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Even Start Family Literacy

Center for At-Risk Education, Colorado Department of Education

Counties Served	Program Year	July 2004 - June 2005
Alamosa	Funding Source(s) and Amount(s)	
Arapahoe	State Department of Education – Family Literacy	\$1,912,616
Boulder	Number of Local Programs Funded	13
Denver	Number of Statewide Programs Funded	0
El Paso		
Garfield	Population Served Children, birth - 8 years old, their parents and families	
La Plata	Total Number Served	428 families
Lake		
Las Animas		
Montezuma	Program Description	
Prowers	The purpose of Even Start Family Literacy services, as outlined in federal legislation, is to help break the intergenerational cycle of poverty and illiteracy by improving educational opportunities for low-income families with limited education. To accomplish this goal, the legislation requires Even Start programs to provide an integrated five-component model of family literacy (see description of services below). These components are supplemented and	
Pueblo	enhanced by personal family visitations. The Colorado Department of Education funds 13 Even Start programs in communities across the state.	
Rio Grande		
Weld		

Prevention and Intervention Services Provided

Prevention and intervention services provided by the 13 funded communities vary according to each community's needs. However, they all provide the five components of the Even Start program: adult literacy or basic education; early-childhood education; parenting education and support; interactive literacy activities between parents and their children - PACT (Parent and Child Together) and home (personal) visitation.

Program Goals and Outcomes

- Program staff will provide high-quality, well-integrated services designed to meet the needs of participating families in their communities.
- The literacy of participating parents will improve.
- Participating parents will foster their children's literacy development and success in school.
- Participating children will demonstrate success in school.

Evidence in Meeting Outcomes and Goals in Prior Year

Note: The most current data are for the 2003-2004 school year.

- One hundred percent of programs provided four components of service in a well-integrated, intensive manner of substantial duration, which facilitated sustainable change in families.
- One hundred percent of programs offered year-round services, averaging forty-two weeks during the twelve-month period.
- Ninety-two percent of programs collaborated with public schools through coordination with Title I programs.
- Ninety-two percent of programs collaborated with public schools through participation with school staff in implementing Individual Literacy Plans (ILPs) for primary-grade children who were reading below grade level.
- After 100 hours of adult participation in the program, 80 percent of parents achieved their short-term adult education goals as outlined in their family education plan. The projected outcome was 75 percent.

- After 300 hours of family participation in the program, 86 percent of parents achieved their parenting goals according to their family education plans. The projected outcome was 75 percent.
- After 300 hours of family participation in the program and 90 percent school attendance, 80 percent of primary-grade children were reading at grade level or demonstrating one year's growth in literacy skills within one year. The projected outcome was 80 percent.
- After 300 hours of family participation, 92 percent of preschool-age children were functioning at age-appropriate levels of development or demonstrating one year's growth in reading readiness skills within one year. The projected outcome was 85 percent.
- After 300 hours of family participation, 76 percent of primary-grade children attended school 90 percent of the time. The projected outcome was 75 percent.
- After 300 hours of family participation, 92 percent of primary-grade children were promoted to the next grade level. The projected outcome was 90 percent.
- After 300 hours of participation, 83 percent of parents achieved self-sufficiency goals according to their family education plan. The projected outcome was 75 percent.

Collaborating Entities

Center for Effective Parent Involvement in Public Education

Colorado Department of Education (including Adult Education and Family Literacy, Colorado Preschool Program, Homeless Education, Migrant Education, Prevention Initiatives and Title I)

Colorado Department of Human Services

(Colorado Works/Temporary Assistance for Needy Families, Office of Child Care)

Colorado Head Start Association

Colorado Home Instruction Program for Parents of Preschool Youngsters (HIPPY)

Colorado Parents as Teachers

Colorado Statewide Parent Coalition

Community Partnership for Child Development

Lieutenant Governor's Office (Head Start/State Collaboration Project)

Metropolitan State College

Mid-Continent Research for Education and Learning

Trinidad State Junior College

Urban Peak Colorado Springs

In addition, each local program collaborates with several local community agencies and organizations.

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The Colorado Family Literacy State Performance Measures are available at:

www.cde.state.co.us/cdecare/care_downloads/pdf/CoFamLitPerformanceMeasures.pdf.



Colorado Preschool Program

Prevention Initiatives, Colorado Department of Education

Counties Served	Program Year	July 2004 - June 2005
	Funding Source(s) and Amount(s)	
All counties in Colorado except	State General Fund and local tax dollars (<i>Projected</i>)	\$27,249,229
Delta	Number of Local Programs Funded	154
Dolores	Number of Statewide Programs Funded	0
	Population Served	
	Preschool and all-day kindergarten children and their families served by program's grantees	
	Total Number Served	9,050

Program Description

This program provides funding for quality early-childhood programs to serve three- four- and five-year-old children who live in families where risk factors are present that may slow their development. In fiscal year 2004, 154 of Colorado's 178 school districts were served by this program in Head Start, public school, private and non-profit preschool and kindergarten programs. One thousand of the total 9,050 children served were in a kindergarten enrichment program. A vital component of both programs is the involvement and strengthening of the child's family.

Prevention and Intervention Services Provided

- Local school districts, in partnership with many community providers and agencies, provide four one-half days of preschool services per week or five half-days of kindergarten per week. All programs have a parent involvement component that includes home visitation. District Councils collaborate with other local service agencies to provide comprehensive support to the family.
- The Colorado Department of Education provides technical assistance to local district councils and school district personnel that are charged with the responsibility of implementing the program. This assistance covers areas including legal requirements, program requirements and support of research-based practices in the classroom.

Program Goals and Outcomes

The Colorado Department of Education's goals for this program:

- To support 8,050 three- and four-year-old children with risk factors associated with school failure to enter kindergarten with the skills necessary for educational success.
- To advance 1,000 five-year-old children with risk factors associated with school failure to first grade with the skills necessary to succeed in their education by providing them with a full-day of kindergarten.

Evidence in Meeting Goals and Outcomes in Prior Year

Data is reported by school districts based on a school calendar year. The data presented here is for the 2003-2004 school year:

- Data collected and synthesized at the state level indicates that "at-risk" children who participate in the Colorado Preschool Program do as well as their peers on the third-grade Colorado State Assessment Program (CSAP). National research on the longitudinal effectiveness of early childhood services is being successfully replicated in the Colorado Preschool Program. Increasing numbers of children are performing at grade level and improving their language skills to appropriate age-level development. Children who have English as a second language demonstrate significant school success, and there is also local evidence that these programs are closing the achievement gap between ethnic groups.

- Seventy percent of Colorado Preschool Program graduates scored proficient or above on the third grade CSAP, compared to 56 percent of children participating in Title I programs.
- Seventy percent of school districts reported that Colorado Preschool Program graduates scored better on the third-grade CSAP than their districtwide percentages. This is particularly important when one considers that the children eligible to participate in Colorado Preschool Program must be identified as “at-risk.” Colorado Preschool Program is an important tool in closing the achievement gap.
- Springfield School District reported that students who were funded by Colorado Preschool Program who have taken the reading SCAP, were 29 percent more likely to score Advanced or Proficient than their classmates who were not funded by Colorado Preschool Program. This group included students now in fourth, fifth, sixth and seventh grades.
- In Weld County School District RE #8, 30 percent of Colorado Preschool Program students made at least two years of linguistic growth in a nine-month period when assessed with the Peabody Picture Vocabulary test and 73 percent of Colorado Preschool Program students made at least one year of growth in that same period.
- In Durango School District, when the pre- and post-evaluations were done on the Devereaux Early Childhood Assessment, the number of children who had behavior concerns were reduced by half and 51 percent of the children had statistically significant increases in their protective factors of initiative, self-control and/or attachment.

Collaborating Entities

Local school districts partner with early-childhood care and education private providers, Head Start, county departments of human services, job training and local health departments.

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Community Consolidated Child Care Pilots

Prevention Initiatives, Colorado Department of Education

Counties Served

Alamosa
Arapahoe
Boulder
Clear Creek
Conejos
Costilla
Denver
Eagle
El Paso
Fremont
Garfield
Gilpin
Jefferson
Lake
La Plata
Larimer
Logan
Mesa
Mineral
Montrose
Morgan
Ouray
Pitkin
Prowers
Pueblo
Rio Grande
Routt
Saguache
San Miguel
Summit

Program Year

July 2004 - June 2005

Funding Source(s) and Amount(s)

Federal Childhood Development Fund \$1.2 million
(via Colorado Department of Human Services)

Number of Local Programs Funded

17

Number of Statewide Programs Funded

0

Population Served Children, ages birth - 5 and their parents; child care providers

Total Number Served

83,316

Program Description

The Community Consolidated Child Care Pilots were created by the General Assembly in 1997 in response to both welfare reform activities and the scientific evidence revealing that what happens for children in the first few years of life is crucial to their development. Seventeen pilot projects serve young children and their families in the state's cities, rural communities and resort towns. Pilot projects were originally selected through a competitive grant process. In addition to providing high quality early childhood programs, the pilots work together with the state program to develop a coordinated early childhood education and care system on behalf of Colorado's young children.

Prevention and Intervention Services Provided

The program provides services, financial resources and technical assistance to pilot projects in 17 communities and works to develop a coordinated early childhood education and care system for Colorado's children. Specific services include community and partnership building; training for parents; providers; and community members; early childhood programs and activities and policy development. Pilot communities are focusing on early childhood care and education, health care, social and emotional health and family support services.

Program Goals and Outcomes

- To increase access to, and affordability of, quality care and education services to all children from birth through age eight.
- To increase access to mental health services and resources for young children and their families.
- To support early childhood education programs as a tool to promote school readiness.
- To support collaboration through legislation and funding.
- To develop a system of recognizing and rewarding program quality and individual professionalism with adequate resources.
- To make funding available for the Pilots to adequately finance successful strategies.
- To actively participate in the statewide efforts to develop a sustainable early childhood system.

Evidence in Meeting Goals and Outcomes in Prior Year

Arapahoe

- The restructuring of Arapahoe County Early Childhood Council to include a Board of Directors, standing committees, working bylaws, an Article of Incorporation and an application for Non-

profit 501(c)(3) status. Adding members to their Council this year has led to pursuing adequate funding to support their system development at the local level.

- The School Readiness Project, and Project BLOOM helped to focus the direction of work and to drive funding requests. Mental health services are now available to more families.
- On-going professional development activities including, establishing, training and supporting the School Readiness Trans-disciplinary Team (SRTT). SRTT consists of four community-based professionals with expertise in physical and mental health, child development and special needs.

Boulder

- Testing the impact of proven quality improvement methods in local settings through the School Readiness Initiative and the Educare family child care project.
- Development of an economic impact study in partnership with the Larimer Pilot.
- Developed a multi-year plan for system-building.
- Coordinated the production of the report, “Promoting School Readiness for Latino Children in Boulder County: Combining Best Practices, Family Needs and Preferences, and Community Assets,” which will guide future funding and programming related to Latino children in care.
- Assisted eight Spanish-speaking child care providers to successfully complete the licensing process.
- Completed a training needs assessment of early care and education professionals, upon which the professional development plan is based.
- Developed a Council logo. Printed an annual report. Continuing development of the Council’s Web site.
- Maintained consistent and active participation by Council members. Adding a Council representative to the Knight Foundation Community Advisory Committee. Consulting with the City of Longmont early care and education work group.
- An Early Learning Opportunities grant application was developed to provide the supports necessary to focus on system-building in a significant and meaningful way by hiring dedicated staff to direct the effort, obtaining expert technical assistance and financing pilot program efforts. If the proposal is not funded, the Council will have a detailed plan in place to pursue other sources of funding.

Denver

- Developed and implemented a consistent set of program quality standards as measured by the Educare Rating, a consistent set of practitioner standards as measured by the professional credential and a set of child outcomes standards as measured by the ESTART.
- Staff members are trained and have received materials.
- The implementation of 1297 School Readiness Project expanded their impact on the community and developed the foundation for a solid system of quality care and education.
- A priority for the coming year is the development of an integrated data management system. When complete, it will be able to compare and contrast the affects of:
 - Classroom quality on child outcomes
 - Teacher credentials on child outcomes
 - Staff turn over on child outcomes
 - Teacher credentials on classroom quality
 - Teacher turnover on classroom quality

El Paso

- One of four counties in the United States to receive the NACo (National Association of Counties) Award, recognizing its work in building comprehensive systems for children and families as exemplified by Alliance for Kids.
- Home Network – a network of family child care providers with child care centers improving program quality and focusing on school readiness.
- Improvement of program quality through participation in the School Readiness Project.
- Increasing quality and the development of successful coaching activities through participation as one of the Licensing Models.
- Documentation of Educare Rating improvements.
- Accreditation of additional early childhood sites.
- Development and success of the Child Care Response Team and a Director Support Group focusing on response to child behavior issues.
- Participation in Project BLOOM – beginning to expand the system of care for mental health.
- Extensive professional development activities delivered in a variety of venues to address needs of the ECE community.
- Ongoing coaching and mentoring projects.
- The ability to provide financial incentives to struggling programs to increase quality.

Fremont

- Demonstrated high level of involvement with early childhood partners.
- Impressive child outcomes with Deveraux Early Childhood Assessment (DECA) focusing on social and emotional development, and Work Sampling focusing on child outcomes.
- Success improving learning environments for young children as demonstrated through Educare scores and child outcomes.
- Participating in the School Readiness project.
- Significant increase in the number of early childhood professionals participating in professional development activities, including many achieving higher education credentials.
- Participation in Project BLOOM and work with a Harris fellowship program has improved the availability and quality of mental health services for children and families.
- Priorities include a focus on child outcomes, improvement in Educare Ratings, and longitudinal work to link early childhood education to CSAP scores.

HighWest – San Miguel, Ouray and Montrose counties

- Continued growth of the HighWest Council for Early Childhood and the Co-location of programs and staff at a single site.
- 2003 Child Care Needs Assessment - “It brought publicity to the Pilot and Council work and got agencies and governments engaged in thinking about early childhood issues as never before.”
- Partnership with the Telluride Foundation lead to a Bright Futures grant from the Daniels Fund.
- Bringing a Parent as Teachers program into the area aimed at the most at-risk families.
- Higher Education Initiative - Increase in tuition aid and professional development.

La Plata

- Strengthening and expanding community partnerships on the Early Childhood Council - currently there are active members from 25 different agencies or organizations.
- Development of specific local strategies, through a strategic planning process, which mirrored the work of the state systems team and set the foundation for a comprehensive system of early childhood services.
- La Plata now uses a single application process for Head Start, the Colorado Preschool Program and Colorado Child Care Assistance Program, providing families a single point of entry.

- Pilot priorities are professional development, public engagement and expanding the quality and availability of comprehensive services for children and families.
- Participation in professional development opportunities through college courses and community based training increased. Last year, 67 people participated in college course work directly related to 2-year, 4-year degrees or director qualifications and 73 adults participated in three materials workshops.
- The Expanding Quality in Infant/Toddler Care (EQI/T) Training in 2003-2004 impacted 833 children.
- A collaborative effort between the Early Childhood Council and the It's About Kids Steering Committee developed a speakers bureau to educate the public. The Better Baby Care Speakers Bureau is just beginning to make presentations to service groups, agencies and parents in the community.
- Environmental Rating Scale (ERS) Assessments increased by 42 percent this year.
- Offering maxi grants for startup funds for equipment, wages, planning and minor renovations helped to create 15 new slots for full-day, full- year services for infants and toddlers in La Plata County.

Larimer

- Incorporated in April 2003 and received 501(c)(3) designation in November 2003. This work included reorganization of committees, the addition of a governing board, updated roles and responsibilities, and a review of how projects are staffed. Co-location of programs has established a presence in the community, increased program coordination supports, and expanded the ability to do evaluation across services. Shifting them from a “project focus” to a system of services, which creates a foundation for future growth.
- The new organization can now fiscally manage funds from a variety of sources, leading to greater diversification of funding.
- Participation in the licensing model project has provided outreach and resource support to child care programs. The licensing model outreach and resource work and the quality improvement consulting will be incorporated into a new technical assistance staff team comprised of early childhood specialists.
- Increased and on-going professional development impacting most of the providers in this county.
- The Economic Impact Study was released in September 2003 and continues to provide a basis for community presentations and advocacy work.
- Professional development college scholarship project.
- Parent engagement has been identified as a primary focus. A survey was distributed to 1,723 families who have children in daycare.
- The resource development and public engagement work will take the work of the economic impact study, economies of scale, parent survey, and marketing efforts and partner them with the analysis or mapping of financial resources in our community which will be the basis for a public engagement campaign designed to increase awareness and resources for the early childhood system.

Logan

- Environmental rating scores and Educare ratings have been a priority.
- Scholarships for those working on their 2-year, 4-year degrees, and masters degrees in Early Childhood.
- Professional development is a top priority.
- Emphasis on providing services to special needs children.

Mesa

- Received an Early Learning Opportunity Grant (2004) from the federal government to address a variety of early childhood needs including literacy development, early childhood health issues,

Educare ratings, social/emotional development curriculum, services for children with special needs and Bright Beginnings.

- Participation in the School Readiness Project and other work lead to a dramatic increase in the awareness of what makes a quality program.
- Strong early childhood partnership and highly involved partners – “a vibrant community collaboration that has not lost energy or members.”
- Successful professional development.
- Beginning a Report Card project that will involve getting quality ratings for as many providers as possible and increasing public awareness on the importance of quality.

Morgan

- Demonstrated growth in the partnerships between early childhood providers and public schools, including work on child outcomes and curriculum training.
- The Family Center and Office of Child Care Resource and Referral collaboration maximized personnel resources and eliminated duplication and overhead expenses for each entity.
- Documented improved quality in early childhood lead to recognition of the importance of evaluation and quality improvement.
- Licensing of Spanish-speaking providers has been a priority.

Prowers

- Successful “Parent Academies” on various topics, including school readiness and mental health, were offered. Educational packets were developed for these academies.
- Providers were trained in literacy development, school readiness and how to provide Parent Academies.
- Public engagement activities, training, public forums and candidate receptions were organized to inform the public on early childhood issues.

Pueblo

- Demonstrated growth in the level of commitment partners have to this work.
- Growing partnerships with the business community.
- Successful participation in the 1297 School Readiness Project - There has been an increase in quality services provided by the classrooms involved in the project. Strong partnership among the participating providers and agencies contributed to the positive outcomes.
- Public Awareness and professional development are ongoing priorities.

Routt

- The school readiness project resulted in a strong partnership with the school district.
- The board includes 5 positions specifically for parent members.
- Work is underway to finance a “Parents as Teachers” program to reach the children that the current early childhood programs are not serving.
- Developing and using a pilot model of a tuition scholarship program to address the needs of an early childhood system.
- Public awareness activities are a priority.

Rural Resort Region (RRR) – Summit, Park, Gunnison, Lake and Eagle Counties

- Comprehensive and coordinated plan for professional development activities, including providing tuition assistance.
- Quality Improvement Program, including quality expansion grants awarded locally.
- Developing partnership with regional council of county governments.
- Currently assessing school-age programs across the region.
- Partnership with business leaders to develop a Public Engagement effort.

- Focus on the data collection/evaluation process-- data entry, data analysis, evaluation and recommendations necessary to move the work forward.
- Strong partnerships with parents through community meetings, expert speakers and family fun nights.

San Luis Valley

- Development of a communitywide early childhood strategic plan for the San Luis Valley.
- Regional partnership with Freemont and Pueblo Pilots to develop a regional plan to offer training and mentoring.
- The Child Mental Wellness project focuses on the mental health needs of children and families through assessments, curriculum, mental health consultants and a partnership with Head Start.
- Strong focus on professional development – interest in college level early childhood courses has increased. Designed and utilized a data base to collect longitudinal data on students pursuing higher education credentials.
- Participation in the School Readiness Project.
- Obtaining the contract to provide child care resource and referral services to the San Luis Valley.

Triad – Jefferson, Gilpin and Clear Creek Counties

- Strong professional development plan including TEACH scholarships, Apprenticeship program, “Ounce” training for infant and toddler care providers.
- Incentives were provided to make it possible for parents to attend training with providers.
- Increased availability of environmental rating scores.
- Participation in the School Readiness program.
- The mental health component, Strong Foundations, includes promotion, prevention and intervention.
- Mentoring has been included in their licensing model, the school readiness project, and as part of startup grants to family child care providers.
- Revision of vision and mission statements, bylaw changes and expansion of Council representation.
- The licensing model included the development of a violation assessment system that is being used as part of the evaluation of all the models.
- Development of a Triad brochure.
- Resource visit for every family of a child with special needs who contacts the Resource and Referral and providing child specific mini inclusion grants to aid accommodation.
- Adams County and Douglas County are located within the service delivery area of the Resource and Referral run by the same fiscal agent, allowing for greater continuity of service and opportunity to leverage funds.

Collaborating Entities

State level collaboration

Colorado Department of Human Services, Division of Mental Health Services

Colorado Department of Public Health and Environment

Colorado Office of Child Care Resource and Referral Agencies (CORRA)

Colorado Children’s Campaign

Colorado Early Childhood Credential Team

Early Childhood Leadership Team

Education Commission of the States

Educare

Colorado Head Start Association

Colorado Head Start Collaboration Project

Harambe

Early Childhood Summit
Healthy Families Coalition
Piton Foundation

Local level collaboration

All pilot communities work hard to ensure that the partners at the table represent a variety of early childhood program providers. They include family child care providers, for-profit and non-profit centers, school-based programs, Head Start, health care and social services programs and agencies. A full list of local partners will be available in the summer of 2004. Many pilot communities have 20-40+ partners collaborating at the local level.

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Comprehensive School Health

Prevention Initiatives, Colorado Department of Education

Counties Served	Program Year	July 2004 - June 2005
Adams	Funding Source(s) and Amount(s)	
Arapahoe	Colorado State General Fund	\$300,000
Boulder	Amendment 23	\$300,000
Douglas	Number of Local Programs Funded	24
Garfield	Number of Statewide Programs Funded	0
Grand		
Gunnison	Population served	
Jefferson	Pre-kindergarten - 12 th grade students in grantee school districts	
La Plata	Total Number Served	125,000
Las Animas		
Morgan		
Otero	Program Description	
Ouray	Through a competitive grant process, this program provides funds to local school districts to fund health education pre-kindergarten through 12 th grade, per the Colorado Comprehensive Health Education Act of 1990. Fiscal year 2003-2004 will be the last year of a three-year funding cycle for grantees. Since 1990, approximately 55 school districts have implemented comprehensive school health programs with resources from this program.	
Park		
Pueblo		
Routt		
Saguache		
Summit		
Weld		

Prevention and Intervention Services Provided

The Comprehensive School Health Program staff at the Colorado Department of Education provides technical assistance via approximately 1,200 phone calls and e-mails and one professional development meeting per year. Local school districts provide classroom instruction, teacher training, curriculum and program development activities in their schools. In some cases, money is used to fund a part-time health education coordinator.

Program Goals and Outcomes

This is a planning grant for one year. The expectations are to conduct a needs assessment on pre-kindergarten through -12th grade health education, identify needs and gaps, and design measurable objectives to address the gaps.

Evidence in Meeting Goals and Outcomes in Prior Year

All previous grantees implemented a pre-kindergarten - 12th grade comprehensive health education program.

Center Consolidated School District

- Implemented Life Skills Training curriculum.
- Reduced teen pregnancies, suspensions and expulsions.

Cherry Creek

- Implemented health education assessments in secondary schools.
- Trained new health teachers in standards and assessments.
- Developed K-12 Curriculum Guide and a complete scope and sequence for pre-kindergarten -12th grade health education.
- Aligned district language arts and writing standards to health education performance assessments.
- Administered Profiles of Student Life student survey on assets at four high schools.
- Health Advisory Council since 1986.

Douglas County

- Adopted education health standards.
- Developed scope and sequence for curriculum K-12.
- Adopted elementary program using Know Your Body curriculum and Growing Healthy curriculum.
- Required middle school health education in both seventh and eighth grades for one semester, using Glencoe's Teen Health curriculum and Holt's Totally Awesome Health curriculum.
- Established high school health education as an elective through Physical Education or Consumer and Family Studies.
- Health Advisory Council active for fourteen years and meets monthly.

East Grand

- Integrated health education into elementary using Health N Me! curriculum and Know Your Body curriculum, stand alone health class for middle school using Life Skills Program, Victims, Aggressors and Bystanders curriculum, Comprehensive Health Education for the Middle Years curriculum and Health N Me! curriculum.
- Trained teachers in Life Skills program, Toward No Tobacco (T.N.T.) and Get Real about Tobacco, health standards and assessments.
- Collaborated with community for dental health, safety issues, nutrition, violence prevention and alcohol, tobacco and other drug prevention.
- Health Advisory Council active for 15 years.

Fairplay

- Provided law related education one hour per week.
- Conducted staff training in child abuse prevention, physical fitness and outdoor education.
- Provided Know Your Body curriculum in elementary school.
- Provided Aggressors, Victims and Bystanders curriculum in sixth grade.
- Collaborated with Food Service to offer only healthy food and beverage choices on campus.

Gunnison

- Fully implemented pre K-12th grade comprehensive health education program.
- Implemented Know Your Body curriculum in elementary, integration of health topics into core content areas at middle school and Glencoe's Teen Health curriculum at high school.
- Established health education as a high school graduation requirement.
- Administered Youth Risk Behavior Survey in grades 6-12.
- Provided Refusal Skills training in seventh grade.
- Conducted a student-led Health Fair at high school.
- Provided a Baby Think It Over program at high schools.
- Provided a Restorative Justice Program for mediation and bully prevention strategy.
- Health Advisory Council oversees curriculum and policies related to health education.

Hayden

- Implemented Bully Proofing Your School, Growing Healthy curriculum and Life Skills training K-5.
- DARE sixth grade.
- Provided Life Skills training and Choosing Health curriculum at middle school.
- Provided WAIT (Why am I Tempted) Training in eighth grade.
- Provided Choosing Health curriculum and Baby Think It Over in high school.
- Provided Suicide prevention in grades 9-12.
- Sponsored a K-12 Health Fair.
- Implemented a high school closed campus and voluntary drug testing. Reduced lunchtime marijuana smoking, tardiness and truancy.

- Health Advisory Council sponsored drug-free Halloween activities, Red Ribbon Week, assets building with Santa at the elementary music program, yearly health fair and roadside cleanup.
- Students can “letter” in community service through the health advisory council.

Hinsdale

- Hired a health education coordinator.
- Provided a safety and wilderness education for middle and high school.
- Provided an experiential education Adventure Program for sixth through twelfth graders.
- Implemented Know Your Body curriculum at elementary school level.
- Implemented Comprehensive Health for the Middle Grades curriculum.
- Hinsdale Community Health Council represents the community.

Lewis Palmer

- Collaborated with McMaster Center and El Paso Health Department for school counseling for gender bullying, drug and alcohol use, tobacco use, suicide, eating disorders, domestic violence and general disruptive behavior.
- Provided Not on Tobacco (N-O-T) cessation program.
- Sponsored the 9 Health Fair.
- Provided a weekly student assistance counselor.

Ouray

- Implemented the elementary health program and health fair during the first two months of school.
- Adopted the middle school health curriculum, nine-week session for one hour per day by the Board of Education.
- Established a 10th grade requirement for health education, one semester for fifty minutes per day.
- Offered Outdoor Education at high school as an elective.
- Health Advisory Council assisted in development and promotion of wellness and nutrition program addressing obesity at the middle school.

Pueblo 60

- Fully implemented pre-kindergarten through 12th grade comprehensive health education program.
- Provided Health N Me curriculum at elementary, Introduction to Adolescence and Teen Health Teaching Modules at middle school, Reducing the Risk curriculum at high school. Provided staff training in the Mariner Model for coordinated school health teams.
- Monthly Health Advisory Council active and representative of the community.

Roaring Fork

- Trained teachers in Know Your Body curriculum, Life Skills training, the Michigan Model and ETR High School Comprehensive Health Set.
- Implemented and refined curriculum with two curriculum coordinators.
- Provided resource teams at each school and the Family Resource Center to enhance counseling.
- Integrated law related education into social studies.
- Conducted Profiles for Life student survey.
- Provided a Bully Proofing Program.
- Provided eating disorder awareness and prevention.
- Established health standards and benchmarks.
- District Health Advisory Council representative of community.

Steamboat Springs

- Administered Steamboat CARES health risk behavior questionnaire.
- Implemented Life Skills curriculum in middle school.

- Provided No-Bullying program for 6th graders.
- Provided peer educators at middle and high schools.
- Community Health Advisory Council addressed vending machines, nutrition in school lunches, elementary curriculum, recess before lunch program and antibacterial hand-washing dispensers in elementary lunchroom.

Weld County #6, University Charter School

- Conducted student needs assessment to design program.
- Met all goals established for substance use and safety, except helmet use.
- Provided WAIT Training for entire high school before Prom.
- Provided Suicide Prevention Program for all freshmen.
- Health Advisory Council made up of parents, students and faculty.

Weld RE-3J

- Reviewed and updated Health curriculum.
- Adopted Know Your Body curriculum, Health Promotion Waves curriculum and Skills for Wellness curriculum serving 1,400 students.
- Hired a certified health teacher.
- Integrated health education with science, PE and social studies at the elementary level.
- Conducted Profiles for Life student survey on assets to sixth and ninth graders.
- Implemented character education.
- Developed a Safe School Plan and crisis team.
- Health Advisory Council involved community and parents.

Collaborating Entities

Colorado Department of Public Health and Environment, Prevention Services Division

At the local level

Programs work cooperatively with school nurses, physical education staff, food service staff and counselors in funded districts

Local public health department

County nursing services

Police departments in their communities

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Education of Homeless Children & Youth Program

Prevention Initiatives, Colorado Department of Education

Counties Served	Program Year	July 2004 - June 2005
Adams	Funding Source(s) and Amount(s)	
Arapahoe	U.S. Department of Education -	\$541,143
Boulder	PL 100-77 The Stewart B. McKinney Homeless Act	
Denver	Number of Local Programs Funded	15
Jefferson	Number of Statewide Programs Funded	0
Larimer	Population Served	
Mesa	Preschool - 12 th grade students within Colorado who have been identified as homeless	
Morgan	Total Number Served	7,000-9,000
Pueblo		
Weld		

Program Description

The Education of Homeless Children and Youth Program is funded to implement the requirements of the McKinney-Vento Homeless Assistance Act. The primary intent of this federal law is to remove state and local barriers to the enrollment and academic success of homeless children and youth.

Prevention and Intervention Services Provided

At the state level, the Colorado Department of Education provides technical assistance to individuals who are homeless, local school agencies and homeless service providers in areas related to compliance with the law and issues of homelessness as it relates to the education of children and youth who experience homelessness. The department also provides technical assistance to school districts in program design, grant writing and networking of resources.

At the local level, funded school districts provide direct educational and support services to enroll and educate homeless students. Strategies implemented are the following:

- Tutoring.
- Direct provision of school supplies and basic need items.
- Translation/interpretation services.
- Collaboration with other school programs (Title I, migrant education, special education).
- Support of AmeriCorps programs.
- Direct outreach to help families adjust to new school and community environments.
- Referral services.
- Provision of out-of-school time programs.
- Staff development and training.

Program Goals and Outcomes

The Colorado Department of Education's goal for this program is to remove state and local barriers to the enrollment and academic success of homeless children and youth.

Evidence in Meeting Goals and Outcomes in Prior Year

Student identification and enrollment increased by 1,655 with an additional 15 school districts reporting in the 2003-2004 school year than in the 2002-2003 school year.

Collaborating Entities

Colorado Department of Public Health and Environment, Prevention Services Division
Colorado Department of Human Services, Office of Behavioral Health and Housing
Statewide network of homeless youth service providers
AmeriCorps VISTA State Office
Governor's Commission on Community Service
Colorado Interagency Council on Homelessness

At the local level, programs collaborate with a wide range of health; mental health and substance abuse; housing; and human service providers as well as non-profit agencies providing services and support to homeless children, youth and their families.

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Counties Served

Adams
Alamosa
Arapahoe
Archuleta
Bent
Boulder
Chaffee
Conejos
Costilla
Denver
Douglas
Eagle
El Paso
Grand
Huerfano
Jefferson
Kit Carson
Lake
La Plata
Moffat
Montezuma
Montrose
Morgan
Pueblo
Saguache
San Miguel
Teller
Washington
Weld
Yuma

Expelled and At-Risk Student Services

Prevention Initiatives, Colorado Department of Education

Program Year July 2004 - June 2005

Funding Source(s) and Amount(s)
Colorado State General Fund \$6,222,319

Number of Local Programs Funded 56

Number of Statewide Programs Funded 0

Population Served
Preschool – 12th grade students who are at risk of expulsion or have been expelled from school

Total Number Served 8,850

Program Description

Colorado Department of Education’s Expelled and At-Risk Student Services Program funds local school districts, Boards of Cooperative Educational Services, non-public, non-parochial schools, alternative schools within a district, charter schools and pilot schools, to develop and implement programs that prevent expulsion through effective strategies and to provide educational services to expelled students. Programs are funded for a four-year cycle and are reviewed annually. Programs that demonstrate sustainability and innovation may apply for a fifth year of funding and are designated as exemplary programs.

Prevention and Intervention Services Provided

Specific services will vary from program to program, as determined by student population and need. Services may include:

- Instruction in math, reading, writing, sciences and social studies.
- Tutoring.
- Alternative educational programs.
- Vocational educational programs.
- Prevention services.
- Strategies that address the underlying causes of expulsion such as habitually disruptive behavior or truancy.

Program Goals and Outcomes

- Increased academic performance for at-risk and/or suspended and expelled students.
- Increased attendance for at-risk and in-school suspension students and increased services for expelled students.
- Decrease in discipline referral for at-risk, suspended and/or expelled students.

Evidence in Meeting Goals and Outcomes in Prior Year

- Twenty seven percent increase in academic performance for those students served.
- Twenty seven percent increase in school attendance for those students served.
- Twenty nine percent decrease in discipline referrals for those students served.

Collaborating Entities

Colorado Foundation for Families and Children

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Improving the Health, Education and Well Being of the Young People in Colorado

Prevention Initiatives, Colorado Department of Education

Counties Served	Program Year	March 2004 - April 2005
Statewide	Funding Source(s) and Amount(s)	
	Centers for Disease Control and Prevention	\$902,000
	Division of Adolescent and School Health	
	Number of Local Programs Funded	3
	Number of Statewide Programs Funded	6
	Population Served	Public school staff and educators, children and youth attending public schools
	Total Number Served	Unknown at this time

Program Description

To build state and local education and health agency partnerships and capacity to implement and coordinate school health programs across agencies and within schools. The expected outcome is to help schools prevent and reduce priority health risks among youth, especially those health risks that contribute to chronic diseases. Specifically, the focus is to reduce tobacco use and addiction; to reduce obesity by improving eating patterns and increasing physical activity; and to prevent sexual risk behaviors that lead to HIV, sexually transmitted infections; and teen pregnancy.

Prevention and Intervention Services Provided

Services provided by the state are coordinated funding and targeted efforts to work with schools, technical assistance and training. Services provided by public schools are coordination of the components that make up a modern school health program to improve the health and learning of students: health education, nutrition services, physical education, counseling and psychological services, health services, staff wellness, school climate and environment, and parent and community involvement.

Program Goals and Outcomes

Increased collaboration between state education and health departments related to school health.

Evidence in Meeting Goals and Outcomes in Prior Year

Increase in collaboration between state education and health departments related to school health.

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Out-of-School-Time Care

Prevention Initiatives, Colorado Department of Education

Counties Served

Program Year

July 2004 - June 2005

Funding Source(s) and Amount(s)

U.S. Department of Education

\$197,172

Statewide

Number of Local Programs Funded

0

Number of Statewide Programs Funded

1

Population Served

Children, birth - 12 years, and their working parents; child care providers

Total Number Served

unknown at this time

Program Description

The Out-of-School-Time Care program has been funding grants related to improving the quality of programs offered before and after school since 1996. The grants are used to enhance programs that support a child's chances of academic success and address the need of working parents to have quality services available for their children.

Prevention and Intervention Services Provided

Services provided through this program include literacy and other educational programs; training and professional development activities for child care providers; school enrichment activities; and consulting and technical assistance. These grants also can be used to assess program quality, develop community collaboratives and build partnerships with programs provided during the regular school day.

Program Goals and Outcomes

- Number of programs funded and children served.
- Number and type of professional development activities and evidence of enhanced program quality.
- Evidence of the development/growth of the Colorado After School Network (CAN).

Evidence in Meeting Goals and Outcomes in Prior Year

- The grants funded programs serving 1,335 children. Funds to established a model combining an elementary and middle school after school program in Salida.
- Forty-three program providers were trained in the use of the School-Age Care Environmental Rating Scale (SACERS) – a quality assessment tool. Programs then used assessment results to prepare a quality improvement plan.
- School personnel and after-school program providers from nine communities trained together on how to make activities fun and connected to standards for literacy, math and science.
- A “Documentation Training” was provided for 25 practitioners in Arapahoe County.

Collaborating Entities

Colorado Department of Human Services

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Safe and Drug Free Schools and Communities

Prevention Initiatives, Colorado Department of Education

Program Year	July 2004- June 2005
Funding Source(s) and Amount(s)	
U.S. Department of Education	\$3,778,919
Counties Served	
Statewide	
Number of Local Programs Funded	130
Number of Statewide Programs Funded	5
Population Served	
Preschool through 12 th grade students; school staff, parents, police officers, citizens	
Total Number Served	700,000

Program Description

This grant provides funding for research-based prevention and intervention activities and services in K-12 schools statewide. All school districts are eligible for the formula-based funding. In Colorado, funds go directly to approximately 122 school districts, seven Boards of Cooperative Educational Services (BOCES) for the other 56 districts, and directly to the Colorado School for the Deaf and Blind.

Prevention and Intervention Services Provided

The Safe and Drug-Free School and Communities consultants provide technical assistance to school districts through individual consultations, workshops and trainings. The program also collaborates with other agencies and groups to provide training in statewide conference settings.

Local school districts provide research-based prevention and intervention activities to students within the district. Strategies, which are often implemented in collaboration with other community agencies and groups, include, but are not limited to alcohol, tobacco and drug education; violence prevention and conflict resolution programs; youth leadership and peer counseling programs; student assistance counselors and teams; character education; and alternatives to suspension.

Program Goals and Outcomes

- Increase by 15 percent the number of districts showing a reduction in drug incidence.
- Increase by 15 percent the number of districts showing a reduction in alcohol incidence.
- Increase by 15 percent the number of districts showing a reduction in tobacco incidence.
- Increase by 15 percent the number of districts showing a reduction in robberies incidence.
- Increase by 15 percent the number of districts showing a reduction in assaults/fights incidence.
- Increase by 15 percent the number of districts showing a reduction in weapons incidence.
- Increase by 15 percent the number of districts showing a reduction in other felonies.
- Increase by 15 percent the number of districts showing a reduction in other code of conduct violations.

Evidence in Meeting Goals and Outcomes in Prior Year

- State Goals:
Safety and discipline data from the 2003-2004 school year has not yet been analyzed at the time of this report. This should be completed by December 2004 and available early 2005.
- Local Goals:
The year-end performance report for the 2002-2003 school year can be found at the Department of Education's Web site: http://www.cde.state.co.us/cdeprevention/pi_safedrugfree.htm.

Accomplishment toward local goals for the 2003-2004 school year was collected by CDE during the fall of 2004. The compiled results should be posted at http://www.cde.state.co.us/cdeprevention/pi_safedrugfree.htm. by the first of the year.

Collaborating Entities

School Mediation Center
OMNI Research and Training, Inc.
Colorado Coalition Against Sexual Assault
Colorado Association of School Resource Officers
Alcohol and Drug Abuse Division
Division of Criminal Justice, Prevention Services Division
Department of Transportation
Colorado University Health Sciences Center
Attorney General's Office
Department of Public Health and Environment
Governor's Office
Colorado Crime Stoppers
Colorado Trust
Center for the Study and Prevention of Violence
Colorado High School Activities Association
Colorado Association of School Executives
Colorado Association of School Boards
Various parent networks

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Driving Under the Influence (DUI) Programs

Prevention Services, Alcohol and Drug Abuse Division, Colorado Department of Human Services

Counties Served	Program Year	July 2004 - June 2005
	Funding Source(s) and Amount(s)	
Archuleta	Law Enforcement Assistance Fund (LEAF)	
Grand	State Cash Fund	\$195,397
Lake		
La Plata	Number of Local Programs Funded	5
Moffat	Number of Statewide Programs Funded	2
Montezuma		
Pueblo	Population Served	
Summit	Youth and adults at risk of becoming impaired drivers living in the six counties with funded DUI prevention programs.	
	Total Number Served	112,075

Program Description

Alcohol and Drug Abuse Division Prevention Services uses LEAF funds to support impaired driving prevention programs for youth in selected schools and communities throughout Colorado. Contracts are generally won by a competitive bid and are for a four-year period. Fiscal year 2001 was the first year in the current funding cycle. The mission of Alcohol and Drug Abuse Division Prevention Services is to reduce the health, social and economic consequences of substance abuse by fostering effective and efficient prevention services. Funded impaired driving prevention programs encompass a multifaceted continuum of strategies toward this end and reflect both community empowerment and service delivery paradigms.

Prevention and Intervention Services Provided

All funded prevention programs and services fall into one of the following six program strategies as defined by the federal Center for Substance Abuse Prevention (CSAP):

Information Dissemination (6.8 percent of all programs and services) The type of services and programs using this strategy include the following: clearinghouse/information resource centers; health fairs; health promotion; materials development; materials dissemination; media campaign; speaking engagements and telephone information services.

Education (30 percent of all programs and services) The type of services and programs using this strategy include the following: children of substance abusers groups; classroom educational programs; educational programs for youth groups; parenting/family management programs; peer leader/helper programs and small group sessions.

Alternatives (37.1 percent of all programs and services) The type of services and programming using this strategy include: alcohol, tobacco, and other drug-free social/recreational events; community drop-in center activities; community services and youth/adult leadership functions.

Community-based (23.8 percent of all programs and services) The type of services and programs using this strategy include: accessing services and funding; assessing community needs; community/volunteer services; community team activities; training and technical assistance services.

Problem Identification and Referral (1 percent of all programs and services) The type of services and programs using this strategy include the following: employee assistance programs and student assistance program.

Environmental (0.9 percent of all programs and services) The type of services and programs using this strategy include: environmental consultation to communities; preventing underage sale of tobacco and tobacco products (Synar Amendment); preventing underage alcoholic beverage sales; environmental codes; ordinances; regulations and legislation; and public policy efforts.

Program Goals and Outcomes

The primary goal of the LEAF-funded programs in Colorado is to prevent impaired driving and its consequences.

Evidence in Meeting Goals and Outcomes in Prior Year

Youth Programs:

Pueblo Youth Services Bureau — Scores for youth indicated:

- A moderate level of safe driving with no statistically significant change in scale mean scores from pretest to post-test.
- A moderate level of school bonding and commitment with no statistically significant change in scale mean scores from pretest to post-test.
- Low past 30-day Alcohol, Tobacco or Other Drugs (ATOD) use at pretest and post-test, with no statistically significant change in item mean scores from pretest to post-test.
- A moderate level of commitment to not use drugs, with no statistically significant change in scale mean scores from pretest to post-test.
- Attitudes moderately unfavorable toward drug use, with no statistically significant change in scale mean scores from pretest to post-test.

San Juan Basin Health Department — Scores for youth indicated:

- A moderate level of safe driving behavior.
- Attitudes moderately unfavorable toward drug use overall, with no statistically significant change in scale mean scores from pretest to post-test.
- A statistically significant increase in perceived harm from ATOD use.
- A statistically significant decrease in favorable attitudes toward peer use of marijuana.

Summit County Government/Full Circle of Lake County — Scores for youth indicated:

- A statistically significant increase in perceived harm of ATOD use from pretest to post-test.
- A statistically significant decrease in attitudes favorable toward anti-social behavior from pre-test to post-test.
- A statistically significant increase in safe driving behaviors from pretest to post-test.
- A statistically significant increase in school bonding/commitment from pretest to post-test.
- A statistically significant decrease in use of alcohol and marijuana use from pretest to post-test.
- A statistically significant increase in commitment to not use ATOD.
- A statistically significant decrease in attitudes favorable toward ATOD use.
- A statistically significant increase in perceived harm of ATOD use.
- Attitudes unfavorable toward anti-social behavior with no statistically significant change in scale mean scores from pretest to post-test.
- Safe driving behaviors with no statistically significant change in scale mean scores from pretest to post-test.
- No ATOD use within 30 days of pretest or post-test with the exception of one youth indicating, on his/her pretest, past 30-day use of alcohol on 1-2 occasions.
- A moderate commitment to not use ATOD with no statistically significant difference between mean scale scores from pretest to post-test.

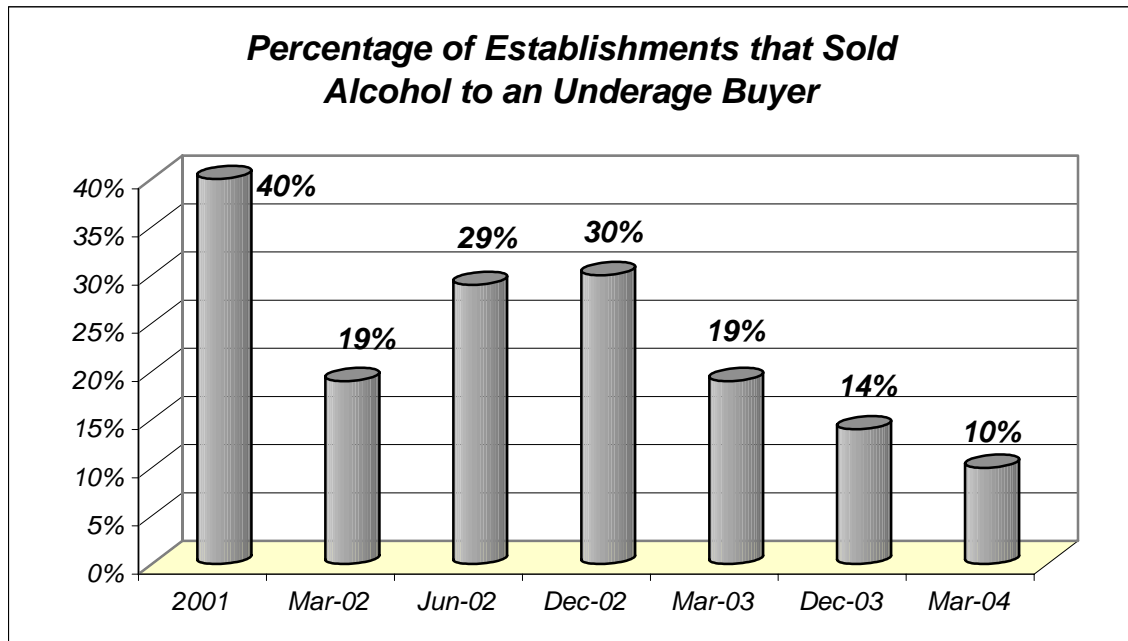
Community Coalitions:

Grand Futures Prevention Coalition — Youth arrests for drinking and driving will increase.

Results Summary: Data from the Craig Police Department reflect that underage drinking and driving enforcement has stayed the same for the past three years.

Summit Prevention Alliance - Alcohol sales to youth will decrease in Summit County.

Results Summary: In December, 49 liquor establishments were checked and 42 of them refused to sell alcohol to an underage person. Most places (89 percent) asked for identification. In March, 48 liquor establishments were checked and 43 refused to sell alcohol to an underage person. Most places (94 percent) asked for identification.



Collaborating Entities

Colorado Department of Transportation
Colorado State Patrol
Colorado Department of Revenue, Division of Motor Vehicles

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Substance Abuse Prevention Block Grant

Prevention Services, Alcohol and Drug Abuse, Colorado Department of Human Services

Program Year	July 2004 - June 2005
Funding Source(s) and Amount(s)	
U.S. Substance Abuse and Mental Health Services Administration	\$4,563,194
Number of Local Programs Funded	47
Number of Statewide Programs Funded	6
Population Served	All citizens, all ages, in Colorado, with a focus on low-income and minority individuals, families, pregnant women, adolescents and high-risk populations.
Total Number Served	75,000

Program Description

With federal and state money, the Alcohol and Drug Abuse Division's (ADAD) Prevention Services fund local agencies and non-profit organizations that provide substance abuse prevention services in their communities and statewide. Direct service contracts (approximately one-half of the total funds) will be re-bid in December 2004 with proposals being due the end of January 2005. The start date for awarded contracts will be July 1, 2005. The contracts will be for five years. The mission of ADAD Prevention Services is to reduce the health, social and economic consequences of substance abuse by fostering effective and efficient prevention services. Grantees are encouraged to impact multiple levels of social structures, including individuals, families, groups, institutions and communities of all the major ethnic and cultural groups in Colorado.

Prevention and Intervention Services Provided

All funded prevention programs and services fall into one of the following six program strategies as defined by the federal Center for Substance Abuse Prevention (CSAP):

Information Dissemination The types of services and programs using this strategy include the following: clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaign, speaking engagements and telephone information services.

Education The types of services and programs using this strategy include the following: children of substance abusers groups, classroom educational programs, educational programs for youth groups, parenting/family management programs, peer leader/helper programs and small group sessions.

Alternatives The types of services and programming using this strategy include: alcohol- tobacco- and other drug-free social/recreational events, community drop-in center activities, community service and youth/adult leadership functions.

Community-based The types of services and programs using this strategy include: accessing services and funding, assessing community needs, community/volunteer services, community team activities, training and technical assistance services.

Problem Identification and Referral The types of services and programs using this strategy include employee assistance programs and student assistance programs.

Environmental The types of services and programs using this strategy include: environmental consultation to communities; preventing underage sale of tobacco and tobacco products (Synar Amendment); preventing underage alcoholic beverage sales; environmental codes, ordinances, regulations and legislation; and public policy efforts.

Program Goals and Outcomes

- To reduce the current tobacco use among youths age 12-18.
- To reduce the current alcohol use among youths age 12-18.
- To reduce use of illegal drugs among youths age 12-18.
- To increase community prevention capacity for ADAD prevention providers.
- To reduce the age of initiation of substance abuse in youth ages 12-18.
- To increase the perception of risk/harm of substance use in youth ages 12-18.
- To increase negative attitudes about substance abuse in youth ages 12-18.
- To decrease the intention/expectation of substance use in youth ages 12-18.

Evidence in Meeting Goals and Outcomes in Prior Year

Government Performance Results Act (GPRA) measures showed:

- Decreases in use of tobacco and alcohol
- Increases in perceived risk
- Increases in disapproval of use of cigarettes, marijuana and other drugs

Collaborating Entities

Colorado Department of Education
Colorado Department of Public Health and Environment
Colorado Department of Public Safety
Colorado Department of Transportation

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or State bid ID system www.gssa.state.co.us



Kid Connects

Mental Health Services, Colorado Department of Human Services

Counties Served

Program Year

October 2004 - September 2005

Boulder
Denver

Funding Source(s) and Amount(s)

U. S. Department of Health and Human Services \$375,000

Number of Local Programs Funded

2

Number of Statewide Programs Funded

0

Population Served Children in Boulder and Denver counties Head Start and other early child care centers; family daycare homes served by the grantees; parents and families; staff at this time.

Total Number Served

400 children and their families

Program Description

Kid Connects provides mental health consultation and health care screenings in child care centers and family child care homes that have a high percentage of low-income families. Services are provided through the Pearl Project at the Mental Health Center of Denver and the Child Development Program at the Mental Health Center of Boulder County. Health care screenings are provided through a partnership with local health departments. Children who receive intensive services show a potential for long-term problems without intervention or have transitory problems that could worsen with mishandling.

Prevention and Intervention Services Provided

Child-specific and center-specific mental health care consultation; hearing, vision and dental health care screenings.

Program Goals and Outcomes

The evaluation report for fiscal year 2004 to be completed by October 30, 2004. Evaluation documented by tools: Colorado Client Assessment record, Devereux Early Childhood Assessment Program, Devereux Early Childhood Assessment Program-Clinical, focus groups, key informant interviews.

Evidence in Meeting Goals and Outcomes in Prior Year

- Reduction of behavioral problems and improvement in mental health functioning of children in child care.
- Better integration of health and mental health services in child care services.
- Contributing to enactment of statewide system and policies that better respond to the behavioral/mental health needs of youth children.
- Decrease in expulsion rate, increase in school readiness and increase in skills of child care providers.
- Consistent implementation of health screenings and referrals.
- Integration of screening tools in assessments.

Collaborating Entities

Boulder Department of Health
Children's Hospital
Denver Health

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Promoting Safe and Stable Families

Division of Child Welfare Services, Colorado Department of Human Services

Counties Served

Adams
 Alamosa
 Arapahoe
 Archuleta
 Baca
 Bent
 Boulder
 Chaffee
 Conejos
 Costilla
 Custer
 Delta
 Denver
 El Paso
 Fremont
 Huerfano
 Jefferson
 Kit Carson
 La Plata
 Larimer
 Las Animas
 Mesa
 Mineral
 Montezuma
 Montrose
 Morgan
 Otero
 Pueblo
 Prowers
 Rio Grande
 Saguache
 Summit
 Washington
 Weld
 Ute Mt. Ute Tribe

Program Year October 2004 - September 2005

Funding Source(s) and Amount(s)
 U.S. Department of Health and Human Services \$3,184,015

Number of Local Programs Funded 25

Number of Statewide Programs Funded 1

Population Served Children and families/caregivers of children who have been removed from the home in order to facilitate reunification; adoptive families or families planning to adopt; other families at-risk or in crisis

Total Number Served 15,000

Program Description

The Promoting Safe and Stable Families (PSSF) program promotes stability for families in Colorado. Through local grants, Promoting Safe and Stable Families seeks to secure permanency and safety for all children by providing support to families in a flexible, family-centered manner through a collaborative community effort. Promoting Safe and Stable Families provides families with advocates who partner with them to identify strengths; navigate systems such as schools, legal, mental health and social/human services, and to coordinate services. Funds are designed to create and enhance family support networks on behalf of all families to increase family well being and to support family preservation efforts geared toward families in crisis who have children at risk for maltreatment and/or children with disabilities. The program also supports services to reunite children placed in the child welfare system who have been separated from their families, to promote adoption for those children who are unable to return to their family of origin, and to support and sustain those families who have adopted children.

Prevention and Intervention Services Provided

Family support and preservation services provided vary from site to site, but include reunification and adoption services, pre-placement/preventive services, family advocacy, follow-up services after return of a child from foster care, respite care and services designed to improve parenting skills.

Program Goals and Outcomes

- Ninety percent of all children served through PSSF will not have a confirmed report of abuse/neglect or a confirmed repeat report of maltreatment.
- Ninety-five percent of at-risk children receiving PSSF services will not enter a child welfare placement.
- Four hundred foster care children will receive PSSF service allowing 75 percent of them to be reunified with their parent(s) or kin.
- Promoting Safe and Stable Families will serve 400 children who have been reunited with their families and 90 percent of these children will not re-enter foster care.

Evidence in Meeting Goals and Outcomes in Prior Year

- The program served 16,947 individuals, 1,947 more than its goal.
- Ninety-eight percent of at-risk families who were provided family preservation or family support services remained intact, with no children entering a child welfare placement.
- Adoption promotion activities helped families begin adoption for 292 children, and 170 families completed adoption with help from PSSF projects.
- Seventy-two percent of children who were separated from their families were reunited with them and 96 percent of reunited families remained intact.

Collaborating Entities

Early childhood prevention programs; schools; faith-based organizations; government and non-profit health and human services agencies; foster and adoptive parent associations.

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School Readiness Child Care Subsidization

Division of Child Care, Colorado Department of Human Services

Counties Served

Alamosa
 Arapahoe
 Boulder
 Conejos
 Costilla
 Denver
 El Paso
 Fremont
 Jefferson
 Lake
 Mesa
 Pueblo
 Rio Grande
 Saguache

Program Year

July 2004 – June 2005

Funding Source(s) and Amount(s)

U. S. Department of Health and Human Services
 Administration for Children and Families,
 Child Care Development Fund \$2,224,702

Number of Local Programs Funded

10

Number of Statewide Programs Funded

1

Population Served

Total Number Served

466 classrooms at 147 sites serving an estimated 6,000 children.

Program Description

The program provides grants over a 3-year period to participating sites that are in 10 of the Consolidated Child Care Pilot communities. Participating sites receive an Educare Colorado Quality Performance Rating and assistance in improving the quality of care through the use of enhanced educational materials, specialized teacher training, and increased parent involvement.

Prevention and Intervention Services Provided

The 10 School Readiness projects provide grants and technical assistance to participating child care sites. Strategies, which are often implemented in collaboration with other community groups and agencies, include improving the following: quality of learning environments, professional development and education, and parent and family engagement. The School Readiness program specialist coordinates the program and provides technical assistance to the 10 School Readiness projects, through individual consultations, meetings and trainings. The program collaborates with the Consolidated Child Care Pilots Coordinating Committee, the Early Childhood State Systems Team and other groups and agencies to provide training in statewide conference settings.

Program Goals and Outcomes

Participating child care sites will make specific and measurable gains on their first follow-up Quality Performance Ratings. Baseline ratings were done during the first year of the project, through June 2004. The first follow-up ratings are being done from July 2004 through June 2005. After that time, outcomes will be available.

Evidence in Meeting Goals and Outcomes for the Prior Year

After receiving the baseline Quality Performance Ratings, participating sites implemented the Quality Improvement Plans with the help of their school readiness subsidy, which will lead to specific and measurable gains on the first follow-up ratings.

Collaborating Entities

Colorado Department of Education
 Colorado Department of Public Health and Environment
 Early Childhood State Systems Team
 Consolidated Child Care Pilots Coordinating Committee
 School Readiness Indicators Task Force
 Colorado Early Childhood Summit
 Policy Matters Project

Colorado Children's Campaign
Colorado Head Start State Collaboration Office

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Abstinence Education Program

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served	Program Year	October 2004– September 2005
	Funding Source(s) and Amount(s)	
Boulder	U.S. Department of Health and Human Services,	
Denver	Maternal and Child Health Bureau	\$498,756
El Paso	Local grantees	\$374,067
La Plata		
Mesa	Number of Local Programs Funded	7
Pueblo	Number of Statewide Programs Funded	1
Weld		
	Population served	Adolescents in grades 6-12 served by funded programs and their parents
	Total Number served	2,500 youth and 500 adults

Program Description

The Colorado Abstinence Education Program, a collaborative effort between the Office of the Governor and the Colorado Department of Public Health and Environment, is a primary prevention program designed to reduce teen pregnancy and sexually transmitted infections. The program is a multi-faceted approach that promotes abstinence among youth by supporting abstinence-only education programs for children, both males and females in grades 5 through 12; developing and implementing strategic, statewide communication efforts designed to increase awareness and acceptance of abstinence as a healthy choice and a positive lifestyle; and involving parents and the community in the development and implementation of programs and activities that are accessible and promote abstinence decisions.

Prevention and Intervention Services Provided

The Colorado Abstinence Education Program provides grants to local programs across the state for implementation of curricula-based abstinence education, assistance for local abstinence education programs, media campaign and community and parent education workshops.

Program Goals and Outcomes

The overall goal of the Colorado Abstinence Education Program is to reduce teen fertility rates, out-of-wedlock births and sexually transmitted infections in teens and to encourage abstinence until marriage by supporting youth serving, abstinence-only education programs encouraging awareness and acceptance of abstinence as the healthiest choice; and involving parents and the community in the development of efforts to promote abstinence.

State Objectives for Federal Fiscal Year 2005:

Funding was transferred at the federal level and applications for fiscal year 2005 have not been submitted.

Local Program Goals:

Specific program goals have not been identified for the fiscal year 2005 funding. However, these are the general goals of local programming:

- Implement curricula-based abstinence education programs directly to youth in grades 6 - 12 with a frequency of no less than five contact hours over a period of no less than three months.
- Incorporate parents into the program through parent communication strategies, parent workshops and special events.
- Increase communitywide support for abstinence as the healthiest lifestyle for all young people through local events and social marketing efforts.

- Provide young people with activities that serve as a positive alternative to occupy their unsupervised time and to reduce the potential of youth risk behaviors.

Evidence in Meeting Goals and Outcomes in Prior Year

Annual reports have not been completed for the prior funding year, as the program is waiting for federal guidance.

Collaborating Entities

Local Health Departments
Local Middle and High Schools
Strengthening Families Coalitions
Healthy Marriage Initiative
Abstinence and Relationship Coalitions
Positive Youth Development

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Child and Adult Care Food Program

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served	Program Year	October 2004 – September 2005
All counties in Colorado	Funding Source(s) and Amount(s)	U.S. Department of Agriculture \$20,681,151
	Number of Local Programs Funded	approximately 344
	Number of Statewide Programs Funded	0
	Population Served	Children in child care centers and homes participating in program
	Total Number Served (average monthly number)	38,000

Program Description

The Child and Adult Care Food Program (CACFP) provides reimbursement for nutritious meals and snacks served to children in child care centers and family child care homes through 10 non-profit sponsoring agencies, Head Start programs, outside-school-hours programs, homeless shelters, and adults in adult day care centers. The meals and snacks must meet specific quantity and quality requirements based on nutrient needs of children and adults. If a participant eats breakfast, lunch and a snack while in care, the three meals provide 60 percent to 70 percent of his or her daily nutrient needs. The program also provides nutrition education, training and materials for children and care providers, including information on the development of healthy eating habits and safe food practices.

Prevention and Intervention Services Provided

The state Child and Adult Care Food Program office and sponsoring non-profits provide administration oversight and monitoring of all participating institutions to assure that they comply with federal regulations and state procedures governing the program; training and technical assistance on record keeping; eligibility determination; claims submission; training in nutrition and food safety for center staff and children; and processing of claims for reimbursement of meal costs and administrative costs.

Reimbursement to child care centers and child care home providers that provide nutritious meals and snacks served to children in their care.

Program Goals and Outcomes

- Maintain current caseload and provide benefits to 38,000 children and adults daily.
- Assure timely reviews, based on regulatory requirements, of all participating institutions.
- Apply to U.S. Department of Agriculture for reallocation funds to purchase new computer system for claims processing by March 2005.
- Develop staffing reorganization plan for state office to accommodate funding cuts projected for fiscal year 2006.

Evidence in Meeting Goals and Outcomes in Prior Year

- Increased participation in the program, providing benefits to 38,000 children and adults, compared to 35,000 in fiscal year 2003.
- Met regulatory requirements for providing timely reviews of all participating institutions, with a total of 112 reviews conducted during fiscal year 2004.
- Research and preparatory work conducted for purchase of new automated claims processing system with U.S. Department of Agriculture funding application to be completed by January 2005.

- Staff served on the steering committee for Early Childhood Comprehensive grant and co-chaired the Colorado Physical Activity/Nutrition (COPAN)/Early Childhood Task Force.

Collaborating Entities

Early Childhood Comprehension Systems Grant
Colorado Office of Resource and Referral Agencies (CORRA)
Colorado Department of Education, Nutrition Unit
University of Colorado Health Sciences Center
Colorado Statue University Human Nutrition Programs
Regional Head Start Administrative Offices
County Office of Human Services, Child Care Licensing
Local CORRA Offices

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Colorado Children's Trust Fund

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

Report for Program Year

July 2004 – June 2005

Statewide

Funding Source(s) and Amount(s)

U.S. Department of Health and Human Services	\$100,000
Community-Based Grants for the Prevention of Child Abuse and Neglect	
Colorado Divorce Docket Fee	\$330,000

Number of Local Programs Funded 0

Number of Statewide Programs Funded 1

Population Served Children, ages birth - 3, their parents and families
Total Number 1,534

Program Description

The Colorado Children's Trust Fund (CCTF) is a statutorily mandated program (C.R.S. 19-3.5-101 et seq.) at the Colorado Department of Public Health and Environment. The program's mission is the prevention of child abuse and neglect in Colorado by providing funding for programs around the state that provide direct services to families. These services are multivariate and include raising social awareness of child abuse prevention, parent education and support, and education for new fathers.

Prevention and Intervention Services Provided

The State office provides the following services:

- Technical assistance and training for local grantees concerning evaluation, sustainability and grant writing.
- Coordination with outside entities to raise awareness about child abuse and neglect prevention.
- Coordination with other agencies within Colorado state government to ensure nonduplication of effort.

Local programs provide:

- Education to parents in local communities about general parenting skills.
- Education to identified at-risk populations (new or expectant young mothers without a high-school degree having their first child) about general parenting skills.
- Education programs for new or soon-to-be young fathers about parenting skills.

Program Goals and Outcomes

- Increase the number of individuals reached by Colorado Children's Trust Fund child abuse prevention public awareness/social marketing.
- Increase the number of families who are educated in health, positive and protective child raising skills through the Colorado Children's Trust Fund.

Evidence in Meeting Goals and Outcomes

- Number of individuals reached with Colorado Children's Trust Fund child abuse prevention public awareness/social marketing.
- In 2004, the Colorado Children's Trust Fund worked with the Kempe Children's Foundation to provide a public awareness/social marketing campaign. This campaign consisted of two television spots that encouraged viewers to recognize child abuse when they see it and to do something about it.

- The television spots were aired on all local channels as well as the A&E and HGTV cable channels, among others. The Denver, Colorado Springs/Pueblo and Grand Junction media markets were targeted for these “flights,” which occurred in April and May of 2004. These flights made over 7.8 million “impressions,” (the number of times the ads were shown multiplied by the number of individuals watching at that time) in three markets (Grand Junction, Colorado Springs and Denver)
- Additionally, the Kempe Foundation established a new Web site to measure how many people statewide were impressed enough to act. This website received visits from almost 10,000 new visitors who visited about three times apiece.

Collaborating Entities

Colorado Department of Human Services

Division of Child Welfare

Division of Child Care

Kempe Children’s Foundation

Healthy Families Colorado

Colorado Lifespan Respite Coalition

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Colorado Community-Based Interventions To Reduce Motor Vehicle-Related Injuries

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served	Program Year	October 2004 - September 2005
El Paso	Funding Source(s) and Amount(s)	U. S. Department of Health and Human Services,
Delta	Centers for Disease Control and Prevention	\$223,671
Prowers		
	Number of Local Programs Funded	3
	Number of Statewide Programs Funded	0
	Population Served	
	Children ages 4 - 8 in El Paso County (and their parents), all citizens of Prowers and Delta Counties	
	Total Number Served	41,600

Program Description

The Colorado Injury and Suicide Prevention Program has a four-year cooperative agreement with the federal Centers for Disease Control and Prevention to promote:

Booster seat use among children ages 4-8 in randomly selected child care facilities in El Paso County. Increased safety belt use in two rural counties, Prowers and Delta, through enhanced enforcement. The “booster seat” project involves training child care center providers about the law and safe transport of children. It also entails the distribution of booster seat information to all parents. Booster seats and proper installation techniques will be given to parents of children in participating child care centers. The “enhanced enforcement” project involves formation of a community-based coalition to develop interventions; enlistment of local law enforcement agencies in the “Click It or Ticket” campaign; earned and paid local media coverage; and targeted messages to key groups such as Hispanics, young drivers and pick-up truck drivers.

Prevention and Intervention Services Provided

State level services include instrument development; implementation; analysis; and overall evaluation.

Local services provided by the El Paso County Department of Health and Environment include:

- Convening the El Paso County Booster Seat Coalition.
- Completing baseline booster seat surveys at twenty-two child care centers.
- Training child care providers about the booster seat law and safe transport of children.
- Advertising to parents that booster seats will be available at an afternoon/evening event.
- Distributing booster seats through the centers and assisting parents with proper installation.

Program Goals and Outcomes

Maintain effective coalitions to address the planned interventions

- The Advisory Coalition will continue to guide the two interventions.
- The two local Rural Enhanced Enforcement Coalitions will continue to guide the Enhanced Enforcement interventions.
- The El Paso County Booster Seat Coalition will continue to guide the Booster Seat intervention.

Collect Data

- Complete the observational survey of restraint use by 4-8 year olds in Colorado Springs and Mesa County.
- Use the Colorado Child Health Survey to obtain statewide data on restraint use for children.
- Gather data on motor vehicle-related injuries, restraint use and law enforcement activities.

Implement evaluation plans for the two interventions and overall program

- Complete the plans for the Rural Enhanced Enforcement interventions and the Booster Seat intervention.
- Complete a Year One evaluation of the Cooperative Agreement.

Evidence in Meeting Goals and Outcomes in Prior Year

- Established effective coalitions to address the planned interventions. Colorado Department of Public Health and Environment established an Advisory Coalition to guide the two interventions. Colorado Department of Public Health and Environment and two local agencies established two local Rural Enhanced Enforcement Coalitions. The two local agencies are Southeast Regional Emergency Trauma Advisory Council (RETAC) and the Delta County Health Department. Colorado Department of Public Health and Environment also will assist El Paso County Department of Health and Environment in establishing an El Paso County Booster Seat Coalition.
- Collect baseline data by conducting safety belt surveys in two rural intervention counties and three control counties.
- Complete a booster seat survey at child care centers in Colorado Springs to gather baseline data on restraint use. Complete the observational survey of restraint use by 4-8 year olds in Colorado Springs and Mesa County.
- Use the 2004 Colorado Child Health Survey to obtain statewide data on restraint use for children.
- Gather data on motor vehicle-related injuries, restraint use and law enforcement activities.
- Develop intervention plans. All three local coalitions (Delta, Prowers and El Paso) have been established and have been meeting to plan intervention activities for their respective counties and projects. All projects are on target during this planning phase.
- Develop evaluation plans for the two interventions and the overall plan. The Enhanced Enforcement projects (Delta and Prowers counties) have both established community coalitions consisting of law enforcement, fire and Emergency Medical System, school representatives, public health and hospital staff. The Booster Seat project has established a community coalition consisting of representatives from the local health department: SAFE KIDS; DRIVE SMART; police department; Headstart; Catholic Charities; and the local hospital. All three Coalitions have been meeting to create intervention strategies. The Colorado Department of Public Health and Environment worked with the local coordinators to prepare the Institutional Review Board applications regarding the booster seat observations surveys, the county seatbelt surveys, and the Community Readiness survey. The department started a Child Health Survey in January 2004, including 2 child restraint questions.

Collaborating Entities

Colorado Springs SAFE KIDS Coalition
 DRIVE SMART Colorado Springs
 Local, County and State Law Enforcement
 School District 11

Headstart
 Child Care Connections
 Colorado Department of Transportation
 Nursing Services Staff

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Counties Served

Adams
Alamosa
Arapahoe
Clear Creek
Crowley
Delta
Denver
Eagle
Fremont
Garfield
Grand
Jefferson
Kit Carson
La Plata
Larimer
Montezuma
Montrose
Otero
Ouray
Park
Pitkin
Pueblo
Rio Grande
San Miguel
Summit
Teller
Washington
Yuma

Family Resource Centers

Prevention Services Division, Colorado Department of Public Health and Environment

Program Year
2005

July 2004 - June

Funding Source(s) and Amount(s)

U. S. Department of Health and Human Services
Community-Based Grants for Prevention of
Child Abuse and Neglect
\$200,000

Number of local programs funded

22

Number of Statewide programs funded

Population served

Children ages birth - 8 served by the Family Resource Center grantee, their parents and families

Total Number

Program Description

The Family Resource Center (FRC) program at the Division of Prevention coordinates federal funding for the family resource centers across the state. The FRC program composes the application for the Community-Based Grants for the Prevention of Child Abuse and Neglect grant and coordinates reporting for the Child Care Development Fund with the Division of Child Care, Department of Human Services. Twenty-two Family Resource Centers were funded in fiscal year 2005 through our sole source contractor, the

Family Resource Center Association, Inc.

Prevention and Intervention Services Provided

Technical assistance and training to the family centers through our contractor. Training topics include:

- TANF and the Use of Those Funds
- Family Advocacy
- What Makes a “Family Friendly” Center?
- Data Tracking Without Driving Your Staff Crazy
- Managing Finances from Multiple Sources
- Employee and Volunteer Recognition
- Planning Special Events
- How to Raise Money from Individual Donors
- Recruiting Committed Volunteers
- How to Develop a Diversified Fundraising Strategy

Program Goals and Outcomes

- Expand child care services.

- Provide for the direct delivery of or referral to a provider for early childhood care and education; parenting education; well child check-ups and basic health services; and early identification of infants, toddlers, and preschoolers who are developmentally disabled and before-and-after school care.
- Partner with the family being served to develop a plan of service that addresses coordination of services; monitoring of the progress of the family toward greater self-reliance or self-sufficiency; assistance to the individual or family in applying for the children's basic health plan or medical assistance benefits.
- Provide a case management service that screens and assesses the families who use the center.

Evidence in Meeting Outcomes and Goals

- Per the annual reports from our contractor, the Family Resource Center Association Inc. (FRCA), the local family resource centers served 26,703 individuals during FY 2004, representing a 5.4 percent increase from the previous report.
- Also from the annual reports from FRCA, the local family centers served 8,494 individuals with child care services in FY 2004. This, too, represents an increase from the previous year.
- All families and individuals served had access to the case manager for the center that provided the services indicated above.

Collaborating Entities

Agencies collaborating with the state program:

Colorado Department of Human Services
 Division of Child Care
 Division of Child Welfare
 Colorado Family Resource Network

Agencies collaborating with local programs/grantees:

Local child care resource & referral agencies
 Local churches
 Local community centers
 Local cooperative extension offices
 Local departments of social/human services
 Local departments of public health
 Local drug/alcohol abuse prevention agencies
 Local homeless shelters
 Local hospitals
 Local housing agencies
 Local mental health agencies
 Local school districts
 Local universities and other institutes of higher education
 Local WIC offices

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Health Care Program for Children with Special Needs

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

All counties in Colorado

Program Year
2005

October 2004 - September

Funding Source(s) and Amount(s)

Maternal and Child Health Bureau

\$2,309,715

Health Resources and Service Administration
300,000

\$

Colorado State General Fund

\$2,552,672

Colorado Department of Education
30,000

\$

Number of Local Programs Funded

54

Number of Statewide Programs Funded

3

Population Served

Children and youth, ages birth - 21, with identified special needs, and their families

Total Number Served

approx. 169,000

Program Description

The overall goal for the Health Care Program for Children with Special Needs is to support optimal health and well being of children with special needs and their families and to prevent/reduce the prevalence of serious developmental disabilities arising from events in the prenatal and infant period. Health Care Program for Children with Special Needs is responsible for creating efficient and accessible systems of health services and supports for children with special health care needs and their families.

Prevention and Intervention Services Provided

Assessment of outcomes and needs for the total population; screening and tracking services for newborn and infant screening programs; consultation and training to primary care providers and other community programs; parent to parent support; information and referrals for special needs; coordination of care for select families; specialty medical clinics in rural and outlying communities.

Program Goals and Outcomes

- To increase the number of newborn genetic and hearing screenings, MCH standard is 95 percent.
- To increase the amount of family involvement in health policy and program development.
- To increase the number of medical homes in Colorado.
- To increase the number of youth with special health care needs who transition well to adult life.
- To improve the program's infrastructure.
- To improve systems at the state and regional levels for easy access by families.

Evidence in Meeting Goals and Outcomes in Prior Year

Through state and local public health agencies:

- The Health Care Program for Children with Special Needs (HCP) strengthened the medical home system in Colorado for the 169,000 children with special health care needs (CSHCN) by providing complete Medical Home best practices training to 450 public health service providers and families and through technical assistance to individual medical practices.
- HCP assured that the Colorado newborn population (70,000) received genetic screening, hearing screening, follow-up services and early intervention if appropriate.
- HCP provided health specific consultation, coordination services, resources and parent education to over 9,300 families and children who do not have another resource for these services.
- HCP contracted with Colorado Department of Human Services (DHS) to provide coordination services across the state for children and youth with traumatic brain injury (TBI) as part of the program through the Colorado TBI Trust Fund.
- HCP contracted with board certified specialty physicians thereby providing access to pediatric health care services to 2,200 children in outlying and rural Colorado through the HCP Specialty Clinic Program.
- HCP joined with both public and private partners and advocacy agencies to develop minimum standards, best practice strategies, and policies that strengthen local systems of services and supports for families of CSHCN.
- HCP linked children identified by the Birth Defects Monitoring Program, Colorado Responds to Children with Special Needs (CRCSN), with services in their home community.
- HCP provided technical assistance and training to communities in Colorado to improve services for CSHCN.
- HCP utilized surveillance data of the Birth Defects Monitoring Program, Colorado Responds to Children with Special Needs (CRCSN), Traumatic Brain Injury Surveillance Project, Colorado Child Health Survey, as well as other national, state, and local data to assess the needs of families and to evaluate outcomes.

Collaborating Entities

At the state level:

Mental Health Association of Denver	Colorado School for the Deaf and Blind
University of Colorado Health Sciences Center	The Children's Hospital
Colorado Academy of Family Physicians	Family Voices
Cerebral Palsy Center	Patient Advocacy Coalition
Child Health Plan Plus	Colorado Traumatic Brain Injury Board
Brain Injury Association of Colorado (BIAC)	
Colorado Department of Human Services	
Part C and Part B of the Individuals with Disabilities Education Act (I.D.E.A.)	
Children's Developmental Disabilities Services (DDS)	
American Academy of Pediatricians (AAP) - Colorado Chapter	

At the local level, grantees collaborate with: local hospitals, home health agencies, federally-qualified health centers (FQHC), Community Centered Boards (CCB), Part C and Part B, parent groups, schools, institutions of higher learning, Colorado Workforce Centers, and faith-based organizations.

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Healthy Child Care Colorado

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served	Program Year	February 2004 – January 2005				
All counties in Colorado	Funding Source(s) and Amount(s)	Maternal and Child Health Bureau \$50,000				
	Number of Local Programs Funded	0				
	Number of Statewide Programs Funded	1				
	Population Served					
	Child care providers, public health and community-based nurses, and, indirectly, children in child care and their parents					
	Total Number Served	<table border="0" style="margin-left: 20px;"> <tr> <td>Child care providers</td> <td style="text-align: right;">10,000</td> </tr> <tr> <td>Children in child care</td> <td style="text-align: right;">265,000</td> </tr> </table>	Child care providers	10,000	Children in child care	265,000
Child care providers	10,000					
Children in child care	265,000					

Program Description

Healthy Child Care Colorado is part of a national program to promote and support an integrated child care system at the community level that includes at minimum, health care, child care, and social support services, as well as accommodations for children with special health care needs. It is a systems development and training program created at the state level, with funds available to public health nurses at the local level for specialized child care nurse consultation training. No funds are directly dispersed to local agencies. Healthy Child Care Colorado (HCCC) seeks to improve the health and safety of Colorado children by increasing the child care provider's understanding of health and safety issues; increasing the number of child care providers who follow "best practices" to promote health and safety in their center or home; and providing support for a statewide network of child care nurse consultants.

Prevention and Intervention Services Provided

- Training for public health and community-based nurses to prepare them to provide health and safety consultation services to child care facilities.
- Training and manuals on medication administration; universal precautions; child abuse and neglect; and home visitation.
- Technical assistance for state Division of Child Care licensing staff; child care providers; registered nurses and other members of early childhood education and care programs.
- Quick Reference growth and development cards for child care providers and parents on age-appropriate activities and tasks.

Program Goals and Outcomes

The goals of this program are:

- To create a safe and healthy environment for children in child care.
- To increase accessibility to quality preventive health services.
- To increase up-to-date and easily accessible immunizations.
- To increase linkages with community resources.

Evidence in Meeting Goals and Outcomes in Prior Year

- Drafted new state regulations that more clearly define the health and sanitation requirements. The process has provided an opportunity for multi-disciplinary input. The revisions also will minimize duplication of the Colorado Department of Human Services licensing rules and regulations, which are focused specifically on child care safety.

- Increased knowledge of child care licensing specialists related to health and safety in child care based on state rules and regulations through presentations and participation in statewide quarterly licensing meetings and ongoing phone consultations.
- Increased the number of child care providers who have access to a child care health consultant services. Over 200 child care providers participated in the training and have attained knowledge related to selecting and contracting with a child care health consultant.
- Child care providers have a user friendly Web site to help them find a child care health consultant. Web hits for the time frame of April 18, 2003, to December 23, 2003, were 1,093. Additionally, the Health Child Care Colorado Director received 80-100 phone calls related to assisting child care providers finding a nurse consultant.
- Seventy child care health consultants received training during the project period.
- Fifty-five Resource and Referral employees participated and increased their understanding of the role of child care health consultants.
- Creation of a jointly supported position through The Children's Hospital, Colorado Department of Public Health and Environment, Healthy Child Care Colorado, and the Colorado Office of Resource and Referral Agencies, Inc. This joint support for the coordinator position creates the foundation for good communication between the coordinator and state agencies, child care health consultants, child care providers, and Resource and Referrals.
- Participated in regional conversations related to ongoing trainings for Healthy Child Care Colorado and child care providers. Anticipated outcome will be to maintain ongoing access to Web-based trainings offered throughout Region VIII.

Collaborating Entities

The Governor's Office
 National Resource Center for Health and Safety of Children in Child Care
 The Children's Hospital
 Colorado Office of Resource and Referral Agencies, Inc (CORRA)
 Colorado Department of Human Services, Division of Child Care
 Local Health Departments and County Nursing Services
 Early Childhood Summit
 The American Academy of Pediatrics
 Colorado Consolidated Child Care Pilots
 Head Start

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Maternal and Child Health Program

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

All counties in Colorado

Program Year

October 2004 - September 2005

Funding Source(s) and Amount(s)

Health Resource Service Administration	
Maternal and Child Health Bureau	\$7,720,891
State Initiative Grant	\$100,000

Number of Local Programs Funded

54

Number of Statewide Programs Funded

1

Population Served

Children ages 0 - 22 years of age, pregnant women

Total Number Served

224,600

Program Description

The Maternal and Child Health Block Grant is a federal grant to states to improve the health and well-being of the maternal and child populations through assessing population needs, influencing state policy, engaging in strategic planning and coordinating/implementing best practices and evidence-based programs. In Colorado, funds go to local health agencies and nursing services for services and programs in the areas of:

- Increased access to health care (including prenatal care, child health care and specialty care for children with special needs).
- Postpartum visits and newborn screening, follow-up; health and safety in child care settings; immunizations.
- School-based health care.
- Prevention of teen risk behaviors including pregnancy, alcohol, tobacco and drugs, violence, suicide and injuries.

Prevention and Intervention Services Provided

By the Colorado Department of Public Health and Environment

- Provide technical assistance and consultation in needs assessment; program planning; implementation; and evaluation.
- Training to local grantees and public health workforce – including medical, nursing and other health care professionals and students.

By local programs:

- Risk reduction programs such as teen pregnancy, alcohol and drug prevention.
- Car seat use and other injury prevention programs.
- Care coordination programs to reduce low birth weight.
- Childhood immunization reminders.
- Programs to increase enrollment in early prenatal care in Medicaid, and for insurance coverage under the Child Health Plan Plus.
- Newborn postpartum home visits.
- Specialty outreach clinics in rural areas.
- Care coordination for children with special health care needs.

Program Goals and Outcomes

- To reduce teen pregnancy and unintended pregnancy in women of all ages.
- To improve perinatal outcomes.
- To reduce child and adolescent morbidity and increase health and safety in child care settings.
- To reduce overweight, addressing physical activity and nutritional habits.
- To improve efforts to reduce unintentional and intentional injury, addressing motor vehicle crashes, suicide, child abuse, and other violence.
- To improve immunization rates for all children.
- To increase access to health care, including behavioral health care.
- To improve state and local infrastructure by increasing capacity to analyze data, carry out evaluations, develop quality standards, and assure availability of services to all women and children, including children with special health care needs.
- To reduce substance abuse such as alcohol, tobacco, and drugs.
- To improve oral health and access to oral health care.

Evidence in Meeting Goals and Outcomes in Prior Year

Out of the twenty-eight national and state performance measures, a total of four of Colorado's goals were met, four were very nearly met, thirteen were not met, and seven had no targets or data was not available for fiscal year 2003. The following performance measures were met:

- Teen birth rate.
- Newborn hearing screening rate.
- Alcohol use among adolescents.
- Dental care for children with Medicaid.

The following performance measures were very nearly met:

- Newborn screening rate.
- Breastfeeding initiation rate.
- Percent of children without insurance.
- Percent of very low birth weight babies delivered at Level III hospitals.

Collaborating Entities

Agencies collaborating with state program

Colorado Sudden Infant Death Program
Colorado Departments of Education, Human Services and Health Care Policy and Financing
Colorado Child Health Plan Plus
Colorado Association for School-Based Health Care
Colorado Tobacco Education and Prevention Partnership
Colorado Commission on Children's of the American Academy of Family Practice

Dental Health Plan
Colorado Community Health Network
The Children's Hospital
Federally Qualified Community Health Centers
Colorado Academy of Pediatrics
Colorado Chapter of the American Academy of Pediatrics
Colorado Chapter

Agencies collaborating with local programs

Local school districts and individual schools, community health centers, departments of social services; hospitals; community center boards for the developmentally disabled; churches; and county courts.

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Nurse Home Visitor Program

Counties Served

Adams
 Alamosa
 Arapahoe
 Archuleta
 Baca
 Bent
 Boulder
 Broomfield
 Clear Creek
 Conejos
 Costilla
 Delta
 Denver
 Dolores
 Eagle
 El Paso
 Garfield
 Gilpin
 Gunnison
 Hinsdale
 Kiowa
 Jackson
 Jefferson
 Lake
 La Plata
 Larimer
 Logan
 Mesa
 Mineral
 Moffat
 Morgan
 Montezuma
 Montrose
 Ouray
 Pitkin
 Phillips
 Prowers
 Pueblo
 Rio Blanco
 Rio Grande
 Routt
 Saguache
 San Juan
 San Miguel
 Sedgwick
 Summit
 Washington
 Weld
 Yuma

Prevention Services Division, Colorado Department of Public Health and Environment

Program Year July 2004 - June 2005

Funding Source and Amount
Colorado Tobacco Settlement Agreement \$ 7,736,199

Number of Local Programs Funded
Number of Statewide Programs Funded 0

Population Served
First-time low-income pregnant women and their children, ages birth to 24 months.

Total Number Served 1,962 families

Program Description
Colorado Nurse Home Visitor Program Act, as described in C.R.S. § 25-31-101, provides for regular, in-home, visiting nurse services to low-income, first-time mothers, with their consent, during their pregnancies and through their children's second birthday. The program provides trained visiting nurses to help educate mothers on the importance of nutrition and avoiding alcohol and drugs, including nicotine, and to assist and educate mothers in providing general care for their children and in improving health outcomes for their children. In addition, visiting nurses help mothers in locating assistance with educational achievement and employment. Any assistance provided through the program shall be provided only with the consent of the mother and she may refuse further services at any time.

Prevention and Intervention Services Provided
Registered nurses make regular home visits throughout this intensive, long-term program. They provide maternal and child health assessments and extensive teaching on health, parenting, safety and environmental health. They also provide links to other community services and support as needed.

Program Goals and Outcomes
The goal of the state program is to improve the health and well-being of low-income women and their families by making nurse home visitation services available to all first-time pregnant women under 200 percent of poverty who wish to participate.

Evidence in Meeting Goals and Outcomes in Prior Year

Pregnancy outcomes:

- Twenty-three percent statistically significant reduction in smoking during pregnancy; the reduction was 16 percent in the national Nurse Family Partnership (NFP).
- Average reduction of 3 cigarettes smoked per 48 hours for those who continued to smoke (2.5 cigarettes national NFP).
- Sixty-six percent statistically significant reduction in use of marijuana during pregnancy (62 percent national NFP).

- Thirty-eight percent statistically significant reduction in family/domestic violence during pregnancy (42 percent national NFP).

Infants and Toddlers:

- Nine percent premature birth rate (9.8 percent national NFP).
- Nine and half percent premature birth rate for non-Hispanic white participants (9.5 percent national NFP), 8.4 percent premature birth rate for Hispanic-participants (8.8 percent national NFP).
- Nine percent low birth weight (LBW) rate (8.8 percent national NFP).
- Nine and half LBW rate for non-Hispanic white participants (7.9 percent national NFP), 8.2 percent LBW rate for Hispanic participants (7.8 percent national NFP).
- Forty-four percent of LBW infants were of marginal LBW (5.0-5.5 lbs.).
- Eighty-four percent of Colorado NFP mothers initiated breastfeeding, 36 percent were breastfeeding at 6 months, and 19 percent were breastfeeding at 12 months (national NFP rates at 62 percent, 26 percent and 14 percent, respectively).
- Immunization rates at 12 months were 95-98 percent with the exception of the HIB vaccine (83 percent).
- Immunization rates at 24 months were 96-98 percent for hepatitis B, polio, and MMR; DTP/DtaP and HIB rates were 79 percent and 75 percent, respectively.
- The largest proportion of toddlers (29 percent scored between the 26th and 50th percentiles for language development (similar to the national NFP, 28 percent); 9 percent scored below the 10th percentile, compared to 11 percent of NFP toddlers nationwide. (Scoring below the 10 percentile may indicate a delay in language skills.)

Mother's Life Course Development:

- Thirty percent of Nurse Family Partnership (NFP) mothers reported a subsequent pregnancy by 24 months postpartum, compared to 32 percent of NFP mothers nationwide.
- Of those who entered the NFP *without* a high school diploma/GED, 38 percent completed their diploma/GED by program completion (24 months toddler age), 12 percent were pursuing education beyond high school, and 19 percent were still working toward a diploma/GED.
- Of those who entered the NFP *with* a high school diploma/GED, there was a slight increase in the percentage pursuing further education from 19 percent at intake to 22 percent at program completion.
- Of those who were 18 and older at intake, there was a decrease in workforce participation after the birth of the baby (from 54 percent at intake to 44 percent at 6 months of infancy), but this rate increased beyond the intake rate by program completion (59 percent at 24 months of child age).
- Of those who were 17 and younger at intake, there was an increase in workforce participation from 23 percent at intake to 46 percent at program completion.
- Mother worked an average of six months during their first postpartum year and 8 months during their second postpartum year (comparable to national NFP averages).
- There was an increase in percentage of mothers married, 19 percent at intake to 33 percent at program completion.

Collaborating Entities

University of Colorado Health Sciences, National Center for Children, Families and Communities
 National Nurse-Family Partnerships
 Invest in Kids, Inc.
 Healthy Families Colorado
 Prenatal Plus and Oral Health Program, Colorado Department of Public Health and Environment

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Oral Health

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

Adams
Arapahoe
Denver
Larimer
Summit
Weld

Program Year

July 2004 – June 2005

Funding Source(s) and Amount(s)

Maternal and Child Health Bureau	\$285,000
Tobacco Settlement Dental Loan Repayment	\$200,000

Number of Local Programs Funded

13

Number of Statewide Programs Funded

0

Population Served Preschool/Headstart, ages 3-5 and Elementary School ages 8-12

Total Number Served 25,000

Program Description

The Oral Health Program improves and assures access to oral health services throughout Colorado. Emphasis is placed on increasing awareness and availability of oral health services such as fluoridated water and dental sealants, screening of children to assess oral health status and urgency of dental needs, and providing fluoride supplements in non-fluoridated areas.

Prevention and Intervention Services Provided

The Oral Health Program provides limited, direct preventive dental services to children. Second graders in metro Denver schools with at least 70 percent free and reduced school lunch participation receive pit and fissure sealants through the Chopper Topper Sealant Program and the Ronald McDonald Care Mobile. Elementary school children residing in non-fluoridated communities receive weekly sodium fluoride mouth rinses. Third graders in selected counties will be screened in fiscal year 2004 to update oral health status data. An oral health component is added to the Coordinated School Health program in Summit County.

Program Goals and Outcomes

- Increase the percent of third graders statewide who have sealants on at least one permanent molar. (Healthy People 2010 goal = 50 percent). Outcome: 34 percent based on screening of 4,500 children in fiscal year 2004.
- Provide pit and fissure sealants to second grade students in low-income Metro Denver elementary schools. (Program goal = 1,500 children) Outcome: 1,452 children received 4,928 sealants.
- Maintain the number of elementary children in non-fluoridated areas across the state receiving weekly fluoride mouth rinse. (Program goal = 5,000 children). Outcome: 4,500 children in 27 schools, primarily on the Western Slope and San Luis Valley.

Evidence in Meeting Goals and Outcomes in Prior Year

The annual Chopper Topper report indicates 1,500 second-grade children received sealants (average 3.5 sealants/child) in fiscal year 2004. The number of children participating in the weekly school fluoride mouth rinse program has remained fairly stable at around 4,500 children. Overall, the program goal is to increase the number of third-grade children with pit and fissure sealants to 50 percent, consistent with the Maternal and Child Health national performance measure. A random screening of children statewide indicates only 34 percent of third graders have sealants, which is of great concern. The goals and outcomes for oral disease prevention programs for children are:

- Increase the percent of third graders statewide who have sealants on at least one permanent molar. (Healthy People 2010 goal = 50 percent). Outcome: 34 percent based on screening of 4,500 children in fiscal year 2004.
- Provide pit and fissure sealants to second grade students in low-income Metro Denver elementary schools. (Program goal = 1,500 children) Outcome: 1,452 children received 4,928 sealants.
- Maintain the number of elementary children in non-fluoridated areas across the state receiving weekly fluoride mouth rinse. (Program goal = 5,000 children). Outcome: 4,500 children in twenty-seven schools, primarily on the Western Slope and San Luis Valley.

Collaborating Entities

Kids in Need of Dentistry (KIND)
 Volunteer dentists, hygienists and public health nurses
 Colorado Community Health Network
 Colorado Dental Association
 Colorado Dental Hygienists Association
 Colorado Oral Health Network
 Oral Health Awareness Colorado! (oral health coalition)

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School-Based Health Centers

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

Adams
Denver
El Paso
Montezuma
Summit
Weld

Program Year October 2004 - September 2005

Funding Source(s) and Amount(s)
U.S. Department of Health and Human Services \$280,000
Health Resources and Services Administration,
Maternal and Child Health Bureau

Number of Local Programs Funded 15
Number of Statewide Programs Funded 2

Population Served

Students preschool – 12th grade.

Most school-based health centers (SBHC) are located in schools with a high proportion of uninsured students, and in communities with poor access to care for this age group. Studies have indicated that school-age children and adolescents have difficulty accessing preventive and primary health and mental health services, regardless of their socio-economic status.

Total Number Served 12,581

Program Description

School-based health centers are different from, but support and expand on services provided by, school nurses. Fiscal year 2005 is the first year of a three-year funding cycle to six grantees. Two grants are for districts that had not previously hosted school based health centers. A total of six new sites will be opened; one site will be opened under new management; and one site will expand into an additional school. Although they were not all funded by this program in fiscal year 2001, there were a total of thirty-eight school-based health centers sites in 14 Colorado school districts providing access to services for 55,000 students. Technical and resource assistance to all of these centers is provided through a contract with the Colorado Association for School-Based Health Care. The services offered by the centers stress preventive and primary care, early intervention and, at a minimum, include basic preventive medical care and mental health services.

Prevention and Intervention Services Provided

State level services provided include monitoring; technical assistance and resources to local programs; through a contract for services, collaboration with the state SBHC association to provide consultation, training, technical assistance and direction on quality assurance.

Through local programs

- School-based preventive and primary health care services designed to avoid unnecessary school absences, including physical exams; immunizations; care for acute illness and injury; and care for chronic conditions such as asthma and diabetes.
- Outpatient mental health and substance abuse services designed to identify problems early; reduce stigma for getting help; reduce school suspensions for problem behavior; and re-engage vulnerable students in school, including individual, family and group modalities.
- Comprehensive, well child and adolescent exams that include screening and counseling for nutrition and fitness; alcohol; tobacco and other drug use; healthy sexual choices; and mental health and safety concerns.

- In collaboration with teachers, classroom-based health promotion and education programs designed to teach health consumer skills; how to avoid health risks that affect learning; tobacco prevention and cessation; and preventive dental care programs.

Program Goals and Outcomes

- Provide comprehensive services, with an emphasis on prevention, including, at a minimum, primary physical and mental health care components.
- Target services to student populations with documented needs, such as those who live at low-income, lack access to primary care, and evidence poor health status indicators.
- Offer health services in the school building or on campus in a space that is adequate for the proposed services.
- Deploy outreach and enrollment activities to encourage healthy behavior and use of the school-based health centers.
- Demonstrate an ongoing coordinating relationship with the local public health department or county nursing service.
- Maintain ongoing project governance, in concert with a Community Advisory Council.
- Demonstrate planning to sustain the program beyond grant funding.
- Establish a continuous quality improvement program, initiated during year one, and maintain it throughout the grant cycle.

Evidence in Meeting Goals and Outcomes in prior year

With five new centers starting up in 2004, there are currently 40 school-based health centers in Colorado. During the 2003-2004 school year, nine school-based health centers were located in elementary schools, eight were in middle schools, fifteen in traditional high schools and two in alternative high schools. A van served twelve schools.

School-based health centers serve students who would not otherwise receive care. Almost 60 percent of the students who attend schools with health centers onsite are from low-income families and are medically uninsured or underinsured. Of the students with onsite access to school-based health centers in 2003-2004, the ethnic distribution was 65 percent Hispanic, 23 percent Anglo, 8 percent African American, 2 percent Native American and 2 percent Asian.

Access to school-based health care has increased since last year. Eleven percent of Colorado's students (or one-in-six) currently has access to school-based health care. More than 25,000 students have health centers onsite at their schools; 61,400 students in 112 other schools do not have health centers onsite but are linked to the school-based health centers in their districts.

Most school-based health centers receive significant local in-kind support from local hospitals, community health centers and school districts. These non-cash contributions often include space, utilities, pharmaceuticals, medical supplies, laboratory services, medical staff, mental health counseling and a host of other necessary services. In-kind contributions account for more than 42 percent of the support needed to operate school-based health care centers in Colorado. State-directed federal funds account for a small proportion of SBHC operations.

School-based health centers provide a wide array of preventive and primary health care services. During the 2003-2004 school year, more than 25,000 Colorado students received more than 71,800 units of service, logged as "visits," from their school-based health centers. More than 25 percent were behavioral health visits, an increase of almost 4,000 from the previous year. Behavioral health visits address mental health, substance abuse and other issues that interfere with learning. The number of dental visits doubled to 1,834.

Collaborating Entities

Colorado Association for School-Based Health Care

St. Anthony/Centura Hospital Systems

Parkview Medical Center

Colorado Departments of Education, Human Services, and Health Care Policy and Financing

Kaiser Permanente

Rocky Mountain Youth

Colorado Children's Campaign

Colorado Community Health Network

Cigna Health Care, Jefferson Center for Mental Health

University of Colorado Health Sciences Center, School of Nursing

Metro Community Provider Network

Local public health authorities, school districts and community health centers

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Sexual Assault Prevention Program

Counties Served

Alamosa
 Archuleta
 Boulder
 Conejos
 Costilla
 Denver
 El Paso
 Grand
 Jackson
 Jefferson
 Kit Carson
 La Plata
 Larimer
 Logan
 Mineral
 Moffat
 Morgan
 Phillips
 Rio Grande
 Routt
 Saguache
 San Juan
 Sedgwick
 Teller
 Washington
 Weld
 Yuma
 Statewide

Prevention Services Division, Colorado Department of Public Health and Environment

Program Year October 2004 - September

2005

Funding Source(s) and Amount(s)

Centers for Disease Control and Prevention	\$623,486
Preventive Health and Health Services	
Sex Offense Set Aside Funds	\$125,329

Number of Local Programs Funded 17

Number of Statewide Programs Funded 1

Population Served Citizens of Colorado; women; college students; preschool through high school students; staff; parents; and community members in communities served by grantees; staff of rape crisis centers; educators and others who work with youth.

Total Number Served The grant program will fund 15-18 community agencies to reach about 35,000 students; including college level, and 40,000 individuals overall. The college campaign will serve eight college campuses. Training, technical assistance, and networking will be provided for about 350 professionals.

Program Description

The Sexual Assault Prevention Program promotes the development of high quality prevention programs through funding provided to the Colorado Coalition Against Sexual Assault and 15-18 local sexual violence prevention programs in Colorado. The Coalition is funded to develop and disseminate information and materials, and provide training, technical assistance and networking opportunities for local sexual violence prevention programs throughout Colorado. In addition, the program collects and analyzes data on sexual assaults in Colorado. The local programs are funded to develop and implement sexual violence prevention programs in their communities. The administration of the local programs is being conducted by the Division of Criminal Justice, Office for Victims Programs for the remainder of the current funding cycle (May 1, 2004 to April 31, 2005). In the next funding cycle (May 1, 2005 to June 30, 2006), administration of the local programs will be conducted through the Sexual Assault Prevention Program in the Injury and Suicide Prevention Program at Colorado Department Public Health and Environment.

Prevention and Intervention Services Provided

- Sexual violence prevention education.
- Technical assistance on prevention education program evaluation.
- Peer education for high school and college students.
- Training, networking and technical assistance for professionals.
- Information and resource dissemination.
- Public awareness and media campaigns.
- Data collection and analysis.

Program Goals and Outcomes

- The program will plan, coordinate, develop and support sexual violence prevention efforts statewide.

- Collect and analyze data on sexual violence experienced by the people of Colorado.
- A multidisciplinary advisory committee will be convened quarterly to conduct planning activities.
- Approximately 15-18 grants will be awarded to develop and implement local sexual violence prevention programs in about 18-25 counties.
- Colorado Department Public Health and Environment will provide training, networking, and technical assistance on developing prevention efforts, to conduct media development activities.
- A campus sexual violence prevention campaign will be enhanced and expanded to reach a total of eight colleges/universities.
- About 150 professionals will receive training.
- A set of resource materials to support integration of sexual violence prevention content into school curricula will be developed and disseminated.
- At least four press releases/articles on sexual violence prevention will be disseminated.
- A media resource packet will be developed and disseminated to 120 community agencies statewide.

Evidence in Meeting Goals and Outcomes in Prior Year

- A multi-disciplinary Sexual Assault Prevention Advisory Committee met quarterly to set priorities for the use of program funds.
- Seventeen grants were awarded to develop and implement local sexual violence prevention programs in 27 counties between May 2004 and April 2005.
- Fifteen funded agencies carried out their intended prevention/education projects between May 2003 and April 2004.
- Sexual assault prevention and education programs were provided to over 40,000 students, including college level.
- A two-day training session on developing effective sexual violence prevention programs was provided to 34 professionals.
- A press conference and rally were held in Denver during Sexual Assault Awareness Month.
- Sexual Assault Awareness Month media resource packets were disseminated to all Colorado Coalition Against Sexual Assault members to promote coverage of sexual violence issues.
- Data on sexual assaults was collected from 22 rape crisis centers.

Collaborating Entities

State level collaboration

Colorado Coalition Against Sexual Assault
 Colorado Department of Public Safety, Division of Criminal Justice
 Colorado Department of Education
 Colorado Department of Human Services
 Arvada Police Department
 Denver District Attorney's Office
 Individual and Group Therapy Services

Local collaborating agencies

Day care providers
 Preschools
 Elementary, middle, junior high and high schools
 Colleges and universities
 Rape crisis centers
 Law enforcement and criminal justice agencies
 Judicial districts
 Hospitals
 Sexual Assault Nurse Examiner programs

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Counties Served

- Adams
- Arapahoe
- Archuleta
- Baca
- Boulder
- Chaffee
- Crowley
- Custer
- Delta
- Denver
- Douglas
- El Paso
- Garfield
- Grand
- Hindsdale
- Huerfano
- Lake
- Larimer
- La Plata
- Las Animas
- Mesa
- Mineral
- Otero
- Park
- Pitkin
- Pueblo
- Rio Grande
- Routt
- San Juan
- Summit
- Teller
- Weld

**State Tobacco Education and Prevention Partnership
(STEPP) Community Programs to Reduce Tobacco Use**
Prevention Services Division, Colorado Department of Public Health and Environment

Program Year	June 2004 – July 2005
Program Funding Sources	
Colorado State Tobacco Settlement Agreement	405,760
Number of Local Programs Funded*	23
Number of Statewide Programs Funded*	
Population Served*	School-age youth
Total Number Served*	112,527

Note: Based on numbers from fiscal year 2003-2004

Program Description

Through Community Programs to Reduce Tobacco Use, STEPP awards grants to local health departments and county nursing services to plan and implement comprehensive community-based tobacco control programs that address all three tobacco control goal areas, with an emphasis on the requirement for directing one-third of resources to school-age youth. There is an established public health agency responsible for serving residents in each of Colorado’s 64 counties. Because of this existing public health infrastructure, collaborating with public health agencies is both a practical and cost-efficient way of reaching Coloradans.

Twenty-three agencies were funded in fiscal year 2003-2004, reaching 31 counties (some agencies serve multiple counties and one agency submitted an application that included serving a neighboring county). Development of a five-year strategic plan was required prior to funding for implementation.

Prevention and Intervention Services Provided

Local health departments and county nursing services funded by the State Education and Prevention Partnership provide a range of services targeted to children and youth, based on community need, including:

- Community awareness campaigns.
- The promotion of evidence based tobacco education in the school setting.
- To promote and coordination of cessation programs for teen smokers.
- The promotion of public and private policies that prohibit smoking in public places, schools and workplaces.
- Activities to promote non-use of tobacco products and the perception and acceptability of smoking behavior.

The youth prevention goal of the Community Programs to Reduce Tobacco Use coordinates with the overall State Education and Prevention Partnership program in communities and with special youth-focused programs such as GET REAL, Synar Enforcement Program, Youth Smoking Cessation Project, and the K-12 Tobacco Prevention Initiative.

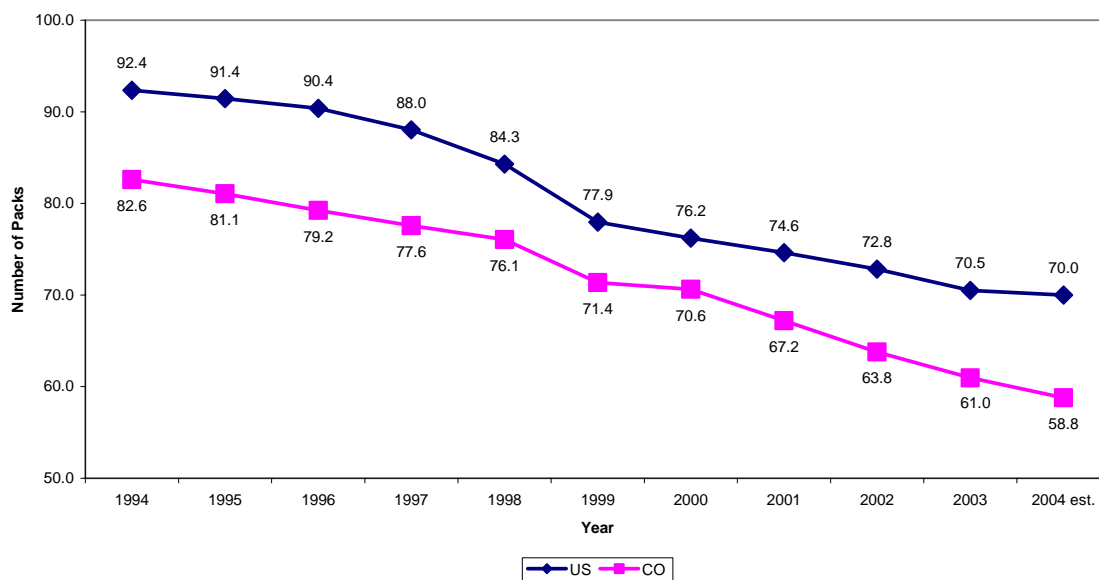
Program Goals and Outcomes

The youth component of the Community Programs to Reduce Tobacco Use is aligned with the overall goals of the State Education and Prevention Partnership program, which are to prevent youth initiation, to promote cessation of tobacco use, and to reduce exposure to environmental tobacco smoke.

Evidence in Meeting Outcomes and Goals in Prior Year

- Sixty-eight percent of agency objectives were achieved.
- Per capita packs of cigarettes consumed in Colorado declined by from 2000 to 2003 (see graph below).
- Enforcement and compliance with Colorado's Tobacco Free Schools Law, which eliminates secondhand smoke exposure on school property and models tobacco-free environments in communities, were further enhanced throughout the state.
- Healthcare providers from various disciplines were trained to implement Public Health Service Guidelines on tobacco cessation and make appropriate referrals to Colorado's Quitline and QuitNet services.
- Policies regarding secondhand smoke exposure in public places and work places were strengthened in 10 communities (Grand Junction, Breckenridge, Frisco, Dillon, Silverthorne, Frederick, Greeley, Pagosa Springs, Westcliffe, and Longmont) and several communities are considering strengthening policies.
- Enforcement of and compliance with clean indoor air ordinances have improved (Ft. Collins, Pueblo)
- Where objectives were not accomplished, grantees described barriers and lessons learned in order to contribute to the practical knowledge base of what worked or did not work, and why, within community programs.

**Annual per Capita Cigarette Pack Consumption,
United States and Colorado 1994-2004**



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Counties Served

Alamosa
Boulder
Denver
Gunnison
Jefferson
Larimer
LaPlata
Mesa
Prowers
Pueblo
Weld

Colorado Collegiate Tobacco Prevention Initiative

Prevention Service Division, Colorado Department of Public Health and Environment

Program Year

Program Funding Sources

Colorado State Tobacco Settlement Agreement \$99,905

Number of Local Programs Funded 16

Number of Statewide Programs Funded 1

Population Served

Total Number Served*

Number of students directly served 266,600

Number of students indirectly served 120,000

* Note: Based on numbers from fiscal year 2003-04

Program Description

In Spring 2002, the Colorado State Tobacco Education and Prevention Partnership (STEPP) initiated efforts to address tobacco use and attitudes by college students on campuses across the state by funding The BACCHUS and GAMMA Peer Education Network to coordinate the Colorado Collegiate Tobacco Prevention Initiative (CCTPI). This non-profit organization was a logical and appropriate choice for providing leadership with this effort, as it is the oldest and largest organization serving the higher education community devoted to preventing alcohol abuse and other drug use and promoting health and safety issues for college students. In its 29th year in higher education, BACCHUS and GAMMA chapters and affiliates are found on over 1,000 college and university campuses in the United States. Based in Denver, Colorado, this organization provides a wide range of services and resources through an emphasis on peer education approaches.

The purpose of the CCTPI is to provide Colorado institutions of higher learning with funding and technical assistance to implement a set of evidence-based tobacco prevention strategies by establishing comprehensive tobacco control programs on campuses. Campuses work with students, campus leaders, community leaders and STEPP to achieve this objective.

Prevention and Intervention Services Provided

The primary components of the initiative are the following:

- Tobacco Use and Attitude Survey—An online, anonymous survey was administered to collect baseline data from a representative sample of students on each campus regarding tobacco use and knowledge and attitudes about tobacco use.
- Environmental Scan—An investigative survey was conducted to capture information for each campus on their campus policies and resources regarding tobacco control.
- Campus Task Force—Campuses were given tools to create a stakeholders group to include all appropriate campus staff, personnel and students to focus on policy change.
- Cessation Resources—Students who requested support for tobacco use cessation were given a Quit Kit, which provided helpful cessation resources, information on Colorado’s Quitline and QuitNet and a self-help CD “Journey of a Lifetime,” which provided cessation information and strategies. Two cessation-focused marketing campaigns also were conducted, the first centered on “New Year’s Resolutions” and the second regarding a pledge to “Quit By the Time You Graduate.”
- Social Norms Marketing Campaign—This four-part campaign promoted tobacco prevention messages to promote the norm that most students don’t smoke and most prefer a healthy lifestyle. Materials and resources were distributed throughout each campus during the campaign.

Program Goals and Outcomes

- Increase awareness on college campuses about the hazards of tobacco use and of secondhand smoke.
- Increase involvement on college campuses to reduce tobacco use and eliminate secondhand smoke.
- Increase the number of tobacco control policies on each individual campus.
- Empower students to take action on tobacco control issues.
- Increase collaboration between campuses and communities to address tobacco control.

Evidence in Meeting Outcomes and Goals in Prior Year

In the second year of this initiative, the primary focus for the 16 participating campuses continues to be data collection and the establishment/maintenance of campus wide infrastructures to address tobacco prevention efforts. As fiscally possible, prevention and intervention activities were also implemented.

An external evaluation of the initiative documented the following accomplishments for each objective during the first year of funding:

- Increase awareness on college campuses about the hazards of tobacco use and of secondhand smoke.
 - A total of 33 tobacco education programs were implemented among the 16 campuses.
 - A total of 26,660 students participated in tobacco education programs on the campuses.
 - More than 120,000 college students in Colorado were exposed to social norms marketing messages.
 - The Campus Tobacco Use and Attitudes Survey Spring 2004 indicated that the majority of students agree that secondhand smoke is dangerous to themselves and other people.
- Increase involvement on college campuses in efforts to reduce tobacco use and eliminate secondhand smoke.
 - All campuses remained involved with CCTPI throughout the entire academic year.
 - The components of the initiative were implemented fairly consistently on each of the 16 participating campuses.
 - Each campus had one student leader who received a stipend to assist with the project. These students contributed a total of 1,022 hours during the 2003-2004 academic year. This was supplemented by an additional 595 student volunteer hours.
 - Campus advisors volunteered 1,476 hours of staff time during the 2003-2004 academic year.
 - Increase the number of tobacco control policies on each individual campus.
 - Most campuses were able to address policy issues: nine campuses worked on implementing tobacco control policies on their campuses, six campuses completed policy education initiatives, four campuses worked on policy enforcement initiatives, and seven campuses began the development/discussion process for implementing tobacco control policies.
- Empower faculty, staff and students to take action on tobacco control issues.
 - All 16 campuses completed the environmental scan and 15 campuses completed the student Tobacco Use and Attitude Survey.
 - The process of gathering data through the Tobacco Use and Attitude Survey—a new activity for most campuses—continues to provide reinforcement to the campus advisors about their own ability to do these tasks in the future.
 - All campuses developed, implemented and participated in unique tobacco-related programs specific to campus needs and environments in order to increase awareness of tobacco-related issues on campuses.
- Increase collaboration between campuses and communities to address tobacco control.
 - The majority of campuses reported collaborative and communication efforts with local community leaders and local health departments on campus and local tobacco control and prevention activities.

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Get R!EAL

STEPP Program, Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

- Alamosa
- Arapahoe
- Baca
- Boulder
- Clear Creek
- Delta
- Denver
- Eagle
- El Paso
- Hinsdale
- Jackson
- Jefferson
- Lake
- Larimer
- Mineral
- Moffat
- Montezuma
- Montrose
- Morgan
- Park
- Phillips
- Prowers
- Pueblo
- Rio Grande
- Summit
- Teller
- Weld
- Yuma

Program Year July 2004-June 2005
Program Funding Sources
 Colorado State Tobacco Settlement Agreement \$52,034

Number of Local Programs Funded* 44
Number of Statewide Programs Funded* 0

Population Served The program targets youth 12-18 years of age throughout Colorado.

Total Number of Youth Served* 450

* Note: Based on numbers from fiscal year 2003-04

Program Description

Coordinated by State Tobacco Education and Prevention Partnership (STEPP) and funded by tobacco settlement dollars and a \$666,666 grant from the American Legacy Foundation, this youth-led movement includes two components: local youth coalitions and statewide activities. Get R!EAL youth coalitions conduct local tobacco assessments and design youth-led activities in their communities that promote the Get R!EAL message and encourage policy change to reduce youth tobacco use and exposure to secondhand smoke. Additionally, Get R!EAL statewide activities offer youth the opportunity to receive additional training, participate in statewide advocacy events and assume leadership roles at the state level. During the reporting period, two statewide advocacy events were implemented, four Regional Tobacco Forums were hosted, one statewide youth Leadership Board training program was conducted and one executive council strategic planning conference was held.

Prevention and Intervention Services Provided

Get R!EAL is comprised of three major components:

Youth coalitions: Training, technical assistance and grant funds are provided to youth coalitions across the state. Youth conduct local tobacco assessments; design youth-led advocacy activities in their communities; and encourage policy change. Youth also educate city councils, school administrators, local businesses and community members on the strategies of the tobacco industry. Regional tobacco forums are held to provide hands-on opportunities for advocacy.

Statewide Events: Youth active on the statewide executive council (ATAC Team) and the four statewide committees (Leadership in Action; Statewide Events; Marketing and Promotion; and The Web and Beyond) encourage coalition participation in statewide events and/or activities so that momentum and media attention are raised and more youth are attracted to the movement.

Media/Marketing Efforts: Get R!EAL utilizes multiple media and marketing efforts to reach its target audience. Cable TV buys showcasing the movement; exposing tobacco industry tactics aimed at youth; and driving youth to the Web site were purchased. The Web site, www.getrealcolorado.com, delivers a message of empowerment, exposes industry marketing tactics aimed at teenagers, and encourages youth to make educated choices about the use of tobacco. The road tour is a marketing campaign on wheels, designed to capture the interest and attention of teenagers and make them aware of industry strategies to promote and normalize tobacco use. The road tour will be used only at large-scale special events in this fiscal year.

Effective September 1, 2004, the Get R!EAL movement transitioned the remaining American Legacy Foundation grant funds from the Colorado Department of Public Health and Environment to the University of Colorado Health Sciences Center. During fiscal year 2004-2005, Master Settlement funds will not be used to support the Get R!EAL movement.

Program Goals and Outcomes

- To promote youth advocacy and empowerment via youth coalitions in the context of anti-tobacco industry messages.
- To involve youth in the ongoing maintenance and promotion of a Web site that provides information on the tobacco industry's marketing strategies to promote tobacco use.
- To create awareness among vulnerable youth about the influence of tobacco industry media and to communicate a non-smoking message to teens through a multi-faceted marketing campaign.

Evidence in Meeting Outcomes and Goals in Prior Year

In spring 2004, the Youth Tobacco Survey was compiled. At this time, these data are pending analysis. As survey results become available, implications and conclusions will be drawn regarding the population-based impact of Get R!EAL and other state-supported, youth-focused, tobacco control efforts.

In an effort to identify tobacco control issues in specific communities, local Get R!EAL coalitions engaged in local needs assessment activities that explored following areas:

- Youth access to tobacco.
- Local tobacco marketing and promotion.
- Youth tobacco use and trends.
- Tobacco education and youth cessation.
- Secondhand smoke.
- National tobacco media, marketing and promotion.

Based on local needs assessment findings, and in collaboration with a local health agency, Get R!EAL youth coalitions employed the logic model to design program plans and expected outcomes. The following are a few examples of Get R!EAL youth coalition outcomes:

- In one small Colorado community, Get R!EAL youth met with members of the city's governing board to educate them on the benefits of a tobacco-free skate park. As a result, the town policy now restricts tobacco use at the local skate park.
- A middle school Get R!EAL coalition assessed and documented youth tobacco access concerns in their community. The youth met with city council and provided a visual display that demonstrated how easily tobacco products could be accessed and stolen by youth in the community. In an effort to affect policy change, the youth presented solutions to addressing these youth access concerns.
- Another local Get R!EAL coalition created a comprehensive youth-led tobacco prevention and intervention program with grant funds. This coalition documented their processes and successes and presented the model at both the state and national "Family, Community, and Career Leaders of America" competitions. As a result, they received the highest honors for program presentation.

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K-12 Tobacco Prevention Initiative

STEPP Program, Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

Adams
 Alamosa
 Archuleta
 Boulder
 Crowley
 Custer
 Delta
 Denver
 El Paso
 Grand
 Gunnison
 Jackson
 Jefferson
 Larimer
 Moffat
 Park
 Pueblo
 Routt
 Saguache
 Weld
 Yuma

Program Year July 2004 – June 2005

Program Funding Sources
 State Tobacco Settlement \$250,000

Number of Local Programs Funded* 158 schools

Number of Statewide Programs Funded* 1

Population Served* School-age children, grades K-12

Total Number Served* 42,975

* Note: Based on numbers from fiscal year 2003-2004

Program Description

The K-12 Tobacco Prevention Initiative is based on the “Essential Components of Effective Tobacco Prevention for Schools,” modeled after the Centers for Disease Control and Prevention (CDC) “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.” The five essential components include comprehensive tobacco prevention policies; effective classroom instruction with special emphasis on middle grades; assistance to students who want to quit smoking or using tobacco products; involvement of parents and families in programs; and linkages to community-based prevention activities. Funding is provided directly to schools and/or districts to implement one or more of the essential components. The initiative is managed by the Rocky Mountain Center for Health Promotion and Education (RMC).

Prevention and Intervention Services Provided

Rocky Mountain Center implemented a three-tiered funding structure for schools and districts to implement comprehensive tobacco prevention programs. The funding levels have increasing degrees of comprehensiveness, and all have the goal of building district capacity and infrastructure that will sustain effective tobacco education, prevention and cessation programs over time. Colorado schools funded by the K-12 Initiative have the three funding mechanisms:

- Mini-grants (MG) individual schools or small districts work on a single Essential Component for one school year.
- Middle School Classroom Plus (MS+) individual middle schools implement Component 2 plus one other Essential Component. Funding is provided for up to two years.
- School/Community Partnership (SCP) school districts (or articulation areas in large districts) implement all five Essential Components over time. Funding is initially provided for an 18-24 month period.

During the fiscal year 2003-2004, 158 schools in 23 school districts were funded to conduct activities at one of the program levels listed above.

Program Goals and Outcomes

As part of the K-12 Tobacco Prevention Initiative, School/Community Partnership grantees (n=5) and Middle School+ grantees (n=18) participated in an evaluation of CDC guideline implementation as defined by a set of key indicators. Grantees completed an indicators profile at baseline and then again at the completion of the first full year school year as a funded site. Preliminary findings show that grantees made significant gains in implementation of 1) tobacco-related policies, 2) classroom instruction, 3) cessation programs, 4) family involvement and 5) staff development. Little change was made in the component of community linkages, with some grantees losing ground when local community coalitions

lost funding. The Rocky Mountain Center for Health Promotion and Education (RMC) team used the first-year results to identify technical assistance, resource development, and training needs for the 2004-2005 school year.

Evidence in Meeting Outcomes and Goals in Prior Year

For the School/Community Partnership pilot sites, RMC added the following criteria.

- In districts with one traditional high school, two-to-three middle schools preferred.
- Letters of support/commitment required from different community partners.
- Schools/communities with external structures in place that show commitment to tobacco control (ordinance, coalition, other) were given preference.
- Requests for Proposals were developed, revised and pilot tested, and released to school districts across the state in December 2002, with a due date in February 2003. One additional district was enrolled in the School/Community Partnership, and six additional schools were enrolled in the Middle School Classroom+.
- Two rounds of funding for mini-grants were offered during the 2002-2003 school year. In the first round (December 2002), 18 applicants received funding. In the second round (April 2003), an additional seven applicants received funding.
- Trainings conducted in 2003-2004: RMC conducted 17 trainings with 185 participants from across the state.

Technical Assistance Provided 2003-2004

The following are highlights of the technical assistance provided by RMC staff this year:

- Staff from every funded site received ongoing technical assistance to implement the Essential Components indicated in their work plans.
- Schools received technical assistance in the curriculum selection and adoption process (including presentations at School Board meetings and assistance with facilitation of school/community meetings).
- Schools received technical assistance to implement curricula effectively.
- Schools received technical assistance to begin conducting local evaluation efforts.
- Schools received technical assistance to review policies and make them more educational and less punitive.
- Schools received technical assistance to effectively involve parents and families and build community linkages.
- RMC provided a wide variety of resources to supplement the Essential Components.
- Technical assistance was focused on sustainability and building the school/district infrastructure.
- Technical assistance was provided, whenever possible, to more than one person in the school/district with the intent of developing the capacity of numerous staff and community representatives.
- Technical assistance was provided quickly and with sufficient depth and breadth to meet the needs of individuals requesting the assistance.
- All technical assistance efforts are geared toward fostering self-reflection, skill-building and empowerment rather than dependency.
- A former Oregon Department of Education staff member was hired by RMC and she met with the STEPP staff to identify learnings from the successful Oregon program to be applied in Colorado.
- Coordinators from the three northern sites (Gilcrest, Ft. Collins and Boulder) met twice during the school year to share challenges and learnings.
- RMC staff met monthly to discuss our technical assistance strategies, study the literature around best practices in providing technical assistance, and share learnings across sites.

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Youth Access/Merchant Compliance - Synar Program **STEPP Program, Prevention Services Division, Colorado Department of Public Health and Environment**

Counties Served	Program Year	June 2004 – July 2005
	Program Funding Sources	
	Colorado State Tobacco Settlement Agreement	\$319,000
All counties in Colorado	Number of Local Programs Funded	0
	Number of Statewide Programs Funded	1
	Population Served	All tobacco retail outlets in Colorado
	Total Number Served	
	*Note: number of retailer compliance checks; based on fiscal year 2003-2004	

Program Description

Enforcement of tobacco control policies is one of the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. Enforcing laws that restrict tobacco sales to minors and educating merchants can reduce illegal sales of tobacco to minors and youth tobacco use. In Colorado, among high-school students who are younger than 18 and current smokers, 26 percent usually buy their own cigarettes.

Prevention and Intervention Services Provided

The Department of Revenue, Liquor and Tobacco Enforcement Unit (TEU) conducts over 1,000 Synar-required compliance checks with eligible tobacco retailers, issues criminal summons, and notifies retailers of violations and conducts rechecks. The Liquor and Tobacco Enforcement Unit takes enforcement actions against non-compliant retailers, and conducts over 1,400 non-Synar compliance checks, inspections and tobacco investigations, and completes follow-up with retailers.

Program Goals and Outcomes

By federal law, Colorado must maintain an ongoing non-compliance rate of 20 percent or less of sales of tobacco to minors. Funding is provided for the enforcement of the law prohibiting sales of tobacco to minors and for meeting Federal Sampling requirements and additional non-Sampling compliance checks, inspections and merchant education. If the rate exceeds that targeted 20 percent non-compliance rate, 40 percent of Colorado's Federal Substance Abuse Prevention and Treatment Block Grant will be lost as a penalty. The Colorado Department of Revenue, Liquor and Tobacco Enforcement Unit proves enforcement of Youth Access Laws. The TEU also works to maintain a list of eligible tobacco retailers in Colorado.

Evidence in Meeting Outcomes and Goals in Prior Year

Sampling Compliance Checks

- By June 30, 2004, the Department of Revenue, TEU, will conduct 1,000 sample-required compliance checks with eligible tobacco retailers.
- One hundred percent of sampling violating sales clerks will receive a criminal summons at the time of the violation throughout the contract period.
- One hundred percent of sampling violating retailers will be notified within 14 working days, in writing, of violations occurring at their establishments.
- By August 1, 2004, 100 percent of required sampling compliance check results will be reported, in writing, to the Colorado Department of Public Health and Environment, State Tobacco Education Prevention Partnership program.

Sampling Rechecks

- One hundred percent of confirmed sampling violating retailers will receive an enforcement compliance recheck within 120 days of the initial violation throughout the contract period.
- One hundred percent of sampling violating retailers will be issued an administrative summons at the time of the second or subsequent violation within a 24-month period.

Non-Sampling Compliance Checks, Inspections, and Other Tobacco Investigations

- By June 30, 2004, the Department of Revenue, TEU, will conduct a minimum of 1,500 additional compliance checks with eligible tobacco retailers.
- One hundred percent of suspected violating tobacco retailers identified by complaint will receive an initial enforcement investigation within 120 days of notification to the Department of Revenue, TEU, throughout the contract period.
- One hundred percent of all tobacco law (applicable C.R.S. Titles 18, 24 and 39) violating retailers will receive a recheck inspection or other investigation within 60 days of the initial violation throughout the contract period.

List Building and Database

- By June 30, 2004, the Department of Revenue, TEU, was to have complete mapping, identification and tobacco law education of eligible tobacco retailers in at least 20 percent of Colorado counties.
- By June 30, 2004, the Department of Revenue, TEU was to have establish and maintain a database of eligible tobacco retailers utilizing information derived from lists provided by NAICS code, liquor licenses and statutorily required information provided by Colorado Tobacco Wholesalers/Distributors.

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Counties Served

Adams
 Alamosa
 Arapahoe
 Boulder
 Clear Creek
 Denver
 Eagle
 El Paso
 Fremont
 Garfield
 Gunnison
 Jefferson
 Kit Carson
 La Plata
 Larimer
 Mesa
 Montezuma
 Park
 Prowers
 Pueblo
 Rio Grand
 Weld
 Routt
 Summit
 Teller
 Weld

Youth Smoking Cessation Project

STEPP Program, Prevention Services Division, Colorado Department of Public Health and Environment

Program Year	July 2004 – June 2005
Program Funding Sources	
Colorado State Tobacco Settlement Agreement	\$50,000
Number of Local Programs Funded*	53
Number of Statewide Programs Funded	1
Population Served*	High School-age youth
Total Number Served*	820

* Note: Based on numbers from fiscal year 2003-2004

Program Description

N-O-T (Not On Tobacco) is a voluntary youth cessation program that was developed by the American Lung Association and has been implemented and evaluated nationwide. N-O-T's 10-session, gender sensitive curriculum uses multiple strategies to help teens stop smoking. Additionally, the program promotes healthy lifestyle behaviors such as exercise and good nutrition, while teaching life management skills such as stress management and decision-making. The American Lung Association of Colorado (ALAC) manages the implementation and evaluation of N-O-T programs throughout the state. The ALAC designed a N-O-T request for application process, recruited and selected high schools statewide to participate in the N-O-T program, and trained adult facilitators to manage local N-O-T programs. Staff from ALAC provided ongoing technical assistance throughout the year to grantees, and offered

Facilitator Summits for experienced N-O-T facilitators who were interested in discussing ideas, sharing experiences, and further exploring issues of youth tobacco use and cessation. Additionally, the ALAC monthly N-O-T newsletter, *The Knot*, was developed and distributed in an effort to keep N-O-T facilitators throughout Colorado connected and updated. The newsletter offered new information in the tobacco control field and provided a forum for sharing ideas and highlighting successes.

Prevention and Intervention Services Provided

Not On Tobacco (N-O-T) is one of two nationally evaluated programs shown to reduce youth tobacco use. The program is a school-based, 10 session curriculum that uses multiple strategies to help teens stop smoking. Additionally, the program promotes healthy lifestyle behaviors such as exercise, good nutrition, and life management skills such as stress management and decision-making. The American Lung Association trains adult facilitators such as teachers, counselors, and nurses; funds adult and youth incentives; provides technical assistance; and distributes its newsletter to local grantees who implement youth smoking-cessation programs in 41 schools.

Program Goals and Outcomes

In fiscal year 2003-2004, 820 students from 53 high schools across Colorado participated in the program. Equal numbers of males and females participated, and student participants were fairly evenly distributed throughout grades 9-12. Fifty-eight percent of the participants were Caucasian, and 21 percent were Hispanic. One hundred thirteen local school personnel facilitated the N-O-T program.

Outcomes

- Thirty-four percent of participants quit smoking.
- An additional 48 percent of participants reduced their tobacco consumption.

- Seventy-four percent of participants reported that N-O-T increased their self-esteem.
- Seventy-two percent of participants could deal more effectively with stress.

Evidence in Meeting Outcomes and Goals in Prior Year

During the 2003-2004 school year, 820 students from 53 high schools across Colorado participated in the N-O-T program. Equal numbers of males and females participated, and participants were fairly evenly distributed throughout grades 9-12. Fifty-eight percent of the participants were Caucasian and 20 percent were Hispanic. One hundred thirteen local school personnel facilitated the N-O-T program.

Of youth who participated in N-O-T during the contract year, the average age for initiating tobacco use was 12, and on average they had been smoking for four years. Seventy-three percent of the youth had tried to quit smoking previously, and 74 percent had tried to quit at least twice. Sixty-seven percent reported having a parent or guardian who smoked, while 98 percent had a close friend who smoked. Ninety-one percent of participants entered the program smoking at least a pack of cigarettes a day. When asked why they smoked, participants' top four answers included feeling angry, upset or down, and as a way to relax.

By the end of the program, 34 percent of participants had quit smoking, and an additional 48 percent had reduced their consumption. Additionally, 89 percent of the teens reported that N-O-T was important in helping them quit smoking, and over 60 percent reported that N-O-T helped them increase other healthy behaviors. Seventy-five percent of participants felt that N-O-T helped raise their self-esteem, while 75 percent reported the program helped them deal more effectively with stress.

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Suicide Prevention

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

All counties in Colorado

Program Year July 1, 2004 - June 30, 2005

Funding Source(s) and Amount(s)

Colorado State General Fund	\$272,608
Preventive Health and Health Services Block Grant	\$19,000

Number of Local Programs Funded 20

Number of Statewide Programs Funded

Population Served

Children and youth ages 9-18, and adults, especially those at risk for suicide attempts and suicide deaths

Total Number Served

Program Description

The charge of the Office of Suicide Prevention is to address suicide and suicidal behavior among Coloradans of all ages in order to reduce the suicide rate in Colorado. Serving as the lead agency coordinating suicide prevention programs, the Office of Suicide Prevention addresses a number of areas related to the implementation and administration of statewide suicide prevention efforts. The local grant program is designed to support communities working on comprehensive suicide prevention programs and to improve and expand suicide prevention at a local level, with a number of them being focused specifically on the youth population and those individuals who serve youth.

Prevention and Intervention Services Provided

The State Office of Suicide Prevention provides the following services:

- Technical support and capacity building.
- Statewide needs and resource assessment.
- Training.
- Public awareness and education campaign, including materials development and distribution.
- Grant-making to local suicide prevention efforts.
- Management of gifts, grants, donations.

Local programs

Provide the following programs and services:

- Training for first responders.
- Suicide awareness and education campaigns.
- Assistance to individuals with suicide concerns in navigating the insurance system.
- Counseling and related interventions.
- Public awareness.
- Gatekeeper training, a gatekeeper is a person who may come in contact with someone at risk for suicide.

Program Goals and Outcomes

- Thirteen community-based group suicide prevention and education services awarded.
- Conduct two Train the Training workshops in suicide intervention skills.
- Ongoing implementation of public awareness campaign.
- Outreach to over 44,140 people.

- Conduct two regional suicide prevention coordinating meetings.

Evidence in Meeting Goals and Outcomes in Prior Year

- Fourteen community-based group suicide prevention and education services awarded.
- Three Train the Trainer workshops conducted.

Collaborating Entities

Suicide Prevention Coalition of Colorado
Suicide Education Support Services
Suicide Prevention Resource Center
Suicide Prevention Partnership
Local Health Departments
Mental Health Center
Division of Mental Health
Mental Health Association of Colorado

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Tony Gramscas Youth Services Program

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served	Program Year	July 2004 - June 2005
All counties except Baca Bent Crowley Logan Ouray Prowers	Funding Source(s) and Amount(s)	
	Colorado State Tobacco Funds Agreement	\$3,438,278
	Matching funds from foundation and local funds	\$10,600,000
	Number of Local Programs Funded	104
	Number of Statewide Programs Funded	0
	Population Served	
	Total Number Served	36,442

Program Description

The Tony Gramscas Youth Services (TGYS) Program funds community-based programs that target youth and their families for prevention and intervention services in an effort to reduce youth crime, violence, and other high-risk behaviors. The programs include student drop-out prevention programs, early childhood, youth mentoring, and other programs designed to support children, youth, and families and reduce negative outcomes. Information on the Tony Gramscas Youth Services Program can be found at <http://www.cdphe.state.co.us/ps/tgys>.

Prevention and Intervention Services Provided

Local programs provide a range of services, including youth mentoring, drop-out prevention programs, before-and-after school programming, early childhood and school readiness services, gang rescue, services for homeless youth, tutoring and literacy programs, conflict resolution and mediation, family strengthening, restorative justice, skills training and youth leadership development. More specific program descriptions and contact information for each of the 104 local programs will be available in the near future at <http://www.cdphe.state.co.us/pp/index.asp>.

Program Goals and Outcomes

The overall goals of this program are to reduce youth crime, violence and other high-risk behaviors and support health and social behaviors that promote overall positive youth development. Specific measurable outcomes are written at the individual program level.

Evidence in Meeting Goals and Outcomes in Prior Year

The TGYS program was not operating during the prior year.

Collaborating Entities

At the state level the program actively collaborates with the Governor's Office, other prevention and intervention programs in the Colorado Department of Public Health and Environment and related programs in the Departments of Education, Human Services, Public Health and Environment, Public Safety and Transportation.

At the local level the programs collaborate with a broad range of public, private and community-based non-profit organizations including local schools, health care providers, local police officers and court systems, local social service agencies, faith-based organization, child care centers, youth-serving agencies, and a range of community coalitions promoting healthy child development.

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Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Prevention Services Division, Colorado Department of Public Health and Environment

Counties Served

Statewide

Program Year	October 2004- September 2005	
Funding Source(s) and Amount(s)		
U.S. Department of Agriculture, Nutrition and Administration (NSA)		\$14,000,000
U.S. Department of Agriculture Food Funds		\$5,000,000
Number of Local Programs Funded		41
Number of Statewide Programs Funded		0

Population Served

Infants and children from birth to four years of age; pregnant, postpartum, and breast feeding women

Total Number Served (average monthly caseload) 84,000

Program Description

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) funds local health departments; community health centers; county nursing services; and one community action agency to serve all Colorado communities. Local WIC programs provide nutrition education; breast-feeding support; referrals to other health; food; and social service programs to eligible women and children ages 0-4. Participants also receive checks redeemable at designated grocery stores for milk; cereals; eggs; cheese; peanut butter; beans; juice and infant formula. Exclusively breastfeeding moms also receive tuna and carrots. Participants must meet income eligibility requirements (up to 185 percent of poverty) and have a nutritional or medical risk factor.

Prevention and Intervention Services Provided

At the state level: The state-level WIC program provides funds to local WIC programs; training in various aspects of nutrition and healthy child development; policy and standards development; support for data collection and fiscal management systems; support and monitoring of designated grocery stores which provide commodities to clients and overall quality assurance of the services delivered statewide.

At the local level: Local WIC programs provide nutrition education; breast-feeding support; referrals to other health food and social service programs to eligible women and children ages 0-4. Participants also receive checks redeemable at designated grocery stores for milk; cereals; eggs; cheese; peanut butter; beans; juice and infant formula. Exclusively breastfeeding moms also receive tuna and carrots. Participants must meet income eligibility requirements up to, 185 percent of poverty, and have a nutritional or medical risk factor.

Program Goals and Outcomes

- In fiscal year 2005, 137,000 (unduplicated) eligible women and children will receive a supplemental food package and nutrition education through the WIC program.
- In fiscal year 2005, 68 percent of the WIC women will breast-feed their children at hospital discharge.
- In fiscal year 2005, 40 percent of the WIC women will breast-feed their babies until their infant turn 6 months old.
- In fiscal year 2005, the anemia rate of WIC participants will be 7.9 percent.

Evidence in Meeting Goals and Outcomes in Prior Year

- In fiscal year 2004, 135,000 (unduplicated) eligible women and children received a supplemental food package and nutrition education through the WIC program.
- In fiscal year 2004, 68 percent of the WIC women breast-fed their children at hospital discharge.
- In fiscal year 2004, 40 percent of the WIC women breast-fed their babies until their infant was 6 months old.
- In fiscal year 2004, the anemia rate of WIC participants was 7.9 percent.

Collaborating Entities

State-level collaborations

National WIC Association

U.S. Department of Agriculture

Colorado Breastfeeding Task Force

The Rocky Mountain Food Institute

Health Care Policy and Financing, EPSDT Program

Child Health Plan Plus

Homeless shelters

Colorado Department of Public Health and Environment:

Immunization

Child and Adult Care Food Program

Health Care Program for Children with Special Needs

State Tobacco Education Prevention Partnership Program

Public Health Nursing

Prenatal

Family Planning

Local-level collaborations

County nursing services

Homeless shelters and housing services

Local social service agencies

Community health centers

Local tobacco cessation programs

Substance abuse and mental health service providers

Physicians and private health care providers

Local grocery stores

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Juvenile Justice and Delinquency Prevention Formula Grant Program



Office of Juvenile Justice, Division of Criminal Justice, Colorado
Department of Public Safety

Program Year October 2004 – September 2005

**Counties
Served**

Statewide

Funding Source(s) and Amount(s)

Federal Juvenile Justice and Delinquency Prevention Act (USC 5601)

Office of Juvenile Justice and Delinquency \$850,000

Number of Local Programs Funded 30

Number of Statewide Programs Funded 2

Population Served Juveniles who are involved, or at high risk of becoming involved, in the juvenile justice system and the professionals and lay persons who work with those juveniles

Total Number Served 600

Program Description

This program provides funding to assist in efforts designed to enhance or respond to a variety of juvenile justice and delinquency issues. The fund is managed by the Governor-appointed Juvenile Justice and Delinquency Prevention Council, which establishes priorities each fall for funding in the following year. Current priorities are the following areas: Addressing mental health needs of juveniles in the juvenile justice system, restorative justice, gender specific services for girls in the juvenile justice system, the over representation of minority youth in the juvenile justice system and compliance with the four core protections of the federal Juvenile Justice and Delinquency Prevention (JJDP) Act.

Prevention and Intervention Services Provided

The program funds a range of services based on system gaps and needs, including restorative justice, youth advocacy, crisis intervention, mental health services, mentoring, and cultural and gender-specific services.

Program Goals and Outcomes

- Reduce recidivism rates for youth served.
- For the youth served, reduce the number who fail to appear for their court date.
- Reduce the number of violations of court ordered sanctions for youth served.

Evidence in Meeting Outcomes and Goals in Prior Year

- Programs funded show a 2 percent reduction in recidivism rates for youth served.
- Programs funded show a 2 percent reduction in court failure to appear rates for youth served.
- Programs funded show a 2 percent reduction in violations of court issued sanctions for youth served.

Collaborating Entities

Colorado Department of Human Services
Division of Youth Corrections,
Alcohol and Drug Abuse Division
Colorado State Judicial Branch

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Title V Incentive Grants for Local Delinquency Prevention

**Division of Criminal Justice, Office of Juvenile Justice, Colorado
Department of Public Safety**

Counties Served

Chaffee
Lake
La Plata
Larimer
Teller

Program Year October 2004 - September 2005

Funding Source(s) and Amount(s)
Federal Office of Juvenile Justice and Delinquency \$200,000
Prevention, Office of Justice Programs

Number of Local Programs Funded 8

Number of Statewide Programs Funded

Population Served

Children and youth ages 0-18 served by funded programs

Total Number Served 240

Program Description

This program provides federal funds to units of local government on a competitive basis to support the implementation or expansion of delinquency prevention services. To be eligible for funds, the community must engage in a comprehensive planning process that includes data collection and analysis to identify and prioritize risk and protective factors and analyze effectiveness and gaps. A three-year delinquency prevention plan must be developed from this process, describing programs to be implemented or enhanced and how the impact of services will be measured. Applications must be based on this plan. Funding is limited to a total of 36 months, with annual 12-month grants. The community must match the federal funds with cash or in-kind contributions equal to 50 percent of the federal funds awarded.

Prevention and Intervention Services Provided

The state office provides technical assistance to communities to develop a three-year plan. Local communities provide mentoring programs; recreation/alternative activities; parenting skills training; after-school programs; and social norming activities.

Program Goals and Outcomes

The goal of this program is long-term delinquency prevention. Funded local programs have both immediate and intermediate goals and outcomes, which they set individually according to their community three-year delinquency prevention plan.

One example from the City of Durango is to:

Goals:

- Reduce the school dropout rate among Hispanic and American Indian youth in Durango School District 9R and Durango Middle School.
- Reduce disproportionate expulsions among Hispanic and American Indian youth in Durango School District 9R and Durango Middle School.
- Increase graduation rates among Hispanic and American Indian youth in Durango School District 9R and Durango Middle School.

Outcomes:

- On or before September 30, 2005, increase positive attitudes toward school among Hispanic and American Indian youth in grades six through nine by 15 percent.
- On or before September 30, 2005, decrease favorable attitudes toward drug use among Hispanic and American Indian middle school students by 20 percent.

- On or before September 30, 2005, increase school attendance/performance between Hispanic and American Indian youth 6th - 9th grade students.
- On or by September 30, 2005, increase the parenting skills among parents of Hispanic and American Indian youth in grades six through nine.

Evidence in Meeting Goals and Outcomes in Prior Year

Measuring progress in preventing future delinquency will be a five-year process. There is not sufficient data at this time to indicate outcomes in delinquency prevention for the funded projects.

Collaborating Entities

Colorado Department of Human, Alcohol and Drug Abuse Division

Colorado Department of Education

Colorado Department of Transportation

Colorado Department of Public Health and Environment

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Bicycle and Pedestrian Safety Program

Office of Safety and Engineering, Colorado Department of Transportation

Counties Served	Program Year	October 2004 - September 2005
Statewide	Funding Source(s) and Amount(s)	
	U.S. Department of Transportation 420 program	\$48,400
	Number of Local Programs Funded	0
	Number of Statewide Programs Funded	2
	Population Served	
	Total Number Served	5,000
	Program Description	
	The Colorado Department of Transportation funds two bicycle and pedestrian safety programs for children statewide.	

Prevention and Intervention Services Provided

Education:

Interactive demonstrations of cycle safety for children and their families. The program includes safe riding tips and the safe and proper use of helmets. The pedestrian program targets elementary and preschool age children and their parents and promote pedestrian safety by using puzzles and games in a school setting.

Information:

English and Spanish information brochures, activity sheets, and other handouts.

Program Goals and Outcomes

The stated goal for the Colorado Department of Transportation's Injury Prevention program is to increase helmet use among youth and adults statewide, to support the Colorado Department of Transportation's efforts to reduce injury and fatal crash rates. Specifically, the program supports the goal of reducing the fatal crash rate to 1.23 fatal crashes per 100 million vehicle miles(MVM) traveled in 2005 and to reduce the injury crash rate to 71.5 per 100 MVM in 2005.

Evidence in Meeting Goals and Outcomes in Prior Year

In 2003, the fatal crash rate per 100 MVM decreased to 1.31 from 1.51 in 2002. The injury crash rate in 2003 decreased from 78.3 in 2002 to 73.9 in 2003.

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Impaired Driving Program

Office of Safety and Engineering, Colorado Department of Transportation

Counties Served

Program Year

October 2004 - September 2005

Statewide

Funding Source(s) and Amount(s)

US Department of Transportation 410 Program	\$507,800
U.S. Department of Justice	\$360,000

Number of Local Programs Funded 18

Number of Statewide Programs Funded 2

Population Served High School and college students statewide; both young people and adults in local communities

Total Number Served

High School and College Programs	34,500
Enforcing Underage Drinking Laws	32,000/per year

Program Description

There are two major statewide prevention programs and 18 existing local programs, which support prevention/intervention programs targeted specifically at youth. One program targets young people in the Fort Collins area. Another targets college-age youth statewide. The Enforcing Underage Drinking Laws program provides funding to local law enforcement agencies for programs to deter underage drinking. New projects are in the process of being selected.

Prevention and Intervention Services Provided

Peer education and social-norming programs at the high school and college levels, mini grants, community outreach and enforcement programs. Peer groups on college/university campuses that advocate healthy choices and alternatives to drinking. Broadcast education and prevention messages on radio and television and at public events in Pueblo County.

Program Goals and Outcomes

The goal of the Colorado Department of Transportation's Impaired Driving program is to reduce alcohol involvement in fatal crashes. The objective is to reduce the percentage of alcohol-related fatal crashes from 40.6 percent in 1995 to 31.5 percent by 2005. To maintain the percentage of drivers under age 21 who are involved in alcohol-related crashes to no more than 14 percent in 2005.

Evidence in Meeting Goals and Outcomes in Prior Year

In 2003, the percentage of alcohol-related fatal crashes was 34.1 percent. Data for 2003 also show that drivers under the age of 21 were involved in 11.5 percent of all alcohol-related fatal crashes. The percentage of alcohol-related fatal crashes involving drivers under age 21 was 16.1 percent in 2001, up from 14.1 percent in 2000.

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Occupant Protection Program

Office of Safety and Engineering, Colorado Department of Transportation

Counties Served	Program Year	October 2004- September 2005
Bent Crowley Mesa Otero Summit Weld	Funding Source(s) and Amount(s)	U.S. Department of Transportation (157 Incentive, 157 Innovative, 402 Programs) \$995,102
	Number of Local Programs Funded	8
	Number of Statewide Programs Funded	2
Statewide	Population Served	All Colorado drivers and their infant and child passengers
	Total Number Served	300,000

Program Description

The Occupant Protection program combines public information and education with enforcement efforts to increase seat belt, car seat and booster seat use in Colorado. Seven of the 10 programs funded by the Colorado Department of Transportation supported prevention/intervention programs targeted at children and youth. Eight of these programs supported local efforts; the other two are statewide programs.

Prevention and Intervention Services Provided

Public Information:

- Print and radio media campaigns, including public service announcements, brochures and other informational literature distributed at conferences and to the general public; Web site; community and church events; highway signs and promotional materials.

Education:

- Seat belt and child passenger safety education for the general public, parents, caregivers, minority populations, rural areas, etc., which promotes seat belts and child restraint usage through bilingual materials and information.

Training:

- “Child Passenger Safety” training for fire departments, law enforcement and hospital/health care professionals and car dealerships. Traffic Safety advocacy training is also conducted statewide.

Safety Check Ups and Fitting Stations:

- Promoting use of booster seats and other child restraint systems statewide.

Program Goals and Outcomes

The goal of the Occupant Protection Program is to increase the use of seat belts and correct car seat use. Specific objectives are:

- To increase the overall statewide seat belt use rate from 54 percent in 1994 to 80 percent for children (primary law) and 90 percent for adults (secondary law) by the year 2005.
- To increase seat belt usage in rural Colorado from 47 percent in 1994 to 86 percent by the year 2005.
- To increase the use of seat belts by front seat occupants of passenger cars from 59.7 percent in 1994 to 93 percent in 2005.
- To increase the use of seat belts by front seat occupants of light trucks from 34.5 percent in 1995, to 77 percent by 2005.

Evidence in Meeting Goals and Outcomes in Prior Year

- In fiscal year 2004, Colorado's statewide observed seat belt use rate was 79.3 percent up from 73.2 percent in 2002.

- In fiscal year 2004, the observed seat belt rate in rural Colorado was 76.3 percent up from 59.2 percent in 2001 and 67.1 percent in 2002.
- In fiscal year 2004, the observed front seat occupant seat belt rate use in passenger cars was 80.7 percent.
- In fiscal year 2004, the observed front seat occupant seat belt use rate in light trucks was 68.3 percent.
- In fiscal year 2004, 83.4 percent of children under age 4 were observed to be fastened into car seats.
- Observed juvenile seat belt use (ages 5 to 15) was 69.3 percent in 2004 up from 59.7 percent in 2002.

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Young Drivers Program

Office of Safety and Engineering, Colorado Department of Transportation

Counties Served

Eagle
Mesa
Pueblo
Routt

Program Year

October 2004 - September 2005

Funding Source(s) and Amount(s)

U.S. Department of Transportation \$204,160
(402 and 410 Programs)

Number of Local Programs Funded

1

Number of Statewide Programs Funded

2

Population Served Program targets young people 14-18 in four communities, identified as having an overrepresentation of high-risk youth.

Total Number Served 5,000

Program Description The Colorado Department of Transportation's Young Drivers Program supports efforts to reduce the incidence of young driver crashes, especially those involving underage impaired drivers, in both statewide and locally targeted initiatives. Particular attention is given to public information and education programs that focus on educating parents and teens about Colorado's new graduated licensing law.

Prevention and Intervention Services Provided

High Risk Young Drivers Program:

Survey of community readiness in four geographical areas; develop community outreach programs; develop strategies for intervention; initiate program outcome evaluation planning; develop culturally relevant research-based programs for future implementation.

Public Information:

Public information campaign of print, Web site and radio advertising about Colorado's graduated licensing law.

Program Goals and Outcomes

The goal of the Young Drivers Program is to decrease the crash involvement of young drivers in Colorado. Its objectives is to limit the percentage of drivers under 21 who are involved in alcohol-related fatal crashes to no more than 14 percent through 2005.

Evidence in Meeting Goals and Outcomes in Prior Year

In 2003, only 11.5 percent of alcohol-related fatal crashes involved drivers under age 21.

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