

STATE PLAN FOR PREVENTION, INTERVENTION, AND TREATMENT SERVICES FOR CHILDREN AND YOUTH



State of Colorado
Fiscal Years
2006–2009

(Revised December 2007)





STATE PLAN FOR PREVENTION, INTERVENTION, AND TREATMENT SERVICES FOR CHILDREN AND YOUTH

State of Colorado
Fiscal Years 2006–2009

Colorado Department of Education
Colorado Department of Human Services
Colorado Department of Law
Colorado Department of Public Health and Environment
Colorado Department of Public Safety
Colorado Department of Transportation

June 2005
(Revised December 2007)

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cdhs



cdps

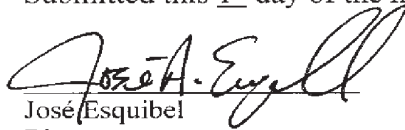


**APPROVAL OF THE REVISIONS TO THE
STATE PLAN FOR PREVENTION, INTERVENTION,
AND TREATMENT SERVICES FOR CHILDREN AND YOUTH**

The members of the Colorado Prevention Leadership Council are committed to implementing the goals and objectives of the revised State Plan for Prevention, Intervention and Treatment Services for Children and Youth. The goals, objectives and benchmarks of the State Plan are aligned with the statutory requirements of Article 20.5 of Title 25, Colorado Revised Statutes and describe the strategies for operationalizing the statutory expectations. The plan reflects the dynamic interagency collaborative efforts that are occurring in regard to state-managed prevention, intervention and treatment programs. Input on revisions to the State Plan was collected from public and private stakeholders.

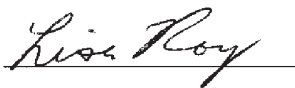
In accordance with Colorado Revised Statutes § 25-20.5.105(2), the revised State Plan for Prevention, Intervention and Treatments Services for Children and Youth is respectfully submitted by the Colorado Prevention Leadership Council for approval by the Tony Grampsas Youth Services Board, the executive director of the Colorado Department of Public Health and Environment and the Governor of the State of Colorado.

Submitted this 1st day of the month of February 2008.



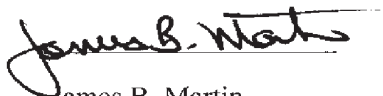
José Esquibel
Director
Interagency Prevention Systems
Colorado Department of Public and Environment

Approved:



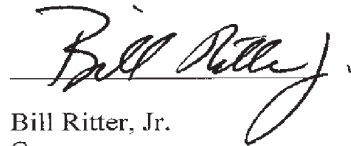
Lisa Roy
Chair
Tony Grampsas Youth
Services Board

Date: 2/6/2008



James B. Martin
Executive Director
Colorado Department of
Public Health and Environment

Date: Feb. 7, 2008



Bill Ritter, Jr.
Governor
State of Colorado

Date: March 17, 2008

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■ ACKNOWLEDGEMENTS

The State Plan for Prevention, Intervention and Treatment was revised by the Colorado Prevention Leadership Council's State Plan Committee with the guidance from the members of the Colorado Prevention Leadership Council and with input and feedback from private and public stakeholders.

Key interdisciplinary stakeholder groups that informed and contributed to the State Plan included the Colorado Prevention Partners, the Early Childhood State Systems Team, the Colorado Systems of Care Collaborative, Colorado LINKS for Mental Health, the Violence Prevention Advisory Group, the Interagency School Health Team of the Colorado Connection for Healthy Schools, the Teen Motor Vehicle Leadership Alliance, the Juvenile Justice and Delinquency Prevention Council, the Task Force for Continuing Examination of the Treatment for Persons with Mental Illness who are Involved in the Justice System, and the National Governor's Association Policy Academy/Colorado's Core Team for Transition for Young Adults with Disabilities.

Special thanks goes to Chele Clark, project manager, Interagency Prevention Systems, Colorado Department of Public Health and Environment, for preparing the State Plan Zoomerang Survey and compiling the survey results and input from stakeholders.

The State Plan Committee members were:

José Esquibel

Director of Interagency Prevention Systems, Colorado Department of Public Health and Environment

Anna López

Delinquency Prevention Program Manager, Office of Adult and Juvenile Justice Assistance, Colorado Department of Public Safety

Stan Paprocki

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

Mary VanderWall

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

COLORADO PREVENTION LEADERSHIP COUNCIL

MEMBERS, 2007

José Esquibel, Chair

Chele Clark, Project Manager

COLORADO DEPARTMENT OF EDUCATION

Sharon Triolo-Maloney, Prevention Initiatives

COLORADO DEPARTMENT OF HUMAN SERVICES

Norman Kirsch, Child Welfare, Collaborative Management Program

Stan Paprocki, Prevention Services, Alcohol and Drug Abuse Division

COLORADO DEPARTMENT OF LAW

Cynthia Honssinger Coffman, Office of the Attorney General

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Anne-Marie Braga, Adolescent Health, Prevention Services Division

Gina Febbraro, Tony Grampas Youth Services Program, Prevention Services Division

Katy Kupecz, State Tobacco Education and Prevention Partnership, Prevention Services Division

Jeff Stoll, Office of Local Liaison

Lena Peschanskaia, Prevention Services Division

Kathy Watters, HCP, Prevention Services Division

Shannon Breitzman, Injury and Suicide Prevention

COLORADO DEPARTMENT OF PUBLIC SAFETY

Anna Lopez, Office of Adult and Juvenile Justice Assistance

Meg Williams, Office of Adult and Juvenile Justice Assistance

COLORADO DEPARTMENT OF TRANSPORTATION

Kirsten Jahn-Elfon, Office of Safety and Engineering Branch

COLORADO STATE UNIVERSITY

Jan Carroll, Cooperative Extension 4 H Youth Development

OMNI RESEARCH AND TRAINING

Jim Adams-Berger, OMNI Research and Training

Carole Broderick, Regional Prevention Services

SOUTHWEST CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGY

Kathleen Gary, Colorado Liaison

UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER

Julie Marshall, Department of Preventive Medicine and Biometrics & the Rocky Mountain Prevention Research Center



PURPOSE

The purpose of this State Plan is to provide a framework for the implementation of Colorado Revised Statutes (C.R.S.) § 25-20.5-105, 106, and 108, “Prevention, Intervention and Treatment Services for Children and Youth.” The primary goal of this landmark legislative mandate is to improve the health and well being of Colorado’s children and youth by coordinating programs at the state level to ensure that those programs are responsive to the needs of communities in order to more effectively serve this population. It should be noted that while the statute typically defines the service population as children and youth, the partners of various state agencies recognize that families are an integral part of effective programs and services. C.R.S. § 25-20.5 excludes the following state-managed programs:

- (a) Any juvenile programs operated by the Division of Youth Corrections in the Department of Human Services;
- (b) Any program operated for juveniles in connection with the state judicial system; and
- (c) Any program pertaining to out-of-home placement of children pursuant to Title 19, C.R.S.

The goals and objectives of this State Plan will guide the implementation of innovative approaches to enhancing the prevention, intervention and treatment systems through collaboration among state agencies, partners and advocates, and community representatives.

The lead state body for this effort is the Prevention Leadership Council, a collaborative group consisting of representatives from six state agencies, two institutions of higher education, three statewide resource organizations, and a public/private early childhood partner. The Prevention Leadership Council was created as a result of C.R.S. § 25-20.5 to promote coordinated planning, implementation, and evaluation of

quality prevention and early intervention services for children, youth, and families at the state and local levels.

Per statute, the Colorado Department of Public Health and Environment, Prevention Services Division, is the state agency with the primary responsibility of facilitating interagency efforts relating to the delivery of state and federally funded prevention, intervention and treatment services.

PREVENTION WORKS!

**Promoting Safe And Stable Families,
Colorado Department of Human Services,
Division of Child Care**

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

STATE PROGRAMS

The following is a list of the prevention, intervention and treatment programs for children and youth that are operated or funded by five state agencies, excluding children and youth in out-of-home placement and juvenile programs operated by the Division of Youth Corrections as well as those connected with the state judicial system.

OFFICE OF THE GOVERNOR

Governor's Portion of Safe and Drug-Free Schools

DEPARTMENT OF EDUCATION

Center for At-Risk Education

Even Start Family Literacy

Prevention Initiatives

Colorado Connections for Healthy Schools

Colorado Preschool and Kindergarten Program

Early Childhood Councils

Comprehensive School Health Education

Education for Homeless Children and Youth

Expelled and At-Risk Student Services

Improving Health, Education and Well-Being

Safe and Drug-Free Schools and Communities

Special Education

Positive Behavioral Support

DEPARTMENT OF HUMAN SERVICES

Alcohol and Drug Abuse Division

Access to Recovery

Colorado Prevention Partners/Strategic Prevention Framework

Law Enforcement Assistance Fund (LEAF)

Persistent Drunk Driving Program

Screening, Brief Intervention, Referral and Treatment Grant

Substance Abuse Prevention Block Grant

Children's Mental Health

Project Bloom

Division of Child Care

School Readiness

Division of Child Welfare

Promoting Safe and Stable Families

Collaborative Management for Multi-Agency Services

Division of Disabilities

Early Childhood Connections (Part C)

Supportive Housing and Homeless Programs

Office of Homeless Youth Services

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Prevention Services Division

Adolescent Health

Child and Adult Care Food Program

Colorado Children's Trust Fund



Colorado Links for Mental Health

Colorado Physical Activity and Nutrition Program

Community Interventions to Reduce Motor Vehicle Injuries

Family Resource Centers

Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention (ESCAPE)

Maternal and Child Health Block Grant

- Health Care Program (Children with Special Needs)
- Healthy Child Care Colorado
- Medical Home Initiative

Nurse Home Visitor Program

Oral Health Prevention

School Based Health Centers

Sexual Assault Prevention Programs

State Tobacco Education & Prevention Partnership

Suicide Prevention

Tony Gramscas Youth Services Program

- Early Childhood
- Dropout Prevention
- Mentoring
- Discretionary/Violence Prevention

Women, Infants and Children (WIC)

Supplemental Food Program

DEPARTMENT OF PUBLIC SAFETY

Division of Criminal Justice

Juvenile Justice and Delinquency Prevention Formula Grants

Title V Juvenile Delinquency Prevention Incentive Grants

Juvenile Diversion Program

DIVISION OF REVENUE

Underage Drinking Prevention Programs

DEPARTMENT OF TRANSPORTATION

Office of Transportation Safety (Safety and Traffic Engineering Branch)

Bicycle and Pedestrian Safety Program

Impaired Driving/Substance Abuse Prevention

Occupant Protection Program

Safe Routes to School

Young Drivers Program

VISION, MISSION, AND VALUES

VISION

A coordinated system of quality prevention and early intervention and treatment services to improve the health and well being of all children, youth and families in Colorado.

MISSION

Provide a strong, unified voice for prevention, early intervention and treatment in Colorado and promote coordinated planning, implementation and evaluation of quality prevention, early intervention and treatment services for children, youth and families at the state and local levels.

VALUES

State and local collaborative partners must develop a streamlined and coordinated system for the delivery of prevention, intervention and treatment services for children and youth. This system shall incorporate the following values:

- Support an environment in which children and their families are emotionally and physically healthy and are connected to an engaged and supportive community.
- Services and supports are provided in the best interest of the child to ensure that all of the child and family's needs are being met.
- Provide services and supports in the most appropriate and least restrictive environment and in the home community of the child, youth and family.
- Honor diverse cultural values within communities. Programs must be culturally appropriate and must reflect sensitivity to ethnicity, gender, education and geography.

- Promote individual responsibility and strengths through the enhancement of resiliency, protective factors and developmental assets, enhance community responsibility through societal commitment to the reduction of risk factors, and create an environment where children and youth can thrive.
- Reduce disparities leading to negative outcomes among groups most at risk.
- To the extent possible, assure that programs have researched-based principles as their foundation.
- Remain flexible and open to new ideas and community initiatives.
- Support a child, youth and family focus in program design.
- Encourage the development of delivery systems that ensure availability of services throughout the state.
- Maintain state and local prevention, early intervention and treatment partnerships that foster the health and well being of Colorado children and youth.
- Use program evaluation to improve the quality of services and guide dissemination of funds.

PREVENTION WORKS!

**Community Consolidated Child Care Pilots,
Colorado Department of Education,
Prevention Initiatives**

La Plata now uses a single application process for Head Start, the Colorado Preschool Program and Colorado Child Care Assistance Program, providing families a single point of entry.

GOALS OF THE COLORADO STATE PLAN FOR PREVENTION, INTERVENTION AND TREATMENT PROGRAMS FOR CHILDREN AND YOUTH

The Colorado State Plan has seven main goals based on the requirements of C.R.S. § 25-20.5-105, 106, and 108:

Goal I:

Coordinate and streamline state-level processes.

This goal focuses on objectives and activities related to implementing streamlined and coordinated processes for distributing resources and administering and evaluating programs.

Goal II:

Enhance the capacity of local communities and prevention, intervention and treatment providers.

This goal focuses on assisting communities and local providers in maintaining and/or enhancing the capacity to deliver efficient and effective prevention, intervention and treatment services.

Goal III:

Enhance prevention, early intervention and treatment services through the application of standards for providers and service delivery, promoting “best practices/best processes,” and fostering rigorous program evaluation. This goal focuses on the application of standards for providers and service delivery, promoting evidence-based approaches to services, and evaluating effectiveness of services.

Goal IV:

Assure that user-friendly data are available to local communities. The focus of this goal is to provide access to data in order to assist local planning and decision-making processes.

Goal V:

Develop and maintain mechanisms to ensure collaborative planning and decision-making between local service providers, community groups, and state agencies. The focus of this goal is to ensure ongoing planning efforts across state agencies, between state and local community groups, and within communities.

Goal VI:

Promote prevention, early intervention and treatment services for children and youth. The focus of this goal is on reporting program outcomes and accomplishments to key decision-making groups.

Goal VII:

Review and revise the State Plan. The focus of this goal is to review the State Plan annually and revise it biennially, as necessary, in conjunction with collaborative partners and with input from local communities.



BACKGROUND

LEGISLATIVE MANDATE

This State Plan is required by House Bill 00-1342, which was sponsored by Representative Marcy Morrison and Senator Doug Lamborn. This legislation became Article 20.5 under Title 25 of the Colorado Revised Statutes (C.R.S) and addresses coordination and streamlining of state processes related to state-managed prevention, intervention and treatment services for children and youth. The statute created a new division within the Colorado Department of Public Health and Environment, which is currently known as the Prevention Services Division.

The Prevention Services Division is the lead agency providing oversight of the implementation of C.R.S. § 25-20.5. The other four agencies required to coordinate and collaborate in regard to state processes related to prevention, intervention and treatment programs are the Colorado Department of Education, the Colorado Department of Human Services, the Colorado Department of Public Safety, and the Colorado Department of Transportation. Voluntary state partners included the Department of Law, Colorado State University Cooperative Extension Office, and the University of Colorado Health Sciences Center.

STATUTORY REQUIREMENTS

Representatives of the state agencies that fund prevention, intervention and treatment services make up the membership of the Prevention Leadership Council. (See page iii for a list of members.) The Prevention Leadership Council is the body charged with the development and implementation of the following, as related specifically to C.R.S § 25-20.5:

■ **Memoranda of Understanding.** As required by C.R.S. § 25-20.5-107, a memorandum of understanding was signed by July 1, 2001, with each state agency that provides prevention, intervention and treatment services. These memoranda

are collectively a tool for achieving consensus regarding the coordination of the prevention, intervention and treatment programs administered by the executive agencies.

- **State Plan.** The purpose of the plan is to establish and implement goals for improving the delivery of prevention, intervention and treatment services to children and youth throughout the state. The law requires the plan to establish standards and measurable outcomes; develop methods to target and prioritize resources throughout the state; and identify methods to foster collaboration at the local level. The initial plan was approved by Governor Bill Owens and distributed to stakeholders in March 2001. The statute requires a review of the State Plan every two years.
- **Uniform administrative processes.** The departments are charged with developing uniform processes for grant application, grantee selection, and program monitoring.
- **Annual Report.** The annual report provides an account of the state and federal funding that is available for services, the identification of the specific service populations, the anticipated outcomes and evidence of achieving outcomes.
- **Uniform Minimum Standards.** The intent of this requirement in the legislation was to create uniform language and common expectations across state and local prevention/intervention programs, and to ensure the provision of high-quality prevention and intervention services throughout the state. The following standards are specified in the legislation:
 - That programs provide research-based services that have been implemented in one or more communities with demonstrated success or that otherwise demonstrate a reasonable potential for success;

- That programs provide outcome-based services, specifying the outcomes to be achieved; and
- That programs work collaboratively with other public and private programs in the community.

The Prevention Leadership Council developed the Uniform Minimum Standards, and the standards were officially approved in March 2004.

■ **Collaboration.** The statute requires that the five state agencies that fund prevention, intervention and treatment services for children and youth work collaboratively with other public and private prevention, intervention and treatment programs in the community and with local governments, local health agencies, county departments of social services, and faith-based organizations in the community. The Prevention Leadership Council is the state body that focuses on collaborative interagency efforts and coordinates with private partners.

PREVENTION WORKS!

**Colorado Preschool Program,
Colorado Department of Education**

*In Weld County School District RE #8,
30 percent of Colorado Preschool
Program students made at least two years
of linguistic growth in a nine-month
period when assessed with the Peabody
Picture Vocabulary test and 73 percent of
Colorado Preschool Program students
made at least one year of growth in that
same period.*



DEFINITIONS OF PREVENTION, INTERVENTION, AND TREATMENT SERVICES

PREVENTION PROGRAMS

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

Populations and Services: Prevention programs are designed to reach a larger audience base. This base may range from a universal population of all citizens to a more selective population specific to the risk issue being addressed. An example is a curriculum-based program that is delivered in a school setting to all students of a particular grade, or a parenting skills program for parents of at-risk children and youth, or community-based efforts to address smoking in public buildings.

PREVENTION WORKS!

Expelled and At-Risk Student Services, Colorado Department of Education

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

INTERVENTION PROGRAMS

Purpose: Intervention programs are proactive efforts to intervene at early signs of problems to stop disease, to reduce crises and to change problem behaviors.

Populations and Services: Intervention programs are designed to reach populations that have greater potential for, or are participating in, high-risk behaviors. An example is family case management services for high-risk families for intervening with a youth beginning to abuse alcohol, tobacco, and other drugs.

TREATMENT PROGRAMS

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

Populations and Services: Treatment programs are designed to reach populations that have been identified as persons in crisis, active in one or more risk behaviors and in need of treatment. Examples include individual, group and family therapy/counseling, or mental health and substance abuse treatment services.



PREVENTION-INTERVENTION-TREATMENT MODEL

PREVENTION

Purpose: Prevention programs are proactive, interdisciplinary efforts to empower individuals, families and communities to choose and maintain healthy life behaviors and lifestyles, thus fostering an environment that encourages law-abiding and non-troubled behavior.

Service Populations:

- Universal prevention: all citizens
- Selective prevention: targeted populations, high-risk subgroups
- Indicated prevention: targets specific persons at high-risk

Common Objectives:

- Reduce/eliminate need for intervention and treatment
- Promote healthy behaviors
- Encourage healthy cognitive, physical, emotional, and social development
- Provide resources
- Enhance capacity of providers
- Evidence-based strategies

INTERVENTION

Purpose: Intervention programs are proactive, assertive efforts to intervene at early signs of problems to stop disease, to reduce crises and to change problem behaviors.

Service Populations:

- “At-risk” individuals
- “High-risk” subgroups
- People in crisis

Common Objectives:

- Assess problem and recommend solutions
 - Change environment
 - Encourage healthy cognitive, physical, emotional, and social development

TREATMENT

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

Service Populations:

- People in crisis
- Persons who have identified treatment needs

Common Objectives:

- Access to comprehensive, integrated and cost-effective services
 - Child-centered and family-focused services
 - Coordinated and integrated treatment services
 - Focus on strengths of children, youth and families

MISSION:
Promote coordinated planning, implementation, and evaluation of quality prevention, early intervention, and treatment services for children, youth, and families at the state and local levels.

- Reduce risk
- Foster safer environments
- Build new skills

- Coordinated systems approach for a comprehensive and integrated system of services and care

- Foster resiliency
- Reduce treatment service costs
- Invest cost savings into prevention

- Crisis resolution
- Assess treatment readiness
- Differential assessment
- Referral to treatment
- Reduce use of restrictive care

Effective PIT Programs include:

- Continuum of efforts
- A systematic approach that is assessment-driven, data-driven, or research-driven to identify risks
- Identification of strengths of the child, youth, family, and community
- Use of evidence-based approaches and strategies
- Developmentally appropriate programs
- Systems assessment
- Links to other resources
- Collaboration between agencies, schools, community resources, youth, and families
- Adult and peer support and/or mentoring components
- Elements to address comprehensive health, including social, psychological, physical.

GOALS

The goals typically focus on children and youth as the service population, in accordance with statutory directives. However, the department and the partner agencies recognize and support that families are an integral component of programs serving children and youth.

GOAL I:

Coordinate and streamline state-level processes for distributing resources and administering and evaluating programs.

Objective 1.1: Convene the Prevention Leadership Council to continue cross-state agency coordination and collaboration.

Benchmarks:

- Rules and Regulations for Prevention, Intervention and Treatment Programs for Children and Youth are reviewed and updated.
- Memoranda of Agreements are established with new collaborative partners.
- The Prevention Leadership Council serves as the state coordinating body for prevention, intervention and treatment initiatives related to children and youth.

Objective 1.2: Produce an Annual Report of prevention, intervention and treatment programs operated by the Department of Education, the Department of Human Services, the Department of Public Health and Environment, the Department of Public Safety and the Department of Transportation.

Benchmarks:

- Protocols for online entry of data for the Annual Report are in place.

- Data for the Annual Report is linked to the online Resource and Indicator Database.
- The Annual Report is completed each year.
- Program funding information is accessible to the general public and to prevention, intervention and treatment providers, advocates, and program managers across agencies through the Internet.

Objective 1.3: Improve communication among state agencies, foundations, local service providers and local coalitions regarding existing programs/services and potential sources of funding.

Benchmarks:

- The Annual Report on state-managed programs is completed and disseminated.
- A system is instituted that identifies state agency funding availability for prevention, intervention and treatment programs and is coordinated through the Prevention Leadership Council.
- Information about state agency funds for prevention, intervention and treatment services is available on a single Web site, including the posting of requests for proposals/grant applications on the site.
- Foundations, and other private funders, are invited to include information about their funded programs in a database.
- Web-based Reporting and Evaluation data findings are synthesized and shared at regional summits and through existing state agency newsletters.

Objective 1.4: Standardize common components of requests for proposals and grant applications across five state departments that fund prevention, intervention and treatment programs.

Benchmarks:

- Input on common application components is collected from service providers and other stakeholders.
- Common application components are identified. These components may include, but are not limited to, the following:
 - needs assessment, including information on racial and ethnic disparities
 - contributing factors
 - Uniform Minimum Standards
 - minimum computer system requirements for Web-based reporting and evaluation
- Common application components are reviewed and approved by state department program managers and statutory groups with authority for issuing applications.
- Common application components are integrated into requests for proposals/grant applications of the five state agencies that fund services for children and youth.
- Uniform language regarding how priorities and proposed services address health disparities is included in every request for proposals/grant application for prevention, intervention and treatment services.

Objective 1.5: Institute grant application and review processes for prevention, intervention and treatment funds that are standard across departments that fund services for children and youth.

Benchmarks:

- Requests for proposals/grant applications for prevention, intervention and treatment services are posted on a central state Web page.
- A uniform process and uniform criteria for grant review and selection of programs are developed in the areas of prevention, intervention and treatment.
- The uniform processes and uniform criteria for grant review and selection of programs are approved by the Prevention Leadership Council.
- The uniform processes and uniform criteria for grant review and selection of programs are implemented by the five state agencies that fund services for children and youth.

Objective 1.6: Institute a process for assessing the application of the Uniform Minimum Standards that is standard across state agencies.

Benchmarks:

- A tool and process for assessing the application of Uniform Minimum Standards for prevention and intervention programs are developed and includes a standard rating system.
- The Uniform Minimum Standards assessment tool and process are tested with selected contract providers.
- The Uniform Minimum Standards assessment tool and process are linked to the required program reviews (C.R.S. 25-20.5 110(3)(a)).
- The Uniform Minimum Standards assessment tool and process is approved by The Prevention Leadership Council.
- The section of the Rules and Regulations Concerning Prevention, Intervention and Treatment Programs for Children and Youth related to the Uniform Minimum Standards is amended as needed.

Objective 1.7: Utilize and sustain a Web-based reporting and evaluation system for prevention and early intervention services for gathering service information and outcome data.

Benchmarks:

- An active committee that is composed of both state agency and community service providers meets to advise the Prevention Leadership Council on further development of the Web-based reporting and evaluation system, development of analysis plans, and identify ways data can be utilized for sharing outcomes.
- Protocols for the use of a Web-based state reporting and evaluation system and use of the system's data are established.
- Community service providers are trained in the use of the established reporting and evaluation system and in evaluation principles.
- State agencies are trained in the use of the Web-based reporting and evaluation system.
- The Web-based reporting and evaluation system is extended to other agencies/organizations for use.
- The Prevention Leadership Council continues to improve the Web-based reporting and evaluation system through assessment and formative evaluation, and with input from services providers.

Objective 1.8: Collect statewide youth behavior data to inform policy and programs.

Benchmarks:

- State agencies and other interested organizations collaborate in the effort to obtain weighted youth behavior data.
- The administration of the state youth behavior survey is coordinated with that of other surveys.

- The state youth behavior survey is administered every two years.
- Publish and disseminate youth behavior survey results to policy makers, grant administrators and program planners.
- Provide guidance regarding utilization of data for policy change, planning, and resource allocation.
- Coordinate the collection and monitoring of student health behaviors, school policies and assessment of healthy school environments, including physical activity, nutrition, and tobacco with research and data collection agencies and organizations such as the Colorado Department of Education, the Colorado Department of Public Health and Environment, and the University of Colorado Health Sciences Center, Prevention Research Center.

Objective 1.9: Establish a state-level organizational structure to support the early childhood system.

Benchmarks:

- Core functions for the state-level organizational structure of the early childhood system are defined and agreed upon and include systems oversight, public engagement, communication, coordination, a system planning process, resource development, workforce and leadership development, fiscal management, accountability, quality management and evaluation.
- Potential models for a state early childhood organizational structure are researched, and the identified functions of these models are compared to the strengths, needs, and culture of the state of Colorado.

- A public engagement plan is developed to engage key stakeholders in a review of the models for state early childhood organizational structure to foster commitment to the selected model.

Objective 1.10: Through state interagency coordination, complete an environmental scan of system collaboration initiatives and state agency plans related to prevention, intervention and treatment services for children and youth.

Benchmarks:

- An inventory of the various interagency groups (task forces, councils, advisory groups) across state departments is completed for the purpose of discussing and reaching agreements on coordinating and collaborating on system of care efforts, spanning the continuum from prevention through treatment services for children and youth.
- A review of the State Plans of child-serving state agencies is conducted and a crosswalk of common goals, objectives, and strategies is completed.
- Common goals, objectives, strategies of various State Plans are incorporated into the State Plan for Prevention, Intervention and Treatment Services for Children and Youth.
- State agencies that invest in prevention, intervention, and treatment services for children and families are part of system of care strategic planning.

PREVENTION WORKS!

Even Start Family Literacy,
Colorado Department of Education,
Center for At-Risk Education

After 300 hours of family participation in the program, 88 percent of parents learning English demonstrated a sustained use of English in the community. The projected outcome was 50 percent.

Objective 1.11: Establish a partnership among state agencies to address coordination and integration of state mental health prevention, intervention and treatment systems, programs and services for children and youth.

Benchmarks:

- A state-level children and youth mental health systems-building infrastructure that involves public and private providers, families and consumers is formalized.
- Relationships among statutory bodies with authority to address mental health-related services for children and youth are formalized.
- Recommendations for vertical (local and state) and horizontal (prevention, intervention and treatment) coordination and integration of state children and youth mental health systems are developed and prioritized.
- A plan for implementing at least three of the prioritized recommendations is agreed upon by community groups, state coalitions and collaborative groups, and state statutory bodies that address mental health-related services for children and youth.

- Involve families and youth in state and local boards, planning groups and policy making.
- Involve families and youth in direct service delivery.
- Develop a continuum of supportive services at the local level.
- Develop long-term, consistent and flexible funding streams.
- Align funding to produce long-term wellness, including universal and prevention services.
- Help local communities to implement integrated, braided and blended funding models.
- Streamline practices across state agencies and increase interdepartmental coordination.
- Help local communities to develop specific integrative practices/tools and engage “unusual suspects”.

Objective 1.12: Enhance the state infrastructure for the Coordinated School Health Initiative.

Benchmarks:

- A state infrastructure to support and implement coordinated school health efforts is coordinated between the Colorado Department of Education and the Colorado Department of Public Health and Environment, Prevention Services Division.
- Resources and leveraged funding for coordinated school health efforts are coordinated between the Colorado Department of Education and the Colorado Department of Public Health and Environment.

Objective 1.13: Establish and sustain an interagency statewide alliance of champions that acts on reducing teen motor vehicle crashes and improving teen motor vehicle safety.

Benchmarks:

- Recruit partners from both public and private agencies with expertise in teen motor safety in addition to parents of teen drivers and teenagers to participate in the Teen Motor Vehicle Leadership Alliance.
- Convene the Teen Motor Vehicle Leadership Alliance at least quarterly to focus on collaborative efforts to increase enforcement/compliance of the Graduated Driver’s Licensing law across Colorado and to increase safety belt use across Colorado.
- Measure individual commitment levels and identify areas of expertise to assign responsibilities of the Action Plan for Improving Teen Motor Vehicle Safety.
- Measure progress of Teen Motor Vehicle Leadership Alliance achievements annually.



PREVENTION WORKS!

Occupant Protection Program,
Colorado Department of Transportation,
Safety and Traffic Engineering Branch

- *Observed child/juvenile seat belt use increased to a new high of 72 percent in 2003, up from 60 percent in 2002.*
- *89 percent of children under 4 were observed to be fastened into a car seat in 2003, up from 80 percent in 2002.*

GOAL II:

Enhance the capacity of local communities and prevention, intervention and treatment providers through a coordinated system of training and technical assistance.

Objective 2.1: Implement a coordinated system for state capacity development and professional development related to prevention, intervention and treatment for children and youth.

Benchmarks:

- State-level training and technical assistance efforts for prevention, intervention and treatment service providers are identified.
- Assessment of state-level training and technical assistance efforts across state agencies is completed, including gaps in resources for technical assistance and training and gaps in content areas.
- State-level agencies coordinate cross-discipline training, technical assistance, and other capacity building efforts.
- Partnerships are formed with private training and technical assistance providers and associations.

- Convene a subcommittee of the Prevention Leadership Council composed of community and state representatives to create a sustainable system of technical assistance and training.
- A systems approach for implementing technical assistance and training is in place, which also addresses the provision of technical assistance and training in communities with limited resource distribution or where no quality resources exist.

Objective 2.2: Integrate core competencies for prevention and intervention professionals with the Uniform Minimum Standards assessment tool and process.

Benchmarks:

- Core competencies for prevention and intervention service providers are finalized and integrated into the assessment of the application of the Uniform Minimum Standards.
- Data from the assessment of the application of the Uniform Minimum Standards is utilized to identify learning needs of service providers and to prioritize training and technical assistance.

Objective 2.3: Enhance the capacity of prevention, intervention, and treatment providers to deliver effective services through community and state partnerships.

Benchmarks:

- Learning opportunities are identified and addressed at the community level.
- Training and technical assistance that is provided by the state is responsive to identified needs of communities.
- Regional learning communities are established and convened.

- An interagency, cross-discipline course in prevention is developed and aligned with the prevention and intervention core competencies.
- Online planning toolkits for various disciplines are developed and linked to a database.
- Identify exemplary programs developed by local providers and formalize the process for working with these providers on nomination and possible recognition as Exemplary and Innovative Programs at the national level.

Objective 2.4: Strengthen capacity to provide professional development through coordination of the Colorado Connections for Healthy Schools (the Coordinated School Health Initiative) with the Prevention Leadership Council.

Benchmarks:

- A coordinated calendar of professional development events is maintained.
- A professional development needs assessment of health and prevention staff is coordinated in order to make future professional development needs assessment recommendations.
- The professional development needs of staff of at-risk schools/programs are addressed.
- Goals and best practices for school staff development is coordinated across state agencies and with professional organizations.
- A Coordinated School Health Initiative toolkit for trainers is disseminated.

Objective 2.5: Expand the depth and breadth of knowledge of professionals working in early childhood disciplines.

Benchmarks:

- A core knowledge base for all staff within the early childhood system is established.

- Professional development activities that supplement the core knowledge base across disciplines in the early childhood system are coordinated.
- An integrated plan is developed for credentialing and licensing early childhood staff.

Objective 2.6: Provide technical assistance and consultation to statewide and local community organizations interested in or currently addressing teen motor vehicle safety.

Benchmarks:

- Teen motor vehicle safety promising strategies and educational information, as well as links to other Teen Motor Vehicle programs, are added to the Prevention Leadership Council Best Practices Website and links to this Website are sent to state and local partners.
- Communities that are interested in or currently addressing teen motor vehicle safety are identified in order to share resources and best practice strategies around increasing safety belt use, decreasing underage drinking and driving, etc.
- Additional incentive funding/mini-grants are offered to communities that demonstrate a need and a comprehensive plan of action utilizing best practice and interagency approaches (i.e. including parents, youth, law enforcement, etc.)
- Assistance is provided in the evaluation of local programs that are striving to increase teen motor vehicle safety in their communities.

GOAL III:

Enhance prevention, early intervention and treatment services through the application of standards for providers and service delivery, promoting “best practices/best processes,” and fostering rigorous program evaluation.

Objective 3.1: Increase the effectiveness of state agencies and technical assistance agents to assess the application of the Uniform Minimum Standards by prevention providers and to enhance the capacity of providers to deliver effective prevention and intervention services.

Benchmarks:

- Protocols are developed for use of the Uniform Minimum Standards assessment process (see Goal I Objective 1.6), including the documentation of findings and the identification of technical assistance needs.
- The Uniform Minimum Standards assessment process is integrated as part of site visit and monitoring activities of those state agencies that fund prevention and intervention services for children and youth to assist in identifying opportunities for improvement and exemplary practices.
- A database is developed to store and analyze results from the assessments of the application of the Uniform Minimum Standards.
- The identification of technical assistance needs of prevention providers is linked with a prevention technical assistance and training system.
- State standards of excellence are developed for those state prevention and intervention services not already guided by quality standards.
- Exemplary prevention programs are nominated for Exemplary Awards for Innovative Programs at the national level.

Objective 3.2: Utilize the Web-based reporting and evaluation system to enhance the evaluation of outcomes of state-funded prevention and intervention programs.

Benchmarks:

- State agencies that fund prevention and intervention services for children and youth utilize a Web-based system for reporting and evaluation of funded services.
- Monitoring and accountability protocols are developed and adopted by all users of the system.
- Data from the system are used for program quality improvement.

Objective 3.3: Increase utilization of evidence-based prevention, intervention and treatment programs and strategies among state agencies and local providers.

Benchmarks:

- The Best Practices Web site (www.colorado.gov/bestpractices), a Web-based site for posting research-based strategies and programs, is maintained.
- Protocols are developed for content experts that will include expectations for being a content expert, tips for selecting best practice strategies and programs, and steps for updating the information on the Web site.
- The Best Practices Web site is expanded to include more topic areas from the state agencies that fund prevention, intervention and treatment services for children and youth.
- A framework and/or criteria, complementing federal criteria, is developed to identify and select varying Best Practice strategies and programs for posting on the Web site.

PREVENTION WORKS!

Youth Smoking Cessation Project, Colorado Department of Public Health and Environment, Prevention Services

- *Thirty-six percent of participants that completed the program quit smoking completely.*
- *An additional 40 percent of participants reduced their tobacco consumption.*

- Information about the Best Practices Web site is integrated into request for proposals/grant applications for prevention, intervention and treatment services.
- The Best Practices Web site is marketed through state agencies to local programs and the public.
- The Best Practices Web site is linked to other state agency Web pages.

Objective 3.4: Utilize program standards for communicating expectations, ongoing monitoring, and providing incentives for quality early childhood programs and services.

Benchmarks:

- Consensus is reached on the functions of program quality and on standards for early childhood programs.
- Duplication and gaps in standards and quality indicators in the early childhood system are identified.
- An integrated set of quality indicators for the early childhood system is developed.
- Ways to measure quality and to report on quality measures across all service areas of the early childhood system are determined and defined.

Objective 3.5: Enhance and broaden the use of state-of-the-art approaches for evaluation of prevention, intervention and treatment services for children and youth.

Benchmarks:

- Consistent and useful qualitative evaluation frameworks are utilized to support rigorous program implementation.
- Qualitative data is used for improving program implementation, including assessing fidelity of service delivery, effectiveness of adaptations to evidence-based programs, staff competency to deliver services, and effective and efficient administration of evaluation activities.
- Where appropriate, evaluation instruments are translated into languages that will facilitate the understanding of the items of the instruments and the administration of the instruments.
- Outcome evaluation results are utilized by service providers to modify and improve program service delivery.

Objective 3.6: Utilize outcome data and performance measures to identify service priorities and needs and to demonstrate effectiveness of services.

Benchmarks:

- A protocol is in place at various levels for the analysis of data, in particular aggregate data, across state agencies.
- State agencies have a system for utilizing aggregate data to show success and effectiveness of funded programs and use this information to enhance the capacities of other programs and communities during planning processes.
- Aggregate data is used to inform decisions about planning, funding priorities, and capacity development.

Objective 3.7: Mitigate child and adolescent violence through coordinating and integrating evidence-based strategies, practices, policies, and programs that address shared risk and protective factors and strengthen collaborative partnerships.

Benchmarks:

- Implement and evaluate school-based substance abuse and/or violence prevention programs, parenting programs, prevention programs that emphasize positive and health peer relationship development, and programs for children and youth outside of the school setting.
- Develop and strengthen community-level partnerships that include youth and that provide information and education to improve the coordination of services that prevent violence and create safe, healthy schools and communities.

Objective 3.8: Further develop agency partnership and collaboration to ensure coordinated and comprehensive transition planning for youth with special needs as they move from children's services to adult systems of care.

Benchmarks:

- Develop a chart of state agencies identifying the services that each provides to support effective transition of youth to adult independence.
- Develop means to share transition resource information among partner agencies.
- Utilize strategies to increase youth involvement and family leadership in transition initiatives.

- Collaborate to provide state, regional and local cross training and professional development activities along with printed and web-based transition resource materials.
- Maintain and expand YouthNet, the web-based directory of transition resources.
- Ensure that transition issues relating to special health care needs are included and addressed as part of the Medical Home concept.



GOAL IV:

Assure that user-friendly data are available to local communities to assist in local planning and decision-making processes.

Objective 4.1: Facilitate long-range integrated and comprehensive planning, improve resource utilization, and improve assessment of the impact of services on social and health indicators.

Benchmarks:

- A Web-based system for storing and managing indicator and resource data, is maintained through a collaborative private-public effort and is available for use by the public.
- Data and indicators for early childhood, coordinated school health, and systems of care are integrated into the resource and indicator database, including school readiness indicators.
- Core services and indicators are identified across various disciplines and toolkits are developed to facilitate the use of the database for planning.
- A means for collecting and storing needs assessments submitted by prevention, intervention and treatment providers as part of RFP/RFA/grant application processes is instituted.

Objective 4.2: Utilize social and health indicator data to inform state and local planning and policy decisions, and develop state and local strategic plans for addressing priorities based on the assessment of the data.

Benchmarks:

- Data are compiled and analyzed by a State Epidemiological Workgroup to form a state profile that identifies related risk and protective factors.

- A state strategic framework plan is developed based on the priorities from the state profile.
- Specific indicators are identified to measure and track over time to guide the selection of culturally responsive programs and to focus state-level evaluation.
- Community indicator and resource subsets are organized in the resource and indicator database to be used in local needs assessment efforts.
- The Healthy Kids Colorado survey data and data analysis reports are made available to local program planners.
- Technical assistance regarding data analysis is available for local programs.

Objective 4.3: State data from the Web-based reporting and evaluation system is available for use in planning and decision-making.

Benchmarks:

- A protocol is developed for aggregating data from the Web-based reporting and evaluation system.
- State aggregate data findings on outcomes from the Web-based reporting and evaluation system are reviewed by the Prevention Leadership Council and published in a report.
- Aggregate data findings from the Web-based reporting and evaluation system are made available for local use in planning and decision-making.

GOAL V:

Develop and maintain mechanisms to ensure collaborative planning and decision-making among local service providers, community groups and state agencies.

Objective 5.1: Establish communication networks between the Prevention Leadership Council and local service providers.

Benchmarks:

- With input from local service providers, a system is established for the exchange of information between local providers networks and the Prevention Leadership Council.
- Information about the projects of the Prevention Leadership Council is communicated through networks of local providers, associations and other stakeholders.
- Information about local provider initiatives and learning needs is communicated to the Prevention Leadership Council for the purpose of informing the efforts of the Prevention Leadership Council.
- Electronic dialogue and Web-based training systems, such as CO-TRAIN or surveys and courses online, are utilized for learning, information sharing, and asking questions among the Prevention Leadership Council, local services providers, and other stakeholders.

Objective 5.2: Form collaborative relationships with public and private prevention, intervention and treatment partners and initiatives.

Benchmarks:

- A framework that guides collaboration with public and private prevention, intervention and treatment partners is adopted or adapted.

PREVENTION WORKS!

Juvenile Justice and Delinquency
Prevention Formula Grant Program,
Colorado Department of Public Safety,
Office of Juvenile Justice

- *Two percent reduction in recidivism rates for youth served.*
- *Two percent reduction in violations of court issued sanctions for youth served.*
- Either a Memorandum of Agreement or a Memorandum of Understanding is utilized as a means of clarifying expectations and relationships between the Prevention Leadership Council and partners from public and private sectors.
- Regular and consistent communication occurs between agencies represented on the Prevention Leadership Council and their providers regarding the interagency projects of the Prevention Leadership Council.
- Multiple, cross-discipline networks are enhanced or developed to complement effective planning and collaborative efforts regarding prevention, intervention and treatment services for children and youth.
- Representatives of the Prevention Leadership Council are participants in interagency collaborative efforts, including, but not limited to:
 - Colorado Prevention Partners;
 - Advisory Committee on Homeless Youth;
 - Colorado Connections for Healthy Schools (Coordinated School Health Initiative);

PREVENTION WORKS!

**Substance Abuse Block Grant,
Colorado Department of Human Services,
Alcohol and Drug Abuse Division**

- *Eighty-three percent (231) of youth did not use any substances 30 days prior to program admittance nor 30 days prior to program completion.*
- *Of those youth who reported using tobacco, alcohol and/or marijuana, there was a measurable decrease in past 30-day use of these substances from before to after participation in prevention services.*
- *Favorable attitudes of marijuana use decreased from before to after participation in prevention services.*

- Early Childhood State Systems Team (Smart Start Colorado);
- Colorado Strengthening Families Committee;
- Violence Prevention Advisory Group;
- Colorado Links for Mental Health;
- Colorado System of Care Collaborative;
- Collaborative Management State Steering Committee; and
- Teen Motor Vehicle Leadership Alliance.

Objective 5.3: Identify and implement priority strategies for addressing the needs of youth with mental health and co-occurring disorders at risk for involvement in the juvenile justice system.

Benchmarks:

- Assess local community readiness, including barriers and needs, for implementation of priority strategies of *Colorado's Juvenile Justice State Plan for Youth with Mental Health issues and Co-Occurring Disorders*.
- Assess state policy and financing context to determine areas for short, medium and long-term change to the juvenile justice system.
- Complete an action planning process to implement *Colorado's Juvenile Justice State Plan for Youth with Mental Health issues and Co-Occurring Disorders*.

Objective 5.4: Expand and strengthen diverse partnerships among state agencies and key stakeholders groups by weaving together existing efforts to create a more coordinated continuum of mental health services for children, youth, and families.

Benchmarks:

- Create alignment among the 31+ state-level interagency groups that address children and youth mental health issues to improve integration of efforts, family and youth involvement, and funding and financing.
- Assist state and local communities in developing cross systems integration, coordination, and continuum of care.
- Prioritize family and youth involvement in various aspects of mental health planning, service delivery, supportive services, and advocacy.
- Address budget, funding, and financing of children and youth mental health program and services.

-
- Update quarterly the Colorado LINKS for Mental Health Guidebook to Interagency Planning Efforts addressing Kids' Mental Health.

GOAL VI:

Promote prevention, intervention and treatment services for children and youth by reporting program outcomes and accomplishments to key decision-making groups.

Objective 6.1: Report effective service outcomes to decision makers.

Benchmarks:

- Analysis of the statewide evaluation outcome data is conducted and data findings are utilized to document and to report on service priorities and needs, as well as to demonstrate effectiveness of services and to identify areas for improvement in the state prevention, intervention and treatment systems.
- Outcome findings on prevention, intervention and treatment services for children and youth are made available in various formats for use by state and local decision makers.

GOAL VII:

Review and Update the State Plan for Prevention, Intervention and Treatment Services for Children and Youth

Objective 7.1: Monitor the progress toward achieving the benchmarks of the State Plan.

Benchmarks:

- Progress toward achieving the goals and objectives of the State Plan is documented and reviewed annually and revised biennially, as

necessary, in conjunction with collaborative partners and with input from local communities.

- Process and outcome evaluation findings are utilized in determining revised priorities of the goals, objectives, and benchmarks of the State Plan.
- At least two public forums are convened in the state biennially to solicit community input on revising and updating the State Plan.
- The State Plan is revised in accordance with statutory requirements, current needs, lessons learned, and stakeholder input.
- Approval of the revised State Plan is obtained, as mandated by statute, and the plan is disseminated as provided by the rule of the Colorado Board of Health.



APPENDIX A

UNIFORM MINIMUM STANDARDS FOR PREVENTION INTERVENTION AND TREATMENT PROGRAMS FOR CHILDREN AND YOUTH

One of the requirements in C.R.S. § 25-20.5 is the development and adoption of Uniform Minimum Standards for all state and federally funded prevention, intervention and treatment programs for children and youth, which include 41 state-level and more than 1,500 local programs currently operated/funded by the state departments of Education, Human Services, Public Health and Environment, Public Safety and Transportation.

The intent of this requirement is to create more uniform language and common expectations across state and local prevention/intervention programs and to promote the provision of high-quality prevention, intervention and treatment services throughout the state. The following standards are specified in the legislation:

- that programs provide research-based services that have been implemented in one or more communities with demonstrated success or that otherwise demonstrate a reasonable potential for success;
- that programs provide outcome-based services, specifying the outcomes to be achieved; and
- that programs work collaboratively with other public and private programs in the community.

The Colorado Board of Health was given the authority to create/adopt additional standards, as needed, to enhance the quality of prevention, intervention and treatment services throughout the state.

Although the creation of and application of Uniform Minimum Standards are required, the statute, in fact, provides an opportunity for state agencies and local service providers to develop consensus regarding standards for prevention, intervention and treatment programs for these purposes:

- to assess strengths and areas for growth;
- to identify and disseminate information on programs that meet and exceed standards;
- to provide guidance/direction for new or developing programs; and
- to chart a course for sustaining and enhancing the quality of prevention and intervention programs and services throughout Colorado.

The Colorado Prevention Leadership Council, which is comprised of representatives from five state agencies, two institutions of higher education, and statewide resource organizations, convened a Uniform Minimum Standards Task Force to develop recommended standards. The task force reviewed criteria/standards used by existing prevention and intervention programs in Colorado, and it identified eight areas considered critical to the development and implementation of quality programs, including: clear problem statement, focus on contributing factors, identified services and service population, intended outcomes, evidence-based services, evaluation, agency capacity and collaboration. Proposed Uniform, Minimum Standards were written in each of these eight areas. The task force sent the proposed standards to more than 200 local prevention and intervention programs for review and input. Comments from local program staff strongly supported the creation of the standards and provided good suggestions for refinement of the standards.

The Colorado Board of Health reviewed and adopted the proposed Uniform Minimum Standards in March 2004. A one-page version of the standards is found on the following page.

Special thanks also goes to the 75 local prevention and intervention service providers who reviewed and critiqued the proposed standards and provided comments and suggestions that significantly enhanced the final product. Additional thanks also goes to

Mary Davis, former director of the Interagency Prevention Systems Project within the Colorado Department of Public Health and Environment, for her leadership in guiding the development of the Uniform Minimum Standards.

It is hoped that the spirit of collaboration that characterized the development of the Uniform Minimum Standards will continue as the standards are disseminated and incorporated into prevention, intervention and treatment practices throughout the State of Colorado.

Uniform Minimum Standards for Prevention, Intervention, and Treatment Programs for Children and Youth

Adopted by the Colorado State Board of Health 3/17/04

Developed by the Colorado Prevention Leadership Council



Minimum Standard #1: Clear Statement of Problem/Issue(s) to be Addressed. The program/project identifies the specific problem/issue(s) to be addressed, and it describes a population or geographic area where the problem/issue exists. Estimates of the extent and nature of the problem in the population or geographic area to be served are based on relevant existing local, regional, state or national data (e.g. data from health, human services, education, law enforcement agencies, relevant studies or program data).

Minimum Standard #2: Focus on Contributing Factors. The program/project specifies risk factors known to contribute to the problem and/or protective factors known to prevent or reduce the problem/issue(s) identified, and focuses its resources on changing these risk and/or protective factors. If specific risk and protective factors related to the problem have not been identified in the literature, the program/project provides a clear rationale for the program focus, based on relevant prevention/intervention or child/youth development principles, theories or frameworks.

Minimum Standard #3: Intended Outcomes Specified. The program/project specifies one or more measurable outcomes it intends to achieve as a result of the prevention and intervention program/services to be provided. These intended outcomes are related to changing factors contributing to the problem, or factors contributing to the prevention or reduction of the problem. The intended outcomes specify the changes in knowledge, attitudes/beliefs, skills, behaviors, obstacles/enabling factors in the physical or social environment and/or changes in the physical or emotional health status, educational achievement or well-being of the individual, group or community being served.

Minimum Standard #4: Evidence-Based Programs/ Services. The program/project provides prevention or intervention services that have been previously implemented in one or more communities with demonstrated success in achieving the intended results, or that otherwise demonstrate a reasonable potential for success based on research, sound prevention/intervention principles or relevant theory.

Minimum Standard #5: Services and Target Population Specified. The program/project specifies the amount and type of services to be provided, and the proposed number of individuals, groups or the target population that will receive or benefit from the various program activities/services.

Minimum Standard #6: Evaluation. (a) The program/project systematically documents and is able to provide data regarding services provided, activities carried out and the number of individuals, groups and/or target population(s) receiving the services or benefiting from program activities; and (b) the program/project systematically documents changes occurring as a result of the program services and activities provided, and is able to provide evidence of progress in meeting one or more of its intended outcomes.

Minimum Standard #7: Agency Capacity. (a) Staff carrying out the program/project are trained in the specific program, services or model that they will be implementing, or they have at least two years prior experience in the successful implementation of similar prevention or intervention programs, practices and/or policies; and (b) The agency maintains records of revenues and expenditures by funding source, and can produce verification of expenses upon request. An independent review of the fiscal records/practices is conducted periodically, but no less frequently than annually.

Minimum Standard #8: Collaboration. The program/project regularly exchanges information with other public, private and nonprofit prevention, intervention programs at the state, regional or local level (e.g. faith-based organizations, health, law enforcement, human service agencies, or other units of government) for the purposes of resource sharing, coordination of efforts, case management and to avoid duplication of services.

APPENDIX B

OUTCOMES AND INDICATORS

Revised January 16, 2000

Updated June 2005

Section I: Updated 2000 Indicators and Measures

This section of Appendix B presents desired outcomes for all Colorado children and youth and indicators related to these outcomes, which were identified in the year 2000.

The desired outcomes for children and youth in Colorado are:

- All infants and children thrive.
- All children are ready for school.
- All children and youth succeed in school.
- All youth choose healthy behaviors.
- All youth avoid trouble/illegal behavior.
- All children live in caring and supportive families.
- All children and youth live in safe and supporting communities.

These outcomes represent the ideal. In and of themselves, the outcomes are too broad to be measured. Therefore, performance indicators have been identified to help quantify the desired outcomes. The performance indicators are defined as measures for which state-specific data and, in many cases, county-specific data are available. Each indicator is categorized under a single outcome, although in some cases the indicator may apply to more than one outcome.

Work will be conducted through the Colorado Prevention Leadership Council, as part of the efforts to accomplish the State Plan, to link the indicators to specific prevention, intervention and treatment services. In particular, the linkage of indicators will become part of needs assessment efforts, program planning efforts, implementation of services related

to specific outcomes, and evaluation of services to quantify outcomes.

It is recognized that some of the desired outcomes are lacking in statewide data sets that would enable the development of related performance indicators. Also, there are state and national efforts to measure “promotional indicators,” or those that focus on strengths or assets of children and families rather than on deficits. These include instruments that measure strengths that are labeled “protective factors,” “developmental assets” or “resiliency.” The research shows a strong inverse correlation between higher levels of “protective factors” and “developmental assets” and lower levels of risk behaviors. While tools have been developed and are being used to monitor these “promotional indicators,” frequently the data sets do not represent statewide measures and may be more difficult to obtain reliable data than some of the more tangible deficits, such as mortality rates. This does not negate the importance of programs and communities focusing on strategies that seek to build these positive indicators.

It is not intended that local programs will be held accountable for changing state-specific, or even county-specific, performance measures. Instead, programs funded with state prevention, intervention and treatment dollars will be asked to link their planned program goals and outcomes with one or more of the performance measures, identifying the theoretical link between the program goals and outcomes and the performance measures. It is understood that it will be the aggregate effort of a number of programs that will have the desired effect on the performance indicators.

There is an attempt here not to prioritize performance measures (in fact, some high-priority areas have no measures because of a lack of data sources), but to be as inclusive as possible so that a wide array of prevention programs can identify how they fit within this broad framework. It should also be noted that

some programs, such as the Women, Infants and Children (WIC) nutrition program and the Child and Adult Care Food Program, which fall within the framework of the Division of Prevention and Intervention Services for Children and Youth, are federally funded programs designed to reach target populations with well-researched methodologies. Therefore, their performance measures are likely to include numbers reached with the service, instead of the impact on the population, which has already been demonstrated through prior research.

The tables on the following pages use the following acronyms:

AAP—American Academy of Pediatricians

CDE—Colorado Department of Education

CSAP—Colorado Student Assessment Program

CDPHE—Colorado Department of Public Health and Environment

- **CACFP**—Child and Adult Care Food Program
- **CASH**—Child, Adolescent and School Health Section
- **CSHCN**—Children with Special Health Care Needs
- **CCTF**—Colorado Children’s Trust Fund
- **DCEED**—Disease Control and Environmental Epidemiology Division Health Statistics
- **HCP**—Health Care Program for Children with Special Needs
- **HPDP**—Health Promotion, Disease Prevention Division
- **IRIS**—Integrated Registration Information System
- **PISCY**—Division of Prevention and Intervention Services for Children and Youth
- **PRAMS**—Prenatal Risk and Assessment Monitoring System

- **SLAITS**—State and Local Area Integrated Telephone Survey
- **V.S.**—Vital Statistics
- **WIC**—Women, Infants and Children nutrition program
- **YRBS**—Youth Risk Behavior Survey (2004 and prior years)
- **YTS**—Youth Tobacco Survey

CHIP—Center for Human Investment Policy, University of Colorado at Denver

- **DIAL**—Developmental Indicators for the Assessment of Learning
- **ECERS**—Early Childhood Environment Rating Scale
- **FDCRS**—Family Day Care Rating Scale

CHA—Child Health Advocates

- **CHP+**—Child Health Program Plus

DHS—Department of Human Services

- **DYC**—Division of Youth Corrections
- **MH**—Mental Health
- **TANF**—Temporary Assistance for Needy Families

HCPF—Health Care Policy and Financing

- **MA**—Medicaid

OMNI—OMNI Research and Training

- **CYS**—Colorado Youth Survey

YRBS—Youth Risk Behavior Survey (2005)

SBHC—School Based Health Centers

UCDHSC—University of Colorado at Denver Health Sciences Center

A. ALL INFANTS AND CHILDREN THRIVE

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. Childhood morbidity					
a. Newborn screening for genetic factors	% of newborns screened	CDPHE	Genetics	Yes	Yes
b. Newborns screened for hearing impairment	% of newborns screened	CDPHE	HCP	Yes	Yes
c. Percent of low and very low birth weight live births	% of births defined as low and very low birth weight	CDPHE	Health Statistics	Yes	Yes
d. Early prenatal care	% of births to women receiving first trimester care	CDPHE	Health Statistics	Yes	Yes
2. Leading causes of death by age category: 0-1, 2-5, 6-9, 10-14, 15-19	Death rates/100,000 population (also available by gender and ethnicity)	CDPHE (Health Statistics)	Health Statistics	Yes	Yes
a. Infant mortality rate					
b. SIDS					
c. Unintentional injury					
d. Motor vehicle injury					
e. Suicide					
f. Homicide					
g. Child Abuse					
3. Breast fed babies	% of mothers who breastfed their babies at hospital discharge	CDPHE (PRAMS, WIC)	Health Statistics, WIC	Yes	Regional + large counties
4. Health Insurance—for kids, including children with special health care needs (CSHCN)	% of children without health insurance and # kids enrolled in Medicaid and CHP+ compared with numbers eligible, # children enrolled in HCP full-service benefits	HCPF and CHA (CHP+) AAP CDPHE (HCP for CSHCN)	HCPF for Medicaid, CHA for CHP+, AAP annual estimates	Yes Yes	Yes No
5. Obesity/Overweight	% of WIC clients above the 95th percentile ht/wt % of obese 9-12 graders using BMI (from YRBS)	CDPHE (WIC, YRBS)	WIC, Health Statistics, OMNI	Yes	Yes, WIC
6. Asthma	#/% school-age children with asthma, other per grant	CDPHE (School Nurse data tool, asthma grant)	CASH, Asthma grant	Planned	No
7. Immunization rates	% 19-35 months old with completed immunizations % children entering school fully immunized	CDPHE (Immunization Program, NIS)	Immunization Program	Yes	No
8. Nonfatal injuries by age and cause (for injuries resulting in inpatient hospitalization)	# children and youth hospitalized for unintentional injury by cause of injury	CDPHE (Injury Control)	Injury Prevention, Health Statistics	Yes	Regions
9. Access to dental services	% of Medicaid-enrolled children with dental exam in past year	HCPF	Oral Health Program Health Statistics	Limited	Dentists accepting Medicaid

A. ALL INFANTS AND CHILDREN THRIVE (cont.)

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
10. Dental sealants	% of third-grade children who have at least one sealant on a permanent molar	CDPHE (Special surveys)	Oral Health Program	Limited	No
11. Access to specialty medical care for CSHCN	# children who receive HCP clinic services	CDPHE (HCP)	Paula Hudson, Bruce Straw, Health Statistics	Yes	Yes
12. Access to mental health services	% Medicaid children/youth accessing MH services	DHS and Mental Health Association	Mental Health (DHS)	Yes	Yes
13. Access to school-based health center	% school-age children with access to SBHC	CDPHE	CASH, Bruce Guernsey	Yes	Yes
14. Do not feel sad and hopeless	% 9-12 graders reporting feeling sad and hopeless	CDPHE (YRBS)	Health Statistics OMNI	Yes	
15. Have not seriously considered suicide	% 9-12 graders reporting seriously considering suicide	CDPHE (YRBS)	Health Statistics OMNI	Yes	
16. Have not attempted suicide	% 9-12 graders reporting seriously considering suicide	CDPHE (YRBS)	Health Statistics	Yes	No
17. STD rates	Gonorrhea, syphilis, chlamydia rates/100,000 10-14 and 15-19 year olds	CDPHE (Epidemiology)	DCEED, Ken Gershman	Yes	Yes
18. HIV infection	HIV and AIDS rates/100,000 15-19 year olds and 20-24 year olds	CDPHE (Epidemiology)	DCEED, Ken Gershman	Yes	Yes

B. ALL CHILDREN ARE READY FOR SCHOOL

(Note: See Appendix B, Section II for updated Colorado School Readiness Indicator)

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. Child has a medical home	% with medical home, including CSHCN	CDPHE (SLAITS special survey for CSHCN only)	CDPHE, HCP, Shirley Babler	Yes, beginning 2002	No
2. Percentage of children fully immunized per state law	% of students in compliance with school and child care entry immunization laws	CDPHE (State Immunization Program)	Immunization Program	Yes	School district
3. School readiness: Age-appropriate language skills, attachment to caregivers, competent parents, motor development, social competence and emotional well being	Various instruments (e.g. DIAL, ECERS, FDCRS), outcomes of children with hearing loss at age 3 years	Various agencies (Consolidated child care pilots, "Ready to Succeed," CU Boulder for hearing loss)	CHIP, Donna Garnett	No	No, programmatic only
			Arlene Stredler Brown	Yes	No

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B. ALL CHILDREN ARE READY FOR SCHOOL (cont.)

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
4. Child care setting has access to health and safety consultation	% of licensed child care facilities with access to health and safety consultation	CDPHE (Periodic Survey, CO Assessment of Need for Nursing Consultation for Child Care Centers 1999)	CASH, CDPHE	Yes	No
5. Child care setting participates in CACFP to improve child nutrition	# children in CACFP centers	CDPHE (CACFP)	CACFP	Yes	Yes
6. Preschool-aged children experiencing homelessness enroll in and attend preschool programs.”	# of preschool-aged children identified as homeless by school districts enrolled in and attending a state or district public preschool (if preschool is available in the district), # of homeless preschool-aged children identified through IDEA, Part C.	CDE, CDHS— Division for Developmental Disabilities—Part C of IDEA	Dana Scott	Yes	By school district/ community

C. ALL CHILDREN AND YOUTH SUCCEED IN SCHOOL

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. Graduation Rates	% of students graduating from high school. based on the # of graduates divided by the end of year student population	CDE	Dave Smith	Yes	School district
2. CSAP or IOWA	% students reading at grade level	CDE	Note: These need further review	Yes	School/ school district
3. Expulsion	Estimated rate of expulsions from school/1,000 juveniles (ages 10-17)	CDE	Dave Smith	Yes	Yes
4. Suspension	Estimated rate of suspensions from school/1,000 juveniles (ages 10-17).	CDE	Dave Smith	Yes	Yes
5. Drop-out percentage	% of students (grades 9-12) who drop out of school in a single year without completing school	CDE	Dave Smith	Yes	Yes
6. Involved in at least one non-academic school activity	% of students reporting involvement in at least one non-academic school activity	OMNI (CYS)	Jim Adams-Berger		Selected schools
7. All children and youth in homeless situations are identified and provided immediate access to public education.	# of homeless students identified and enrolled in school districts, % of students in the school district that are homeless, # of school district collaborations conducted to identify students in shelters and other settings.	CDE	Dana Scott	Yes	By school district/ community

D. ALL YOUTH CHOOSE HEALTHY BEHAVIORS

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. No binge drinking	% of students reporting 5 or more drinks in a row in previous 30 days	CDPHE (YRBS) OMNI (CYS)	Health Statistics Jim Adams-Berger	Yes	No
2. No alcohol use in past 30 days	% of students reporting no use in past 30 days	CDPHE (YRBS) OMNI (CYS) Assets for CO Youth (Search Survey)	Barbara Ritche or Health Statistics, Jim Adams-Berger,	Yes, Yes, No	Some by school/ community
3. No regular tobacco use in past 30 days	% of students reporting no use in past 30 days	CDPHE (YRBS, YTS) OMNI (CYS)	Health Statistics and Karen Deleeuw, Jim Adams-Berger	Yes, yes, yes (11/00)	Some by school/ community
4. No tobacco use in past 30 days	% of students reporting no use in past 30 days	CDPHE (YRBS, YTS) OMNI (CYS)	Health Statistics and Karen Deleeuw, Jim Adams-Berger	Yes, yes, yes (11/00)	Some by school/ community
5. No illegal drug use	% of students reporting no use in past 30 days	CDPHE (YRBS) OMNI (CYS)	Health Statistics, Jim Adams-Berger	Yes, yes	Some by school/ community
6. Use seatbelts	% 9-12 grade students reporting seatbelt use	CDPHE (YRBS)	Health Statistics	Yes	Selected schools
7. Don't drink and drive	% 9-12 graders who report not drinking and driving	CDPHE (YRBS) OMNI (CYS)	Jim Adams-Berger	Yes	Selected schools
8. Don't ride with drivers who have been drinking	% 9-12 graders who report not riding with drivers who have been drinking	CDPHE (YRBS) OMNI (CYS)	Health Statistics	Yes	Selected schools
9. Exercise regularly	% 9-12 graders who report participation in activities that made them sweat and breathe hard for 20 or more mins. at least 3 of the previous 7 days	CDPHE (YRBS)	Health Statistics	Yes	No
10. Eat healthy diet	% students reporting eating 5 or more servings/day of fruits and vegetables	CDPHE (YRBS)	Health Statistics	Yes	No
11. Use bike helmets	% of students who had ridden a bike during previous 12 months or wore bike helmet always or almost always	CDPHE (YRBS)	Health Statistics	Yes	No
12. If ride motorcycles, wear helmets	% of students who had ridden motorcycle during previous 12 months who always or almost always wore helmet	CDPHE (YRBS)	Health Statistics	Yes	No

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D. ALL YOUTH CHOOSE HEALTHY BEHAVIORS (cont.)

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
13. Abstain from sexual activity	% of students reporting never having had sexual intercourse; % who had been abstinent for 3 months prior to survey	CDPHE (YRBS)	Health Statistics	Yes	No
14. Teen fertility	Births/1000 13-14 and 15-17 year old females (available by ethnicity)	CDPHE (Health Statistics)	Health Statistics	Yes	Yes
15. If sexually active, use condoms and effective contraception	% sexually active students using OCPs, Depo, and/or condom at last I.C.	CDPHE (YRBS)	Health Statistics	Yes	No
16. Avoid anorexic/bulimic behaviors	% students who report vomiting or taking laxatives to lose weight or keep from gaining weight in previous 30 days	CDPHE (YRBS)		Yes	No
17. Protective factors and developmental assets	Research has linked protective factors and developmental assets with decreased risks	OMNI (CYS) Assets for CO Youth (Search Institute Survey)	Jim Adams-Berger, Search Institute	Yes	Some school- or community-specific data

E. ALL YOUTH AVOID TROUBLE/ILLEGAL BEHAVIOR

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. Age of first adjudication	# of youth by age of first adjudication	DHS (DYC)	Ed Wensuc	Yes	Yes
2. Juvenile alcohol-related arrests	Juvenile arrest rate for alcohol violations per 100,000 juveniles 10-17	OMNI	Jim Adams-Berger	Yes	Yes
3. Juvenile non-violent arrest rate	Juvenile delinquency, property crimes	DHS (DYC)	Ed Wensuc	Yes	Yes
4. Juvenile violent arrest rate	Rate /100,000 for 10-17 year olds	OMNI	Jim Adams-Berger	Yes	Yes
5. Avoid weapon carrying (in last 30 days)	% 9-12 graders reporting carrying weapon	CDPHE (YRBS)	Health Statistics	Yes	No
6. Juvenile drug-related arrest rate	Rate /100,000 for 10-17 year olds	OMNI	Jim Adams-Berger	Yes	Yes
7. Avoid physical fighting	% 9-12 graders not in 1 or more physical fights in previous 12 months	CDPHE (YRBS)	Health Statistics	Yes	Selected schools
8. Juvenile DUI arrests	Juvenile arrest rate for "driving under the influence" /1,000 10-17 year olds	OMNI	Jim Adams-Berger	Yes	Yes

F. ALL CHILDREN LIVE IN CARING AND SUPPORTIVE FAMILIES

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. Live births	Proportion of live births that are intended	Health Statistics	Chris Wells	Yes	Yes for larger counties and regions—% of intended births
2. Family violence arrest rates		OMNI	Jim Adams-Berger	Yes	Yes
3. Confirmed incidence of abuse	Confirmed cases of child abuse (/1000)	DHS (Child Abuse Registry)	Human Services (Charles Perez)	Yes	Yes
4. Confirmed incidence of neglect	Confirmed cases of neglect	DHS (Child Abuse Registry)	Human Services (Charles Perez)	Yes	Yes
5. Increasing parent/child attachment and bonding	CTF Program tool(s); % of parents of CSHCN who have participated in program and policy activities	CDPHE (CCTF)	Scott Bates	No	Program—CCTF
		CDPHE (HCP/IRIS)	HCP parent position	Yes	No
6. Increasing parenting skills and knowledge	Program tool(s)	CDPHE (CCTF)	Scott Bates	No	Program—CCTF
7. Increasing parent knowledge/understanding of appropriate child development	Program tool(s)	CDPHE (CCTF)	Scott Bates	No	Program—CCTF
8. Increasing knowledge and skills in accessing community resources	CTF Program tool(s); # families receiving HCP care coordination	CDPHE (CCTF)	Scott Bates	No	Program—CCTF
		CDPHE (HCP/IRIS)	Bruce Straw	Yes	Yes
9. Increasing positive child health maintenance behaviors	Program tool(s)	CDPHE (CCTF)	Scott Bates	No	Program—CCTF
10. Increasing knowledge and skills regarding child safety and injury prevention	Program tool(s)	CDPHE (CCTF)	Scott Bates	No	Program—CCTF



G. ALL CHILDREN AND YOUTH LIVE IN SAFE AND SUPPORTING COMMUNITIES

INDICATOR	MEASUREMENT	DATA SOURCE	DATA CONTACT	STATE	COUNTY
1. Number of first-time, high-risk moms participating in nurse home visitation program	% of all first-time (high-risk) teen moms participating in nurse home visitation program	CDPHE/UCHSC	Jan Reimer/ Peggy Hill	Yes	Yes, as reported by program
2. Number of times families move in a year	# of new residents moved into an area minus # of residents moved out of an area/1,000 population	State demographer/OMNI	Jim Adams-Berger	Yes	Yes
3. Number of idle youth (youth in a community who are neither employed nor in school)	% of 16-19 year olds not in school and not employed	U.S. Census, 2000 only	CDPHE, Sue Ricketts	Yes	Yes
4. Free and reduced lunch	% of students in public schools with approved applications for free and reduced lunch	CDE/OMNI	Jim Adams-Berger	Yes	Yes
5. Number times student has changed schools since Kindergarten	Student report	OMNI (CYS)	Jim Adams-Berger	Yes	Selected communities
6. Children in poverty	% of children in poverty	U.S. Census Bureau	Sue Ricketts	Yes	Yes
7. TANF	Rate per 1,000 population	CO Office of Self Sufficiency/OMNI	Jim Adams-Berger	Yes	Yes
8. Alcohol sales outlets	# alcohol sales outlets/1,000 population	CDOT/OMNI	Jim Adams-Berger	Yes	Yes
9. Employment rate	% of labor force not employed	Labor and Employment/OMNI	Jim Adams-Berger	Yes	Yes



APPENDIX B

OUTCOMES AND INDICATORS (cont.)

Section II: Colorado School Readiness Indicators

Background

Colorado's School Readiness Indicators Project focuses on young children birth through 8 years old. The intent of the project is to create a set of indicators to measure the readiness of the children themselves, their families, and the communities in which they live and the schools they will attend. The Colorado School Readiness Indicators Task Force worked with the other 16 states for more than two years to select, define and measure the 62 indicators outlined below. Although many common indicators were selected across the 17 states, each state developed indicators specific to their geography and needs.

The full report on Colorado's School Readiness Indicators (November 2004) can be accessed online at www.schoolreadinesscolorado.org, or copies can be requested by calling the Colorado Department of Public Health and Environment at 303-692-2940.

Colorado's indicators are based on the best and most current research from experts in the fields of education, health, mental health, child development, evaluation, community planning, and child advocacy. The 62 indicators are a combination of both outcome measures, such as math and reading proficiency, and predictors of school readiness, such as health status and family stability. The "ready child" indicators focus on the physical, social, emotional, language and cognitive development of children, while the remaining indicators relate to the ability of families, schools, and communities to support children's readiness for school. Taken together, they are all essential ingredients impacting children's success in school.

Although the national and state project has completed this initial work, the indicators will continue to be a work in progress with data updated annually by the Health Statistics Section of the Colorado Department of Public Health and Environment.

Purpose and Scope

The school readiness indicator data set was created to:

- describe child, family, school, and community conditions
- inform state and local community planning and policy making
- measure progress in improving child outcomes
- monitor impact of investments and policy choices

The Colorado School Readiness Indicators describe readiness in four essential domains:

- ready child,
- ready family,
- ready school, and
- ready community

What follows is a listing of the 62 indicators that have been chosen for the Colorado School Readiness Indicators Data Set. Some of the indicators are outcome measures, with clear short and long-term ramifications to school readiness, while others are predictors of these outcomes, with a theoretical basis of the impact on children's ability to succeed in school. Some of the indicators are labeled as developmental measures, meaning that while the indicator is important to school readiness, no ongoing, statewide data source has yet been identified or developed.

The full report describes the impact of each domain on school readiness and the indicators that reflect Colorado's ability to prepare children for success in school. The full report also presents Colorado and national data, as well as supporting research, for each measure, when available.

COLORADO SCHOOL READINESS INDICATORS

Ready Child

Physical Well Being and Motor Development

- 1 Percent of low birth weight births
- 2 Percent of children with up-to-date immunizations by 2 years of age
- 3 Percent of overweight or obese children

Developmental Physical Well Being and Motor Development Indicators

- 4 Percent of children with health insurance
- 5 Percent of children who have health care needs that were not met
- 6 Percent of children who have oral health needs that were not met
- 7 Percent of 3rd graders with untreated tooth decay
- 8 Percent of children achieving developmental milestones

Social Emotional

- 9 Child abuse and neglect rate

Developmental Social Emotional Indicators

- 10 Percent of children with social/emotional difficulties
- 11 Percent of children with ability to have secure attachment
- 12 Percent of children able to participate in group
- 13 Percent of preschool-third grade children who are disruptive in class/overly aggressive
- 14 Percent of children who act isolated and withdrawn
- 15 Percent of children who have the ability to self-regulate

- 16 Percent of children who demonstrate prosocial behavior

- 17 Number of children expelled or suspended from child care

Language and Cognitive Development

- 18 Proficiency in third grade reading test

- 19 Achievement gap in third grade reading test

- 20 Percent of English language learners in elementary schools

- 21 Percent of infants with newborn hearing screening

- 22 Proficiency in fifth grade math test

Developmental Language and Cognitive Development Indicators

- 23 Percent of infants and children read to on regular basis

- 24 Percent of K-3 students absent more than 10 days in a school year

Ready Family

- 25 Percent of children living in poverty

- 26 Percent of children in low-income families (below 200% of the federal poverty level)

- 27 Percent of infants born to a high-risk mother

- 28 Out-of-home placement mobility rate

- 29 Number of homeless students

Developmental Ready Family Indicators

- 30 Percent of families with children who are achieving economic self-sufficiency

- 31 Percent of families with children experiencing hunger/food insecurity

- 32 Percent of parents with poor mental health

- 33 School change rate

Ready School

- 34 Average elementary school class size
- 35 Full-day kindergarten availability rate
- 36 Number of elementary schools with a school-based health center
- 37 Percent of underperforming elementary schools
- 38 Percent of schools with identified construction needs exceeding local resources

Developmental Ready School Indicators

- 39 Percent of children entering kindergarten with individual transition plan
- 40 Percent of K-3 teachers with early childhood credential
- 41 Parent involvement rate
- 42 Percent of K-3 classrooms with appropriate class size
- 43 Percent of elementary schools offering family and community services

Ready Community

Early Care and Education

- 44 Number of credentialed early care and education educators
- 45 Capacity of licensed child care programs
- 46 Child care subsidy enrollment rate

Developmental Early Care and Education Indicators

- 47 Percent of high-quality child care programs
- 48 Capacity rate of publicly funded preschool programs

Health Care

- 49 Percent of Colorado counties identified as having a shortage of primary health care providers
- 50 Percent of primary care physicians willing to accept Medicaid and/or CHP+

Developmental Health Care Indicators

- 51 Percent of Colorado counties identified as having a shortage of oral health providers
- 52 Percentage of Colorado counties identified as having a shortage of mental health providers

Quality of Life

- 53 Rate of unemployment among people with children
- 54 Housing affordability for low-income families
- 55 High school drop out rate
- 56 High school graduation rate
- 57 Juvenile violent crime arrest rate
- 58 Violent crime rate

Developmental Quality of Life Indicators

- 59 Percent of children who have been exposed to violence
- 60 Availability rate of public amenities and community resources
- 61 Availability and access to family literacy services
- 62 Number of families receiving structured family literacy services

cde

cdhs



Colorado Department
of Public Health
and Environment

cdps



Colorado Department of Education
Colorado Department of Human Services
Colorado Department of Law
Colorado Department of Public Health and Environment
Colorado Department of Public Safety
Colorado Department of Transportation

