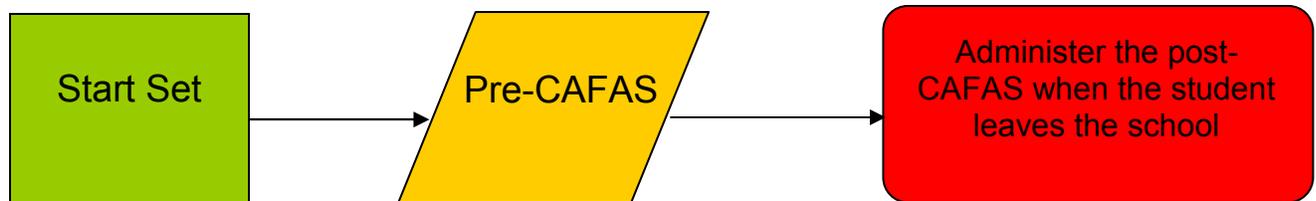
Set Scenario 1

In this scenario, the set stays open for the entire school year with no changes



Set Scenario 2

In this scenario, the student leaves the school early and the set is closed



Data Entry:

*Please be sure to use the back button that is part of this application, not the back button on your internet browser. Use of the browser back button can give you inaccurate data.

Instructions for Starting Data Entry for a New Student Using the Wizard:

The Wizard is one way to enter data. The Wizard is a navigation tool, and it is recommended for use when entering a new student that has not already been entered into the system.

NOTE: any time you use a query function, you will automatically be taken out of the Wizard mode. The Wizard is really ONLY useful for entering a brand new student.

Log in to Internet browser and go to <https://secure.ci.boulder.co.us/Cyfbcp/>

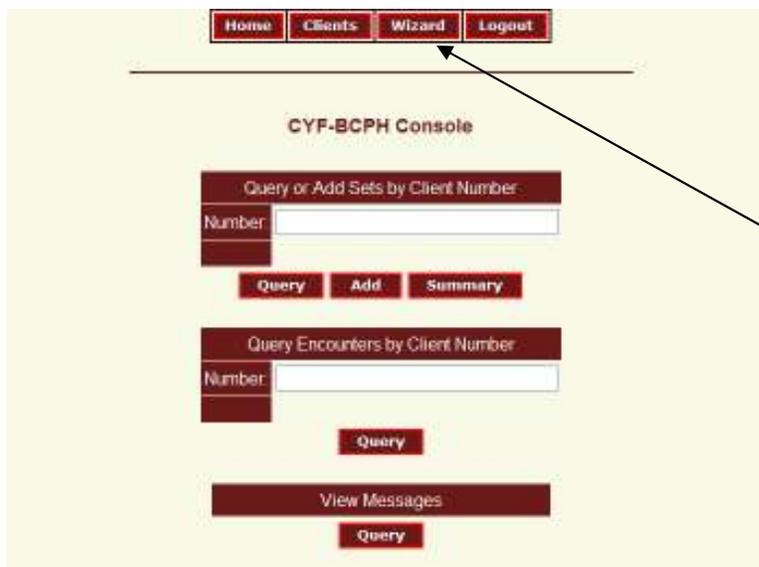
1. Enter username and password.

Log-in Screen



The screenshot shows the login interface for the City of Boulder CYF-BCPH system. At the top, there is a header with the City of Boulder logo and navigation links: Home | City A - Z | Business | Resident | Visitor | Departments. Below the header, the text "CYF-BCPH" is displayed. The login form consists of two input fields: "Username:" and "Password:". A "Submit" button is located below the password field. At the bottom of the page, there is a copyright notice: "Copyright ©2009 City of Boulder" and links for "Disclaimer", "Privacy Policy", "Security", and "How to Print".

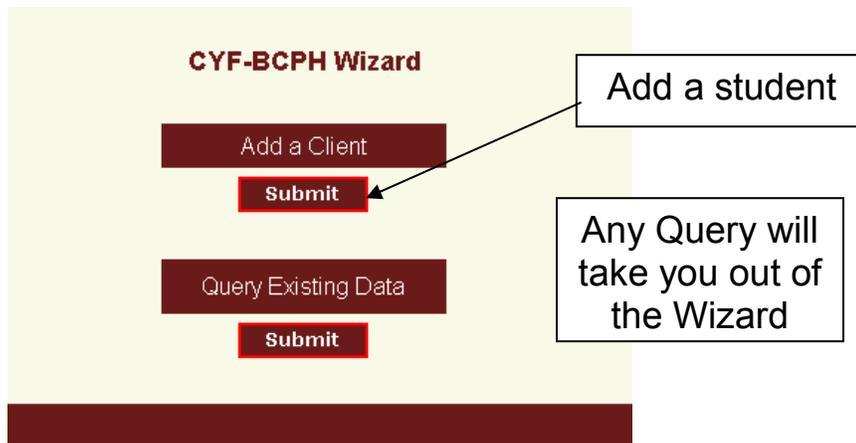
2. Click on **Wizard** button.



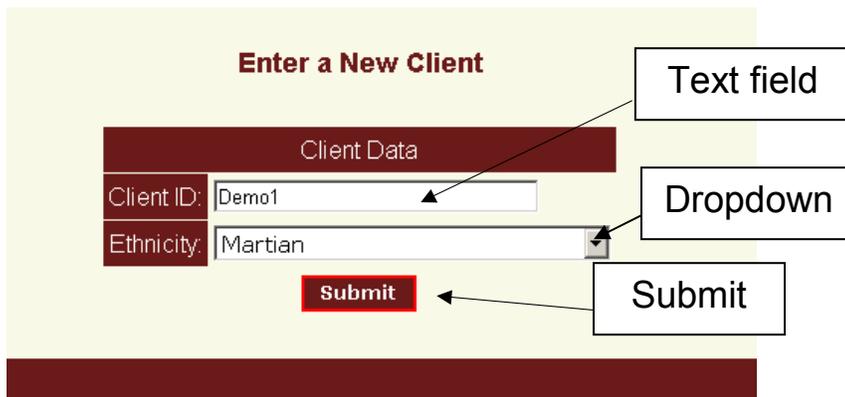
The screenshot shows the CYF-BCPH Console interface. At the top, there is a navigation bar with buttons for "Home", "Clients", "Wizard", and "Logout". The "Wizard" button is highlighted with a red border and an arrow pointing to it. Below the navigation bar, the text "CYF-BCPH Console" is displayed. The main content area contains three sections: "Query or Add Sets by Client Number" with a "Number" input field and "Query", "Add", and "Summary" buttons; "Query Encounters by Client Number" with a "Number" input field and a "Query" button; and "View Messages" with a "Query" button.

Wizard is a great way to enter a NEW student, set, and encounter(s)

3. Click on **Add Client** button.



4. Enter student ID and select ethnicity from the dropdown. Click on the **Submit** button.



5. You are now on the *Set Information* page.



Instructions for Entry of Data on the Set Information Page:

1. **Set Start Date** will now auto-populate to today's date.
2. Enter **Interventionist** (your name) and the **School** where you are providing services for this student.
3. **Referral Source** documents how the student came to you for services at the onset of *this set*. Select **Self** if the student sought services independently; **School** if he/she was referred by a school official or other staff; **Peer** if referred by other classmate or friend of similar age; **Family** if referred by anyone related to the student; **Other Interventionist** if referred by another interventionist; and **Community** if referred by someone outside of the school system, such as a doctor, therapist, or someone in the justice system.

Enter a New Set
F123456G

Set Data		Current Issues	
Start Date	07 21 09	Issue	Focus
Interventionist	Hart	Add Issues	
School	Arapahoe Ridge High School - CI	--None--	
Referral Source	--None--		
Grade	Self		
School Year	School		
Client Status	Peer		
Teen Parent	Family		
Household	Single Parent Mother		
Primary Language Spoken at Home	English		
Gender	M		

Submit

Interventionist name auto-filled

Referral source is a dropdown

Make sure not to select or leave the "none" option on this field

4. **Grade** indicates the student's current grade status. Be sure not to forget this as it automatically defaults to a 5.
5. **School Year** will default to the current school year.
6. Select **"New"** if you or another interventionist in this school year has not seen the student. Select **"Returning"** if you have seen this student before **in this school year**. This will only happen if the student left your school, you closed the set, and then the student came back. Select **"Transfer"** if the student has been seen by another interventionist and transferred to your building, but is new to you **in this school year**.
7. For **Teen Parent**, select **Yes** if the student is a teen parent. This includes males who have fathered a child. This also includes students who are expecting a child. Otherwise, select **No**.

- For Household Type, select the most appropriate response from the dropdown. These are self-explanatory choices. For students who live in more than one residence, please select Shared Custody.

Enter a New Set
X111111X

Set Data		Current Issues	
Start Date:	07 27 09	Issue:	Focus:
Interventionist:	Altman	Add Issues:	
School:	Angevine Middle School	--None--	
Referral Source:	Self		
Grade:	7		
School Year:	09-10		
Client Status:	New		
Teen Parent:	No		
Household:	Split Custody		
Primary Language Spoken at Home:	Spanish w/ Interp		
Gender:	M		
Closed:	<input type="checkbox"/>		

Submit

Grade is a dropdown

School year is auto-filled

- Enter the **Primary Language Spoken** in the student's home. County staff will select either English or Spanish, or Other without Interpreter. The other choices are for City of Boulder staff only.
- Circle the most appropriate **Gender** Identifier for this student: M for male, F for female, T for transgender (a person who identifies as a gender other than his/her biological gender), or I for intersex (a person who has ambiguous biological gender characteristics).
- The **Closed** box should not be marked until the set is ready to be closed. Any set that remains open at the end of the school year will be automatically closed by an auto function that will be run by administrators. This function will close all sets that have not yet been closed. Once a set is closed, only an administrator can access data. Administrators can go in and "unclose" a set if necessary.

12. The **Issues** fields capture relevant information about presenting issues. At least 10 issues can be selected. Use the dropdown to select the most appropriate issue categories. If you have trouble deciding which category best fits an issue you are working on with a student, please refer to the issue definitions that can be found below. Once you have selected the appropriate issues for a student, you will mark up to three of these issues as **Focus** issues by clicking on “no” which will change it to a “yes”.

The screenshot shows the 'Enter a New Set' form for set ID J9999999K. The form is divided into 'Set Data' and 'Current Issues' sections. The 'Set Data' section includes fields for Start Date (07/28/09), Interventionist (Rippy), School (Nederland Middle/Senior), Referral Source (School), Grade (9), School Year (09-10), Client Status (New), Teen Parent (No), Household (Biological Two Parents), Primary Language Spoken at Home (English), Gender (F), and a Closed checkbox. The 'Current Issues' section is a table with columns for Issue and Focus. Issues listed include Family Problems (Focus: Yes), Concern for Others (Focus: No), Depression (Focus: Yes), Anger Management (Focus: Yes), School Failure/Success (Focus: No), Setting Limits/Boundaries (Focus: No), and Stress Management (Focus: No). Below the table is an 'Add Issues' dropdown menu currently set to '--None--'. A red 'Submit' button is at the bottom center. Three callout boxes provide instructions: one on the left points to the Language field, one on the right points to the Focus column, and one at the bottom right points to the Submit button.

Set Data		Current Issues	
Issue	Focus	Issue	Focus
Family Problems	Yes	Family Problems	Yes
Concern for Others	No	Concern for Others	No
Depression	Yes	Depression	Yes
Anger Management	Yes	Anger Management	Yes
School Failure/Success	No	School Failure/Success	No
Setting Limits/Boundaries	No	Setting Limits/Boundaries	No
Stress Management	No	Stress Management	No

13. Click on the **Submit** button.

When in the Wizard, you will be asked if you would like to update the set. If you have more presenting issues to add, select **Yes**, and you will be taken back to the *Set Information* page to enter these. If you are done entering presenting issues and ready to begin entering *Encounter Information*, select **No**.

The screenshot shows the 'CYF-BCPH Wizard' with a prompt: 'Would you like to update this Set?'. Below the prompt are two buttons: 'Yes' and 'No'. Two callout boxes provide instructions: one points to the 'Yes' button and the other points to the 'No' button.

4. Encounter Information

This electronic form is used for collecting information about all encounters that take place with or on behalf of a student. Enter this data into the program's on-line database for all students provided with services each month. You will need to complete this electronic form for each encounter that has occurred for each student.

- A note about encounter entry: When we gather data our goal is to measure various components of our services: intensity, repetition, and consistency over time. If you combine encounters, we lose the ability to capture repetition. For example, you meet with a student. Then, after the student leaves you call the parent, and then you go speak to the principal regarding the student. This should be entered into 3 separate encounters, rather than just 1. Appropriate times to combine encounters are when the student is present for other types of services. For example, you meet with the parent and student together after just meeting with the student, or you call a potential referral source with the student still present.

Instructions for Entering Encounter Information

1. Enter the **Date** the encounter occurred.
2. Select your name from the dropdown labeled **Interventionist**.
3. You will skip the **Set** field. The field will be auto-populated with a number that is generated by the system.
4. The **Crisis** field is used to record how many encounters/hours are spent working with youth who are in crisis. A crisis is defined as an event of limited duration that seriously disrupts a person's coping and problem-solving capabilities. This does not have to be a life or death situation. Please be aware of this definition and refer back to it when in doubt.

1 encounter = 1 screen

5.

CYF BCPH - Enter a New Encounter
J123456K

Encounter Data	Add Issues
Date: 07/28/09	--No Issues Available--
Interventionist: Altman	
Set: 2758	
Crisis: No	
Phone/Face: Face	

Add Services
--None--

Submit

Auto assigned #- skip this field

Crisis= event of limited duration that seriously disrupts a person's coping and problem-solving capabilities

5. Select **Phone** or **Face** in the **Phone/Face** field to identify whether this encounter took place in person or over the phone.
6. You will notice that the **issues** dropdown will only contain the issues that were identified on the *Set Information* page. If you need to select an issue that is not contained in this dropdown, you will need to return to the *Set Information* page (Home button, enter the Student ID in the top field, select Query Set) to add the issue to the set.

**CYF BCPH - Enter a New Encounter
C040791V**

Encounter Data		Add Issues
Date:	07 28 09	--None--
Interventionist:	Hart	--None--
Set:	869	Transition
Crisis:	No	Grief or Loss
Phone/Face:	Face	Stress Management
Add Services		
		--None--
Submit		

Did the encounter take place in person or by phone/email?

Issue dropdown is populated ONLY with issues listed on the Set Information page. To add more issues, you MUST return to the set screen and add them to the set

7. Enter the corresponding **Service Code(s)** from the dropdown field.

**CYF BCPH - Enter a New Encounter
A123456B**

Encounter Data		Current Issues
Date:	07 29 09	Issue
Interventionist:	Hart	Stress Management
Set:	2735	Social Skills
Crisis:	No	Alcohol/Drugs
Phone/Face:	Face	Add Issues
		--None--
Current Services		
Service	Language	Hours
Assessment		0.00
Edit		
Add Services		
		--None--
Submit		

Choose Service Type
(Can only be informal contact or Assessment if consent has not been received)

Click "edit" to continue

You must then hit “edit” to proceed any further.

- Specify the **Number of Hours** (i.e., how long you spent providing the service). Select the time spent from the dropdowns; round up to the nearest quarter hour. For example, 15 minutes would be denoted as .25, and fifty (50) minutes would be listed as 1; thirty-seven (37) minutes would be listed as .75; and so on.

*Even if you only spend 5 minutes on a particular service, you must put in at least 15 minutes (.25), otherwise this data will not be counted.

You may use the **Comments** column to list any notes you feel are important to document with respect to provided services. This is not meant to replace more comprehensive case notes. These are simply notes to help jog your memory about a particular encounter, and this field is for your use only.

***11. Hit “Save” before you hit “Submit”. Failure to do so will result in an error message that will not allow you to move forward.**

- Click on the **Submit** button to process the *Encounter Information*.

CYF BCPH - Enter a New Encounter
A123456B

Encounter Data		Current Issues	
Date:	07/28/09	Issue	
Intervenorist:	Hart	Stress Management	
Set:	2735	Social Skills	
Crisis:	No	Alcohol/Drugs	
Phone/Face:	Face	Add Issues	
		--None--	

Current Services				
Service	Language	Hours	Comment	Edit
Assessment	--None--	1	.25	Save

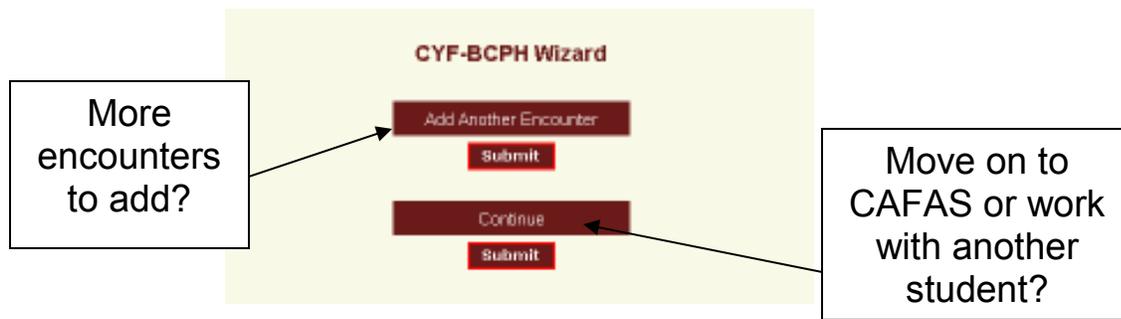
Add Services

--None--

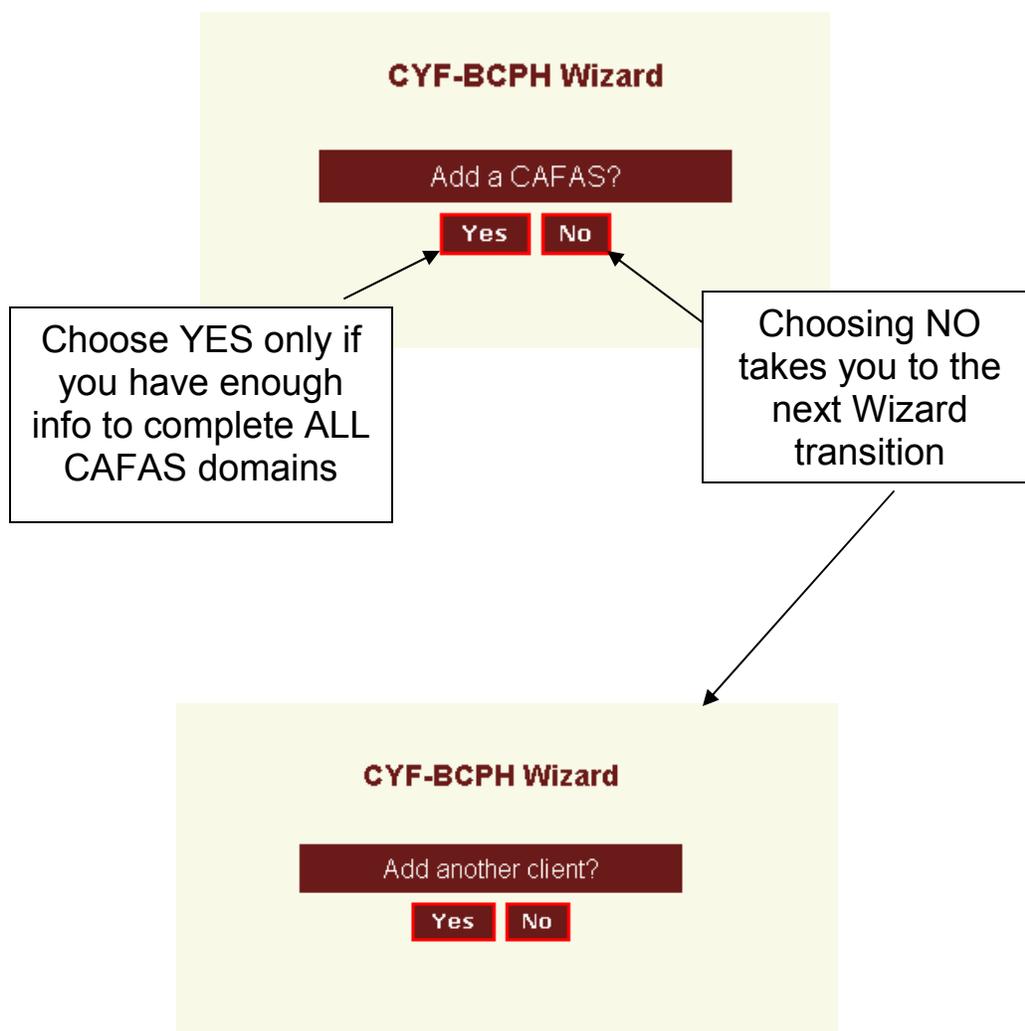
Submit

Click “Save” and then “Submit”

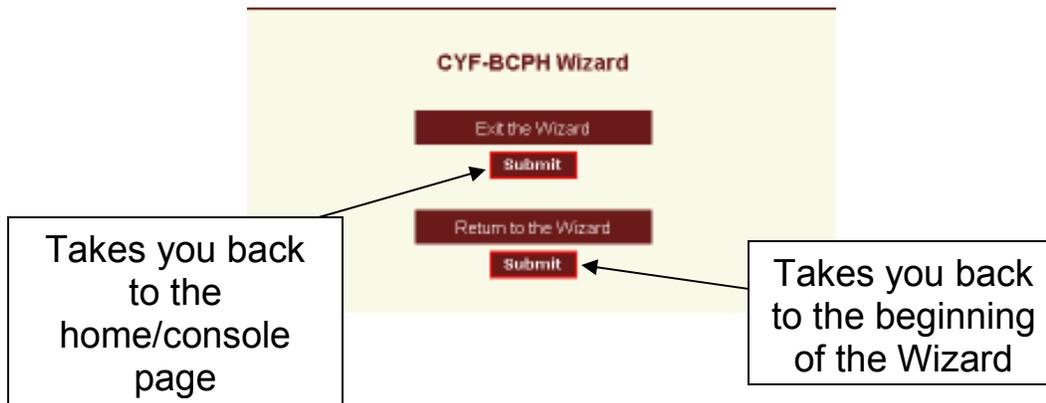
At this point, the wizard will ask you “Add another encounter?” Click **Yes** to get back to the *Encounter Information* page and continue adding encounters for this student. Click **No** if you are finished adding encounters for this student at this time.



12. Selecting **No** at this point will bring up the question “Add a CAFAS?” You should only select **Yes** at this point if you are ready to enter a complete CAFAS for this student (you must have received consent and enough information to evaluate the student on all of the CAFAS domains).



Wizard Transition



5. Child and Adolescent Functional Assessment Scale (CAFAS)

WHAT: The CAFAS is a clinician-rated measure that can be used both in clinical and research settings to assess clinical progress or outcome on youth ages 7-21. The clinician rates the student on the CAFAS scale. The CAFAS contains a “menu” of behaviorally oriented descriptions in eight domains: School/Work; Home; Community; Behavior Towards Others; Mood/Emotions; Self-Harm; Substance Use; and Thinking. The rater rates the student on the most significant level of impairment in the previous 3 months. Any source of information about the student can be used. CAFAS trainings and periodic booster tests will sensitize P/I staff to pay attention to the specific types of information necessary to complete the CAFAS. **The CAFAS training for this school year is scheduled for Thursday August 11th from 8:30 a.m. to 4:30 p.m. All new staff are required to take the training to become reliable CAFAS raters.**

WHO: You will complete CAFAS pre-profiles and post-profiles on students (with odd numbered birth dates) that you know you will be meeting with on a more ongoing basis. A CAFAS should also be completed on students being seen in **therapeutic/intervention groups**. In the case of groups, you may want to interview students before they are selected for the group and gather the CAFAS information at that point. Remember the pre-test should be completed on the most severe level of impairment that the student has shown in the last 3 months. In regards to **crisis work**, you may find it difficult to gain the information necessary to complete all eight domains. PLEASE do try to gain as much information as possible in the crisis, as it really does provide for a fuller assessment and gives a more complete picture of the student before the intervention services you provide.

HOW: The interventionist completes the CAFAS, and once you are familiar with it, it should take no more than ten minutes to complete. You should have the 16 page pink CAFAS assessment in each school that you work in. You will enter your pre-CAFAS and all post-CAFAS profile data electronically via the Internet into the Intervention database. In regards to consent, both the student and parent/guardian consent forms provide disclosure to students/parents regarding coded CAFAS information, so obtaining no additional consent is necessary.

CAFAS Page

Always ignore grayed out fields

CAFAS DEMO2

Assessment Date: [Month] [Day] [Year] (MM/DD/YYYY)*

Client Code: DEMO2

School: Angevine Middle School

Rater: Johnson, Melany

Gender: M

Ethnicity: Martian

Language: English

Level of Impairment	Material Needs	Family Social Support	School/Work Role Performance	Home Role Performance	Community Role Performance
Severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal/No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Could Not Score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assessment Date on the Pre-CAFAS will often be a different date than the date of entry; the pre-CAFAS date should coincide with the date you received consent

Only FRS staff will use 1st two domains (for assessing caregivers)

CAFAS Page

Level of Impairment	Material Needs	Family Social Support	School/Work Role Performance	Home Role Performance	Community Role Performance
Severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal/No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Could Not Score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Level of Impairment	Behavior Toward Others	Moods Emotions	Self-Harmful Behavior	Substance Use	Thinking	Total
Severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Minimal/No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Could Not Score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Scores

CAFAS completion

Home | Check | Messages | Logout

Your Cafas data has been uploaded.

Complete assessment on all 8 domains and click "Submit" Remember that once submitted, you CANNOT return to this page- Post CAFAS' are to be blind assessments

WHEN: A *pre-test* CAFAS (which incidentally is the same form as the post-test CAFAS) should be completed once you have established a working “intervention” relationship with the student. This includes students referred for *intervention, assessment, episodic/brief treatment, and crisis intervention* where significant assessment is necessary to appropriately intervene (suicide/homicide assessment, substance use assessment, sexual assault intervention, child abuse intervention, etc.). Once you have received student informed consent (15+) or parent/guardian consent (14 and below) for the above intervention services, a CAFAS must be completed.

A CAFAS should also be done on therapeutic group members (see definition below) when the group is ongoing and closed (e.g., a ten-week anger management group). With GROUP WORK that is therapeutic in nature (e.g., grief and loss support groups, substance abuse harm reduction, depression/suicide prevention, etc.), you SHOULD list participants on your MSL and enter set data, encounter data, and CAFAS, and should **NOT** include this in your prevention data. All groups that are prevention oriented (such as GSA’s; peer mediation/counseling programs; student advisory boards; *NOT Tobacco cessation*, etc.) should be entered into Zoomerang (monthly prevention services summary for County staff).

WHEN NOT TO DO A CAFAS: Mediations; classroom presentations; informal contact (building rapport before gaining informed consent); groups that aren’t therapeutic in nature.

To ensure that the **post-test** results are reliable and not biased by the rater, staff will complete the post-test independent of a review of the pre-test. A **post-test** CAFAS should be completed in May.

*Do not do a pre-CAFAS if there are less than 6 weeks before the end of the school year, **UNLESS** there is a crisis that results in you needing to page your clinical supervisor. In this case do both a pre and a post (even though they will be less than 6 weeks apart).

Some CAFAS Questions that have come up in past school years and corresponding answers are outlined below:

1. *I met with a kid who was depressed and anxious but it is following her mom’s death, which seems normal. How do I score on the mood scale?*

We are scoring them on behavior, not on why they are behaving a certain way. They would be scored at the level of depression that they are presenting, regardless of the cause.

2. *Who can I get information from on the student?*

Peers, teachers, the student, principals, family members, siblings, other professionals.

3. *Does a student who is low I.Q., mentally retarded, or has communicative learning disabilities get scored on the thinking scale?*

NO

4. *What if I get new information about a student after I've entered CAFAS data in the system?*
 It depends. If you get information that is new about the student, but that happened before you did your CAFAS (e.g. the kid wasn't comfortable sharing his or her substance use with you initially, but now is), then you can do a new CAFAS and use the same assessment date as you did on the first pre-CAFAS. You must then call Michel and ask her to delete the original (now invalid) CAFAS. ***However, if it has been more than 30 days since you did the original CAFAS, you cannot "re-do" it.** Rather, you would indicate the new behavior on the post-CAFAS in May.
- If you get new information that's happened since your CAFAS was completed (the kid tells you that he/she used substances for the first time this weekend), then you would not modify your original CAFAS; but on your Post-CAFAS, you would indicate the new behavior.
5. *Does cigarette smoking count as a substance?*
 NO
6. *Should I do a CAFAS on a student who is only coming to me for a referral?*
 A successful referral probably requires information in all of the CAFAS domains even if it's sometimes awkward. For instance, a student could come to us for a housing referral because they're homeless. If we don't know about a number of these domains, we don't know if their appropriate referrals for certain resources; hence they get turned down during the intake process.
7. *The kid is following all of the rules at home, and there is no acting-out behavior from the student, but the home environment is the problem, based on parents' behavior. Do I score them on the home scale?*
 NO
8. *The school wants me to work with a student under 15. I'm doing a lot of case management, but the parents' won't/haven't given consent. Do I do a CAFAS?*
 NO. We don't do a CAFAS on kids under 15 without parental consent.
9. *I'm doing a lot of case management and parent education for an over 15-year-old who is not interested in working with me and has not signed consent. Do I do a CAFAS?*
NO. We do not do a CAFAS on anyone if we don't have consent.
10. *It's the beginning of the school year. How do I score the school scale?*
 You can score them based on the previous school year, but you should only do this for the first four to six weeks of the school year.

Instructions for Data Entry Using the Client Button:

As with most applications, there is more than one way to do any function. As described above, the Wizard is a simple way to enter a new student from start to finish, but it is not the only way to enter a new student. By using the **Client** button (at the top of most screens), you can either enter a new student or look up an existing student ID. This can be useful when trying to determine whether or not you have already entered a specific student ID into the system.

To add a new student in the client button mode:

1. Click on the **Clients** button near the top of the screen.
2. To enter a new client, click on the **Add a new client** button.
3. Enter the new student ID and select the appropriate ethnicity. You have now added the new student ID to the system. To continue adding information on this student, click on the **Home** button. Follow instructions for the **Home** button below.

Client Screen

Get to this screen by clicking the "Clients" button

Home Clients Wizard Logout

Clients Query

Query Clients by Client Number

Client Number

Submit

Add a New Client

Submit

Query (look for) whether or not a student has already been entered

Add a new student (alternative to using the Wizard)

To look up an existing student within the client button mode:

1. Enter the existing student ID in the **Query clients by client number** field and click on the **Submit** button.
2. This will confirm that the student ID is, in fact, in the system. It will also show you the ethnicity associated with the student.
3. If you would like to change the ethnicity that you entered previously, you may do so here by making the change and clicking on **Submit**.

To enter a CAFAS within the client button mode (see CAFAS section for a review/rationale of the CAFAS outcome evaluation tool):

1. Enter the existing student ID in the **Query clients by client number** field and click on the **Submit** button.
2. Click on the **Go to CAFAS** button.
3. This will take you to the electronic CAFAS data entry form.

The screenshot shows a web interface with a navigation bar at the top containing buttons for 'Home', 'Clients', 'Wizard', and 'Logout'. Below the navigation bar is the title 'Update Client'. Underneath is a section titled 'Client Data' with two input fields: 'Client ID' with the value 'B040996P' and 'Ethnicity' with the value 'Caucasian/White'. Both fields have a green checkmark icon to their right. Below the 'Client Data' section are two buttons: 'Submit' and 'Go to Cafas'. Below the 'Go to Cafas' button is another 'Submit' button.

Client record (ID & Ethnicity) is displayed

From here, you can verify that the student is indeed in the system
Now you can add a CAFAS to this student by clicking "Submit"

The screenshot shows a web interface with a navigation bar at the top containing buttons for 'Home', 'Clients', 'Messages', and 'Wizard'. Below the navigation bar is the title 'CYF-BCPH-Select a Cafas DEMO1'. Underneath is a section titled 'Add a new Cafas' with a 'Submit' button below it. An arrow points from the 'Submit' button to a text box on the right.

Click "Submit" to proceed to the CAFAS data entry page

Instructions for Data Entry Using the Home Button:

The **Home** button is useful for looking up existing set and encounter data so that you can make additions and/or changes. It is also useful for adding sets to an existing student and/or adding encounters to an existing set.

To look up/access an existing set within the home button mode:

1. Enter the existing student ID in the **Query or Add Sets by Client Number** field and click on the **Query** button.
2. When you enter an ID # you will get an immediate message letting you know if:
 - a. If it is a valid ID
 - b. If there is an open set
 - c. Who the set is open with

Click "Query" to find an existing set

Click "Add" to enter a new set

3. This will bring you to the existing set page.
4. From here, you can add or change demographic information and/or issue information. Any change that you make will override the information that was previously entered. **These changes will take effect as soon as you click on the Submit button.**

To add a set to an existing student using the Home button mode:

1. Click on the **Home** button and enter the student ID in the **Query or Add Sets by Client Number** field.
2. Click on the **Add** button.
3. You will be taken to a screen that shows a row of information containing the student ID and ethnicity. Click on the **Submit** button.
4. This will bring you to a blank *Set Information* page. Enter all of your set information as directed in the above instructions labeled “**INSTRUCTIONS FOR ENTRY OF DATA ON THE SET INFORMATION PAGE.**”
5. Click on the **Submit** button.
6. You will see the new set information displayed, and you will notice that the issue information has been moved down below the dropdown fields. If you have more issue data to enter, you can do so at this point and hit **Submit** again
7. You have now successfully entered a new set for this existing student.

To look up/access an existing encounter within the Home button mode:

1. Enter the existing student ID in the **Query Encounters by Client Number** field and click on the **Query** button.
2. This will bring you to a screen that shows a row(s) containing the existing encounter information for this student. (This information is at the upper portion of this screen – above the bar marked “Add a New Encounter.”)
3. Click on the radio button to the left of the encounter you would like to access. Click on the **Submit** button.
4. This will bring you back to the electronic encounter form for the desired encounter. Now you can make any changes and/or additions to the encounter record.
5. Once you click on the **Submit** button, the changes or additions will be accepted into the system.

To add issues to an existing set within the Home button mode:

Add Issues to Existing Set

Home Clients Wizard Logout

CYF-BCPH Console

Query or Add Sets by Client Number

Number

Query Add Summary

Query Encounters by Client Number

Number

Query

View Messages

Query

Enter Client ID in Query Sets by Client Number Field and click the "Query" button

This step MUST be completed before new issues can be listed on the Encounter page

To add an encounter to an existing set using the Home button:

1. Enter the existing student ID in the **Query Encounters by Client Number** field and click on the **Query** button.
2. This will bring you to a screen that shows row(s) containing existing encounter information for the student. Below this, you will see a bar that says, "Add a New Encounter." Directly below this bar, there will be a row containing set information for this student. Click on the **Submit** button below this row.
3. You will now be directed to a blank electronic encounter form. From here, you will enter the new encounter data following the instructions above entitled "**INSTRUCTIONS FOR ENTERING ENCOUNTER INFORMATION.**"

The Summary Page

Summary

Most Recent Set

Key	Client ID	School	Start	Grade	School Yr	Status	Teen/Parent	Household	Ref Src	Interv	Closed	Lang	Gender	Homeless	Income	Family Ct.
998	H123456		08/06/2009	5	09-10	N	N			malman	N		M			

Encounters

Enc Key	Set Key	Interv	Date	Crisis	Face/Phone
7237	998	malman	09/15/2009	N	F
7238	998	malman	09/10/2009	N	F
7203	998	malman	08/06/2009	N	F

CAFAS

Assess Date	Client ID	School	Rating	Gender	Ethnicity	Language
09/10/2009	H123456		Altman, Michael			

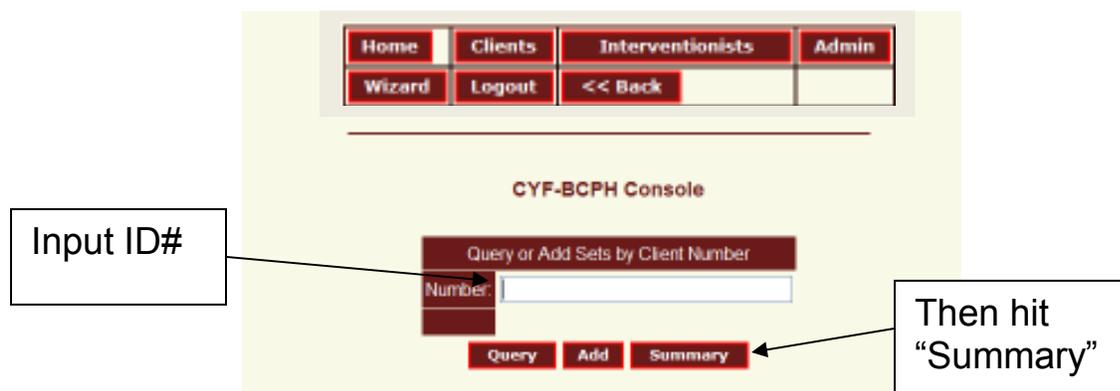
The summary page is useful for seeing multiple types of information on a given student. It will show you:

- The most recent set
- All encounters in that set
- All CAFAS dates in that set

You can also add encounters or CAFAS' to the most recent set from the Summary page.

To access the Summary Page:

From the Home/Console page, there will be a summary option right next to the "Query" and "Add" buttons for sets. You will input the Student ID#, hit the "Summary" button, and then you will be taken to the Summary Page where you will see all relevant information for that student's most recent set.



Addendum – Definitions

Definitions of Presenting Issues

Abuse, Domestic Violence (Victim) – Includes child abuse and/or neglect (adult-to-child) and cycle of violence issues.

Alcohol/Drugs – Adolescent use/abuse of alcohol or other drugs and related consequences (legal, school, social, and family).

Anger – Frequent incidents of fighting, bullying, fire-setting, vandalism, assault, animal cruelty, verbal abuse, inability to accept responsibility, blaming others, inability to manage anger effectively.

Anxiety – Difficulties with worry, nervousness, avoidance, obsessive-compulsive behavior, or situational distress.

Concern for Others – Concern for a family member or friend's risky and/or dangerous behavior, notification of another person's suicidal/homicidal ideation or threat, significant change in mood or behavior of others.

Conflict Resolution – Peer-to-peer conflicts (friendship and fighting), bullying, harassment, intimidation.

Cultural Issues – Assimilation and acculturation issues, discrimination/harassment of those in minority positions by others, based on power/control and lack of understanding of cultural issues.

Depression – Sadness and/or loss of interest or pleasure in activities; may also include weight loss or gain, sleep disturbance, fatigue, difficulties concentrating, flat affect, negative outlook.

Eating Disorders – Body image issues, anorexia and bulimia.

Family Problems – Divorce, unstable family, parent-adolescent conflict, parent is an alcoholic or substance abuser, custody issues, family communication problems, adolescent individuation/separation process (personal identity development), adoption, foster care issues.

Gang Involvement – Student seeks out gangs to address need for belonging, power and control, gang-to-gang conflict.

Gender Identity – The internal sense of being male or female. Student is transgender or questioning their gender identity; their identity doesn't fit society's rules about men and women.

Grief or Loss – Loss of a loved one, friend, pet, teacher, or other significant adult. Can include traumatic world events (e.g. September 11th, Columbine tragedy).

Harassment (Perpetrator) – Aggressive and/or sexualized pressure, bullying, or intimidation, via direct contact or cyber communication. For physical acts, please use the Violence issue.

Harassment (Victim) – Student is being subjected to aggressive and/or sexualized pressure, bullying or intimidation via direct contact or cyber communication. For physical acts, please use the Violence issue.

Homeless or Runaway – “Couch Surfers”, push-outs, such as LGBTIQ youth, teen parents, etc. Students facing out-of-home placement (foster care, legally ordered State residential placement), may run to avoid placement.

Homicidal Ideation – Articulate specific plans to harm others, history of anti-social behavior, may have been tormented or teased by others, has access to weapons, difficulty with impulse control, engage in substance abuse, externalize blame for their difficulties.

Independent Living – Support in preparation for living on own, LGBTIQ, teen parents, and other push-out youth, family-related conflicts.

Legal System – Students on probation or restorative justice (includes support to stay out of trouble and/or stay clean, follow through on commitments, complete community service, etc.).

Limits/Boundaries – Difficulties with appropriate social and physical limits/ boundaries, stealing/ shoplifting, assertiveness.

Definitions of Presenting Issues (Cont.):

Mental Health Diagnosis by Other Provider – Student presents with a mental health diagnosis given by another provider (Psychiatrist, General Practitioner, Private Therapist). You may know about this from the student, parent/guardian, school, or from released information from another provider. Diagnosis may include P.T.S.D., OCD, ADHD, Anxiety Disorder, Bi-Polar Disorder, Personality Disorder, etc.

Physical Health Condition – Student presents with a physical health diagnosis given by a medical provider (Primary Care Provider, specialist, etc.). You may know about this from the student, parent/guardian, school, or released information from the provider.

Relationships – Difficulties with partner, termination of relationship, intimacy issues, unhealthy power differential, questions regarding “normal” interaction between partners.

School Failure/Success – Ongoing behavior problems (habitual disruption), academic failure, academic pressure to succeed, absenteeism, suspension/expulsion, potential dropout.

Self-Esteem – Student lacks a positive self-image; lacks confidence in their ability to cope with basic life challenges (i.e. developmental, social, educational).

Self-Harm – Self-mutilation – “cutting,” burning, bruising, banging head (with the intention to hurt oneself), self-endangering behaviors (e.g. driving too fast, fighting).

Sexual Assault, Recovery – Rape, incest, date rape.

Sexual Orientation – Who one is attracted to, either physically, emotionally, or sexually. Student is questioning, or dealing with issues related to their sexual orientation.

Sexuality/Reproduction – Teen pregnancy, AIDS/HIV, STIs, sexual responsibility.

Social Skills – Difficulties with peer group, getting along with others, making and sustaining friendships, loneliness.

Stress – Lack of effective coping skills to deal with daily challenges.

Suicidal Ideation – Danger to self, history of suicide attempts and/or depression, anniversaries of grief/loss experiences, isolating behavior.

Teen Parent – Student is pregnant, parenting, or has had a child (or fathered a child) who is not currently in their care.

Tobacco – Adolescent use of tobacco. School consequences: suspension/expulsion, disciplinary proceedings.

Transition – Change in school, family constellation, living situation, onset of puberty, graduation from high school, acceptance/going to college, entering work force.

Violence (Perpetrator) – Behavior involving physical force to hurt or damage someone or something.

Violence (Victim) – Student has is being subjected to behavior involving physical force that has caused harm to their body or their belongings.

Definitions of Direct Services

Please consult Section III Clinical Components of the P/I Manual Confidentiality – Pages 81-82 for a review of the Confidentiality/Informed Consent Requirements that all interventionists must follow in providing clinically based direct services.

All direct services (other than **Informal Contact**) listed below require that informed consent and mandatory disclosure (student rights) be obtained prior to the provision of formal direct services. If a student is under the age of 15 years old, parental consent must also be obtained. If you have not yet obtained consent, it is expected that you are actively working on getting it as soon as possible. It is advisable that you begin to build relationships, perform assessments, and document the services you are providing. All of the following direct services also require that the clinician maintain assessment notes and clinical case notes.

Informal Contact – Includes contact that occurs during passing encounters, brief check-ins, and provides the Prevention/Interventionist with the opportunity to build a relationship with students.

Assessment – A thorough review of presenting issues and an understanding of the next level of service to be provided and/or referral.

Case Management/Consultation - Any services provided on behalf of a student (includes *consultation* with others when direct services are also being provided). This does not include contact with a student's family (list these services under Family Involvement).

Treatment – Brief Solution-focused therapy/counseling (includes individual, conflict mediation, and/or couples counseling). Longer-term needs should be referred out.

Family Involvement – Prevention/Interventionist is working with a family via phone contact and/or in a face-to-face capacity.

Group – This category refers to students that are involved in group work that is **therapeutic** in nature (*e.g., grief and loss support, substance abuse harm reduction, depression/suicide prevention, etc.*). You must enter set/encounter and CAFAS data into the database for each student who is a regular attendee of an intervention/therapeutic group. All students involved in groups that are student advocacy/empowerment/leadership; in other words, more “prevention-oriented” should be logged in the monthly **Zoomerang Prevention Services data instrument**. ***Be careful not to duplicate documentation by entering students in the database and also in the Zoomerang prevention services data collection instrument, since we are trying to differentiate between the types of group services being provided.***

Definitions of Indirect Services

Referral - Student has been given the name and phone number of another resource. This does not count as a referral service if you have only discussed the possibility, but haven't actually provided the specific information.

Referral Accessed – You have followed up and learned that student has made contact with referred resource/agency.

Referral Followed Up – You have followed up and learned that student has not yet made contact with referred resource/agency. You should determine if the referral source is still valid, and if so, please encourage student to make contact.