

Prevention & Intervention Program

2013 Annual Report





You really helped me last month when you came to my health class and talked to us. I was really depressed and unsure about who to turn to. I didn't have time to come see you but you told us we could always have an outlet with you. Just knowing that *someone is there to listen* is a blessing that helped me through.

—student

Prevention and Intervention Program: A Proven Program

After ten 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 Institute, 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

Thank you for always seeing the good parts of my son and for *believing in him*. That means so much to me.

—parent

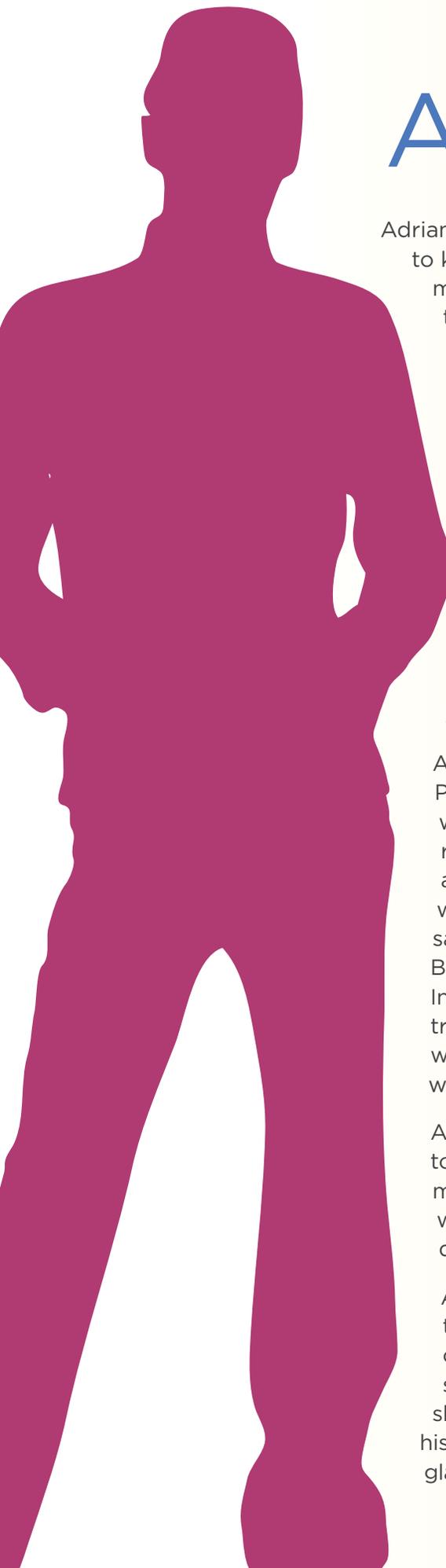
OMNI Outcome Evaluation

Executive Summary

Intervention data showed that the program demonstrated that overall, 93% of youth pre- and post-CAFAS assessments indicated no increase in level of dysfunction. Specifically, 43.7% of students showed a statistically significant improvement in functioning, and 49.3% of students demonstrated stabilization in their functioning. Stabilization is noteworthy because, given the multiple challenges that these students face, levels of dysfunction may have continued to increase without intervention.

Highlights

- In the aggregate, seven of the eight CAFAS domains showed statistically significant decreases, with the largest absolute changes being shown for the Moods/Emotions (-4.80). The biggest percentage change (-51%) occurred on the Self-Harmful Behavior dimension. The mean of the total CAFAS score also showed a statistically significant improvement, decreasing 31% from pre-test to post-test. These findings are promising and can be helpful for guiding program strategic planning, staff development, and service provision.
 - The preponderance of presenting problems fell into three categories: school issues, family problems, and stress. Also prevalent were issues with depression, relationships, anxiety, self-esteem, and anger.
 - The service population is comprised primarily of youth in the Mild (34%) and Moderate (29%) categories of dysfunction. At posttest, there was a shift to the lower dysfunction categories, with a notable increase in the None/Minimal category (from 16% to 32%).
 - English-speaking students (88% of the sample) had a lower level of dysfunction at pretest than their non-English-speaking peers; however, they experienced a larger improvement, and by posttest the group means were statistically equivalent.
 - The CAFAS was administered to more female than male students (71% compared to 29%). Males and females both showed statistically significant changes on all CAFAS dimensions. However, males showed a statistically significant higher level of dysfunction at pretest and this difference persisted at posttest.
 - Students facing anger issues had the highest level of dysfunction at both pretest and posttest. Students facing self-esteem and relationship problems had the lowest levels of dysfunction at both pretest and posttest.
 - 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 stress. The most frequently co-occurring issues were family problems and school failure.
- All of these findings are promising and helpful in guiding strategic planning and improvement, staff development efforts, and future service focus.



Adrian

Adrian is a senior hoping to graduate this year, but he's struggling to keep up with school work. Ever since his mother's boyfriend moved in, things had been rough at home. The boyfriend drank too much, was often verbally abusive, and threatened Adrian when he tried to defend his mom. There was a steady stream of people coming and going from the home; Adrian figured the boyfriend was probably dealing drugs. Adrian stayed away as much as he could, either coming home really late or crashing at a friend's house.

Adrian knew he was starting to lose it at school; he was worried about his mom and was usually too busy trying to figure out where he was going to spend the night or get his next meal to think about school. Just in the last week he argued with a teacher and then got caught swearing and kicking a locker after he found out he was failing a class. So, he wasn't surprised when he was called to meet with the school's Prevention/Interventionist.

Adrian was reluctant to talk about his problems with Mike, the Prevention/Interventionist; he figured he should be able to deal with things on his own. Mike understood and invited Adrian to return any time he needed to talk. After a particularly bad night at home, Adrian dropped by Mike's office and opened up about what was going on at home. Realizing that Adrian needed a safe and stable place to live, Mike found him a place at the Inn Between, a transitional housing program. Mike worked with the Inn Between case manager to get other support for Adrian, like transportation to school and school lunches. Mike also worked with Adrian's teachers to develop a plan to help Adrian catch up with school work.

Although feeling better, Adrian felt guilty for not being at home to protect his mother. At Mike's suggestion, Adrian invited his mother to meet with them at school. Together, they explained why Adrian had left home and gave her information about domestic violence and where to get help.

Adrian stopped by to see Mike at the end of the school year to thank him for his help. Moving out of the home had relieved much of his stress; he was able to catch up with school work and was set to graduate on time. He was working part-time and learning skills through the housing program that would help him to live on his own. Although his mom was still with her boyfriend, Adrian was glad he was at least staying in touch with her.





Of the 349 students who presented with dysfunction in the Behavior Toward Others domain, 30% improved their level of functioning after working with a Prevention/Interventionist. - 2013 CAFAS Data

Children may face stressors both at school and at home.

Their exposure to issues such as domestic violence, substance abuse, or other events that cause them to feel unsafe may impact their emotional level of functioning and their ability to succeed in school. Unfortunately, children often do not seek help. According to the 2011 Boulder County Youth Risk Behavior Survey (YRBS), only 49.5% of high school students reported that they sought help when feeling sad or hopeless.

Research has also shown that lack of sleep and proper nutrition can lead to poor concentration, problems with judgment, lower academic performance, and emotional problems such as depression or anxiety. Among students in surveyed Boulder County high schools, only 40.6% had eaten breakfast every day during the 7 days prior to the survey and only 42.1% reported getting 8 or more hours of sleep on an average school night.

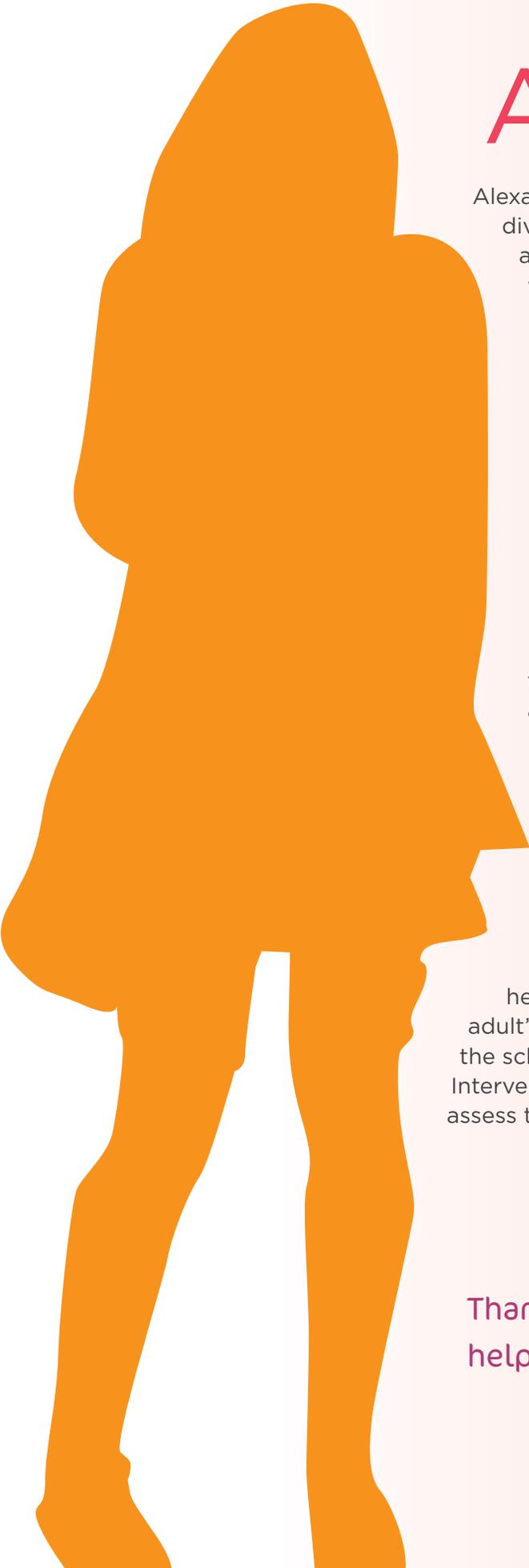


Before I met you, I was on the verge of giving up, not wanting to live and the few talks we've had have *impacted my life* in the most amazing way.

—student

While supporting students like Adrian, the Prevention/Interventionists also work to create a safe and healthy school environment by providing opportunities and activities, such as:

- Classroom presentations that teach skills to reduce anxiety, manage stress, and improve communication with parents.
- Psychosocial educational groups focusing on stress and anger management, including teaching relaxation techniques and other forms of coping skills.
- Coordinating presentations from agencies like local women's shelters and TERA (Teens Ending Relationship Abuse) to share information about domestic violence, healthy relationships, and available resources.
- Facilitating support groups for students facing transitions or significant changes in their family, such as divorce.
- Providing referrals to support groups outside of school for students living with adults who are abusing alcohol and/or other substances.



Alexa

Alexa is a 7th grader in a new school this year. Her parents' divorce was finalized this summer after what seemed like ages of conflict at home. Selling the house and moving was probably the toughest on Alexa since it meant leaving her close friends behind.

Fortunately, Alexa quickly met Sarah at her new school and the two really hit it off. It all seemed to be going well until Sarah found Alexa crying in the school bathroom one day. Alexa denied that there was anything wrong, but Sarah noticed cuts on the inside of her arms. That night, Sarah was shocked to see Alexa's Facebook post saying she hoped people would remember the good things about her when she was gone.

Sarah had recently attended a suicide prevention training at school called "Sources of Strength" (SOS) and had been nominated to be a peer leader for the program. The training taught her about the importance of going to an adult for help when a friend is in trouble - something she never would have been comfortable with before, especially if a friend asked her not to.

Because of the training, Sarah realized that Alexa could be in trouble and how dangerous it could be if she didn't tell someone. Sarah sought out her art teacher, whom she identified as her 'trusted adult' during the training and together they contacted the school's Prevention/Interventionist. The Prevention/Interventionist immediately met with Alexa and began to assess the situation and put steps in place to keep Alexa safe.

Thank you for everything, you have been so helpful! Now I feel *hopeful*.

—student



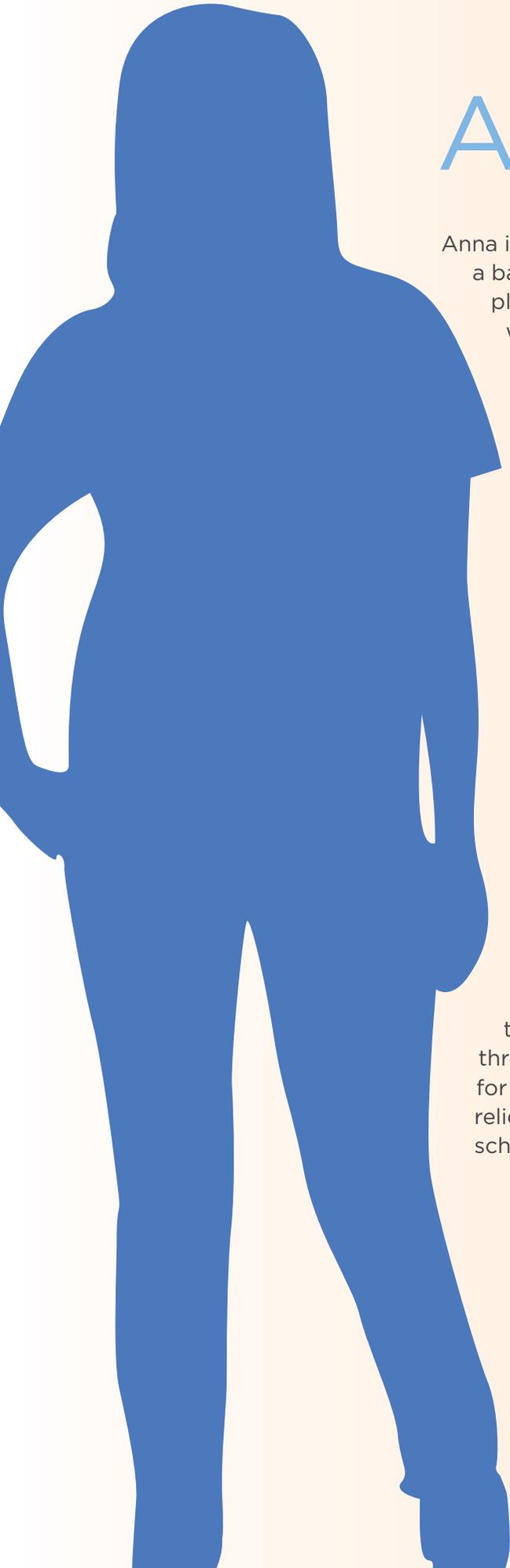
Of the 339 students who presented with dysfunction in the Self-Harmful Behavior domain, 51% improved their level of functioning after meeting with a Prevention/Interventionist. - 2013 CAFAS Data

According to the 2011 YRBS, more than 1 in 5 students in surveyed Boulder County high schools (20.8%) had intentionally self-injured themselves without wanting to die.

According to the 2011 YRBS, more than 1 in 5 students in surveyed Boulder County high schools (20.8%) had intentionally self-injured themselves, such as cutting or burning, without wanting to die in the 12 months prior to the survey. Nearly 1 in 7 students (14.1%) had seriously considered suicide at least once during the 12 months prior to the survey, and 6.7% of the students had actually attempted suicide at least once in the 12 months prior to the survey. Among students in surveyed Boulder Valley School District (BVSD) middle schools, 12.9% had seriously thought about killing themselves and 3% reported they had attempted suicide.

While supporting students like Alexa, Prevention/Interventionists work to strengthen the school community and raise awareness about suicide by providing opportunities and activities, including:

- Implementing the nationally recognized evidence-based Sources of Strength (SOS) program to increase the likelihood that youth will seek help from each other and trusted adults in times of hopelessness and develop supports and strengths within their own lives. The program uses teams of peer leaders mentored by adult supervisors to change peer social norms about help-seeking and encourages students to individually assess and develop strengths in their lives.
- Participating in Yellow Ribbon (suicide awareness and prevention) week by leading classroom discussions about depression, suicide prevention, and available resources.
- Implementing an awareness day and resource fair to help students become aware of how they may be using unhealthy behaviors to cope with overpowering emotions, and once aware, to be able to access community resources.
- Coordinating a Voices Out of Silence event in which youth who had attempted suicide, as well as a parent who lost a child to suicide, shared messages of hope. The event included a student panel discussion about how to recognize signs of depression and suicidal ideation and where to seek help.
- Classroom presentations about depression, self-care, signs of suicidal ideation, and coping skills, including the use of the video "More Than Sad" to facilitate discussion.
- Coordinating a student-led presentation about bullying and its connection to suicide. Class bonding activities were also organized to strengthen student connections.
- Coordinating presentations for staff to learn more and develop skills to recognize and assist students with self-harming behaviors.



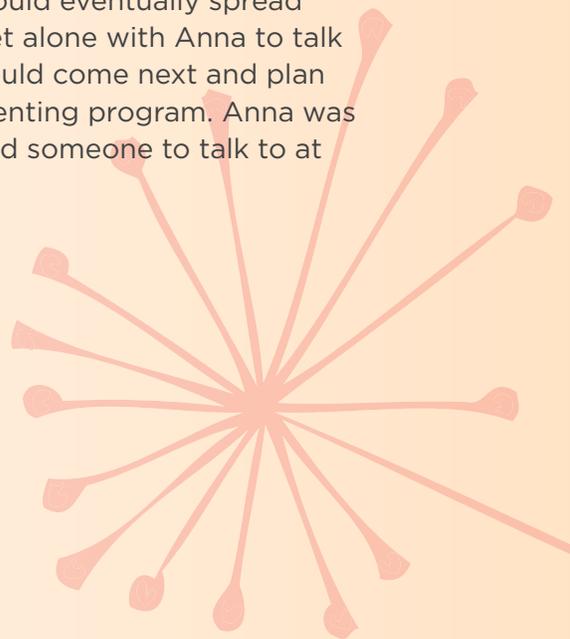
Anna

Anna is a 17-year-old high school junior...and pregnant. Having a baby in high school definitely had not been part of her plans. She once had hopes of going to college, but now she wasn't sure she'd make it through high school. She knew her life was going to change drastically - she worried how she would support the baby and whether she would be a good parent. And though her boyfriend was 19 and working, he was certainly not ready to support a family.

While Anna's parents had been disappointed when they found out, they were supportive, although certainly concerned about her future. Anna's mother contacted the school for support, and she and Anna were referred to Casey, the school's Prevention/Interventionist.

Anna and her mother met with Casey and were quickly put at ease; it was clear that Casey was interested in helping. Casey told Anna about the district's teen parenting program where she would have access to child care while continuing with classes. She also connected Anna to resources for parenting teens, including parenting support, medical care, and food and nutrition programs.

While things seemed to be coming together, Anna worried about what to say to teachers and how to handle the gossip that would eventually spread through the school. Casey met alone with Anna to talk through how to handle what would come next and plan for transitioning to the teen parenting program. Anna was relieved and grateful that she had someone to talk to at school.





Of the 352 students who presented with dysfunction in the Moods/Emotion domain, 31.6% improved their level of functioning after receiving help from a Prevention/Interventionist. - 2013 CAFAS Data

Teenagers face many choices, including when or if to become sexually active.

Unintended consequences, such as pregnancy, can significantly alter a young person's future plans and goals, requiring additional support from trusted adults.

According to the 2011 YRBS, 34.6% of Boulder County high school students reported they have had sexual intercourse at least once; 24.5% reported they were currently sexually active, and 3.7% of female students stated they had been pregnant.

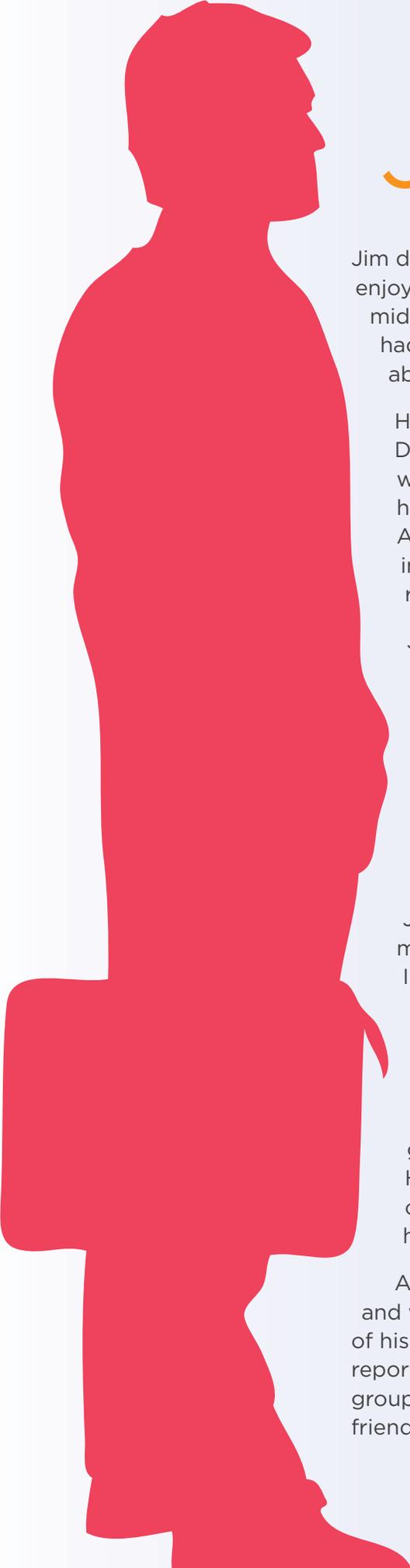
In addition to providing individual support to students like Anna, the Prevention/Interventionists work to create a safe and healthy school climate by providing opportunities and activities, such as:

- Classroom presentations and videos during student health classes that focus on health, relationships, and sexual health.
- Coordinating presentations by community partners, such as Boulder Valley Women's Health Center (general and sexual health) and Boulder Youth Body Alliance (having a positive body image and care of the body).
- Presentations to parents about substance abuse, bullying, mental health, eating disorders, and use of technology.
- Structured empowerment and leadership groups, such as Smart Girl, Girls Circle, and Sisters Rising, which encourage girls to develop leadership abilities; increase confidence; improve communication and problem solving skills; and strengthen positive relationships and behaviors.
- Psychosocial educational groups and presentations to students enrolled in school teen parenting programs. Presentations share information about stress management, relaxation techniques, coping strategies, and healthy relationships.

You pushed me to learn new skills, and I am *more confident* in introducing myself and meeting people. I have friends now.



—student



Jim



Jim decided to become a 6th grade teacher because he really enjoys working with students that age - helping them adjust to middle school and watching them grow over the year. He felt he had a good sense of when a student was struggling, and he was able to talk to students about problems they were having.

He was puzzled, though, by one of his new students, Daniel. Daniel had scored above average on placement tests, but his work didn't seem to reflect his abilities. He often didn't turn in homework, and it was clear he was not putting effort into class. Although he seemed likeable enough, he didn't seem interested in making friends. Jim discovered that other teachers were reporting similar concerns.

Jim tried to talk with Daniel several times, but Daniel seemed to want to avoid the conversation. Jim decided it might be best to contact Daniel's family. He called Daniel's mother and learned that his father had passed away last spring. While Daniel's mother seemed concerned about him, she sounded overwhelmed with working full-time, taking care of Daniel's younger siblings, and just keeping the household going. She mentioned she'd noticed a change in Daniel's behavior but hadn't known where to begin looking for help.

Jim quickly recognized that Daniel and his family needed more help than he could provide. He asked the Prevention/Interventionist, Heather, to meet with Daniel, knowing that she could help him process the loss of his father and also recommend resources to his mother. After meeting with Daniel, Heather discovered that he hadn't had much of an opportunity to talk about losing his dad. She was able to give him a safe place to grieve and invited him to join a lunch group for new students to help make connections with peers. Heather also met with Daniel's mother and gave her referrals to counseling and grief support groups for children, as well as for herself, since it was clear she was also struggling.

After just a month, Jim noticed that Daniel seemed more relaxed and was interacting with classmates. He was now turning in most of his homework and taking an interest in school. Daniel's mother reported that both she and Daniel had joined separate grief support groups, and Daniel seemed happier at home, and had even made a friend in the neighborhood.

Of the 349 students who presented with problems in the school domain, 19.2% improved their level of functioning after meeting with a Prevention/Interventionist. ~ 2013 CAFAS Data

Children who experience grief and loss may withdraw, experience trouble with peer relationships and have poor academic performance. Support may range from simply having caring relationships to a therapeutic intervention.

According to the 2011 YRBS results, during the 12 months prior to the survey, 1 in 4 students in surveyed Boulder County high schools (25.0%) had felt so sad or hopeless almost every day for 2 weeks or more in a row that they had ceased doing their usual activities.

In addition to providing individual support to students like Daniel and his mother, Prevention/Interventionists provide opportunities and activities specific to issues affecting the school population, such as students who have been affected by grief and loss or who are socially isolated, and they work to meet the needs of students through activities, such as:

- 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.
- Grief and loss support groups for students.
- Friendship building and social skills groups for students who are socially isolated, in transition, or new to a school. The group facilitates interactions, team building, and strengthening friendships.
- Providing referrals to community resources, such as TRU Community Care, for grief support groups or to individual therapists.
- Consultation with staff about how to support students impacted by loss.
- Classroom presentations about the grief cycle, symptoms of depression associated with loss, and strategies for coping with grief and loss.
- Participating as members of the Trauma Response Team, which provides grief counseling and support to students and staff after a crisis occurs in a school.

You were most generous, genuine, and supportive. I am *so happy* that my son continues to thrive and I really appreciate your keeping an eye out for him.

—parent

Partnership Revenue/Expenses, School Year 2012-2013

REVENUE

General

Boulder County Public Health (County)	\$403,081
Boulder Valley School District	236,853
City of Boulder Contribution, General Fund	258,888
City of Longmont Children and Youth Resources - Allocation to County	96,335
Gilpin County - Allocation to County (used in Nederland)	6,000
St. Vrain Valley School District - Allocation to County	230,482
Mental Health Partners	124,376
Subtotal General Revenue	\$1,356,015

In-Kind

City of Boulder (COB)	\$29,427
Boulder County Public Health	24,027
Mental Health Partners	211,904
Subtotal In-Kind Revenue	\$265,358
TOTAL REVENUE	\$1,621,373

EXPENSES

Personnel (Salaries and Benefits)

Prevention/Interventionist	\$962,572
BCPH Administration	139,396
City of Boulder Administration	29,427
MHP Administration	61,371
MHP Clinical Supervision	64,185
Subtotal Personnel Expenses	\$1,256,951

Operating

Boulder County Public Health	\$38,777
Mental Health Partners	52,836
Mental Health Partners (paid by COB)	2,200
Subtotal Operating Expenses	\$93,813

Indirect/Overhead

Boulder County Public Health	\$43,705
Mental Health Partners	211,904
Mental Health Partners (paid by COB)	15,000
Subtotal Indirect/Overhead Expenses	\$270,609
TOTAL EXPENSES	\$1,621,373

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.



I have never trusted anyone *like I trust you.*

—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 DIVISION OF CHILDREN, YOUTH AND FAMILY
CITY OF LONGMONT, CHILDREN AND YOUTH RESOURCES | MENTAL HEALTH PARTNERS
ST. VRAIN VALLEY SCHOOL DISTRICT | TOWN OF LYONS

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