

The image features a grayscale background with silhouettes of three people in the foreground, appearing to be in a meeting. The person on the left is a woman with long hair, wearing glasses and a dark top. The person in the center is a man, also wearing glasses, seen from the back. The person on the right is a woman with short hair, wearing glasses and a light-colored top. In the background, there is a silhouette of a building with a grid of windows and a flag on a pole. The text is positioned on the right side of the image.

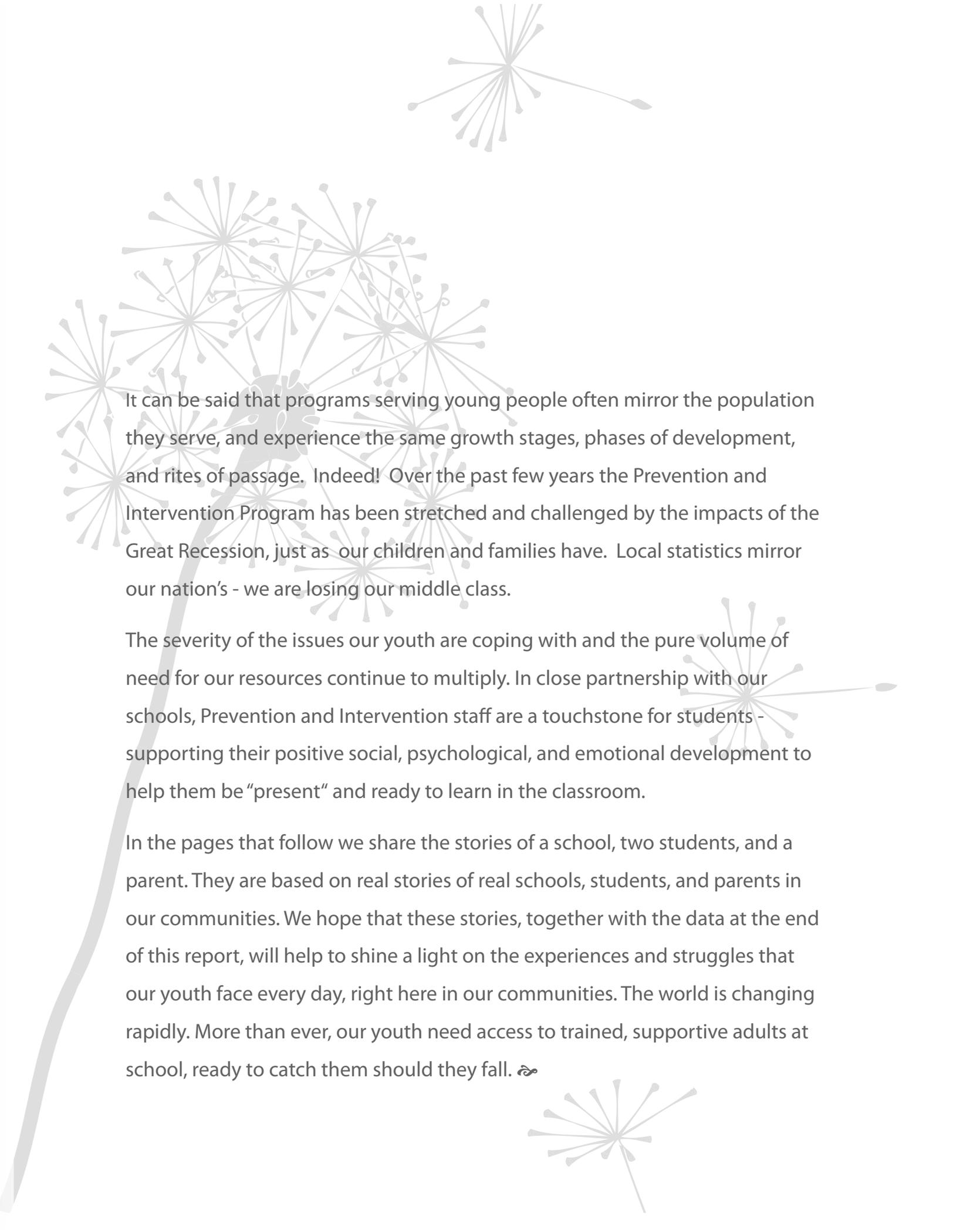
Prevention & Intervention Program

2011 annual report

*Just having **someone to talk to** every week was a great thing to have. It just makes me think that there is always some good in me and I'm going to try and never forget it.*

~ student





It can be said that programs serving young people often mirror the population they serve, and experience the same growth stages, phases of development, and rites of passage. Indeed! Over the past few years the Prevention and Intervention Program has been stretched and challenged by the impacts of the Great Recession, just as our children and families have. Local statistics mirror our nation's - we are losing our middle class.

The severity of the issues our youth are coping with and the pure volume of need for our resources continue to multiply. In close partnership with our schools, Prevention and Intervention staff are a touchstone for students - supporting their positive social, psychological, and emotional development to help them be "present" and ready to learn in the classroom.

In the pages that follow we share the stories of a school, two students, and a parent. They are based on real stories of real schools, students, and parents in our communities. We hope that these stories, together with the data at the end of this report, will help to shine a light on the experiences and struggles that our youth face every day, right here in our communities. The world is changing rapidly. More than ever, our youth need access to trained, supportive adults at school, ready to catch them should they fall. ∞

Prevention and Intervention Program – A Proven Program

After eight years of data collection, independent analyses consistently show statistically significant improvements in the functionality of young people served by the Prevention/Intervention (P/I) Program. The program uses the Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 1990, 1994) as its outcome evaluation tool. Annual findings from the CAFAS are analyzed by OMNI Insitute, Inc., to help direct and improve program services provided to young people and their families.

The program uses data to identify and understand issues and needs of middle and high school students in the Boulder Valley and St. Vrain Valley School Districts. A guiding principle of the program is to incorporate state-of-the-art health practices into polices, programs, and services in order to correctly diagnose problems and support our community's youth.

Child & Adolescent Functional Assessment Scale (CAFAS)

The CAFAS consists of eight separate scales in the following areas:

School/Work: Functions satisfactorily in a group educational environment

Home: Observes reasonable rules and performs age-appropriate tasks

Community: Respects the rights of others and their property and acts lawfully

Behavior Towards Others: Behaves appropriately towards others

Moods/Emotions: Appropriately modulates emotional life

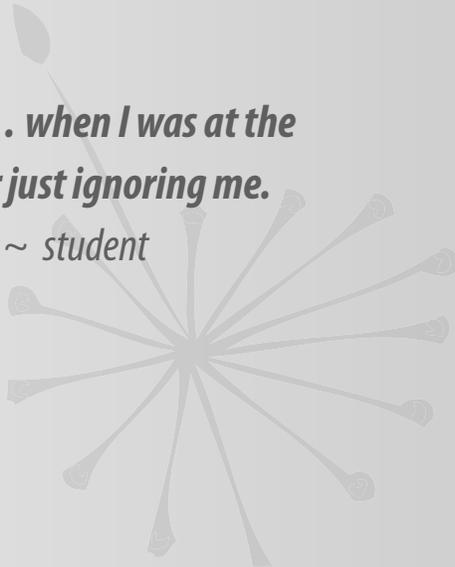
Self-Harmful Behavior: Can cope without resorting to self-harmful behavior or verbalizations

Substance Use: Exhibits substance use and the extent to which it is not appropriate or is disruptive

Thinking: Uses rational thought processes

You have been there when no one else was... when I was at the point of giving up...without judging or just ignoring me.

~ student



OMNI Outcome Evaluation Executive Summary

During the 2010-2011 school year, CAFAS outcome data demonstrated that 90% of students served by the program indicated no increase in level of dysfunction. Specifically 44% of students showed a statistically significant improvement in functioning, and 46% of students demonstrated stabilization in their functioning. *Stablization is noteworthy, given the multiple challenges many of the students served by the Prevention/Intervention Program face; levels of dysfunction may have continued to increase without P/I intervention.*

All eight CAFAS domains showed statistically significant decreases in dysfunction. The largest absolute changes were in the Moods/Emotions (-4.59) and Home (-2.70) dimensions. The biggest percentage change (-51%) occurred in the Self-Harmful Behavior dimension.

Most issues that students presented with fell into three categories: school issues, family problems, and stress management. Also prevalent were depression, social issues (such as relationships and conflict resolution) and alcohol/drugs. Assessment, treatment, case management, consultation, and group sessions were provided in response to these issues, as well as referrals to outside services.

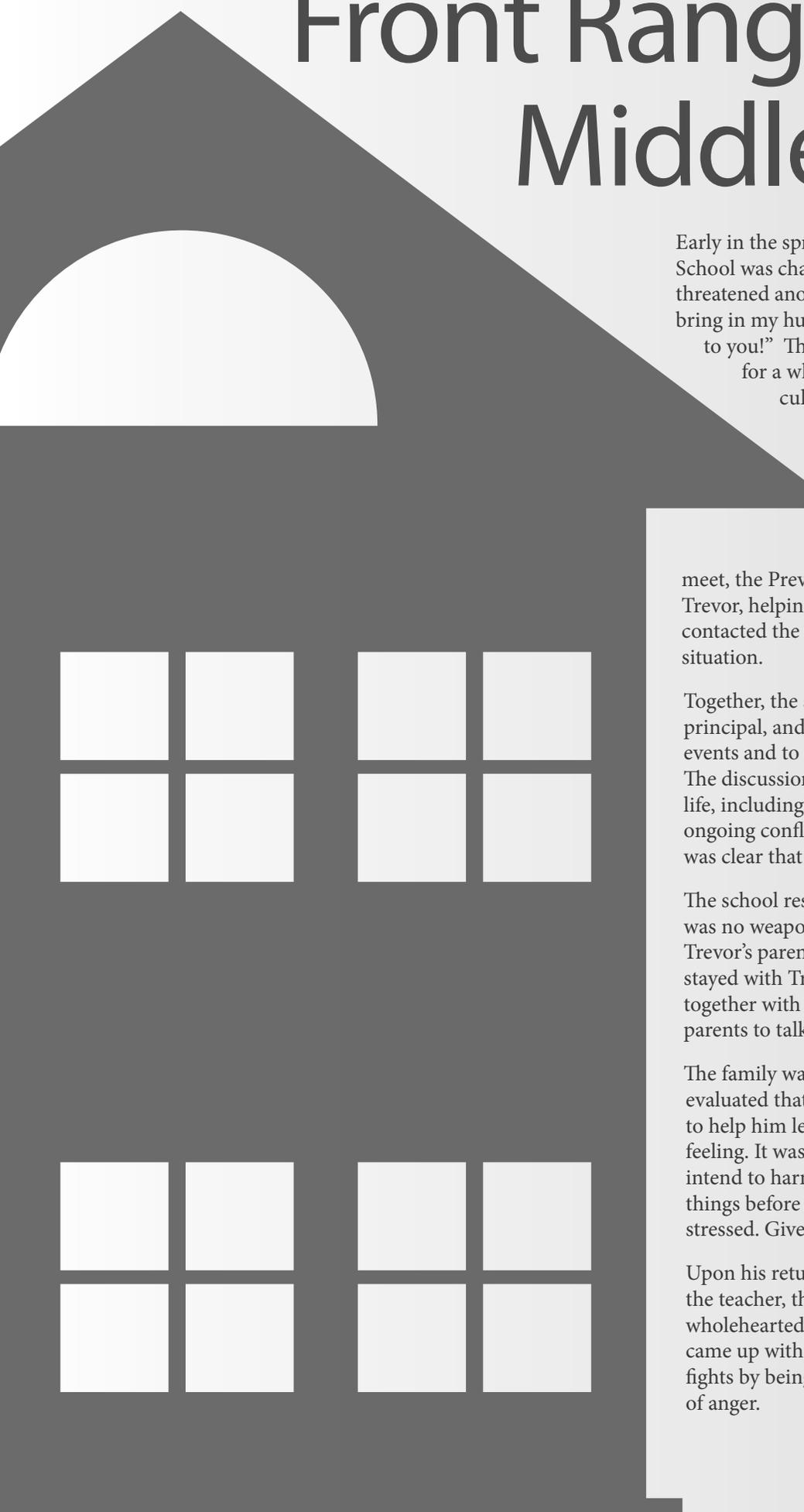
The majority of youth who received services from the program presented with Mild (35%) and Moderate (35%) categories of dysfunction, which is consistent with a public school-based program. (Students whose behavior falls in the Severe impairment category are more likely to be seen in residential/institutional settings.) Upon post-test, the three highest dysfunctional groups (Severe, Marked, and Moderate) all decreased (from 3.2% to 0.8%, from 12.4% to 4.4%, and from 35.8% to 29.1%, respectively).

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 post-test. There was not a statistically significant difference in the magnitude of improvement experienced by males and females.

English-speaking students (80% of the sample) and students who speak another language (20%) both showed a statistically significant improvement at post-test.

Students facing alcohol/drug issues had the highest level of dysfunction at both pre-test and post-test. Students facing relationship issues had the lowest level of dysfunction at both pre-test and post-test.

Note: The full report is available at www.BoulderCountyPreventionIntervention.org, click on "OMNI Outcome Evaluation Report."

A stylized graphic of a house in dark grey. It features a large white semi-circle on the left side of the roof, representing a window or a decorative element. Below the roofline, there are two sets of four square windows arranged in a 2x2 grid, one set above the other. The house graphic is positioned on the left side of the page, partially overlapping the title and the first paragraph of text.

Front Range Middle School

Early in the spring semester, “Front Range” Middle School was challenged when a 7th grader - Trevor - threatened another student, saying “Watch out, or I’ll bring in my hunting gun and make something happen to you!” The two students had been having conflict for a while, and the incident appeared to be the culmination of several weeks of arguments.

Fortunately, a teacher overheard the threat and immediately called the office, who sent the campus supervisor to escort Trevor to the principal’s office. While administrators were gathering to meet, the Prevention/Interventionist (P/I) sat with Trevor, helping him to calm down. The principal contacted the district safety officer to inform her of the situation.

Together, the school resource officer, school counselor, principal, and P/I met with Trevor to discuss the events and to assess the threat of his comment. The discussion uncovered stressors in Trevor’s life, including the sudden death of his dog and the ongoing conflict with the student he had threatened. It was clear that Trevor had been holding in a lot.

The school resource officer determined that there was no weapon at school, and the principal contacted Trevor’s parents. The Prevention/Interventionist stayed with Trevor until his parents arrived, and then together with the school counselor, met with Trevor’s parents to talk about next steps.

The family was connected with a local hospital to be evaluated that afternoon and to arrange for therapy to help him learn to cope with the stress he had been feeling. It was determined that Trevor did not really intend to harm the other student. He often says things before thinking, especially when he’s angry or stressed. Given this, Trevor was suspended.

Upon his return, Trevor and his parents met with the teacher, the P/I, and the principal. Trevor wholeheartedly took responsibility for his actions and came up with realistic steps to help him prevent future fights by being careful about what he says in the heat of anger.

Trevor also talked about feeling more supported in his life than perhaps he had ever felt before, and that gave him hope. Although the incident had been stressful for him and got him into trouble, dealing with it made him feel freer and more whole.

Trevor continues to check in with the P/I regularly, as well as meet weekly with an individual therapist in the community. His teacher and his parents have noticed a big difference in how he deals with his anger, as well as his overall behavior in class. 🌀

Of the 756 students who presented with dysfunction in the Behavior Toward Others domain, 34.2% improved their level of functioning after having met with a Prevention/Interventionist.

~ 2011 CAFAS data

The Columbine tragedy has made us all acutely aware that no matter how safe we may feel, there may be a possibility of a student bringing a weapon to school. It is critical that schools have a mechanism and collaborative process in place to assess and respond to safety situations quickly and effectively.

According to 2009 Youth Risk Behavior Survey (YRBS) results, 25.1% of Boulder Valley School District (BVSD) middle school students (42.2% of males and 18.2% of females) have ever carried a weapon, such as a gun, knife, or club.

Prevention/Interventionists meet with students to mediate concerns they might have with another student. They offer a safe place to “clear the air,” discuss problems, and develop solutions. The P/I also works with the school community by participating in:

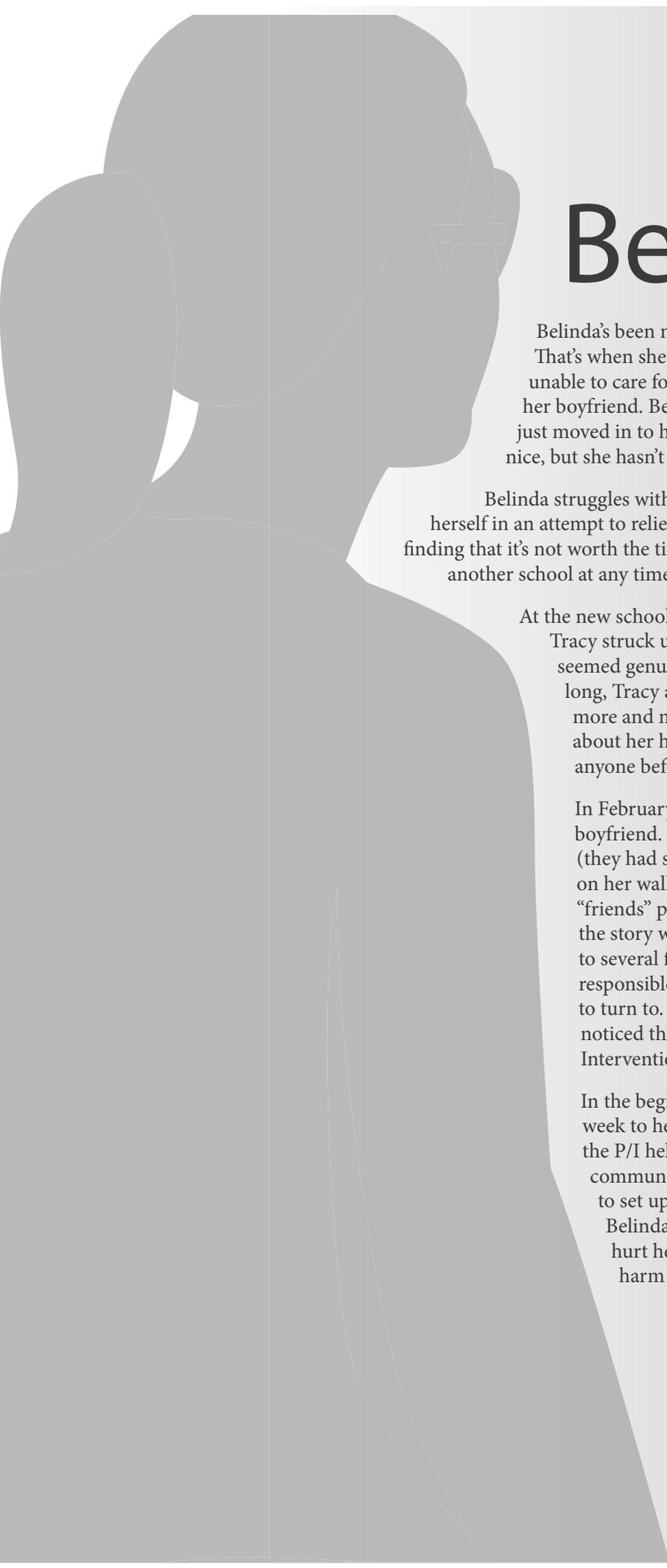
- Response to Intervention (RtI) meetings or problem-solving teams to evaluate students who are deemed high risk.
- School crisis response teams to plan and prepare for safety incidents that could occur in a school setting.

In addition, Prevention/Interventionists work to create a safer school environment by creating opportunities for training and prevention, including:

- Attending the University of Colorado at Boulder Safe Schools Conference with students. The conference provided information about school safety research, violence prevention planning, and evidenced-based programming.
- Leading anger management groups for students referred by administration due to discipline issues. The groups teach students to be aware of their anger triggers, and skills for managing anger more effectively.

*You are so meant to be here! It feels incredibly right, and what you give to kids and our school is such **a blessing**. You are a strength to me.*

~ principal



Belinda

Belinda's been moving from home to home since she was eight. That's when she separated from her mentally ill mother, who was unable to care for her, and often left her neglected and abused by her boyfriend. Belinda is now in 8th grade in a new school, and has just moved in to her third foster home. The new foster family seems nice, but she hasn't known them long.

Belinda struggles with depression and anxiety - sometimes cutting herself in an attempt to relieve the pain. She's been scared to trust others, finding that it's not worth the time to make friends since she could move to another school at any time.

At the new school, Belinda managed to meet a nice girl, Tracy. Tracy struck up a conversation one day in Spanish class and seemed genuinely interested in getting to know Belinda. Before long, Tracy and Belinda became inseparable. As they spent more and more time together, Belinda confided in Tracy about her history; something she had never shared with anyone before.

In February, Tracy accused Belinda of trying to steal her new boyfriend. Tracy logged in to Belinda's Facebook account (they had shared passwords) and recounted Belinda's history on her wall, as if Belinda was telling it. Belinda's Facebook "friends" posted mean and belittling comments and shared the story with their network of friends. Tracy bragged to several friends, and the news was out that Tracy was responsible. Belinda was devastated. She felt she had no one to turn to. She started cutting again. Fortunately, a teacher noticed the cuts on Belinda's arms and asked the Prevention/Interventionist (P/I) to meet with Belinda.

In the beginning, Belinda met with the P/I several times a week to help her build trust and feel safe. At the same time, the P/I helped Belinda's foster mom find a therapist in the community and worked with the principal and school staff to set up a restorative justice circle (RJC). The RJC gave Belinda the opportunity to tell Tracy how much she had hurt her, while allowing Tracy to begin repairing the harm that she had caused.

As Belinda became more connected to the P/I, she began to confide in and trust her foster mom. She stopped cutting - able to replace it with more healthy ways of dealing with her emotions. Encouraged by the P/I, Belinda joined a girls' support group where she developed new friendships and a sense of trust. The P/I also helped Belinda get a scholarship for a 6-week program with the Wilderness Institute over the summer to help build her confidence, self-sufficiency, and personal strength. ☺

Cyber-bullying continues to be a major struggle in today's society. In the school setting, 2009 YRBS results indicate that 45.4% of BVSD 8th graders were bullied at school; 50.8% of those students were girls.

Of the 759 students who presented with dysfunction in the Self-Harmful Behavior domain, 51% decreased their level of self-harm after working with a Prevention/Interventionist. Of the 778 students who presented with dysfunction in the Moods/Emotions domain, 30.4% improved their level of functioning after working with a Prevention/Interventionist.

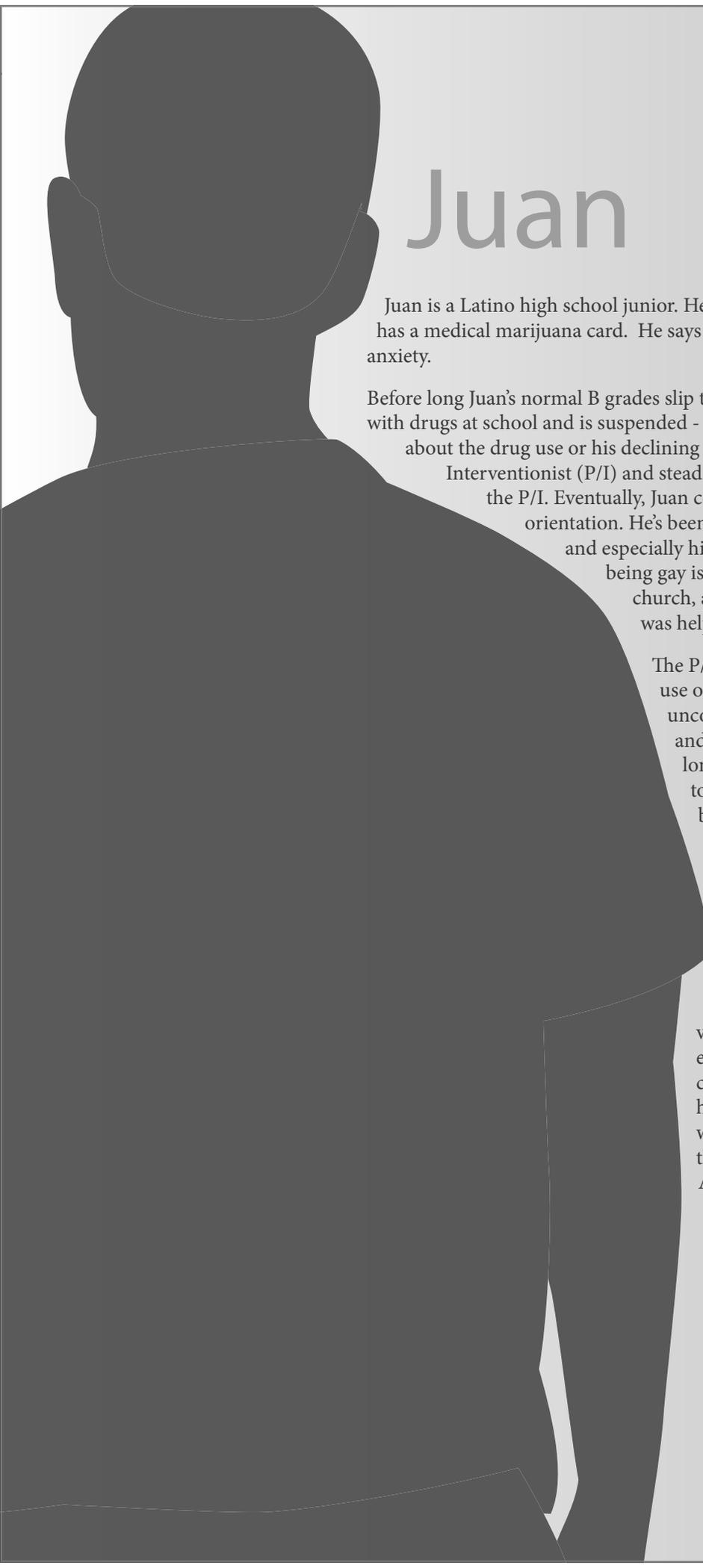
~ 2011 CAFAS data

As forms of communication continue to change and develop, so too do forms of bullying. While supporting individual students like Belinda, the P/I also works to create a healthy and safe school climate by providing opportunities and activities like:

- Presentations about internet safety (Cybersafety) and sexting to high school and middle school students.
- Showing of the film *Bullied: A Student, A School and A Case that Made History* to discuss school climate and expectations.
- National MIX-IT-UP Day to encourage students to identify, question, and cross social boundaries by moving out of their comfort zones and connecting with someone new over lunch.
- Anti-bullying/harassment trainings to create healthy school climates for faculty.
- National Bullying Prevention Week training for students, using "Bystander Power Tools" when confronted with a bullying incident:
 1. Don't enjoy the show or give attention to the bully
 2. Show you care for those who are targeted
 3. Help targets get adult support and a safety plan

I can breath easier now, physically and emotionally. Thank you for being with me and helping through these scary things.

~student



Juan

Juan is a Latino high school junior. He's been scoring weed from a college buddy who has a medical marijuana card. He says the weed helps him relax – takes the edge off his anxiety.

Before long Juan's normal B grades slip to Cs and Ds. In November, Juan is found with drugs at school and is suspended - a wake-up call to his parents, who had no idea about the drug use or his declining grades. Juan is referred to the Prevention/Interventionist (P/I) and steadily, through individual meetings, begins to trust the P/I. Eventually, Juan confides in him that he is questioning his sexual orientation. He's been afraid to tell anyone for fear of how his friends, and especially his family, might react. Juan's parents believe that being gay is a sin; he is worried that he will be rejected by his church, and maybe even his family. He admits that using was helping him to control the anxiety about his "secret."

The P/I helped Juan understand the effects of substance use on the adolescent brain. Ongoing discussions uncovered Juan's ambivalence about his drug use and his fears about what it was doing to him in the long-term. The P/I connected Juan and his parents to a community program that supports teens becoming sober, as well as an individual therapist. The P/I also connected Juan with an openly gay pastor in the community to help him see that he can honor who he is, while still having a loving relationship with God. Juan began to sleep better, his anxiety decreased, and he reduced his substance use.

Today, both Juan and his parents report feeling very positive about Juan's ability to manage his emotions and stress in healthier ways. Juan hasn't come out yet regarding his sexual orientation, but he's working with the P/I to figure out how and when the right time might be for him. He is also thinking about joining the GSA (Gay/Straight Alliance) at his school. 🌀

Of the 758 students who presented with dysfunction in the Substance Abuse domain, 29.8% decreased their level of substance use after having met with a Prevention/Interventionist.

~ 2011 CAFAS data

Adolescent substance use/abuse isn't a new concern. However, what is relatively new is the inception of medical marijuana into our community, and the influence it has had on access, as well as perceived harm.

- According to the 2009 YRBS, 41.0% Boulder County high school students have ever tried marijuana, (49.4% for lesbian, gay, bisexual, questioning [LGBQ] youth) while 24.2% overall (31.9% for LGBQ youth) used 1 or more times during the 30 days preceding the survey.
- Only 56.2% of Boulder County high school students said that smoking marijuana regularly poses moderate to great risk (53.2% Hispanic, and 44% LGBQ).

Most pronounced in the 2009 YRBS results is the fact that a student's sexual orientation creates significant health concerns and disparities when compared with heterosexual students. High school students who identify as being lesbian, gay, bisexual, or transgender (LGBT) are at much higher risk for nearly all types of risk behaviors, including violence, sexual health, substance use, and mental health.

As the medical marijuana industry grows and the community debate continues, our youth are listening, hearing many sides of the marijuana use conversation. The P/I helps youth understand the facts about drug and alcohol use at both the individual and school-wide level by providing opportunities and activities like:

- Red Ribbon Week presentations that discuss substance abuse and addiction awareness and prevention.
- Presentations to middle and high school parents about adolescent substance use, including why kids use, delaying first use, adolescent brain development, and how to have conversations with your children about drugs and alcohol.
- Circles and groups including mate philosophy circles; the "Sober Student Meet-Up" lunch group; and a substance abuse and addiction group, where students learn the differences between use and abuse, do a personal assessment on their own use, and learn how to help a friend struggling with addiction.
- Co-facilitating a Gay-Straight Alliance (GSA) club with a faculty member to offer support, advocacy, and education to LGBT students and their allies.
- Participation in the National Day of Silence, when hundreds of thousands of students nationwide took a vow of silence to bring attention to the anti-LGBT name-calling, bullying, and harassment in schools.
- Diversity panels in which students present their stories of diversity or adversity to their peers.
- Presentations by OASOS (Open and Affirming Sexual Orientation and gender identity Support) to both faculty and students about LGBT youth, and the related issues that impact that community.

*At first I didn't trust you, but you kept wanting to meet with me. You got me to **open up** and build a trusting relationship with you.*

~ student

The image features two stylized silhouettes in shades of gray. The larger silhouette on the left depicts a woman from the waist up, wearing a collared shirt and a jacket, with her hands in her pockets. To her right and slightly behind her is a smaller silhouette of a child, also wearing a collared shirt and a jacket. The background is a light gray gradient.

Mom

Karen is mom to Sarah, a 9th grader new to high school and new to traditional public school. Sarah spent her first nine years of school at a Montessori school, so the transition from a school of 100 students and personal relationships with teachers and staff to a school of nearly 2,000 students has been a difficult one.

Not long after school started, the Sarah that Karen knew so well, her shining star that shared everything with her, began to change. Soon Sarah was making up stories about where she was – spending time with her boyfriend alone at his house instead of going to choir rehearsal. She was spending more time alone in her room and her grades, once As and Bs, were sliding to Cs and Ds. Karen tried talking to her daughter about her concerns, but Sarah was unwilling to talk.

Like most parents of teens, Karen expected changes as Sarah began to become an adult, but this was worse than she expected. Setting boundaries wasn't working. For the first time, communication was strained. One weekend in October, Karen noticed that Sarah had cuts on her legs and the inside of her arms – she had been cutting herself. Karen was distraught.

Karen contacted the school Prevention/Interventionist (P/I) to find out how she could help Sarah. The P/I reached out to Sarah and began meeting with her regularly. She provided Karen with information about cutting and included her in a few sessions with Sarah. Within months, things improved. The P/I provided a safe, confidential place in a sea of deadlines, social pressures, and 2,000 students. The P/I had no agenda – only to be there for Sarah, to listen, and to offer support. This gave Sarah the chance to reflect on what was happening to her, and around her. Karen felt like her relationship with her daughter was improving, and the Sarah she knew so well was starting to resurface. Before the end of the year Sarah had moved to a new, smaller school, was no longer harming herself, and her grades had bounced back. 🌸

Of the 759 students who presented with dysfunction in the Self-Harmful Behavior domain, 51% decreased their level of self-harm after working with a Prevention/Interventionist. Of the 764 students who presented with dysfunction in the Home domain, 35.5% improved their level of functioning after working with a Prevention/Interventionist.

~ 2011 CAFAS data

Cutting to relieve emotional pain or deal with an overwhelming or distressing situation isn't a new phenomenon among adolescents. Unfortunately, other students often mimic the behavior in hopes of relieving emotional pain or stress. According to the 2009 YRBS, 19.4% of Boulder County high school students responding to this survey question have intentionally self-injured (such as cutting or burning) within the past 12 months. Girls are more likely than boys to demonstrate these behaviors (25.9% vs. 13.2%).

The transition from adolescence to adulthood can be a difficult time for many of our youth, and their parents. The P/I works individually with those youth and families struggling with the transition, as well as building opportunities for youth and families who haven't shown signs of struggle to learn and understand the changes happening in their lives. Such activities include:

- Hosting experiential education groups that help students share feelings and build relationships through activities like yoga, mindfulness, team building, art, movement, and creative expression.
- Hosting informal lunch gatherings called "Lunch Bunches" to provide a safe, welcoming place for students who tend to isolate during the lunch hour.
- Contributing to the school newsletter with articles about self-care, stress, and the importance of recognizing signs and symptoms of a struggling adolescent.
- Offering peer mentorship programs that pair older students with younger students to help them become familiar with high school by showing them around, talking to them about their worries, and answering questions.
- Facilitating girls' empowerment groups that focus on building self-esteem, improving coping strategies, and building a support system.

*Your communication and **insight** have more than allowed me to be responsive and involved.*

~ parent

Revenue/Expenses School Year 2010-2011

REVENUE

General		
Boulder County Public Health (County)		\$183,270
Boulder Valley School District		228,955
City of Boulder Contribution, General Fund		122,925
City of Boulder Contribution, Human Services Fund		120,761
City of Boulder General Fund-one-time		42,374
City of Longmont Children and Youth Resources - Allocation to County		90,378
Gilpin County - Allocation to County (used in Nederland)		4,488
St. Vrain Valley School District - Allocation to County		270,448
	Subtotal Revenue	1,063,599

In-Kind

City of Boulder In-Kind (SBS Manager, SBS Admin Support)		38,415
BCPH In-Kind (1.0 Program Manager, .17 FTE Admin Support, .5 FTE Coordinator Assistant, Clinical Sup., Operating)		158,244
Mental Health Partners (MHP) In-Kind		234,895
	Subtotal In-Kind	431,554
	TOTAL REVENUE	1,495,153

EXPENSES

Personnel – Direct Services (Salaries and Benefits)		
Boulder County Public Health Direct Services Staff		626,097
(Includes direct professional contract services paid by BCPH to MHP and the Town of Lyons)		
City of Boulder Direct Service Staff		331,549
	Total Direct Service Personnel	957,646

In-Kind Personnel

Program Administration, Clinical Supervision, Admin Support		
Boulder County Public Health (BCPH)		
Program Manager (1.0 FTE, 100% county-funded)		
Admin Support (.17 FTE, 100% county-funded)		
Coordinator Assistant (.5 FTE, 100% funded via BCPH per capita)		
Clinical Supervision (.266 of 30 hrs per week)		142,217 Sum total
Operating Expenses		16,027

City of Boulder

School-Based Services Manager (.1333 FTE, 100% city-funded)		
SBS Administrative Support (.5 FTE 100%, city-funded)		
Clinical Supervision (.75 FTE)		76,128 Sum total
Operating Expenses		23,957

Mental Health Partners

Clinical, and All Non-Reimbursed P/I Expenses		234,895
	Subtotal In-Kind Personnel	493,224

Indirect

BCPH @ 10%		44,283
	Total Indirect Services	44,283
	TOTAL EXPENSES	\$1,495,153

Please note: All schools also provide Prevention/Intervention staff with in-kind office space, computers, phone, and office supplies. Boulder County Public Health provides evaluation for City of Boulder schools, and City of Boulder hosts database.

The Boulder County Prevention and Intervention Program was founded in 1987 to provide school-based prevention and intervention services focused on strengthening students' skills and abilities to deal with problems, issues, and temptations, as well as to make decisions in a healthy/productive way. The program is managed and supported through a partnership with school districts and county, municipal, and non-profit agencies.

The Prevention/Interventionist

Prevention/Interventionists are master's-level emotional health professionals. They are subject to ethical and legal statutes and practice guidelines outlined by their professional bodies and state and federal law. Prevention/Interventionists work in concert with the school community, including school counseling staff. In general, they can provide more time to work in-depth with students and families than school counseling staff are able to commit, given scheduling, guidance, and testing responsibilities.

Access

Student/family participation in the program is voluntary (cannot be mandated; student must agree to be seen). Services are available to all students in the school community and are provided free of charge. Our philosophy is to involve parents whenever possible. Support is not restricted to students who are struggling academically; however, support may focus on emotional health issues that, if unaddressed, could impact student academic success.

Confidentiality

As emotional health professionals, Prevention/Interventionists follow federal laws that outline confidentiality guidelines, and Health Insurance Portability and Accountability Act (HIPAA) regulations. Anyone 15 years or older is protected by this regulation and also may seek services on their own. Anyone younger than 15 must first obtain parental/guardian consent to seek services. Any information received by a Prevention/Interventionist is confidential unless the student (aged 15 or older) or a parent or legal guardian gives specific permission to disclose the information. Therefore, school personnel, including the principal, will not have information regarding a student's work with the Prevention/Interventionist unless specific permission is given. Excluded from this protection is information that discloses the intent to harm oneself or others, an incident of child abuse/neglect, or sexual assault. The program maintains strict clinical protocols that Prevention/Intervention Program staff is required to follow regarding student/school safety concerns.

After every meeting I felt better and I was helped.

~ student



BOULDER COUNTY PREVENTION & INTERVENTION PROGRAM

A COMMUNITY PARTNERSHIP SUPPORTING YOUTH, FAMILIES, AND SCHOOLS.

BOULDER COUNTY PUBLIC HEALTH • BOULDER VALLEY SCHOOL DISTRICT • CITY OF BOULDER CHILDREN, YOUTH
AND FAMILY SERVICES • CITY OF LONGMONT, CHILDREN AND YOUTH RESOURCES • MENTAL HEALTH PARTNERS •
ST. VRAIN VALLEY SCHOOL DISTRICT • TOWN OF LYONS

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