



COMMUNITY RESOURCES ASSESSMENT REPORT

MONTBELLO

STEPS TO SUCCESS
COMMUNITY RESOURCES
AND EVALUATION
COMMITTEE

MARCH 2013





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Executive Summary

Steps to Success is a unique partnership between Far Northeast Denver's Montbello community, and faculty researchers from the University of Colorado (CU) Boulder and the CU School of Medicine/Children's Hospital to promote positive youth development and reduce youth violence through a coordinated community-wide effort. The project is funded by a five-year (2011-2016) \$6.2 million cooperative agreement from the Centers for Disease Control and Prevention's Academic Centers of Excellence (ACE) in Youth Violence Prevention. The Steps to Success project uses the Communities That Care model to provide a framework for members of the community to work together to prevent youth violence and other problem behaviors, including substance use, delinquency, teen pregnancy, and dropping out of school.

Purpose of the Community Resources Assessment Report: This report describes the results of the work completed by the Resources Assessment and Evaluation committee as part of Steps to Success, and highlights prioritized evidence-based programs that address the risk and protective factors that were selected by the Risk and Protective Factor Assessment committee. That process is detailed in the Community Risk Assessment Report.

A key goal of the Communities That Care effort is to identify which risk factors, protective factors, and problem behaviors are prevalent in the community, and to implement tested, effective programs to address the community's unique profile. The Risk and Protective Factor Assessment committee collected and analyzed data on Montbello and identified the following risk and protective factors as priorities for community planning:

Top 3 Risk Factors:

1. Early and persistent problem behavior
2. Family conflict/family management problems
3. Friends engaging in problem behavior/weak social ties

Top Protective Factor:

1. Religiosity

Conducting a resources assessment and identifying programs to address the identified risk and protective factors is the next step in the Communities That Care process. Starting in August 2012, members of the Resources Assessment and Evaluation committee began collecting information on local resources (available both within the Montbello community and throughout the Denver metro area) that target youth development and provide prevention services. The outcome of this information gathering process determined that:

- ❖ There are tested, effective resources in the Denver metro area that work to address one or more of the priority risk factors. However, these resources cover a large geographical area and therefore, none are considered to be dedicated resources in the Montbello neighborhood. This potentially poses problems of accessibility and availability to youth



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and their families in Montbello. This report recommends that the Community Action Plan include proposals to consider ways to expand the existing tested, effective resources to reach a greater number of Montbello's youth.

- ❖ The programs that are available only reach a specific, targeted population of youth who are at risk for or are already exhibiting problem behavior. There are no tested, effective resources currently in place that provide prevention services to reach entire populations of youth. This report recommends that the Community Action Plan include proposals to implement tested, effective universal-level prevention programs that will reach a large number of Montbello's youth.
- ❖ There are several environmental strategies, policies, and practices available that address the risk factors prioritized by the community. This report recommends that board members expand this initial list and develop an approach to integrate these strategies, policies, and practices into the Community Action Plan as a way to empower and engage the community as a whole.
- ❖ In part due to the partnership and prevention infrastructure put in place by Steps to Success, Montbello is the recent recipient of a 5-year Piton Foundation grant to implement The Incredible Years, an evidence-based prevention program targeting children in preschool through elementary school. This program can set the foundation for young children and their families in curbing child problem behaviors and negative parenting practices. This report recommends that the Community Board coordinate efforts with the Piton Foundation in monitoring and evaluating the implementation of this program and any other efforts outside the scope of the Steps to Success project that implement tested, effective programs to promote positive youth development and reduce youth violence in Montbello.

The committee members completed a Community Resources Assessment Training in January 2013 to determine what gaps exist in the resources currently available in the community for addressing the priority risk and protective factors. They also began the process of determining how to address those gaps. This process was completed in February 2013, where the committee members determined which evidence-based programs best fit the community profile and target one or more of the priority risk factors. A key tool that was used in this process was the Blueprints website - www.blueprintsprograms.com, which enabled the committee to search for evidence-based programs by risk and protective factor.

Based on the assessment information, the Resources Assessment and Evaluation committee prioritized evidence-based programs to recommend for consideration in the Community Action Plan. These programs were prioritized on two levels: first, evidence-based programs were prioritized that target the priority risk factors but are currently not available in Montbello and would need support for both start up and implementation; second, evidence-based programs were prioritized that target the priority risk factors, are available in the Denver metro area, and could be expanded to reach more youth in Montbello through community leveraging.



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A. Level One Priority List:

1. Raising Healthy Children
2. LifeSkills Training*
3. Positive Family Support*
4. Strengthening Families 10-14*
5. Strong African American Families*
6. Familias Unidas
7. Guiding Good Choices
8. Promoting Alternative Thinking Strategies

* These programs received an equal number of votes among committee members for prioritization

B. Level Two Priority List:

1. Big Brothers Big Sisters
2. Functional Family Therapy*
3. Multisystemic Therapy*
4. Incredible Years*
5. Nurse Family Partnership*

* These programs received an equal number of votes among committee members for prioritization

C. The Resources Assessment and Evaluation committee also developed a list of environmental strategies, policies, and practices that address the priority risk and protective factors that are recommended for consideration in the overall community action plan to support and empower the current community efforts. This list will be further refined and finalized during the Community Action Plan Workshop.

- Safe2Tell
- Mental Health First Aid
- Psychological First Aid
- Social Norming
- Community Ambassadors program



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- Safe Summer Kickoff

Next Steps:

A 1.5-day Community Action Planning Workshop will be held on March 11-12th 2013. Here, Steps to Success community partners will use the information and recommendations presented by both the Community Risk Assessment and Community Resources Assessment Reports to develop a Community Action Plan (CAP) for Montbello. This comprehensive plan will put in place a strategy for the Montbello community to prevent and reduce problem behaviors and promote positive youth development. The CAP will then be presented to the Steps to Success Community Board for review and approval.

2. Introduction

2A. Steps to Success Overview

Steps to Success Overview: Steps to Success is a unique partnership between the Far Northeast Denver's Montbello community, and faculty researchers from the University of Colorado (CU) Boulder and the CU School of Medicine/Children's Hospital to promote positive youth development and reduce youth violence through a coordinated community-wide effort. The project is funded by a five-year (2011-2016) \$6.2 million cooperative agreement from the Centers for Disease Control and Prevention's Academic Centers of Excellence (ACE) in Youth Violence Prevention. The Steps to Success project is based on the Communities That Care model as a way for members of a community to work together to prevent youth violence and other problem behaviors, including substance use, delinquency, teen pregnancy, and dropping out of school.

Steps to Success officially kicked off in February of 2012 and is directed by a Community Board consisting of community leaders and partner organizations. A Key Leader Advisory Board, consisting of city and state leaders and elected officials also meets quarterly to support the work of the Community Board. These Boards make decisions – based on data – about the strategy and programming that best meet the needs of the Montbello community. They also review and provide input on the work of the various committees of Steps to Success. They identify gaps and areas of promise that can be leveraged and enhanced, and will participate in the development of a Community Action Plan for Montbello. As part of the Community Action Plan, the Community Board will select evidence-based programs that align with the needs of the community. Steps to Success aims to embed these programs and strategies into an on-going community delivery system supported by both governmental and nongovernmental organizations so that the Montbello community may continue to benefit from the programs long after the five years of federal funding ends.

Community's Vision:

'A self-empowered community that we are proud of'

Steps to Success Purpose:

'To promote positive youth development and reduce youth violence in Montbello through a coordinated community effort'

2B. Communities That Care Model

Steps to Success uses the Communities that Care (CTC) framework to guide its community effort. CTC was developed by Dr. David Hawkins and Dr. Richard Catalano of the Social



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Development Research Group in Seattle, Washington as a model example for how community members can work together efficiently and effectively to promote positive youth development and prevent youth violence and other problem behaviors, including substance use, delinquency, teen pregnancy, and dropping out of school.

There are many benefits to using Communities That Care – including encouraging local control, building community capacity, and positively impacting risk factors, specifically (Hawkins, Catalano and Kuklinski, 2011):

Local control

- The community determines which risk factors to prioritize
- The community chooses which evidence-based programs to implement to address their top concerns

Community capacity

- Data-based decision making
- Community organization

Proven impact

- Delinquency (62% vs. 70%)
- Alcohol use (67% vs. 75%)
- Cigarette smoking (44% vs. 52%)

Communities that have used CTC have had successful results. These results were accomplished by implementing the CTC model in the way that it was intended to be used including:

- Prioritizing 2-5 risk factors to be targeted
- Investing \$75,000 per year for evidence-based programs (on average, communities selected 2 to 3 programs)
- Employing a full-time site manager
- Training community members in the CTC model.

The Steps to Success project in Montbello is implementing the CTC model as it is intended by following all the above listed guidelines for implementation.

2C. Key Accomplishments to Date

- Establishment of a community-driven organizational structure to support and oversee project goals (March, 2012)



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- Collection and analysis of community and school survey data (June, 2012 – January, 2013)
- Prioritization of the risk and protective factors by the Risk and Protective Factor committee (January, 2013)
- Development of a Community Risk Assessment Report (February, 2013)
- Completion of Community Resources Assessment Training (January, 2013)
- Assessment of Montbello’s resources and gap analysis (February, 2013)

3. The Resources Assessment

A key goal of the Communities That Care system is for communities to develop a profile of the risk factors, protective factors and problem behaviors in their community, and to develop a plan for addressing the risk factors that are most elevated while enhancing protective factors.

The Steps to Success Community Risk Assessment Report details the process of collecting the community and school data and developing the risk and protective factor profile. This report builds upon that first step. The Resources Assessment and Evaluation committee began meeting in July of 2012. This group was tasked with collecting information on local resources that were available in Montbello for youth and their families that promote positive youth development and reduce violence. The committee then looked at the existing resources and determined what the gaps were in those resources. This report outlines the recommendations for filling the gaps that, coupled with the Community Risk Assessment Report, will lay the foundation for the Montbello Community Action Plan.

3.A. How the information was collected

The Centers for Disease Control and Prevention’s Academic Centers for Excellence (ACE) grant requires the implementation of evidence-based programs and strategies through the Steps to Success project. Therefore, the Resources Assessment and Evaluation committee decided to focus their efforts on researching only those programs that would fit the criteria established for the project. The committee was presented with a menu of programs from three established and approved lists, in this priority order:

1. Blueprints for Healthy Development, Model and Promising Programs (www.blueprintsprograms.com)
2. Office of Justice, Evidence-Based Programs (www.crimesolutions.gov)
3. Coalition for Evidence-Based Policy, Top Tier Standard Programs (www.toptierevidence.org)

Members of the committee divided the lists and researched the availability of the programs in the Denver metropolitan area. They completed survey assessment worksheets (See Appendix 2), when possible, on existing programs, to determine whether the resource was available to youth



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and their families in Montbello. The committee met several times to discuss the programs. An evidence-based programs list was developed, and included information on program descriptions/goals, availability as a resource in the Denver metro area and resource contact and purpose information, the targeted age for the program, and in which risk and protective factor domain the program targeted (individual, peer, family, school, community). See Appendix 5 for a version of this list containing the programs recommended by the committee.

3.B. Assessment details

Once the priority risk and protective factors were established by the Risk and Protective Factor committee, the Resources Assessment and Evaluation committee met to determine which evidence-based programs and strategies to recommend for consideration in the Community Action Plan. They met in February 2013 for a one-day work session. At this work session, the committee used several documents and tools to complete their work. They received a matrix of all evidence-based programs that were identified as addressing one or more of the prioritized top risk (10) and protective (4) factors. The matrix was developed by conducting a search on the Blueprints for Healthy Youth Development website, which enables the user to search for programs by risk and protective factors. Thirty two programs were eligible through this search. The list was further narrowed down by only including those programs that addressed at least one of the top 3 priority risk factors (there were no programs that addressed the protective factor *religiosity*). The final list included 24 evidence-based programs. This matrix, along with the Evidence-Based Programs List and the Blueprints website were used during the work session.

Committee members were asked to work independently to pick their top 5 programs to be considered for recommendation. These individual lists were then tallied and compiled to produce a committee list. A list of 8 programs receiving at least 2 votes included:

1. Raising Healthy Children
2. LifeSkills Training
3. Positive Family Support
4. Strengthening Families 10-14
5. Strong African American Families
6. Familias Unidas
7. Guiding Good Choices
8. Big Brothers Big Sisters

Five additional programs were added to the list that received one vote each:

9. Promoting Alternative Thinking Strategies (PATHS)



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10. Multisystemic Therapy
11. Functional Family Therapy
12. The Incredible Years
13. Nurse Family Partnership

The Committee and Steps to Success staff worked through the first twelve programs and completed a Survey Summary Worksheet for each, using the Blueprints for Healthy Youth Development website (see Appendix 4 for the complete Survey Summary Worksheet). Nurse Family Partnership was not included among those programs to be researched because the evidence of effects on problem behavior are not seen for many years and would be beyond the scope of the project period. However, it remained on the list because it is currently being implemented in Denver.

Finally, the committee was asked to consider the ways in which these programs should be presented. The programs were organized in tiers. In the first tier of programs, it became evident that reaching a large target audience was important to the committee members. These programs, called “universal prevention” programs, are broader in scope and are implemented to whole populations, such as schools or communities. These programs most commonly address risk factors by teaching skills or concepts that promote healthy and positive development, prior to the emergence of emotional or behavioral disorders. The programs that rose to the top of the priority recommendation list were predominantly universal-level programs. One additional program that was included in the first tier of programs is a “selective prevention” program. These programs target a subgroup of the population that are identified as being at an elevated risk for developing emotional or behavioral problems, but those problems have not yet emerged or have not been formally diagnosed. While the committee felt it was most important to reach as many community youth as possible with prevention programming, they also recognized the need to provide services to youth who would be at a higher risk for participating in problem behavior.

The next set of programs was determined to be second tier on the basis of there already being a foundation for these programs in the community. All of these programs are available in the Denver metro area and the committee did not feel it warranted to recommend a full implementation of these programs in Montbello. Rather, they decided to recommend these programs be included in the Community Action Plan if they could be supported through community leveraging. That is, partial support by Steps to Success for these programs would make them more accessible to youth and their families in Montbello, without developing a singular program fully to operate just in the community. Also, the programs on this tier are at the selective or indicated level of prevention, and therefore reach a smaller subset of the larger population of youth in Montbello. “Indicated prevention” programs target the youth at the highest level of risk, or are showing early symptoms of problem behavior.

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The final list of recommended programs determined at this work session is as follows:

Order	Program Name	Domain	Program Type
FIRST TIER PROGRAMS			
1	Raising Healthy Children	Individual; School; Family	Universal
2	LifeSkills Training	Individual; Peer; School; Family; Community	Universal
3	Positive Family Support	Individual; Peer; School; Family	Universal; Selective; Indicated
4	Strengthening Families 10-14	Individual; Family	Universal
5	Strong African American Families	Individual, Peer; School; Family; Community	Universal
6	Familias Unidas	Individual; School; Family	Selective
7	Guiding Good Choices	Individual; Peer; Family	Universal
8	PATHS	Individual; Peer; School	Universal
SECOND TIER PROGRAMS			
1	Big Brothers Big Sisters	Individual; Peer; School; Family; Community	Selective
2	Multisystemic Therapy	Individual, Peer; School; Family; Community	Indicated
3	Functional Family Therapy	Individual; Peer; Family	Selective; Indicated
4	Incredible Years	Individual; School; Family	Universal; Selective; Indicated
5	Nurse Family Partnership	Individual; Family	Selective

The committee also developed a list of environmental strategies that could be used by the community to support and empower their efforts to reduce problem behavior and violence and promote healthy youth development in Montbello. These strategies are not on the evidence-based program lists used to develop this report. However, the committee felt strongly that these efforts could be incorporated into the Community Action Plan to supplement and enhance the overall plan.

3.C. Report overview

The next sections of the report provide detailed information about Montbello's resources and gaps, organized by the priority risk and protective factors. The conclusion presents a summary of the resources and gaps, along with recommendations for the Community Action Plan.

Priority Risk Factor 1: Early and Persistent Problem Behavior

Risk Factor Description

Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at higher risk for alcohol and other drug use, delinquency and violent behavior. This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children, which increases the risk for substance abuse, delinquency, teen pregnancy, school drop-out, and violence.

According to the community and school data, Montbello youth are exhibiting unacceptable levels of problem behavior at an early age: nearly one quarter (23%) of youth ages 10-11 admit to participating in delinquent or violent acts, and between 3 – 14% of 4th and 5th grade students have ever used tobacco, alcohol or marijuana. Please see the Community Risk Assessment Report for graphs and more detail on data collected for this risk factor.

Relevant Existing Resources to Address This Risk Factor

A resource assessment of this risk factor found that there are a few tested, effective community resources available to address *early and persistent problem behavior*:

- **Functional Family Therapy:** Functional Family Therapy (FFT) is a family therapy intervention designed to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships. Evaluations have shown program impacts on reducing delinquency and criminal behavior, externalizing and internalizing behavior, illicit drug use and violence, and increases in positive relationships with parents. The Aurora Mental Health Center, Jefferson Center for Mental Health, and Douglas Mental Health Network are Denver metro area Functional Family Therapy organizations. The Center for Effective Interventions is an organization that supports the use of evidence-based models, including FFT. They are part of the Human Services Department at Metropolitan State College of Denver.
- **Multisystemic Therapy:** Multisystemic Therapy (MST) provides intensive family therapy with the goal to improve the real-world functioning of youth by changing their natural settings – home, school, and neighborhood – in ways that promote prosocial behavior while decreasing antisocial behavior. Evaluations of MST have shown that the program is effective in decreasing delinquency and criminal behavior, externalizing and internalizing behavior, illicit drug use, sexual violence and violence, and increasing positive relationships with parents. Multiple agencies throughout the Denver metropolitan area provide MST services, including Savio House, the University of Colorado Hospital, and Synergy Adolescent Treatment Services at the University of Colorado - Denver. The Center for Effective Interventions in Denver also supports the dissemination of MST.



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Gaps, issues and barriers

The two tested, effective programs described above are available as resources to youth in the Denver metropolitan area. As such, they are not considered to be dedicated resources to youth and their families in Montbello, although youth in Montbello could have access to these programs. There may also be geographical barriers to families who do not have access to transportation to reach the services.

Because these resources are available throughout the Denver metro area, there is limited availability of services to go around. Therapists in both programs have a maximum caseload requirement, which also further limits accessibility to services. Additionally, to be eligible for these resources, it is often necessary for youth to have health insurance or Medicaid coverage.

The programs that are available that address *early and persistent problem behavior* target problem behavior once it has already manifested. There are no tested, effective resources that reach a large population of youth and that reach youth before problem behavior begins.

Committee Recommendations for Evidence-Based Programs

A multi-pronged approach should be used to address the risk factor *early and persistent problem behavior*:

1. The Resources Assessment and Evaluation committee felt strongly about the need to reach a large target audience in implementing programs that address the priority risk factors and to reach youth in the preventive stage, prior to the manifestation of problem behavior. The recommendation from this committee was to push forward several evidence-based programs to be considered for implementation in Montbello that are universal-level prevention programs:

- ***Raising Healthy Children***: Raising Healthy Children is a preventive intervention with teacher, parent, and child components, designed to promote positive youth development by enhancing protective factors, reducing identified risk factors, and preventing adolescent problem behaviors and academic failure. Evaluations of this program have shown positive impacts on academic performance, alcohol and illicit drug use, antisocial-aggressive behavior, delinquency and criminal behavior, mental health, and sexual risk behaviors. The Raising Healthy Children program is implemented in the school setting to all students beginning in grade 1 through grade 12. The program operates within the individual, family, and school domains.
- ***LifeSkills Training***: LifeSkills Training (LST) is a three-year classroom curriculum to prevent adolescent substance use. LST also targets reduction of violence and other risk behavior. Evaluations of LST have shown significant program effects on substance use (tobacco, alcohol, marijuana, polydrug and illicit drug use), violence and delinquency, HIV risk behaviors and risky driving, as well as increases in knowledge and attitudes about life skills, substance use, and perceived adult substance use. The program is implemented to all



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students in the middle school grades and operates within the domains of individual, peer, family, school, and community.

- ***Positive Family Support:*** Positive Family Support is a family-based, 3-tiered intervention that targets adolescent problem behavior at the universal, selective, and indicated levels. Goals are to reduce problem behavior and risk for substance abuse and depression, improve family management practices and communication skills as well as adolescents' self-regulation skills and prosocial behaviors. Evaluation evidence indicates that the program reduces youth substance use, antisocial behavior and depression, arrests, school absenteeism and declines in GPA. The program also increases youth self-regulation and has a positive effect on parental monitoring. The program is implemented through the school setting in the middle school grades and operates within the individual, peer, family, and school domains.
- ***Strengthening Families 10-14:*** The Strengthening Families 10-14 program is a 7-session parenting and youth skills program, designed to improve parenting and family management skills, with the long-term goal of reducing aggressive and hostile youth behavior, substance use, and other problem behaviors. Program effects include reductions in youth substance initiation and use, and aggressive and hostile behavior, as well as improvements in parenting behavior. The program is implemented in the school setting during the middle school grades and operates through the individual and family domains. There are certified trainers for this program in Denver and the program is supported by the Office of Drug Strategy through Denver Human Services. However, the program is not currently available in Montbello.
- ***Strong African American Families:*** Strong African American Families (SAAF) is a 7-week interactive educational program for African American parents and their early adolescent children that strives to reduce adolescent substance use, conduct problems, and sexual involvement. Goals are achieved by enhancing parents'/caregivers' skill set for disciplining and guiding youth, helping youth develop a healthy future orientation and increased acceptance of parental guidance, and teaching youth skills for dealing with peer pressure to be involved with risky behavior. Evaluations of this program include outcomes of reduced conduct problems and alcohol use, and increases in positive parenting and youth protective factors. SAAF is implemented both in the community and in the schools to children in late elementary school and operates across the individual, peer, family, school, and community domains.
- ***Guiding Good Choices:*** Guiding Good Choices is a family competency training program to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors. Program evaluation outcomes include reductions in youth substance initiation and use, depression, and general delinquency, and increases in parent-child relationship quality and positive parenting behaviors and child management



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skills. This program is implemented through the school to the middle school grades and operates across the individual, peer, and family domains.

- **Promoting Alternative Thinking Strategies:** Promoting Alternative Thinking Strategies (PATHS) strives to reduce aggression and behavior problems by promoting the development of social and emotional competencies in children during the elementary school age years. Program effects from evaluations include reductions in conduct problems and externalizing behaviors like aggression, depression and other internalizing behaviors, anger and ADHD symptoms, as well as improvements in social problem solving, emotional understanding, self-control, understanding of cues for recognizing feelings in others, peer sociability and social school functioning, abilities to resolve peer conflicts, identifying feelings and problems, and authority acceptance, cognitive concentration, and social competence. The program is implemented in school to elementary age children, and operates through the individual, peer, and school domains. The target audience for the PATHS program is elementary school children, who are younger than the youth that were surveyed as part of Steps to Success (the youngest children surveyed were in 4th and 5th grades). However, this program was the only program among those that addressed this risk factor that builds social and emotional competencies in children, and the committee felt this was an important component in the reduction of early and persistent problem behavior. Therefore, the PATHS program was selected for recommendation, but at a lower priority than the previously described universal-level programs.
- 2. Next, the committee recognized the importance of also providing services to youth who are at risk of or are already exhibiting problem behavior in order to effect reductions in the current level of problem behaviors that are occurring in the neighborhood. They prioritized selective- and indicated-level programs to recommend for consideration that address the risk factor *early and persistent problem behavior*:**
- **Positive Family Support:** The description of this program's goals and outcomes are described above. There are multiple components to this program. In addition to the school-wide, universal component, delivered to students in their classroom, there are additional levels to the program that provide assessment and treatment services to youth and their families who are identified by teachers as being "at risk" for problem behavior.
 - **Familias Unidas:** Familias Unidas is a family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents. Program evaluation outcomes include reductions in youth problem behaviors, including substance use and risky sexual behavior, and improvements in family functioning, including parent-adolescent communication and positive parenting. The program is implemented with youth in their early to late adolescence and can be implemented in the home or in a variety of community settings (i.e., religious and recreation centers). The program operates through the individual, family, and school



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domains. The program is specific to Hispanic youth and their families, including immigrant Hispanic families.

3. The committee acknowledges the tested, effective programs that are currently being implemented in this community that address this risk factor, but are only available to Montbello youth in limited capacity. The recommendation for accessing these resources is as follows:

- ***Functional Family Therapy and Multisystemic Therapy:*** Program descriptions for these resources are described above. Both programs are selective and indicated-level programs that treat youth who are at high risk for or are already exhibiting problem behaviors (i.e., youth who are in contact with the juvenile justice system or are receiving social services). Because these programs would only serve a small minority of youth in the Montbello neighborhood and would provide limited impact in overall reductions of youth violence over the course of the project, the committee did not feel that a full implementation of either of these programs was warranted. However, the committee did recognize the importance of providing tested, effective services to youth who are exhibiting problem behavior and are contributing to the violence problems in the neighborhood.

The recommendation of this report is to work with the agencies in the Denver metro area that are currently implementing these programs and to leverage these resources. This can be done in one of two ways. One way is for the community to “buy” families from these agencies. That is, to negotiate with the existing therapist teams from these programs and ensure that they take on a client base of 10-20 families specifically from Montbello per year. Another way to leverage the existing resource would be to add a therapist to current FFT or MST teams who would only take on caseloads from Montbello.

In addition to the resources that are currently available, a five-year grant was recently awarded for a full implementation of ***The Incredible Years System*** in Montbello through the Piton Foundation. This tested, effective program addresses the community’s priority risk factors and has several components: a parent component, a teacher classroom management component, and a child prevention component. All three components will be implemented through this grant. The program works with children in early and late childhood and has evaluated outcomes on antisocial-aggressive behavior, child maltreatment, child conduct problems, depression, internalizing and externalizing behavior, and positive relationships with parents. The program is implemented both in the school (child and teacher components) and in the community (parent component).

While the targeted age group of this program is younger than that included in the Steps to Success project, The Incredible Years program will provide an important foundation for positive behavior change at this critical stage in child development, both for children and their parents. Accordingly, it is important to include this implementation effort into the overall Community Action Plan. Through the evaluation process, critical to maintaining implementation integrity of all tested, effective programs, Steps to Success can work with the local program Community Coach and Invest in Kids (program trainers) to monitor the program implementation.



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Summary

This report proposes several recommendations to be considered for the Community Action Plan in order to address the priority risk factor *early and persistent problem behavior*:

- Implement tested, effective universal-level programs to the target population of youth in Montbello, in order to prevent the manifestation of problem behavior before it occurs, of which there are **7** programs to consider;
- Implement tested, effective selective- and indicated-level programs to provide services to Montbello youth who have been identified as at risk for problem behavior, of which there are **2** programs to consider;
- Implement selective- and indicated-level programs to the target population of youth in Montbello through community leveraging of existing resources in the larger community, in order to reduce problem behaviors and violence which is already occurring, of which there are **2** programs to consider;
- Coordinate efforts in monitoring and evaluating the implementation of **The Incredible Years** program, to ensure program integrity in the development of positive behaviors among Montbello's young children and their families.

Priority Risk Factor 2: Family Conflict/Family Management Problems

Risk Factor Description

Family Conflict – Children raised in families high in conflict are at a higher risk for violence, delinquency, school drop-out, teen pregnancy, and drug use.

Family Management Problems – These include a lack of clear expectations for behavior; failure of parents to supervise and monitor their children; and excessively severe, harsh or inconsistent punishment. Children exposed to these family management practices are at a higher risk for violence, delinquency, school drop-out, teen pregnancy, and drug use.

According to the community and school data, Montbello youth are experiencing elevated levels of both of these family-level risk factors. In terms of family conflict, youth are reporting high levels of fighting with parents and siblings (between 31% – 43% across age groups), and parents are also reporting both verbal and physical fighting in the home (11%). In terms of family management, more than half of the community's youth (52%) are dealing with inconsistent discipline at home, and youth are also reporting elevated levels of poor monitoring, compared to statewide data. Please see the Community Risk Assessment Report for graphs and more detail on the data collected for these risk factors.

Relevant Existing Resources to Address This Risk Factor

A resource assessment of these risk factors found that there are a few tested, effective community resources available to address *family conflict* and *family management problems*:

- ***Big Brothers Big Sisters***: Big Brothers Big Sisters (BBBS) is a mentoring program that works with at-risk adolescents to delay or reduce antisocial behaviors, improve academic performance, attitudes and behaviors, improve peer and family relationships, strengthen self-concept, and provide social and cultural enrichment. Program evaluations show that the program is effective in reducing illicit drug and alcohol initiation, antisocial and aggressive behaviors, truancy, and violence. The program also has positive effects on academic performance, parent-child relationships and relationships with peers. The Big Brothers Big Sisters of Colorado has a headquarters in Denver and provides services to youth in the Denver metro area.
- ***Functional Family Therapy***: Functional Family Therapy (FFT) is a family therapy intervention designed to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships. Evaluations have shown program impacts on reducing delinquency and criminal behavior, externalizing and internalizing behavior, illicit drug use and violence, and increases in positive relationships with parents. The Aurora Mental Health Center, Jefferson Center for Mental Health, and Douglas Mental Health Network are Denver metro area



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Functional Family Therapy organizations. The Center for Effective Interventions is an organization that supports the use of evidence-based models, including FFT. They are part of the Human Services Department at Metropolitan State College of Denver.

- **Multisystemic Therapy:** Multisystemic Therapy (MST) provides intensive family therapy with the goal to improve the real-world functioning of youth by changing their natural settings – home, school, and neighborhood – in ways that promote prosocial behavior while decreasing antisocial behavior. Evaluations of MST have shown that the program is effective in decreasing delinquency and criminal behavior, externalizing and internalizing behavior, illicit drug use, sexual violence and violence, and increasing positive relationships with parents. Multiple agencies throughout the Denver metropolitan area provide MST services, including Savio House, the University of Colorado Hospital, and Synergy Adolescent Treatment Services at the University of Colorado - Denver. The Center for Effective Interventions in Denver also supports the dissemination of MST.

Gaps, issues and barriers

The three tested, effective programs described above are available as resources to youth in the Denver metropolitan area. As such, they are not considered to be dedicated resources to youth and their families in Montbello, although youth in Montbello could have access to these programs. There may also be geographical barriers to families who do not have access to transportation to reach the services.

Because these resources are available throughout the Denver metro area, there is limited availability of services to go around. Therapists for both FFT and MST have a maximum caseload requirement, which further limits accessibility to services. Additionally, to be eligible for these resources, it is often necessary for youth to have health insurance or Medicaid coverage. Also, the BBBS program relies on the recruitment of mentors that are matched appropriately with youth. It was noted through the resource assessment that there is not enough mentors available to service the youth in Montbello, and that, in fact, the waitlist for Montbello youth waiting to be matched with a mentor through this program was quite long.

The programs that are available that address *family conflict/family management problems* target problem behavior once it has already manifested. There are no tested, effective resources that reach a large population of youth and that reach youth before problem behavior begins.

Committee Recommendations for Evidence-Based Programs

A multi-pronged approach should be used to address the risk factors *family conflict and family management problems*:

1. **The Resources Assessment and Evaluation committee felt strongly about the need to reach a large target audience in implementing programs that address the priority risk factors and to reach youth in the preventive stage, prior to the manifestation of problem behavior. The recommendation from this committee was to push forward several**

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evidence-based programs to be considered for implementation in Montbello that are universal-level prevention programs:

- ***Raising Healthy Children:*** Raising Healthy Children is a preventive intervention with teacher, parent, and child components, designed to promote positive youth development by enhancing protective factors, reducing identified risk factors, and preventing adolescent problem behaviors and academic failure. Evaluations of this program have shown positive impacts on academic performance, alcohol and illicit drug use, antisocial-aggressive behavior, delinquency and criminal behavior, mental health, and sexual risk behaviors. The Raising Healthy Children program is implemented in the school setting to all students beginning in grade 1 through grade 12. The program operates within the individual, family, and school domains.
- ***Positive Family Support:*** Positive Family Support is a family-based, 3-tiered intervention that targets adolescent problem behavior at the universal, selective, and indicated levels. Goals are to reduce problem behavior and risk for substance abuse and depression, improve family management practices and communication skills as well as adolescents' self-regulation skills and prosocial behaviors. Evaluation evidence indicates that the program reduces youth substance use, antisocial behavior and depression, arrests, school absenteeism and declines in GPA. The program also increases youth self-regulation and has a positive effect on parental monitoring. The program is implemented through the school setting in the middle school grades and operates within the individual, peer, family, and school domains.
- ***Strengthening Families 10-14:*** The Strengthening Families 10-14 program is a 7-session parenting and youth skills program, designed to improve parenting and family management skills, with the long-term goal of reducing aggressive and hostile youth behavior, substance use, and other problem behaviors. Program effects include reductions in youth substance initiation and use, and aggressive and hostile behavior, as well as improvements in parenting behavior. The program is implemented in the school setting during the middle school grades and operates through the individual and family domains. There are certified trainers for this program in Denver and the program is supported by the Office of Drug Strategy through Denver Human Services. However, the program is not currently available in Montbello.
- ***Strong African American Families:*** Strong African American Families (SAAF) is a 7-week interactive educational program for African American parents and their early adolescent children that strives to reduce adolescent substance use, conduct problems, and sexual involvement. Goals are achieved by enhancing parents'/caregivers' skill set for disciplining and guiding youth, helping youth develop a healthy future orientation and increased acceptance of parental guidance, and teaching youth skills for dealing with peer pressure to be involved with risky behavior. Evaluations of this program include outcomes of reduced conduct problems and alcohol use, and increases in positive parenting and youth protective factors. SAAF is implemented both in the community and in the schools to children in late

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elementary school and operates across the individual, peer, family, school, and community domains.

- ***Guiding Good Choices***: Guiding Good Choices is a family competency training program to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors. Program evaluation outcomes include reductions in youth substance initiation and use, depression, and general delinquency, and increases in parent-child relationship quality and positive parenting behaviors and child management skills. This program is implemented through the school to the middle school grades and operates across the individual, peer, and family domains.
2. **Next, the committee recognized the importance of also providing services to youth who are at risk of or are already exhibiting problem behavior in order to effect reductions in the current level of problem behaviors that are occurring in the neighborhood. They prioritized selective- and indicated-level programs to recommend for consideration that address the risk factors *family conflict* and *family management problems*:**
- ***Positive Family Support***: The description of this program's goals and outcomes are described above. There are multiple components to this program. In addition to the school-wide, universal component, delivered to students in their classroom, there are additional levels to the program that provide assessment and treatment services to youth and their families who are identified by teachers as being "at risk" for problem behavior.
 - ***Familias Unidas***: Familias Unidas is a family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents. Program evaluation outcomes include reductions in youth problem behaviors, including substance use and risky sexual behavior, and improvements in family functioning, including parent-adolescent communication and positive parenting. The program is implemented with youth in their early to late adolescence and can be implemented in the home or in a variety of community settings (i.e., religious and recreation centers). The program operates through the individual, family, and school domains. The program is specific to Hispanic youth and their families, including immigrant Hispanic families.
3. **The committee acknowledges the tested, effective programs that are currently being implemented in this community that address these risk factors, but are only available to Montbello youth in limited capacity. The recommendation for accessing these resources is as follows:**
- ***Big Brothers Big Sisters***: The program description for BBBS is provided above. This resource is a selective-level community program that pairs youth who are at risk for problem behavior with mentors who share interests and form caring relationships, with the goal of



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forming attachments to prosocial others and becoming involved in conventional activities. The capability for reaching a large number of Montbello youth is limited by the number of mentors available and the capacity of the sponsoring organization to recruit and train eligible mentors. Currently, there is a lack of available mentors to be matched with youth from Montbello who are waiting to participate in this program. Because this program would only serve a small minority of youth in the Montbello neighborhood and would provide limited impact in overall reductions of youth violence over the course of the project, the committee listed this program as a lower priority to the universal-level programs listed above and did not feel that a full implementation of this program in Montbello was warranted. However, the committee did recognize the importance of providing some tested, effective services to youth who are at risk for becoming involved in problem behavior and are contributing to the overall levels of delinquent and violence in the community.

The recommendation of this report is to work with the Big Brothers Big Sisters of Colorado program through community leveraging to expand the capacity of this resource to reach a greater number of Montbello youth who are interested in participating in the program. This can be done in a number of ways. The Steps to Success Community Outreach and Public Relations work group can work with organizations throughout the Montbello neighborhood to facilitate outreach for recruitment of interested residents to become mentors. These organizations include churches and other faith-based organizations, the Boys and Girls Club – Denver Broncos Branch, and other organizations that work with volunteers and provide youth services in Montbello, such as the Lowry Family Center and Environmental Learning for Kids. The Steps to Success project would also support the effort to train and sustain these mentors.

- ***Functional Family Therapy and Multisystemic Therapy:*** Program descriptions for these resources are provided above. Both programs are selective and indicated-level programs that treat youth who are at high risk for or are already exhibiting problem behaviors (i.e., youth who are in contact with the juvenile justice system or are receiving social services). Because these programs would only serve a small minority of youth in the Montbello neighborhood and would provide limited impact in overall reductions of youth violence over the course of the project, the committee did not feel that a full implementation of either of these programs was warranted. However, the committee did recognize the importance of providing tested, effective services to youth who are exhibiting problem behavior and are contributing to the violence problems in the neighborhood.

The recommendation of this report is to work with the agencies in the Denver metro area that are currently implementing these programs and to leverage these resources. This can be done in one of two ways. One way is for the community to “buy” families from these agencies. That is, to negotiate with the existing therapist teams from these programs and ensure that they take on a client base of 10-20 families specifically from Montbello per year. Another way to leverage the existing resource would be to add a therapist to current FFT or MST teams who would only take on caseloads from Montbello.



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In addition to the resources that are currently available, a five-year grant was recently awarded for a full implementation of *the Incredible Years System* in Montbello through the Piton Foundation. This tested, effective program addresses the community's priority risk factors and has several components: a parent component, a teacher classroom management component, and a child prevention component. All three components will be implemented through this grant. The program works with children in early and late childhood and has evaluated outcomes on antisocial-aggressive behavior, child maltreatment, child conduct problems, depression, internalizing and externalizing behavior, and positive relationships with parents. The program is implemented both in the school (child and teacher components) and in the community (parent component).

While the targeted age group of this program is younger than that included in the Steps to Success project, The Incredible Years program will provide an important foundation for positive behavior change at this critical stage of child development, both for children and their parents. Accordingly, it is important to include this implementation effort into the overall Community Action Plan. Through the evaluation process, critical to maintaining implementation integrity of all tested, effective programs, Steps to Success can work with the local program Community Coach and Invest in Kids (program trainers) to monitor the program implementation.

Summary

This report proposes several recommendations to be considered for the Community Action Plan in order to address the priority risk factors *family conflict* and *family management problems*:

- Implement tested, effective universal-level programs to the target population of youth in Montbello, in order to prevent the manifestation of problem behavior before it occurs, of which there are **5** programs to consider;
- Implement tested, effective selective- and indicated-level programs to provide services to Montbello youth who have been identified as at risk for problem behavior, of which there are **2** programs to consider;
- Implement selective- and indicated-level programs to the target population of youth in Montbello through community leveraging of existing resources in the larger community, in order to reduce problem behaviors and violence which is already occurring, of which there are **3** programs to consider;
- Coordinate efforts in monitoring and evaluating the implementation of **The Incredible Years** program, to ensure program integrity in the development of positive behaviors among Montbello's young children and their families.

Priority Risk Factor 3: Friends Engaging in Problem Behavior/ Weak Social Ties

Risk Factor Description

Friends Engaging in Problem Behavior – Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly increases their risk of developing those behaviors.

Weak Social Ties – Teens not involved in conventional and who are unpopular at school are at risk for becoming violent. Often, youth who are rejected and unpopular with conventional peers may find acceptance in antisocial or delinquent peer groups.

According to community and school data, youth in Montbello report elevated levels of delinquent peer associations, including perceptions of peer drug use (between 16% - 30%), antisocial peer behavior (2%) and perceptions of peer attitudes that aggression is acceptable (between 23% - 32%). Also, Montbello youth are reporting higher levels of weak social ties (between 19% - 23%) than comparable statewide levels. Please see the Community Risk Assessment Report for graphs and more detail on the data collected for these risk factors.

Relevant Existing Resources to Address This Risk Factor

A resource assessment of this risk factor found that there are a few tested, effective community resources available to address *friends engaging in problem behavior* and *weak social ties*:

- **Big Brothers Big Sisters:** Big Brothers Big Sisters (BBBS) is a mentoring program that works with at-risk adolescents to delay or reduce antisocial behaviors, improve academic performance, attitudes and behaviors, improve peer and family relationships, strengthen self-concept, and provide social and cultural enrichment. Program evaluations show that the program is effective in reducing illicit drug and alcohol initiation, antisocial and aggressive behaviors, truancy, and violence. The program also has positive effects on academic performance, parent-child relationships and relationships with peers. The Big Brothers Big Sisters of Colorado has a headquarters in Denver and provides services to youth in the Denver metro area.
- **Functional Family Therapy:** Functional Family Therapy (FFT) is a family therapy intervention designed to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships. Evaluations have shown program impacts on reducing delinquency and criminal behavior, externalizing and internalizing behavior, illicit drug use and violence, and increases in positive relationships with parents. The Aurora Mental Health Center, Jefferson Center for Mental Health, and Douglas Mental Health Network are Denver metro area Functional Family Therapy organizations. The Center for Effective Interventions is an



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organization that supports the use of evidence-based models, including FFT. They are part of the Human Services Department at Metropolitan State College of Denver.

- **Multisystemic Therapy:** Multisystemic Therapy (MST) provides intensive family therapy with the goal to improve the real-world functioning of youth by changing their natural settings – home, school, and neighborhood – in ways that promote prosocial behavior while decreasing antisocial behavior. Evaluations of MST have shown that the program is effective in decreasing delinquency and criminal behavior, externalizing and internalizing behavior, illicit drug use, sexual violence and violence, and increasing positive relationships with parents. Multiple agencies throughout the Denver metropolitan area provide MST services, including Savio House, the University of Colorado Hospital, and Synergy Adolescent Treatment Services at the University of Colorado - Denver. The Center for Effective Interventions in Denver also supports the dissemination of MST.

Gaps, issues and barriers

The three tested, effective programs described above are available as resources to youth in the Denver metropolitan area. As such, they are not considered to be dedicated resources to youth and their families in Montbello, although youth in Montbello could have access to these programs. There may also be geographical barriers to families who do not have access to transportation to reach the services.

Because these resources are available throughout the Denver metro area, there is limited availability of services to go around. Therapists in both programs have a maximum caseload requirement, which also further limits accessibility to services. Additionally, to be eligible for these resources, it is often necessary for youth to have health insurance or Medicaid coverage.

The programs that are available that address *friends engaging in problem behavior* and *weak social ties* target problem behavior once it has already manifested. There are no tested, effective resources that reach a large population of youth and that reach youth before problem behavior begins.

Committee Recommendations for Evidence-Based Programs

A multi-pronged approach should be used to address the risk factors *friends engaging in problem behavior* and *weak social ties*:

1. **The Resources Assessment and Evaluation committee felt strongly about the need to reach a large target audience in implementing programs that address the priority risk factors and to reach youth in the preventive stage, prior to the manifestation of problem behavior. The recommendation from this committee was to push forward several evidence-based programs to be considered for implementation in Montbello that are universal-level prevention programs:**
- **Raising Healthy Children:** Raising Healthy Children is a preventive intervention with teacher, parent, and child components, designed to promote positive youth development by

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enhancing protective factors, reducing identified risk factors, and preventing adolescent problem behaviors and academic failure. Evaluations of this program have shown positive impacts on academic performance, alcohol and illicit drug use, antisocial-aggressive behavior, delinquency and criminal behavior, mental health, and sexual risk behaviors. The Raising Healthy Children program is implemented in the school setting to all students beginning in grade 1 through grade 12. The program operates within the individual, family, and school domains.

- ***LifeSkills Training:*** LifeSkills Training (LST) is a three-year classroom curriculum to prevent adolescent substance use. LST also targets reduction of violence and other risk behavior. Evaluations of LST have shown significant program effects on substance use (tobacco, alcohol, marijuana, polydrug and illicit drug use), violence and delinquency, HIV risk behaviors and risky driving, as well as increases in knowledge and attitudes about life skills, substance use, and perceived adult substance use. The program is implemented to all students in the middle school grades and operates within the domains of individual, peer, family, school, and community.
 - ***Positive Family Support:*** Positive Family Support is a family-based, 3-tiered intervention that targets adolescent problem behavior at the universal, selective, and indicated levels. Goals are to reduce problem behavior and risk for substance abuse and depression, improve family management practices and communication skills as well as adolescents' self-regulation skills and prosocial behaviors. Evaluation evidence indicates that the program reduces youth substance use, antisocial behavior and depression, arrests, school absenteeism and declines in GPA. The program also increases youth self-regulation and has a positive effect on parental monitoring. The program is implemented through the school setting in the middle school grades and operates within the individual, peer, family, and school domains.
 - ***Strong African American Families:*** Strong African American Families (SAAF) is a 7-week interactive educational program for African American parents and their early adolescent children that strives to reduce adolescent substance use, conduct problems, and sexual involvement. Goals are achieved by enhancing parents'/caregivers' skill set for disciplining and guiding youth, helping youth develop a healthy future orientation and increased acceptance of parental guidance, and teaching youth skills for dealing with peer pressure to be involved with risky behavior. Evaluations of this program include outcomes of reduced conduct problems and alcohol use, and increases in positive parenting and youth protective factors. SAAF is implemented both in the community and in the schools to children in late elementary school and operates across the individual, peer, family, school, and community domains.
- 2. Next, the committee recognized the importance of also providing services to youth who are at risk of or are already exhibiting problem behavior in order to effect reductions in the current level of problem behaviors that are occurring in the neighborhood. They**

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prioritized selective- and indicated-level programs to recommend for consideration that address the risk factors *friends engaging in problem behavior and weak social ties*:

- ***Positive Family Support***: The description of this program’s goals and outcomes are described above. There are multiple components to this program. In addition to the school-wide, universal component, delivered to students in their classroom, there are additional levels to the program that provide assessment and treatment services to youth and their families who are identified by teachers as being “at risk” for problem behavior.
- 3. The committee acknowledges the tested, effective programs that are currently being implemented in this community that address these risk factors, but are only available to Montbello youth in limited capacity. The recommendation for accessing these resources is as follows:**
- ***Big Brothers Big Sisters***: The program description for BBBS is provided above. This resource is a selective-level community program that pairs youth who are at risk for problem behavior with mentors who share interests and form caring relationships, with the goal of forming attachments to prosocial others and becoming involved in conventional activities. The capability for reaching a large number of Montbello youth is limited by the number of mentors available and the capacity of the sponsoring organization to recruit and train eligible mentors. Currently, there is a lack of available mentors to be matched with youth from Montbello who are waiting to participate in this program. Because this program would only serve a small minority of youth in the Montbello neighborhood and would provide limited impact in overall reductions of youth violence over the course of the project, the committee listed this program as a lower priority to the universal-level programs listed above and did not feel that a full implementation of this program in Montbello was warranted. However, the committee did recognize the importance of providing some tested, effective services to youth who are at risk for becoming involved in problem behavior and are contributing to the overall levels of delinquent and violence in the community.

The recommendation of this report is to work with the Big Brothers Big Sisters of Colorado program through community leveraging to expand the capacity of this resource to reach a greater number of Montbello youth who are interested in participating in the program. This can be done in a number of ways. The Steps to Success Community Outreach and Public Relations work group can work with organizations throughout the Montbello neighborhood to facilitate outreach for recruitment of interested residents to become mentors. These organizations include churches and other faith-based organizations, the Boys and Girls Club – Denver Broncos Branch, and other organizations that work with volunteers and provide youth services in Montbello, such as the Lowry Family Center and Environmental Learning for Kids. The Steps to Success project would also support the effort to train and sustain these mentors.

- ***Functional Family Therapy and Multisystemic Therapy***: Program descriptions for these resources are described above. Both programs are selective and indicated-level programs that



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treat youth who are at high risk for or are already exhibiting problem behaviors (i.e., youth who are in contact with the juvenile justice system or are receiving social services). Because these programs would only serve a small minority of youth in the Montbello neighborhood and would provide limited impact in overall reductions of youth violence over the course of the project, the committee did not feel that a full implementation of either of these programs was warranted. However, the committee did recognize the importance of providing tested, effective services to youth who are exhibiting problem behavior and are contributing to the violence problems in the neighborhood.

The recommendation of this report is to work with the agencies in the Denver metro area that are currently implementing these programs and to leverage these resources. This can be done in one of two ways. One way is for the community to “buy” families from these agencies. That is, to negotiate with the existing therapist teams from these programs and ensure that they take on a client base of 10-20 families specifically from Montbello per year. Another way to leverage the existing resource would be to add a therapist to current FFT or MST teams who would only take on caseloads from Montbello.

In addition to the resources that are currently available, a five-year grant was recently awarded for a full implementation of *the Incredible Years System* in Montbello through the Piton Foundation. This tested, effective program addresses the community’s priority risk factors and has several components: a parent component, a teacher classroom management component, and a child prevention component. All three components will be implemented through this grant. The program works with children in early and late childhood and has evaluated outcomes on antisocial-aggressive behavior, child maltreatment, child conduct problems, depression, internalizing and externalizing behavior, and positive relationships with parents. The program is implemented both in the school (child and teacher components) and in the community (parent component).

While the targeted age group of this program is younger than that included in the Steps to Success project, The Incredible Years program will provide an important foundation for positive behavior change at this critical stage of child development, both for children and their parents. Accordingly, it is important to include this implementation effort into the overall Community Action Plan. Through the evaluation process, critical to maintaining implementation integrity of all tested, effective programs, Steps to Success can work with the local program Community Coach and Invest in Kids (program trainers) to monitor the program implementation.

Summary

This report proposes several recommendations to be considered for the Community Action Plan in order to address the priority risk factors *friends engaging in problem behavior* and *weak social ties*:

- Implement tested, effective universal-level programs to the target population of youth in Montbello, in order to prevent the manifestation of problem behavior before it occurs, of which there are **4** programs to consider;



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- Implement tested, effective selective- and indicated-level programs to provide services to Montbello youth who have been identified as at risk for problem behavior, of which there is **1** program to consider;
- Implement selective- and indicated-level programs to the target population of youth in Montbello through community leveraging of existing resources in the larger community, in order to reduce problem behaviors and violence which is already occurring, of which there are **3** programs to consider;
- Coordinate efforts in monitoring and evaluating the implementation of **The Incredible Years** program, to ensure program integrity in the development of positive behaviors among Montbello's young children and their families.

Priority Protective Factor: Religiosity

Protective Factor Description

Attending religious services is shown to lower the likelihood of engaging in problem behaviors.

According to the community data, less than half (47%) of Montbello youth are religiously engaged. In order to measure religiosity, a scale with four items was constructed. These items included:

- 1) To what extent do you think of yourself as a religious person?
- 2) If you had to choose between going to religious services or doing something else, which would you do?
- 3) On average, how often do you take part in religious activities?
- 4) How much satisfaction do you get from participating in religious activities?

Please see the Community Risk Assessment Report for graphs and more detail on the data collected for this priority protective factor.

Relevant Existing Resources to Address This Protective Factor

There are no known effective, tested resources to increase religiosity among youth. However, the Montbello neighborhood is home to a number of churches of various denominations and other faith-based organizations. A number of church leaders are members of the Steps to Success Community Board and serve on various work groups and committees.

Gaps, Issues and Barriers

There are no known effective, tested resources to increase religiosity among youth. It is also not known whether the decision to not attend religious services is a choice made for the youth in Montbello by their families, or whether it is a personal choice made by the youth themselves. The existing religious organizations within the community operate independently of each other, and have their own methods and practices for maintaining or increasing membership.

Committee Recommendations for Evidence-Based Programs

Because there are no known tested, effective programs that demonstrate the ability to increase religiosity among youth, this report recommends the following strategies to address the priority protective factor *religiosity*:

- Engage Montbello's religious community by using existing channels of communication (i.e., the Greater Metro Denver Ministerial Alliance). Recruit members of the faith community to join Steps to Success and participate on the Youth Involvement work group to brainstorm



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ways to increase youth engagement in religious services and activities. Present these ideas to the Community Board.

- Use the Community Outreach and Public Relations work group to work with community churches and other faith-based organizations to recruit members to participate in the ***Big Brothers Big Sisters*** program by volunteering and training to be mentors.
- Increase participation of churches and other faith-based organizations in Steps to Success efforts to reduce problem behavior and violence in Montbello by recruiting these organizations to host community trainings (i.e., Safe2Tell) or facilitate the implementation of recommended community-level tested, effective programs (i.e., ***Familias Unidas, Strong African American Families***).

5. Environmental Strategies

In addition to the evidence-based program recommendations presented in the Priority Risk and Protective Factor sections, there are a number of environmental strategies, policies, and practices that can be incorporated into the Community Action Plan as ways to support and empower the community. The list presented below is not exhaustive, and should be expanded and finalized during the Community Action Planning Workshop. These strategies can be used by both the Community Outreach and Public Relations and Youth Involvement work groups to engage the community in its efforts to prevent and reduce problem behavior and violence among Montbello youth.

- *Safe2Tell* – Safe2Tell was developed to ensure that every Colorado student, parent, teacher and community member has access to a safe and anonymous way to report any concerns about their safety or the safety of others. The goal of Safe2Tell is to intervene at the earliest possible point in the life of a young person who is struggling, helping them when they need it before the situation turns into a tragedy. Safe2Tell serves as the statewide answering point for safety concerns in Colorado. The Safe2Tell reporting program was developed specifically to encourage those with information about a possible event to report it. All reports are anonymous, protecting the identity of the caller, and each one is followed up to determine what action, if any, was taken. Tips are submitted anonymously by phone or web; all information is taken seriously; and appropriate action is taken in response to credible information. School and community members can be trained as Safe2Tell trainers, who will then disseminate information about the program through the schools to students and churches and other organizations to the community. An initial training for Denver Public School Summit Schools Network staff took place in December 2012.
- *Mental Health First Aid* - Mental Health First Aid (MHFA) is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. MHFA is offered as an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. The 12-hour MHFA USA course has benefited a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.
- *Psychological First Aid* – Psychological First Aid (PFA) is an evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. PFA is designed to reduce the initial distress caused by traumatic

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events and to foster short- and long-term adaptive functioning and coping. Principles and techniques of PFA meet four basic standards. They are: (1) consistent with research evidence on risk and resilience following trauma; (2) applicable and practical in field settings; (3) appropriate to developmental level across the lifespan; and (4) culturally informed and adaptable. PFA fosters an understanding that disaster survivors, and others impacted by such events, will experience a broad range of reactions (e.g. physical, psychological, cognitive, spiritual). PFA is an intervention strategy that can be woven into the basic disaster response mechanisms for Medical Reserve Corps units. The intervention strategies are intended for use with children, adolescents, parents/caretakers, families, and adults.

- *Social Norming* – The environmental strategy Social Norms Marketing is based on the concept that much of people’s behavior is influenced by their perceptions of what is “normal” or “typical.” However, many young people severely misperceive the typical behaviors or attitudes of their peers. For example, if young people believe that the majority of their peers use drugs and alcohol, then they are more likely to use drugs and alcohol. Using social norms marketing to inform people that the majority of their peers do not use drugs and alcohol can potentially lead them to avoid using drugs and alcohol. This strategy is being utilized by the Colorado Prevention Partnership for Success (CPPS) – a statewide initiative focused on implementing evidence-based substance abuse prevention practices, policies and approaches that build local and state prevention infrastructure in Colorado. A campaign called The “Speak Now” is part of the CPPS statewide initiative. The Campaign was developed to address underage drinking, and more specifically, binge drinking among Colorado youth. Colorado ranks 9th highest in the nation in terms of binge drinking among teenage youth (speaknowcolorado.org). The Denver Office of Drug Strategy has already incorporated environmental strategies to prevent and reduce the harms of substance use into their strategic plan for 2013. Steps to Success work groups can coordinate with this group in their efforts to curb substance youth among Montbello’s youth.
- *Community Ambassadors Program* – the Far Northeast Community Ambassador Program seeks to unite neighbors and build a strong sense of community. Each Ambassador is responsible for knowing the people on the block they live on. They communicate about available resources to their neighbors, and communicate neighbors' needs to community initiatives. Community Ambassadors connect and care. They are community members who are already involved in and looking for ways to help make a difference in their community. This program is being disseminated through the Americorp VISTA program in Montbello and Green Valley Ranch neighborhoods.
- *Safe Summer Kickoff* – the Safe Summer Kickoff is an annual event held in Denver in mid-May to mark the beginning of the summer season and raise awareness about resources that are available to youth and their families in the community through a resource fair that features community organizations that help and support families. The event is sponsored by the City and County of Denver.

6. Recommendations and Next Steps

The Resources Assessment and Evaluation committee has determined that there are a small number of tested, effective programs in the community that address the priority risk factors. These resources have been operating in the community each for a number of years and have demonstrated an ability to maintain operations by developing an infrastructure of sustainability.

However, these existing resources are available to the larger Denver community, and therefore pose some concern regarding their capacity to be accessed by Montbello youth. These resources are also selective- and indicated-level programs, which mean they target youth who are at elevated risk for or are already manifesting problem behaviors. There are no tested, effective programs operating in Montbello that reach entire populations of youth, like school-wide curriculum-based programs.

The next step in the Communities That Care process for the Steps to Success project is to develop a Community Action Plan. This report offers the following recommendations for Montbello's Community Action Plan:

- Select new universal-level programs to address the priority risk factors. The recommended programs are implemented through the schools, and will reach a large target population to prevent problem behaviors and enhance positive youth development.
- Select selective- and indicated-level programs to reach youth who have been identified as at risk for or are already participating in problem behavior. Utilize organizations within the community that offer services to youth and their families in which to embed these programs.
- Expand the existing tested, effective resources through community leveraging. This will ensure that Montbello youth have access to these shared resources to reduce problem behaviors.
- Involve the community in prevention through the use of environmental strategies that address the priority risk factors.

This report, along with the Community Risk Assessment Report, will be used to develop the Community Action Plan. Steps to Success community partners will convene at the Community Action Planning Workshop on March 11-12th, 2013, using these tools to develop a data-driven Community Action Plan that includes tested and effective programs and strategies to promote positive youth development and prevent problem behaviors and violence among Montbello's youth population. Once the plan is completed, it will be presented to the Steps to Success Community Board for approval.



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Appendices

Appendix 1: Glossary

Academic Centers of Excellence (ACE) in Youth Violence Prevention - The Montbello Steps to Success project is funded by a five-year (2011-2016) \$6.2 million cooperative agreement from the Centers for Disease Control and Prevention. The purpose of the ACE Program is to support Academic Centers of Excellence to reduce youth violence in one defined high-risk community by implementing and evaluating a comprehensive strategy to prevent youth violence.

Communities That Care (CTC) – A coalition-based system for preventing a wide range of adolescent problem behaviors. CTC guides communities to use the advances of prevention science, building capacity of stakeholders to determine which risk factors and youth outcomes to prioritize and which tested, effective programs and policies to implement to address their local concerns.

Community Assessment Report – Describes the results of the risk and protective factor assessment completed as part of the Communities That Care process and highlights prioritized risk and protective factors specific to the Montbello community.

Community Resource Assessment Report – Identifies evidence-based programs that can address the prioritized risk and protective factors listed in the Community Assessment Report. The report also looks at existing resources to identify strengths, gaps, issues and barriers related to resource and service access and ways to enhance or expand existing tested and effective resources.

Evidence-based programs – A program that has been reviewed by an independent panel of evaluation experts and determined to meet a clear set of scientific standards. Programs meeting this standard have demonstrated at least some effectiveness for changing targeted behavior and developmental outcomes.

Indicated-Level Programs – these programs target high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder prior to the diagnosis of a disorder. Interventions focus on the immediate risk and protective factors present in the environments surrounding individuals (O’Connell, 2009).

Problem behaviors – Behaviors that put young people’s health and development in jeopardy. Some examples include substance use, delinquency, teen pregnancy, and dropping out of school.

Protective factors - Factors that buffer young people against risk and decrease the likelihood that they will become violent or engage in other problem behaviors. Examples include good social skills, being recognized at school for pro-social involvement and attending religious services.



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Risk factors – Factors that increase the likelihood that a young person will become violent or engage in other problem behaviors such as dropping out of school or using drugs and alcohol. Examples include association with delinquent peers, poor parental monitoring, and academic failure beginning in elementary school.

Selective-Level Programs – these programs target individuals or a population subgroup whose risk of developing disorders (such as behavioral or substance abuse) is significantly higher than average, but prior to a diagnosis of that disorder. Selective interventions target psychological or social risk factors that are more prominent among high-risk groups than among the wider population (O’Connell, 2009).

Steps to Success – Steps to Success is a unique partnership between Far Northeast Denver’s Montbello community, faculty researchers from the University of Colorado (CU) Boulder and the CU School of Medicine/Children’s Hospital to promote positive youth development and reduce youth violence through a coordinated community-wide effort.

Steps to Success Coordinating Committee – Consists of Community Board co-chairs, Committee Chairs and 5 Advisory Board members to plan Community Board and Advisory Board meetings, facilitate communication to accomplish goals, and assesses the CTC implementation process to ensure that the milestones and benchmarks are met.

Steps to Success Community Board – Consists of residents, community leaders and partner organizations that meet monthly to implement Steps to Success in Montbello using the Communities that Care model. The Community Board is responsible for developing and implementing the 3-5 year Community Action and Sustainability Plan. All that are interested are invited to attend the Community Board, but must meet the Board approved attendance criteria to be a voting member.

Steps to Success Key Leader Advisory Board – Influential community leaders who meet quarterly to provide access to community resources and support Community Board recommendations for Steps to Success.

Universal-Level Programs – these programs take a broad approach to prevention, targeting the general public or whole populations not identified on the basis of individual risk. Universal prevention interventions might target schools, whole communities, or workplaces (O’Connell, 2009).

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Appendix 2: CTC Resource Survey

Contact Information

Organization Name: _____

Address: _____

Contact Information: _____

(phone, fax, e-mail, web site)

Director: _____

(name, title, phone, fax, e-mail)

Person completing the survey: _____

(name, title, phone, fax, e-mail)

Resource (program, service, etc.) description & strategy

Resource name: _____

Please describe this resource's goals, objectives and expected outcomes _____

Please describe any core elements from proven empirically based programs _____

The target population of this resource is:

- All youth in the community Youth at risk for problem behaviors
 Youth engaging in problem behaviors

Target population zip code: _____ or Geographic location: _____

Target Population demographics:

Age:

- Prenatal Early Childhood (3-5) Early Adolescence (11-14)
 Infant (0-2) Late Childhood (6-10) Late Adolescence (15-18)

Ethnicity:

- Caucasian/White Asian/Pacific Islander Native American
 Hispanic/Latino African American Other _____

Gender:

- Male Female

Does this resource target special populations?

- Hispanic African American Homeless
 Native American Immigrant Schools: _____

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If yes, please describe: _____

Risk Factors

The Steps to Success Community Board is assessing now for priority risk factors in our community. Please indicate the major risk factors your program(s) addresses:

Risk Factor #1: _____

Risk Factor #2: _____

Risk Factor #3: _____

Risk Factor #4: _____

Protective Factors

Check all of the protective factors that your resource (program/programs) is intended to enhance:

- Healthy beliefs and clear standards
- Bonding
- Opportunities for positive social involvement in the community, school, family, or with peers
- Skills that youth need in order to take advantage of positive social opportunities
- Recognition and acknowledgement for the efforts of youth

Please describe how the resource enhances these protective factors: _____

Evaluation and Effectiveness

Does this resource have an evaluation process? Yes No

Do you use measurable outcomes? Yes No

Please describe the evaluation process _____

Please describe the results of the most recent evaluation, or attach a copy of the evaluation results: _____

Is this an identified evidence based program? Yes No

If evidence based, from which menu? Circle one: Blueprints, CrimeSolutions.Gov, Toptierevidence.org, Other: _____

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Gaps, Issues, and Barriers

Please describe this resource's location _____

Please describe the geographic area this resource serves: _____

Is this resource available in languages other than English? Yes No

If yes, please describe _____

Is this program culturally diverse? Be specific _____

Please describe this resource's main funding sources: _____

Is funding for this resource consistent? Yes No

Is it expected to continue indefinitely? Yes No

If no, please describe: _____

Is this resource operating with fidelity?

(i.e., is it implemented as designed with appropriate duration, frequency, and sequence?) Yes No

If no, please describe: _____

Please describe any eligibility requirements for the participants served by this resource (e.g., age limits, education, income level, etc.) _____

From what sources does this resource accept referrals? List top three and indicate the percentage from each. _____

Does this resource require any payment for services? Yes No (e.g., sliding fee scale)

If yes, briefly describe any financial assistance that is available to participants: _____

Is transportation a barrier for this resource's clients? Yes No

Can this resource accommodate individuals with disabilities? Yes No

List the current number of active participants or clients _____

List the number of participants or clients served in last funding year _____ [identify funding year ____]

*Please estimate the maximum number of participants that this resource can accommodate at one time _____

*Please explain any differences between the number of participants served and the maximum number of participants _____

Please list the number of hours per week this resource is available and when:

Hours per week _____

Sunday: from _____ to _____

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- Monday: from _____ to _____
- Tuesday: from _____ to _____
- Wednesday: from _____ to _____
- Thursday: from _____ to _____
- Friday: from _____ to _____
- Saturday: from _____ to _____

Additional Questions

Please describe any professional certification required of resource providers (accreditation, etc.):_

Please describe any specific skills required of resource providers:_____

Please describe how providers were trained as required by evidence based programs, if required__

Does delivery of this resource rely on help from volunteers? Yes No
If yes, list the number of volunteers currently involved and describe their skills:_____

Does the number and skills of the volunteers meet this resource's needs? Yes No

If no, please describe:_____

When did this resource begin serving the community?_____

Does this resource use community data for any purpose? Yes No

If yes, please describe:_____

Has this resource achieved its goals/outcomes? Yes No

Please describe any documented outcomes:_____

Describe your greatest Strength as a Program(s):

Describe your greatest Challenge as a Program(s):

Appendix 3:

Matrix of Selected Evidence-Based Blueprints Programs by Prioritized Risk and Protective Factor

Blueprint Program	RISK FACTORS										PROTECTIVE FACTORS				Program Type
	1. Early and persistent problem behavior	2. Family conflict/family management problems	3. Friends engaging in prob beh/weak social ties	4. Lack of commitment to school	5. Family exposure to violence	6. Gang involvement	7. Availability of drugs/drug use	8. Academic failure beginning in late elem school	9. Family history of problem behavior	10. Low neighborhood attachment	1. Religiosity	2. Family recognition for prosocial behavior	3. Community recognition for prosocial behavior	4. School recognition for prosocial behavior	
Model Programs															
Functional Family Therapy (FFT)*	✓	✓	✓								✓				
LifeSkills Training (LST)	✓		✓				✓								
Multisystemic Therapy (MST)*	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓		
Promoting Alternative Thinking Strategies (PATHS)	✓			✓				✓						✓	
Promising Programs															
Big Brothers Big Sisters of America*		✓	✓		✓			✓	✓						
Familias Unidas	✓	✓		✓											
Guiding Good Choices	✓	✓			✓										
Positive Family Support - Family Check-up	✓	✓	✓	✓	✓						✓		✓		
Raising Healthy Children	✓	✓	✓	✓	✓		✓	✓			✓	✓	✓		
Strengthening Families 10-14*	✓	✓			✓						✓				
Strong African American Families	✓	✓	✓	✓	✓		✓								

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Survey Summary Worksheet

Program name		Raising Healthy Children	LifeSkills Training	Positive Family Support	Strengthening Families 10-14	Strong African American Families	Familias Unidas
Evaluated/evidence of effectiveness?		Yes	Yes	Yes	Yes	Yes	Yes
Target population/ demographic considerations	Culturally appropriate?	Yes	Yes	Yes	Yes	Yes	Targets Latino population
	Special populations?	No	No	No	No	No	Immigrant Hispanic Families
	Gender of participants	Both	Both	Both	Both	Both	Both
	Ethnicity of participants	Pred White	All	All	All	African American	Hispanic-specific
	Universal/selective/indicated?	Universal	Universal	Universal, Selective, Indicated	Universal	Universal	Selective
Developmental period addressed	All						
	13 to 18 years	√	√	√	√	√	√
	7 to 12 years	√	√	√	√	√	√
	3 to 6 years	√					
	Prenatal to 2 years						
Priority protective factors addressed	Recognition	√	√	√	√	√	√
	Skills	√	√	√	√	√	√
	Opportunities	√	√	√	√	√	√
	Bonding	√	√	√	√	√	√
	Healthy beliefs and clear standards	√	√	√	√	√	√

<p>Priority risk factors addressed:</p> <ol style="list-style-type: none"> 1. Early & persistent problem behavior 2. Family conflict/family management problems 3. Friends engaging in problem behavior/weak social ties 	# 1, 2, 3	# 1, 3	# 1, 2, 3	#1, 2	# 1, 2, 3	# 1, 2
<p>Does this program increase prioritized protective factors?</p> <ol style="list-style-type: none"> 1. Religiosity 2. Family recognition for prosocial behavior 3. Community recognition for prosocial behavior 4. School recognition for prosocial behavior 	# 2, 3, 4	Not evaluated	# 2, 4	# 2	Not evaluated	Not evaluated
<p>In which domain (individual, peer, family, school, community) does this program operate?</p>	Individual, Family, School	Individual, Peer, Family, School, Community	Individual, Peer, Family, School	Individual, Family	Individual, Peer, Family, School, Community	Individual, School, Family
<p>Which developmental period does this program target?</p>	Grades 1-12	Middle School – Early Adolescence (ages 12-14)	Early Adolescence (ages 12-14)	Middle School - Early Adolescence (ages 12-14)	Late Childhood (ages 5-11)	Early and Late Adolescence (ages 12-18); Adult
<p>Do any geographic areas that could benefit from this program experience barriers to access?</p>	Unknown	No	No	Might be transportation issues for some families	Might be transportation issues for some families	Might be transportation issues for some families
<p>Do any demographic groups that could benefit from this program experience barriers to access?</p>	Potential language barrier for Spanish-speaking parents	No	Potential language barrier for Spanish-speaking parents	No, program is available in multiple languages	No	No, program is available in Spanish, would require bilingual program

<p>Is there a local resource/organization with potential to take on this program?</p>	<p>Denver Public Schools/Compact Plan</p>	<p>DPS – middle schools; Lowry Family Center</p>	<p>DPS – would start in Middle School; PUSH Academy and Nulites at HS level</p>	<p>Churches; Cole ES already implementing (use as a resource); Jodi – Office of Drug Strategy; Charlotte Stephens – Safe City Office</p>	<p>Churches</p>	<p>Church of Ascencion</p>
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Survey Summary Worksheet (con't)

Program name		Programs Recommended for Community Leveraging					
		Guiding Good Choices (2)	PATHS (1)	Big Brothers Big Sisters (2)	Multisystemic Therapy (1)	Functional Family Therapy (1)	Incredible Years
Evaluated/evidence of effectiveness?		Yes	Yes	Yes	Yes	Yes	Yes
Target population/ demographic considerations	Culturally appropriate?	Yes	Yes	Yes	Yes	Yes	Yes
	Special populations?			At risk youth	Juvenile Offenders	Delinquent Youth	
	Gender of participants	Both	Both	Both	Both	Both	Both
	Ethnicity of participants	All	All	All	All	All	All
	Universal/selective/indicated?	Universal	Universal	Selective	Indicated	Selective, Indicated	Universal, Selective, Indicated
Developmental period addressed	All						
	13 to 18 years	√		√	√	√	
	7 to 12 years	√	√	√	√	√	√
	3 to 6 years		√	√		√	√
	Prenatal to 2 years						
Priority protective factors addressed	Recognition	√	√	√	√	√	√
	Skills	√	√	√	√	√	√
	Opportunities	√	√	√	√	√	√
	Bonding	√	√	√	√	√	√
	Healthy beliefs and clear standards	√	√	√	√	√	√

<p>Priority risk factors addressed:</p> <ol style="list-style-type: none"> 1. Early & persistent problem behavior 2. Family conflict/family management problems 3. Friends engaging in problem behavior/weak social ties 	# 1, 2	# 1	# 2, 3	# 1, 2, 3	# 1, 2, 3	# 1, 2
<p>Does this program increase prioritized protective factors?</p> <ol style="list-style-type: none"> 1. Religiosity 2. Family recognition for prosocial behavior 3. Community recognition for prosocial behavior 4. School recognition for prosocial behavior 	Not evaluated	# 4	Not evaluated	# 2, 3, 4	# 2	# 2
<p>In which domain (individual, peer, family, school, community) does this program operate?</p>	Individual, Peer, Family	Individual, Peer, School	Individual, Peer, Family, School, Community	Individual, Peer, Family, School, Community	Individual, Peer, Family	Individual, Family, School
<p>Which developmental period does this program target?</p>	Middle School – early adolescence (ages 12-14)	Late childhood (ages 5-11)	Late Childhood, Early and Late Adolescence (ages 5-18)	Early Adolescence (ages 12-14); Late Adolescence (ages 15-18)	Late Childhood, Early and Late Adolescence (ages 5-18)	Early and Late Childhood (ages 3-8)
<p>Do any geographic areas that could benefit from this program experience barriers to access?</p>	No	No	No	No	No	Might be transportation issues for some families
<p>Do any demographic groups that could benefit from this program experience barriers to access?</p>	No	No	Recruitment of mentors that match population demographics	Would require bilingual therapists for Spanish-speaking families	Would require bilingual therapists for Spanish-speaking families	Potential language barrier for Spanish-speaking parents

Is there a local resource/organization with potential to take on this program?	Lowry Family Center, Beacons	DPS –elementary schools; Denver Health (*program was designed for use by teachers and counselors as facilitators)	BBBS Headquarters in Denver; Boys and Girls Club; Lowry Family Center; Environmental Learning for Kids	UC – Denver	Anderson & Hager, Randy Craven; Aurora Mental Health; State Probation	
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Blueprints Program Summaries

Model Programs

Program Name	Program Goals	Available in metro area?	Purpose (from workgroup research)	Targeted Age	R/P Factor Domain	Other EBP lists
<p>Functional Family Therapy</p>	<p>FFT is a family therapy intervention designed to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.</p>	<p>Yes The Center for Effective Interventions (CEI) was created in December 2000 and is part of the Human Services Department at Metropolitan State College of Denver. Mission to disseminate Multisystemic Therapy (MST) 303.556.2400</p>	<p>FFT is an empirically grounded, well-documented and highly successful family intervention for at-risk youth ages. Aurora Mental Health Center, Jefferson Center for Mental Health, and Douglas Mental Health Network are functional Family Therapy organizations (FTT). The specialized programs help children, teens, and their families cope with challenges of mental illness and emotional disturbances. Expert treatment teams provide assessments, individual, family, and group therapy, and medication evaluation and management. The teams also work closely with schools, social services, and other caregivers to ensure proper care is received in order to help a child overcome obstacles that affect their ability to learn and thrive in life.</p>	<p>Late Childhood (5-11) Early Adol. (12-14) Late Adol. (15-18)</p>	<p>Family Peer Individual</p>	<p>Crime Solutions</p>
<p>LifeSkills Training</p>	<p>LST is a 3-year middle school classroom curriculum to prevent adolescent tobacco, alcohol, and marijuana use. LST also targets reduction of violence and other risk behavior. Program components teach students personal self-management skills, social skills, and drug information and resistance skills.</p>	<p>Not currently being implemented in DPS.</p>		<p>Early Adol. (12-14)</p>	<p>Neighborhood/ Community Family Peer Individual</p>	<p>Crime Solutions Top Tier Evidence</p>

<p>Multisystemic Therapy</p>	<p>MST provides intensive family therapy with the goal to improve the real-world functioning of youth by changing their natural settings - home, school, and neighborhood - in ways that promote prosocial behavior while decreasing antisocial behavior.</p>	<p>Yes, multiple agencies in Denver metro area provide MST services:- Salvio HouseDarcia DeSalvo, 303-225-4112 - University of Colorado Hospital, Marisa Murgolo, 303-724-9404 - Synergy, Kevin Bert, 303-934-1008 x 268</p>	<p>Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. Program Targets: MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the offenders' families.</p>	<p>Early Adol. (12-14) Late Adol. (15-18)</p>	<p>Neighborhood/ Community Family School Peer Individual</p>	<p>Crime Solutions</p>
<p>PATHS (Promoting Alternative Thinking Strategies)</p>	<p>PATHS strives to reduce aggression and behavior problems by promoting the development of social and emotional competencies in children during the elementary school age years.</p>	<p>No</p>		<p>Late Childhood (5-11)</p>	<p>School Peer Individual</p>	<p>Crime Solutions</p>

Promising Programs

Program Name	Program Goals	Available in metro area?	Purpose (from workgroup research)	Targeted Age	R/P Factor Domain	Other EBP lists
<p>Big Brothers Big Sisters of America</p>	<p>BBBSA is a mentoring program that works with at-risk adolescents to delay or reduce antisocial behaviors, improve academic performance, attitudes and behaviors, improve peer and family relationships, strengthen self-concept, and provide social and cultural enrichment.</p>	<p>BBBSC Headquarters 1391 N Speer Blvd, Ste 450 Denver, CO 80204 303.433.6002 303-455-0252 fax bbbs@biglittlcolorado.org</p>		<p>Late Childhood (5-11) Early Adol. (12-14) Late Adol. (15-18)</p>	<p>Neighborhood/ Community Family School Peer Individual</p>	<p>Crime Solutions</p>

Familias Unidas	A family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents.	No		Early Adol. (12-14) Late Adol. (15-18) Adult	Family School Individual	
Guiding Good Choices	A family competency training program to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.	No		Early Adol. (12-14)	Family Peer Individual	Crime Solutions
Positive Family Support - Family Check-up (formerly Adolescent Transitions Program)	Adolescent Transitions Program (ATP) is a family-based, 3-tiered intervention that targets adolescent problem behavior at the universal, selected, and indicated levels. Goals are to reduce problem behavior and risk for substance abuse and depression, improve family management practices and communication skills as well as adolescent's self-regulation skills and prosocial behaviors.	No		Early Adol. (12-14)	Family School Peer Individual	
Raising Healthy Children	Raising Healthy Children is a preventive intervention with teacher, parent, and child components, designed to promote positive youth development by enhancing protective factors, reducing identified risk factors, and preventing adolescent problem behaviors and academic failure.	No		Late Childhood (5-11) Early Adol. (12-14) Late Adol. (15-18)	Family School Individual	

<p>Strengthening Families 10-14</p>	<p>SF10-14 is a 7-session parenting and youth skills program, designed to improve parenting and family management skills, with the long-term goal of a reducing aggressive and hostile behavior, substance abuse, and other problem behaviors of young adolescents.</p>	<p>Yes</p>		<p>Early Adol. (12-14)</p>	<p>Family Individual</p>	
<p>Strong African American Families</p>	<p>A 7-week interactive educational program for African American parents and their early adolescent children that strives to reduce adolescent substance use, conduct problems, and sexual involvement. Goals are achieved by enhancing parents'/caregivers' skill set for disciplining and guiding youth, helping youth develop a healthy future orientation and increased acceptance of parental guidance, and teaching youth skills for dealing with peer pressure to be involved with risky behavior.</p>	<p>Not currently</p>		<p>Late Childhood (5-11)</p>	<p>Neighborhood/ Community Family School Peer Individual</p>	



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Appendix 6: Steps to Success Community Board and Coordinating Committee

Steps to Success Coordinating Committee Members

Alisha Bernardy, Denver Public Schools, Youth Engagement Co-Chair
Amy Schwartz, Foundation for Educational Excellence, Key Leader Advisory Board
State Representative Angela Williams, Key Leader Advisory Board
Avery Perryman, Aide to Councilwomen Robin Kniech, Key Leader Advisory Board
Dave Bechhoefer, Lowry Family Center, Community Board Co-Chair
Evelyn Hill, Resident, Resource Assessment Co-Chair
Jason Ortiz, Denver Public Schools, Resource Assessment Co-Chair (outgoing)
Lee Hall, Sr., Grace Christian Church, Resource Assessment Co-Chair (incoming)
Lori Mack, Denver Office of Economic Development Youth Services, Key Leader Advisory Board
State Senator Michael Johnston, Key Leader Advisory Board
Nikki Collins, Colorado Dept. of Public Health and Environment, Risk and Protective Factor Co-Chair
Regina Huerter, Denver's Crime Prevention and Control Commission, Key Leader Advisory Board
Sharikia Towers, Denver's Safe City Office (Resident), Community Board Co-Chair/
Risk and Protective Factor Committee Co-Chair

**Steps to Success Community Board
(Attended at least one meeting)**

Aaron Green, Department of Human Services
*Alisha Bernardy, Denver Public Schools
Alvin Simpkins, Emmanuel Christian Center
*Amy Schwartz, Foundation for Educational Excellence
*Anita Gomez, Denver Police Department
Antwan Jefferson, University of Colorado Denver
Arturo Rodriguez, Servicios de la Raza
Bianka Emerson, Now Faith Church
*Brandi Thomas, Denver Police Department
Bridgette Larkin, Denver Juvenile Diversion
Cassandra Ernst, Foundation for Educational Excellence
Cathy Schmelter, **An Ounce of Nutrition**
*Chanel Freeman, Division of Behavioral Health
Charles Robertson, CER and Associates
*Charlotte Stephens, Denver Safe City Office
Christian Springer, Stand for Children Leadership Center
Cornelius Foxworth, Resident
*Dave Bechhoefer, Lowry Family Center, *Community Board Co-Chair*
Deanna Mahan, Families Against Violent Acts
Deborah Walker, Denver Public Schools
Di Holmes, Harambee Family Services



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- *Dianne Cooks, Families Against Violent Acts, Resident
 - *Donna Potter, Salvation Army
 - *Evelyn Hill, Resident
 - Fabian Ortega, Servicios de la Raza
 - *Habakkuk Ammishaddai
 - *Jason Ortiz, Denver Public Schools
 - *Jerilyn Apodaca, Lowry Family Center
 - *John Riley, CO Criminal Justice Reform Coalition
 - Kristina Opre, Foundation For Educational Excellence
 - *L. Elaine Neal, resident
- *Reverend Larron Jackson, True Light Baptist Church
 - Lawrence White, Potter's House
 - *Lee Hall, Sr., Grace Christian Church
 - *Lisa Mulligan, Invest in Kids
 - Lola Morris, Families Against Violent Acts
 - *Lori Mack, Office of Economic Development
 - Malcina Conley, Boys and Girls Club
 - Martha Sims, Resident
- *Michael Alcazor, Denver Public Schools, Resident
 - Michael Martich, CO National Guard
 - Mike Pennington, Hip Hop Church of Denver
 - Monique Atkinson, Foundation for Educational Excellence
 - *Nancy Strudwick, Flagship Help Center
- *Nikki Collins, CO Dept of Public Health and Environment
 - Osei Bissau, Resident
 - Pamela Guerra, Families Against Violent Acts
 - Pamela Richard, Lowry Family Center, Resident
 - *Ramon C. Bargas, Denver Public Schools
 - *Rich Barrows, Boys and Girls Club
 - Rosanna Sweeney, Salvation Army
 - Rossina Schroeer-Santiago, Rep Diana Degette's Office
 - Rudy Gonzales, Servicios de la Raza
 - Samuel Lara, Servicios de la Raza
 - Sandra Biven, Resident
- *Sharikia Towers, Denver's Safe City Office, Resident, *Community Board Co-Chair*
 - *Sherikera Heflin-Herrera, Denver Police Department
 - Stacie Gilmore, Environmental Learning for Kids, Resident
 - Sylvia Bookhardt, Denver Public Schools
 - TH Mack, Ameribuild
 - Thomas Mitchell
 - Trina Watkins-White, One II Another, Resident
 - Virginia Visconti, CO School of Public Health
- *Webster Hendricks, Division of Behavioral Health

***Indicates voting membership**



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References

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O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Research Council and Institute of Medicine of the National Academies. Washington, D.C.: The National Academies Press.