

Uniform Minimum Standard Assessment Toolkit

Uniform Minimum Standards

The Colorado Prevention Leadership Council (PLC) is committed to coordinating and streamlining state processes and enhancing the quality and accessibility of prevention and intervention services for children and youth in Colorado. The PLC consists of representatives of five state departments (Education, Human Services, Public Health and Environment, Public Safety, and Transportation), two state universities, and prevention partners. The PLC developed a Uniform Minimum Standards Task Force as required by state legislation in the HB00-1342 (now C.R.S. 25-20.5) that developed the framework for the standards; provided background information and reviewed existing standards; critiqued drafts of the standards and provided overall support in the completion of this project.

The eight Uniform Minimum Standards (UMS) below are key factors that influence your program/project and agency success.

1. **Clear Statement of the Issue/Need (s) to be Addressed:** To what extent does the program/project identify the problem/issue(s) to be addressed? To what extent does it describe the population and/or geographic area where the issue exists? To what extent does it utilize a variety of data in this assessment process?
2. **Focus on Contributing Factors:** To what extent does the program/project utilize research (e.g. risk and protective factors, health behavior) or literature to identify contributing factors? To what extent are the contributing factors linked to the identified problem and strategies?

3. **Intended Outcomes Specified**: To what extent does the program/project specify one or more measurable outcomes it intends to achieve through its approaches? To what extent do these outcomes relate to the identified problem and contributing factors?
4. **Evidence-Based Programs/Services**: To what extent does the program/project provide prevention or intervention approaches that are a model program or are based upon research, sound prevention/intervention principles or theory?
5. **Services and Target Population Specified**: To what extent does the program/project specify the amount and type of services/approaches, and the proposed number of individuals or groups that will benefit?
6. **Evaluation**: To what extent does the program/project plan and implement evaluation that tracks both the process and outcome data? To what extent does the program/project modify services/approaches based upon the evaluation results and can demonstrate progress towards outcomes?
7. **Agency Capacity**: To what extent is staff qualified and trained in the program, approaches or model being implemented? To what extent are the staff qualified to work with the targeted service population? To what extent are fiscal and accounting procedures in place to accurately manage and track funds and program activities? To what extent does the governing body and practices fairly represent the clients? To what extent does marketing reflect the clientele?
8. **Collaboration**: To what extent does the program/practice collaborate with other public, private, and nonprofit prevention and intervention programs at the state, regional or local level for purposes of resource sharing, coordination of efforts, case management and to avoid duplication of services?

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Background. In May 2000, the Colorado State Legislature passed the "Prevention, Intervention, and Treatment Services for Children and Youth Act" — HB00-1342 (now C.R.S. 25-20.5: 101-109). The overall purpose of the legislation was to create a more unified, effective and efficient approach to the delivery of state and federally funded prevention, intervention and treatment services for children and youth in Colorado. One of the requirements in the legislation is the development and adoption of uniform, minimum standards for all state and federally funded prevention and intervention programs for children and youth, including 40+ state-level and 1200+ local programs currently operated/funded by the state Departments of Education, Human Services, Public Health and Environment, Public Safety, and Transportation. The UMS were developed with input from representatives of the five state departments and became part of the rules and regulations related to CRS 25-20.5: 101-109 in 2004.

The UMS are intended to be the point of reference for each of the state agencies that fund prevention and intervention services for children and youth in regard to the expectations of best practice among local programs that receive funding from state-managed prevention and intervention services for children and youth.

Opportunity. Although the creation of and application of uniform, minimum standards are required, the legislation, in fact, provides an opportunity for state agencies and local service providers to develop consensus regarding standards for prevention and intervention programs; to assess our 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.

Process. The Colorado Prevention Leadership Council (PLC) - which is comprised of representatives across five state agencies, two institutions of higher education, and statewide resource organizations - convened a Uniform Minimum Standards Task Force to develop recommended standards. The Task Force reviewed criteria/standards used by existing prevention/intervention programs in Colorado; and identified eight areas considered critical to the development and implementation of quality programs, including: clear issue/need statement, focus on contributing factors, identified 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 over 200 local prevention/intervention programs for review and input. Comments from local program staff strongly supported the creation of the standards; and provided good suggestions for refinement of the standards. The State Board of Health reviewed and adopted the proposed Uniform Minimum Standards in March 2004.

Since that time, the Uniform Minimum Standards have been utilized to conduct a review of over forty state-managed programs in five state departments that fund prevention and intervention programs for children and youth. In addition, the Uniform Minimum Standards Task Force aligned the eight standards with core competencies and developed an assessment tool. The Task Force sent the draft assessment tool to providers, state program officers, and technical assistant agents for review and input. Refinements have been made through a series of pilots and the tool is now ready to be utilized with providers in conjunction with state program officers and technical assistant agents.

Intended Uses. The provider may utilize the assessment tool as a self-assessment of their capacity and an ongoing mechanism for reflection, planning, and growth. Program managers at the state level may utilize the assessment tool in the ongoing review of providers/contractors' strengths, areas for enhancement, and the development of plans that build or enhance the capacity of the programs and organizations. Similarly, 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).

In addition to these four lenses, it will be important to keep in mind the differences that may emerge with providers in different settings, such as rural versus urban and/or the size and complexity of an organization.

How to Conduct the UMS Assessment

Conducting the UMS assessment will help you determine how well your agency functions in the development and implementation of quality prevention programs and practices across the eight uniform minimum standards. As such, this assessment tool is organized by the eight standards. The items within the standards represent critical elements of competence for the agency to assess the level and quality of work. *A caution: this assessment tool is not a standardized "survey" to be distributed and completed with a target audience.*

The UMS assessment is recommended to be utilized in the following ways:

1. Agency self-assessment to formulate an agency-specific action plan that may include identified strengths and areas for enhancement.
2. Agency self-assessment in conjunction with an assessment by a state funding agency or technical assistant agent. A follow-up action plan may include strengths and identified areas for enhancement.

Here are a few key tips to remember when conducting and using the results of the UMS Assessment:

1) Agency Team: It is recommended that this assessment tool be completed as a team (e.g. Program Staff, Executive Director, Fiscal Staff, Board, constituents) within an agency to arrive at some level of consensus on the level and quality of the various elements listed under each of the standards. As much as possible, there should be consensus among the team on the level and quality of the element being discussed.

2) Rating: In assigning a value to the element, consider the extent to which it describes the quality both in the written documentation and practice/implementation of the prevention programs/practices and the agency as a whole. **Agency and program materials should be referenced in the rating process to substantiate the value given.** Materials referenced may include the following: funded Request for Application/Proposal (RFA/P), scores of the RFA/P, logic model, work/management plan, program materials, evaluation plan, narrative of evaluation findings and program modification(s), marketing materials, personnel manual, etc...

Note: the more conscientious and deliberate your team can be in this rating process, the greater likelihood you will be able to accurately identify key areas for growth in the agency and prevention programs or practices. Use the comment sections located throughout the tool to add additional information you can refer back to.

3) Aggregation of Results: Once you have rated the individual elements within the standards, you may enter the values into an excel spread sheet which will give you the overall result for the uniform, minimum standard and plot the results onto a matrix to get a visual representation of where your agency rates on each standard.

4) Use of the Results: The results from the assessment can be used to provide a starting point for dialogue regarding your agency's strengths and opportunities for enhancement of the various standards. The open-ended questions at the end of the assessment can be used to summarize the major areas of strength, identified areas for enhancement, future goals and considerations for technical assistance and training. There may be areas within the standards that are of lesser or greater importance to your agency to perform well and for future growth. Even if your agency rates well in a particular standard, there may also be a desire to seek excellence in that area. This assessment relies on your agency's team to make those determinations in moving forward.

5) Action Plan: The template for the action plan can be utilized to establish next steps for growth in the agency across the eight standards and should be reviewed periodically throughout the year for progress and refinements that may need to be made. This assessment can be repeated annually (or more frequently if desired) and the results can be tracked over time to assess the agency's progress and development.

Uniform Minimum Standard Assessment Tool

Cover Page

Agency Name:

Program Name(s):

State Funders and Program Managers:

Agency Team Who Completed the Assessment:

Date Assessment Completed:

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Purpose and Instructions: The purpose of this assessment is to accurately represent the capacity of an agency across critical elements of the eight uniform, minimum standards. Your thoughtful, honest and conscientious responses to these elements will be extremely valuable to the assessment process.

Please use the following scale to respond to each statement below. Read the element and think about the extent to which it describes the quality of your work for this particular item, both in terms of written documents and implementation.

1-----2-----3-----4-----5

Not Practicing	Partially Practicing	Adequately Practicing	Extensively Practicing	Exemplary Practice
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If there is an element that does not apply to your work please put **NA for Not Applicable**.

Scale. The result that indicates an agency is achieving the "standard" within the individual elements of the eight uniform, minimum standards is set at a **3 = Adequately Practicing**.

- **1 = Not practicing.** The agency may have nothing in place that addresses the stated element.
- **2 = Partially Practicing.** The agency has processes underway to address a particular element, but more work needs to be done before it truly meets the "standard."
- **3 = Adequately Practicing.** The agency has written documentation and practice that adequately meets the stated element.
- **4 = Extensively Practicing.** The agency meets and exceeds the stated element of the UMS - goes above and beyond what is required in some significant way.
- **5 = Exemplary Practice.** The program/agency is exemplary with regard to the element - the practice is considered exemplary and there is little to no room for improvement.

Clear Statement of the Issue/Need (s) to be Addressed:

Population/Community Level

- 1) _____ Various data (local, county, state and/or national) is collected and cited.
- 2) _____ Data is interpreted and used to identify the issue(s).
- 3) _____ Resource/asset scan and gaps analysis is conducted.
- 4) _____ Key stakeholders participate in the review of the data and prioritization of needs/issues, such as through meetings, focus groups, interviews, community forums, etc...
- 5) _____ Needs/issues are prioritized based on the data and resource scan/gaps analysis.

Target Population Level

- 6) _____ Target population is identified and described (e.g. age, ethnicity, gender, SES, etc...).
- 7) _____ Target population data/input is gathered and analyzed, such as focus groups, surveys, and interviews.

Comments:

Focus on Contributing Factors

- 1) _____ Contributing factors are selected that have been demonstrated in research/literature to be the major causes of the identified issue(s) (e.g. risk and protective factor model, health behavior model).
- 2) _____ Contributing factors are selected and included in a logic model or plan.

Comments:

Intended Outcomes Specified

- 1) _____ Intended outcomes are specified and included in a logic model or plan that links to needs, target population, and contributing factors.
- 2) _____ Goals and measurable outcomes relate to data, resource scan and contributing factors.
- 3) _____ Measurable outcomes are SMART - specified, measurable, achievable, realistic, and time-based.

Comments:

Evidence-Based Programs

- 1) _____ Selected program/practice is linked to the contributing factors and identified outcomes in a logic model or plan.
- 2) _____ Evidence-based program/practice selected has been demonstrated to impact the selected contributing factor(s) and identified outcome(s).
- 3) _____ Selected program/practice is evidenced-based in either research or evaluation data (over time), and has a foundation in sound prevention/intervention theory and principles.
- 4) _____ There is evidence/research to support the selected program/practice is appropriate to the target population being served. (Consider age, gender, culture, ethnicity, geography, etc.).
- 5) _____ Duration and frequency of the services delivered match the requirements for the selected program/practice model.

- 6) _____ If a model program/practice is being implemented, fidelity is maintained by adherence to the core components of the program.

Comments:

Services and Target Population is Specified

- 1) _____ Work/management plan is implemented that includes activities/strategies, timeline, resource needs, and person(s) responsible for tasks.
- 2) _____ Service/practice and educational materials are designed with the target population's learning needs in mind, such as literacy level, language, audio/visual learning, experiential learning, etc.
- 3) _____ Services/practices incorporate cultural characteristics of the target population (such as rural, urban, language, age group, ethnic customs, etc.).
- 4) _____ There is a recruitment strategy that is specific to the target population.
- 5) _____ Actual numbers served match the proposed numbers to be served.
- 6) _____ Retention goal is determined and the retention rate is measured.
- 7) _____ Agency utilizes a system for managing the tracking of programs/practices, such as attendance records, participant rosters, participant contact information, and programs/practice activities, etc.
- 8) _____ Service/practice report(s) are submitted in a timely manner to funder(s).
- 9) _____ Agency maintains confidentiality of service population as is appropriate.
- 10) _____ Systems and policies for adhering to state-mandated reporting related to harming self, others or property are followed by employees.

Comments:

Evaluation

- 1) _____ Evaluation plan is linked to logic model or plan.
- 2) _____ Evaluation plan includes:
 - a. Process and outcome evaluation methods (such as surveys, focus groups, interviews);
 - b. Qualitative and quantitative data;
 - c. Assignment of roles and responsibilities (such as data collection, entry, analysis, etc.);
 - d. Identified evaluation strategies, protocols, and guidelines to implement evaluation methods; and
 - e. Analysis and use of evaluation data.
- 3) _____ Evaluation strategies are appropriate to the target population (age, language, etc...).
- 4) _____ Evaluation strategies are appropriate and meaningful for measuring the intended outcomes of the selected program/practice.
- 5) _____ Evaluation tasks and activities are implemented, such as: administration of evaluation instruments, data collection and data entry, and tracking systems.
- 6) _____ Analysis and interpretation of the process and/or outcome data is conducted.
- 7) _____ Results and findings of the data are linked to program/practice continuation or modifications.
- 8) _____ Narrative report offers a rationale based on the intended outcomes and interpretation of the findings for continuing the selected program/practice or for modification and changing of program/practice.

Comments:

Agency Capacity

Organization Capacity

- 1) _____ Agency complies with all federal, state, and local employment laws when hiring and employing personnel.
- 2) _____ Staff credentials (degrees, certifications, and experience in the field of prevention and/or intervention) reflect the skills and expertise to deliver the specific programs/practices for the population(s) served.
- 3) _____ Agency conducts background checks on employees, volunteers, independent contractors and paid solicitors, if their positions involve working with children or youth, performing financial duties or serving in other sensitive areas.
- 4) _____ Agency supports the education and development of personnel and provides them with opportunities for growth and advancement.

- 5) _____ Funds are allocated in the agency budget for staff professional development.
- 6) _____ Agency has accounting and auditing procedures and policies that are consistent with *General Accounting Practices*.
- 7) _____ Independent review of fiscal records/practices is conducted annually.
- 8) _____ Agency has appropriate insurance policy that includes liability, property, auto, and/or workers' compensation for programs and services rendered.
- 9) _____ Composition of the governing body fairly represents the population of the service provision.
- 10) _____ Agency has mechanisms to develop leadership and other key positions, including the development of succession plans.
- 11) _____ Parents and youth serve on the governing body, agency advisory council, and/or as key stakeholders in planning for programs/practices.

Funding and Resource Development

- 12) _____ Diverse sources of revenue (public and private grants, individual donations, special events, earned income, etc...) are garnered for the agency.
- 13) _____ Agency has a sustainability plan and there is documentation of efforts related to addressing the plan.

Marketing, Public Relations and Mass Communications

- 14) _____ Marketing reflects: the literacy level, language, and social experience of the population(s) served; and the use of selected media pathways and tools such as PSA's, press releases, public speaking venues, health fairs, etc.

Comments:

Collaboration

- 1) _____ Agency is aware of and coordinates with other agencies providing similar or complementary services in their community.

- 2) _____ Formal and informal collaborative relationships exist in providing and delivering programs/practices to the population(s) served as evidenced by letters of support and Memoranda of Agreement/Understanding.
- 3) _____ Agency participates in strategic alliances/collaborative efforts to help achieve community and/or agency goals, improve effectiveness and efficiency, and/or strengthen community connections with other service providers for the clients/community.

Comments:

Please answer the following questions in the spaces provided.

1. Based upon the assessment of the Uniform Minimum Standards, what are the strengths of your agency/program/practice?
2. Where are the opportunities for enhancement and growth?
3. What areas are most important for you to strengthen and enhance? What kind of technical assistance and support do you need to make this happen?
4. What are your goals and plans to maintain or strengthen your efforts in moving forward?

Uniform Minimum Standards Action Plan

Agency Name:

Program Name(s):

Date of Assessment:

Date of Action Plan:

Agency team members who participated in developing the action plan:

State Program Manager(s):

Opportunities for Action

Action Step(s)	Timeline	Lead Person and Team Members	Technical Assistance and/or Training Needs and Request
1.			
2.			
3.			

