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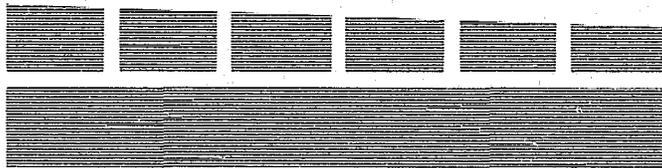
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YOUTH AT-RISK: TARGETING TEEN-AGERS FOR PREGNANCY PREVENTION

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YOUTH AT-RISK: TARGETING TEEN-AGERS FOR PREGNANCY PREVENTION

Psychiatrists generally agree that adolescence, the period between childhood and adulthood, is a tumultuous and difficult time. Adolescents undergo many physical and emotional changes, and they are increasingly exposed to external, societal turmoils. They struggle with self-definition, interpersonal relationships and new social situations. In addition, they face many opportunities to experiment and to make important decisions. In this process, teen-agers develop new behaviors (1, p. 12, 13).

Recent statistics show that teens are increasingly developing high-risk behaviors that include running away from home, engaging in unprotected sex, abusing alcohol and drugs and becoming involved in criminal and gang activities (1, p. 14). Teen-agers who exhibit these behaviors often have backgrounds that include poverty, learning disabilities, academic failure and families made dysfunctional by drug and alcohol abuse. In addition, characteristics that typically develop in these "at-risk" teens are feelings of low self-esteem, lack of social and economic power, low educational aspirations, loneliness and hopelessness about their futures.

At-risk behaviors can have long-term implications for both the adolescents involved and society at large. Some consequences include dropping out of school, teen-age pregnancy, drug and alcohol addiction, unemployment and incarceration. These consequences, in turn, typically result in an economic burden for taxpayers and lost productivity from youth.

Whether a particular at-risk behavior involves drugs, alcohol, criminal activity or sex, experts identify this category of behaviors as the possible result of several factors. Just as youth substance abuse, gang activity and teen homelessness are problems attributed to teen-agers' struggles with multiple pressures and disadvantages, adolescent pregnancies are often the result of any number of unaddressed risk factors. Viewed from this perspective, teen pregnancy is not an isolated problem, but rather one possible outcome of the larger problem of youth at-risk.

This state legislative report thus examines teen-age pregnancy and parenting from the broader perspective of youth at-risk with a particular focus on comprehensive approaches to teens at-risk for pregnancy and parenting. The report is divided into two major sections: 1) background on the youth at-risk problem with a special focus on teen-age pregnancy; and 2) a review of corresponding state legislative and program responses. These responses will be described from the three perspectives of: 1) primary risk prevention, that is, preventing teen-age pregnancy in the first place; 2) secondary risk prevention, which entails preventing teen-agers who have already been affected by one risk-taking behavior from taking subsequent risks, such as dropping out of school or becoming pregnant again; and 3) comprehensive programs that address facets of both primary and secondary prevention.

BACKGROUND

Many youths live with stressful home situations that affect their behavior or place them "at-risk." For example, teen-agers who become pregnant often have common environmental characteristics that include having mothers who were teen-age mothers, low socio-economic backgrounds, basic educational skills deficiencies, low self-esteem and no hope for breaking out of poverty (2, p. 2).

While the impact of various risk factors is not always clear, the outcomes are well-documented: one in four teen-agers drops out of high school (2, p. 14), one in seven contracts a sexually transmitted disease (3), one in 10 is unemployed and one in 10 girls gets pregnant in her teen-age years. Moreover, in the last 30 years the teen-age homicide rate has doubled and the suicide rate has tripled (2, pp. 14-33).

Teen-age pregnancy is one outcome of at-risk behavior that is of particular concern to legislators, because it often results in dependency on state services. Large amounts of public resources, time and energy are expended to meet the educational, health and social needs of many pregnant and parenting youth.

TEEN-AGE PREGNANCY: AN OVERVIEW

As researchers are better able to identify the factors that may lead a teen-ager to engage in at-risk behavior, legislators use these findings to develop public policy. They are examining primary prevention programs and policies that reach teen-agers before they become pregnant, hoping to educate and influence them to make responsible choices about their sexuality. Secondary prevention initiatives are also gaining the attention of legislators who seek to help pregnant or parenting teens obtain a high school diploma and prevent subsequent pregnancies. In addition, comprehensive programs that address both primary and secondary prevention have been developed by state agencies, school districts and community organizations.

PRIMARY RISK PREVENTION

During the past 10 years, programs and initiatives have increasingly addressed both the environmental characteristics that correlate with teen-age pregnancy and at-risk behavior in general. These efforts are occurring at the federal, state and local level with funding from the public and private sector.

Legislative Initiatives. Primary prevention programs generally fall into two categories: 1) those that impart knowledge or increase awareness of at-risk behaviors, and 2) those that help teens to develop their self-esteem and decision-making skills. Initiatives developed to impart knowledge include health education courses, family communication programs to increase parent-child discussions about sexuality, and public media campaigns designed for teens in need of support and services (4, p. 141). Programs that focus on helping teens to develop self-esteem and decision-making skills include family life education, outreach programs that target teen males, role modeling and mentoring efforts, and youth counseling and crisis centers (4, pp. 97-104).

Legislative initiatives that aim to impart knowledge frequently focus on health education in the schools. These statutes sometimes use language that refers to "family life education," a more broadly based prevention model that focuses on teens' abilities to develop healthy relationships with family members and peers. But the laws classified here as "health education" initiatives place their primary emphasis on teens' knowledge about reproductive health, as opposed to their abilities to communicate and make decisions. For example, 1988 Miss. Laws, Chap. 512, Sec. 3, mandates that "reproductive health education and referral to prevent teen pregnancy and sexually transmitted diseases" be provided under the "school nurse intervention program." The statute specifies that "the teaching of total abstinence" be part of reproductive health instruction and requires parental consent prior to instruction.

Other recent health education laws that attempt to prevent teen-age pregnancies primarily by imparting knowledge include:

- o 1988 Ga. Laws, p.36, Secs. 1-2. Requires local boards of education to prescribe a course in sex education and AIDS prevention; authorizes but does not mandate supplemental instruction regarding peer pressure, self-esteem, local community values and abstinence as an effective prevention method; and
- o 1987 Nev. Stats., Chap. 714. Mandates that each county school district provide instruction on AIDS, the human reproductive system, related communicable diseases and sexual responsibility.

In addition, primary prevention initiatives that attempt to impart knowledge to teens through means other than school-based health education include:

- o 1988 Tenn. Pub. Acts, Chap. 1005, Secs. 1-9. Establishes a teen-age pregnancy information clearinghouse within the Department of Health and Environment;
- o 1988 Tenn. Pub. Acts, Chap. 1012, Sec. 1. Requires that a media campaign about the social and economic costs of teen-age pregnancy be developed and implemented; and
- o 1988 Va. Acts, H.J.R. 103. Expands services for teenagers to increase access to family planning services, crisis hotlines and directories of available services.

The family life education (FLE) model is the most common type of educational approach to helping teens develop self-esteem and decision-making skills. FLE is now mandated by 15 states and provides a distinctly comprehensive method of teaching human sexuality. The curriculum typically covers not only the topics of human development and reproduction, but also includes instruction and discussion about family planning, interpersonal relations, decision-making skills and positive role-modeling.

For example, the New Jersey Board of Education started requiring in 1980 that all public school districts provide FLE for junior high and high school students (5). This initiative, which has received wide acceptance and support, addresses four areas of instruction: interpersonal relationships, human sexual development, responsible personal behavior and the creation of strong families. Local school boards maintain full responsibility for the development of curriculum and all students receive FLE instruction. Parents have the option to excuse their children from these classes, but the great majority do not. In one recent follow-up survey of a 9,000-student school system in Essex County, New Jersey, less than one percent of all parents reported excusing their children from even one lesson (6, p. 3).

The FLE program in New Jersey was initiated by the board of education, and it has served as a model for states that now have legislative mandates to provide FLE. Among them are:

- o 1988 Ky. Acts, Chap. 147, Sec. 1. Orders local school districts to plan and implement "parenting and life skills education" in grades K-12. Requires instruction on a range of related topics that include: self-esteem, determining values, setting goals, decision-making, communication skills, peer pressure, substance abuse prevention, family violence, sexually transmitted diseases, sexual responsibility and parenting skills;
- o 1988 Iowa Acts, Chap. 1018, Sec. 3. Requires that human growth and development be taught in grades K-12 and specifies that the topics covered include human sexuality, self-esteem, interpersonal relationships, life skills, and "discouragement of premarital sex;"
- o 1988 Vt. Acts, Chap. 270. Mandates that schools' health education programs include instruction on sexuality and human development, as well as "instruction which (sic) promotes the development of responsible personal behavior involving decision making about sexual activity including abstinence; skills which (sic) strengthen existing family ties involving communication, cooperation, and interaction between parents and students"; and
- o 1987 Va. Chap. 371. Requires the state board of education to develop curriculum guidelines for a comprehensive, sequential family life education program for grades K-12; instruction must be age appropriate and include "family living and community

relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases."

SECONDARY RISK PREVENTION

High schools lose 25 percent of their potential graduates each year (7, p. 1). The dropout rate among teens who become pregnant during high school is even higher, with an estimated 51 percent to 74 percent dropping out and only half of these women returning to complete their educations by their mid-20s (5, p. 17). Research also shows that women who become mothers as teens are less likely to go on to college than women who bear children in their twenties. In addition, more than 31 percent of teen mothers have a repeat pregnancy within two years (4, p. 203).

One third of teen-age mothers are single heads-of-households, and their earning capabilities are often inadequate to provide for a family (4, pp. 41-42). Just as early childbearing can lead to school drop-out, less education can in turn lead young women to lower-status occupations, lower wages and less job satisfaction. This places many teen mothers at-risk for poverty and dependency on public assistance to support their families (2, p. 11).

Programs and initiatives that help keep teen parents in school have been shown to decrease the likelihood of those teens becoming pregnant again. Staying in school or returning later also increases a teen-ager's chances of becoming employed and avoiding poverty or welfare (6, p. 130). For example, a 17 year follow-up study of 300 inner-city teen-age mothers showed that more than half eventually escaped poverty altogether and that education--for women who remained in school and those who returned in their twenties or thirties--was the most significant contributing factor to their economic recovery (10, p. 39).

Given the positive impact of teen parents becoming further educated and employed, secondary prevention programs focus on ways to facilitate teen parents' schooling and employability. Three common legislative approaches involve job training; providing child care for teen parents while they work or go to school; and promoting the benefits of delaying second pregnancies.

Job Training Initiatives. Legislative proposals aimed at providing job training for teen parents include:

- o Virginia House Resolution 281 (1987). Requests that the Department of Education provide work-study and training opportunities for teen-age parents and other at-risk youth. Students identified as at-risk for dropping out of school are paired with a local business owner who helps provide motivation and an example of the value of a high school education; and
- o 1988 Minn. Laws, Chap. 689. Requires that minor parents receiving AFDC attend school and cooperate with a social services plan that includes job training and developing work skills.

Child Care Initiatives. Legislative initiatives that recommend or mandate assistance for teen parents in need of child care in order to attend school and job training include:

- o Rhode Island House Resolution 123 (1987). Requests that the Department of Human Services, Department of Elementary and Secondary Education, and the Rhode Island Health Center Association provide local child care information to all teen parents who wish to continue their educations; 1987 R.I. Pub. Laws, H.R. 124 requires the Department of Elementary and Secondary Education to study the "feasibility of establishing and supporting on-site child care programs" for teen parents who want to stay in school;

- o 1988 Tenn. Pub. Acts, Chap. 1006, Sec. 2. Requires the departments of Education and Human Services to assist local educational agencies in establishing school-based preschool and parenting learning centers; centers are to provide day care and parent training and must work to reduce teen-age drop-out rates; and
- o 1988 Wash. Laws, Chap. 43. Orders an executive committee to submit to the legislature "a child-care plan, which may include creative solutions" to assist teen parent enrollees in an employment, training and education program in making child-care arrangements.

Initiatives to Promote the Benefits of Delaying Second Pregnancies. Recent legislation in Tennessee is serving as a model for states now targeting teen parents at-risk for repeat pregnancies. 1987 Tenn. Pub. Acts, Chap. 442 requires the directors of the departments of Children's Services, Education, Health and Environment, and Human Services to jointly develop and execute a plan to encourage teen-age parents who are enrolled in public assistance programs to postpone a second pregnancy. 1988 Tenn. Pub. Acts, Chap. 960 further requires the Commissioner of Labor to develop a plan to prevent repeat pregnancies among teen parents and specifically targets teen-agers receiving federal job training assistance.

COMPREHENSIVE PREVENTION PROGRAMS

Legislative roles with regard to comprehensive prevention programs include those of authorizing, financing and evaluating prevention programs. Services and programs can be authorized through a legislature's mandate for a program or from recommendations of a legislative task force or study. Prevention programs are affected by a range of state legislatures' financing roles that include earmarking federal pass-through funds, directly allocating state funds and setting fee-for-service charges. In addition, state legislatures are often responsible for oversight and evaluation functions, such as evaluating program progress or determining an initiative's impact on a target population.

An increasing number of programs around the country are comprehensive in their approaches, addressing facets of both primary and secondary prevention with a target group of at-risk teens. These programs are developed and implemented by state agencies, school districts, community organizations and combinations thereof. Some examples include:

Maryland's Family Support Centers. The Family Support Center sites provide services for young families with children under three years of age. The prevention-oriented programs help teen parents avoid additional un-planned pregnancies, complete their education, acquire job skills and become better parents. Maryland's four pilot centers were started in 1985 with a \$500,000 budget--\$400,000 in legislative allocations through the Maryland Department of Resources and \$100,000 in private donations. Continued legislative support has helped the program grow to a total of 11 centers, with a legislative allocation of \$1,375,000 and a total budget of \$2 million. Program evaluations for the 1986-87 and 1987-88 school years show that 50 percent of participants returned to educational programs within six months, and 75 percent returned within 18 months. In addition, the repeat pregnancy rate for program participants was 9.5 percent, less than a third of the national average. The employment rate for participants increased from 11 percent at intake to 31 percent within six months (11).

Teen Father Collaboration. This multi-site initiative provided comprehensive services for teen fathers and prospective teen fathers in eight cities from 1983 to 1985. Client services included counseling, vocational training, employment placement, educational services, parenting skills, prenatal training and legal advocacy. A total of 395 teen-age males attended programs in Bridgeport, Connecticut; Poughkeepsie, New York; Philadelphia, Pennsylvania; Louisville, Kentucky; St. Paul, Minnesota; Minneapolis, Minnesota; Portland, Oregon; and San Francisco, California. Evaluation data show that two out of three participants were unemployed upon entry to the program, with 148 of

them obtaining full or part-time jobs as a result of their enrollment in vocational training and employment placement classes. Of the 155 males who had not graduated from high school upon entry, nearly one half either returned to school or obtained a high school equivalency degree. The Ford Foundation funded the coordination and evaluation of the initiative, with local foundations contributing to the direct services costs for each of the eight sites. Five of the sites continue to operate with funding from local, private sources (12).

The New Jersey School-Based Youth Services Program. The New Jersey Department of Human Services established 29 community program sites in 1988 with the mandate that each program coordinate its services with existing community organizations. Individual sites are managed by selected middle schools, high schools and non-profit agencies that demonstrate sufficient support from local parent organizations, youths, teachers, industry and human service providers. Since April, 1988, more than 10,000 teen-agers have received 37,000 program services that include job training, child care, health care, family counseling, instruction on parenting skills and substance abuse counseling services. The program's original budget was \$6 million for grants of up to \$250,000 per site. The program has gained considerable legislative and executive support because of its comprehensive approach, and state funding for 1989 was renewed at \$6 million (13).

The Summer Training and Education Project (STEP). STEP demonstration projects in five cities were initiated in 1985 with funding from the U.S. Department of Labor and the Ford Foundation. These summer employment and remedial education programs are designed to help 14- to 15-year old students remain at grade level and provide them with information to prevent unwanted pregnancies. Students receive a half-day of work experience, a half-day of intensive remedial education and 18 hours of life-planning instruction; schools provide academic credit and follow-up on STEP activities during regular academic year. Boston, Massachusetts, Seattle, Washington, Portland, Oregon, San Diego, California, and Fresno, California are the original project sites and have served a total of more than 3,000 teen-agers. Preliminary results show that participants, when compared with a control group, retained more reading gains made during the school year and gained more on math skills, with Black and Hispanic students showing the most improvement. In addition, participants demonstrated increased knowledge about contraceptive practices and reported less sexual activity. Eleven replication projects were implemented in 1988 with funding from the U.S. Department of Labor state allocations and private contributions.

CONCLUSION

Teens at-risk for early or unwanted pregnancy are part of a larger group of youth who are at-risk for a number of self-destructive behaviors that include running away from home, abusing drugs and alcohol and taking part in criminal activity. Common consequences of all at-risk behaviors are high school drop-out and subsequent poverty or welfare dependency.

Lawmakers, administrators, teachers, parents and students are concerned about the economic and social costs that may be caused by adolescents at-risk for an early or unwanted pregnancy. Legislators are therefore proposing policies that seek to provide students with early, accurate information that they can use to make decisions concerning their sexual behavior. School administrators are making curriculum changes that provide students with information about the potential consequences of particular risks. Parents are working with teachers, community agencies, and private businesses and industry to bring jobs and support programs to their communities. Students have begun to educate and organize themselves to avoid at-risk behavior and provide their peers with positive alternatives, such as "just-say-no" to drugs and sex campaigns.

Although these are positive steps, many at-risk behaviors are linked to much larger problems such as poverty, learning disabilities and dysfunctional families. These larger problems can, however, be overcome with education, cooperation and a concerted effort by legislators, teachers, students and

parents. This recognition of the problems faced by teens at-risk is the first step in finding more and better ways to help our youths.

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National Conference of State Legislatures Children, Youth, and Families Program

The Children, Youth, and Families Program of the National Conference of State Legislatures is designed to meet the needs of state legislatures in developing policy and programs related to children and families. The following services are available at no cost to legislators and staff:

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Project Areas

Child Care/Early Childhood Education. Funded by the Carnegie Corporation of New York, the project facilitates coordinated policymaking for early childhood issues among legislators on education and social services committees. Issue areas include: employer-supported child care, licensing and regulation, child care in the public schools, welfare reform, funding of child care and early childhood education programs, resource and referral systems, public/private partnerships, program quality, child care for state employees, early childhood programs for special needs children.

Child Support Enforcement. With the passage of the 1988 Family Support Act, states will be required to strengthen laws for establishment and enforcement of child support and improve paternity establishment records. The project, under contract with the federal Office of Child Support Enforcement, answers information requests regarding issues that include child support enforcement, paternity establishment, enforcement techniques, welfare reform, guidelines, and custody and visitation.

Child Welfare. Funded by the Edna McConnell Clark Foundation and the Foundation for Child Development, this project assists state legislators in improving state child welfare systems serving children and families in crisis. Out-of-home placement is the most expensive form of service and contributes to trauma for the child and instability for the family. With increasing placements and costs states are exploring service alternatives. Information is available on family preservation services, adoption, other placement alternatives, interagency coordination, financing child welfare services, and child abuse and neglect.

Teen Pregnancy. The Teenage Pregnancy Project, funded by the Ford Foundation, provides state legislators and legislative staff with information and resources from state experience related to teenage pregnancy and parenting. The project responds to information requests regarding topics that include: family life education; school-based health clinics; youth-at-risk and dropout prevention; dispensing of contraceptives; abortion and related parental consent issues; outreach to teen males; and financial liability.

For more information, call or write Shelley Smith, Program Manager, Children, Youth, and Families Program, National Conference of State Legislatures, 1050 Seventeenth Street, Suite 2100, Denver, Colorado 80265, (303) 623-7800.