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

State of Colorado
Fiscal Years
2010–2013

Revised January 2012

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State of Colorado
Fiscal Years 2010–2013

Colorado Department of Education

Colorado Department of Health Care Policy and Financing

Colorado Department of Human Services

Colorado Department of Law

Colorado Department of Public Health and Environment

Colorado Department of Public Safety

Colorado Department of Revenue

Colorado Department of Transportation

Colorado Department of Military and Veterans Affairs

Colorado Judicial Department

Revised January 2012

APPROVAL OF 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 *State Plan for Prevention, Intervention and Treatment Services for Children and Youth, 2010-2013*. The goals, objectives and benchmarks of the *State Plan* are aligned with the statutory requirements of Article 20.5 Sections 101-109 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 for children and youth. Input on the priorities of the *State Plan* was collected from public and private stakeholders.

In accordance with Colorado Revised Statutes §25-20.5.105(2), *the State Plan for Prevention, Intervention and Treatments Services for Children and Youth, 2010-2013* 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 12th day of the month of June 2012.

José A. Esquibel
Interagency Prevention Systems Program for Children and Youth
Prevention Services Division
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Approved:

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Chair
Tony Grampsas Youth
Services Board

Date: 6-13-12

Christopher E. Urbina
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Public Health and Environment

Date: 7/15/12

John Hickenlooper
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State of Colorado

Date: 7/25/12

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The State Plan for Prevention, Intervention and Treatment Services for Children and Youth was revised by members of the Colorado Prevention Leadership Council and members of the Colorado Prevention Partners (CPP) Project, including local CPP coordinators, with input and feedback from private and public stakeholders and state program managers. The *State Plan* was revised based on input from local stakeholders and members of the Colorado Prevention Leadership Council.

Special thanks are extended to Bill Fulton of Civic Canopy for facilitating the strategic planning process of the Colorado Prevention Partners Management Team, which resulted in a logic model and a proposed structure for implementing many strategies of the *State Plan*. Chele Clark, Project Manager of the Prevention Services Division/Interagency Prevention Systems Program in the Colorado Department of Public Health (CDPHE) was instrumental in setting up the public meetings across the state and compiling the input from stakeholders for use in writing the *State Plan*. Anne-Marie Braga, Director of the Adolescent Health Program in the Prevention Services Division (CDPHE), went the extra mile to ensure input from program managers of children and youth programs within CDPHE.

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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-(101-109), "Prevention, Intervention and Treatment Services for Children and Youth." The primary goal of this legislation is to improve the health and well being of Colorado's children and youth by coordinating programs within and across state departments to ensure that those programs are responsive to the needs of communities. It should also 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.

Article 20.5(109) of Title 25, Colorado Revised Statues excludes the following state-managed programs from the legislation:

(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.

However, representatives of the excluded state-managed programs are partners with the Colorado Prevention Leadership Council in an effort to further coordinate and collaborate on common priority areas.

The goals and objectives of this *State Plan* 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. *See Appendix A* for definitions of prevention, intervention and treatment.

The lead state body for this effort is the Colorado Prevention Leadership Council, a collaborative group consisting of representatives from ten state departments, two institutions of higher education and a regional technical assistance organization. The Colorado Prevention Leadership Council was created as a result of statutory mandate to promote coordinated planning, implementation, and evaluation of quality prevention, intervention, and treatment 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 related to the delivery of state and federally-funded prevention, intervention and treatment services for children and youth. Specifically, the Interagency Prevention Systems Program within the Prevention Services Division has the responsibility for the oversight of the implementation of statutory requirements of C.R.S. § 25-20.5 (101-109).

PREVENTION WORKS!

Colorado Preschool Program,
Colorado Department of Education

Colorado Preschool children are performing at grade level and improving their language skills to appropriate age-level development. Children who have English as a second language demonstrate significant school success, and there is also local evidence that these programs are closing the achievement gap between ethnic groups.

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 named in statute and by the Colorado Department of Revenue.

DEPARTMENT OF EDUCATION

Dropout Prevention and Student Engagement

- Education for Homeless Children and Youth
- Expelled and At-Risk Student Services

Early Childhood Initiatives

- Colorado Preschool Program
- Early Childhood Councils

Health and Wellness Unit

- Coordinated School Health
- Comprehensive School Health Education
- Improving Health, Education and Well-Being

Special Education

- Positive Behavioral Intervention Support

DEPARTMENT OF HUMAN SERVICES

Division of Behavioral Health

- Colorado Prevention Partnership for Success
- Early Childhood Mental Health
- Governor's Portion of Safe and Drug-Free Schools and Communities
- Law Enforcement Assistance Fund (LEAF)
- Persistent Drunk Driving Program
- Substance Abuse Prevention Block Grant

Division of Child Care

- School Readiness

Division of Child Welfare

- Collaborative Management for Multi-Agency Services
- Colorado Safe Places/Adolescent Services
- Promoting Safe and Stable Families

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 Physical Activity and Nutrition Program

Family Resource Centers

Maternal and Child Health Block Grant

- Health Care Program (Children with Special Needs)
- 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 Grampsas Youth Services Program

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, 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, 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, promotion of positive youth development and creation of an environment where children and youth can thrive.
- Reduce disparities and address social determinants of health leading to negative outcomes among groups most at risk.
- Assure that programs have research-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.
- Foster trust and optimism for collaborative problem-solving and success.
- 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!

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

87 percent of at-risk students served by this program experienced positive outcomes, which reflects school completion, continuation of education and student engagement.

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

The Colorado State Plan consists of four goals based on the requirements of C.R.S.§ 25-20.5(101-109):

Goal I:

Coordinate and streamline state-level processes. This goal focuses on objectives and strategies related to implementing streamlined and coordinated processes for distributing resources, and administering and evaluating programs.

Goal II:

Utilize a system of care approach to better meet the multiple and changing needs of children, youth and families. This goal focuses on instituting a non-categorical system of care approach for more efficient use of resources and more effective, integrated responses to addressing the needs of children, youth, and families.

Goal III:

Advance the sharing and utilization of data to improve the use of resources, service delivery, and the assessment of the impact of prevention, intervention and treatment services on health and social indicators. The focus of this goal is to provide use of data to improve planning, resource utilization, individual information sharing, and assessment of impacts on health and social indicators and outcomes.

Goal IV:

Ensure collaborative planning and decision-making between state agencies and local stakeholders. The focus of this goal is to ensure ongoing collaboration efforts across state agencies, between state and local community groups, and within communities.

NOTE: The goal to "Coordinate and integrate training and technical assistance resources in support of success of local communities," previously Goal III, was eliminated as part of the revision of the State Plan because of diminished resources, in particular loss of funds to staff the Interagency Prevention Systems Program. The intention of this goal was to improve coordination of state-funded trainings and technical assistance and improving the use of the Colorado Uniform Minimum Standards for prevention, intervention and treatment programs. The objectives and strategies of this goal are still applicable and worthy of attention, but without devoted staff time the work cannot be properly addressed. See *Appendix B* for the goal and strategies that were previously listed as Goal III.

LEGISLATIVE MANDATE

This *State Plan* is required by C.R.S.§ 25-20.5(101-109) and addresses coordination and streamlining of state processes related to state-managed prevention, intervention and treatment services for children and youth. The statute created the Prevention Services Division within the Colorado Department of Public Health and Environment.

The Prevention Services Division is statutorily responsible for providing leadership and oversight for the implementation of Part 1 of Article 20.5 of Title 25, Colorado Revised Statutes. 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, Colorado Department of Human Services, Colorado Department of Public Safety, and Colorado Department of Transportation. Voluntary state partners included the Colorado State Judicial Department, Colorado Department of Law, Colorado Department of Veterans Affairs, Colorado State University 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 Colorado Prevention Leadership Council. (See pages iii–iv for a list of members). The Colorado Prevention Leadership Council is the body charged with the development and implementation of the following, as described in Part 1 of Article 20.5 of Section 25, Colorado Revised Statues.

- **Memoranda of Understanding.** As required by C.R.S.§ 25-20.5-107, a revised memorandum of understanding was signed in 2008 with each state agency mandated in statute that provides prevention, intervention and treatment services. Collectively, these memoranda are 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 in 2001. The statute requires a review of the *State Plan* every two years. The current version of the *State Plan* contains goals, objectives and strategies for the period of 2010 through 2013.
- **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 is to create uniform language and common expectations across state and local prevention, intervention and treatment programs, and to ensure 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 Prevention Leadership Council developed the following Uniform Minimum Standards for prevention, intervention and treatment programs.

1. Clear Statement of Problem/Issue to be Addressed
2. Focus on Contributing Factors
3. Intended Outcomes Specified
4. Evidence-based Programs/Services
5. Services and Target Population Specified
6. Evaluation
7. Agency Capacity
8. Collaboration

The Board of Health officially approved these Uniform Minimum Standards in March 2004. For more details, *see Appendix C*.

- **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 Colorado Prevention Leadership Council is the state body that focuses on collaborative interagency efforts and coordinates with local and private partners. Several other state departments participate voluntarily, as noted above.

PREVENTION WORKS!

Oral Health,
Colorado Department of Public Health and Environment

- *45 percent of third graders statewide had sealants on at least one permanent molar based on the Basic Screen Survey in 2012.*
- *2,697 second grade children were screened and 1,840 received sealants in 11–12 school year.*
- *698 students who could not easily travel to dental offices received oral health services in FY 11–12.*

COLORADO'S CHILDREN AND YOUTH

Investing in Colorado's Children and Youth

In 2007 children and youth comprised of 25 percent of the population of the State of Colorado, representing 1,225,449 individuals under age 18. The greatest numbers of children and youth live in the more populated urban and suburban counties of the Front Range and Grand Junction areas. Eighty-four percent of Colorado's children live in the state's eleven largest counties of Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, and Weld.

Every child, youth and family has personal and individual strengths. For some, there are social, economic, biological and environmental factors that create challenges. State-funded programs for children, youth and families are intended to build on the strengths and to assist those who are faced with challenging factors. A State that invests in children and youth will thrive.

The importance of investing public funds, state and federal, into programs and services to improve the health, education, safety and well-being of children and youth and families, is grounded in ensuring that children and youth are ready to thrive as adults, ready to work and ready for lifelong learning as citizens who contribute to their communities and society.

State-managed programs for children, youth and families offer opportunities and experiences for mastering specific skills. In the responsibility of strengthening children, youth and families, state government is one partner along with county and municipal governments, foundations, businesses, non-profits service organizations, and advocacy groups.

Colorado Children and Youth in Poverty

There are a number of societal factors that impede the ability of children, youth and families to thrive. Poverty, especially persistent poverty, profoundly affects the physical, emotional, and cognitive health, of children and youth, as well as other life outcomes. Data from the Colorado Children's Campaign indicate that childhood poverty continues to increase in Colorado with higher rates of persistent poverty concentrated in the south-central and south-eastern regions as well as in Denver (*Kids Count in Colorado! Report*, 2008). Of particular concern is the number of children in extreme poverty (50 percent of the federal poverty level) that has more than doubled since 2000, increasing 137 percent.

Key findings for Colorado children and youth include:

- Thirty-two percent of all Black children live in poverty.
- Thirty percent of all Hispanic children live in poverty.
- Twenty-eight percent of all American Indian children live in poverty.
- Thirteen percent of all White or Asian children live in poverty.

Those students who are eligible for free or reduced price lunch perform significantly worse on the math, writing, and reading tests of the Colorado Student Assessment Program (CSAP) compared to their peers who live in families with higher incomes.

It is essential to understand which children and youth are poor in Colorado and where they live in order to identify more collaborative and integrated approaches to services as well as to efficiently allocate resources to areas of targeted need.

Diversity and Disparities in Colorado

Colorado's children are diverse in race, ethnic background, and language. In Colorado, 82 percent of children ages 5–17 speak only English, 14 percent of children speak Spanish, two percent speak other Indo-European languages, and one percent speak an Asian or other Pacific Island language at home (*Kids Count in Colorado!*, July 2009). The Colorado Department of Local Affairs estimates that by 2030 more than 31 percent of Colorado's total population will be classified as minority, an increase of 5 percent from 2005. *Kids Count in Colorado!* notes that changing demographics will impact policy decisions as childrens' needs change, including a population with a variety of family types, languages, incomes, health care needs, and educational abilities (*Kids Count in Colorado!*, July 2009).

The health, education, safety and well-being of children and youth are influenced by disparities. Data from many disciplines shine a spotlight on the fact that disparities exist among various children and youth populations in Colorado. This is seen in lower graduation rates for Blacks and Hispanics, over representation of minority youth in the juvenile justice system, and higher rates of children who are obese.

In regard to education, student achievement is unequal by race, ethnicity and income. The graduation rate of Colorado students in 2007 was 75 percent. The highest rates were among Asian (83.5%) and White students (82.1%), with lower rates among Black (65.4%) and Native American students (58.9%), and the lowest among Hispanics (57.1%), according to data from the Colorado Department of Education, Class of 2007 data report.

A few key strategies for improving cultural and linguistic appropriate programs and services include:

- Incorporate funding for professional interpretation and translation services into grant applications.
- Adopt Culturally and Linguistically Appropriate Standards and more visibly attend to compliance with Title VI of the Civil Rights Act, which requires agencies that receive financial assistance from the federal government to take the necessary steps to ensure that individuals with limited English proficiency can meaningfully access programs and services.
- Support education, training and development of a more culturally competent workforce through the allocation of time and resources.
- Improve workforce diversity and leadership development.

Systems Approach and Partnerships

Colorado Revised Statute § 25-20.5(101-109) mandates the coordination of state-managed prevention, intervention and treatment services for children and youth. The intent of this statute is for local and state programs to work together as partners to overcome barriers, including the categorical requirements of various funding sources, in order to design and implement approaches that provide a more comprehensive response to the needs of Colorado children and youth.

As social issues continue to increase in complexity, government approaches still tend to respond to them in a disconnected manner by compartmentalizing the issues. This compartmentalization perpetuates categorical funding, program and policy responses to the needs of children, youth and families. It also results in undue burden and duplication of efforts, particularly at the service organization level.

No single service program or single entity—whether public, private, or nonprofit—can address the complex health, education, behavioral health, and safety issues of children, youth and families in Colorado. Consequently, cross-system collaborations at the state and local level have been increasingly

recognized as critically important for access to a full continuum of appropriate and timely services resulting in improved outcomes. Furthermore, the emphasis on discipline-specific, siloed approaches in addressing complex social issues is giving way to the "network approach," which requires agencies to partner in order to achieve common goals and outcomes through:

- systems management of networks of partners
- systems management for shared outcomes and population-based indicators
- systems management of funds in partnership
- systems management for quality.

Fostering effective partnerships within and across the public, private and nonprofit sectors is intended to create a new dimension for performance and for impacting complex social issues. Transitioning to the network, or systems management, model of managing resources requires thoughtful planning and analysis in order to utilize the state funding and finance systems for collaborative and integrated management of prevention, intervention and treatment services for children and youth in Colorado.

This represents a move from managing people and specific programs to managing resources for achieving outcomes. The emphasis is now on how well networks of partners are able to produce positive outcomes resulting in a higher yield from invested resources in prevention, intervention and treatment services.

The *State Plan for Prevention, Intervention and Treatment Services for Children and Youth, 2010–2013*, contains goals, objectives and strategies for continuing the transition from a siloed approach to a systems approach to managing resources to better address the needs of children youth and families in Colorado. A structure will be defined to facilitate and foster the work in accomplishing the goals, objectives and strategies of the plan.

Colorado's Children and Youth Thrive by 25: A Framework of a Systems Approach

(Adapted from The Forum for Youth Investment's Ready by 21 Framework)

The work of the Colorado Prevention Leadership Council focuses on coordination and collaboration among state-funded children and youth programs and systems improvement initiatives for the purpose of improving prevention, intervention, and treatment services and increasing positive outcomes for children, youth and families. This effort intentionally seeks to enable change in three areas:

Key findings for Colorado children and youth include:

- Leadership Actions
- Families and Communities Supports
- Children and Youth Outcomes

The coordinated aim of this effort is "changing the odds for youth by changing the way we do business" to ensure that children and youth in Colorado, ages 0–25, are:

- Ready for Life
  - Thriving (developing physically healthy attitudes, skills and behaviors)
  - Connecting (developing positive social attitudes, skills and behaviors)
  - Leading (developing positive civic attitudes, skills and behaviors)
- Ready for Lifelong Learning
  - Learning (developing positive basic and applied academic attitudes, skills and behaviors)
- Ready for Work
  - Working (developing positive vocational attitudes, skills and behaviors)

C.R.S. § 25-20.5 (101-109) mandates a unified, coordinated response to community-based programs for the delivery of prevention, intervention, and treatment services. In this respect, the statute requires collaboration among programs to ensure the availability of a continuum of services for children and youth. Five core domains of Colorado's state-managed programs for children and youth serve to organize this continuum by population:

- Education
- Health and Medical Home
- Safety
- Social, Emotional and Behavioral Health
- Family and Youth Support and Involvement

See Appendix D for the Colorado Thrive by 25 Dashboard, which will be utilized to identify areas in which state-managed children and youth programs are serving similar populations and aiming to achieve related or common outcomes. This identification will assist in the coordination and integration of efforts.

OUTCOMES AND INDICATORS

The desired outcomes for children and youth in Colorado are:

- **A. All infants and children thrive.**
  - Primary Domains: Health and Medical Home; Social, Emotional and Behavioral Health; and Family and Youth Support and Involvement
- **B. All children are ready for school.**
  - Primary Domains: Education; Health and Medical Home; Social, Emotional and Behavioral Health; and Family and Youth Support and Involvement
- **C. All children and youth succeed in school.**
  - Primary Domains: Education; Health and Medical Home, Emotional and Behavioral Health; and Family and Youth Support and Involvement
- **D. All youth choose healthy behaviors.**
  - Primary Domains: Safety; Health and Medical Home; Social Emotional and Behavioral Health; and Family and Youth Support and Involvement
- **E. All youth avoid trouble/illegal behavior.**
  - Primary Domains: Education; Social, Emotional and Behavioral Health, Family and Youth Support and Involvement
- **F. All children live in caring and supportive families.**
  - Primary Domains: Social, Health and Medical Home; Emotional and Behavioral Health; and Family and Youth Support and Involvement
- **G. All children and youth live in safe and supporting communities.**
  - Primary Domains: Safety; and Family and Youth Support and Involvement

A core set of seventeen health and social indicators help quantify the above desired outcomes. The indicators are population-based, comprehensive and meaningful. In addition, they are shared across multiple state departments, can inform broad range of audiences, and are leading indicators related to children and youth in Colorado.

A. ALL INFANTS AND CHILDREN THRIVE.

1. Increase number of children meeting developmental milestones.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percentage of parents with concerns about their child's learning, development, or behavior	7.7%	Colorado Child Health Survey, 2008
Percentage of parents with concerns about their child's emotions, concentration, behavior, or ability to get along with others	24.2%	Colorado Child Health Survey, 2008
Percent of children whose health care provider asked their parent to fill out a survey about development, communication, or social behavior	44.2%	Colorado Child Health Survey, 2008

2. Increase number of children who receive a Medical Home approach.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percentage of children in Colorado who receive care within a medical home	59.3%	National Survey of Children's Health, 2007
The percentage of children (ages 1–14) with one person thought of as a personal doctor or nurse	67.5%	Colorado Child Health Survey, 2008[1]
The percentage of families who (usually/always) feel like a partner [with health care provider] in their child's health care	89.2%	Colorado Child Health Survey
The percentage of children (ages 1–14) receiving care arrangement and/or coordination from health care providers and/or related services	28.5%	Colorado Child Health Survey, 2008[2]

1 90.6% for children ages 0–17 years old in Colorado, according to the National Survey of Children's Health, 2007 (This proportion represents children who have *one or more* persons they think of as their personal doctor or nurse.)

2 17.5% for children ages 0–17 years old in Colorado, according to the National Survey of Children's Health, 2007

B. ALL CHILDREN ARE READY FOR SCHOOL.

3. Increase 3rd grade reading scores.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
3rd grade reading scores, proficient or above	70.4%	Colorado Department of Education, Education Statistics, 2008

C. ALL CHILDREN AND YOUTH SUCCEED IN SCHOOL.

4. Increase the graduation rate.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Graduation rate	73.9%	Colorado Department of Education, Education Statistics, 2008

5. Decrease the dropout rate.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Dropout rate	3.8%	Colorado Department of Education, Education Statistics, 2007–2008

D. ALL YOUTH CHOOSE HEALTHY BEHAVIORS.

6. Reduce deaths among 15–19 year old by motor vehicle crashes.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Motor vehicle crash fatalities per 100,000 for 15–19 year olds	19 per 100,000	Web-based Injury Statistics Query and reporting System (WISQARS)/Colorado Health Information Dataset, 2006

7. Reduce underage alcohol and other drug use.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Proportion of 9th–12th grade students who had five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days	30.6%	Youth Risk Behavior Surveillance System (YRBSS), 2005
Percent of 9th–12th grade students reporting no use of alcohol in the past 30 days	52.6%	YRBSS, 2005
Percent of students reporting no use of tobacco in the past 30 days	81.3%	YRBSS, 2005
Percent of 9th–12th grade students who report not drinking and driving in the past 30 days	89%	YRBSS, 2005

8. Reduce births among females under age 18.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Births among adolescent females age 15–17	21.4 per 1,000 live births	National Vital Statistics System/Colorado Health Information Dataset, 2008
Percent of 9th–12th grade students reporting never having had sexual intercourse	60.7%	YRBSS, 2005

9. Reduce the proportion of obese children and adolescents.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percentage of obese children	13.6%	Child Health Survey, 2008
Percent of children who eat 2 servings of fruit and 3 vegetables/day	10.0%	Child Health Survey, 2008
Percentage of obese adolescents (grades 9–12)	9.8%	YRBSS, 2005
Percent of adolescents (grades 9–12) who engage in vigorous physical activity three or more days per week for 20 minutes or more	74.6%	YRBSS, 2005
Percent of 9th–12th grade students who ate fruits and vegetables five or more times per day	19.2%	YRBSS, 2005

E. ALL YOUTH AVOID TROUBLE/ILLEGAL BEHAVIOR.

10. Reduce juvenile arrest rates.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Juvenile property arrest rate	646.5 per 100,000	Colorado Bureau of Investigation, Department of Local Affairs, 2007
Juvenile violent arrest rate	75.1 per 100,000	Colorado Bureau of Investigation, Department of Local Affairs, 2007
Juvenile drug arrest rate	302 per 100,000	Colorado Bureau of Investigation, Department of Local Affairs, 2007

11. Increase successful terminations of juveniles sentenced to regular probation.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percent of successful probation termination of adjudicated youth	74%	State Judicial, 2009

12. Reduce pre-discharge and post discharge recidivism among youth involved in the Colorado Youth Corrections system.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percent of pre-discharge recidivism	33.5%	Colorado Department of Human Services/Division of Youth Corrections, FY 2006–2007
Percent of post-discharge recidivism	37.2%	Colorado Department of Human Services/Division of Youth Corrections, FY 2006–2007

F. ALL CHILDREN LIVE IN CARING AND SUPPORTIVE FAMILIES.

13. Reduce the incidences of child abuse and neglect.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Rate of child maltreatment per 1,000 children	7.6%	National Child Abuse and Neglect Data System, 2008

14. Reduce the percentage of infants born to a high-risk mother (unmarried under 25 years of age with less than 12 years education).

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percentage of infants born to a high-risk mother	6.7%	CDPHE, Health Statistics Section, 2008

15. Reduce out of home placement of children.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percentage of out of home placement of children	12,838 of a total population of 1,244,134	Colorado Department of Human Services, Child Welfare, 2008

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

16. Increase the number of children who live in safe, stable, and supportive families.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Number of children under 12 years of age experiencing homelessness in Colorado communities	2,707	Colorado Statewide Homeless Count, 2007
Number of youth ages 13–17 experiencing homelessness in Colorado communities	680	Colorado Statewide Homeless Count, 2007
Number of youth ages 18–25 experiencing homelessness in Colorado communities	1,365	Colorado Statewide Homeless Count, 2007

G. ALL CHILDREN AND YOUTH LIVE IN SAFE AND SUPPORTING COMMUNITIES. (cont.)

17. Reduce the proportion of students who did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days.

MEASURE	COLORADO RATE	DATA SOURCE AND YEAR
Percentage of 9th–12th grade students who did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days	4.3%	YRBSS, 2005

PREVENTION WORKS!

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

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

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. The goals, objectives and strategies are intended to improve the operation of state systems and programs in order to positively impact outcomes for children, youth and families, as well as assist in making positive gains in the health and social indicators identified in the previous section.

GOAL I:
Coordinate and streamline state-level processes.

Objective 1.1: *Utilize the Colorado Prevention Leadership Council to strengthen cross-state agency coordination and collaboration of state-managed children and youth prevention, intervention and treatment programs.*

Strategies:

- Maintain the Colorado Prevention Leadership Council as the state coordinating body for prevention, intervention and treatment initiatives related to children and youth as established through interdepartmental Memoranda of Understanding.
- Create and institute a process for orienting supervisors and new program managers of children and youth programs to the Colorado Prevention Leadership Council.
- Review and update the Regulations for Prevention, Intervention and Treatment Programs for Children and Youth every two years.

Objective 1.2: *Implement a framework of quality prevention services for children, youth, and families.*

Strategies:

- Institute a coordinated and integrated assessment, capacity building, planning, implementation, and evaluation process for providing quality prevention services for children, youth, and families that is aligned with the State of Colorado Uniform Minimum Standards for prevention, intervention and treatment programs for children and youth.
- Make available and utilize developed tools for a strategic prevention approach and apply to community prevention planning and initiatives.
- Document and disseminate lessons learned from the strategic prevention framework initiative that are tailored for funders, communities, and evaluators.

Objective 1.3: *Strive for streamlined, cohesive funding of prevention, intervention and treatment services for children, youth and families, including common grant applications across state programs.*

Strategies:

- Institute the use of the Common Requests for Applications/Requests for Proposals (RFAs/RFPs) Components for children and youth programs across state departments.
- Make accessible RFAs/RFPs for children and youth programs in a central State Web site.
- Develop a uniform process and uniform criteria for grant review and selection of programs in the areas of prevention, intervention and treatment services for children and youth.

- Increase joint funding of programs and services, including the use of joint RFAs/RFPs and funding to outcomes versus specific programs and services.
- Increase strategic funding of cross-systems collaboration, including support for enhancing state and local prevention infrastructures.
- Design and implement a pilot of combined funds around common outcomes in collaboration with county and provider partners.
- Create an overarching Web page related to state funding for children and youth programs and services, especially regarding the resource database, Colorado BRAID, and any templates for braiding and blending funding.

Objective 1.4: *Evaluation is an ongoing part of prevention planning and implementation and includes efforts to enhance the meaningful use of evaluation findings for improving system and program outcomes.*

Strategies:

- Identify common outcomes across state-managed prevention, intervention and treatment programs for children and youth and utilize the common outcomes to link programs where possible.
- Determine how common outcomes across children and youth programs will be utilized for joint planning and funding of shared priorities.
- Develop a coordinated children and youth state evaluation plan and ensure data for needs assessments is linked with evaluation.
- Improve the web-based evaluation system for prevention and early intervention services.
- Encourage the assignment of funds within children and youth programs for building and supporting local evaluation capacity.
- Institute interactive reporting mechanisms that allow for standardized program monitoring and reporting across state-managed programs for children and youth.

Objective 1.5: *Institute the inclusion of youth and family voices in interagency collaborative groups that address children and youth needs and actively foster youth and family leadership.*

Strategies:

- Identify immediate opportunities and develop a long-range plan for working from a common platform across the various family leadership, family involvement, and family engagement efforts, such as the Colorado Systems of Care Collaborative, the Colorado Medical Home Initiative, Early Childhood Colorado, Colorado Collaborative Management Program, Colorado LINKS for Mental Health, the Blue Ribbon Policy Council for Early Childhood Mental Health, and the Family Policy Academy.
- Support youth and family leadership development programs to increase and assure skill-based leaders from local communities.
- Encourage all governing boards and advisory councils of state agencies that address children, youth and family issues to have youth and family members to assure the inclusion of youth and family perspective in decision-making.
- Partner and share decision-making with youth and family members in developing children and youth programs and in writing grant applications for children, youth and family programs and services through meaningful youth-adult partnerships.
- Encourage and support grantees/contractors at the local level to actively involve youth, parent and families in planning, implementing and evaluating programs.

- Determine how youth and family member representation can be integrated as a consistent part of the work of the Colorado Prevention Leadership Council.

Objective 1.6: *Promote an inclusive approach regarding cultural responsiveness and congruence to foster effective programs, policies, and practices that respects cultural values within communities.*

Strategies:

- Establish common terminology regarding cultural responsiveness and cultural and linguistic competence in collaboration with the Colorado Interagency Health Disparities Leadership Council.
- Make available the Cultural Responsiveness Assessment for identifying strengths and areas of improvement in planning, implementing and evaluating prevention, intervention and treatment services for children and youth.
- Monitor health and social indicators so that issues of health disparities related to children, youth and families can be addressed through relevant program, practices and policies.
- Promote the importance of prevention as a means of impacting social determinants of health that are associated with disparities in health, behavioral health, juvenile justice, child welfare, and education. *See Appendix E* for a Health Equity/Social Determinants of Health framework.
- Partner with the Colorado Interagency Health Disparities Leadership Council to:
    - encourage and support local community prevention partnerships that address disparate populations disproportionately affected by health and social problems
    - provide information on social determinants of health to state program managers and providers as well as strategies for addressing factors that contribute to social and health disparities.
- Support state and local partners in developing culturally and linguistically competent workforce that is representative of the disparate populations served by state-managed children and youth funds.

Objective 1.7: *Establish a multi-systems, cross-departmental approach for supporting the infrastructure of community prevention coalitions that engages key leaders and decision-makers and maintains designated leadership at the community level.*

Strategies:

- Identify a set of overarching goals that reflect areas of overlap and/or complementarity between state-funded coalition initiatives within and across departments.
- Develop a shared set of performance indicators that reflect the overlapping parts of state-funded coalition initiatives in order to establish concrete relationships and a sense of shared purpose.
- Identify shared targets relative to the indicators to encourage dialogue around how the separate coalition initiatives might join together in a common mission.
- Create a plan for how the state partners intend to combine and target their respective strategies relative to the shared components.
- Identify a community with multiple state-funded coalitions to serve as a pilot for testing a coordinated approach.
- Coordinate requirements for coalitions across state programs that fund coalitions.

GOAL II:

Utilize a system of care approach to better meet the multiple and changing needs of children, youth and families.

Objective 2.1: *Institute a state-level, non-categorical system of care approach that fosters more efficient use of current resources and more effective, integrated responses to addressing the stated needs of children, youth, and families.*

Strategies:

- Determine the structure for a state-level, non-categorical system of care approach based on the Colorado System of Care Values (*see Appendix F*) and Principles and Colorado Medical Home Principles and Standards (*see Appendix G*), that is inclusive of various disciplines (health, oral health, behavioral health—inclusive of substance, abuse, mental health and co-occurring—, child welfare, juvenile justice, education, etc.) and family and youth involvement, that seeks to:
    - engage family and youth as partners and leaders;
    - individualize service and support planning to meet needs specific to each child, youth and family;
    - improve care coordination for children, youth and families involved with service from multiple service agencies;
    - improve outcomes for children, youth and families;
    - ensures provider accountability; and
    - broaden the network of service providers.
- Partner with youth, families, family-driven organizations, and local agencies in the development and implementation of a non-categorical system of care approach.
- Strive for integrated and streamlined rules, regulations and funding procedures for the support a non-categorical system of care approach across state departments.
- Accept and adopt a single definition of care coordination across state departments that manage funds and programs for children, youth and families.
- Integrate the Colorado Care Coordination Plan into state-funded programs for children and youth, where appropriate, to foster a common care coordination approach and allow for effective and efficient communication between families and providers.
- Explore the use of client-centric electronic personal health records as a means of facilitating coordinated care and facilitating access of records by families.

Objective 2.2: *Partner with stakeholders in implementing a comprehensive early childhood system focusing on early learning, family support and parent education, health, and social, emotional and mental health, as outlined in the cross-sector 'Framework in Action' plan guided by the* Early Childhood Colorado Framework (see Appendix H).

Strategies:

- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Provide information to families to facilitate connection to services and supports.
- Monitor children's learning and development through screening and on-going assessments.
- Develop and support the use of early learning standards by families, programs and professionals.
- Provide personnel in disciplines working with young children and their families with effective promotion, prevention, and intervention strategies and practices that promote social-emotional development and mental health.
- Develop, promote, and support high quality professional development and formal education for early learning professionals and adults who work with young children.
- Align and integrate child care licensing with a comprehensive rating and reimbursement system to support high quality early learning programs.
- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support use of standards for a medical home approach.
- Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
- Strengthen and support family leadership through effective training modules.

PREVENTION WORKS!

Promoting Safe and Stable Families, Colorado Department of Human Services

- *72 percent of children who were separated from their families were reunited with them and 96 percent of reunited families remained intact.*
- *98 percent of at-risk families who were provided family preservation of family support services remained intact, with no children entering a child welfare placement.*

GOAL III:

Advance the sharing and utilization of data to improve the use of resources, service delivery, and the assessment of the impact of prevention, intervention and treatment services on health and social indicators.

Objective 3.1: *Improve data utilization at the state and local levels for needs assessment, strategic planning and evaluation, and promote data-driven decision making for determining priorities of children and youth prevention, intervention and treatment programs.*

Strategies:

- Establish health and social indicator data sharing agreements across state departments in order to implement long-range integrated and comprehensive planning, implementation and evaluation around common priorities at the state and local levels.
- Institute a cross-department ongoing process for utilizing data to determine prevention, intervention and treatment priorities for state-managed children and youth programs and for use in decision-making.

- Develop policies, procedures and products to support data sharing and utilization at the state and local levels.
- Pilot the development of data profiles for children and youth RFAs/RFPS that relate to prioritized indicators of state-funded programs for children and youth.
- Coordinate the administration of children and youth surveys managed by state agencies.

Objective 3.2: *Develop strategies and agreements for sharing information to optimize services available and delivered to individual children, youth and families in Colorado.*

Strategies:

- Collaborate with Governor's Office of Information Technology to develop cross-system protocols and explore technological solutions for information gathering and sharing.
- Establish data sharing agreements between state agencies that provide access to information for use in policy, program, service and resource decisions.
- Pilot and establish protocols to assist county agencies and local service providers in accessing timely and reliable information for use in conducting assessments and to determine and coordinate appropriate services for individual children, youth and families.

PREVENTION WORKS!

Sexual Assault Prevention Program, Colorado Department of Public Health and Environment

- *A total of 8 colleges/universities were introduced to a campus wide sexual violence prevention campaign.*
- *Over 150 professionals received training.*

GOAL IV:

Ensure collaborative planning and decision-making between state agencies and local stakeholders to increase effectiveness of prevention, intervention and treatment services for children and youth.

Objective 4.1: *Improve communication, collaboration and coordination.*

Strategies:

- Develop policies and procedures for communicating with local stakeholders about state agency efforts related to children and youth prevention, intervention and treatment programs.
- Include local stakeholders in state-level prevention, intervention, and treatment program and project decision-making.
- Establish forums for dialogue at the regional level for input and feedback on improving policies and processes related to state-managed children and youth programs and interagency collaborative efforts.
- Expand the use of technology to facilitate collaborative planning and decision-making in order to incorporate the perspective of local stakeholders.

APPENDIX A: DEFINITIONS

Cultural Responsiveness:

An inclusive approach of inquiry and action to foster effective programs, policies, and practices that are respectful of cultural conditions within communities.

Cultural Congruence:

The ability to be meaningfully and positively responsive to someone else's cultural reality. This responsiveness is necessary in all areas of interpersonal interaction, particularly in relationships where significant power imbalances exist. Culturally congruent practices, interventions, and strategies are consistent with the cultural values, beliefs, histories, and learning styles of the cultural group(s) served.

Family Advocate:

A family advocate is a parent or primary care giver who:

(a) Has been trained in a system-of-care approach to assist families in accessing and receiving services and supports;

(b) Has raised or cared for a child or adolescent with a mental health or co-occurring disorder; and

(c) Has worked with multiple agencies and providers, such as mental health, physical health, substance abuse, juvenile justice, developmental disabilities, education, and other state and local service systems.

Family Member:

A family member is a person who is raising or has raised a child, youth, or adolescent with special physical, mental, emotional, behavioral, substance use, developmental and or educational needs. As a family member they experienced working with many of the agencies and providers in their community.

A family member can be recognized and utilized as collaborators by serving on state and local boards, committees and coalitions. They also can be hired as Individualized Service Plan care managers and or facilitators, family advocators, evaluators, and trainers.

Family-Driven Organization:

An organization with the explicit purpose to serve families who have a child, youth, or adolescent with special physical, mental, emotional, behavioral, substance use, developmental and or educational needs. It is governed by a board of directors and comprised of a majority of individuals who are family members.

Family organizations have an independent governing structure. They give preference to family members in hiring practices, and promote family involvement at the individual, local, state and national levels.

Following a "System of Care" model, a family organization provides opportunities for the "family voice" to be instrumental in shaping policies that offer a broad array of effective, coordinated services and supports that are individualized for the needs of each family.

Family Systems Navigator:

A family systems navigator is an individual who:

(a) Has been trained in a system-of-care approach to assist families in accessing and receiving services and supports;

(b) Has the skills, experience, and knowledge to work with children and youth with mental health or co-occurring disorders; and

(c) Has worked with multiple agencies and providers, including mental health, physical health, substance abuse, juvenile justice, developmental disabilities, education, and other state and local service systems.

Medical Home:

C.R.S.§ 25.5-1-103(5.5): "Medical home" means an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to and coordination of community-based medical care, mental health care, oral health care, and related services for a child. A medical home may also be referred to as a health care home. If a child's medical home is not a primary medical care provider, the child must have a primary medical care provider to ensure that a child's primary medical care needs are appropriately addressed. All medical homes shall ensure, at a minimum, the following:

(a) health maintenance and preventative care;

(b) anticipatory guidance and health education;

(c) acute and chronic illness care;

(d) coordination of medications, specialists, and therapies;

(e) provider participation in hospital care; and

(f) twenty-four-hour telephone care.

Health Disparities:

Differences in health status among groups disproportionately affected by disease, disability and death are known as health disparities and are present at the national, state and local levels. There also are disparities in access to health care and quality of care.

Intervention:

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

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 or intervening with a youth beginning to abuse alcohol, tobacco or other drugs.

Positive Youth Development:

Positive Youth Development is an approach, not a program, that guides communities in developing and implementing services, opportunities and supports so that young people can be engaged and reach their full potential. Positive Youth Development starts with working with youth and young adults as resources to cultivate, not problems to fix, and is dependent upon the use of the following guiding principles: a strengths-based approach, youth engagement, youth-adult partnerships, cultural responsiveness, inclusive of all youth, collaboration and sustainability.

Prevention:

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

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.

Social Determinants of Health:

The determinants of health refer to both specific features of, and pathways by which societal and environmental conditions affect health and that potentially can be altered by informed action. Health is not simply the absence of disease, but a sense of physical,

emotional, and mental well-being. Therefore the determinants of health are profuse, and include income, education, occupation, sanitation, exposure to environmental hazards, family structure, social support, discrimination, and access to health care.

System of Care:

A comprehensive spectrum of necessary services that are organized into a coordinated network to meet the multiple and changing needs of children, youth and families (Adopted from Stroul and Friedman, *A system of care for children and youth with severe emotional disturbances*, 1986).

Treatment:

Treatment consist of individualized care services to treat individuals and/or groups in crisis situations that contribute to the health an dwell-being of individuals.

Examples include, but are not limited to, individual, group and family therapy/counseling, mental health and substance abuse treatment services (including co-occurrence of both mental health and substance abuse issues), day treatment, inpatient and residential treatment, recovery services, and health and medical services.

APPENDIX B

GOAL REMOVED FROM THE STATE PLAN

One goal of the State Plan, previously Goal III, was eliminated because of diminished resources in particular loss of funds to staff the Interagency Prevention Systems Program. The intention of this goal was to improve coordination of state-funded trainings and technical assistance and to improve the use of the Colorado Uniform Minimum Standards for prevention, intervention and treatment programs. The objectives and strategies of this goal are still applicable and worthy of attention, but without devoted staff time the work cannot be properly addressed. The goal, objective and strategies are placed here as a bookmark for future consideration, if resources become available.

GOAL III:

Coordinate and integrate training and technical assistance resources in support of success of local communities that is actively supported by a variety of stakeholders.

Objective 3.1: *Create a coordinated and integrated system of state-funded trainings and technical assistance opportunities, including professional development.*

Strategies:

- Coordinate state-funded trainings for providers of children and youth services to align with state goals, objectives and outcomes for children, youth and families.
- Create mechanisms for coordinating the delivery of trainings and technical assistance including coordinated funding.
- Link state government, higher-education institutions, and private technical assistance and training providers as part of a training, technical assistance, and professional development system.
- Make state-funded training and technical assistance available in a variety of ways, including offering more regional trainings and technical assistance, the sharing of trainings sites, the support and use of regional learning communities, online trainings, the use of technology for distance learning, and linking groups together around common training and technical assistance topics.
- Utilize a central, Web-based training management system to list available trainings offered across state programs and to post related resource materials.

Objective 3.2: *Increase the effectiveness of state agencies and technical assistance agents to enhance the capacity of providers to deliver effective prevention and intervention services.*

Strategies:

- Develop protocols for use of the Uniform Minimum Standards Assessment Tool, including the documentation of findings within and across state-managed programs and the identification of technical assistance needs.
- Utilize the Uniform Minimum Standards Assessment Tool for identifying strengths, opportunities for improvement, and exemplary practices of local prevention and intervention programs.

- Link the identification of technical assistance needs of prevention providers based on the results of the Uniform Minimum Standards Assessment Tool with the prevention technical assistance, training, and professional development system.
- Identify exemplary prevention programs and connect these programs with regional, national and federal resources and technical assistance to enhance program evaluation and outcomes.

Objective 3.3: *Set a foundation for an integrated system of professional development for individuals who serve children, youth and families.*

Strategies:

- Design an integrated system of professional development for individuals that serve older children, youth and young adults based on these elements:
    - Core knowledge
    - Access and Outreach
    - Qualifications, Credentials and Pathways
    - Funding
    - Quality Assurance
- Integrate the Colorado System of Care Values and Principles, the Colorado Medical Home Standards, cultural issues related to resiliency and risk, and the value of individuality of families of all cultures as core criteria in state-funded professional developmental coursework and in-service training for those working with children and youth.
- Ensure the utilization of the Colorado Core Knowledge and Standards for Early Childhood Professional Development as part of any state-funded early childhood professional development training and education, and focus on the following strategies for early childhood professional development:
    - develop and support the use of early learning standards by families, programs and professionals;
    - develop, promote and support high quality professional development and formal education for adults who work with children;
    - strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families;
    - strengthen and support family leadership through effective training models;
    - promote care givers' knowledge of the social, emotional, and mental health of children;
    - provide early childhood professionals with effective practices that promote children's emotional development and mental health; and
    - strengthen coordinated efforts of public and private stakeholders to support health and wellness.
- Provide training and technical assistance on positive youth development strategies and practices, including strengths-based programming and on how to engage and partner with youth.

APPENDIX C

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

One of the requirements in Article 20.5 of Title 25(101-109), Colorado Revised Statues 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 49 state-managed programs and more than 1,500 local programs currently operated/funded by the state departments of Education, Human Services, Public Health and Environment, Public Safety, Revenue, 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 and application of Uniform Minimum Standards are required, the statute, 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 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.

PREVENTION WORKS!

Occupant Protection Program,
Colorado Department of Transportation

- *In 2011, Colorado's seat belt use rate was 82.1%, the nationwide average is 85%.*
- *In 2011, 87.15% of children <5 were observed to be fastened into car seats.*

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.

In 2007 and 2008, the Colorado Prevention Leadership Council aligned the eight standards with core competencies and developed the Uniform Minimum Standards Assessment Tool. Contractors/providers can utilize the Uniform Minimum Standards Assessment Tool as a self-assessment of their strengths, areas for enhancement, and the development of plans that build or enhance the capacity of the programs and organizations. State program managers and technical assistance agents may utilize the assessment tool to work with providers in the identification of strengths and to provide targeted technical assistance (coaching, mentoring, training, etc.). Lastly, a state agency may utilize the assessment tool in the development of uniform policies around state reviews and processes for funding and capacity building (technical assistance and training).

The Uniform Minimum Standards Assessment Tool can be downloaded at **www.colorado.gov/plc**.

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 D

COLORADO'S CHILDREN AND YOUTH THRIVE BY 25

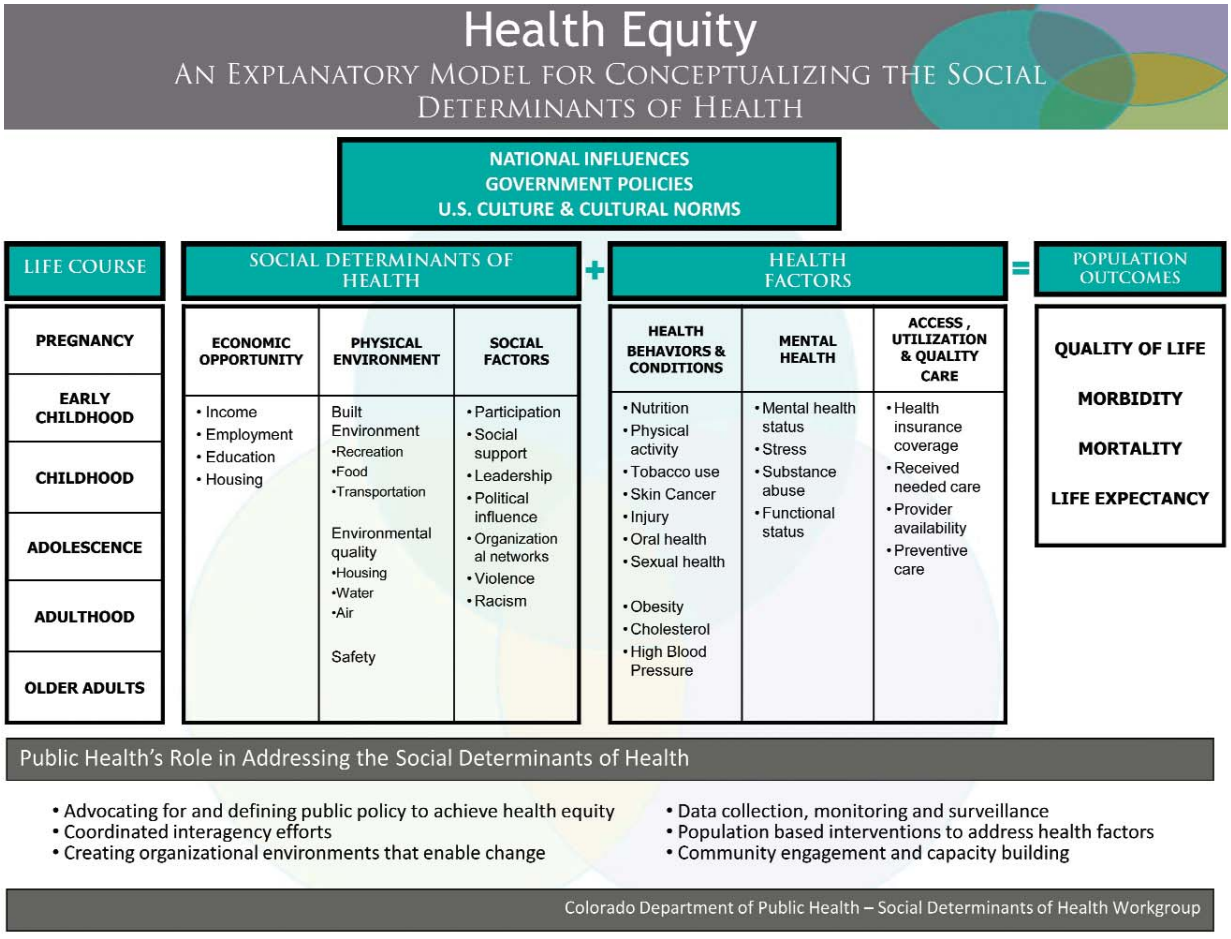
(Adapted from The Forum for Youth Investment's Ready by 21 Framework)

The Colorado Thrive by 25 Matrix template will be utilized to identify areas in which state-managed children and youth programs are serving similar populations and aiming to achieve related or common outcomes. This identification will assist in the coordination and integration of efforts.

THRIVE BY 25	Domains	Early Childhood (0–8)	Elementary School (9–11)	Middle School (12–13)	High School (14–18)	Older Youth (19–25)
Ready for Life	Health and Medical Home					
	Social/Emotional and Behavioral Health					
	Safety					
Ready for Lifelong Learning	Education					
Ready for Work	Vocational Development					
Family and Youth Support and Involvement						
Environmental Safety and Infrastructure (creating safe environments for children and youth)						

APPENDIX E

HEALTH EQUITY/SOCIAL DETERMINANTS OF HEALTH FRAMEWORK



APPENDIX F

SYSTEM OF CARE VALUES AND PRINCIPLES

In order to better align policy level and service delivery level efforts in the State of Colorado related to addressing the needs of children, youth and families, the following values and principles serve as a common guide and foundation for jointly creating a more coordinated, integrated continuum of services. These values and principles describe essential aspects of community-based systems that serve children youth and families.

Values

1. A system of care is child/youth-centered and family-focused, with the needs of the child, youth and family dictating the types and mix of services provided.
2. A system of care is community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. A system of care is culturally competent, with agencies, programs, and services that are responsive to the cultural differences, including racial, ethnic, gender, age, sexual orientation, socio-economic, spiritual (religious), and geographic differences of the population.

Principles

1. **Persistent Commitment to Families, Youth and Children.** Colorado and its communities make a commitment to the fundamental rights of every child, youth and family to achieve and maintain permanence in home, school and/or community and stability of support in a safe environment.
2. **Safety (Child, Youth, Family, and Community).** Services and supports are developed and implemented to best ensure the safety of the child, youth, family, and community.
3. **Child/Youth-centered.** Services and supports are provided in the best interest of the child or youth to ensure that the child's or youth's needs are being addressed.
4. **Family-focused.** The child or youth is viewed as a part of the whole family. System, services and supports are based on the strengths and needs of the entire family. Children, youth and their families shall participate in discussions related to their plans, have opportunities to voice their preferences and ultimately feel that they own and drive the plan.
5. **Individualized.** Plans and supports for children, youth and their families are tailored to the unique culture, beliefs and values, strengths, and needs of each child, youth and family. Funding sources must be flexible to support individualization.
6. **Culturally Responsive.** The system of care is culturally competent, with systems, agencies, programs, and services that are responsive to the cultural differences, including racial, ethnic, gender, age, sexual orientation, socio-economic, spiritual (religious), and geographic differences at the system and individual child, youth and family levels.
7. **Strengths-based.** Assessments, services and supports are based on identified strengths of the child, youth, family, and community.

8. **Early Access.** Services and supports should have a prevention and early intervention focus to facilitate wellness for the child, youth, and family.
9. **Community-based.** Services and supports are provided in the most appropriate and least restrictive environment and in the home community of the child, youth and family. A system of care is community oriented with the location of services, management and decision-making responsibility resting at the community level.
10. **Natural Supports.** Children, youth, and families are supported by family and community social networks and community resources (e.g., service organizations, faith based organizations and businesses). Services build on and strengthen these natural supports.
11. **Collaborative.** Collaboration between agencies, schools, community resources, youth and families is the basis for building and financing a local comprehensive and integrated system of care that supports easy access to needed services and supports for children, youth, and families.
12. **Family, Youth, and Professional Partnership.** Family and youth are partners with professionals at all levels of assessment, planning, implementation and governance of a system of care.
13. **Outcome-based and Cost Responsible.** Services and supports are outcome based with clear accountability and cost responsibility. The system values and funds outcome and quality management. This accountability includes prudent and effective use of public and private funds. As communities find ways to reduce the use of restrictive care the funding is retained in the community and reinvested in the prevention and early intervention that has made these improvements possible.
14. **Transition.** Children and youth should be ensured smooth transitions through all major changes in their lives.

APPENDIX G

COLORADO MEDICAL HOME GUIDING PRINCIPLES, ASSURANCES, AND STANDARDS

The following guiding principles, assurances and standards were developed in a joint effort by the Colorado Department of Public Health and Environment, the Colorado Department of Health Care Policy and Financing, and the Colorado Medical Home Advisory Board, and approved by the Colorado Department of Health Care Policy and Financing and the Colorado Department of Public Health and Environment in 2008. The definition of Medical Home is in State Statute (C.R.S. C.R.S. 25.5-1-103; *see Appendix A* for this definition.

5 Guiding Principles

1. The standards are a framework for continuous quality improvement.
2. The standards are meant to describe Colorado's goals for quality health care for all children, they are not meant to be punitive or prescriptive.
3. The standards, based on the national components of a medical home, were developed in collaboration with multiple colorado stakeholders, including: physical and behavioral health care providers and physicians, family members, community advocates and evaluators, and are aligned with established national standards.
4. The standards are a way to acknowledge good practice while providing a shared vision and common language for a quality system of care for all children in Colorado.
5. The standards provide a means for evaluation to establish state, payer, family, and practice accountability.

5 Assurances

1. The Colorado Medical Home Initiative will continue to provide a platform whereby stakeholders' input is encouraged, valued and incorporated.
2. Providers who choose to be acknowledged as providing a medical home approach will be offered resources and support.
3. The term 'provider' is intended to be inclusive of behavioral, oral and physical health care providers and specialists.
4. Development and refinement of these standards is only the *first* step in the process of implementation.
5. Medicaid providers can choose to be acknowledged as medical home providers on a voluntary basis.

Colorado Medical Home Standards

1. Provides 24-hour 7 day access to a provider or trained triage service.
2. Child/family has a personal provider or team familiar with their child's health history.
3. Appointments are based on condition (acute, chronic, well or diagnostic) and provider can accommodate same day scheduling when needed.
4. A system is in place for children and families to obtain information and referrals about insurance, community resources, non-medical services, education and transition to adult providers.
5. Provider and office staff communicates in a way that is family centered and encourages the family to be a partner in health care decision-making.
6. Provider and office staff demonstrate cultural competency.

7. The designated Medical Home takes the primary responsibility for care coordination.
8. Age appropriate preventive care and screening are provided or coordinated by the provider on a timely basis.
9. The designated Medical Home adopts and implements evidence-based diagnosis and treatment guidelines.
10. The child's medical records are up to date and comprehensive, and upon the family's authorization, records may be shared with other providers or agencies.
11. The Medical Home has a continuous quality improvement plan that references Medical Home standards and elements.

APPENDIX H

EARLY CHILDHOOD COLORADO FRAMEWORK

Early Childhood Colorado Framework

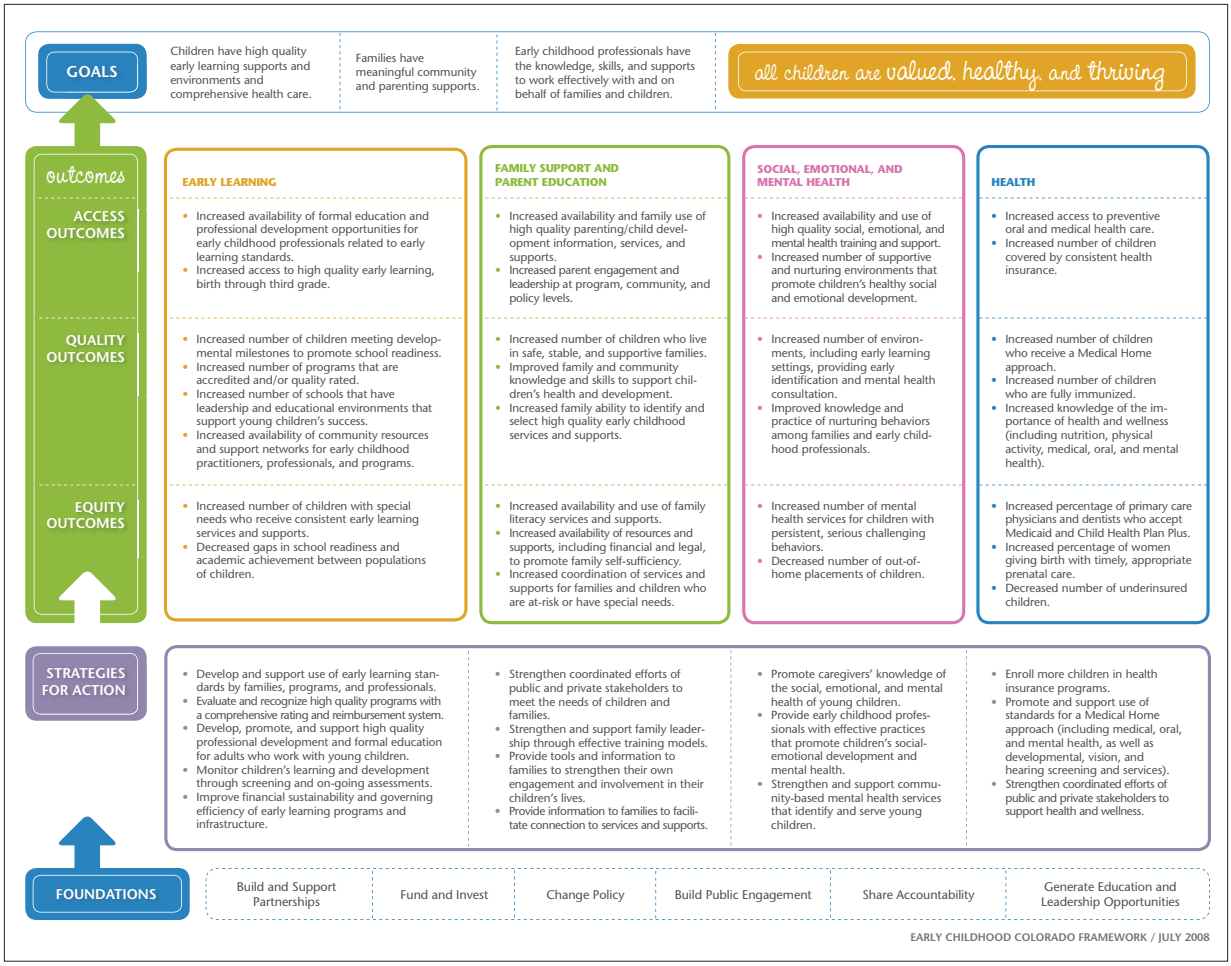
A COLLECTIVE VISION ON BEHALF OF COLORADO'S YOUNG CHILDREN AND THEIR FAMILIES.

EARLY CHILDHOOD COLORADO PROVIDES A FRAMEWORK THAT:

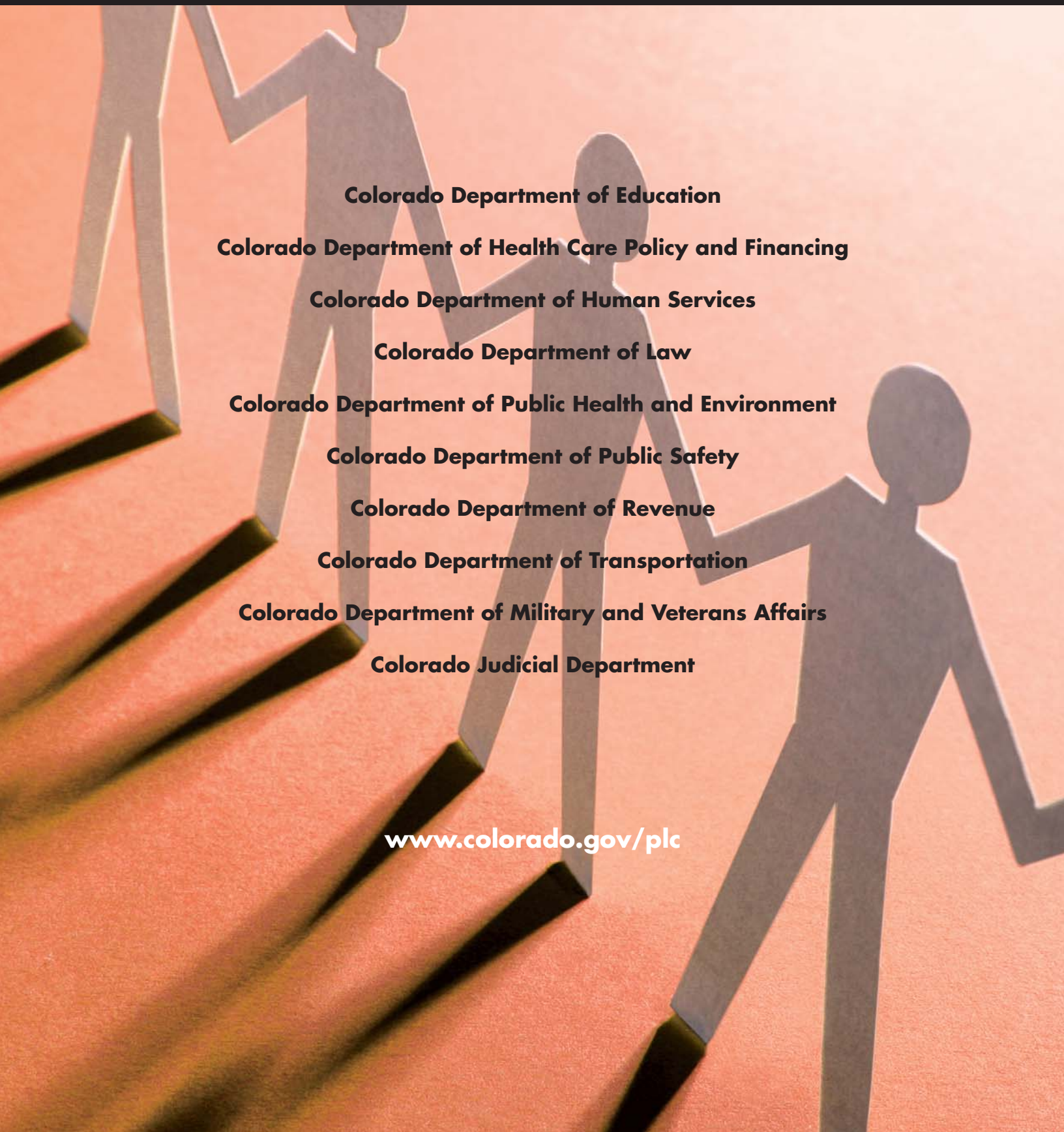
- Recognizes the needs of the whole child and family.
- Communicates the vision for comprehensive early childhood work.
- Focuses on specific measurable outcomes.
- Guides, organizes, and focuses the actions and accountability of public and private stakeholders.

THIS WORK IS GUIDED BY THE FOLLOWING PRINCIPLES:

- Be child-focused and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age 8.
- Promote partnerships.
- Act at state, local, and statewide levels.


GOALS
Children have high quality early learning supports and environments and comprehensive health care.
Families have meaningful community and parenting supports.
Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.
all children are valued, healthy, and thriving
outcomes
ACCESS OUTCOMES
QUALITY OUTCOMES
EQUITY OUTCOMES
EARLY LEARNING
• Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
• Increased access to high quality early learning, birth through third grade.
• Increased number of children meeting developmental milestones to promote school readiness.
• Increased number of programs that are accredited and/or quality rated.
• Increased number of schools that have leadership and educational environments that support young children's success.
• Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.
• Increased number of children with special needs who receive consistent early learning services and supports.
• Decreased gaps in school readiness and academic achievement between populations of children.
FAMILY SUPPORT AND PARENT EDUCATION
• Increased availability and family use of high quality parenting/child development information, services, and supports.
• Increased parent engagement and leadership at program, community, and policy levels.
• Increased number of children who live in safe, stable, and supportive families.
• Improved family and community knowledge and skills to support children's health and development.
• Increased family ability to identify and select high quality early childhood services and supports.
• Increased availability and use of family literacy services and supports.
• Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency.
• Increased coordination of services and supports for families and children who are at-risk or have special needs.
SOCIAL, EMOTIONAL, AND MENTAL HEALTH
• Increased availability and use of high quality social, emotional, and mental health training and support.
• Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.
• Increased number of environments, including early learning settings, providing early identification and mental health consultation.
• Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.
• Increased number of mental health services for children with persistent, serious challenging behaviors.
• Decreased number of out-of-home placements of children.
HEALTH
• Increased access to preventive oral and medical health care.
• Increased number of children covered by consistent health insurance.
• Increased number of children who receive a Medical Home approach.
• Increased number of children who are fully immunized.
• Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).
• Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
• Increased percentage of women giving birth with timely, appropriate prenatal care.
• Decreased number of underinsured children.
STRATEGIES FOR ACTION
• Develop and support use of early learning standards by families, programs, and professionals.
• Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
• Develop, promote, and support high quality professional development and formal education for adults who work with young children.
• Monitor children's learning and development through screening and on-going assessments.
• Improve financial sustainability and governing efficiency of early learning programs and infrastructure.
• Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
• Strengthen and support family leadership through effective training models.
• Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
• Provide information to families to facilitate connection to services and supports.
• Promote caregivers' knowledge of the social, emotional, and mental health of young children.
• Provide early childhood professionals with effective practices that promote children's social-emotional development and mental health.
• Strengthen and support community-based mental health services that identify and serve young children.
• Enroll more children in health insurance programs.
• Promote and support use of standards for a Medical Home approach (including medical, oral, and mental health, as well as developmental, vision, and hearing screening and services).
• Strengthen coordinated efforts of public and private stakeholders to support health and wellness.
FOUNDATIONS
Build and Support Partnerships
Fund and Invest
Change Policy
Build Public Engagement
Share Accountability
Generate Education and Leadership Opportunities
EARLY CHILDHOOD COLORADO FRAMEWORK / JULY 2008

NOTES



Colorado Department of Education

Colorado Department of Health Care Policy and Financing

Colorado Department of Human Services

Colorado Department of Law

Colorado Department of Public Health and Environment

Colorado Department of Public Safety

Colorado Department of Revenue

Colorado Department of Transportation

Colorado Department of Military and Veterans Affairs

Colorado Judicial Department

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