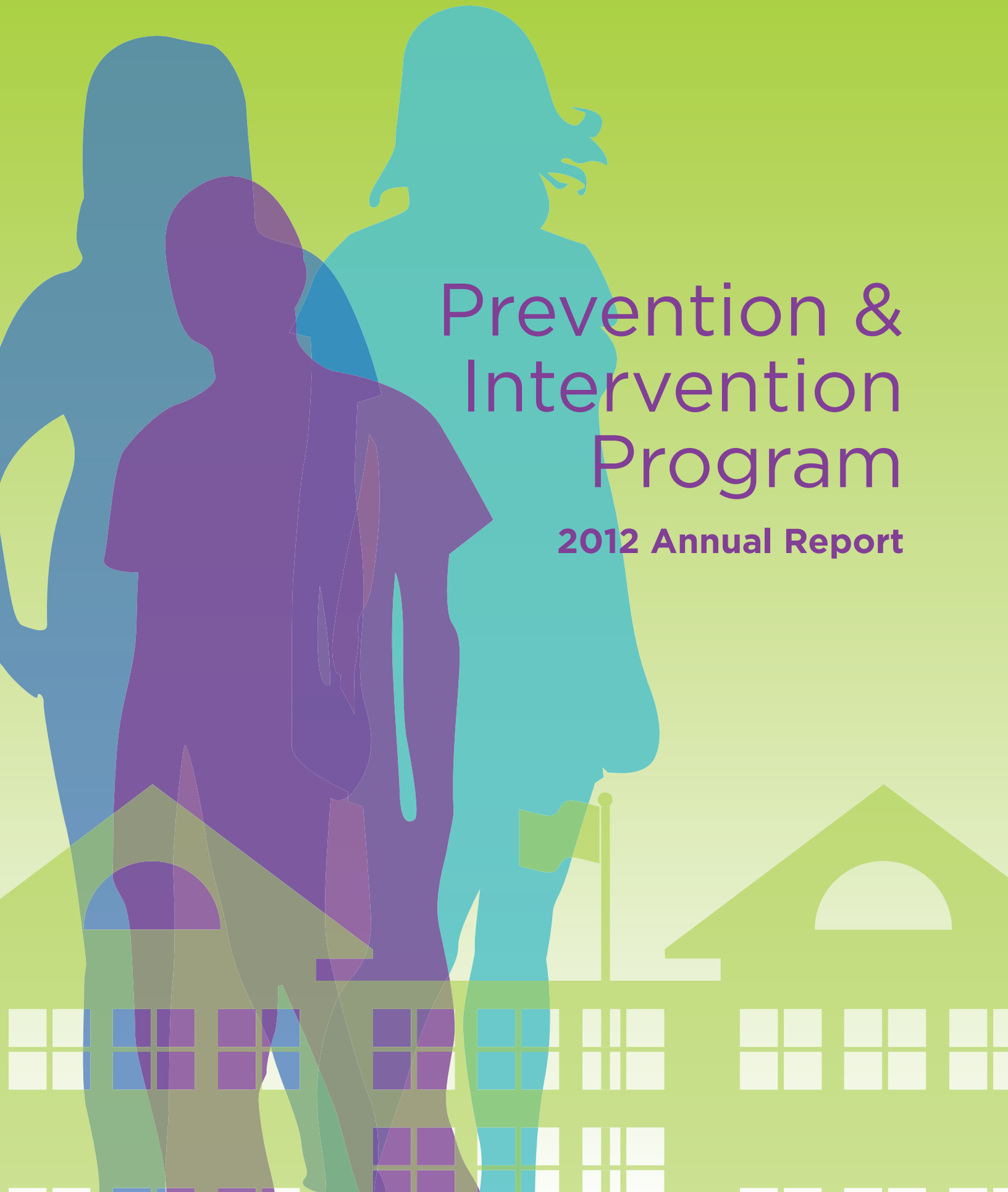


Prevention & Intervention Program

2012 Annual Report

You've taught me to *forgive myself* and always be *confident*, and for that, I'll be forever grateful.

~ student

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 policies, 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

OMNI Outcome Evaluation Executive Summary

During the 2011-2012 school year, CAFAS outcome data demonstrated that 92% of students served by the program improved or remained stable, particularly in areas related to self-harming behavior, moods, and emotions. Specifically 55% of students showed a statistically significant improvement in functioning, and 37% of students demonstrated stabilization in their functioning. Stabilization 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 the program's intervention.

All eight CAFAS domains showed statistically significant decreases in dysfunction. The largest absolute change was in the Moods/Emotions (-5.48) dimension. The biggest percentage change (-52%) 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, relationships, anger, and self-esteem. 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 (36%) and Moderate (29%) 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, there was a **shift to lower dysfunction categories,** with a notable increase in the None/Minimal category from 14% to 31%.

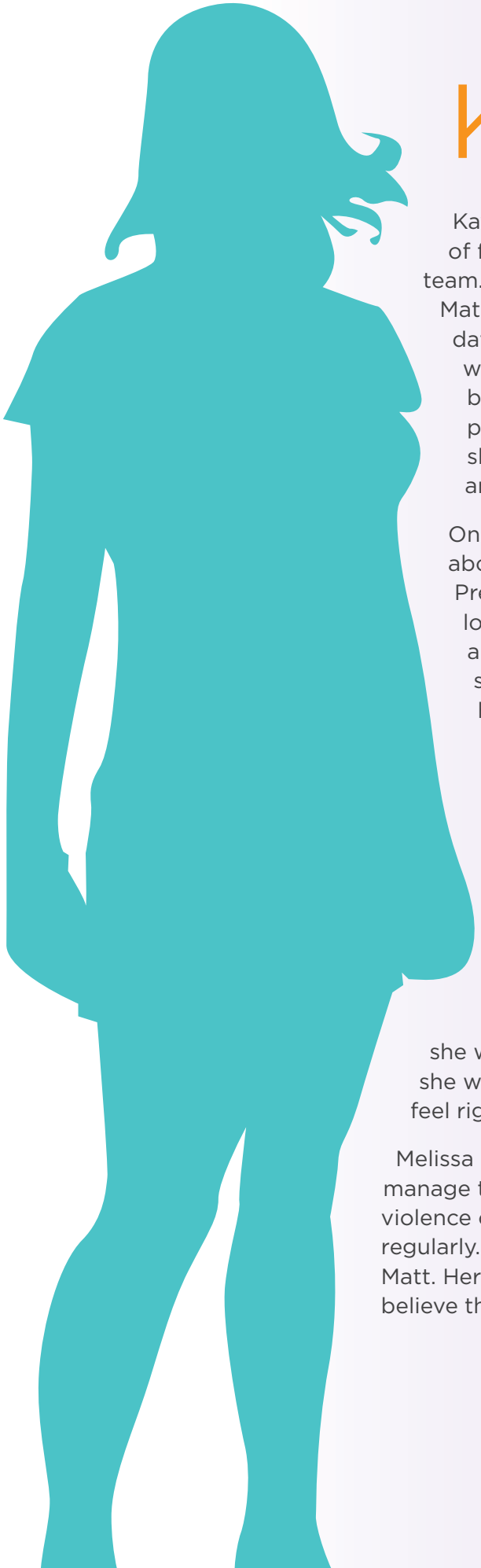
The program served more female than male students (64% compared to 35%). Males and females both showed statistically significant changes on all CAFAS dimensions; however, males showed a statistically significant higher level of dysfunction at pre-test and post-test.

Students from households with both biological parents and students from other household types had statistically equivalent levels of dysfunction at intake. Both groups experienced significant improvements; however, students from households with both biological parents had significantly fewer encounters and their duration of service was, on average, one month shorter.

English-speaking students (86% of the sample) and students who speak another language (14%) 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; however, these students showed the largest absolute improvement.

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



Kaylee

Kaylee is a sophomore. She's doing well in school, has lots of friends, and is a star soccer player on her high school team. She's been dating Matt, a junior, for a little over a year. Matt is popular and athletic, and lots of girls would love to date him. They've had their share of fights, though they weren't much different than what Kaylee sees at home between her parents. She'd convinced herself that the problems they were having were largely her fault. Lately she's been feeling anxious; she hasn't been sleeping well, and she's having trouble concentrating in school.

One Friday afternoon, Kaylee attended a school assembly about healthy relationships, organized by the school Prevention/Interventionist, Melissa. Peer educators from a local domestic violence organization talked about what a healthy relationship looks like, as well as signs and symptoms of teen dating abuse. Kaylee was shocked to hear that a lot of what they described sounded like her relationship with Matt. He was very controlling about whom she spent time with and what she wore, and he often put her down in front of his friends. He often told her that she was unlovable and, therefore, lucky to have him. Matt had also been physically rough with her, but she hadn't recognized it as abuse because he hadn't actually hit her.

After the presentation, Kaylee approached Melissa and shared that the presentation had opened her eyes to what was happening in her relationship. In some ways she was scared to finally understand what was going on, but she was also relieved because she knew something just didn't feel right.

Melissa worked with Kaylee to develop coping skills and to manage the stress at home. She connected her with a domestic violence counselor who came to the school to meet with Kaylee regularly. With this support, Kaylee ended her relationship with Matt. Her self-esteem began to improve, and she is starting to believe that she deserves much better.

Of the 354 students who presented with dysfunction in the Moods/Emotions domain, 36.7% improved their level of functioning after having met with a Prevention/ Interventionist. -2012 CAFAS data

Even in the 21st century, domestic violence, or relationship abuse, continues to be prevalent among youth.

Failure to recognize the red flags and warning signs is especially common when the abuse is psychological or emotional, rather than physical. The power and control dynamics can make it hard for victims to come forward and seek help because they often believe it is their fault.

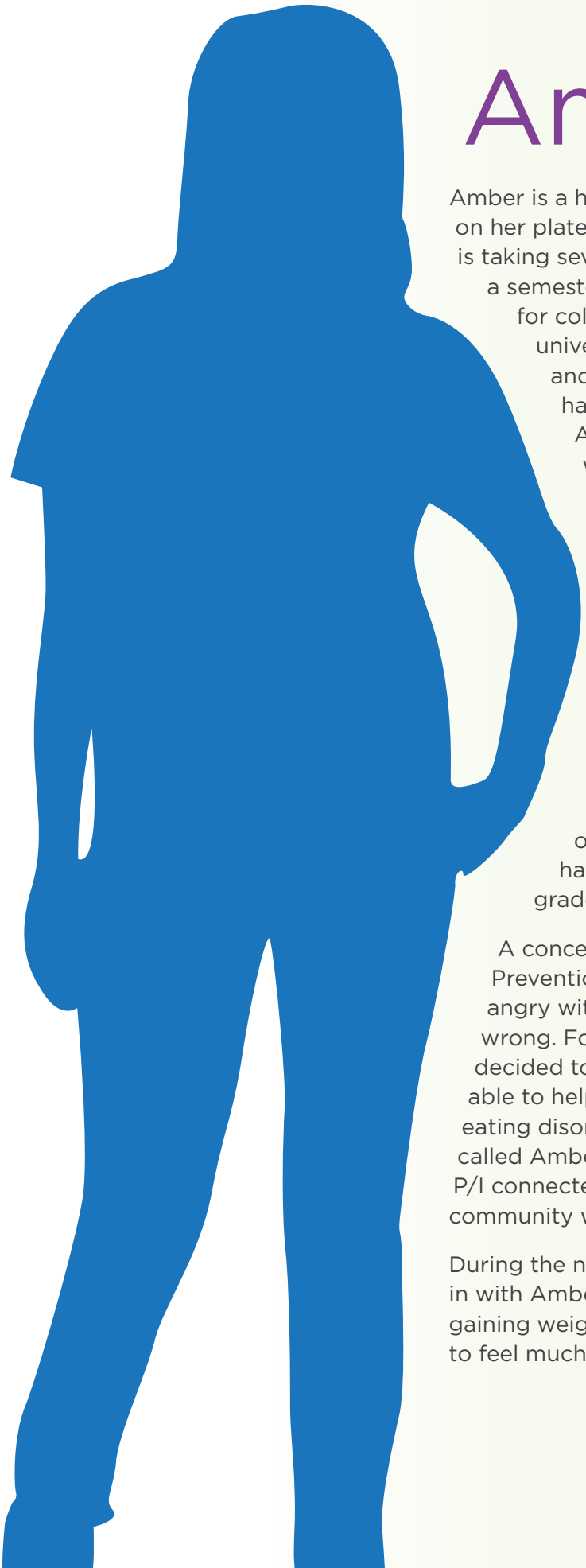
According to 2011 Youth Risk Behavior Survey (YRBS) results, 9.3% of Boulder County high school students had been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend during the 12 months prior to the survey.

I cannot even express how much you *help* me.

~ student

While supporting individual students like Kaylee, the Prevention/Interventionist also works to create a healthy and safe school climate by providing opportunities and activities like:

- Presentations by local organizations like TERA (Teens Ending Relationship Abuse) and Family Tree Gemini that teach about healthy relationships and recognizing signs and symptoms of dating violence. The P/I also collaborates with partners to bring counselors into schools to meet with domestic violence victims.
- Evidence-based empowerment groups, such as: Smart Girl, designed to engage girls in activities that develop their social-emotional skills; and Girls Circle, which helps to increase positive connection, personal and collective strengths, and competence in girls.
- Fight Like a Girl, in physical education classes; teaches self-defense techniques and shares information about healthy relationships and dating violence.
- Psychosocial educational groups about healthy relationships.
- Presentation to students (and faculty separately) about the “Why of Assertion,” including discussions about balancing one’s needs with those of others, and why we have a right to say “no.”



Amber

Amber is a high achieving high school senior with a lot on her plate. She is involved in extracurricular activities, is taking several AP classes, and is trying to graduate a semester early so she can work and save money for college. In addition to applying to several top universities, she is actively seeking scholarships and financial aid; she knows that her dad doesn't have the money to send her to a 4-year college. Amber's mom died last year after a long battle with cancer. She and her dad did some family therapy, but they were only able to afford a few sessions.

Amber has been feeling anxious and struggling with headaches, stomach aches, and insomnia. As Amber began to feel more and more stressed, she started to focus on her weight. It was so much easier to focus on how much she was eating and how much she was exercising than it was to try to control the world around her. She began to lose weight rapidly - to the point where others were starting to notice. She began to have trouble completing her school work, and her grades started to slip.

A concerned friend brought Amber to see the Prevention/Interventionist, Tracey. At first Amber was angry with her friend, and denied that anything was wrong. Fortunately, within a matter of days, Amber decided to go back and talk with Tracey who was able to help Amber understand that she may have an eating disorder, and that she needed help. Together they called Amber's dad to tell him what was going on. The P/I connected Amber and her dad to a therapist in the community who was willing to work on a sliding fee scale.

During the next few months, Tracey periodically checked in with Amber and was pleased to see that Amber was gaining weight. Amber reported that things were starting to feel much more manageable.

Of the 347 students who presented with dysfunction in the School/Work domain, 25.4% improved their level of functioning after having met with a Prevention/ Interventionist. —2012 CAFAS data

Eating disorders continue to be more common among today's youth than one might realize; they can be very serious and even life-threatening.

The pressure in today's society to be thin is leading many young people down a path that is risky and unsafe, often hidden away under a facade that everything is fine.

According to 2011 Youth Risk Behavior Survey (YRBS) results, 8.4% high school girls in Boulder County fasted for 24 hours or more to lose weight or avoid gaining weight; 4.7% of high school girls took diet pills, powder, or liquids to lose weight or avoid gaining weight.

While supporting individual students like Amber, the Prevention/Interventionist also works to create a healthy and safe school climate by providing opportunities and activities like:

- Classroom presentations by organizations like Mirror Image and Boulder Youth Body Alliance to help youth recognize the signs, symptoms, and dangers of an eating disorder, and encourage youth to seek help if they are dealing with an eating disorder.
- Parent presentations, such as "Reality Check," about body image and eating disorders.
- Facilitation of "Empowerment Days," including motivational speakers and break-out sessions and developing problem-solving skills.
- Wellness groups focusing on physical, intellectual, emotional, social, vocational, environmental, and spiritual wellness.
- Grief groups often co-facilitated with staff from organizations like Hospice Care.
- Presentations about stress management and mindfulness.

Thank you for *listening* when I was sad.

~ student

Andres

Andres is in the 7th grade and is new to his school this year. While he's made a few friends, he's struggling with a group of students who've been bullying him because he's Latino - shouting things like, "My mom needs your mom to clean our house," in the school hallway. Andres was having panic attacks and trouble sleeping and was starting to smoke marijuana to cope.

The principal sensed that something was bothering Andres and ultimately referred him to Ted, the Prevention/Interventionist, after he was caught using marijuana. At first, Andres was very reluctant to talk about what was happening. He said that his family had taught him, "not to snitch, not to cry," and definitely not to talk to a counselor - people might learn about his family's undocumented status.

Ted provided a safe, confidential space for Andres that allowed him to open up and share what he was experiencing. Together, they came up with a plan; Ted would ask the teachers on hall duty during passing periods to keep an eye out for Andres. Ted also contacted Andres' mom to get permission to keep working with Andres. Unfortunately, having had several negative experiences with "systems," she did not permit Ted to continue working with Andres, leaving Ted to try another approach to support Andres.

In addition to the school-wide programs Ted was already putting into place, he shared the latest research on bullying and bystander interventions with faculty and administration, and gave teachers specific tools about how to intervene when they saw bullying. They all worked together to ensure that each passing period was adequately covered by adult supervision.

Within a few months, faculty noted a significant difference in the atmosphere and behavior in the hallways - their interventions seemed to be paying off.

Ted often wonders how Andres is doing; whether or not he is still using marijuana, and how things are going at home. He does occasionally pass him in the hallway and they smile at each other. Ted recently heard from some teachers that Andres seems to be doing well.

Of the 342 students who presented with dysfunction in the Substance Abuse domain, 29.6% improved their level of functioning after having met with a Prevention/ Interventionist. —2012 CAFAS data

Experiencing verbal harassment and bullying in middle school has been linked to substance use, aggression, and anti-social behavior.

The long-term impacts of bullying on youth are significant, especially for students who don't have effective coping skills or positive adult support to help them manage stress.

According to 2011 Youth Risk Behavior Survey (YRBS) results, more than 2 in 5 students in surveyed BVSD middle schools (42.9%) had been bullied on school property. Among students in surveyed BVSD middle schools, 3.6% had tried marijuana before the age of 13. Overall, the prevalence of having used marijuana before the age of 13 was higher among Hispanic students (5.6%) than white, non-Hispanic students (3.1%).

While supporting individual students like Andres, the Prevention/Interventionist also works to create a safe and healthy school climate by providing opportunities and activities like:

- Facilitation of Connection Circles in classes to allow students to learn about and build connections with each other. Research suggests that people are less likely to harm someone who they know. P/Is also train faculty to facilitate Connection Circles.
- Rachel's Challenge, a program that aims to create a culture of kindness and compassion by empowering students and adults and equipping them with strategies to combat bullying and reduce feelings of isolation and despair. The program is based on the writings and life of 17-year-old Rachel Scott, the first student killed during the shooting at Columbine High School in 1999. Rachel left a legacy of reaching out to those who were different, who were picked on by others, or who were new at her school.
- Unity Week/No Place for Hate® campaigns that encourage students to get to know peers they may not normally talk to - potentially stepping out of their comfort zone - to create a more unified student body. The campaigns encourage schools to promote respect for individual and group differences while challenging prejudice and bigotry.
- Safe 2 Tell presentations to publicize the website through which students can report concerns, such as threats and bullying, anonymously to administrators.
- Latino Parent Nights, where parents receive support and information on resources to help them help their children to be academically and emotionally successful.
- School-based climate and culture committees that are designed to improve the overall climate and culture of a school community.

Sarah & Adam

Sarah and Adam adopted Trevor when he was four years old. He is now a freshman at a large high school. Throughout the years, Trevor has been both a joy and a challenge. He is very different than his introverted, more reserved parents. He's a risk taker, an extrovert, and he sometimes has trouble controlling his anger.

Life with Trevor became more challenging towards the end of middle school; he began to get into fights at school and lash out when things didn't go his way. He was hanging out with a group of kids his parents knew nothing about. Recently, he began having thoughts about suicide. Both of Trevor's parents work in the education field, and given their vast experience with youth, they were very surprised to find that they didn't know how to handle these challenges. They met with several different therapists, but while some of the sessions helped, things had not improved much.

After yet another incident at Trevor's new school, the principal suggested that Sarah and Adam talk to Rachel, the Prevention/Interventionist. The first meeting went very well, and Rachel continued to keep them in the loop on Trevor's progress. Rachel worked with Trevor to help him develop better coping skills, manage his anger, and process the impact that adoption has had on his life.

By the end of the year, Trevor was in a very different place - taking school seriously, applying for the Science, Technology, Engineering and Mathematics (STEM) program at school, and raising his GPA. “My grades really matter to me now,” he shared with Rachel.

His relationship with his parents has vastly improved. He regularly talks to them about his life, sharing both the positives and negatives, and there is significantly less conflict. Most importantly, Trevor is no longer thinking about suicide.

Of the 337 students who presented with dysfunction in the Self-Harmful Behavior domain, 52.3% improved their level of functioning after having met with a Prevention/ Interventionist.

Of the 342 students who presented with dysfunction in the Behavior Toward Others domain, 39% improved their level of functioning after having met with a Prevention/ Interventionist. —2012 CAFAS data

Suicide continues to be an ongoing concern, but young people at risk can and do get better with help from a trusted adult.

While supporting individual students and parents like Trevor, Sarah, and Adam, the Prevention/Interventionist works to create a healthy and safe school climate by providing opportunities and activities like:

- Classroom presentations about suicide prevention, including providing mental health resources and encouraging students to seek help and intervene on a friend’s behalf, if needed.
- Joining a HOPE coalition panel to present information to parents about suicide awareness and prevention.
- Classroom presentations about anger management, including coping skills, visualization, and stress reduction.
- Groups about relational aggression, covering topics such as groups and cliques, how to handle conflict, use of “I” statements, and activities to build empathy.
- Restorative Justice practices, which bring together all impacted parties, encourage offender accountability, and provide the opportunity to repair the harm that was done.

Without your *open heart* and shoulder to lean on, we would be lost. Thanks so much for always, ALWAYS being there.

~ parents

Revenue/Expenses School Year 2011-2012

REVENUE

General

Boulder County Public Health (County)	$202,954
Boulder Valley School District	234,651
City of Boulder Contribution, General Fund	122,925
City of Boulder Contribution, Human Services Fund	120,761
City of Longmont Children and Youth Resources - Allocation to County	92,623
Gilpin County - Allocation to County (used in Nederland)	7,063
St. Vrain Valley School District - Allocation to County	247,922
Subtotal Revenue	$1,028,899

In-Kind

City of Boulder In-Kind (SBS Manager, SBS Admin. Support)	$71,724
BCPH In-Kind (1.0 Program Manager, .17 FTE Admin. Support, .5 FTE Coordinator Assistant, Clinical Supervision, Operating)	173,391
Mental Health Partners (MHP) In-Kind	416,415
Subtotal In-Kind	$661,530
TOTAL REVENUE	$1,690,429

EXPENSES

Personnel – Direct Services (Salaries and Benefits)

Boulder County Public Health Direct Services Staff	$630,772
(Includes direct professional contract services paid by BCPH to MHP and the Town of Lyons)	
City of Boulder Direct Service Staff	279,112
Total Direct Service Personnel	$909,884

In-Kind Personnel & Operating

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)	$130,961 Sum total
Clinical Supervision	24,867
Operating Expenses	17,563
City of Boulder	
School-Based Services Manager (.1333 FTE, 100% city-funded)	$23,603
SBS Administrative Support (.5 FTE 100%, city-funded)	12,482
Clinical Supervision	23,583
Operating/Overhead Expenses	88,289
Mental Health Partners	
Clinical and All Non-Reimbursed P/I Expenses	416,415
Subtotal In-Kind Personnel	$737,763

Indirect

BCPH @ 10%	$42,782
Total Indirect Services	$42,782
TOTAL EXPENSES	$1,690,429

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 the City of Boulder hosts the 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.

You *inspired* me to be the kid I want to be.

~ 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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www.BoulderCountyPreventionIntervention.org
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