

**Prevention Intervention and
Treatment Services
for Children and Youth:
Annual Report 2010**



Colorado Department
of Public Health
and Environment

**Submitted by:
Prevention Services Division
Interagency Prevention Systems**

**Annual Report FY 10
Table of Contents**

Executive Summary	i
1. Department of Education	
Colorado Preschool and Kindergarten Program	1
Comprehensive School Health.....	3
Early Childhood Councils Program	4
Education for Homeless Children and Youth	6
Even Start Family Literacy	7
Expelled and At-Risk Student Services	9
Improving the Health, Education & Well Being of Young People in Colorado.....	11
2. Department of Human Services	
Colorado Prevention Partnership for Success (CPPS).....	12
Driving Under the Influence DUI (LEAF).....	13
Persistent Drunk Driving (PDD).....	15
Promoting Safe and Stable Families	17
School Readiness Quality Improvement Program	19
Substance Abuse Prevention Block Grant	21
3. Department of Public Health and Environment	
Child and Adult Care Food Program	24
Colorado Children's Trust Fund.....	26
Family Resource Centers	28
Health Care Program for Children with Special Needs	30
Maternal and Child Health.....	32
Nurse Home Visitor Program	34
Oral Health	35
School Based Health Centers.....	37
Sexual Assault Prevention Programs	39
Special Supplemental Nutrition Program Women, Infants and Children (WIC)	41
STEPP: State Tobacco Education and Prevention Partnership	
Community Programs to Reduce Tobacco Use	43
Collegiate Tobacco Prevention Initiative.....	45
Get REAL!	46
K-12 Tobacco Prevention Initiative	48
Tony Grampas Youth Service (TGYS) Tobacco Initiative	49
Youth Smoking Cessation Project	51
Suicide Prevention	53
Tony Grampas Program	55
4. Department of Public Safety	
Division of Criminal Justice	
Juvenile Justice and Delinquency Prevention.....	57
Title V Juvenile Delinquency Prevention Incentive Grants.....	59
5. Department of Transportation	
Office of Safety and Engineering	
Bicycle and Pedestrian Safety Program	60
Impaired Driving Prevention Program.....	61
Occupant Protection Program	62

**PREVENTION AND INTERVENTION SERVICES FOR CHILDREN AND YOUTH:
ANNUAL REPORT STATE FISCAL YEAR 2010**

EXECUTIVE SUMMARY

Background

In May 2000, the Colorado General Assembly, with strong support from the Governor's Office, passed HB00-1342, the "Prevention, Intervention, and Treatment Services for Children and Youth" Act. The overall purpose of this legislation is to create a more unified, effective and efficient approach to the delivery of state and federally funded prevention, intervention, and treatment services for children, youth and families in Colorado. In order to promote greater accountability and better coordination of services across state agencies, the legislation (C.R.S. §25-20.5-108 (2) (a)) requires an annual report of state and federal monies that are used to operate and/or fund local prevention, intervention and treatment programs for children and youth. The following annual report is submitted in compliance with the legislation.

Scope of the Report

This report contains a summary of each of the prevention, intervention and treatment programs operated or funded by five Colorado state agencies consisting of the Departments of Education, Human Services, Public Health and Environment, Public Safety, and Transportation. Programs included in this report meet the following definitions for prevention, intervention and treatment services as established by the State Board of Health in May 2001:

Prevention services means proactive, interdisciplinary efforts to empower individuals to choose and maintain healthy life behaviors and lifestyles, thus fostering an environment that encourages law-abiding and non-troubled behavior.

Intervention services means proactive efforts to intervene at early signs of problems to stop disease, reduce risks and to change problem behaviors.

Treatment services means individualized care services to treat and rehabilitate individuals and/or groups in crisis situations and to aid in changing problem behaviors.

Summary of Major Findings

- **Number of state programs.** For state fiscal year 2010, there were a total of thirty-six (36) prevention, intervention, and treatment programs for children and youth operated by or funded through state agencies that came under C.R.S. § 25-20.5(101-109).

The Colorado Department of Public Health and Environment managed eighteen (18) programs. The Department of Education managed seven (7) programs. The Department of Human Services managed six (6) programs. The Department of Transportation managed three (3) programs, and the Department of Public Safety managed two (2) programs.

- **Number of local programs.** In fiscal year 2010 state agencies generated 1,088 local contracts for prevention, intervention and treatment services. This included contracts to local agencies and organizations for community-based and school-based programs as well as contracts for programs with a statewide focus. The statewide contracts included awareness and educational campaigns, or training and technical assistance in program planning, coalition development, and evaluation to local community groups.

- **Funding.** The total amount of state and federal funds available in fiscal year 2010 for children and youth programs in Colorado was \$253,781,671 representing an increase of \$3,360,386 from \$250,421,285 in fiscal year 2009, or a 1.3 percent increase. This is measurably lower than the 8.1% increase between FY 2008 to FY 2009.

Of the total funding accounted for in fiscal year 2010, \$148,774,124 was federal, or 59 percent. The state provided \$76,528,571 or 30 percent. Federal funding increased by \$800,439 and state funding decreased by \$965,945 from fiscal year 2009. Funds from other sources, including foundations and other private sources, accounted for 11 percent of fiscal year 2010 funding for children and youth programs, consisted of \$28,505,976, an increase of \$3,452,890 from the previous fiscal year, or 13.8 percent.

Funding for food services accounted for \$90,786,690. Of the remaining \$162,994,981, \$73,252,183 was funding for the Colorado Preschool Program and \$12,942,862 for the Nurse Home Visitor Program, the two direct service programs for children with the largest amount of funding. All other direct service prevention and intervention programs accounted for a total of \$76,779,736, which is \$7,696,022 less than in FY 2009.

- **Funding Sources.** A majority of state-managed children and youth programs received funding from federal sources:
 - Seventeen programs received funding only from federal sources.
 - Ten programs received funding only from State dollars.
 - Eight programs received a combination of state and federal funding.
 - One program received funding from a combination of state and private funding.

Excluding federal reimbursement food dollars in Women, Infants, and Children and the Child and Adult Care Food Program (\$90,786,690), federal sources accounted for 35.5 percent of prevention/intervention resources for children and youth prevention and intervention programs (\$57,987,434), with the state providing the remaining 47 percent (\$76,528,571). Other sources accounted for 17.4 percent of fiscal year 2010 funding of direct services (\$28,505,976).

- **Size of programs.** The size and scope of prevention programs ranged from \$48,360 available for juvenile delinquency prevention to \$91,758,117 million allocated for the Women, Infants, and Children (WIC) Supplemental Food Program.
 - Excluding food programs, programs focusing primarily on early childhood services accounted for \$93,097,338 of \$162,994,981 in direct service funds, or 57 percent of state and federal prevention and intervention dollars, which included Even Start Family Literacy, Colorado Preschool Program, Early Childhood Councils Program, School Readiness, and the Nurse Home Visiting Program.
 - Substance abuse prevention (alcohol, tobacco and other drugs) ranked second with \$11,302,047 of \$162,994,981, or 7 percent in combined school and community programs, including Safe and Drug-Free Schools and Communities, Substance Abuse Prevention Block Grant, Colorado Prevention Partners for Success (CPPS), Driving

Under the Influence LEAF, Impaired Driver/Underage Drinking Prevention, Persistent Drunk Driving and State Tobacco Education Prevention Partnership. This funding represents a decrease of \$7,503,743 from FY 2009.

- Of the thirty-six programs funded in fiscal year 2010, two programs had less than \$100,000 for prevention and intervention services, ten programs had \$100,000 to \$500,000 for services, eight programs had \$500,000 to \$1 million for services, eleven programs have \$1 million to \$10 million, and only four programs were above \$10 million.
- **Collaborating agencies.** Prevention and intervention service programs are highly collaborative, at both the state and local level.
 - State programs commonly collaborate with other state agencies, research, training and technical assistance institutes, statewide non-profit organizations, topic specific advocacy groups, professional associations, health and mental health service organizations, faith-based organizations, foundations, and higher education.
 - Local programs establish collaborative relationships with other direct service providers such as local school districts, early childcare and education providers, social service agencies, juvenile justice agencies, health and mental health care providers, community and faith-based organizations.
- **Evidence in meeting goals and outcomes in prior year.** The extent to which programs can provide evidence in meeting goals and outcomes varies substantially across programs.
 - All programs gathered information regarding the number and types of services provided and were able to document, in general, that the intended service levels were met or exceeded.
 - Two-thirds of all programs track one or more outcome measures – documenting changes in knowledge, attitude, skills, behaviors, environmental risk factors, and/or changes in indicators of overall health and well being.
 - All programs are able to report one or more significant changes that occurred as a result of services provided. In general, larger programs with specific dollars set aside for program evaluation have better data regarding program effectiveness.

Colorado State and Federally funded Prevention/Intervention Programs

For Children and Youth 2009 -2010: Current State and Federal Funding

Name of Program	Program Total	Federal Funds	State Funds	Other
Department of Education				
Center for At-Risk Education				
Even Start Family Literacy	\$570,000	\$570,000		
Prevention Initiatives				
Colorado Preschool Program	\$73,252,183		\$45,246,207	\$28,005,976
Comprehensive School Health	\$900,000		\$900,000	
Early Childhood Councils Program	\$4,102,987	\$3,602,987	\$500,000	
Education of Homeless Children/Youth	\$1,319,579	\$1,319,579		
Expelled and At-Risk Student Services	\$7,493,560		\$7,493,560	
Improving Health, Education and Well-Being	\$627,000	\$627,000		
TOTAL DEPARTMENT DOLLARS	\$88,265,309	\$6,119,566	\$54,139,767	\$28,005,976
Department of Human Services				
Division of Behavioral Health				
Colorado Prevention Partnership for Success (CPPS)	\$2,300,000	\$2,300,000		
Driving Under the Influence (DUI) LEAF	\$250,000		\$250,000	
Persistent Drunk Driving (PDD)	\$416,000		\$416,000	
Substance Abuse Prevention Block Grant	\$4,677,614	\$4,677,614		
Division of Child Welfare				
Promoting Safe and Stable Families	\$3,310,393	\$3,310,393		
Division of Child Care				
School Readiness	\$2,229,306	\$2,229,306		
TOTAL DEPARTMENT DOLLARS	\$10,883,313	\$10,217,313	\$666,000	
Department of Public Health and Environment				
Prevention Services Division				
Child and Adult Care Food Program	\$23,569,944	\$23,569,944		
Colorado Children's Trust Fund	\$399,404	\$201,409	\$197,995	
Family Resource Centers	\$430,000	\$430,000		
Health Care Program for Children with Special Needs	\$4,977,460	\$2,282,930	\$2,694,530	
Maternal and Child Health Block Grant	\$7,249,480	\$7,249,480		
Nurse Home Visitor Program	\$12,942,862	\$3,079,945	\$9,862,917	
Oral Health	\$344,385	\$196,385	\$148,000	
School Based Health Centers	\$1,699,810	\$200,000	\$999,810	\$500,000
Sexual Assault Prevention Programs	\$596,573	\$596,573		
STEPP: Community Programs to Reduce Tobacco Use	\$2,204,335		\$2,204,335	
STEPP: Colorado Collegiate Tobacco Prevention Initiative	\$187,627		\$187,627	
STEPP: Get REAL!	\$213,914		\$213,914	
STEPP: K-12 Tobacco Prevention Initiative	\$505,361		\$505,361	
STEPP: Youth Smoking Cessation Project	\$114,212		\$114,212	
STEPP: TGYS Tobacco Tax Initiative	\$306,984		\$306,984	
Suicide Prevention	\$799,591	\$500,000	\$299,591	
Tony Gramscas Youth Services Program	\$4,465,130	\$477,602	\$3,987,528	
Women, Infants and Children (WIC) Supplemental Food	\$91,758,117	\$91,785,117		
TOTAL DEPARTMENT DOLLARS	\$152,765,189	\$130,569,385	\$21,722,804	\$500,000

Colorado State and Federally funded Prevention/Intervention Programs

For Children and Youth 2009 -2010: Current State and Federal Funding

Name of Program	Program Total	Federal Funds	State Funds	Other
Department of Public Safety				
Division of Criminal Justice				
Juvenile Justice/Delinquency Prevention Formula Grants	\$924,000	\$924,000		
Title V Juvenile Delinquency Prevention Incentive Grants	\$48,360	\$48,360		
TOTAL DEPARTMENT DOLLARS	\$972,360	\$972,360		
Department of Transportation				
Office of Safety and Engineering				
Bicycle and Pedestrian Safety Program	\$55,000	\$55,000		
Impaired Driving/Substance Abuse Prevention	\$126,000	\$126,000		
Occupant Protection Program	\$714,500	\$714,500		
TOTALS DEPARTMENT DOLLARS	\$895,500	\$895,500		
TOTAL OF ALL PROGRAM DOLLARS	\$253,781,671	\$148,774,124	\$76,528,571	\$28,505,976
Reimbursement Dollars:				
CACFP Dollars		\$21,609,375		
WIC Dollars		\$69,177,315		
Sub-Total Reimbursement Dollars		\$90,786,690		
Direct Service Dollars	\$253,781,671			
Reimbursement Dollars	-\$90,786,690			
GRAND TOTAL DIRECT SERVICES	\$162,994,981	\$57,987,434	\$76,528,571	\$28,505,976

Note: Overall totals were adjusted to assure that the MCH Block Grant internal allocations to several programs (Oral Health, School Based Health Centers, Children with Special Needs) were not double counted. WIC/CACFP client food vouchers/reimbursements total **\$90,786,690**. To present a more informative and accurate picture of community-based prevention/intervention resources available in Colorado, overall totals were calculated both including and excluding WIC/CACFP food dollars.

**DEPARTMENT of
EDUCATION**



Colorado Department of Education

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Colorado School Finance Formula \$73,252,182

Number of Local Programs Funded 169

Number of Statewide Programs Funded 0

Population Served

At-risk preschool children and their families served by program's grantees

Total Number Served 20,160

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 impact their school success. In school year 2009-10, 169 of Colorado's 178 school districts, including the Charter School Institute, were served by this program. Preschool children are served in Head Start, public school, private and non-profit preschool programs. A vital component of this program is the involvement and strengthening of the child's family.

Prevention and Intervention Services Provided

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

- To support 20,160 three- and four-year-old children with risk factors associated with school failure to enter kindergarten with the skills necessary for educational success and to provide support to their families in their role as their child's first "teacher."

Evidence in Meeting Outcomes and Goals in Prior Year

- Results Matter data has demonstrated statewide that at the beginning of the preschool year CPP students were performing below their more advantaged peers but by the end of the preschool year CPP students had achieved a greater rate of growth and closed the gap with their advantaged peers in all developmental domains - social/emotional, physical, cognitive, language and emergent literacy.
- Data collected and synthesized at the state level indicates that “at-risk” children who participate in the Colorado Preschool Program demonstrate higher levels of performance on Colorado Basic Literacy Assessments and CSAP assessments in 3rd and 4th grade reading, writing and math than their at-risk peers who were not funded by CPP. CDE experts on the CSAP are currently collaborating with CPP staff to perform more rigorous research on CSAP outcomes for children funded by CPP.
- National research on the longitudinal effectiveness of early childhood services is being successfully replicated in the Colorado Preschool Program.
- Denver Public Schools reported that although the CPP students were identified as being at-risk of academic failure when they participated in ECE, the percentage of former CPP students scoring proficient and advanced is greater than the district’s average in reading, writing, math and science through the tenth grade.
- For more information on the outcomes measured for those children participating in the Colorado Preschool Program please visit the following CDE website:
<http://www.cde.state.co.us/cpp/legreports.htm>

Collaborating Entities

Colorado Department of Human Services, Colorado Department of Education, Colorado Head Start Association, Early Childhood State Systems, Individuals with Disabilities Education Act (I.D.E.A.) - Part C and/or Part B, Local Early Childhood Services, Local school districts, U.S. Department of Education

Contact Information: Lori Goodwin Bowers
Phone: 303-866-6783
e-mail: bowers_l@cde.state.co.us
Web site: www.cde.state.co.us



Colorado Department of Education, Prevention Initiatives

Counties Served

- Arapahoe
- Archuleta
- Bent
- Boulder
- Denver
- Fremont
- Grand
- La Plata
- Larimer
- Park
- Phillips
- Prowers
- Pueblo
- Saguache
- Summit
- Teller
- Weld

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 23	\$900,000
--------------	-----------

Number of Local Programs Funded

21

Number of Statewide Programs Funded

0

Population Served

Pre-K - 12th grade students in grantee school districts

Total Number Served

148,013

Program Description

Through a competitive grant process, this program provides funds to local school districts to fund health education pre-kindergarten through 12th grade, per the Colorado Comprehensive Health Education Act of 1990. Since 1990, approximately 55 school districts have implemented comprehensive school health programs with resources from this program.

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 four professional development meetings per year.

Program Goals and Outcomes

To implement health education preK-12th grade through curriculum adoption and teacher training.

Evidence in Meeting Outcomes and Goals in Prior Year

Funded districts created or enhanced comprehensive health education programs preK-12 through curriculum assessment, curriculum adoption, health standards adoption, utilization of school health advisory councils, and/or teacher training.

Collaborating Entities

Local school districts

Contact Information:

Karen Connell

Phone:

303-866-6903

e-mail:

connell_k@cde.state.co.us

Web site:

<http://www.cde.state.co.us/cdeprevention/comphealthed.htm>



Early Childhood Councils Program

Colorado Department of Human Services

Counties Served

Alamosa
 Boulder
 Broomfield
 Chaffee
 Crowley
 Denver
 Douglas
 El Paso
 Elbert
 Gunnison
 Jefferson
 La Plata
 Larimer
 Las Animas
 Logan
 Mesa
 Moffat
 Montezuma
 Morgan
 Pitkin
 Pueblo
 Routt
 San Miguel
 Teller
 Weld
 Yuma

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Colorado Department of Health and Human Services - Child Care Development Fund	\$3,602,987
State General Funds	\$500,000

Number of Local Programs Funded

29

Number of Statewide Programs Funded

0

Population Served

Early Childhood Councils work on behalf of children, ages birth – 5 years, and their families; via the coordination of initiatives, services, programs and policies.

Total Number Served

353,000

Program Description

Currently, 30 Councils are active in 55 of Colorado's 64 counties. According to authorizing legislation (HB07-1062), it is the role of Early Childhood Councils to "improve and sustain the availability, accessibility, capacity and quality of early childhood services for children and families throughout the state." Early childhood services are defined by the legislation as including early learning, health, mental health and family services.

Prevention and Intervention Services Provided

Through an interagency partnership between the Colorado Department of Human Services and the Colorado Department of Education, the Early Childhood Councils initiative provides financial resources (grants) and technical assistance to the state's 30 Early Childhood Councils. The initiative also evaluates the effectiveness of early childhood systems-building efforts at the local level.

Program Goals and Outcomes

To support the Early Childhood Councils across the state in strengthening their internal capacity, building foundations of a local system, and impacting the quality, access and equity of local services.

Evidence in Meeting Outcomes and Goals in Prior Year

By the end of the fourth quarter, twenty-eight of the 31 funded Councils had established the collaborative bodies that function as their Early Childhood Councils.

Councils collectively reported that representatives of early learning makes up 32% of Council membership. The other three domains show smaller representation on Councils ranging from 10? 14% of membership each. Additional stakeholders that do not fall into any of the four domains make up the remaining 31% of Council representation.

As of the fourth quarter, 60% of Councils reported that collaboration and building relationships is one of the two most important systems building tasks in their current work. At the same time, 40% of Councils said the same thing about communication and public engagement. Strategic planning/implementation and organizational structure activities are each listed as key for 27% of Councils.

Collaborating Entities

Colorado Department of Education, Colorado Department of Human Services, Colorado Department of Human Services - Division of Behavioral Health, Colorado Department of Public Health and Environment, The Colorado Trust, Colorado Lt. Governor's Office

Contact Information: Sharon Triolo-Moloney
Phone: 303-866-7681
e-mail: triolo-moloney_s@cde.state.co.us
Web site: <http://www.cde.state.co.us>



Education of Homeless Children & Youth

Colorado Department of Education, Prevention Initiatives

Counties Served

Adams
Arapahoe
Boulder
Denver
Eagle
El Paso
Jefferson
Larimer
Mesa
Pueblo
Saguache
Weld

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

United States Department of Education, Title X \$1,319,579

Number of Local Programs Funded

17

Number of Statewide Programs Funded

0

Population Served

Preschool - 12th grade students within Colorado who have been identified as homeless

Total Number Served

15,834

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 children and youth experiencing homelessness.

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.

Program Goals and Outcomes

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

Evidence in Meeting Outcomes and Goals in Prior Year

Data for the 2008-09 school year should be available by the end of December 2010.

Collaborating Entities

Colorado Department of Human Services, Local Businesses, Local colleges and universities, Local school districts, Local Volunteers, Metropolitan State College

Contact Information:

Dana Scott

Phone: 303-866-6930

e-mail: scott_d@cde.state.co.us

Web site:

http://www.cde.state.co.us/cdeprevention/homeless_index.htm



Colorado Department of Education

Counties Served

- Adams
- Delta
- Denver
- Gunnison
- Saguache

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

United States Department of Education, Title I, Part B	\$570,000
--	-----------

Number of Local Programs Funded

5

Number of Statewide Programs Funded

0

Population Served

Children, birth through 7 years old, their parents and families

Total Number Served

377

Program Description

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 four-component model of family literacy (see description of services below). These components are supplemented and enhanced by personal family visitations. The Colorado Department of Education funds 6 Even Start programs in communities across the state.

Prevention and Intervention Services Provided

Prevention and intervention services provided by the 5 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

The purpose of Even Start Family Literacy is to help break the intergenerational cycle of poverty and low literacy by providing a unified family literacy program for low-income families through three related goals:

- Help parents improve their literacy or basic education skills.
- Help parents become full partners in educating their children.
- Assist children in reaching their full potential as learners.

Evidence in Meeting Outcomes and Goals in Prior 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.
- One hundred percent of programs collaborated with public schools through coordination with Title I programs.
- Eighty 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 participation in the adult education program, 82 percent of parents achieved their short-term adult education goals as outlined in their family education plan. The projected outcome was 75 percent.
- After 100 hours of participation in adult education, 72 percent of parents in the ABE/ASE program progressed through one level. The projected outcome was 75 percent.
- After 100 hours of participation in the adult education program, 69 percent of parents in the ESL program progressed through one level. The projected outcome was 75 percent.
- After 100 hours of participation in adult education, 67 percent of parents in the ASE program passed the GED exam, or high school seniors earned a high school diploma. The projected outcome was 50 percent.
- After 100 hours of participation in adult education, 80 percent of eligible parents seeking to enroll in higher education or training, with access to financial aid, enrolled. The projected outcome was 60 percent.
- After 300 hours of family participation in the program, 88 percent of parents achieved their parenting goals according to their family education plans. The projected outcome was 75 percent.
- After a minimum of six months of participation in the program, 53 percent of new and returning parents improved the use of literacy materials with their children at home. The projected outcome was 40 percent.
- After a minimum of six months of participation in the program, 37 percent of new and returning parents improved the use of TV/Video for their children at home. The projected outcome was 40 percent.
- After a minimum of six months of participation in the program, 61 percent of new and returning parents improved the integration of language and learning in home activities for their children. The projected outcome was 40 percent.
- After a minimum of six months of participation in the program, 59 percent of new and returning parents increased their priority on learning with their children at home. The projected outcome was 40 percent.
- After a minimum of six months of participation in the program, 64 percent of new and returning parents improved the quality of their verbal interaction with their children. The projected outcome was 40 percent.
- After a minimum of six months of participation in the program, 56 percent of new and returning parents improved their use of strategies for reading with their children. The projected outcome was 40 percent.
- After a minimum of six months of participation in the program, 58 percent of new and returning parents improved their support for their child's learning of book and print concepts. The projected outcome was 40 percent.
- After 300 hours of family participation in the program, 93 percent of preschool-age children were functioning at age-appropriate levels of development. The projected outcome was 85 percent.
- After 300 hours of family participation in the program, 66 percent of children in the primary grades, with 90 percent attendance, were reading at grade level or one year's growth. The projected outcome was 80 percent.
- After 300 hours of family participation in the program, 72 percent of children in the primary grades with an ILP made one year's growth in literacy skills in one year as measured by age-appropriate assessments instruments.

Collaborating Entities

Contact Information: Kathryn Smukler e-mail smukler_k@cde.state.co.us.
 Phone: 303-866-6842



Expelled and At-Risk Student Services

Colorado Department of Education, Prevention Initiatives

Counties Served

Adams
 Alamosa
 Arapahoe
 Bent
 Boulder
 Costilla
 Delta
 Denver
 Douglas
 El Paso
 Fremont
 Huerfano
 La Plata
 Lake
 Larimer
 Mesa
 Montezuma
 Park
 Pueblo
 Rio Blanco
 Rio Grande
 Summit
 Teller
 Weld

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 23 \$7,493,560

Number of Local Programs Funded

39

Number of Statewide Programs Funded

0

Population Served

K-12 students who are at risk of expulsion or have been expelled from school

Total Number Served

10,082

Program Description

Colorado Department of Education's Expelled and At-Risk Student Services (EARSS) Program funds local school districts, Boards of Cooperative Educational Services, non-public, non-parochial schools, alternative schools within a district, charter schools, eligible facilities 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

- Increase academic performance for at-risk and/or suspended and expelled students.

- Increase 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.

- Improve social and/or emotional functioning.

Evidence in Meeting Outcomes and Goals in Prior Year

Student and Parent Outcomes:

- 86 percent of expelled students experienced positive outcomes, as reported by funded sites. These outcomes reflect school completion, continuation of education, completion of expulsion and return to their home school or district upon completion of expulsion.
- 87 percent of at-risk student served experienced positive outcomes, which reflects school completion, continuation of education and student engagement.
- 7,486 parents were served.
- The dropout rate of at-risk students in an EARSS program was 2.9 percent, which is below the most recent state rate of 3.6 percent.
- The drop rate of expelled students served by an EARSS program in 2008-09 was 5 percent, which is significantly lower than the most recent state rate of 22% for students in alternative programs.

Program Results - Based on those Sites Reporting in Each Category in 2008-09:

- 86 percent demonstrated progress on their academic objectives
- 81 percent indicated progress on reducing safety and discipline incidences
- 79 percent improved student attendance
- 69 percent increased social-emotional functioning of students served

Collaborating Entities

Local school districts, Colorado Department of Education, Individuals with Disabilities Education Act (I.D.E.A.) - Part C and/or Part B, Local mental health agencies/centers, Local Businesses, Local Coalitions and/or Prevention Policy Boards, Non Profit Organizations

Contact Information: Janelle Krueger

Phone: 303-866-6750

e-mail: krueger_j@cde.state.co.us

Web site: www.cde.state.co.us
<http://www.cde.state.co.us/cdeprevention/index.htm>



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

Colorado Department of Education

Program Year

March 2009 - February 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adolescent and School Health \$627,000

Number of Local Programs Funded

0

Number of Statewide Programs Funded

0

Population Served

Public school staff and educators, children and youth attending public schools

Total Number Served

20,000

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.

Program Goals and Outcomes

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

Evidence in Meeting Outcomes and Goals in Prior Year

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

Collaborating Entities

Colorado Children's Campaign, Colorado Department of Human Services - Alcohol and Drug Abuse Division, Colorado Department of Public Health and Environment, Colorado Association for School-Based Health Care, Kaiser Permanente, Non Profit Organizations, University of Colorado Health Sciences Center

Contact Information:

Karen Connell

Phone:

303-866-6903

e-mail:

connell_k@cde.state.co.us

Web site:<http://www.cde.state.co.us/cdeprevention/index.htm>

**DEPARTMENT of
HUMAN SERVICES**



Colorado Prevention Partnership for Success (CPPS)

Colorado Department of Human Services, Prevention Services, Division of Behavioral Health

Counties Served

Denver
Pueblo
Weld

Program Year

October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration \$2,300,000

Number of Local Programs Funded

6

Number of Statewide Programs Funded

0

Population Served

Reduce binge drinking disparity among Hispanic/Latino high school youth statewide

Total Number Served

0

Program Description

This program is designed to help reduce statewide substance abuse rates by addressing gaps in current prevention services and increasing the ability to reach out to specific populations or geographic areas with serious, emerging substance abuse problems.

Prevention and Intervention Services Provided

The Colorado Prevention Partnership for Success (CPPS) project employs a public health model to demonstrate positive statewide change in underage and binge drinking rates and disparity for high school Hispanic/Latino youth. The CPPS project will continue to integrate the Strategic Prevention Framework within Colorado's State Prevention System to ensure measureable and sustainable substance abuse prevention outcomes.

Program Goals and Outcomes

Reduce 30-day binge use among Hispanic/Latino high school youth by 5 percent after 3 years and 8 percent after 5 years.

Evidence in Meeting Outcomes and Goals in Prior Year

N/A

Collaborating Entities

Contact Information:

Stan Paprocki

Phone:

303-866-7503

e-mail:

stan.paprocki@state.co.us

Web site:

<http://cpps.omni.org>



Driving Under the Influence (DUI) LEAF

Colorado Department of Human Services, Prevention Services, Division of Behavioral Health

Counties Served

Chaffee
La Plata
Lake
Pueblo
Summit

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Colorado Law Enforcement Assistance Fund \$250,000

Number of Local Programs Funded

5

Number of Statewide Programs Funded

0

Population Served

Youth, young adults, and adults at risk of becoming impaired drivers

Total Number Served

4,626

Program Description

The Division of Behavioral Health Community Prevention Programs Law Enforcement Assistance Fund (LEAF) prevention grants is to increase the capacity for comprehensive impaired driving education and underage drinking prevention at the local level based on the Strategic Prevention Framework.

Prevention and Intervention Services Provided

The LEAF legislation allocates funds to the Colorado Department of Transportation and the Colorado Department of Human Services, Division of Behavioral Health (DBH). Monies allocated to DBH (CRS 43-4-402) are used to establish a statewide program for the prevention of driving after drinking, including educating the public in the problems of driving after drinking, preparing and disseminating educational materials dealing with the effects of alcohol and other drugs on driving behavior, and preparing and disseminating education curriculum materials for use at all levels of school.

Program Goals and Outcomes

- o Strengthen linkages to community and infrastructure development.
- o Increase age of initiation of alcohol use by children and youth.
- o Reduce the number of alcohol-related crashes by youth and young adults.
- o Reduce the incidence of self-reported drinking or smoking marijuana and driving by youth or young adults.
- o Reduce the incidence of self-reported riding with an impaired driver.

Evidence in Meeting Outcomes and Goals in Prior Year

National Outcome Measures (NOMs): N = 1086

Lifetime Use:

Had one or more drinks of an alcoholic beverage - for example, beer, wine, malt beverages, wine coolers, hard liquor (vodka, whiskey, gin, etc) - or any other beverage with alcohol?
(Do not include sips from another person's drink or religious or ceremonial purposes).

* Yes at Pretest 59%

* No at Pretest 41%

Smoked part or all of a cigarette? (This includes loose tobacco rolled into cigarettes).

* Yes at Pretest 45%

* No at Pretest 55%

Used any other tobacco product (not cigarettes)? *Yes at Pretest 28% *No at Pretest 72%

Used marijuana or hashish? *Yes at Pretest 43% *No at Pretest 57%

Used inhalants? *Yes at Pretest 7% *No at Pretest 93%

Used methamphetamine (aka meth, crank, ice, crystal, etc.)? *Yes at Pretest 3% *No at Pretest 97%

Used any other illegal drugs (e.g., LSD, cocaine, etc.)? This includes prescription drugs without doctor's orders. * Yes at Pretest 15% * No at Pretest 85%

Perceived Harm of Use Overall Mean: *Pretest Group Mean 2.82 *Posttest Group Mean 2.88
(You would like to see an increase in the mean from pre to post-test, which indicates youth have increased their perceptions of risk associated with using substances over the course of the program.)

Attitudes Against ATOD Overall Mean: * Pretest Group Mean 2.94 *Posttest Group Mean 2.98
(You would like to see a decrease in the mean from pre to post-test, which indicates youth have strengthened their attitudes against using substances over the course of the program.)

Talking to your parents...

Now think about the past 12 month, that is, the past year. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or other drug use?
(By parents, we mean either your adoptive, biological, stepparents, or adult guardians, whether or not they live with you.)

*Yes at Pretest 64%

*Yes at Posttest 65%

Collaborating Entities

Colorado Department of Transportation

Contact Information: Stan Paprocki
Phone: 303-866-7503
e-mail: stan.paprocki@state.co.us

Web site: <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581077594>



Persistent Drunk Driving (PDD)

Colorado Department of Human Services, Prevention Services, Division of Behavioral Health

Counties Served

Bent
Chaffee
Cheyenne
Custer
Eagle
Gunnison
Jefferson
Kit Carson
Larimer
Montrose
Prowers
Pueblo
Rio Grande
Routt
San Juan
Teller

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

State General Funds \$416,000

Number of Local Programs Funded

17

Number of Statewide Programs Funded

0

Population Served

All drivers, with particular emphasis on the education of young drivers, regarding the dangers of persistent drunk driving.

Total Number Served

356,742

Program Description

In 1998, the Colorado legislature enacted the Persistent Drunk Driving law and in 2001, revised sections of the law including the Persistent Drunk Driver cash fund (CRS 42-3-130.5).

Prevention and Intervention Services Provided

To support programs that are intended to deter persistent drunk driving or to educate the public, with particular emphasis on the education of young drivers, regarding the dangers of persistent drunk driving.

Program Goals and Outcomes

To support programs that are intended to deter persistent drunk driving or to educate the public, with particular emphasis on the education of young drivers, regarding the dangers of persistent drunk driving."

Evidence in Meeting Outcomes and Goals in Prior Year

National Outcome Measures (NOMs): N= 1086

Lifetime Use:

- * Had one or more drinks of an alcoholic beverage - for example, beer, wine, malt beverages, wine coolers, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol? (Do not include sips from another person's drink or sips for religious or ceremonial purposes.)
 - Yes at Pretest 59%
 - No at Pretest 41%
- * Smoked part or all of a cigarette? (This includes loose tobacco rolled into cigarettes.)
 - Yes at Pretest 45%
 - No at Pretest 55%
- * Used any other tobacco product (not cigarettes)?
 - Yes at Pretest 28%
 - No at Pretest 72%
- * Used marijuana or hashish?
 - Yes at Pretest 43%
 - No at Pretest 57%
- * Used inhalants?
 - Yes at Pretest 7%
 - No at Pretest 93%
- * Used methamphetamine (aka meth, crank, ice, crystal, etc.)?
 - Yes at Pretest 3%
 - No at Pretest 97%
- * Used any other illegal drugs (e.g., LSD, cocaine, etc.)? This includes prescription drugs without doctor's orders.
 - Yes at Pretest 15%
 - No at Pretest 85%
- * Perceived Harm of Use Overall Mean: Pretest Group Mean 2.82 Posttest Group Mean 2.88 (You'd like to see an increase in the mean from pre to post-test, which indicates youth have increased their perceptions of risk associated with using substances over the course of the program).
- * Attitudes Against ATOD Overall Mean: Pretest Group Mean 2.94 Posttest Group Mean 2.98 (You'd like to see a decrease in the mean from pre to post-test, which indicates youth have strengthened their attitudes against using substances over the course of the program).
- * Talking to your parents... Now think about the past 12 month, that is, the past year. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or other drug use? (By parents, we mean either your adoptive, biological, stepparents, or adult guardians, whether or not they live with you).
 - Yes at Pretest 64%
 - Yes at Posttest 65%

Collaborating Entities

Colorado Department of Transportation, Colorado Department of Revenue - Division of Motor Vehicles

Contact Information: Stan Paprocki
Phone: 303-866-7503
e-mail: stan.paprocki@state.co.us

Web site: <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581077594>



Promoting Safe And Stable Families

Colorado Department of Human Services, Division of Child Welfare

Counties Served

Adams
 Alamosa
 Arapahoe
 Baca
 Bent
 Boulder
 Broomfield
 Chaffee
 Delta
 Denver
 El Paso
 Elbert
 Fremont
 Garfield
 Grand
 Huerfano
 Jefferson
 Kit Carson
 La Plata
 Larimer
 Mesa
 Montezuma
 Otero
 Prowers
 Summit
 Teller
 Weld
 Yuma

Program Year

October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services	\$3,310,393
---	-------------

Number of Local Programs Funded

28

Number of Statewide Programs Funded

0

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 for out of home placement or involvement with the court system.

Total Number Served

16,479

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 Outcomes and Goals in Prior Year

- The program served 16,479 individuals.
- 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

Contact Information: Jill Jordan
Phone: 303-866-3796
e-mail: jill.jordan2@state.co.us

Web site: www.cdhs.state.co.us



School Readiness Quality Improvement Program

Colorado Department of Human Services

Counties Served

Fremont
Weld
Yuma

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Administration for Children and Families, Child Care Development Fund \$2,229,305

Number of Local Programs Funded

3

Number of Statewide Programs Funded

0

Population Served

Licensed early care and education providers located in an area served by a local Early Childhood Council. The provider must care for children who will attend elementary schools that receive Title I funds and are required to implement a priority improvement or turnaround plan, or is subject to restructuring for the school year immediately preceding submission of the Early Childhood Council's application for funding.

Total Number Served

5,629

Program Description

The School Readiness Quality Improvement Program provides grants over a 3-year period to Early Care and Education providers that participate in local Early Childhood Councils. Participating sites receive a Qualistar Colorado Quality Performance Rating and assistance in improving the quality of early care and educational services by way of: specialized training of early childhood professionals; enhanced educational materials, increased parent and family engagement, and other community specific strategies.

Prevention and Intervention Services Provided

The School Readiness Program Specialist coordinates the program and provides technical assistance to the School Readiness projects through individual consultations, meetings, and trainings. The program collaborates with the Early Care & Education Leadership Alliance, Qualistar, the Colorado Department of Education, the Colorado Department of Public Health and Environment, and other groups and agencies to provide training in statewide conference settings.

Program Goals and Outcomes

Participating early care and education facilities will make specific and measurable gains on their annual Quality Performance Rating. As a result, the school readiness of children, five years of age or younger will be improved.

Evidence in Meeting Outcomes and Goals in Prior Year

After receiving their Quality Performance Ratings, participating Early Care and Education Providers implemented their Quality Improvement Plans with the help of School Readiness funding, which will lead to their making specific and measurable gains on their following ratings and increase the school readiness of young children.

Collaborating Entities

Colorado Department of Education, Colorado Department of Human Services

Contact Information:

Ashante Butcher

Phone:

303-866-5950

e-mail: ashante.butcher@state.co.us

Web site: www.cdhs.state.co.us/childcare/school_readiness.htm



Substance Abuse Prevention Block Grant

Colorado Department of Human Services, Prevention Services, Division of Behavioral Health

Counties Served

Adams
 Alamosa
 Arapahoe
 Archuleta
 Boulder
 Chaffee
 Denver
 Eagle
 El Paso
 Fremont
 Garfield
 Gunnison
 Hinsdale
 Jefferson
 La Plata
 Lake
 Larimer
 Montezuma
 Montrose
 Pitkin
 Pueblo
 Routt
 Summit
 Teller
 Weld

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Block Grant \$4,677,614

Number of Local Programs Funded

44

Number of Statewide Programs Funded

0

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

436,958

Program Description

With federal and state money, the Division of Behavioral Health (formerly the Alcohol and Drug Abuse Division) Prevention Services funds local agencies and non-profit organizations that provide substance abuse prevention services in their communities and statewide. The contracts will be for five years with a start date of July 1, 2005 and will end on June 30, 2010. The mission of DBH 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.

Programs 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 Outcomes and Goals in Prior Year

National Outcome Measures (NOMs) showed:
N= 1086

Lifetime Use:

Had one or more drinks of an alcoholic beverage - for example, beer, wine, malt beverages, beverages, wine coolers, hard liquor (vodka, whiskey, gin etc.) - or any other beverage with alcohol? (Don not include sips from another person's drink or sips for religious or ceremonial purposes.)

* Yes at Pretest 59% *No at Pretest 41%

Smoked part or all of a cigarette? (This includes loose tobacco rolled into cigarettes.)

* Yes at Pretest 45% *No at Pretest 55%

Used any other tobacco product (not cigarettes)? *Yes at Pretest 28% *No at Pretest 72%

Used marijuana or hashish? *Yes at Pretest 43% *No at Pretest 57%

Used inhalants? *Yes at Pretest 7% *No at Pretest 93%

Used methamphetamine (aka meth, crank, ice, crystal, etc.)?

* Yes at Pretest 3% *No at Pretest 97%

Used any other illegal drugs (e.g., LSD, cocaine, etc.)? This includes prescription drugs without doctor's orders. *Yes at Pretest 15% *No at Pretest 85%

Perceived Harm of Use Overall Mean: * Pretest Group Mean 2.82 * Posttest Group Mean 2.88
(You would like to see an increase in the mean from pre to post-test, which indicates youth have increased their perceptions of risk associated with using substances over the course of the program)

Attitudes Against ATOD Overall Mean: *Pretest Group Mean 2.94 *Posttest Group Mean 2.98
(You would like to see a decrease in the mean from pre to post-test, which indicates youth have strengthened their attitudes against using substances over the course of the program)

Talking to your parents...

Now think about the past 12 month, that is, the past year. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or other drug use? (By parents, we mean either your adoptive, biological, stepparents, or adult guardians, whether or not they live with you).

* Yes at Pretest 64% *Yes at Posttest 65%

Collaborating Entities

Contact Information: Stan Paprocki
Phone: 303-866-7503
e-mail: stan.paprocki@state.co.us

Web site:

<http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581077594>

**DEPARTMENT of
PUBLIC HEALTH and
ENVIRONMENT**



Child and Adult Care Food Program

Colorado Department of Public Health and Environment, Prevention Services

Program Year October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Agriculture \$23,569,944

Number of Local Programs Funded 0

Number of Statewide Programs Funded 0

Population Served

The Child and Adult Care Food Program serves: infants and children in child care centers, family child care homes, or other early educational facilities through age 12; children of migrant workers in child care centers, family day care homes, or other early educational facilities through age 15; physically and mentally disabled persons receiving care in a center where most adults are 18 years old and under; and adults in non-residential day care settings.

Total Number Served 34,545

Program Description

The Child and Adult Care Food Program (CACFP) provides reimbursement for nutritious meals and snacks served to children in child care centers, family child care homes through non-profit sponsoring agencies, Head Start programs, outside-school-hours programs, homeless shelters, and adults in adult day care centers. The State CACFP office and sponsoring organizations provide administrative oversight and monitoring of participating institutions and family child care home providers to ensure compliance with federal regulations and state procedures governing the program; training and technical assistance on recordkeeping; eligibility determination; nutrition and food safety for care providers and children; and processing of claims for reimbursement of meal and administrative costs.

Prevention and Intervention Services Provided

The CACFP has established requirements for the type and amount of food that is acceptable for infants, children and adults. These requirements are designed to assure that the nutritional needs of participants are met. If a participant eats breakfast, lunch and a snack while in care, the three meals provide 60 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.

Program Goals and Outcomes

1. Increase caseload and provide benefits for the maximum number of eligible children and adults through outreach, presentations and press releases.
2. Assure program integrity and fiscal accountability through timely reviews, based on regulatory requirements, of all participating institutions.
3. Manage program efficiently and effectively while delivering quality customer service in a culturally competent manner.
4. Enhance health status of program participants and decrease health disparities through provision of quality training, nutrition education materials, and resources.
5. Support collaboration and coordinate with other groups to extend limited resources and achieve common objectives.

Evidence in Meeting Outcomes and Goals in Prior Year

1. Participation in the program has increased with benefits provided to approximately 34,545 children and adults in fiscal year 2010.
2. Met regulatory requirements for providing timely reviews of all participating institutions, with 125 reviews conducted during fiscal year 2010.
3. Managed program efficiently and effectively while delivery quality customer service. Transitioned to an online review process utilizing a newly implemented Review Tracking Module.
4. Conducted trainings for new institution staff using the most up-to-date approved procedures and policies for the CACFP. Reviewed creditable foods to improve the nutrition guidance of CACFP participants.
5. In addition to program collaboration, CACFP staff have been involved in the following groups as either members or participants: Colorado Anti-Hunger Task Force, Colorado Nutrition Network; Colorado State University; Colorado Physical Activity and Nutrition (COPAN) Early Childhood sub-committee; Smart Start-Workforce Development Committee; Colorado Department of Health and Environment-Consumer Protection Division; and the CACFP National Professional Association.

Collaborating Entities

Colorado Department of Education, Colorado Department of Human Services, Colorado Head Start Association, Qualistar (formerly CORRA)

Contact Information:

Lynne Torpy

Phone: 303-692-2345

e-mail: lynne.torpy@state.co.us

Web site:

www.cdphe.state.co.us/ps/cacfp



Colorado Department of Public Health and Environment, Prevention Services

Counties Served

- Alamosa
- Arapahoe
- Broomfield
- Chaffee
- El Paso
- Elbert
- Gunnison
- Jefferson
- Kit Carson
- Larimer
- Mesa
- Pueblo
- Summit
- Yuma

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Colorado Divorce Docket Fee	\$197,995
United States Department of Health and Human Services, Administration for Children and Families, Community-Based Grants for the Prevention of Child Abuse	\$201,409

Number of Local Programs Funded

17

Number of Statewide Programs Funded

0

Population Served

Children, ages birth - 3 years, their parents and caretakers.

Total Number Served

1,157

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. The CCTF has focused on providing funding to local programs so that they may implement evidence-based parent education program to families in their communities.

Prevention and Intervention Services Provided

The State office provides the following services:

- Technical assistance and training for local grantees concerning program implementation, sustainability and evaluation.
- 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.

Program Goals and Outcomes

Increase the number of families who are educated in healthy, positive and protective child-raising skills through the Colorado Children's Trust Fund.

Evidence in Meeting Outcomes and Goals in Prior Year

Number of individuals (parents and children) served by Colorado Children's Trust Fund's support of parent education programs in local communities. Increase in parental knowledge of positive parenting as evidenced by increase in scores on validated and normed evaluation tools such as the Adult-Adolescent Parenting Inventory (AAPI).

Collaborating Entities

Prevent Child Abuse Colorado, Non Profit Organizations, U.S. Department of Health and Human Services, Kempe Children's Foundation, Early Childhood State Systems, Colorado Department of Human Services, Colorado Children's Campaign

Contact Information: Scott Bates

Phone: 303-692-2942

e-mail: scott.bates@state.co.us

Web site:

<http://www.coctf.org>



Counties Served

Denver

Family Resource Centers

Colorado Department of Public Health and Environment, Prevention Services

Program Year July 2009 - June 2010

Funding Source(s) and Amount(s)

Community-Based Family Resource and Support \$430,000

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

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

Total Number Served 42,988

Program Description

The Family Resource Center (FRC) program at the Prevention Services Division 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 this Federal grant program. Twenty-four Family Resource Centers are funded through our contractor, the Family Resource Center Association, Inc. (FRCA).

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

- 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 in Prior Year

- Per their 2008 annual report, the Family Resource Center Association Inc. (FRCA), the local family resource centers served 42,988 individuals during CY 2007, representing a 3 percent increase from CY 2006.
- All families and individuals served had access to a case manager at the center that provided the services to families or coordinated referrals to needed services.

Collaborating Entities

Contact Information: Scott Bates
Phone: 303-692-2942
e-mail: scott.bates@state.co.us

Web site:



Health Care Program for Children with Special Needs

Colorado Department of Public Health and Environment, Prevention Services

Counties Served

- Alamosa
- Arapahoe
- Baca
- Boulder
- Chaffee
- Cheyenne
- Clear Creek
- Conejos
- Costilla
- Custer
- Denver
- Dolores
- El Paso
- Fremont
- Garfield
- Gilpin
- Grand
- Hinsdale
- Jackson
- Jefferson
- Kiowa
- Kit Carson
- La Plata
- Lake
- Larimer
- Lincoln
- Logan
- Mesa
- Mineral
- Montezuma
- Otero
- Park
- Pitkin
- Prowers
- Pueblo
- Rio Blanco
- Rio Grande
- Routt
- Saguache
- San Juan
- San Miguel
- Summit
- Teller
- Weld

Program Year

October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Health Resource Services Administration, Maternal Child Health Block Grant	\$2,282,930
State General Funds	\$2,694,530

Number of Local Programs Funded

55

Number of Statewide Programs Funded

0

Population Served

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

Total Number Served

209,000

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; the Maternal Child Health (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 with children with special needs.

Evidence in Meeting Outcomes and Goals 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 225,000 children with special health care needs (CSHCN) by providing 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 the 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 Traumatic Brain Injury Trust Fund.
- HCP contracted with the 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

Child Health Plan Plus, Colorado Department of Human Services - Division of Behavioral Health, University of Colorado Health Sciences Center, Non Profit Organizations, Local school districts, Local mental health agencies/centers, Local hospitals, Local faith-based organizations, Local Early Childhood Services, Local community health centers, Individuals with Disabilities Education Act (I.D.E.A.) - Part C and/or Part B, federally-qualified health centers (FQHC), Early Childhood State Systems, Colorado State University, Colorado Department of Human Services, Colorado Community Health Network

Contact Information: Shirley Babler
Phone: 303-692-2455
e-mail: shirley.babler@state.co.us
Web site: <http://www.hpccolorado.org>



Maternal and Child Health Block Grant

Colorado Department of Public Health and Environment, Prevention Services

Counties Served

Arapahoe
 Boulder
 Broomfield
 Delta
 Denver
 El Paso
 Jefferson
 La Plata
 Larimer
 Las Animas
 Logan
 Mesa
 Otero
 Pueblo
 Weld

Program Year

October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Health Resources and Services Administration	\$7,249,480
---	-------------

Number of Local Programs Funded

15

Number of Statewide Programs Funded

0

Population Served

Children ages 1 - 22 years of age, pregnant women

Total Number Served

200,286

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, engaging in strategic planning and coordinating/implementing best practices and evidence-based programs. In Colorado funds go to local health agencies and nursing agencies for services and programs in the areas of:

- Access to health care (including prenatal care, child health care and specialty care for children with special needs; prenatal weight gain and smoking cessation, preconception care, newborn screening and follow-up; health and safety in child care settings; immunizations, childhood injury prevention.
- School-based health care.
- Prevention of teen risk behaviors including pregnancy, alcohol, tobacco and drugs use, violence, suicide and injury prevention.

Prevention and Intervention Services Provided

- 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.

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 (alcohol, tobacco, and drugs).
- To improve oral health and access to oral health care.

Evidence in Meeting Outcomes and Goals in Prior Year

- Social Security Insurance beneficiaries receiving services from state Children with Special Health Care Needs program.
- Medical home for children with special health care needs.
- Teen fertility rate.
- Breastfeeding.
- Newborn hearing screening.
- Family participation in the Children with Special Health Care Needs program.
- Adolescent suicide.
- Percent of very low birth weight babies at Level III hospitals.
- Incidence of child maltreatment.
- Adolescent motor vehicle deaths.
- Public school students with access to school-based health centers.
- Adolescent homicide rate.
- Percent of very low birth weight babies at Level III hospitals; percentage of low weight infants born in Colorado.

Collaborating Entities

Colorado Department of Health Care Policy and Financing, Colorado Department of Human Services, Colorado Department of Human Services - Alcohol and Drug Abuse Division, Colorado Department of Public Safety, Colorado Department of Revenue - Division of Motor Vehicles, Colorado Department of Transportation, Colorado Governor's Office, Colorado Head Start Association, Early Childhood State Systems, federally-qualified health centers (FQHC), Individuals with Disabilities Education Act (I.D.E.A.) - Part C and/or Part B, Kempe Children's Foundation, Local Coalitions and/or Prevention Policy Boards, Local colleges and universities, Local Early Childhood Services, Local Government, Non Profit Organizations, Nurse-Family Partnership National Service Office, OMNI Institute, Qualistar (formerly CORRA), Social Security Administration, The Colorado Health Foundation, The Colorado Trust, University of Colorado Health Sciences Center

Contact Information: Karen Trierweiler
Phone: 303-692-2481
e-mail: karen.trierweiler@state.co.us
Web site: www.cdphe.state.co.us



Nurse Home Visitor Program

Colorado Department of Public Health and Environment, Prevention Services

Counties Served

Alamosa
 Arapahoe
 Boulder
 Denver
 El Paso
 Garfield
 Jefferson
 La Plata
 Larimer
 Mesa
 Moffat
 Montrose
 Morgan
 Prowers
 Pueblo
 Summit
 Weld

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Master Settlement Tobacco Funds	\$9,862,917
United States Department of Health and Human Services	\$3,079,945

Number of Local Programs Funded

18

Number of Statewide Programs Funded

0

Population Served

First-time, low-income (less than or equal to 200 percent of the federal poverty level) pregnant women and their children, ages birth to 24 months.

Total Number Served

2,590

Program Description

Colorado Nurse Home Visitor Program Act, as described in C.R.S. 25-31-101, provides grant funding 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.

Prevention and Intervention Services Provided

The Nurse-Family Partnership 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.

Program Goals and Outcomes

To improve pregnancy outcomes, child health and development, and parental life course for first-time, low-income mothers and their babies at or below 200 percent of the Federal Poverty Level.

Evidence in Meeting Outcomes and Goals in Prior Year

Complete program outcome report available at www.cdphe.state.co.us/ps/nursehome/index.html in January 2011.

Collaborating Entities

Contact Information:

Mary Martin

Phone: 303-692-2321

e-mail: mary.martin@state.co.us

Web site:

www.cdphe.stat.co.us/ps/mch/nursehome/nursehomevisit.asp



Colorado Department of Public Health and Environment, Prevention Services

Counties Served

- Arapahoe
- Denver
- El Paso
- Fremont
- La Plata
- Logan
- Summit
- Weld

Program Year

September 2009 - August 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services	\$30,355
United States Department of Health and Human Services	\$104,690
United States Department of Health and Human Services, Centers for Disease Control and Prevention	\$23,340
United States Health Resource Services Administration, Maternal Child Health Block Grant	\$38,000
Master Settlement Tobacco Funds	\$148,000

Number of Local Programs Funded 11

Number of Statewide Programs Funded 0

Population Served

Preschool/Head Start, ages 3-5 and Elementary School, ages 8-12

Total Number Served 52,015

Program Description

The Oral Health Unit 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, dental services to underprivileged children and providing fluoride supplements in non-fluoridated areas.

Prevention and Intervention Services Provided

The Oral Health Unit 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, dental services to underprivileged children and providing fluoride supplements in non-fluoridated areas.

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).
- * Provide pit and fissure sealants to second grade students in low-income Metro Denver, urban and rural elementary schools.
- * Maintain the number of elementary children in non-fluoridated areas across the state receiving weekly fluoride mouth rinse.

The goals for the Dental Loan Repayment program are:

- * Assuring sufficient applications to ensure maximum expenditure of available funds
- * Collaborating with key stakeholders to market the program to current licensed providers and students
- * Increasing the number of persons from underserved populations whose dental needs are met

Evidence in Meeting Outcomes and Goals in Prior Year

- * Data collected from the Sealant Efficiency Assessment for Locals and States indicates that 3476 second-grade children received sealants (average 3.2 sealants/child) in the 2008-2009 school year.
- * The number of children participating in the weekly school fluoride mouth rinse program is 3,564 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 called the Basic Screening Survey indicated only 37 percent of third graders had sealants in FY 2007. Another Basic Screening Survey is scheduled for the school year 2010-2011. 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: 37 percent based on the Basic Screen Survey 2006-07.
 - Provide pit and fissure sealants to second grade students in low-income urban and rural elementary schools. (Program goal = 3,500 children) Outcome: 3476 children were screened and 2542 received sealants in the 08-09 school year.
 - Maintain the number of elementary children in non-fluoridated areas across the state receiving weekly fluoride mouth rinse. (Program goal = 3,500 children). Outcome: 3564 children in thirty schools, primarily on the Western Slope and San Luis Valley.

The Dental Loan Repayment program, which is funded through State Tobacco Settlement funds is an incentive to dental professionals to provide dental services to underserved populations. The program pays all or part of the principal, interest and related expenses of the educational loan of each eligible dental professional and is open to both dentist and dental hygienists. In FY 09 there were 52,015 patients served by the dentists/RDHs in the Dental Loan Repayment Program.

Collaborating Entities

University of Colorado Health Sciences Center, Non Profit Organizations, Local school districts, Local Early Childhood Services, Colorado Department of Public Health and Environment, Local Coalitions and/or Prevention Policy Boards, Local hospitals

Contact Information: Theresa Anselmo, RDH, MPH
Phone: 303-692-2569
e-mail: theresa.anselmo@state.co.us

Web site: www.cdphe.state.co.us/pp/oralhealth/OralHealth.htm



School-Based Health Centers

Colorado Department of Public Health and Environment, Prevention Services

Counties Served

Adams
 Arapahoe
 Denver
 El Paso
 Garfield
 La Plata
 Larimer
 Montezuma
 Montrose
 Prowers
 Pueblo
 Summit
 Teller
 Weld

Program Year

August 2009 - July 2010

Funding Source(s) and Amount(s)

State General Funds	\$999,810
United States Health Resource Services Administration, Maternal Child Health Block Grant	\$200,000
The Colorado Trust	\$500,000

Number of Local Programs Funded

18

Number of Statewide Programs Funded

0

Population Served

Students preschool - 12th grade. Most school-based health centers 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 adolescents in particular have difficulty accessing health and mental health services, regardless of their socio-economic status.

Total Number Served

26,296

Program Description

School-based health centers (SBHC) provide preventive and primary care, early intervention and, at a minimum, include basic preventive medical care and mental health services. They are located in communities with schools in which student access to health services is poor due to such circumstances as poverty and lack of providers. Fiscal year 2009-10 was the third year of a three-year funding cycle, supported with funds from the Maternal and Child Health Block Grant, under Title V of the Social Security Act, General Funds established through HB06-1396 and a portion of a private grant from The Colorado Trust, which was awarded in Jan 2008. In school year 2009-10, there were a total of 45 school-based health centers in 17 Colorado school districts. House Bill 1396 in 2006 created a school-based health center program and provided state general funds to support primary care, mental health and oral health services provided in schools. These funds will provide new support for existing programs. Support for communities to plan SBHCs is currently being supported through a grant through The Colorado Health Foundation so the School Based Health Center Program at CDPHE is focussing funding on implementation for FY09-10.

Prevention and Intervention Services Provided

State level services include monitoring; technical assistance, training and resources for school-based health center programs.

Program Goals and Outcomes

Goals and outcomes include:

Support community efforts to start new school-based health centers and to enhance existing school-based health center programs.

Track the following Maternal and Child Health performance measures:

- o Increase the proportion of children and adolescents attending public schools who have access to basic preventive and primary, physical and behavioral health services through school-based health centers
- o Increase the percentage of Medicaid-enrolled children who have received dental services as part of their comprehensive services, and
Increase access to health and behavioral health care services (mental health and substance abuse).

Suggested goals for school based health centers:

- o To improve the general health status (physical, psychological, social, educational and personal) of students.
- o To establish community involvement at all levels to support the program and help with ongoing sustainability efforts.
- o To make basic primary physical and mental health care accessible for school-aged youth.
- o To pool resources in order to improve access to primary health care services.
- o To support the public schools' mission of education, to reduce school drop out rates and to improve academic achievement.

Evidence in Meeting Outcomes and Goals in Prior Year

The number of school-based health centers has grown from 13 sites in 1994 to 42 sites in the fall of 2007 and 44 sites in the fall of 2008.

* In 2008-09, a total of 82,294 medical, oral and mental health care visits were provided to 27,468 students. (Source: Colorado Health Institute)

* 23% of all visits were for behavioral health services (mental health and substance abuse treatment).

* 51% of all visits were for primary medical care, including comprehensive well-child and -adolescent exams, care for acute illness and injury, management of chronic conditions and reproductive health care.

Collaborating Entities

University of Colorado Health Sciences Center, The Colorado Trust, The Colorado Health Foundation, Non Profit Organizations, Local hospitals, Local school districts, Local mental health agencies/centers, Local Government, Local community health centers, federally-qualified health centers (FQHC), Colorado Children's Campaign, Colorado Department of Public Health and Environment, Colorado Department of Education, Colorado Community Health Network, Colorado Association for School-Based Health Care, Kaiser Permanente, Colorado Department of Health Care Policy and Financing

Contact Information: Jo English

Phone: 303-692-2386

e-mail: jo.english@state.co.us

Web site: <http://www.cdphe.state.co.us/ps/school/index>



Sexual Assault Prevention Program

Colorado Department of Public Health and Environment, Prevention Services

Counties Served

Arapahoe
Boulder
Denver
La Plata
Morgan

Program Year

November 2009 - October 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Centers for Disease Control and Prevention, Rape Prevention and Education \$596,573

Number of Local Programs Funded

9

Number of Statewide Programs Funded

0

Population Served

Citizens of Colorado; youth; pre-school through high school aged students, staff, parents and community members in communities served by grantees; staff of rape crisis centers; and educators and others who work with youth.

Total Number Served

40,000

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 10-15 local sexual violence prevention programs in Colorado. The Coalition is funded to develop and disseminate information and resources. The local programs are funded to develop and implement sexual violence prevention programs in their communities. The administration of the local programs is 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

- Technical assistance on prevention education program evaluation.
- 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 the primary prevention of sexual violence statewide.
- * Collect and analyze data on sexual violence experienced by the people of Colorado.
- * Convene a multidisciplinary advisory committee quarterly to conduct planning activities.
- * Award approximately 10-15 grants to develop and implement local sexual violence prevention programs in diverse Colorado communities.

Colorado Department Public Health and Environment will provide training, networking, and technical assistance on developing prevention efforts, and conduct media development activities.

Evidence in Meeting Outcomes and Goals in Prior Year

- A multi-disciplinary Sexual Assault Prevention work team met at least quarterly to evaluate the program and set priorities for the program.
- Ten - 15 community based grants will be awarded to develop and implement local sexual violence prevention programs in Colorado between November 2009 and October 2010 .
- Ten funded agencies carried out their intended prevention/education projects between November 2008 and October 2009.
- Sexual assault prevention and education programs were provided to over 40,000 youth, including pre-k - 12th grade students.
- A two-day training session on developing effective sexual violence prevention programs is offered annually to sexual violence prevention, and other professionals.
- Data on communities experiencing sexual violence in Colorado will be collected.

Collaborating Entities

Local Coalitions and/or Prevention Policy Boards, Local colleges and universities, Local Law Enforcement, Local school districts, Non Profit Organizations

Contact Information: Bonnie Moya
Phone: 303-692-2469
e-mail: bonnie.moya@state.co.us

Web site: <http://www.cdphe.state.co.us/pp/injuryprevention/sexualassault.asp>



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

Colorado Department of Public Health and Environment, Prevention Services

Counties Served

Alamosa
 Arapahoe
 Baca
 Bent
 Boulder
 Broomfield
 Clear Creek
 Delta
 Denver
 Dolores
 Eagle
 El Paso
 Fremont
 Garfield
 Grand
 Gunnison
 Jackson
 Jefferson
 Kit Carson
 La Plata
 Larimer
 Las Animas
 Lincoln
 Mesa
 Montezuma
 Montrose
 Morgan
 Otero
 Ouray
 Park
 Pitkin
 Prowers
 Pueblo
 Rio Blanco
 Routt
 San Miguel
 Summit
 Teller

Program Year October 2009 - September 2010

Funding Source(s) and Amount(s)
 United States Department of Agriculture \$91,785,117

Number of Local Programs Funded 39

Number of Statewide Programs Funded 0

Population Served
 Infants and children from birth to 4 years of age; pregnant, postpartum, and breast feeding women

Total Number Served 111,446

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 an approved grocery store for fresh fruits & vegetables; milk; cereals; whole grain bread; eggs; cheese; peanut butter; beans; juice and infant formula. 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
 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.

Program Goals and Outcomes

- * In fiscal year 09 -10, 174,000 (unduplicated) eligible women and children received a supplemental food package and nutrition education through the WIC program .
- * In fiscal year 09 -10, 76 percent of the WIC women breast-fed their babies at hospital discharge.
- * In fiscal year 09 -10, 30 percent of the WIC women breast-fed their babies until their infant turned 6 months old.
- * In fiscal year 09 - 10, the percentage of children ages 2-5 who were overweight and at risk of becoming overweight was reduced by 23 percent.
- * All activities related to design, development and testing preparation for the Mountain Plains States Consortium IT project, as specified in the USDA-approved Planning Document and QA and Development contract, were completed.

Evidence in Meeting Outcomes and Goals in Prior Year

- In fiscal year 2010 174,511 (unduplicated) eligible women and children received a supplemental food package and nutrition education through the WIC program.
 - In fiscal year 2010, 76.4 percent of the WIC women breast-fed their children at hospital discharge.
 - In fiscal year 2010 29.6 percent of the WIC women breast-fed their babies until their infant turn 6 months old.
 - In fiscal year 2010, the percentage of children ages 2-5 who are overweight and at risk of becoming overweight was reduced to 23.5%.
- * All activities related to design, development and testing preparation for the Mountain Plains States Consortium IT project, as specified in the USDA-approved Planning Document and QA and Development contract, were completed.

Collaborating Entities

National WIC Association, Colorado Children's Campaign, Colorado Department of Human Services, Colorado Department of Public Health and Environment, Local Government, Local hospitals, U.S. Department of Agriculture, Live Well Colorado, Hunger Free Colorado

Contact Information: Robert Robinson
Phone: 303-692-2457
e-mail: robert.robinson@state.co.us
Web site: <http://www.cdphe.state.co.us/ps/wic>



Community Programs to Reduce Tobacco Use (STEPP)

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

Counties Served

Alamosa
 Arapahoe
 Baca
 Bent
 Boulder
 Broomfield
 Chaffee
 Cheyenne
 Clear Creek
 Conejos
 Costilla
 Custer
 Delta
 Denver
 Eagle
 El Paso
 Garfield
 Gunnison
 Jefferson
 Kit Carson
 La Plata
 Larimer
 Las Animas
 Lincoln
 Mesa
 Montezuma
 Morgan
 Otero
 Park
 Prowers
 Pueblo
 Rio Blanco
 Routt
 Summit
 Teller
 Weld

Program Year July 2009 - June 2010

Funding Source(s) and Amount(s)
 Amendment 35 \$2,204,335

Number of Local Programs Funded 36

Number of Statewide Programs Funded 0

Population Served

Youth and young adults

Total Number Served 1,355,004

Program Description

As mandated by the statute §25-3.5-804(3)(b) C.R.S., the State Tobacco Education & Prevention Partnership (STEPP) administers a grant program that funds not-for-profit and government agencies to: 1) help people who use tobacco to quit; 2) prevent youth from starting to use tobacco; 3) assist in the reduction of and protection from secondhand smoke; and 4) reduce tobacco use among groups who are disproportionately affected and/or at high risk.

Prevention and Intervention Services Provided

Funding community programs to reduce tobacco use is an overarching component of the Centers for Disease Control and Prevention's (CDC) "Best Practices for Comprehensive Tobacco Control Programs". Evaluation shows that funding local programs enhances state and local tobacco control achievements. In Colorado, 17.3 percent of adults and 14.6 percent of high school students smoke, and 13 percent of households with children allow smoking in the home. The Tobacco Education, Prevention and Cessation Grant Program funds comprehensive tobacco control programs in local public health agencies throughout the state. Grantees align intervention strategies to the "Colorado Tobacco Prevention and Control Strategic Plan", which include proven interventions from the "Guide to Community Preventive Services: Tobacco Use Prevention and Control".

Program Goals and Outcomes

Goals: Local health agencies will be working to advance specific public policy initiatives, as established by the Tobacco Education, Prevention and Cessation Grant Program Review Committee, that will sustainably alter the environment where Colorado citizens live, work and play. Funding will be provided to advance three evidence-based policy initiatives: limiting youth access to tobacco products, strengthening the provisions of the Colorado Clean Indoor Air Act (CCIAA), and reducing exposure to secondhand smoke in multi-unit housing.

Evidence in Meeting Outcomes and Goals in Prior Year

Outcomes: Local health agencies (LHAs) provided resources and convened diverse groups of stakeholders, including members from disparate population groups, to achieve sustainable changes to organizational and public policies. Four policies were enacted from the work of LHAs; two youth access initiatives and two initiatives to reduce secondhand smoke exposure. These newly passed policies impact an estimated 188,600 people in Colorado particularly youth and those experiencing socio-economic disadvantages. Smoke/Tobacco-free campus policies were also addressed. Additionally, local health agencies educated multi-unit housing groups and childcare facilities about the hazards of secondhand smoke, and promoted tobacco cessation services to parents and staff.

Collaborating Entities

American Lung Association of Colorado, Colorado Association for School-Based Health Care, Colorado Department of Education, Colorado Department of Human Services, Colorado Department of Revenue, Colorado Department of Transportation, Local Businesses, Local Coalitions and/or Prevention Policy Boards, Local community health centers, Local Government, Local hospitals, Local Law Enforcement

Contact Information: Heather Baumgartner
Phone: 303-692-3014
e-mail: heather.baumgartner@state.co.us
Web site: www.steppcolorado.com



Counties Served

Denver

Colorado Collegiate Tobacco Prevention Initiative

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

Program Year July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 35 \$187,627

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

College age youth and young adults

Total Number Served 39,031

Program Description

As mandated by the statute §25-3.5-804(3)(b) C.R.S., the State Tobacco Education & Prevention Partnership (STEPP) administers a grant program that funds not-for-profit and government agencies to: 1) help people who use tobacco to quit; 2) prevent youth from starting to use tobacco; 3) assist in the reduction of and protection from secondhand smoke; and 4) reduce tobacco use among groups who are disproportionately affected and/or at high risk.

Prevention and Intervention Services Provided

Funding community programs to reduce tobacco use is identified as one of the CDC's best practices in preventing initiation of tobacco use among youth. (Best Practices for Comprehensive Tobacco Control Programs) According to 2005 TABS, approximately one quarter of all Colorado young adults ages 18-24 are current smokers. These young people represent the youngest legal audience for targeted marketing efforts encouraging tobacco use.

Program Goals and Outcomes

The BACCHUS Network will be working to advance a public policy in the City of Aurora to reduce illegal tobacco sales to minors.

Evidence in Meeting Outcomes and Goals in Prior Year

Outcomes: The BACCHUS Network provided technical assistance in policy development to 15 college campus locations. During this time two tobacco-free campus policies were passed and/or implemented, and two smoke-free campus policies were passed and/or implemented. The other 11 campuses increased enforcement of existing tobacco policies and built support for tobacco-free initiatives.

Collaborating Entities

American Lung Association of Colorado, Colorado Department of Education, Colorado Department of Public Health and Environment, Colorado Department of Revenue, Colorado Department of Transportation, Local Coalitions and/or Prevention Policy Boards, Local colleges and universities, Local Government

Contact Information: Celeste Schoenthaler, MPH
Phone: 303-692-2951
e-mail: celeste.schoenthaler@state.co.us



Counties Served

Denver

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

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 35 \$213,914

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

Youth 12-18 years of age throughout Colorado.

Total Number Served 465

Program Description

As mandated by the statute §25-3.5-804(3)(b) C.R.S., the State Tobacco Education & Prevention Partnership (STEPP) administers a grant program that funds not-for-profit and government agencies to: 1) help people who use tobacco to quit; 2) prevent youth from starting to use tobacco; 3) assist in the reduction of and protection from secondhand smoke; and 4) reduce tobacco use among groups who are disproportionately affected and/or at high risk.

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 has 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.

Program Goals and Outcomes

Get R!EAL will not be funded in FY 11 due to state budget cuts.

Evidence in Meeting Outcomes and Goals in Prior Year

Outcomes: During the 2009-10 grant period the Get R!EAL program provided funding, training, and technical assistance to 15 youth coalitions in 14 counties statewide that engaged in local tobacco control advocacy and policy activities. Highlights during the grant period included the Get R!EAL Lamar coalition working with city council to pass a local tobacco youth access policy. The Get R!EAL youth in Alamosa meeting with the local city council to propose a tobacco-free-parks ordinance, and the La Veta Get R!EAL coalition working with the town board to propose and sign a resolution discouraging tobacco use in local parks. Also during the grant period, 67 youth leaders and adult sponsors representing 10 coalitions attended an all-day statewide forum. The forum was designed to learn more about the policy process, share ideas and strategies, and to promote local policy successes.

Collaborating Entities

American Lung Association of Colorado, Colorado Association for School-Based Health Care, Colorado Department of Transportation, Colorado Department of Revenue, Colorado Department of Public Safety, Colorado Department of Public Health and Environment, Colorado Department of Education, Colorado Community Health Network, Colorado Children's Campaign

Contact Information: Celeste Schoenthaler

Phone: 303-692-2951

e-mail: celeste.schoenthaler@state.co.us

Web site: www.getrealcolorado.com or www.steppcolorado.com



Counties
Served

Jefferson

K-12 Tobacco Prevention Initiative

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

Program Year July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 35 \$505,361

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

School aged children K-12.

Total Number Served 172,599

Program Description

As mandated by the statute §25-3.5-804(3)(b) C.R.S., the State Tobacco Education & Prevention Partnership (STEPP) administers a grant program that funds not-for-profit and government agencies to: 1) help people who use tobacco to quit; 2) prevent youth from starting to use tobacco; 3) assist in the reduction of and protection from secondhand smoke; and 4) reduce tobacco use among groups who are disproportionately affected and/or at high risk.

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 have 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.

Program Goals and Outcomes

Colorado school districts are receiving funding to develop programs and policies to reduce youth smoking. Due to state budget cuts, RMC will not be funded in fiscal year 2010-2011.

Evidence in Meeting Outcomes and Goals in Prior Year

The Rocky Mountain Center for Health Promotion and Education (RMC) provided funding to four Colorado school districts to develop and implement programming and policy to reduce youth smoking.

RMC worked with Creative Media Solutions and other partners to develop, test, and finalize the web-based interactive Second Chance alternative to suspension/fines program. This innovative program is the first of its kind in the country as was designed for youth who violate tobacco policies in school or community settings. The online program is now being used in schools, communities, youth courts, local hospitals and others across Colorado.



Counties Served

Denver

Tony Grampsas Youth Services (TGYS) -- Tobacco Initiative

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

Program Year July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 35 \$306,984

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

Children, youth and young adults ages 0-24

Total Number Served 19,721

Program Description

As mandated by the statute §25-3.5-804(3)(b) C.R.S., the State Tobacco Education & Prevention Partnership (STEPP) administers a grant program that funds not-for-profit and government agencies to: 1) help people who use tobacco to quit; 2) prevent youth from starting to use tobacco; 3) assist in the reduction of and protection from secondhand smoke; and 4) reduce tobacco use among groups who are disproportionately affected and/or at high risk.

Prevention and Intervention Services Provided

The Tony Grampsas Youth Services (TGYS) Tobacco Initiative (TTI) funds are awarded to eligible TGYS applicants to implement tobacco prevention, education, cessation and reduction of exposure to secondhand smoke services to children, youth and young adults (ages 0-24) and/or their parents and caregivers. Funded TTI programs included 12 Get R!EAL coalitions; 9 Not-on-Tobacco youth cessation programs; 20 Bust Big Tobacco media literacy education programs; 22 grantees providing secondhand smoke education to parents, caregivers and/or child care providers; and 15 grantees implementing evidence-based tobacco education and prevention curriculum.

TTI grantees provide direct services, programs and interventions to high-risk children, youth and families. Program-specific technical assistance, training and evaluation services are provided to grantees by the following: the American Lung Association of Colorado, Get R!EAL/ University of Colorado, Rocky Mountain Center for Health Promotion and Education, and the Omni Institute.

Program Goals and Outcomes

To prevent initiation of tobacco use among youth; promote cessation of tobacco use among youth and adults; eliminate exposure to environmental tobacco smoke; and to reduce tobaccos-related disparities.

Evidence in Meeting Outcomes and Goals in Prior Year

Outcomes: Thirteen Boys and Girls Club organizations across the state adopted stringent board approved organizational policies for tobacco-free facilities and vehicles when and where youth are present, including non-smoking campus for all staff, volunteers, visitors, parents, and Club members and tobacco free signage on Club grounds.

Collaborating Entities

University of Colorado Health Sciences Center, American Lung Association of Colorado

Contact Information: Celeste Schoenthaler

Phone: 303-692-2951
e-mail: celeste.schoenthaler@state.co.us

Web site: www.steppcolorado.com



Counties Served
Arapahoe

Youth Smoking Cessation Project

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

Program Year July 2009 - June 2010

Funding Source(s) and Amount(s)

Amendment 35 \$114,212

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

High school aged youth.

Total Number Served 367

Program Description

As mandated by the statute §25-3.5-804(3)(b) C.R.S., the State Tobacco Education & Prevention Partnership (STEPP) administers a grant program that funds not-for-profit and government agencies to: 1) help people who use tobacco to quit; 2) prevent youth from starting to use tobacco; 3) assist in the reduction of and protection from secondhand smoke; and 4) reduce tobacco use among groups who are disproportionately affected and/or at high risk.

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

The American Lung Association will implement the Not On Tobacco youth smoking cessation program in at least 62 schools and community based organizations with the goal of helping young people to quit or reduce tobacco use.

Evidence in Meeting Outcomes and Goals in Prior Year

Outcomes Through funding via the State Education Prevention Partnership the American Lung Association in Colorado was able to provide 65 schools and youth serving organizations in 26 counties the ability to offer the teen smoking cessation program titled Not on Tobacco. The overall program outcomes included: 73% of N-O-T group participants who completed the 10 week program reported quitting and/or reducing their smoking; Of the participants who quit, 47% reported they are not likely to smoke in the next 12 months; Participant retention rate remains high for the fifth year in a row at 70% of teen who join a N-O-T group complete the 10-week program; 99% of youth participants recommend the N-O-T program to a friend.

Collaborating Entities

Contact Information: Celeste Schoenthaler

Collaborating Entities

Contact Information: Celeste Schoenthaler
Phone: 303-692-2951
e-mail: celeste.schoenthaler@state.co.us
Web site: www.rmc.org or www.STEPPColorado.com



Colorado Department of Public Health and Environment, Prevention Services

Counties Served

- Adams
- Alamosa
- Denver
- Douglas
- Eagle
- El Paso
- Jefferson
- La Plata
- Logan
- Montrose
- Pueblo
- Weld

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration	\$500,000
State General Funds	\$299,591

Number of Local Programs Funded

14

Number of Statewide Programs Funded

0

Population Served

Children and youth ages 10-18, and adults, especially those at risk for suicide attempts and suicide deaths

Total Number Served

20,000

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. In October 2007, the Office of Suicide Prevention was awarded \$400,000 per year through September 2009 to implement suicide prevention efforts in five Colorado counties targeting youth in the juvenile justice and child and family welfare systems.

Prevention and Intervention Services Provided

- 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.

Program Goals and Outcomes

- Fund ten community-based suicide prevention programs developing or implementing selected interventions targeting at risk populations.
- Continue to help fund the Pueblo Suicide Prevention Center to provide statewide crisis services; continue to help fund the Suicide Prevention Coalition of Colorado.
- Continue to implement a public awareness campaign through distribution of materials, public service announcements to Colorado media, and providing toolkits that target at risk populations.
- Outreach to Colorado communities through four regional suicide prevention town hall meetings as well as stakeholder and coalition meetings
- Fund an evaluation of the Yellow Ribbon Suicide Prevention Program
- Awarded \$400,000 per year for three years under the Substance Abuse and Mental Health Services Administration's Garrett Lee Smith Memorial Act youth suicide prevention grant.

Evidence in Meeting Outcomes and Goals in Prior Year

- Each of the ten community-based group suicide prevention and education services have evaluation plans and will report outcomes.
Office of Suicide Prevention reports on outcomes to the legislature each year.

Collaborating Entities

U.S. Department of Health and Human Services, The Colorado Trust, OMNI Institute, Non Profit Organizations, Local Volunteers, Local school districts, Local mental health agencies/centers, Local hospitals, Local Government, Local colleges and universities, Local Businesses, Colorado State University, Colorado Department of Public Safety - Division of Criminal Justice, Colorado Department of Public Safety, Colorado Department of Human Services - Division of Behavioral Health, Colorado Department of Human Services - Alcohol and Drug Abuse Division, Colorado Department of Education, Colorado Children's Campaign

Contact Information: Jarrod Hindman
Phone: 303-692-2539
e-mail: jarrod.hindman@state.co.us
Web site: www.cdphe.state.co.us/pp/suicide/index.html



Colorado Department of Public Health and Environment, Prevention Services

Counties Served

- Adams
- Arapahoe
- Archuleta
- Boulder
- Chaffee
- Clear Creek
- Denver
- Eagle
- El Paso
- Fremont
- Garfield
- Gunnison
- Huerfano
- Jefferson
- La Plata
- Lake
- Larimer
- Mesa
- Moffat
- Montezuma
- Montrose
- Park
- Pitkin
- Pueblo
- Routt
- Summit
- Weld
- Yuma

Program Year

July 2009 - June 2010

Funding Source(s) and Amount(s)

Master Settlement Tobacco Funds	\$3,987,528
Temporary Assistance for Needy Families - Statewide Strategic Use Fund	\$477,602

Number of Local Programs Funded

85

Number of Statewide Programs Funded

0

Population Served

TGYS-funded programs also served disparate populations in Colorado. The racial/ethnic breakdown of individuals served is as follows: 45 percent White/Hispanic, 37 percent White/non-Hispanic, 9 percent African-American, 1 percent American Indian, 2 percent Asian, and 6 percent multi-ethnic. According to data from the Colorado Department of Local Affairs for 2007, the racial/ethnic breakdown of children and youth, ages 0-19, in Colorado was as follows: 25 percent White/Hispanic, 65 percent White/non-Hispanic, 5 percent African-American, 2 percent Native American, and 3 percent Asian. The TGYS Program serves a diverse population: the percentages of African-American and Hispanic youth in the program are greater than the percentages of children in these racial/ethnic groups in the state. Grantees reported that 49 percent of those served qualified for free and reduced school lunch. However it is important to note that not all grantees report on free and reduced school lunch since not all grantees request this information from participants. According to the Colorado Department of Education, in fall 2009, an average of 39 percent of K-12 students qualified for free and reduced lunch in Colorado.

Total Number Served

52,161

Program Description

The Tony Grampsas Youth Services (TGYS) Program is authorized by §25-20.5-201 through 205, C.R.S. and is intended to provide funding to community-based organizations that serve children, youth and their families with programs designed to reduce youth crime and violence and prevent child abuse and neglect.

Prevention and Intervention Services Provided

The TGYS Program supports six funding areas including early childhood, student dropout prevention, youth mentoring, before- and after-school, restorative justice, and violence prevention programs.

Program Goals and Outcomes

Evidence in Meeting Outcomes and Goals in Prior Year

All Participants

- 80 percent or 12 out of 15 overall scale scores demonstrated statistically significant mean change in the desired direction. Effect sizes for these changes ranged from 0.11 to 2.09.
- Of the instruments that were scored by sub-scale, 50 percent, or 8 out of 16 instrument sub-scales demonstrated statistically significant mean change from pre- to post-test. Effect sizes ranged from 0.02 to 1.26.
- The largest effects were demonstrated by the Colorado School Bonding, Conflict Resolution/Self-Control Subscale, and Social Competence instruments.

Risk Group

- 93 percent or 14 out of 15 overall scales demonstrated statistically significant change in the desired direction. Effect sizes for these changes were quite large, ranging from 0.63 to 7.89.
- Sixty-three percent, or 10 out of 16 instrument sub-scales demonstrated statistically significant change from pre- to post-test. Effect sizes ranged from 0.01 to 5.63.
- The large effect sizes for the high-risk group were again mostly accounted for by the Colorado School Bonding, Conflict Resolution/Self-Control Sub-scale, and Social Competence instruments.

Collaborating Entities

Colorado Department of Education

Contact Information: Alyssa Lasseter
Phone: 303-692-2947
e-mail: alyssa.lasseter@state.co.us
Web site: www.tgys.org

**DEPARTMENT of
PUBLIC SAFETY**



Juvenile Justice and Delinquency Prevention Formula Grant Program

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

Counties Served

Chaffee
Denver
Eagle
El Paso
La Plata
Lake
Larimer

Program Year October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention \$924,000

Number of Local Programs Funded 10

Number of Statewide Programs Funded 0

Population Served

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

Total Number Served 1,655

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 (JJDP) Prevention Council, which establishes priorities each fall for funding in the following year.

Prevention and Intervention Services Provided

As part of the four Core Requirements for these funds the state monitors compliance statewide with the JJDP Act, and staffs the Coalition for Minority Youth Contact. The Council also set aside funds to reach their goal to improve the juvenile justice system.

Program Goals and Outcomes

1. Complete phase one of an evaluation of the Juvenile Diversion Program.
2. To improve the juvenile justice and delinquency prevention system by examining issues, improving practices, policies and/or procedures on a system-wide basis related to Substance Abuse, Mental Health, including co-occurring disorders, and/or Minority Overrepresentation.
3. Prevention of delinquency by addressing contributing factors that may lead minority youth to enter the juvenile justice system.
4. Prevention of delinquency by addressing the needs of juveniles with mental health issues to prevent them from entering the juvenile justice system and, when possible, fully engaging the youth and family in planning and monitoring mental health services
5. Prevention of delinquency by addressing youth's substance use and abusing behaviors to prevent them from entering the juvenile justice system and supports.
6. To implement community activities that are identified planned, developed, and implemented by Youth Boards in order to encourage and support the development of youth leadership.
7. Compliance with the four core protections of the federal Juvenile Justice and Delinquency Prevention Act.

Evidence in Meeting Outcomes and Goals in Prior Year

-Report is pending

Collaborating Entities

Colorado Department of Human Services - Division of Behavioral Health, OMNI Institute, Colorado Department of Public Health and Environment, Colorado Juvenile Justice and Delinquency Prevention Council

Contact Information: Michele Lovejoy
Phone: 303-239-4442
e-mail: michele.lovejoy@cdps.state.co.us
Web site: <http://dcj.state.co.us/oajja>



Counties
Served

Moffat

Title V Incentive Grants for Local Delinquency

Colorado Department of Public Safety, Division of Criminal Justice, Office of Adult and Juvenile Jus

Program Year

October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention \$48,360

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

Children and youth ages 0-18 served by funded programs

Total Number Served 26

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 delinquency prevention plan and in the implementation of the plan.

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.

Evidence in Meeting Outcomes and Goals 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. Areas that showed improvement included raising grades and reducing absentism from schools.

Collaborating Entities

OMNI Institute, Colorado Department of Human Services - Division of Behavioral Health, Colorado Department of Public Health and Environment, Colorado Department of Revenue - Division of Motor Vehicles, Colorado Juvenile Justice and Delinquency Prevention Council

Contact Information: Anna Lopez
Phone: 303-239-4442
e-mail: anna.lopez@cdps.state.co.us

Web site: <http://dcj.state.co.us/oajja/>

**DEPARTMENT of
TRANSPORTATION**



Counties Served

Denver

Bicycle and Pedestrian Safety Program

Colorado Department of Transportation - Safety and Traffic Engineering Branch

Program Year October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Transportation, 402 Program \$55,000

Number of Local Programs Funded 1

Number of Statewide Programs Funded 0

Population Served

Students K-12

Total Number Served 8,000

Program Description

The Colorado Department of Transportation funds a bike helmet and a pedestrian safety program for children in the Denver Metro area and Vail Valley.

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 to increase safe pedestrian behavior. Reduce pedestrian and bicycle fatalities by 3% by 2010.

Evidence in Meeting Outcomes and Goals in Prior Year

Over the past 5 years the fatal crash rate per 100 MVM has decreased from 1.31 in 2003 to .99 in 2008. The injury crash rate has decreased from 77.1 in 2003 to 60.5 in 2005 (most current data available). Average number of pedestrian fatalities from 2006-2008: 54.

Collaborating Entities

Contact Information: Carol Gould
Phone: 303-757-9468
e-mail: carol.gould@dot.state.co.us

Web site:



Counties Served

Jefferson
Pueblo

Impaired Driving/Substance Abuse

Colorado Department of Transportation - Safety and Traffic Engineering Branch

Program Year October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Transportation, 410 Program \$126,000

Number of Local Programs Funded 2

Number of Statewide Programs Funded 0

Population Served

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

Total Number Served 10,000

Program Description

Colorado Department of Transportation currently funds prevention programs specifically for underage drinking prevention and underage drinking and driving prevention.

Prevention and Intervention Services Provided

Funding to Mothers Against Drunk Driving (MADD) for two Youth Coordinators to reduce underage consumption of alcohol and unsafe driving behavior through youth training, activism and outreach statewide. The youth coordinators will promote CDOT and MADD program initiatives, schedule and coordinate ten MADD Multimedia School Assembly presentations and conduct post-evaluation surveys.

Funding to Crossroads Smart Roads program to prevent underage drinking and awareness.

Program Goals and Outcomes

The goal of the Colorado Department of Transportation's Impaired Driving program is to reduce the number of fatalities in crashes involving a driver or motorcycle operator with a BAC of .08 and above. The goal is to reduce the number of fatalities in crashes involving a driver or motorcycle operator with a BAC of .08 and above by 3% in 2010.

Evidence in Meeting Outcomes and Goals in Prior Year

Average number of fatalities in crashes involving a driver or motorcycle operator with a BAC of .08 and above from 2006-2008: 173.

Collaborating Entities

Contact Information: Glenn Davis
Phone: 303-757-9462
e-mail: glenn.davis@dot.state.co.us

Web site:



Occupant Protection Program

Colorado Department of Transportation - Safety and Traffic Engineering Branch

Counties Served

Adams
Denver
Jefferson
La Plata
Larimer
Mesa
Yuma

Program Year

October 2009 - September 2010

Funding Source(s) and Amount(s)

United States Department of Transportation, 402 Program \$714,500

Number of Local Programs Funded

11

Number of Statewide Programs Funded

0

Population Served

All Colorado drivers and their infant and child passengers, tweens and teens.

Total Number Served

600,000

Program Description

The Occupant Protection program combines public information and education with enforcement efforts to increase seat belt, child safety and booster seat use in Colorado. Other programs include tween motor vehicle safety and teen driving.

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: www.carseatscolorado.com; community and church events; highway signs and informational 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 and teen motor vehicle safety

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.

Tween safety education and public relations.

Teen driving and graduated driver license education and awareness.

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 to 85% .

To increase car seat use for children under <5 to 92% by 2010.

To increase the juvenile seat belt use (ages 5 to 15) to 80% by 2010.

Reduce the number of unrestrained fatalities by 3% - 2006-2008 average was 197.

Evidence in Meeting Outcomes and Goals in Prior Year

In 2009, Colorado's seat belt use rate was 81.1%, the nationwide average was 83%.

In 2009, 87.15% of children <5 were observed to be fastened into car seats.

Observed juvenile seat belt use (ages 5 to 15) was 73.7% and teen seat belt usage rates reached an all time high of 80.6%.

Collaborating Entities

Contact Information:	Carol Gould
Phone:	303-757-9468
e-mail:	carol.gould@dot.state.co.us
Web site:	www.carseatscolorado.com

