

**COLORADO**Department of Public  
Health & Environment

To: Members of the State Board of Health

From: Alicia Haywood, Legislative Services Director, Prevention Services Division

Through: Carrie Cortiglio, Director, Prevention Services Division *Carrie Cortiglio*

Date: September 27, 2021

Subject: Rulemaking Hearing  
Proposed Amendments to 6 CCR 1016-2 Prevention, Intervention, and  
Treatment Programs for Children and Youth

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The Prevention Services Division (PSD) in the Colorado Department of Public Health and Environment is proposing to repeal rules pertaining to the Prevention, Intervention, and Treatment Services Act. HB 20-1058 repealed portions of the Act, including the requirement to develop and update a statewide plan for children and youth. The Department no longer has statutory authority to perform these duties, and the rules are no longer authorized. Therefore, PSD is requesting to repeal 6 CCR 1016-2.

STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY

For Repeal of  
6 CCR 1016-2

Prevention, Intervention, and Treatment Programs for Children and Youth

**Basis and Purpose.**

The Prevention, Intervention, and Treatment Services Act (§ 25-20.5-101 through 110 C.R.S.) was signed into law in 2000. The Act defined a “prevention, intervention, and treatment program;” defined “prevention, intervention, and treatment services;” created the Prevention Services Division in the Colorado Department of Public Health and Environment (CDPHE); set the functions of the division; required the development and updates to a state plan for delivery of prevention, intervention, and treatment services to children and youth throughout the state; and directed the State Board of Health to promulgate rules necessary for the development and updates to the state plan.

The Board of Health promulgated 6 CCR 1016-2 related to the state plan for prevention, intervention, and treatment programs for children and youth. The goal of the plan was to ensure collaboration among youth programs operated by the division and to ensure collaboration among programs that result in a continuum of services available to youth throughout the state.

In 2013, the legislature passed HB 13-1117, transferring various children and youth development programs from CDPHE, Prevention Services Division to the Colorado Department of Human Services (CDHS). The programs included:

- Nurse Home Visitation Program;
- Tony Grampas Youth Services Program;
- Colorado Student Dropout Prevention and Intervention Program;
- Colorado Before-and-After School Project;
- Colorado Children's Trust Fund and its board;
- Family Resource Center Program

Also in 2013, the legislature passed HB 13-1239. It tasked CDHS with creating and updating a Statewide Youth Development Plan in partnership with stakeholders and the Tony Grampas Youth Services board. The plan is a guide for understanding the gaps in programs and services for youth and the recommended strategies for addressing these gaps. Essentially, with the passage of HB 13-1239, the requirement for the creation of a statewide youth plan formerly under the purview of CDPHE, was now under the purview of CDHS.

In 2020, the Colorado Statutory Revision Committee sponsored a bill to repeal portions of the Prevention, Intervention, and Treatment Services Act citing the youth service functions were moved to CDHS from CDPHE in 2013. HB 20-1038, signed into law, March 20, 2020, repealed the requirement for CDPHE to create a statewide youth plan. Therefore, the Department no longer has statutory authority to perform these duties, and the Board of Health is no longer authorized to promulgate these rules.

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Is this rulemaking due to a change in state statute?

Yes, this request relates to the rules corresponding to the statute repealed via HB20-1038.

Does this rulemaking include proposed rule language that incorporate materials by reference?

Yes  URL  
 No

Does this rulemaking include proposed rule language to create or modify fines or fees?

Yes  
 No

Does the proposed rule language create (or increase) a state mandate on local government?

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed.

REGULATORY ANALYSIS  
For Repeal of  
6 CCR 1016-2  
Prevention, Intervention, and Treatment Programs for Children and Youth

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

The repeal of the rule does not negatively impact any classes; those that benefit from repealing an obsolete rule include:

B: Staff in the Colorado Department of Public Health and Environment.

B: Constituents.

C = individuals/entities that implement or apply the rule.

CLG = local governments that must implement the rule in order to remain in compliance with the law.

S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.

B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed or be at-risk because of the rule, the "C" or "CLG" category individuals/entities that implement or apply the rule, or "S" category individuals/entities that are interested in the rule or its implementation.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

C: There is no economic impact as a result of repealing this rule. The department has been unable to complete the plan since 2013, as a result of no longer having statutory authority over the children and youth programs transferred to CDHS. Staff from the Prevention Services Division participate with a broad array of stakeholders to update the Colorado Statewide Youth Development Plan as required by § 26-1-111.3 C.R.S.

B: CDPHE will benefit as there will no longer be misalignment in statute and rule.

B: Constituents will not receive inaccurate and outdated information about government programs or requirements.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

- A. Anticipated CDPHE personal services, operating costs or other expenditures:

There is no economic impact as a result of repealing this rule. The department has been unable to complete the plan since 2013, as a result of no longer having statutory authority over the children and youth programs transferred to CDHS. Staff from the

Prevention Services Division participate with a broad array of stakeholders to update the Colorado Statewide Youth Development Plan as required by § 26-1-111.3 C.R.S.

- B. Anticipated personal services, operating costs or other expenditures by another state agency:

Anticipated Revenues for another state agency:

N/A

- 4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

Comply with a statutory mandate to promulgate [repeal] rules.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

<p>1. Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO<sub>2</sub>e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO<sub>2</sub>e per year by June 30, 2020 and to 113.144 million metric tons of CO<sub>2</sub>e by June 30, 2023.</p> <p><input type="checkbox"/> Contributes to the blueprint for pollution reduction</p> <p><input type="checkbox"/> Reduces carbon dioxide from transportation</p> <p><input type="checkbox"/> Reduces methane emissions from oil and gas industry</p> <p><input type="checkbox"/> Reduces carbon dioxide emissions from electricity sector</p>
<p>2. Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.</p> <p><input type="checkbox"/> Reduces volatile organic compounds (VOC) and oxides of nitrogen (NO<sub>x</sub>) from the oil and gas industry.</p> <p><input type="checkbox"/> Supports local agencies and COGCC in oil and gas regulations.</p> <p><input type="checkbox"/> Reduces VOC and NO<sub>x</sub> emissions from non-oil and gas contributors</p>
<p>3. Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023.</p> <p><input type="checkbox"/> Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes.</p> <p><input type="checkbox"/> Increases physical activity by promoting local and state policies to improve active transportation and access to recreation.</p> <p><input type="checkbox"/> Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.</p>
<p>4. Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023.</p>

<p>___ Ensures access to breastfeeding-friendly environments.</p>
<p>5. Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <p>___ Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.</p> <p>___ Performs targeted programming to increase immunization rates.</p> <p>___ Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).</p>
<p>6. Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023.</p> <p>___ Creates a roadmap to address suicide in Colorado.</p> <p>___ Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate.</p> <p>___ Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries.</p> <p>___ Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.</p>
<p>7. The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional gaps to inform the required work of the Operational Readiness Review by June 30, 2020.</p> <p>___ Conducts a gap assessment.</p> <p>___ Updates existing plans to address identified gaps.</p> <p>___ Develops and conducts various exercises to close gaps.</p>
<p>8. For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023.</p> <p>___ Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident.</p> <p>___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment.</p> <p>___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.</p>
<p>9. 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.</p> <p>___ Implements the CDPHE Digital Transformation Plan.</p> <p>___ Optimizes processes prior to digitizing them.</p>

<p>___ Improves data dissemination and interoperability methods and timeliness.</p>
<p>10. Reduce CDPHE’s Scope 1 &amp; 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.</p> <p>___ Reduces emissions from employee commuting          ___ Reduces emissions from CDPHE operations</p>
<p>11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023.</p> <p>___ Used a budget equity assessment</p>

\_\_\_ Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

Inaction is not an option as the rules are no longer authorized under Colorado law.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no other less costly or less intrusive methods to repeal the rules. The rules are no longer authorized by state statute.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

There are no other alternative methods for achieving the purpose of this rulemaking.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

HB 20-1038 serves as the basis for the request to repeal these rules.

STAKEHOLDER ENGAGEMENT  
For Repeal of  
6 CCR 1016-2  
Prevention, Intervention, and Treatment Programs for Children and Youth

The Department developed the proposed repeal.

The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health and had the opportunity to provide feedback:

- Colorado Department of Human Services

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10<sup>th</sup> of the month following the Request for Rulemaking).

Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

To date, no major factual and policy issues have been encountered.



Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.	Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.	Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	Ensures a competent public and environmental health workforce or health care workforce.
X	Other: Ensure rules are current so constituents do not receive inaccurate and outdated information about government programs.	Other: _____ _____

1 ~~DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT~~

2 ~~Prevention Services Division~~

3 ~~PREVENTION, INTERVENTION, AND TREATMENT PROGRAMS FOR CHILDREN AND YOUTH~~

4 ~~6 CCR 1016-2~~

5 ~~[Editor's Notes follow the text of the rules at the end of this CCR Document.]~~

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7 ~~PART 1. GENERAL PROVISIONS~~

8 ~~1.1 Statutory Authority.~~

9 ~~These regulations are promulgated pursuant to section 25-20.5-101, et. seq., C.R.S.~~

10 ~~1.2 Definitions.~~

11 ~~(1) "Department" means the Colorado Department of Public Health and Environment.~~

12 ~~(2) "Division" means the Division of Prevention and Intervention Services for Children and Youth.~~

13 ~~(3) "Executive Director" means the executive director of the Colorado Department of Public Health and~~  
14 ~~Environment.~~

15 ~~(4) "Prevention, intervention, and treatment program" means a program that provides prevention,~~  
16 ~~intervention, or treatment services. Prevention, intervention, and treatment programs shall include~~  
17 ~~those within the Division, and within the Department and in other state departments, as identified~~  
18 ~~by the Division, using the criteria in Section 2.2 below.~~

19 ~~(5) "Prevention, intervention, and treatment services" means services designed to promote the well-being~~  
20 ~~of children and youth and their families by decreasing high-risk behaviors, strengthening healthy~~  
21 ~~behaviors, and promoting family stability.~~

22 ~~(a) "Prevention services" means proactive, interdisciplinary efforts to empower individuals to~~  
23 ~~choose and maintain healthy life behaviors and lifestyles, thus fostering an environment~~  
24 ~~that encourages law-abiding and non-troubled behavior.~~

25 ~~(b) "Intervention services" means proactive efforts to intervene at early signs of problems to stop~~  
26 ~~disease, reduce crises and to change problem behaviors.~~

27 ~~(c) "Treatment services" are individualized care services to treat and rehabilitate individuals~~  
28 ~~and/or groups in crisis situations and to aid in changing problem behaviors.~~

29 ~~(6) "State Plan" means the state plan for the delivery of prevention, intervention, and treatment services~~  
30 ~~to children and youth throughout the state.~~

31 ~~(7) "Tony Grampsas Youth Services (TGYS) Board" means the board created pursuant to section 25-~~  
32 ~~20.5-201, C.R.S.~~

33 ~~1.3 Desired Program Outcomes.~~

34 ~~Prevention, intervention, and treatment programs are designed to address one or more of the following~~  
35 ~~desired outcomes:~~

36 ~~(1) All infants and children thrive;~~

37 ~~(2) All children are ready for school;~~

38 ~~(3) All children and youth succeed in school;~~

39 ~~(4) All youth choose healthy behaviors;~~

40 ~~(5) All youth avoid trouble/illegal behavior;~~

41 ~~(6) All children live in caring and supportive families; and~~

42 ~~(7) All children and youth live in safe and supporting communities.~~

## 43 ~~PART 2. DEPARTMENT AND DIVISION RESPONSIBILITIES~~

### 44 ~~2.1 Applicability.~~

45 ~~This Part 2 applies to the Department and Division.~~

### 46 ~~2.2 Criteria for Determining Whether a Program Constitutes a Prevention, Intervention, and~~ 47 ~~Treatment Program for Children and Youth.~~

48 ~~(1) The criteria listed in paragraphs (a) through (d) of this subsection shall be used to determine whether~~  
49 ~~a program qualifies as a "prevention, intervention, and treatment program" for the purposes of~~  
50 ~~section 25-20.5-106 (2)(e) C.R.S. The program:~~

51 ~~(a) Is operated by or funded through a state agency;~~

52 ~~(b) Provides one or more of the services listed under 1.2 (5);~~

53 ~~(c) Is designed to address one or more of the outcomes listed under 1.3; and~~

54 ~~(d) Is not a juvenile program operated by the Division of Youth Corrections in the Department of~~  
55 ~~Human Services, a program operated for juveniles in connection with the state judicial~~  
56 ~~system, or a program pertaining to out-of-home placement of children pursuant to title 19,~~  
57 ~~C.R.S.~~

58 ~~(2) In addition, the Division may review any pertinent information submitted by the program under review.~~

## 59 ~~PART 3. STATE PLAN~~

### 60 ~~3.1 Applicability.~~

61 ~~This part 3 applies to the Department, the Division, and any other person that reviews the state plan.~~

### 62 ~~3.2 Review of state plan.~~

63 ~~(1) The Division shall review the state plan biennially. The Division shall complete the review by no later~~  
64 ~~than March 31st biennially beginning in the year 2003.~~

65 ~~(2) The Division review shall include, but not be limited to:~~

- 66 ~~(a) Holding at least two public meetings to receive input from members of the public and from~~  
67 ~~state agencies and entities operating prevention, intervention, and treatment programs;~~  
68 ~~and~~
- 69 ~~(b) Ensuring the state plan provides the most efficient and effective delivery of prevention,~~  
70 ~~intervention, and treatment services throughout the state, and meets the following~~  
71 ~~minimum requirements:~~
- 72 ~~i. Target and prioritize community prevention, intervention, and treatment service needs~~  
73 ~~throughout the state;~~
- 74 ~~ii. Specify the standards for measurable outcomes anticipated to be achieved by~~  
75 ~~prevention, intervention and treatment programs that receive state and federal~~  
76 ~~funds and the outcomes to be achieved through the coordination of said~~  
77 ~~prevention, intervention, and treatment programs;~~
- 78 ~~iii. Identify all state and community-based prevention, intervention, and treatment~~  
79 ~~programs that are receiving state and federal funds during the fiscal years for~~  
80 ~~which the plan is submitted and the schedule for review of said prevention,~~  
81 ~~intervention, and treatment programs; and~~
- 82 ~~iv. Identify the methods by which the Division shall encourage collaboration at the local~~  
83 ~~level among public and private entities, including but not limited to private for-~~  
84 ~~profit and nonprofit providers and faith-based service providers, in providing~~  
85 ~~prevention, intervention, and treatment services.~~

### 86 **3.3 Submittal Of State Plan**

- 87 ~~(1) If the Division revises the state plan during a biennial review, the Division shall submit the revised~~  
88 ~~state plan to the governor, the Tony Grampsas Youth Services Board, and the executive director~~  
89 ~~of the Department for approval no later than June 30th after the review was complete.~~
- 90 ~~(2) The Division shall provide a copy of any approved revised state plan to the board of health, general~~  
91 ~~assembly, and each state department that operates a prevention, intervention, and treatment~~  
92 ~~program, within thirty (30) days of approval of the revised state plan by the governor, the Tony~~  
93 ~~Grampsas Youth Services Board, and the executive director of the Department.~~
- 94 ~~(3) The Division shall place the approved revised state plan on the internet within 30 days of approval of~~  
95 ~~the revised plan by the governor, the Tony Grampsas Youth Services Board, and the executive~~  
96 ~~director of the Department.~~
- 97 ~~(4) The Division shall provide copies of the approved state plan and approved revised state plans to any~~  
98 ~~person upon request.~~

## 99 **PART 4. PREVENTION, INTERVENTION, AND TREATMENT PROGRAM REPORTS**

### 100 **4.1 Applicability.**

101 ~~This part 4 applies to each state agency that operates or uses state or federal funds to operate a~~  
102 ~~prevention, intervention, and treatment program.~~

103

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105 ~~4.2 Each state agency that operates a prevention, intervention, and treatment program shall~~  
106 ~~annually submit a report to the Division within thirty (30) days of either: the beginning of~~  
107 ~~the contract period for which the program receives money or the beginning of the fiscal~~  
108 ~~year for which the state agency receives funding. The report shall include the following~~  
109 ~~information for each prevention, intervention, and treatment program operated by the state~~  
110 ~~agency:~~

111 ~~(1) The name of the agency, the name of the program, the name of the unit where the program is~~  
112 ~~housed, contact information for the person managing the program;~~

113 ~~(2) The statutory authority, funding source, beginning and ending dates of funding, and the amount of~~  
114 ~~funding for the program;~~

115 ~~(3) The general parameters and a written description of the program not to exceed 250 words; and~~

116 ~~(4) Specific information regarding the program, including, but not limited to:~~

117 ~~(a) The overall goal or purpose of the program,~~

118 ~~(b) Primary problem area(s) to be addressed,~~

119 ~~(c) The population to be served by the program,~~

120 ~~(d) The geographic area(s) to be served by the program,~~

121 ~~(e) The prevention, intervention and treatment services to be provided by the program, and~~

122 ~~(f) The specific, measurable outcomes to be achieved by the program.~~

123 ~~4.3 Each state agency using state or federal monies to fund local prevention, intervention, and~~  
124 ~~treatment programs or statewide prevention, intervention and treatment initiatives shall~~  
125 ~~annually submit to the Division a description of each prevention, intervention, and~~  
126 ~~treatment program funded, which includes, but is not limited to:~~

127 ~~(1) The name of the agency and the name of the program funded, address, contact information and type~~  
128 ~~of entity for each program receiving funds;~~

129 ~~(2) The amount awarded and beginning and end date of each award, and prior year funding;~~

130 ~~(3) A written abstract or summary of the program or project not to exceed 100 words; and~~

131 ~~(4) Specific information regarding the program, including:~~

132 ~~(a) The overall goals or purpose of the program,~~

133 ~~(b) Primary problem area(s) to be addressed,~~

134 ~~(c) The population to be served by the program,~~

135 ~~(d) The geographic areas(s) to be served including a list of counties receiving services,~~

136 ~~(e) The prevention, intervention, and treatment services to be provided, and~~

137 (f) ~~The specific, measurable outcomes to be achieved by the program. The above information~~  
 138 ~~shall be submitted to the Division within 30 days of notice of grant award to the agency~~  
 139 ~~receiving funding.~~

140 ~~**4.4 At the close of the fiscal year for each of the programs referenced in paragraph 43 above,**~~  
 141 ~~**each state agency funding these programs shall, on behalf of these programs, submit**~~  
 142 ~~**evidence of the prevention, intervention, and treatment program's progress in meeting its**~~  
 143 ~~**stated outcomes and goals during the preceding fiscal year and in previous fiscal years,**~~  
 144 ~~**depending on how long the prevention, intervention, and treatment program has been in**~~  
 145 ~~**operation, including, but not limited to:**~~

146 ~~(1) Sources from which the program received funding and amount received from each source;~~

147 ~~(2) Number of statewide initiatives and local programs funded;~~

148 ~~(3) A description of the population served by the program; and the total number of people receiving~~  
 149 ~~services during the previous year;~~

150 ~~(4) The services provided by the program during the previous year;~~

151 ~~(5) The program's progress in meeting stated goals and outcomes for the previous year; and~~

152 ~~(6) A list of any entity (ies) collaborating in the delivery of prevention, intervention, and treatment services~~  
 153 ~~through the program.~~

154 ~~The above information shall be submitted to the Division within ninety (90) days of the close of the fiscal~~  
 155 ~~year for the program, in a format to be established by the Division. The state agency shall combine like-~~  
 156 ~~kind programs into a single program report based upon guidance developed by the Division.~~

## 157 ~~**Part 5. Uniform, Minimum Standards**~~

### 158 ~~**5.1 Applicability.**~~

159 ~~This part 5 applies to state and federally funded prevention, intervention, and treatment programs~~  
 160 ~~for children and youth.~~

### 161 ~~**5.2 Each prevention, intervention, and treatment program that receives state or federal funds**~~ 162 ~~**shall meet the following uniform, minimum standards:**~~

163 ~~(1) Clear statement of problem/issue to be addressed. The program/project shall identify the specific~~  
 164 ~~problem/issue(s) to be addressed, and describe a population or geographic area where the~~  
 165 ~~problem/issue exists. Estimates of the extent and nature of the problem in the population or~~  
 166 ~~geographic area to be served shall be based on relevant existing local, regional, state or national~~  
 167 ~~data (e.g. data from health, human services, education, law enforcement agencies, relevant~~  
 168 ~~studies, or program data).~~

169 ~~(2) Focus on contributing factors. The program/project shall address risk factors known to contribute to~~  
 170 ~~the problem and/or protective factors known to prevent or reduce the problem; and shall focus its~~  
 171 ~~resources on changing these risk and protective factors. If specific risk and protective factors for~~  
 172 ~~the problem have not been identified in the literature, the program/project shall provide a clear~~  
 173 ~~rationale for the program focus, based on relevant prevention/intervention or child/youth~~  
 174 ~~development principles, theories or frameworks.~~

175

176 ~~(3) Intended outcomes specified. The program/project shall specify one or more outcomes it intends to~~  
 177 ~~achieve as a result of the prevention and intervention program/services to be provided. These~~  
 178 ~~intended outcomes shall be related to changing the factors contributing to the problem or factors~~  
 179 ~~contributing to prevention or reduction of the problem. The intended outcomes shall specify the~~  
 180 ~~changes in knowledge, attitudes/beliefs, skills, behaviors, obstacles/enabling factors in the~~  
 181 ~~physical or social environment and/or changes in the physical and emotional health status,~~  
 182 ~~educational achievement or well-being of the individual, group or community being served.~~

183 ~~(4) Evidence-based programs/services. The program/project shall provide prevention and intervention~~  
 184 ~~services that have been previously implemented in one or more communities with demonstrated~~  
 185 ~~success in achieving the intended results; or that otherwise demonstrate a reasonable potential~~  
 186 ~~for success based on research, sound prevention/intervention principles and/or relevant theory.~~

187 ~~(5) Services and target population specified. The program/project shall specify the amount and type of~~  
 188 ~~services to be provided, and the proposed number of individuals, groups or the target population~~  
 189 ~~that will receive or benefit from the various program activities/services provided.~~

190 ~~(6) Evaluation. (a) the program/project shall systematically document and be able to provide data~~  
 191 ~~regarding services provided/activities carried out, and the number of individuals, groups and/or~~  
 192 ~~target population(s) receiving the services or benefiting from program activities; and (b) the~~  
 193 ~~program/project shall systematically document changes occurring as a result of the program~~  
 194 ~~services and activities provided; and shall provide evidence of progress in meeting one or more of~~  
 195 ~~its outcomes.~~

196 ~~(7) Agency capacity. (a) staff carrying out the program/project shall be trained in the specific program,~~  
 197 ~~services or model that they will be implementing; or they shall have at least two years prior~~  
 198 ~~experience in the successful implementation of similar prevention or intervention programs,~~  
 199 ~~practices and/or policies; and (b) the agency shall maintain records of revenues and expenditures~~  
 200 ~~by funding source, and shall be able to produce verification of expenses upon request. The~~  
 201 ~~agency shall assure that an independent review of the fiscal records/practices is conducted~~  
 202 ~~periodically, but no less frequently than annually.~~

203 ~~(8) Collaboration. The program/project shall regularly exchange information with other public, private and~~  
 204 ~~non-profit prevention, intervention and treatment programs at the state, regional or local level~~  
 205 ~~(e.g. faith-based organizations, health, education, human service, law enforcement agencies or~~  
 206 ~~other units of government) for the purposes of resource sharing, coordination of efforts, case~~  
 207 ~~management and to avoid duplication of services.~~

## 208 ~~Part 6. Uniform Standards and Procedures for Reviewing State and Local Prevention, Intervention~~ 209 ~~and Treatment Programs~~

### 210 ~~6.1 Applicability.~~

211 ~~This part 6 applies to all prevention and intervention programs for children and youth within the state that~~  
 212 ~~are operated or funded by a state agency using either state or federal funding.~~

### 213 ~~6.2 The following standards and procedures shall be used in reviewing state and local prevention,~~ 214 ~~intervention, and treatment programs that receive state or federal funds:~~

215 ~~(1) Identification of programs to be reviewed. The Division shall use the criteria/definitions established by~~  
 216 ~~the State Board of Health in part 1.2.4 and 1.2.5 in determining which programs are subject to~~  
 217 ~~review. The Division shall notify the state agency funding and/or operating the program and~~  
 218 ~~advise them that they are subject to review. The review will focus on state level programs and~~  
 219 ~~practices. Entities receiving funds from the above mentioned state level programs will be~~  
 220 ~~reviewed as part of the overall state level program review.~~

- 221 ~~(2) Exceptions to review requirement. The division may determine that programs are exempt from review~~  
222 ~~based on the following criteria:~~
- 223 ~~(a) The program is currently required to carry out a review similar in nature to the one required by~~  
224 ~~25-20.5-108 C.R.S. If a program is currently required to carry out a review similar in~~  
225 ~~nature to the review required by 25-20.5-108 C.R.S. and this review addresses the~~  
226 ~~elements and criteria specified under this rule, the Division may accept that review in lieu~~  
227 ~~of conducting its own review; and may forward a summary of that review to the parties~~  
228 ~~designated in subsection (9) below;~~
- 229 ~~(b) The program is the result of one-time funding, with no expectation of additional state or~~  
230 ~~federal funding in the near future;~~
- 231 ~~(c) The program is clinical in nature and is governed by clinical practice standards, professional~~  
232 ~~certification and/or licensing standards; or~~
- 233 ~~(d) The program is specifically excluded in 25-20.5-109 C.R.S.~~
- 234 ~~(3) Timelines for review. The Division shall, at least every four years, review or cause to be reviewed~~  
235 ~~each prevention, intervention, and treatment program operated within this state. All programs~~  
236 ~~subject to review, shall undergo an initial review by June 30, 2004. In subsequent years, the~~  
237 ~~Division in conjunction with the affected agencies and programs, shall establish a schedule for~~  
238 ~~review. Programs must have completed at least one year of operation prior to review. Timing of~~  
239 ~~the review shall, to the extent possible, be scheduled to coincide with existing program cycles.~~
- 240 ~~(4) Review criteria. State programs shall be reviewed to determine the extent to which they:~~
- 241 ~~(a) Meet their intended goals and outcomes;~~
- 242 ~~(b) Comply with the applicable rules adopted by the State Board of Health;~~
- 243 ~~(c) Comply with all requirements of the agency overseeing the operation of the prevention,~~  
244 ~~intervention or treatment program;~~
- 245 ~~(d) Meet the uniform minimum standards for state and federally funded prevention and~~  
246 ~~intervention programs for children and youth specified in part 5.2;~~
- 247 ~~(e) Support and require their grantees/contractors to comply with the uniform, minimum~~  
248 ~~standards for state and federally funded prevention and intervention programs in part 5.2;~~
- 249 ~~(5) Documentation. Each program to be reviewed shall provide the Division, or its contractor, with the~~  
250 ~~following documents, upon request:~~
- 251 ~~(a) A copy of the grant or proposal submitted to the state or federal funding source that outlines~~  
252 ~~the overall goals and intended outcomes of the program;~~
- 253 ~~(b) A copy of the request for proposal, or similar document, used to solicit proposals for services~~  
254 ~~to be provided by local, state or regional prevention and intervention service providers;~~
- 255 ~~(c) A copy of the criteria used in making decisions regarding which programs and services to~~  
256 ~~fund;~~
- 257 ~~(d) A sample, as requested by the Division or contractor, of successful proposals and/or~~  
258 ~~contracts with successful applicants;~~



- 259 ~~(e) A sample of quarterly, biannual or annual reports submitted by grantees which includes~~  
260 ~~information on the implementation of the project/services provided and an evaluation of~~  
261 ~~the extent to which the program reached its intended goals and outcomes;~~
- 262 ~~(f) A copy of an annual report, or similar document, provided to the original state or federal~~  
263 ~~funding source which includes information on program implementation/ services provided~~  
264 ~~and an evaluation of the extent to which the program reached its intended goals and~~  
265 ~~outcomes;~~
- 266 ~~(g) A statement that certifies that the program is complying with all requirements of the agency~~  
267 ~~overseeing the operation of the program;~~
- 268 ~~(h) Additional information may be requested or considered, as necessary. The information~~  
269 ~~provided in the above documents will be reviewed and summarized by the Division or its~~  
270 ~~contractor, and an executive summary of each program review will be drafted.~~
- 271 ~~(6) Involvement of program staff. During the process of the program review, the Division or its contractor~~  
272 ~~shall communicate with the program staff to gather information, review findings, and assure~~  
273 ~~accuracy prior to development of the final program review summary. The Division will retain~~  
274 ~~overall responsibility for the final review summary of programs.~~
- 275 ~~(7) Unsatisfactory ratings. If the division determines that a state operated prevention, intervention, and~~  
276 ~~treatment program is not meeting or making adequate progress toward meeting the outcomes~~  
277 ~~specified for the program, or is otherwise failing to comply with statutory or regulatory~~  
278 ~~requirements, the Division shall notify the program of its findings in writing. Within 30 days of~~  
279 ~~notification, the program will submit to the Division an improvement plan to correct deficiencies.~~  
280 ~~At 90-day intervals from the time the plan is filed, the program will submit progress reports to the~~  
281 ~~division on the manner in which they are implementing the improvement plan. If, after six~~  
282 ~~months, the program is not making satisfactory progress in addressing program deficiencies, the~~  
283 ~~division shall recommend to the Governor or to the general assembly, whichever is appropriate,~~  
284 ~~that the prevention, intervention, and treatment program cease receiving state or federal funding.~~
- 285 ~~If the Division determines that a community-based prevention, intervention and treatment~~  
286 ~~program is not meeting or making adequate progress toward meeting the outcomes specified for~~  
287 ~~the program, or is otherwise failing to comply with statutory or regulatory requirements, the~~  
288 ~~Division, shall revoke the grant issued to the program, if it was issued by the Division, or~~  
289 ~~recommend revocation to the state agency that issued the grant.~~
- 290 ~~A community-based prevention, intervention and treatment program for which the grant is~~  
291 ~~revoked may appeal as provided in the "State Administrative Procedure Act", Article 4 of Title 24,~~  
292 ~~C.R.S.~~
- 293 ~~(8) Contract for review. The Division may contract with one or more public or private entities to conduct~~  
294 ~~the reviews of prevention and intervention programs and assist in preparing the annual executive~~  
295 ~~report as required in this section.~~
- 296 ~~(9) Report dissemination. The Division shall annually prepare or oversee the preparation of an executive~~  
297 ~~summary of the prevention, intervention, and treatment program reviews conducted during the~~  
298 ~~preceding year, and submit such summary to the Governor, to the General Assembly, to each~~  
299 ~~state department that operates a prevention, intervention, and treatment program, and upon~~  
300 ~~request, to each entity that receive state or federal funds for operation of a prevention,~~  
301 ~~intervention, and treatment program during the fiscal year for which the summary is prepared. In~~  
302 ~~addition, the Division shall provide copies of the executive summary to any person upon request.~~

303

304 **6.3 Cost allocation formula.**

305 ~~The Division shall receive a percentage, as determined by rule, of the operating cost of each state~~  
306 ~~prevention, intervention, and treatment program reviewed to offset the costs incurred by the Division in~~  
307 ~~performing such reviews 25-20.5-108 (4), except as set forth in section 6.3(1)(a)(b)(c).~~

308 ~~(1) Program review options. Because of the different funding mechanisms across state agencies, the~~  
309 ~~varying level of work required to complete a program review, the need for flexibility, and the~~  
310 ~~desire to make the best use of existing resources, the Division may offer options to programs to~~  
311 ~~offset the cost of review, including:~~

312 ~~(a) The program may demonstrate, using procedures and format determined by the Division, that~~  
313 ~~it has completed a review which is similar in nature to the one required by 25-20.5-108~~  
314 ~~C.R.S. and, will supply documentation of the results of that review to the Division, in a~~  
315 ~~format to be determined by the Division;~~

316 ~~(b) The program may assign staff with expertise in program evaluation/review to prepare the~~  
317 ~~necessary documentation, using procedures and format determined by the Division, to~~  
318 ~~assess the extent to which the program meets the uniform, minimum standards and~~  
319 ~~demonstrates progress in meeting its intended goals and outcomes, thereby substantially~~  
320 ~~reducing outside costs;~~

321 ~~(c) The program may directly contract with an evaluator, approved by the Division, who will~~  
322 ~~complete the review, using criteria, procedures and format outlined by the Division; or~~

323 ~~(d) The program may forward an amount to the Division, based on hourly rate and the total~~  
324 ~~amount of time required to conduct the review as calculated by the Division.~~

325 ~~(2) Cost allocation. The plan for review of the program will include an assessment of the cost, if any, to~~  
326 ~~the Division of conducting the review and the manner by which those costs will be covered by the~~  
327 ~~Division and/or by the program being reviewed. If state general fund or other funding is not~~  
328 ~~available to the Division to carry out or contract for the program review, all costs associated with~~  
329 ~~the review will be allocated to programs reviewed based on the amount of Division staff and/or~~  
330 ~~contractor time required to complete the review.~~

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332 **Editor's Notes**

333 **History**

334