

Colorado Department of Human Services



Summary Report

January – June 2012

Prepared by:

Performance Management Division

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Colorado Department of Human Services

Mission

Collaborating with our partners, our mission is to design and deliver high quality human and health services that improve the safety, independence and well-being of the people of Colorado.

Vision

The people of Colorado are safe, healthy and are prepared to achieve their greatest aspirations.

Values

The Colorado Department of Human Services will:

- Make decisions with and act in the best interests of the people we serve because Colorado's success depends on their well-being.
- Share information, seek input, and explain our actions because we value accountability and transparency.
- Manage our resources efficiently because we value responsible stewardship.
- Promote a positive work environment, and support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.

The C-Stat Process

What is C-Stat?

C-Stat is a performance based analysis strategy that allows the Colorado Department of Human Services (CDHS) to better focus on and improve performance outcomes that enhance people's lives. By identifying areas of focus, CDHS can determine what is working and what needs improvement. By measuring the impact of day-to-day efforts, CDHS will be able to make more informed, collaborative decisions to align our efforts and resources to affect positive change for the people we serve.

Meetings

Beginning on January 25, 2012, CDHS has held weekly C-Stat meetings with one meeting for each office each month. The C-Stat meetings are held in a dedicated conference room at the Department's central office in downtown Denver. The directors of each of the four offices responsible for providing direct human services, and their respective division directors, meet monthly with the C-Stat Leadership Team, which is comprised of executive level department staff, including the Executive Director and both Deputy Executive Directors. The Executive Director facilitates the C-Stat meetings, focusing on any of the performance measures and action items.

As of July 1, 2012, CDHS has identified the measures appearing within this report to be tracked on an ongoing basis through the C-Stat process. C-Stat measures, however, remain fluid in nature, as progress is made and data refined. C-Stat will continue to evolve to meet the objective of measuring key performance indicators for CDHS.

For more information regarding the C-Stat process or information in this report, please contact **Ki'i Powell** at **303-866-3929** or at ki'i.powell@state.co.us.

How do I read this report?

The Division

Measure: **What the C-Stat measure is attempting to capture. (Federal Measure or Strategic Plan Measure where applicable)**

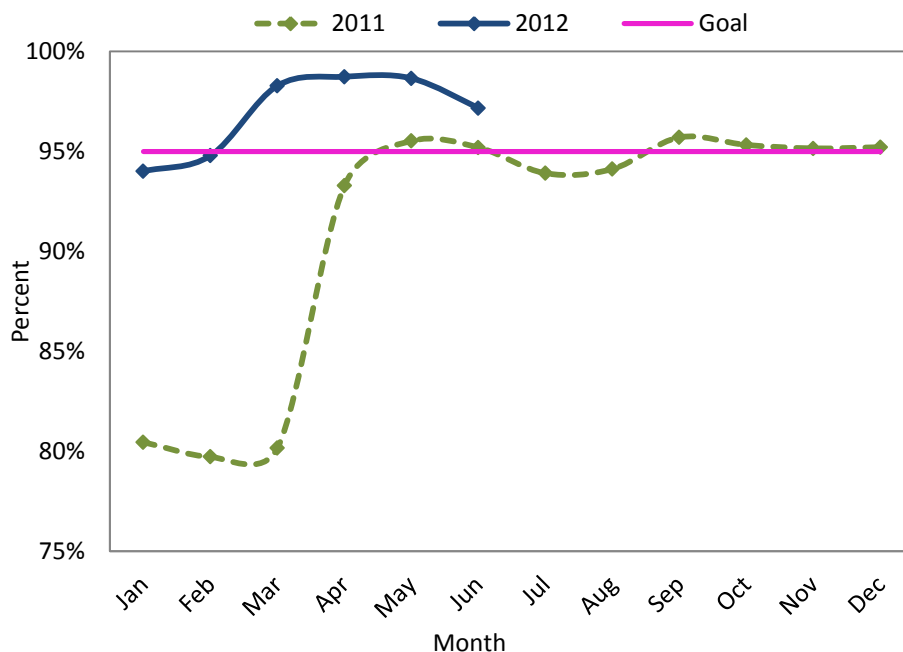
How it is measured: *Numerator:* Describes what is being “counted.”
Denominator: Describes the overall population. Approximate monthly denominator is an indication of the size of the population.

Why this matters: The impact on Coloradans affected.

Goal: The level at which the Division is aiming to drive performance.

SAMPLE GRAPH:

Graphs attempt to capture current data in addition to one year’s prior performance. This allows for both historic and seasonal comparisons. For those graphs with multiple entities (e.g., homes, centers, regions), the x-axis has been extended to capture history and seasonality over time.



Trend: A statement about the pattern the data are demonstrating.

Notes: Any additional information worth noting.

Office of Behavioral Health

Description

The Office of Behavioral Health (OBH) is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight for the public behavioral health system for non-Medicaid eligible citizens of Colorado. OBH consists of the Division of Behavioral Health (consisting of mental health and substance abuse community programs), the Mental Health Institute Division (operation of two Mental Health Institutes at Fort Logan and Pueblo), and the Domestic Violence Program.

Director: Lisa Clements

Division of Behavioral Health

Summary

Description

The Division of Behavioral Health (DBH) is dedicated to strengthening the health, resiliency, and recovery of Coloradans through quality and effective behavioral health prevention, early intervention and treatment services. DBH has established a set of values and guiding principles, which the Division utilizes to fulfill its role as the single state authority for behavioral health services. DBH contracts with 17 Community Mental Health Centers (CMHCs), two specialty Mental Health Clinics, and four Managed Service Organizations (MSOs) that, in turn, manage 40 Substance Use Disorder (SUD) providers.

Director: Doug Muir

Executive Summary

- Currently, DBH has identified 11 performance measures. Seven measure the effectiveness of substance use disorder treatment and four measure the effectiveness of mental health treatment services.
- DBH developed goals using a statistical benchmarking approach. This approach averages the performance data across the highest performing providers serving at least 10 percent of the population.
- The Colorado Client Assessment Record (CCAR) and the Drug and Alcohol Coordinated Data System (DACODS) are the two instruments utilized to capture DBH data.

Measures

- [Increase Access to Outpatient Substance Use Disorder Treatment](#)
- [Increase Access to Outpatient Substance Use Disorder Treatment-Pregnant Women](#)
- [Reduce Use of Alcohol](#)
- [Reduce Use of Drugs](#)
- [Reduce Mental Health Symptom Severity](#)
- Reduce Drop-outs-[Mental Health](#), [Substance Abuse](#)

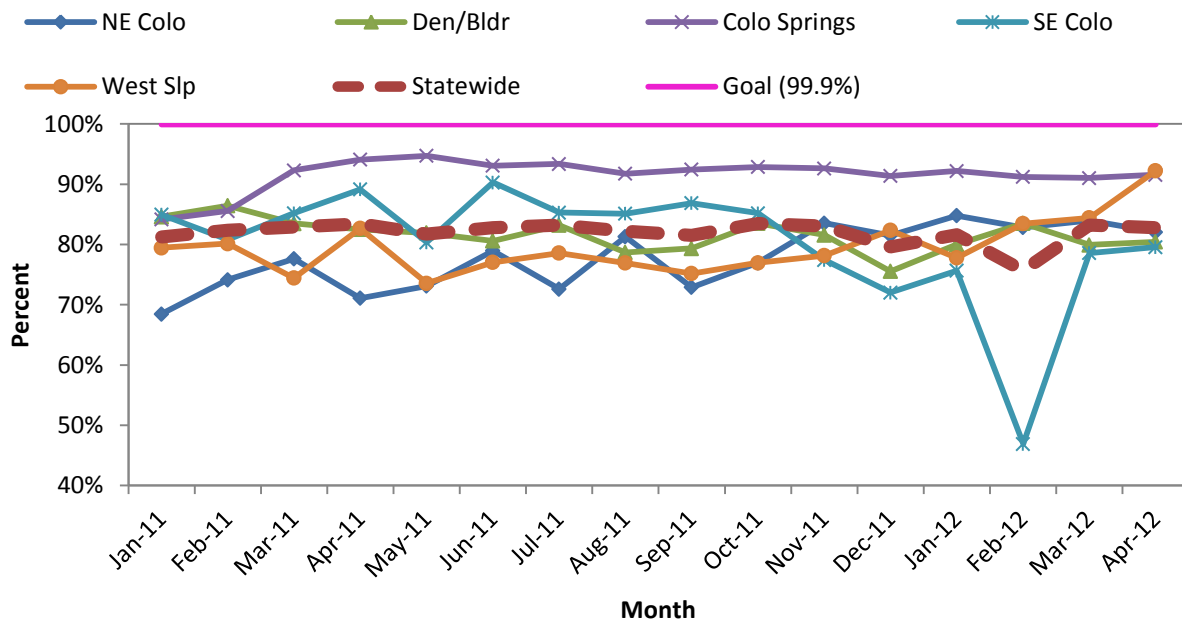
Division of Behavioral Health (DBH)

Measure: **Timeliness of access to outpatient substance use disorder treatment**

How it is measured: *Numerator:* Number of persons admitted into outpatient substance use disorder treatment in less than three days from first contact
Denominator: Number of persons admitted into outpatient substance use disorder treatment; Approximate monthly denominator: 900

Why this matters: Timely access to treatment engages clients in the recovery process sooner.

Goal: **↑99.9%**



Trend: The Colorado Springs region generally performs 10% higher than the state average.

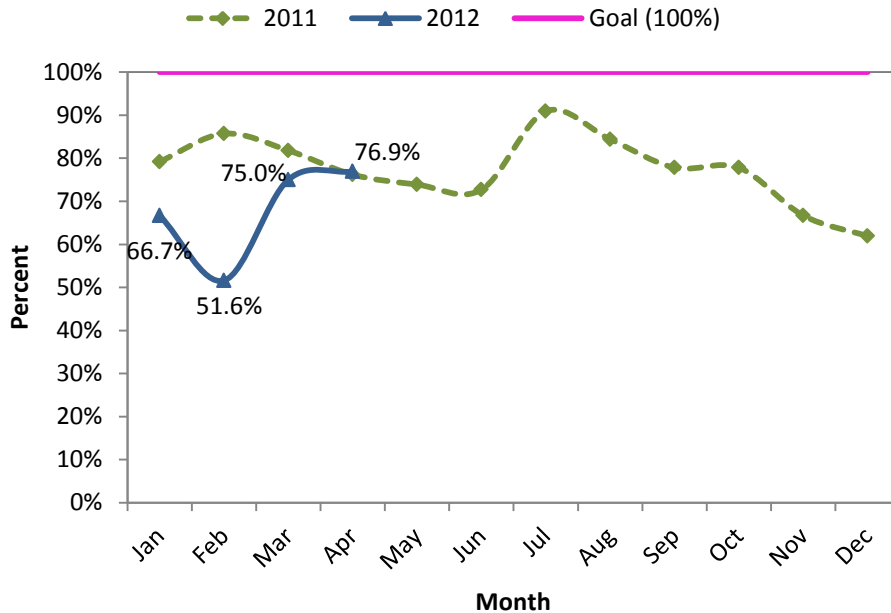
Division of Behavioral Health (DBH)

Measure: **Timeliness of access to outpatient substance use disorder treatment for pregnant women**

How it is measured: *Numerator:* Number of pregnant women admitted into outpatient substance use disorder treatment in less than three days from first contact
Denominator: Number of pregnant women admitted to outpatient substance use disorder treatment; Approximate monthly denominator: 20

Why this matters: Timely access to treatment engages clients in the recovery process sooner and can improve the health of the mother and the unborn child.

Goal: ↑100%



Trend: After eight months of declining performance, there has been an increase since February 2012.

Notes: Given that the population captured in this measure is approximately 20 people per month, data are not broken out, regionally, in the graph.

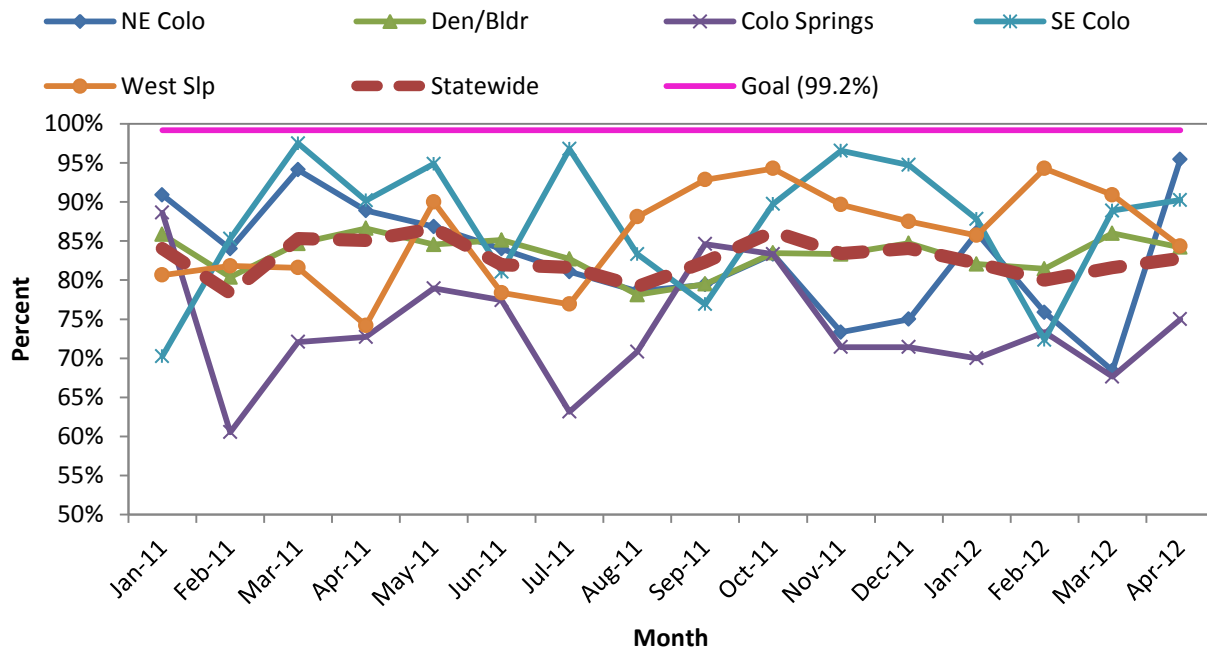
Division of Behavioral Health (DBH)

Measure: Persons reducing the use of alcohol from admission to discharge in substance use disorder treatment

How it is measured: *Numerator:* Number of persons who reduced their use of alcohol at discharge
Denominator: Number of discharged persons receiving substance use disorder treatment who are using alcohol at admission; Approximate monthly denominator: 225

Why this matters: People who enter substance use disorder treatment should expect to recover as a result.

Goal: ↑99.2%



Trend: The state average is steady. The Colorado Springs region performs relatively lower than the other regions. The South East Colorado region, generally, has higher performance than the other regions.

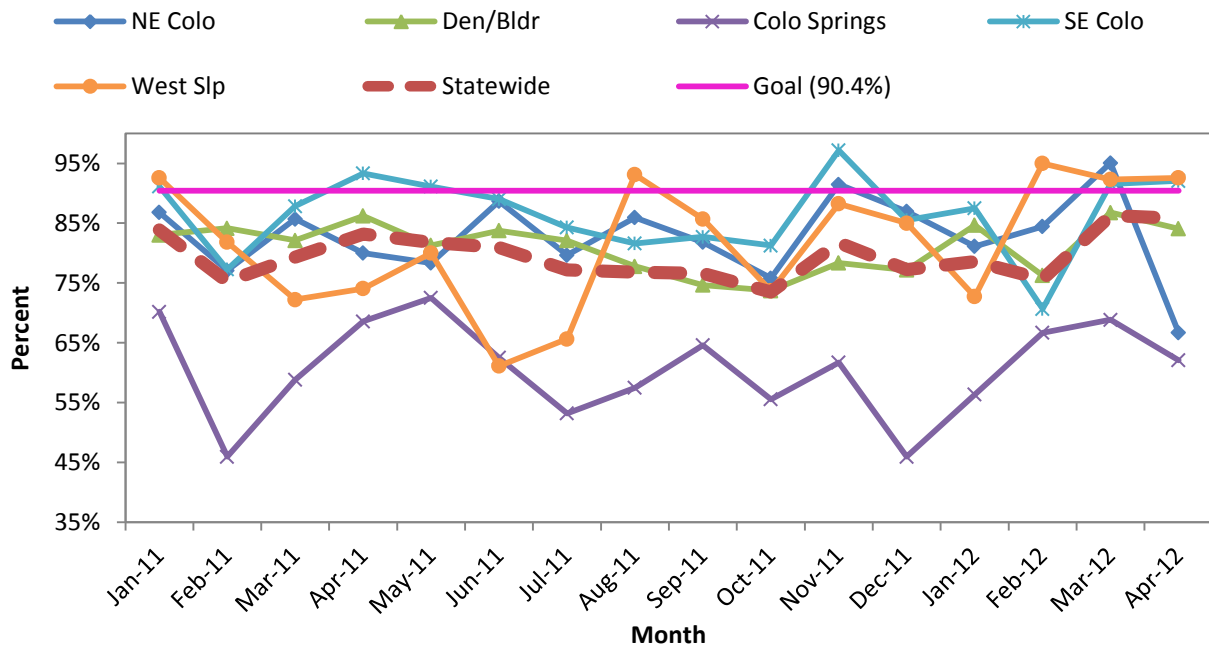
Division of Behavioral Health (DBH)

Measure: Persons reducing the use of drugs from admission to discharge in substance use disorder treatment

How it is measured: *Numerator:* Number of persons who reduced their use of drugs at discharge
Denominator: Number of discharged persons receiving substance use disorder treatment who are using drugs at admission; Approximate monthly denominator: 375

Why this matters: People who enter substance use disorder treatment should expect to recover as a result.

Goal: ↑90.4%



Trend: The Colorado Springs region’s performance is consistently lower than the statewide average. The remaining regions mostly range from 70% to 80%. Three regions have met the goal in at least two months.

Division of Behavioral Health (DBH)

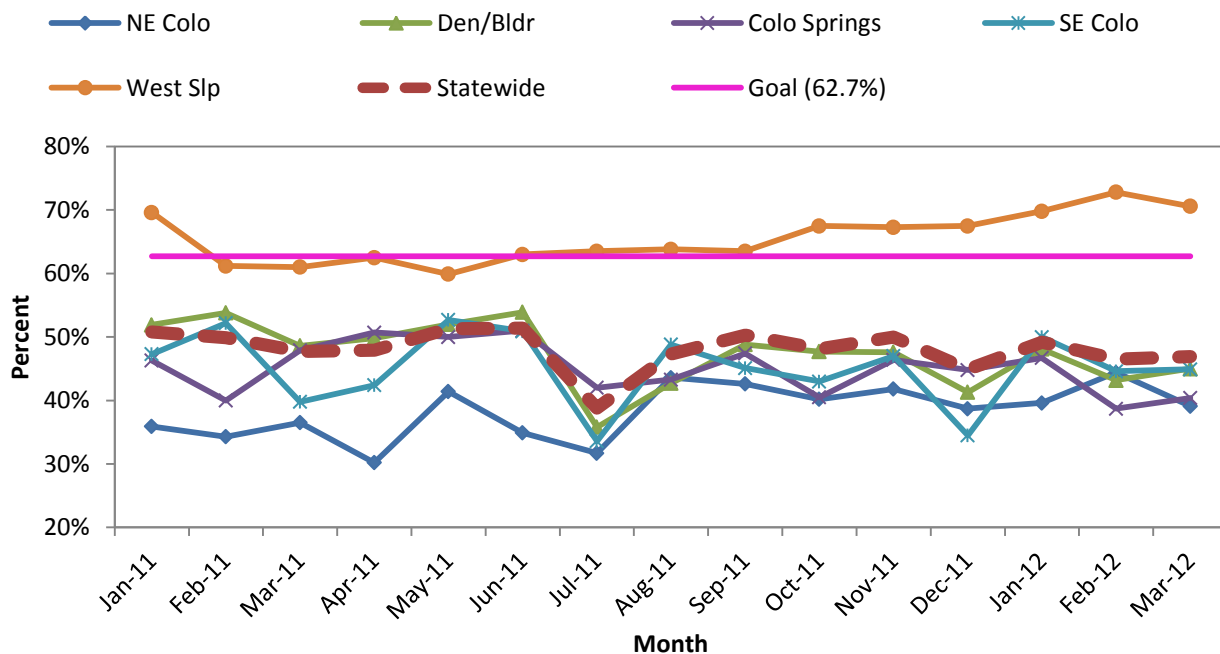
Measure: **Percent of persons with reduced mental health symptomatology in mental health treatment**

How it is measured: *Numerator:* Number of persons with lesser symptom severity at follow-up
Denominator: Number of discharged persons receiving mental health treatment who report significant symptom severity at Time One; Approximate monthly denominator: 900

Time one can be an update or admission Colorado Client Assessment Record (CCAR).

Why this matters: People who enter mental health treatment should expect to improve as a result.

Goal: **↑62.7%**



Trend: The Western Slope Region consistently performs 10% to 20% higher than the statewide average.

Notes: Data on mental health services are not available until 60 days after services are received.

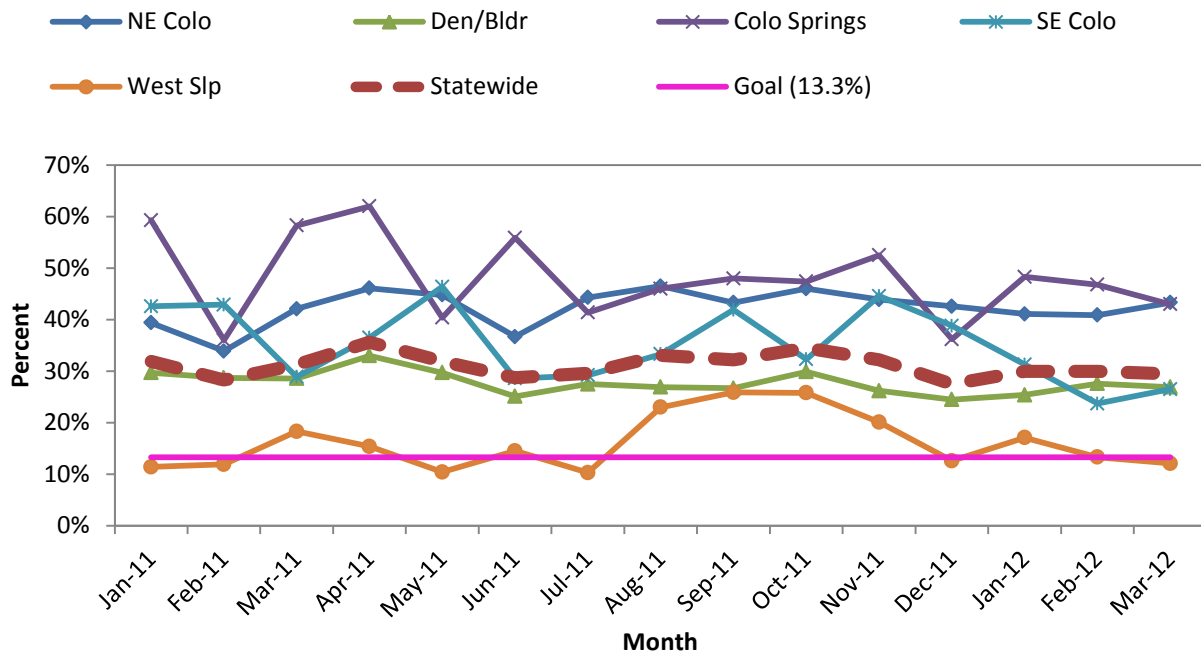
Division of Behavioral Health (DBH)

Measure: **Percent of persons who did not complete mental health treatment**

How it is measured: *Numerator:* Number of persons discharged from mental health treatment with client initiated discharge
Denominator: Number of persons discharged from mental health treatment;
 Approximate monthly denominator: 980

Why this matters: Completing treatment improves the likelihood that people will not suffer from mental health symptoms.

Goal: **↓13.3%**



Trend: Only the Western Slope has ever met the goal of 13.3%.

Notes: Data on mental health services are not available until 60 days after services are completed.

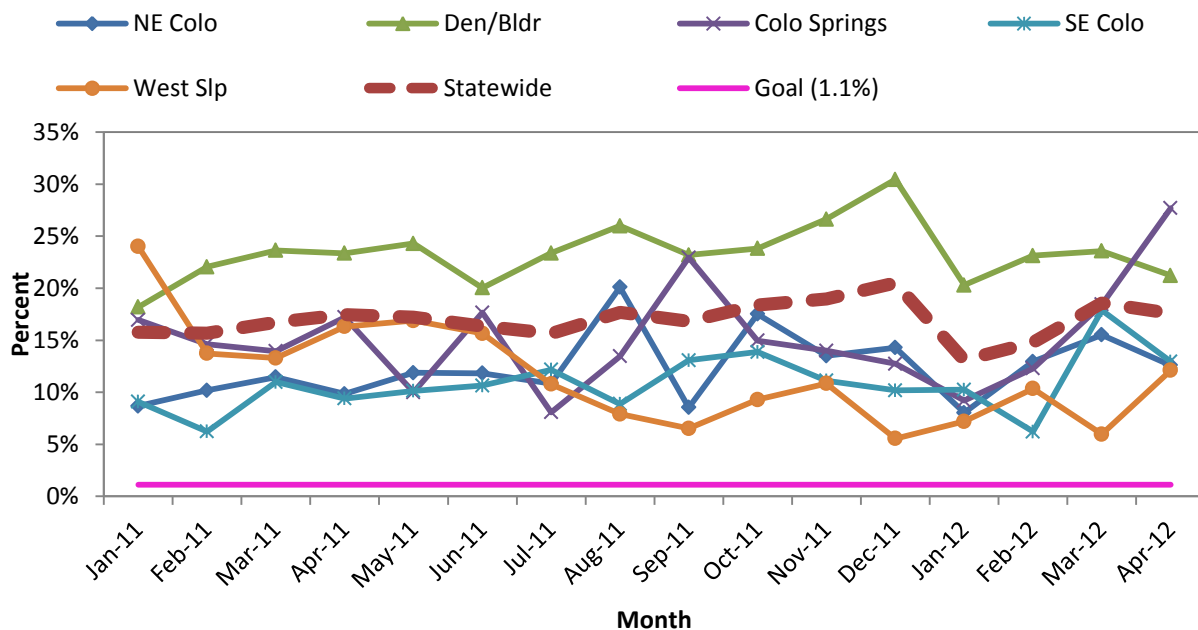
Division of Behavioral Health (DBH)

Measure: **Percent of persons who did not complete substance use disorder treatment**

How it is measured: *Numerator:* Number of persons discharged from substance use disorder treatment with client initiated discharge
Denominator: Number of persons discharged from substance use disorder treatment; Approximate monthly denominator: 1,175

Why this matters: Completing treatment improves the likelihood that people will not be impaired by substance use.

Goal: **↓1.1%**



Trend: The Denver/Boulder region is consistently poorer performing than the rest of the state. No regions recorded a fewer than five percent dropout rate, though there were five individual providers with dropout rates less than one percent on the Western Slope.

Domestic Violence Program

Summary

Description

The Domestic Violence Program (DVP) serves as the state governmental authority on domestic violence issues by providing leadership, guidance, and awareness within government agencies, as well as ensuring grant funded programs administered by the DVP deliver optimal services to victims, ultimately promoting a Colorado free of domestic violence. DVP strives to ensure that services to victims of domestic violence and their children are readily available throughout Colorado's diverse communities. Services include shelter, advocacy, support groups, and/or counseling. DVP currently funds 44 domestic violence crisis centers across the State. All DVP-funded crisis centers provide confidential services 24 hours a day, seven days a week via crisis lines.

Director: Ruth Glenn

Executive Summary

- DVP analyzes data collected by the domestic violence crisis centers on two federal outcome measurements to evaluate the impact of the services provided on the lives of victims. Victims are asked to identify if the services they received *Enhanced Safety Strategies* and/or *Increased Knowledge of Available Community Resources*.
- DVP is enhancing the data collection tool currently utilized to capture more meaningful data to better manage contractors and service delivery. In addition, DVP is working to make the data collection methodology more consistent among different providers.

Measures

- [Enhanced Safety Strategies](#)
- [Increased Knowledge](#)

Domestic Violence Program (DVP)

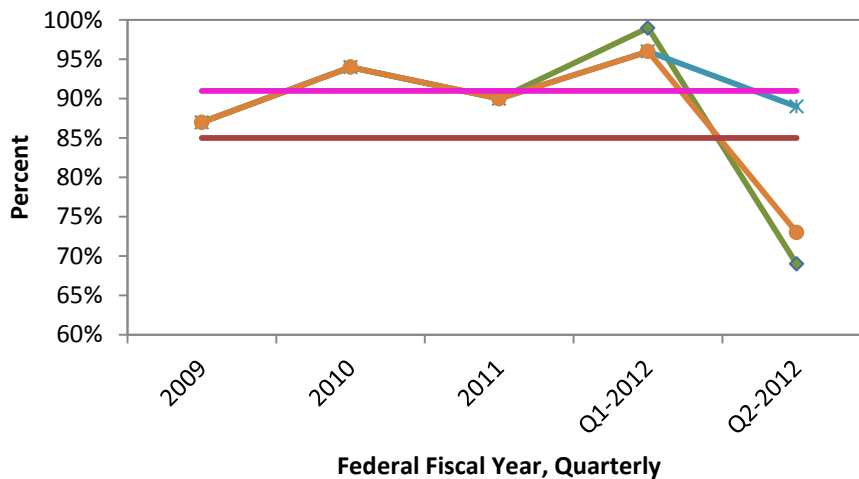
Measure: **Percent of respondents indicating enhanced safety strategies (Federal Measure)**

How it is measured: *Numerator:* Number of respondents answering question positively on survey
Denominator: Total number of surveys; Approximate quarterly denominator: 1,821

Why this matters: Enhancing safety strategies can increase the safety and well-being of domestic violence victims over time. These DVP measures are also intended to demonstrate whether clients are benefitting from services.

Goal: **↑91%**

◆ Shelter ✱ Advocacy ● Support Group
— 2010 Nat'l Av'g (85%) — Goal (91%)



Trend: Performance has consistently been over the national average and close to the 91% goal line in previous years. In Quarter Two of 2012, there was a significant decline in support groups and shelter services.

Notes: Federal threshold for this measure is 65%. DVP chose a goal of 91%.

Data is collected using various methodologies across providers.

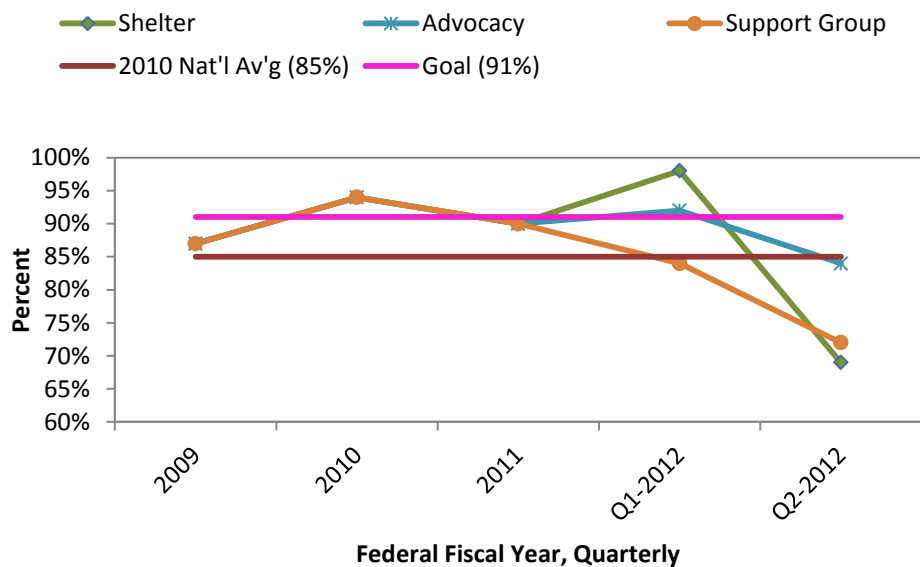
Domestic Violence Program (DVP)

Measure: **Percent of respondents indicating increased knowledge (Federal Measure)**

How it is measured: *Numerator:* Number of respondents answering question positively on survey
Denominator: Total number of surveys; Approximate quarterly denominator: 1,821

Why this matters: Increased knowledge can increase the safety and well-being of domestic violence victims over time. These DVP measures are also intended to demonstrate whether clients are benefitting from services.

Goal: **↑91%**



Trend: Performance has consistently been over the national average and close to the 91% goal line in previous years. In Quarter Two of 2012, there was a significant decline in performance across all three service types.

Notes: Federal threshold for this measure is 65%. DVP chose a goal of 91%.

Data is collected using various methodologies across providers.

Mental Health Institutes

Summary

Description

The Mental Health Institute (MHI) Division operates the two state psychiatric hospitals: The Colorado Mental Health Institute at Fort Logan (CMHIFL) and the Colorado Mental Health Institute at Pueblo (CMHIP). CMHIFL and CMHIP work with the Community Mental Health Centers and mental health professionals, patients, families, and mental health advocacy groups toward the goal of preparing patients to return to their homes and communities.

CMHIP serves clients in the civil mental health system as well as forensic clients. CMHIP's Institute for Forensic Psychiatry serves adults who are found Not Guilty by Reason of Insanity or Incompetent to Proceed (defendants unable to assist in their own defense). CMHIP also provides evaluations of competency to stand trial for individuals referred for evaluation by the state's courts.

CMHIFL serves adult clients in the civil mental health system. Civil clients are referred for admission by the state's Community Mental Health Centers.

Director: Ken Cole

Executive Summary

- MHI has identified nine performance measures to be examined on a monthly basis. Both institutes are evaluating the use of *Seclusion* and *Restraint, Barriers to Discharge*, and *Readmissions*. CMHIP has one measure specific to the forensic population.
- MHI compares its performance to the National Association of State Mental Health Program Directors Research Institute (NRI) data, when available.
- CMHIP is currently reporting the *Percentage of Patients within Wait Time over 28 days*.
 - In February 2012, CMHIP filled psychiatrist and nursing vacancies to reopen an eight bed wing on the CMHIP jail admission unit.
 - In December 2011 and May 2012, CMHIP conducted two LEAN Rapid Improvement Events to examine and shorten the competency and restoration process. By more efficiently servicing patients, CMHIP aims to increase bed availability.

Measures

- Restraint Use-[Fort Logan](#), [Pueblo](#)
- Seclusion Use-[Fort Logan](#), [Pueblo](#)
- [Percentage of Patients within Wait Time over 28 days](#)
- Patients Waiting to Discharge-[Fort Logan](#), [Pueblo](#)
- Percent of Readmissions-[Fort Logan](#), [Pueblo](#)

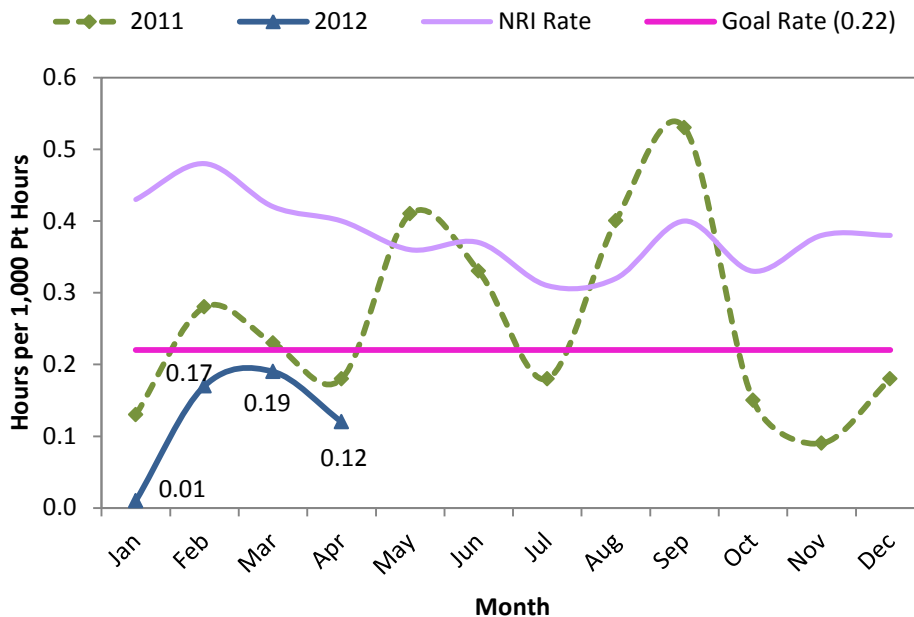
Mental Health Institutes (MHI)

Measure: **Rate of restraint use-Fort Logan**

How it is measured: *Numerator:* Number of hours of restraint
Denominator: Per 1,000 patient hours; Approximate monthly denominator: 66,000 Patient Hours

Why this matters: The use of restraint creates significant risks for all individuals involved. The risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. Restraining a patient is viewed by the Institutes as a treatment failure.

Goal: **↓0.22**; The goal reflects a 15% reduction of the restraint rates recorded in 2011.



Trend: Variable rate from 0.01 to 0.5. All but three months outperformed the national rate. For the last seven months, Ft. Logan has met the goal.

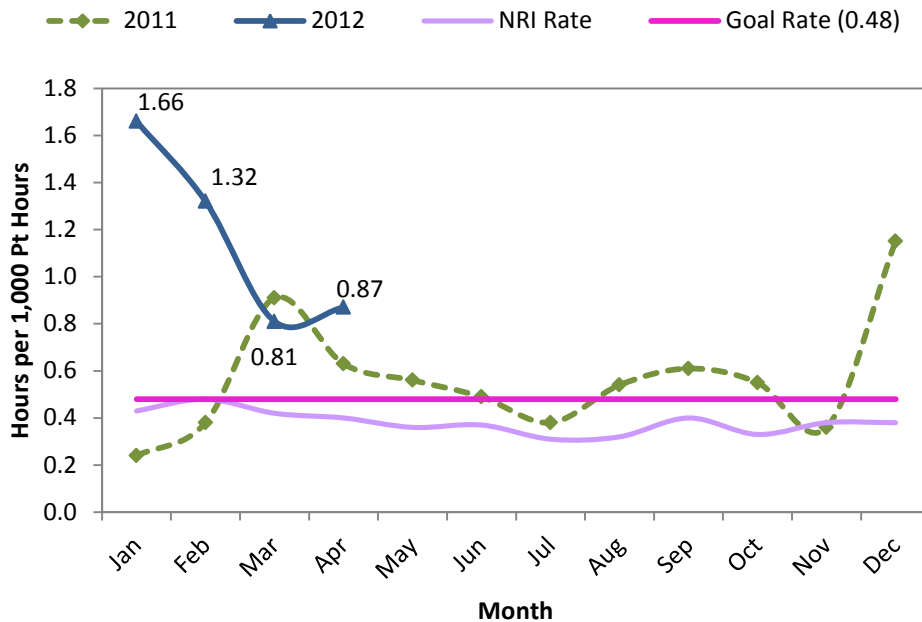
Mental Health Institutes (MHI)

Measure: **Rate of restraint use-Pueblo**

How it is measured: *Numerator:* Number of hours of restraint
Denominator: Per 1,000 patient hours; Approximate monthly denominator: 288,000 Patient Hours

Why this matters: The use of restraint creates significant risks for all individuals involved. The risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. Restraining a patient is viewed by the Institutes as a treatment failure.

Goal: **↓0.48**; The goal reflects a 15% reduction of the restraint rates recorded in 2011.



Trend: The rate in January and February 2012 was considerably poorer than any months in 2011. Rates have begun to move towards the goal in April and May 2012.

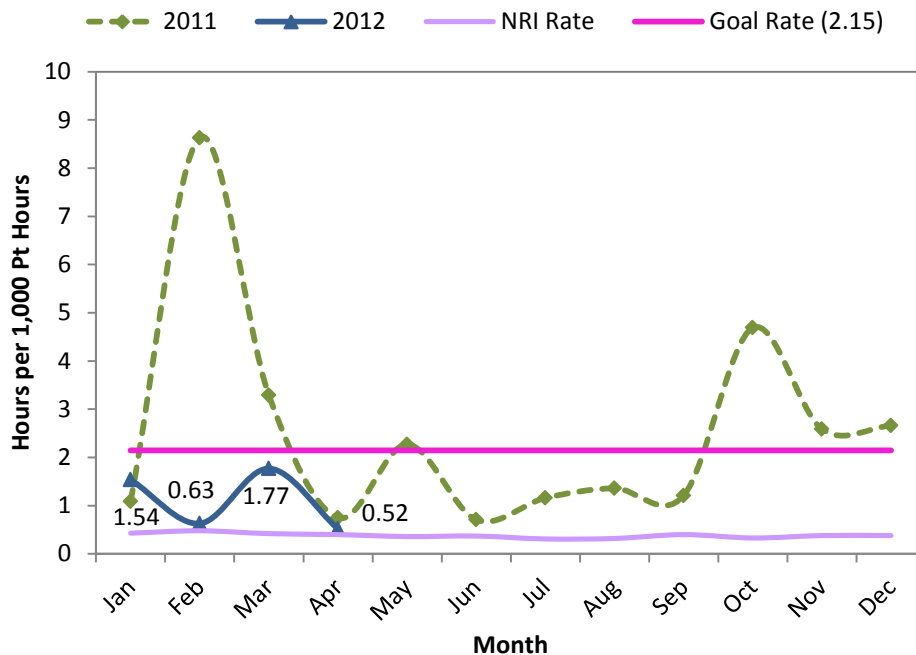
Mental Health Institutes (MHI)

Measure: **Rate of seclusion use-Fort Logan**

How it is measured: *Numerator:* Number of hours of seclusion
Denominator: Per 1,000 patient hours; Approximate monthly denominator: 66,000 Patient Hours

Why this matters: The use of seclusion creates significant risks for all individuals involved. The risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. Secluding a patient is viewed by the Institutes as a treatment failure.

Goal: **↓2.15**



Trend: Ft. Logan has met the goal for the first four months of 2012.

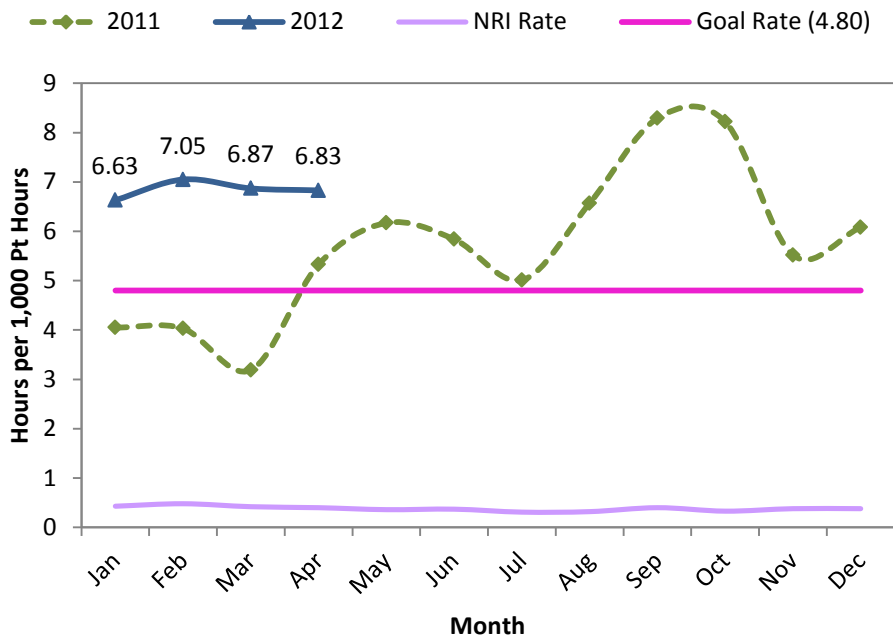
Mental Health Institutes (MHI)

Measure: **Rate of seclusion use-Pueblo**

How it is measured: *Numerator:* Number of hours of seclusion
Denominator: Per 1,000 patient hours; Approximate monthly denominator: 288,000 Patient Hours

Why this matters: The use of seclusion creates significant risks for all individuals involved. The risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. Secluding a patient is viewed by the Institutes as a treatment failure.

Goal: **↓4.80**



Trend: Increased from 3.20 in March 2011 to 8.30 in September 2011. Rates in calendar year 2012 are higher than last year’s average rate (5.68).

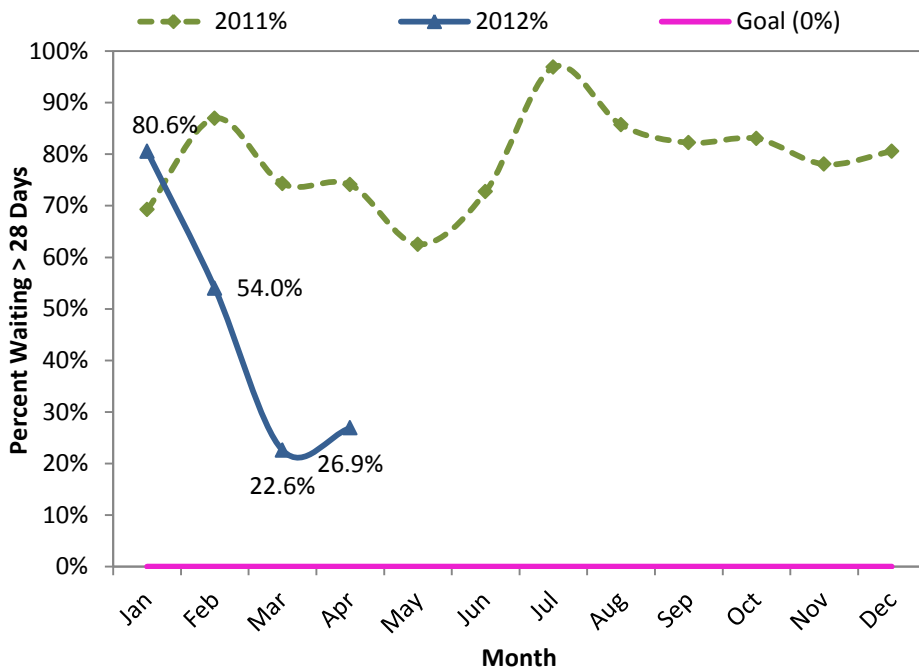
Mental Health Institutes (MHI)

Measure: Percentage of patients with competency exam wait times over 28 days-Pueblo (Strategic Plan Measure)

How it is measured: *Numerator:* Number of all incompetent to proceed and competency exam patients who waited over 28 days for admission
Denominator: Number of people who ended their wait in the month; Approximate monthly denominator: 35

Why this matters: Individuals in county jails with a serious mental illness, requiring an evaluation of their competency to stand trial, should be provided treatment as quickly as possible.

Goal: ↓0%



Trend: Declining since January 2012.

Mental Health Institutes (MHI)

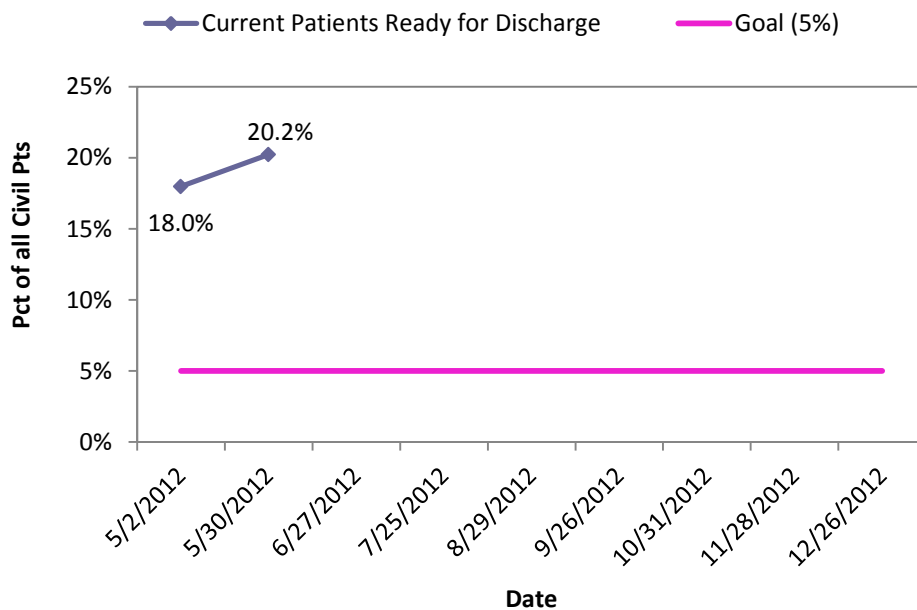
Measure: **Percent of civil patients ready to discharge but have barriers-Fort Logan**

How it is measured: *Numerator:* Number of civil patients medically ready for discharge but have barriers

Denominator: Current number of civil patients; Approximate monthly denominator: 90

Why this matters: Individuals should be served in the least restrictive setting available to meet their needs, including in the community.

Goal: **↓5%**



Trend: Has risen from 18.0% to 20.2% in the first month of measurement.

Notes: This measure was added in May 2012.

Mental Health Institutes (MHI)

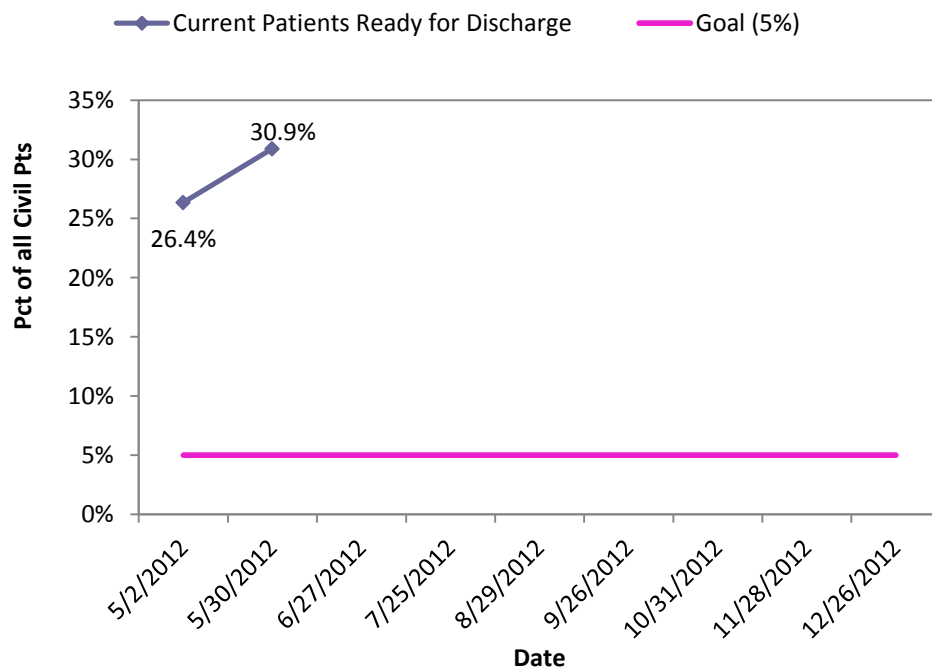
Measure: **Percent of civil patients ready to discharge but have barriers-Pueblo**

How it is measured: *Numerator:* Number of civil patients medically ready for discharge but have barriers

Denominator: Current number of civil patients; Approximate monthly denominator: 110

Why this matters: Individuals should be served in the least restrictive setting available to meet their needs, including in the community.

Goal: **↓5%**



Trend: Has increased from 26.4% to 30.9% in the first month of measurement.

Notes: This measure was added in May 2012.

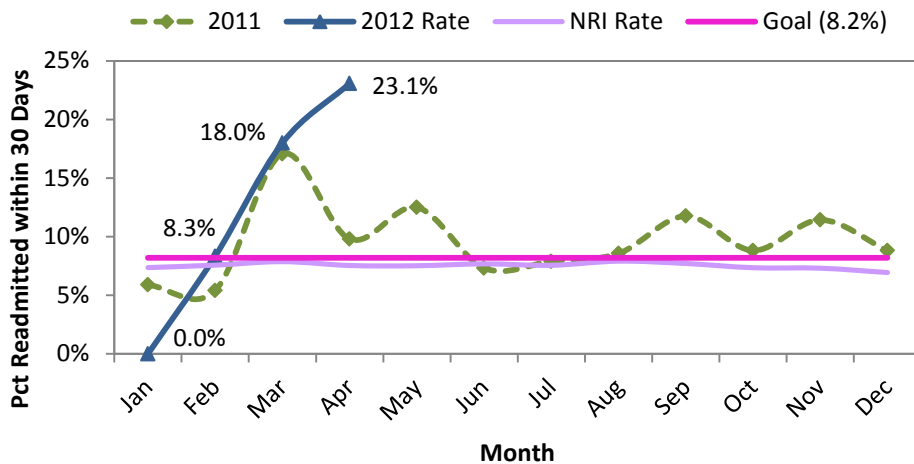
Mental Health Institutes (MHI)

Measure: **Percent of readmissions-Fort Logan**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge
Denominator: All patients discharged; Approximate monthly denominator: 38

Why this matters: A rapid readmission may reflect a failure of continuity of care between the hospital and the community provider, resulting in a patient suffering decompensation and subsequent need for hospitalization.

Goal: **↓8.2%**



Trend: Variable percent from 0.0% to 23.1%. In 2012, readmissions have steadily increased.

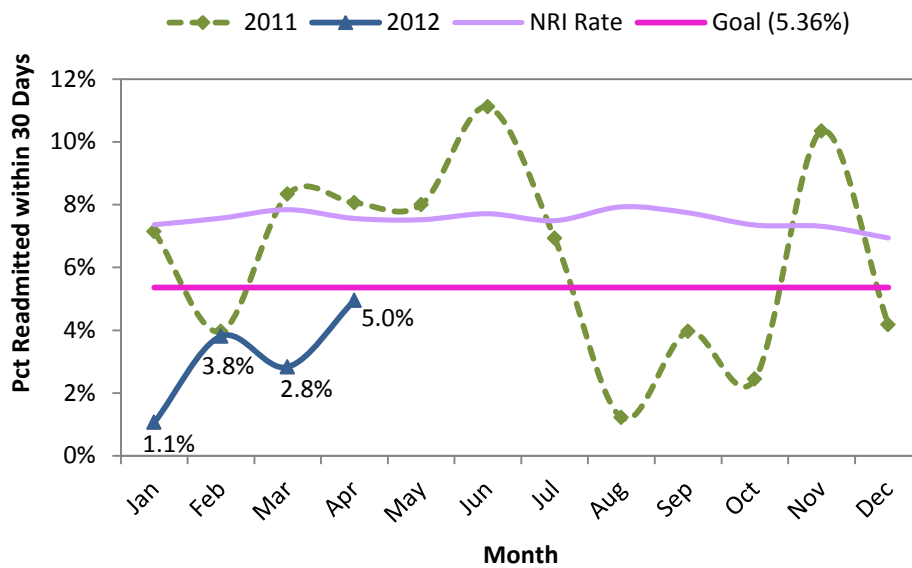
Mental Health Institutes (MHI)

Measure: **Percent of readmissions-Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge
Denominator: All patients discharged; Approximate monthly denominator: 108

Why this matters: A rapid readmission may reflect a failure of continuity of care between the hospital and the community provider, resulting in a patient suffering decompensation and subsequent need for hospitalization.

Goal: **↓5.36%**



Trend: Great variance in readmissions from 1.1% to 11.1% over the span of a year and a half. In 2012, performance has met the goal.

Office of Children, Youth, and Families

Description

The Office of Children, Youth, and Families (OCYF) focuses on ensuring the safety and well-being of Colorado children and their families through the services provided by the Division of Child Care (DCC), the Division of Child Welfare (DCW), and the Division of Youth Corrections (DYC). OCYF assists families who are in need of safe and affordable child care, protects children at risk of abuse and/or neglect, and provides structure and guidance for youth who have violated the law.

Director: Julie Krow

Division of Child Care

Summary

Description

The Colorado Department of Human Services' Division of Child Care (DCC) is the State's lead agency in planning and implementing public child care policy. DCC is responsible for the licensing and monitoring of child care facilities, managing the Colorado Child Care Assistance Program (CCCAP) for eligible families, administering child care grants and quality initiatives, and serving as the lead in implementing federal child care programs. The overall goal of DCC is to promote quality, accessible and affordable child care services for Colorado families.

Acting Director: David Collins

Executive Summary

- Currently, DCC has identified three performance measures to be examined on a monthly basis including *Accurate Child Care Reimbursement*, *Quality Rated Child Care Centers*, and *Timely Supervisory Inspections*.
- DCC utilized *Accurate Child Care Reimbursement* data to identify counties who made more than 97% of manual claim payments at the subsidized (sub)-payment level and targeted technical assistance efforts to those counties that would have the greatest impact.

Measures

- [Accurate Child Care Reimbursement](#)
- [Quality Rated Child Care Centers](#)
- [Timely Supervisory Inspections](#)

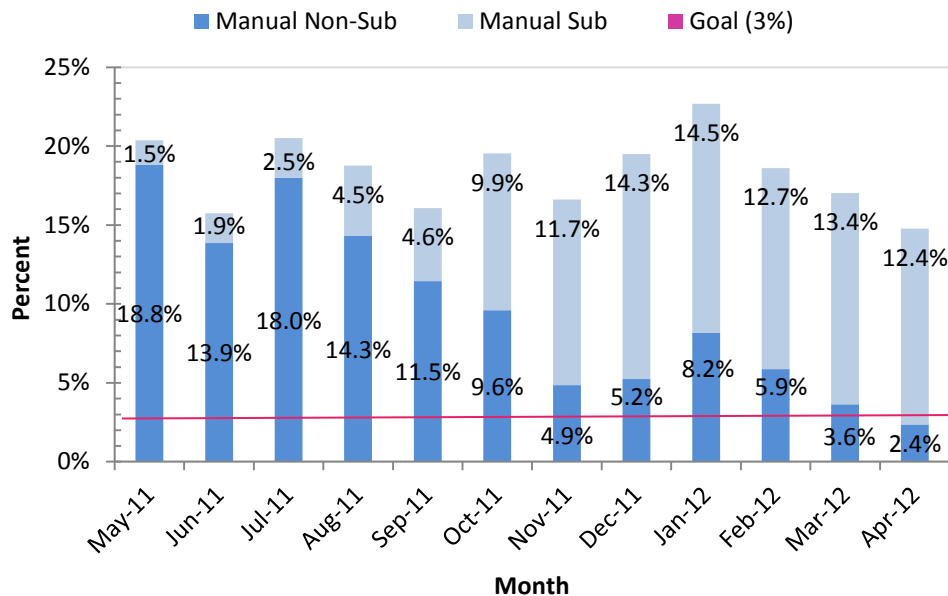
Division of Child Care (DCC)

Measure: **Accurate child care reimbursement**

How it is measured: *Numerator:* Amount, in dollars, of Colorado Child Care Assistance Program (CCCAP) manual subsidized (sub) and manual non-sub payments made to providers
Denominator: Total amount of all CCCAP payments (payment of service, manual sub, and manual non-sub), in dollars, paid to provider; Approximate monthly denominator: \$5,458,082.04

Why this matters: Childcare providers can deliver more consistent care to children with more consistent payments.

Goal: ↓3% combined, with manual non-sub payments being as minimal as possible



Trend: The overall total for manual claim payments has steadily decreased over the past four months. In the past 12 months, manual non-sub payments have decreased, while manual sub payments have increased as a percentage of overall manual payments.

Notes: Manual sub reimbursements are for specific child care services provided (i.e., unit by day by child); manual non-sub reimbursements are a flat rate reimbursement for fees above and beyond child care such as registration fees, transportation fees, etc.

Division of Child Care (DCC)

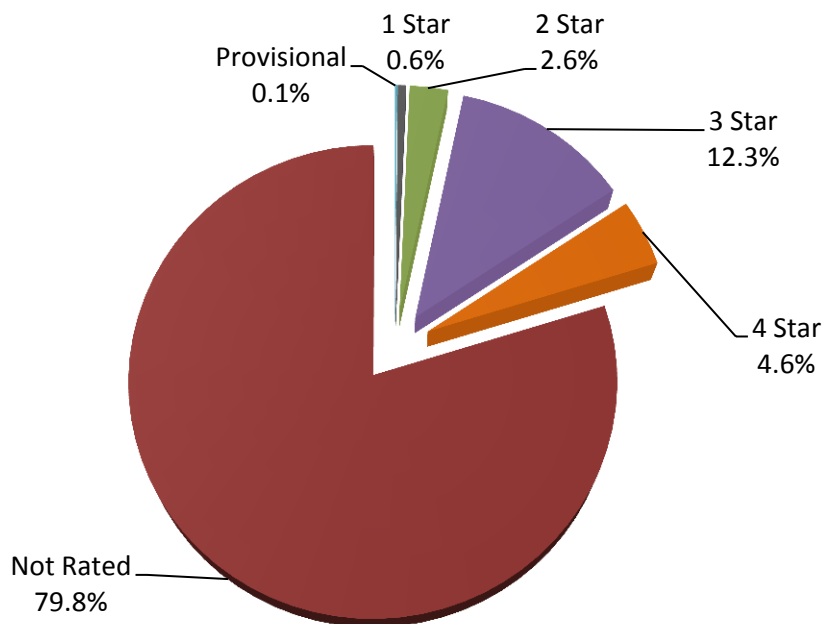
Measure: **Quality rated child care centers**

How it is measured: *Numerator:* Total number of child care centers with at least one quality rated classroom

Denominator: Total number of licensed child care centers and preschools;
Approximate monthly denominator: 2,136

Why this matters: Increasing the number of quality rated child care centers provides for greater access to enhanced learning environments for Colorado children.

Goal: **↑To be determined**



Trend: Currently, quality rated facilities represent 20.2% of the total 2,136 child care centers in Colorado. Conversely, this means that 79.8% of Colorado child care centers do not have quality ratings.

Notes: A quality rating is active for two years for facilities outside the School Readiness Quality Improvement Program. The 124 School Readiness Quality Improvement Program centers represented in the current measure are participating in a three year grant project in which quality ratings are conducted, annually. As a result, the data will show little to no variance across time.

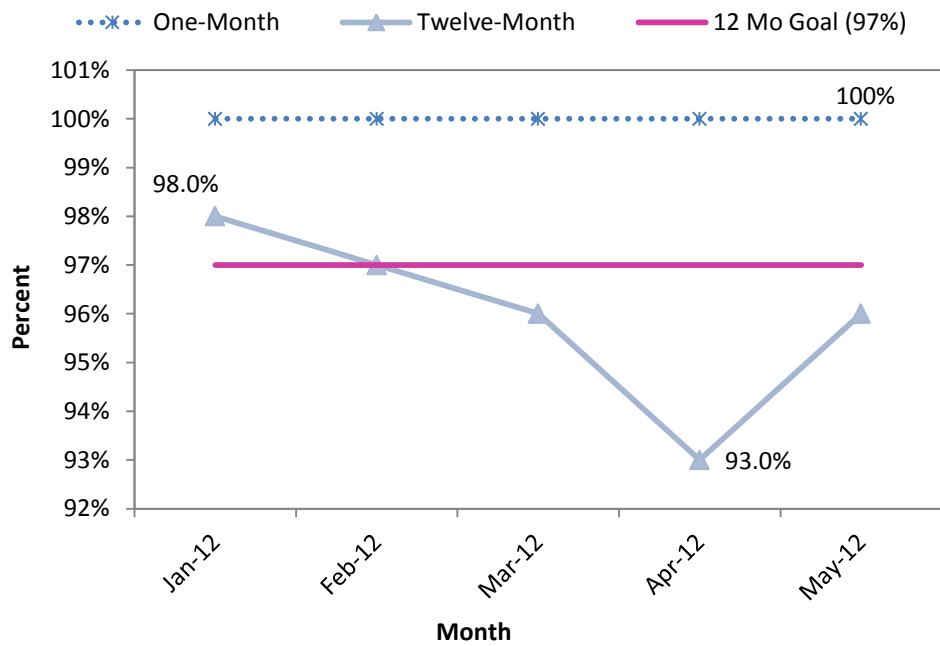
Division of Child Care (DCC)

Measure: **Timely supervisory inspections**

How it is measured: *Numerator:* Total number of one month and 12 month supervisory inspections occurring on time in specified month
Denominator: Total number of supervisory inspections scheduled for a specified month; Approximate monthly denominators: One month inspections: 14, 12 month inspections: 60

Why this matters: Timely supervisory inspections help ensure the safety and well-being of Colorado’s children. One month supervisory inspections are utilized for facilities on probationary status; therefore, timeliness is of the utmost importance.

Goal: **↑97% (12 month inspections); 100% (One month inspections)**



Trend: Since January 2012, one month inspections have been timely 100% of the time, whereas the timeliness of 12 month inspections varies between 93% and 98%.

Notes: Inspection schedules are determined by risk. One month inspections are only for centers on probation, while 12 month inspections are reserved as check-in visits for new centers, those centers with safety concerns and follow-up probationary inspections.

Division of Child Welfare

Summary

Description

The Division of Child Welfare (DCW) is a state-supervised, county-administered system. Services provided through the counties are intended to protect children from harm and to assist families in caring for and protecting their children. Taken together, these programs comprise the main thrust of Colorado's effort to meet the needs of children who must be placed, or are at risk of placement, outside of their homes for reasons of protection or community safety.

Director: Lloyd Malone

Executive Summary

- Child Welfare has identified 12 measures across three outcome categories: safety, permanency and placement stability, and reducing time in care.
- To date, Child Welfare has conducted in-depth analyses of two measures (*Legally Freed Children* and *Children in Out of Home Care for more than 24 and 36 months*). Child Welfare is implementing child specific recruitment and working with a market segmentation consultant to develop more foster and adoptive homes.
- Title IV-E agencies responsible for the placement, care or supervision of children are federally required to collect and submit data to the Adoption and Foster Care Analysis and Reporting System (AFCARS). As such, Child Welfare along with the Division of Youth Corrections (DYC) data are displayed, when appropriate.
- Data are also presented for differential response (DR) counties, where applicable.

Measures

Safety:

- [Absence of Maltreatment Recurrence](#)
- [Absence of Institutional Abuse or Neglect](#)
- [Children Remain Home Safely throughout the duration of the Case](#)
- [Timeliness of Response to Initial Abuse/Neglect Investigations](#)
- [Safety Assessment Forms completed Accurately](#)
- [Timeliness of Assessment Closure](#)

Permanency and Placement Stability:

- [Children Maintained in a Safe, Stable Environment](#)
- [Legally Freed Children Discharged to a Permanent Home prior to their 18th Birthday](#)
- [Children who do not Re-enter Care within 12 months of Discharge](#)

Reduce Time in Care:

- [Reunifications Occurring within 12 months](#)
- [Children in Out of Home Care for more than 24 and 36 months](#)
- [Median Length of Stay \(in months\) to Adoption](#)

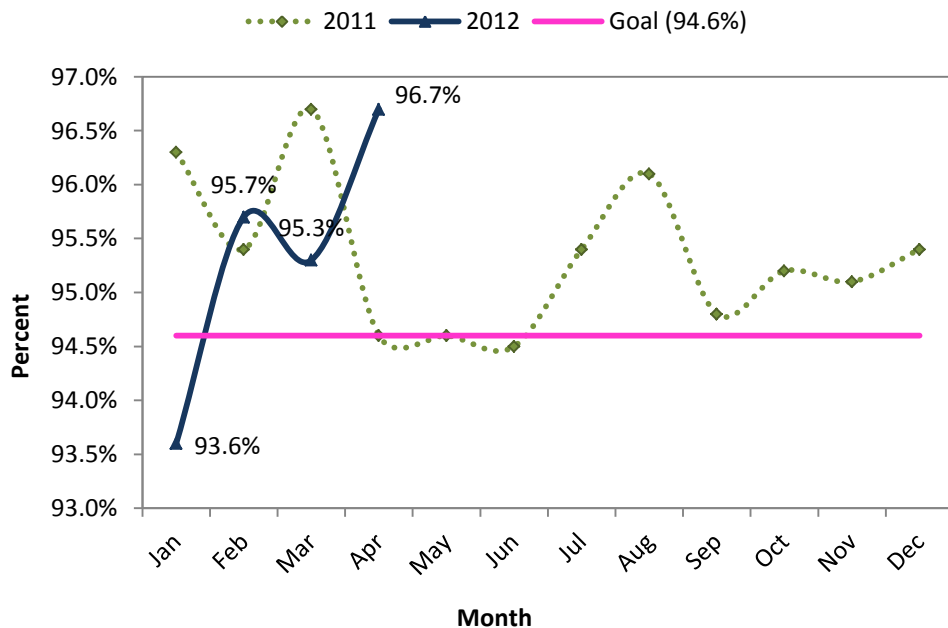
Division of Child Welfare (DCW)

Measure: **Absence of maltreatment recurrence (Federal Measure)**

How it is measured: *Numerator:* Number of children with founded abuse or neglect who do not experience subsequent founded abuse/neglect within 6 months
Denominator: Total number of children with founded abuse or neglect;
 Approximate monthly denominator: 875

Why this matters: Children served in the child welfare system should not suffer recurrence of maltreatment.

Goal: **↑94.6% (Federal Goal)**



Trend: Colorado has met this goal in 14 out of 16 months since January 2011.

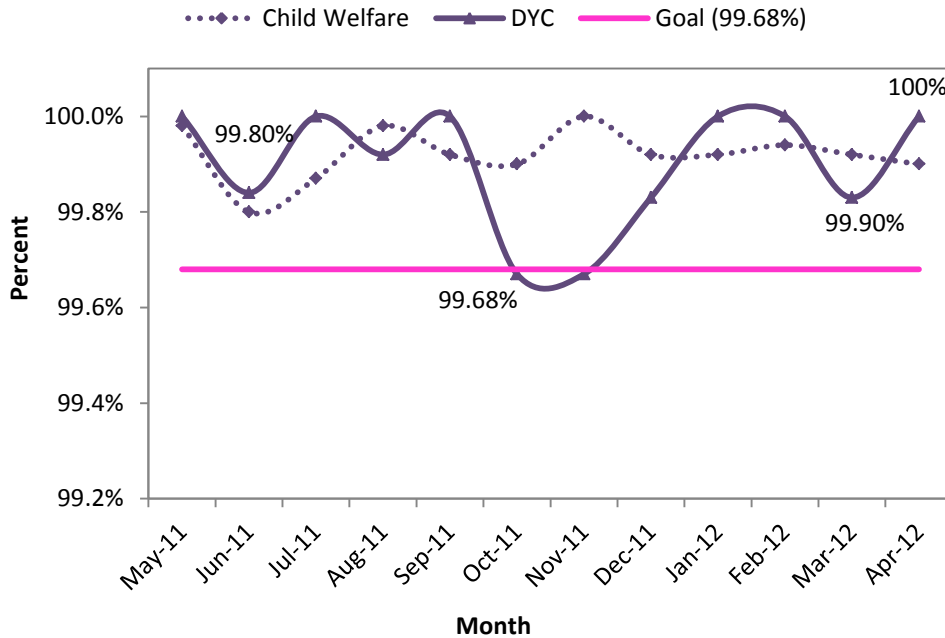
Division of Child Welfare (DCW)

Measure: **Absence of institutional abuse or neglect (Federal Measure)**

How it is measured: *Numerator:* All children who were not the subject of substantiated maltreatment by a foster parent or facility staff member during the specified month
Denominator: All children in out of home care for the specified month;
 Approximate monthly denominators: DCW: 5,286, Division of Youth Corrections (DYC): 1,206

Why this matters: No child placed into an out of home care setting should suffer maltreatment by their entrusted caretakers.

Goal: **↑99.68% (Federal Goal)**



Trend: Performance has remained stable, consistently exceeding the 99.68% Federal Goal for Child Welfare.

Division of Child Welfare (DCW)

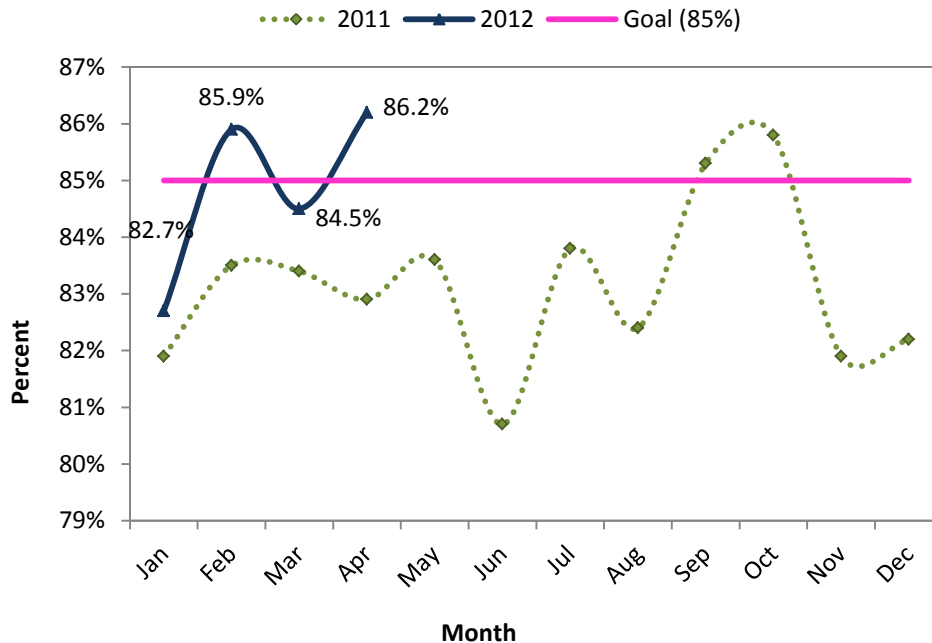
Measure: **Children remain home safely throughout the duration of the case**

How it is measured: *Numerator:* Number of children who were not initially placed in out of home care and who did not have an out of home care placement during their case involvement

Denominator: Total number of children who were not initially placed in out of home care; Approximate monthly denominator: 631

Why this matters: Colorado is responsible for putting the right services in place to keep children safely within their own homes, when possible.

Goal: **↑85%**



Trend: Performance improved in 2012 when compared to 2011, ranging between 82% and 86%.

Division of Child Welfare (DCW)

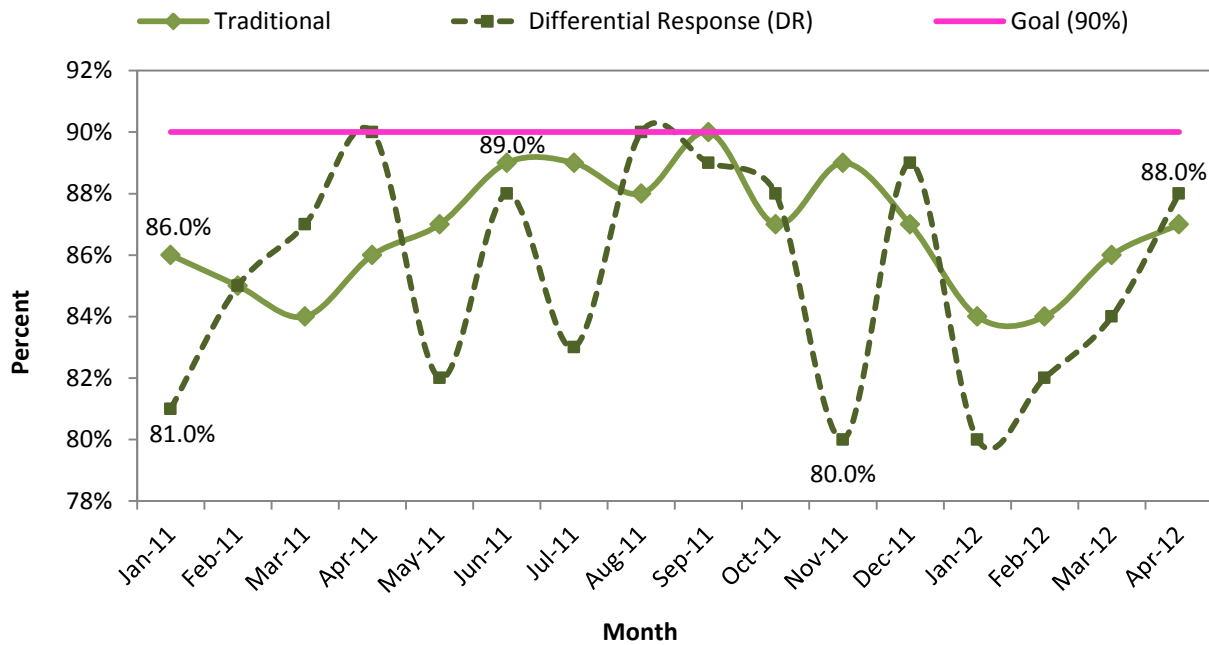
Measure: **Timeliness of response to initial abuse/neglect investigations**

How it is measured: *Numerator:* Number of investigations where initial contact was made within time requirements set in rule

Denominator: Total number of closed investigations; Approximate monthly denominators: Traditional: 3,694, Differential Response (DR): 301

Why this matters: A timely response to child protection inquiries increases the safety of children.

Goal: **↑90%**



Trend: Performance fluctuated for both differential response and traditional investigations over the reporting period with greater variation seen for DR cases. Goal of 90% is often not achieved.

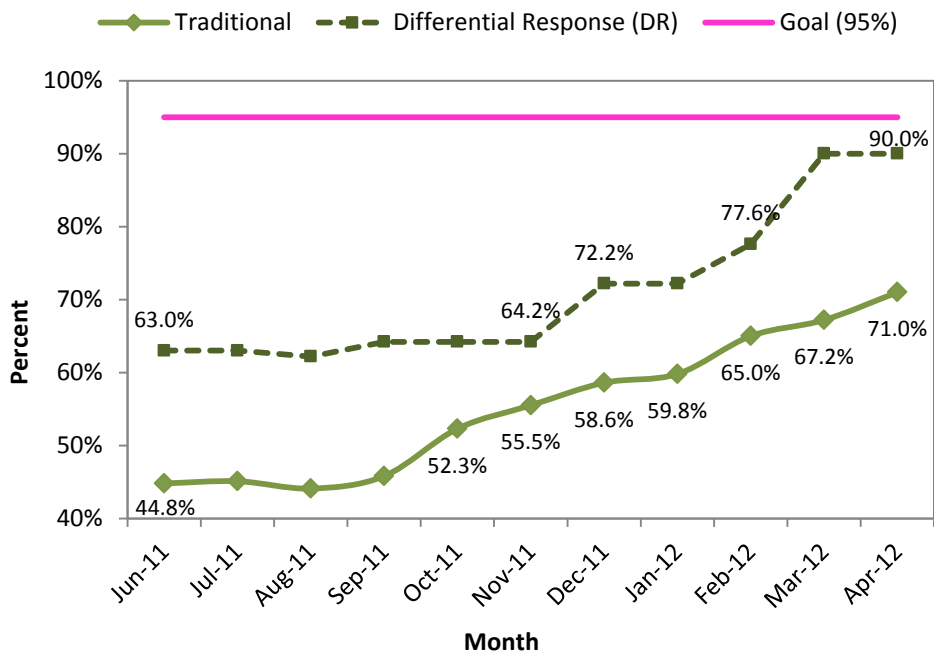
Division of Child Welfare (DCW)

Measure: **Safety assessment forms completed accurately (Strategic Plan Measure)**

How it is measured: *Numerator:* Number of safety assessment forms completed accurately in accordance with state rule
Denominator: Total number of safety assessment forms completed;
 Approximate monthly denominators: Traditional: 816, Differential Response (DR): 55

Why this matters: Accurate completion of safety assessments increases the likelihood that the right decisions are being made in relation to a child’s safety.

Goal: **↑95%**



Trend: Rates for both DR and traditional assessment accuracy have consistently increased since June 2011.

Note: Reviews are pulled from a randomized sample of any assessment conducted within the last six months for the county being reviewed.

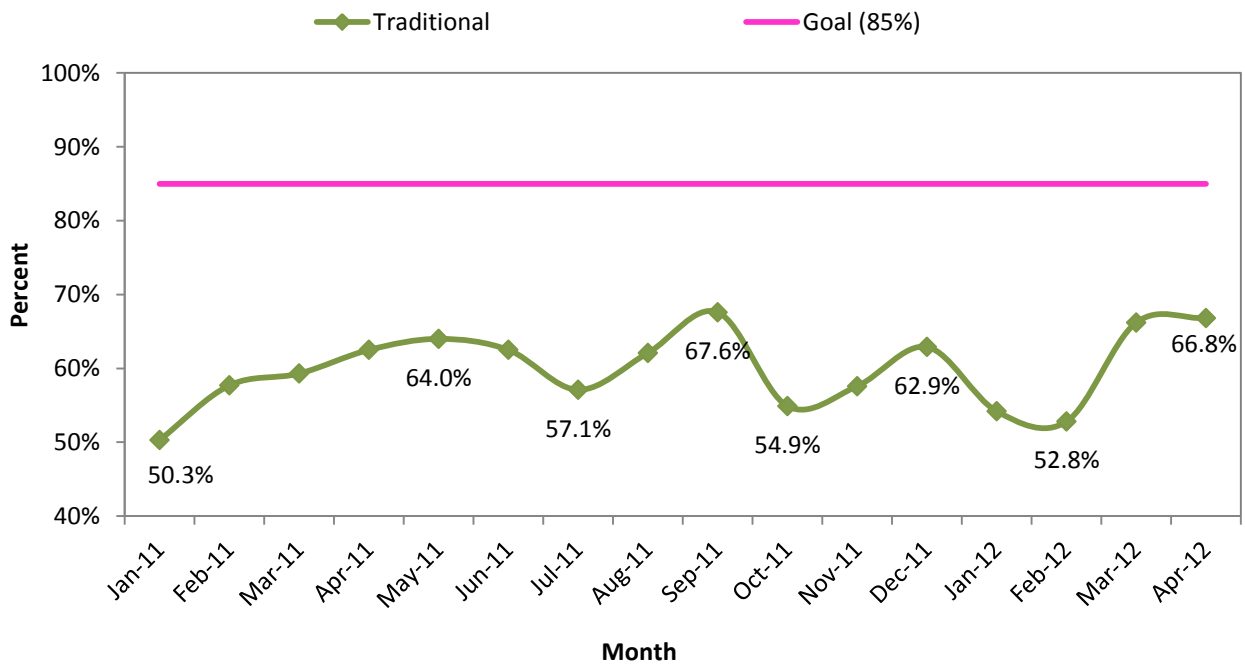
Division of Child Welfare (DCW)

Measure: **Timeliness of assessment closure**

How it is measured: *Numerator:* Number of assessments closed within 60 days of referral
Denominator: Total number of completed assessments; Approximate monthly denominator: Traditional: 2,359

Why this matters: Timely completion of assessments indicates Child Welfare is not unnecessarily lingering in a family’s life, and that information regarding the assessment in the Child Welfare data system is up to date.

Goal: **↑85%**



Trend: Timeliness for traditional fluctuates between 50% and 68%.

Note: This measure has been modified from earlier versions of the report by removing the data related to Differential Response.

Division of Child Welfare (DCW)

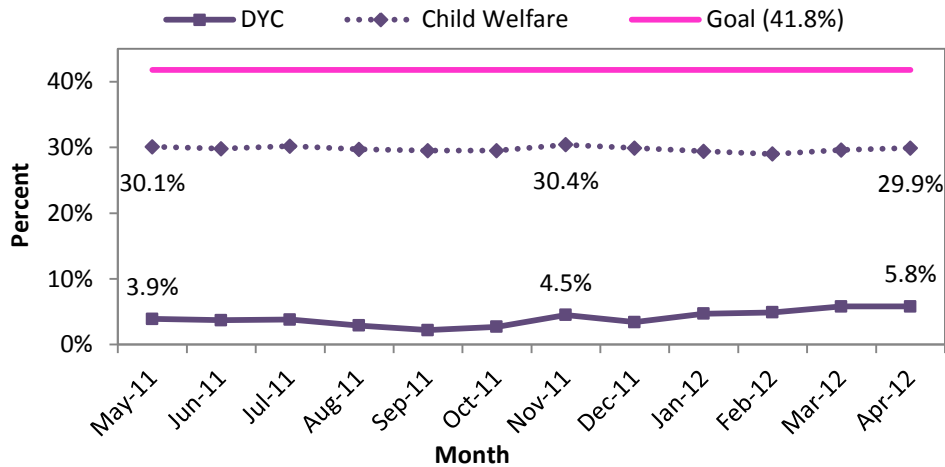
Measure: **Children maintained in a stable environment (Federal Measure)**

How it is measured: *Numerator:* Number of children in out of home care for 24+ months with no more than two placements

Denominator: Number of children in out of home care for 24+ months;
Approximate monthly denominators: Child Welfare: 1,552, Division of Youth Corrections (DYC): 282

Why this matters: Children in foster care have better outcomes given a more stable environment.

Goal: **↑41.8% (Federal Goal)**



Trend: Goal remains unmet by both Child Welfare and DYC; however, Child Welfare rates consistently exceed DYC rates.

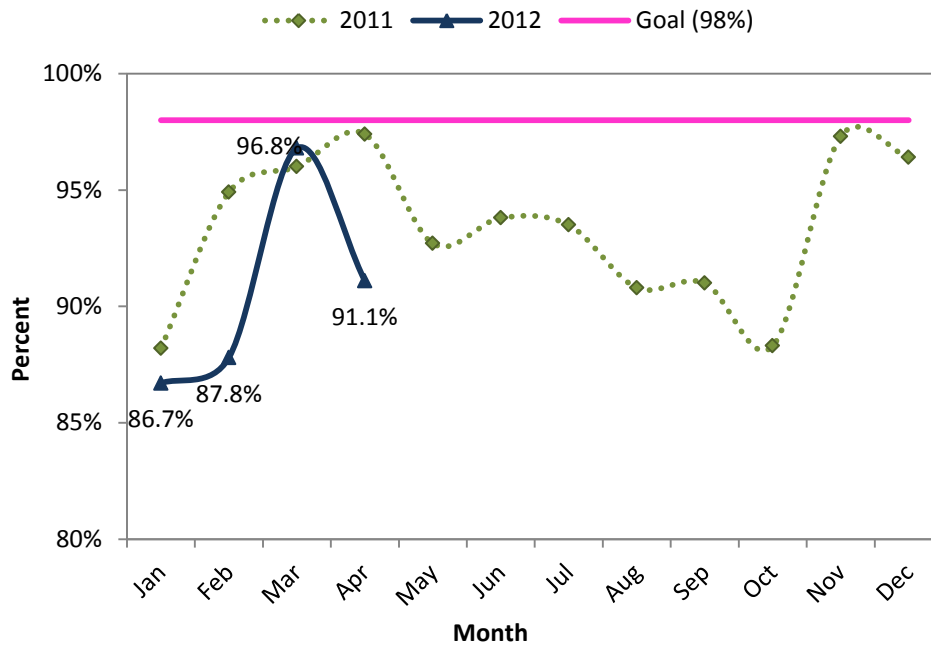
Division of Child Welfare (DCW)

Measure: **Legally freed children discharged to a permanent home prior to their 18th birthday (Federal Measure)**

How it is measured: *Numerator:* Number of children who were legally free for adoption at the time of discharge who discharged to a permanent home prior to their 18th birthday
Denominator: Number of children who were legally free for adoption at the time of discharge; Approximate monthly denominator: 77

Why this matters: All children deserve a permanent family. If a child ages out of the Child Welfare system, that is considered a failure as they did not achieve permanency.

Goal: **↑98% (Federal Goal)**



Trend: Goal of 98% has not yet been achieved.

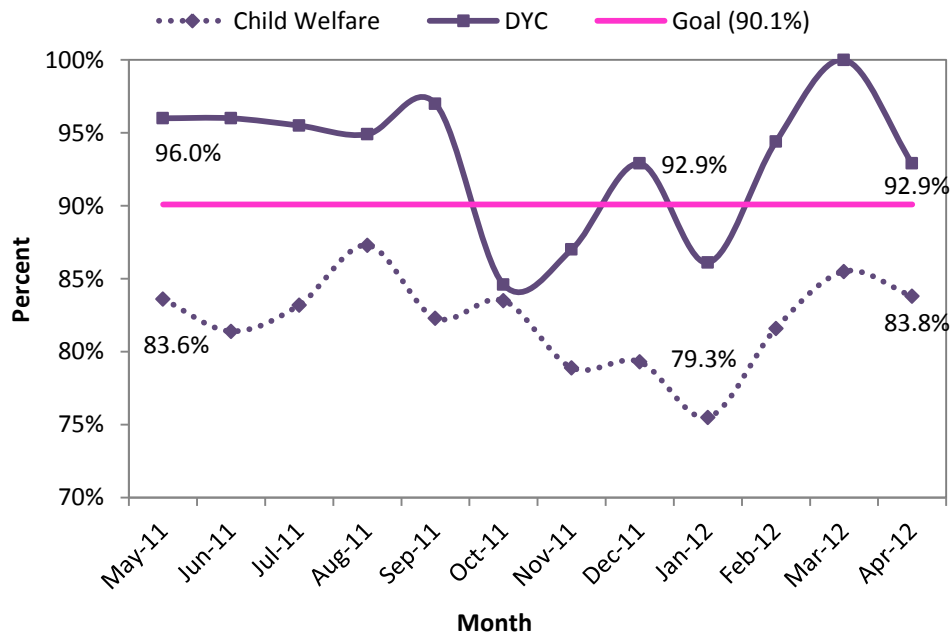
Division of Child Welfare (DCW)

Measure: **Children who do not re-enter care within 12 months of discharge (Federal Measure)**

How it is measured: *Numerator:* Number of children reunified during date range who do not re-enter out of home care within 12 months
Denominator: Total number of children whose case involvement ended; Approximate monthly denominator: Child Welfare: 280, Division of Youth Corrections (DYC): 37

Why this matters: Children should remain safe and not re-enter out of home care once placed in a permanent home.

Goal: **↑90.1% (Federal Goal)**



Trend: Child Welfare performance fluctuates between 75% and 85%; 90.1% goal has not yet been achieved. DYC performance generally exceeds the goal.

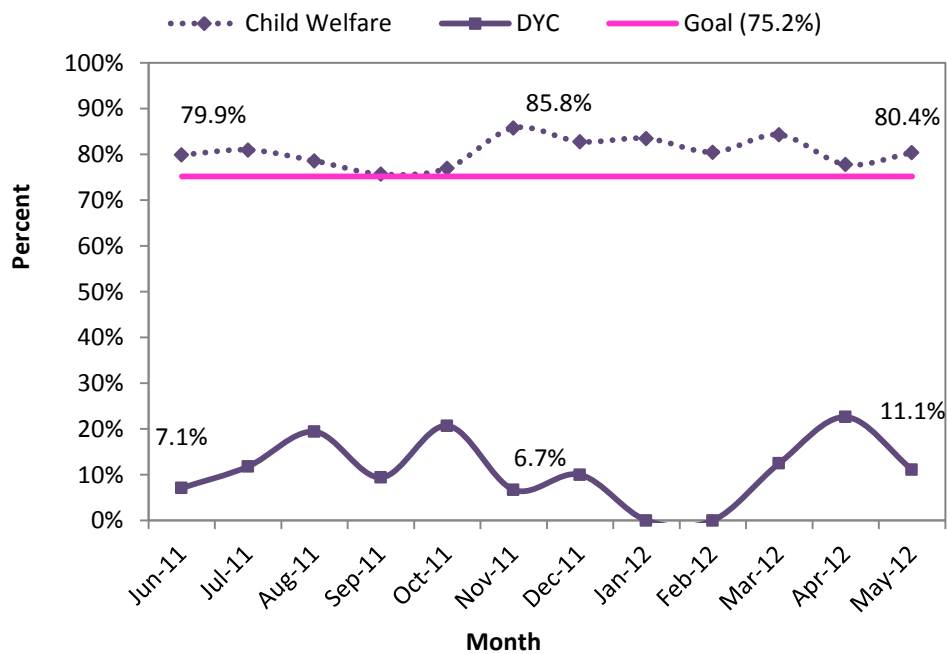
Division of Child Welfare (DCW)

Measure: **Reunifications occurring within 12 months (Federal Measure)**

How it is measured: *Numerator:* Number of reunifications occurring within 12 months of the date of removal
Denominator: Total number of children reunified in specified month; Approximate monthly denominators: Child Welfare: 238, Division of Youth Corrections (DYC): 31

Why this matters: Where reunification is the goal, a child should be reunified as quickly and as safely as possible to lessen the disruption and trauma out of home placement can cause.

Goal: **↑75.2% (Federal Goal)**



Trend: Child Welfare consistently exceeds the 75.2% goal, fluctuating between 75% and 85%. DYC rates range from 0% to 11%.

Note: Reunification is defined as reunifying with one’s family as well as going to live with other relatives.

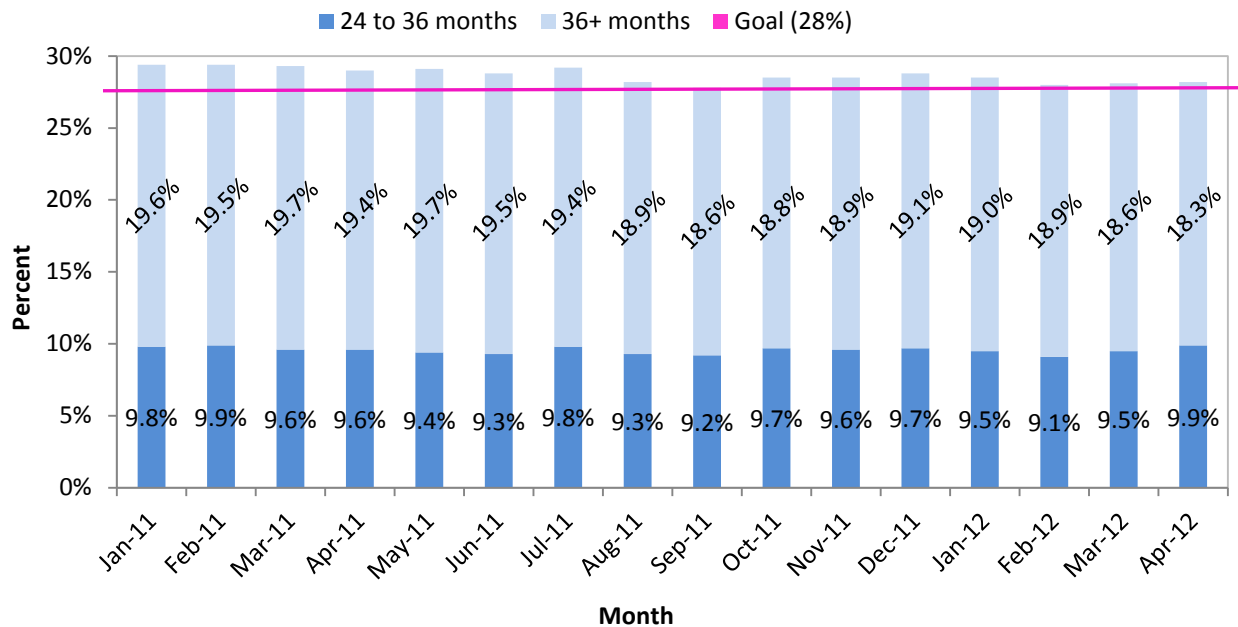
Division of Child Welfare (DCW)

Measure: **Children in out of home care for more than 24 (Federal Measure) and 36 months**

How it is measured: *Numerator:* Number of children who have been in care 24+ or 36+ months on last day of specified month
Denominator: Total number of children in out of home care on last day of specified month; Approximate monthly denominator: 4,386

Why this matters: Children deserve a permanent home as quickly and as safely as possible to lessen the disruption and trauma out of home care can cause.

Goal: **↓28% for 24+ month placements (Federal Goal); To be determined for 36+ month placements**



Trend: The percent of children in care 24+ months fluctuates between 27% and 29%, not meeting the 28% goal most of the time. Percent of children in care 36+ months fluctuates between 18% and 19%; target not yet established.

Notes: Data for children in care for 36+ months was added in May 2012.

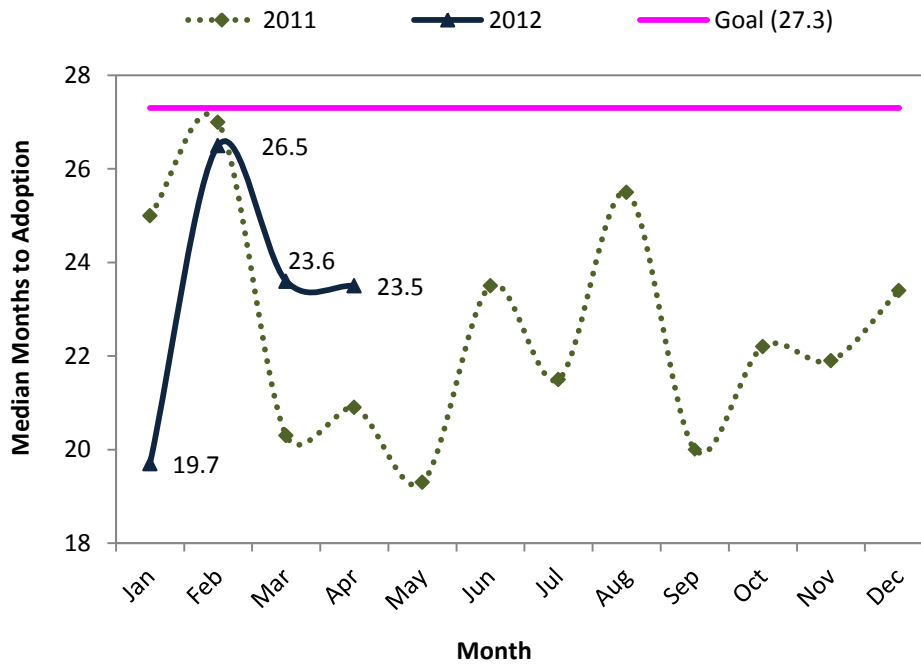
Division of Child Welfare (DCW)

Measure: **Median length of stay (in months) to finalized adoption (Federal Measure)**

How it is measured: Median length of stay in care (in months) for children discharged from foster care to a finalized adoption during the specified month; Approximate monthly denominator: 63

Why this matters: Where adoption is the goal, a child should be adopted as quickly and as safely as possible to lessen the disruption and trauma out of home care can cause.

Goal: **↓27.3 Months (Federal Goal)**



Trend: Performance fluctuates between 19 and 27 months. Meets 27.3 months goal consistently.

Division of Youth Corrections

Summary

Description

The Division of Youth Corrections (DYC) provides juvenile detention, commitment and parole services to protect, restore, and improve public safety. DYC provides supervision for juvenile offenders, promotes offender accountability to victims and communities, and builds the skills and competencies of youth to become responsible citizens.

Director: John Gomez

Executive Summary

- DYC identified eight measures to monitor performance across three outcome categories: youth progression, appropriate and timely placement, and recidivism.
- In response to identified data collection discrepancies for two measures (*Enrolled in School or Employed at Discharge* and *Timeliness of Assessment Completion*), facility data entry protocol was reviewed and modified, increasing the validity of targeted improvement strategies.

Measures

Youth Progression:

- [Decrease in Dynamic Risk Factor Score](#)
- [Increase in Dynamic Protective Factor Score](#)
- [Youth Enrolled in School or Employed at Discharge](#)

Appropriate and Timely Placement:

- [Senate Bill 94 Youth Who Appear for Scheduled Court Hearings](#)
- [Timeliness of Assessment Completion to Placement](#)

Recidivism:

- [Senate Bill 94 Youth Who Do Not Acquire New Charges](#)
- [Committed Youth in Residential Placements Who Do Not Acquire New Charges](#)
- [Committed Youth on Parole Who Do Not Acquire New Charges](#)

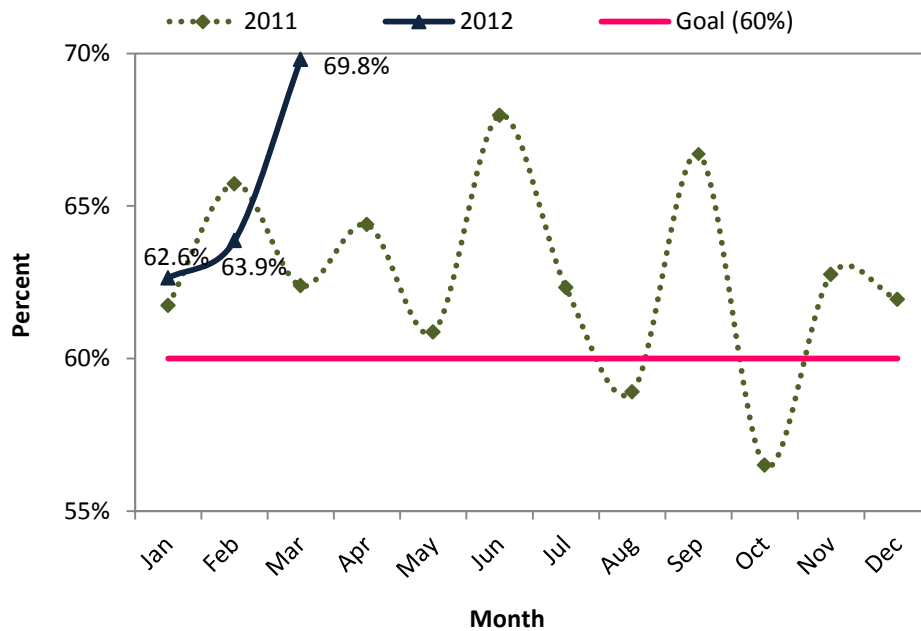
Division of Youth Corrections (DYC)

Measure: **Decrease in dynamic risk factor score**

How it is measured: *Numerator:* Average percent decrease of dynamic risk factors from assessment to discharge
Denominator: Number of committed youth discharged in a specified month with two valid Colorado Juvenile Risk Assessments (CJRA); Approximate monthly denominator: 43

Why this matters: Interventions should result in a decrease in risk factors, providing a better likelihood that the youth served will not commit further offenses once they return to the community.

Goal: **↑60%**



Trend: Consistently exceeds 60% goal. March 2012 demonstrates greatest rate of reduction of risk across entire reporting period.

Notes: This measure continues to evolve, as DYC explores alternative ways to measure youth progress.

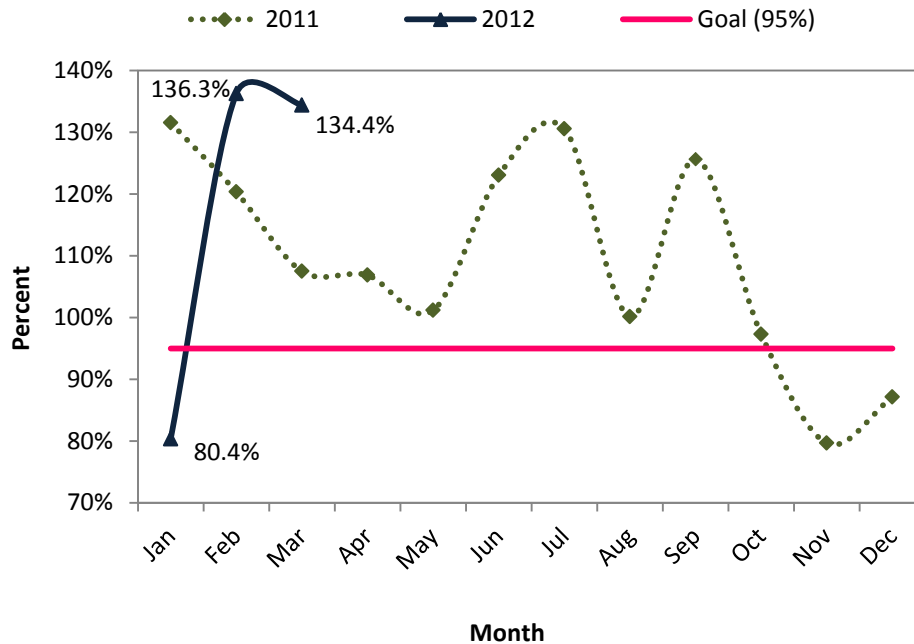
Division of Youth Corrections (DYC)

Measure: **Increase in dynamic protective factor score**

How it is measured: *Numerator:* Average percent increase of dynamic protective factors from assessment to discharge
Denominator: Number of committed youth discharged in a specified month with two valid Colorado Juvenile Risk Assessments (CJRA); Approximate monthly denominator: 43

Why this matters: An increase in protective factors provides a better likelihood that the youth served will not commit further offenses once they return to the community.

Goal: **↑95%**



Trend: Often exceeds 95% goal. Dramatic increase in February 2012.

Notes: This measure continues to evolve, as DYC explores alternative ways to measure youth progress.

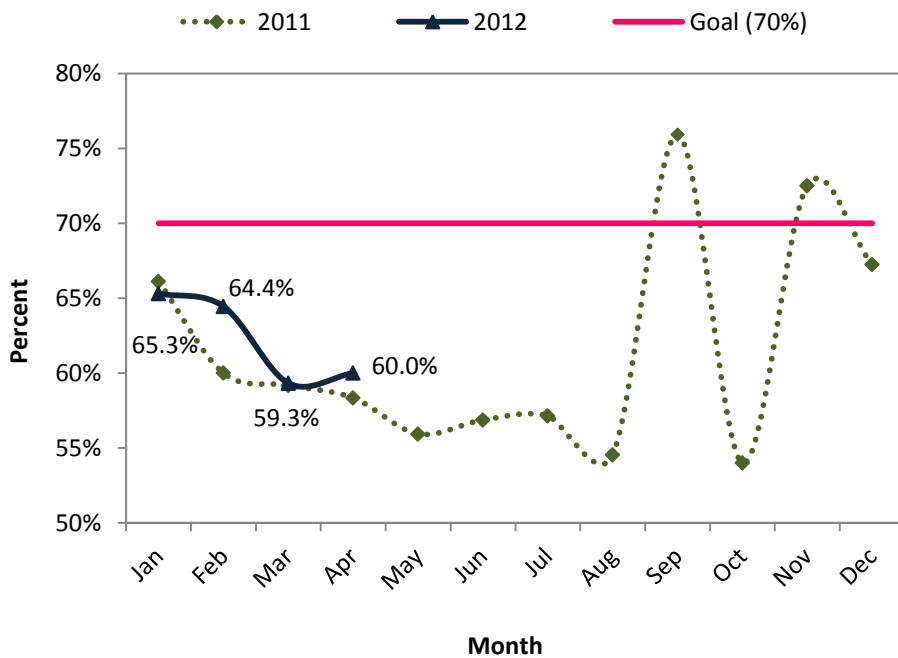
Division of Youth Corrections (DYC)

Measure: **Youth enrolled in an educational program or employed at discharge**

How it is measured: *Numerator:* Number of committed youth who are enrolled in an educational program and/or employed at discharge
Denominator: Number of committed youth discharged in a specified month;
 Approximate monthly denominator: 52

Why this matters: Youth who are enrolled in educational programs or are employed have a greater likelihood of success once they return to the community.

Goal: **↑70%**



Trend: High variability; exceeded 70% goal twice in previous year.

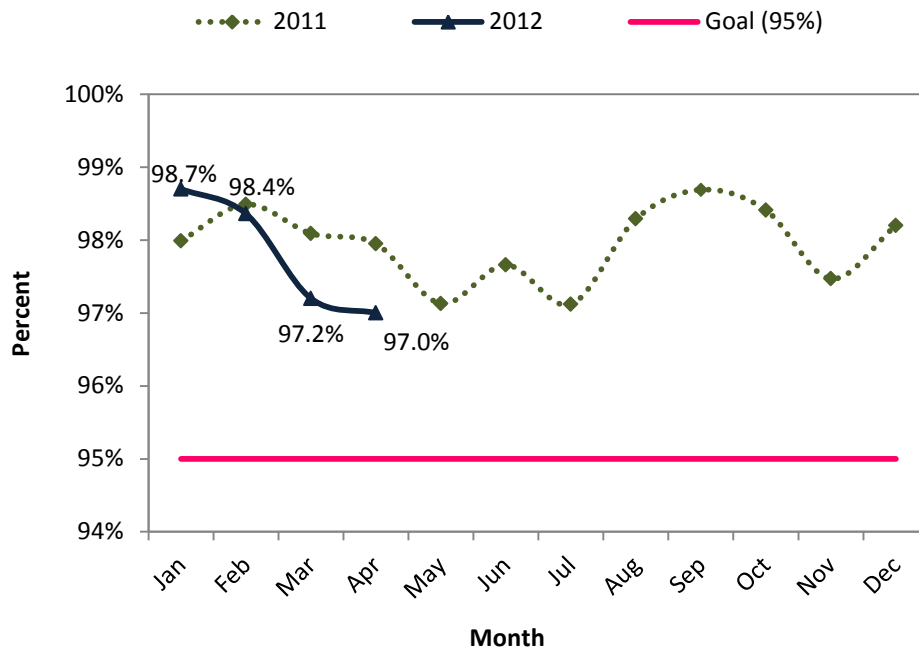
Division of Youth Corrections (DYC)

Measure: **Senate Bill 94 (SB94) youth who appear for scheduled court hearings**

How it is measured: *Numerator:* Number of discharged youth from SB94 services who appeared for all court hearings
Denominator: Number of total youth who discharge from SB94 services in a specified month; Approximate monthly denominator: 746

Why this matters: Youth who fail to appear for court hearings tend to penetrate further into the justice system.

Goal: **↑95%**



Trend: Consistently exceeds 95% goal with little variation. Fluctuates between 97% and 98%.

Notes: SB94 ensures pre-adjudicated youth are supervised at a level appropriate to the risk they pose to the community.

DYC utilizes the Juvenile Detention Screening and Assessment Guide (JDSAG) to determine the appropriate level of placement. This empirically validated screening tool was designed to predict youth failure to appear (FTA) for their court hearing. Strong performance on this measure indicates appropriate selection of the level of care.

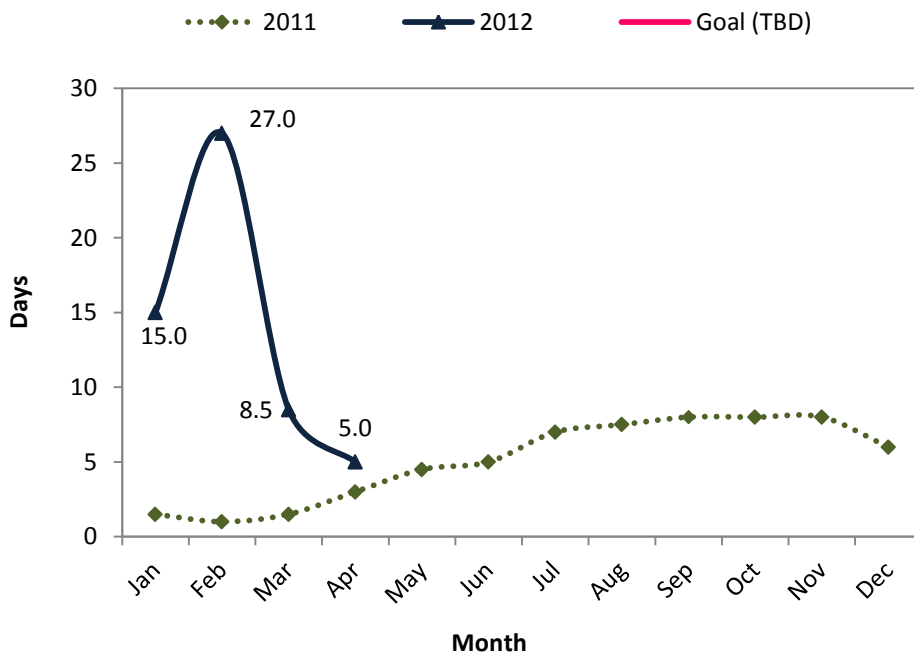
Division of Youth Corrections (DYC)

Measure: **Timeliness of assessment completion to placement**

How it is measured: *Numerator:* Number of days from assessment completion to first placement
Denominator: Number of new commitments in a specified month; Approximate monthly denominator: 40

Why this matters: Once placed in a facility, following the assessment process, youth can begin to receive the program support and treatment needed to successfully reintegrate into the community.

Goal: **↓To be determined**



Trend: Remained relatively stable throughout 2011. Increased sharply in February 2012, followed by a sharp decrease over the following two months.

Notes: The assessment process is the point of entry for all youth committed to DYC and is mandated by statute to be completed within the first 30 days of their commitment.

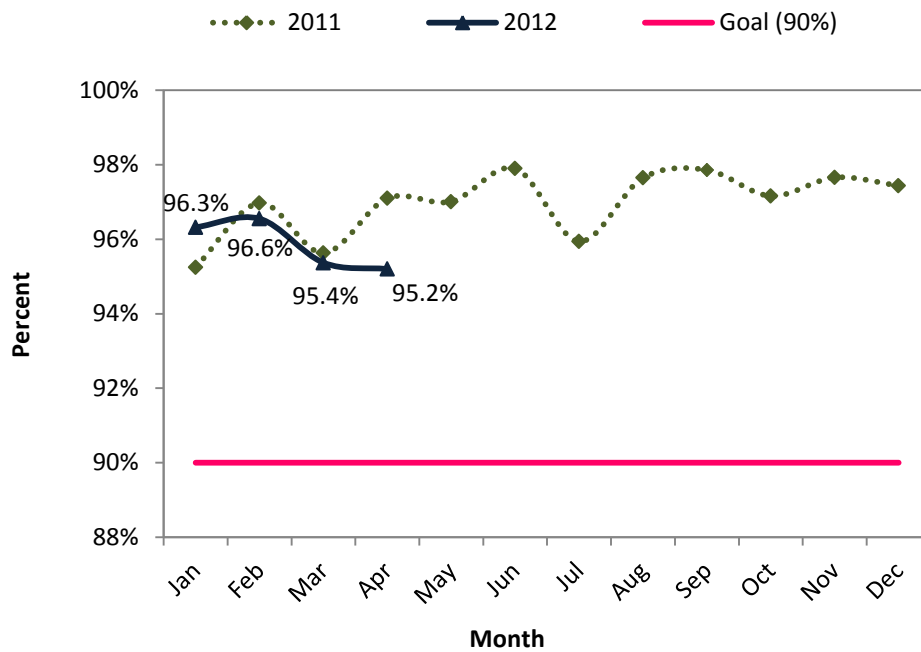
Division of Youth Corrections (DYC)

Measure: **Senate Bill 94 (SB94) youth who discharge without acquiring new charges**

How it is measured: *Numerator:* Number of discharged youth on SB94 supervision who did not receive any new charges
Denominator: Number of total youth discharged from SB94 supervision in a specified month; Approximate monthly denominator: 746

Why this matters: Services should reduce additional offending behaviors.

Goal: **↑90%**



Trend: Consistently exceeds 90% goal with little variation.

Notes: SB94 ensures pre-adjudicated youth are supervised at a level appropriate to the risk they pose to the community.

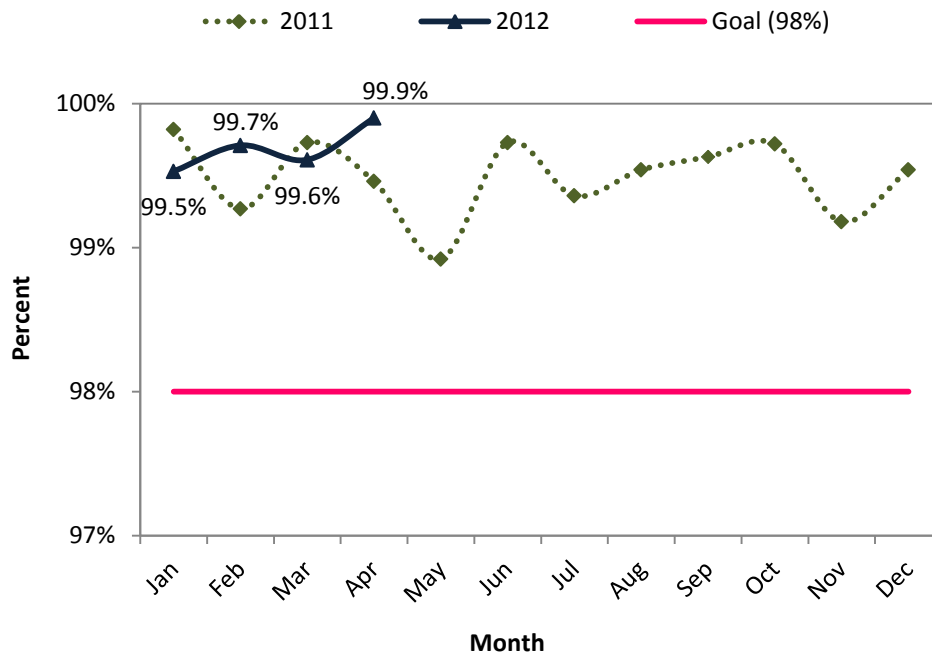
Division of Youth Corrections (DYC)

Measure: **Committed youth who did not receive any new charges in residential placement in the specified month**

How it is measured: *Numerator:* Number of committed youth in residential placement who did not receive any new charges in a specified month
Denominator: Number of total committed youth in residential placement in a specified month; Approximate monthly denominator: 1,084

Why this matters: Comprehensive residential services that effectively target criminogenic risk and needs should reduce recidivism of youth.

Goal: **↑98%**



Trend: Consistently exceeds 98% goal with little variation.

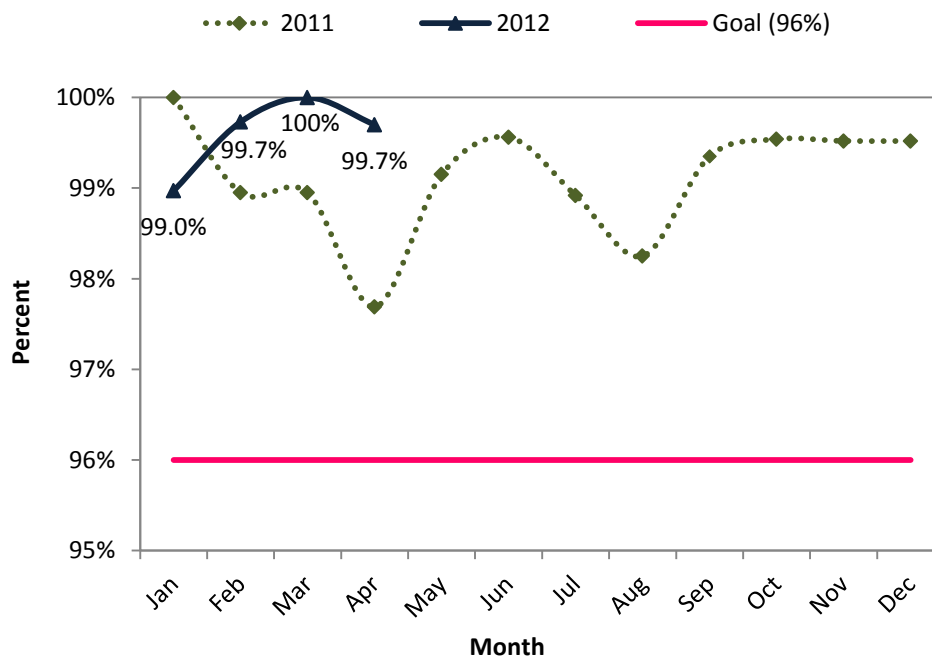
Division of Youth Corrections (DYC)

Measure: **Committed youth on parole who do not acquire new charges**

How it is measured: *Numerator:* Number of committed youth on parole who did not receive any new charges in a specified month
Denominator: Number of total committed youth on parole in a specified month;
Approximate monthly denominator: 441

Why this matters: Comprehensive non-residential parole services that effectively target criminogenic risk and needs should reduce recidivism of youth.

Goal: **↑96%**



Trend: Consistently exceeds 96% goal with little variation.

Office of Economic Security

Description

The Office of Economic Security (OES) houses programs that provide economic, employment and nutritional supports to Coloradans. OES consists of the divisions of Child Support Enforcement, Colorado Refugee Services, Colorado Works (Temporary Assistance for Needy Families), Food Assistance (Supplemental Nutritional Assistance Program), Food Distribution, Energy Assistance (Low-Income Home Energy Assistance Program), and Vocational Rehabilitation.

Director: Julie Kerksick

Child Support Enforcement Summary

Description

The Division of Child Support Enforcement (CSE) exists to ensure that all children in single parent households receive financial and medical support from both parents. This is accomplished by locating non-custodial parents, establishing paternity and, when required, child support obligations, and enforcing those obligations through the collection of current support payments as well as arrears. The Division works through county offices to provide these services to Colorado families.

Director: Paulette St. James

Executive Summary

- The Division of Child Support Enforcement has identified four key performance measures to be tracked through the C-Stat process.
- The measures of *Paternity Establishment for Out of Wedlock Births*, *Established Child Support Orders*, and *Child Support Collected* are all federal performance outcomes.

Measures

- [Paternity Established out of Wedlock](#)
- [Established Child Support Orders](#)
- [Child Support Collected](#)

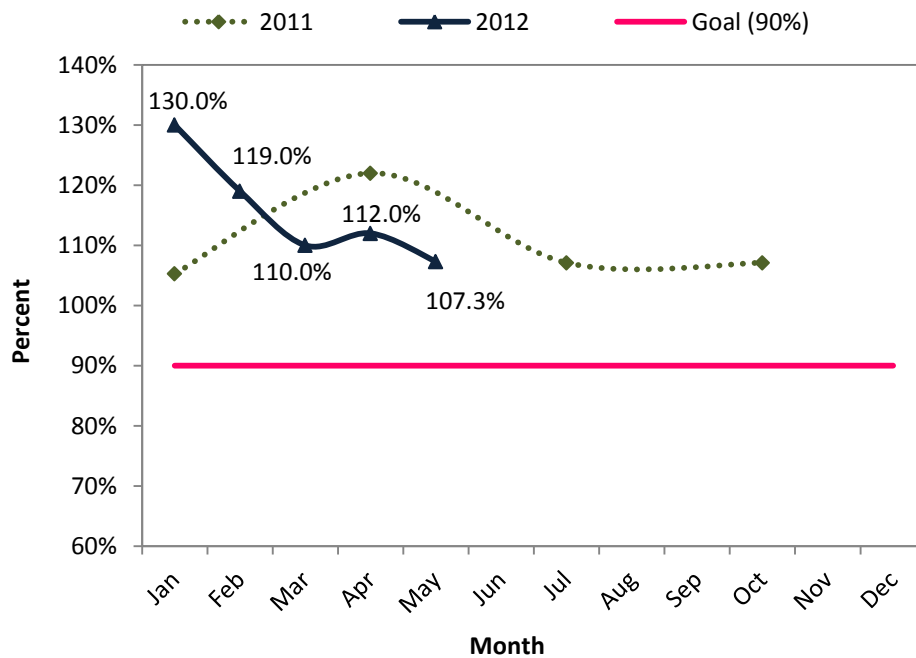
Child Support Enforcement (CSE)

Measure: **Paternity established out of wedlock births (Federal Measure)**

How it is measured: *Numerator:* Monthly number of children born out of wedlock with paternity established
Denominator: Number of children born out of wedlock in the same month of the prior year; Approximate monthly denominator: 1,204

Why this matters: Establishing paternity increases the likelihood that a child will have financial and medical support from both parents.

Goal: **↑90% (Federal Goal)**



Trend: Performance consistently exceeds goal.

Notes: This measure is calculated by taking the number of out of wedlock births in Colorado hospitals, during the month where paternity was successfully established, over the total number of children born out of wedlock in that same month for the previous year. This explains how monthly outcomes in excess of 100% are obtained. This is the federal methodology for reporting this measure.

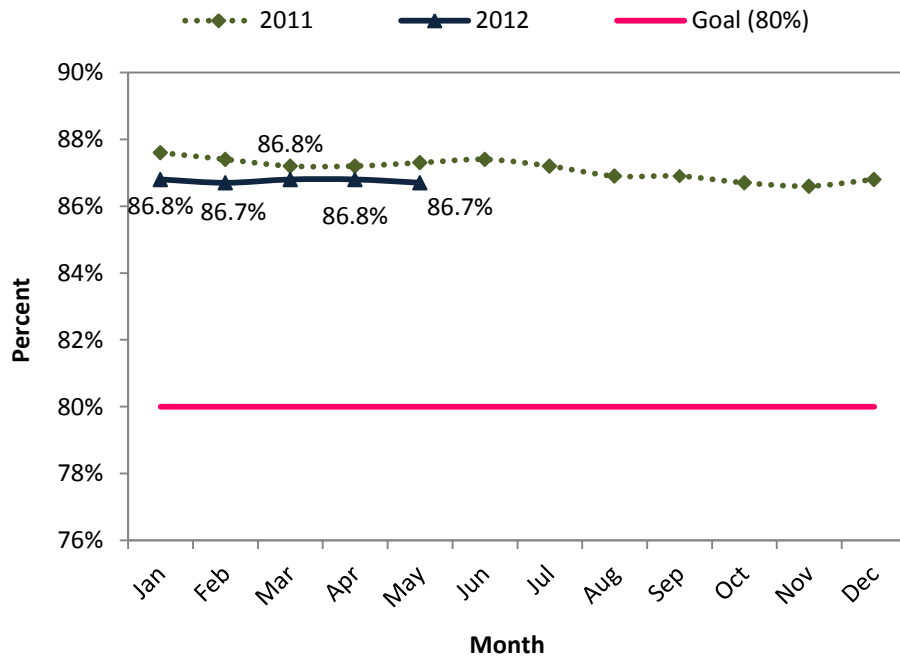
Child Support Enforcement (CSE)

Measure: **Established child support orders (Federal Measure)**

How it is measured: *Numerator:* Cumulative number of cases with an order
Denominator: Number of total cases; Cumulative denominator through May 2012: 150,566

Why this matters: Establishing child support orders increases the likelihood a child will have financial and medical support from a non-custodial parent.

Goal: **↑80% (Federal Goal)**



Trend: Performance consistently exceeds goal.

Notes: This data represents the cumulative total number of child support orders that have been established, through the month, over the cumulative total number of child support cases. This is the federal methodology for reporting this measure.

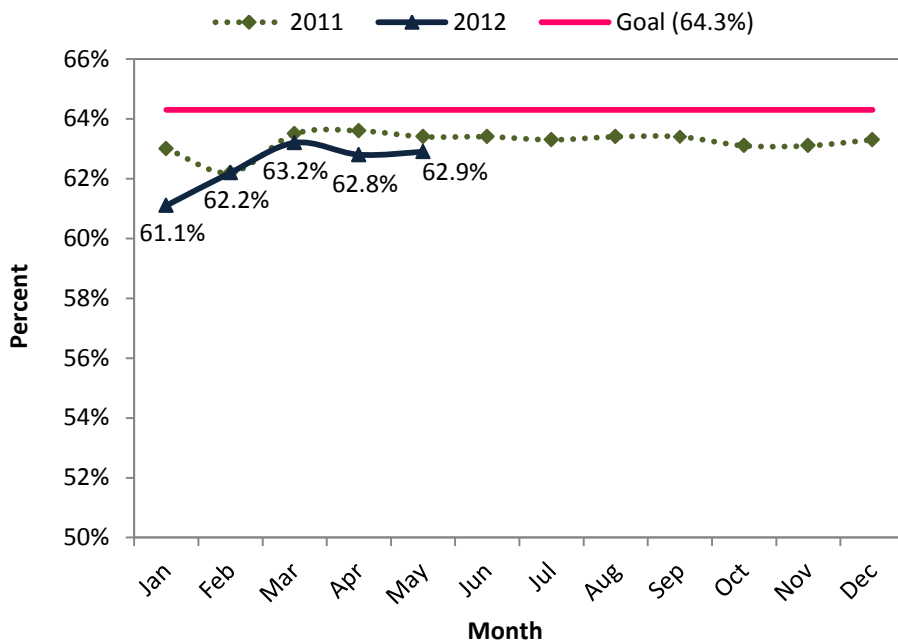
Child Support Enforcement (CSE)

Measure: **Percent of child support collected (Federal Measure)**

How it is measured: *Numerator:* Cumulative current support dollars collected
Denominator: Current support dollars owed; Cumulative denominator through May 2012: \$153m

Why this matters: Collecting child support increases the economic security of a child.

Goal: **↑64.3% (Federal Goal)**



Trend: Very little variability in this measure.

Notes: This data represents the cumulative total of current support dollars collected, through the year, over the cumulative total of current support dollars owed. This is the federal methodology for reporting this measure.

Colorado Refugee Services Program

Summary

Description

The Division of Refugee Services (known as the Colorado Refugee Services Program or CRSP) exists to ensure effective resettlement of officially designated refugees and to promote refugee self-sufficiency. This is accomplished, primarily, through the provision of Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), case management services for the refugee population receiving RCA, RMA or Temporary Assistance for Needy Families (TANF, known in Colorado as the Colorado Works program), and employability services (training and education) to help refugees enter meaningful employment. CRSP works through local volunteer agencies, and supports an array of activities that include resettlement, education, employment, health, legal/citizenship, financial and housing services.

Director: Paul Stein

Executive Summary

- CRSP provides funding to contractors and sub-contractors to implement a variety of self-sufficiency services that promote integration, particularly around *Employability Services*. Access to and participation in meaningful employment is a key component to refugee resettlement and integration.
- Per federal standards, CRSP continues to measure those who have *Entered Employment*, as well as those who have demonstrated *Employment Retention at 90 Days*.
- At the inception of C-Stat, contractors reported data manually on contract-mandated outcomes, on a trimester basis, and CRSP aggregated these totals for annual federal reporting. Data are not currently available monthly.

Measures

- [Employability Services](#)
- [Entered Employment](#)
- [Employment Retention 90 Days](#)

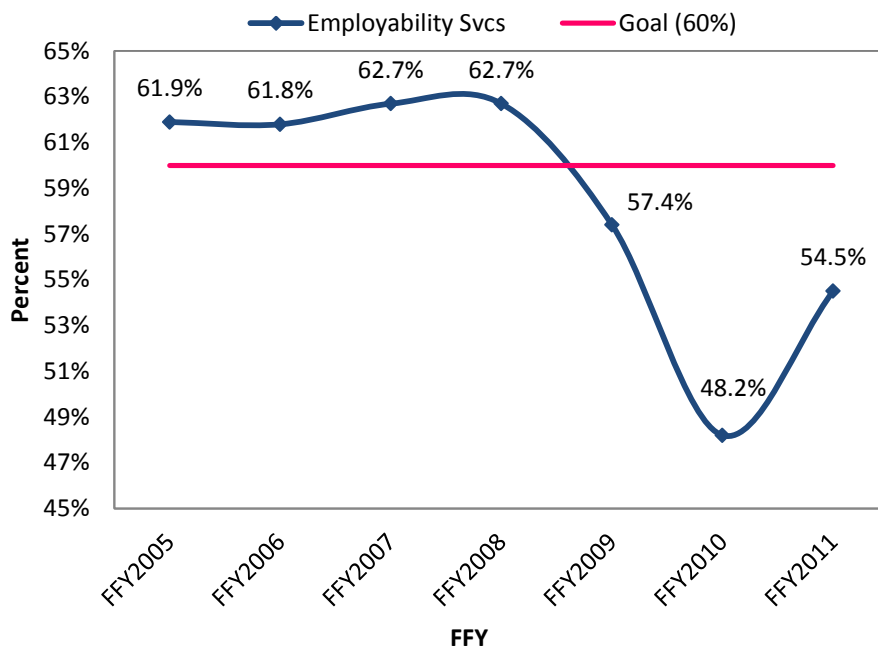
Colorado Refugee Services Program (CSRP)

Measure: **Percent of employable refugees receiving employability services**

How it is measured: *Numerator:* Total number of employable persons receiving employability services
Denominator: Total number of persons eligible for employability services; Federal Fiscal Year (FFY) 2011 denominator: 2,426

Why this matters: The right services at the right time leading to employment increase a person’s likelihood of long term economic security.

Goal: **↑60%**



Trend: Noticeable decline in 2009; still below the goal.

Notes: CRSP has not been able to provide data on a monthly basis for this measure, but anticipates having the data resources to do so in the Fall of 2012.

In 2009, CRSP assumed case management of the refugee caseload receiving Temporary Assistance for Needy Families (TANF) basic cash assistance.

Colorado Refugee Services Program (CSRP)

Measure: **Percent of entered employment (Federal Measure)**

How it is measured: *Numerator:* Count of individuals who have entered employment
Denominator: Count of individuals receiving employability services; 2012 Trimester One denominator: 504

Why this matters: Entering employment increases a person's likelihood of long term economic security.

Goal: **↑To be determined**



Trend: The percent of persons entering employment in the first and second trimester of 2012 is in the mid-50%.

Note: Federal goal is 51%.

Goal line is not represented in the graph as it is cumulative for the year and data are represented as discrete trimester points.

Colorado Refugee Services Program (CSRP)

Measure: **Percent of persons retaining employment 90 days after employment (Federal Measure)**

How it is measured: *Numerator:* Count of individuals who have retained employment for 90 days after initial employment placement
Denominator: Count of individuals who have entered employment; 2012 Trimester One denominator: 247

Why this matters: Maintaining employment increases a person's likelihood of long term economic security.

Goal: **↑To be determined**



Trend: Performance is hovering in the mid-80%.

Note: Federal goal is 80%.

Goal line is not represented in the graph as it is cumulative for the year and data are represented as discreet trimester points.

Colorado Works

Summary

Description

The Division of Colorado Works is the state's cash assistance program, federally called Temporary Assistance for Needy Families (TANF). Colorado Works exists to provide cash financial assistance, employment and supportive services, and case management to eligible low-income families with minor children in the home. Cash assistance is provided either through recurring cash benefits payments to eligible families for no more than 60 combined months, or through lump-sum diversion payments intended to offset deeper economic instability necessitating on-going cash benefits. Clients who are job-ready are required to participate in work activities in order to receive ongoing cash assistance payments. Colorado Works is administered through counties.

Director: Levetta Love

Executive Summary

- Colorado Works is currently under a court settlement in which the program must attain and sustain 95% *Timely New Applications* and *Timely Redetermination Applications* processing goals. Data over the past year have demonstrated significant improvement for both of these measures.
- Colorado Works has identified employment as a leading outcome of the program to enhance economic security and self-sufficiency. For adults, they have chosen to measure *Percent Employed*, for those on the active caseload, as an alternative to the federal Work Participation Rate measure, which looks at a combination of activities, including employment, on an annual basis.

Measures

- [Timely New Applications](#)
- [Timely Redetermination Applications](#)
- [Percent Employed](#)

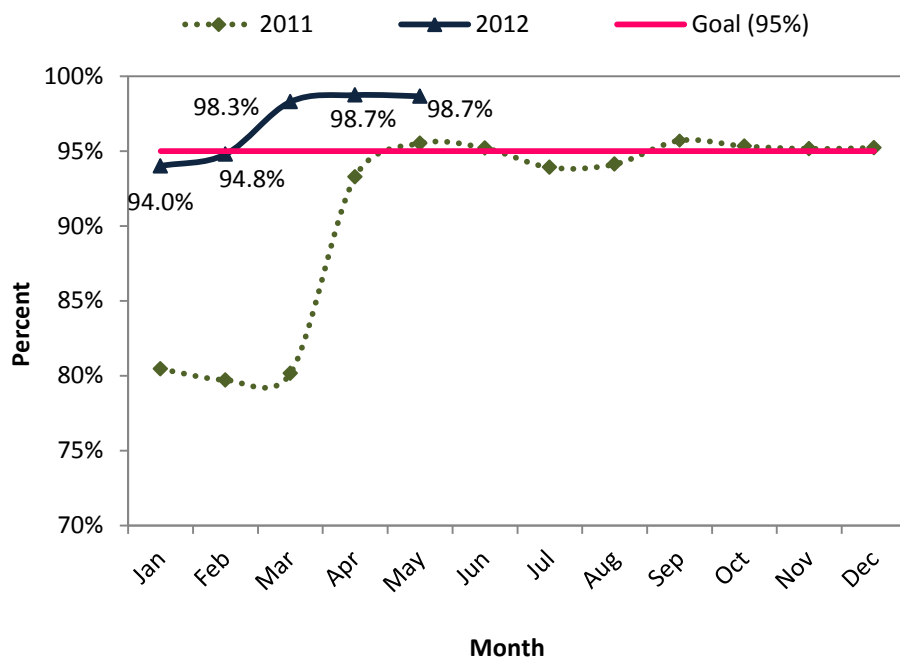
Colorado Works

Measure: **Timeliness of new applications**

How it is measured: *Numerator:* Number of new applications processed timely
Denominator: Total number of new applications; Approximate monthly denominator: 2,243

Why this matters: Timely processing of new applications ensures eligible Coloradans have access, as soon as possible, to needed cash assistance, case management, and employment services that can increase their economic security.

Goal: **↑95%**



Trend: Upward spike in April 2011; steady attainment of goal since March 2012.

Notes: This measure captures the percent of new applications that are processed within 45 days or less. The 95% goal is mandated through a court settlement.

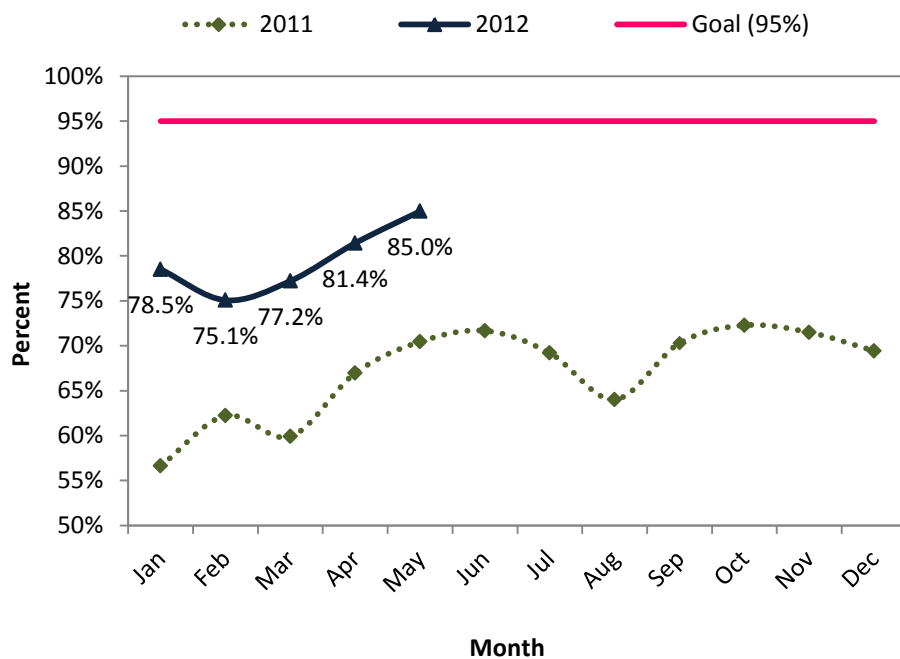
Colorado Works

Measure: **Timeliness of redetermination applications**

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications; Approximate monthly denominator: 715

Why this matters: Timely processing of redetermination applications ensures eligible Coloradans have continued access to needed cash assistance, case management, and employment services that can increase their economic security.

Goal: **↑95%**



Trend: Steady increase since February 2012.

Notes: This measure captures the percent of redetermination applications that are processed by the last day of the recertification month. The 95% goal is mandated through a court settlement.

Colorado Works

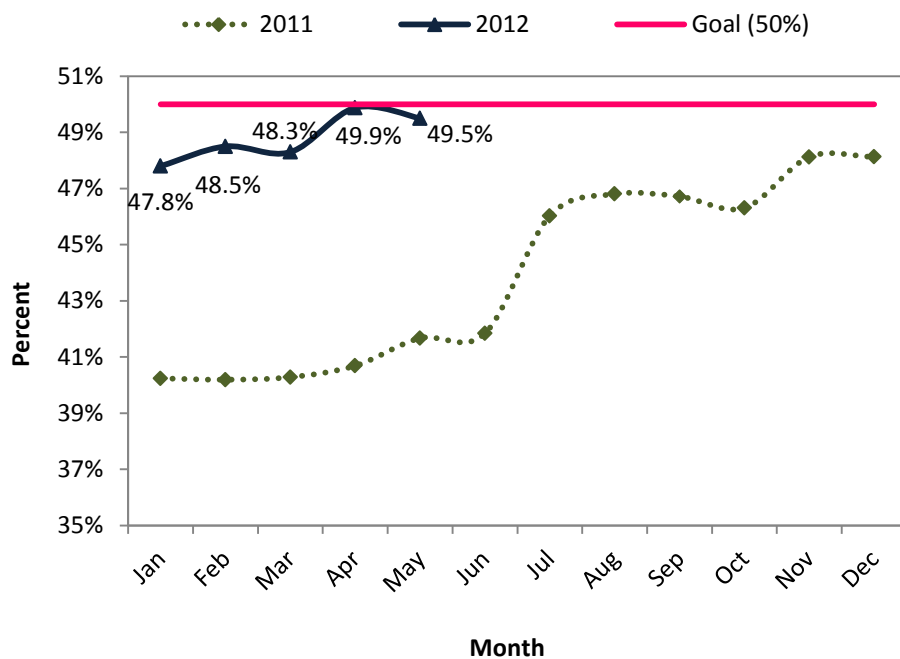
Measure: **Percent of persons employed**

How it is measured: *Numerator:* Number of adults with open employment record on caseload in report month

Denominator: Total number of adults on caseload in report month; Approximate monthly denominator: 26,015

Why this matters: Participation in employment increases a person's likelihood of long term economic security.

Goal: **↑50%**



Trend: Steady progress towards goal over the course of the last 12 months.

Notes: This measure looks at the percentage of all adults on the caseload, during the month that had an open employment record, regardless of earnings.

Low-Income Energy Assistance Program

Summary

Description

The Division of Energy Assistance (known as the Low-Income Energy Assistance Program or LEAP) exists to provide financial assistance with heating bills to low-income households. LEAP is a means-tested financial assistance program, administered through county offices, and provides lump-sum payments directly to utility vendors on behalf of eligible households to assist with their home heating costs during the winter season.

Acting Director: Paul Stein

Executive Summary

- LEAP provides transactional benefits to households in need of help with energy costs. The successful processing of *Timely Regular Applications* and *Timely Emergency Applications* are key indicators of program performance. LEAP, due to the nature of the program, experiences significant seasonal fluctuation, resulting in very high volume during colder months and relatively low volume during warmer months (the program does not reimburse cooling costs). This variability has resulted in a predictable trend in application processing.
- At the inception of C-Stat, LEAP was examining data by reviewing the average days to process cases, on a cumulative basis, throughout the season. Through C-Stat, LEAP was able to alter their data reporting to a monthly average number of days.
- In addition to processing, LEAP has determined that the percent of *Eligible Households Receiving Assistance* from the program is a key performance outcome. Due to funding changes, coupled with increased demand, LEAP lowered the eligibility criteria for household participation for the 2011-12 season, from 185% of the Federal Poverty Limit to 150%. LEAP has set a goal of reaching 30% of those households for the 2011-2012 season.

Measures

- [Timely Regular Applications](#)
- [Timely Emergency Applications](#)
- [Eligible Households Receiving Assistance](#)

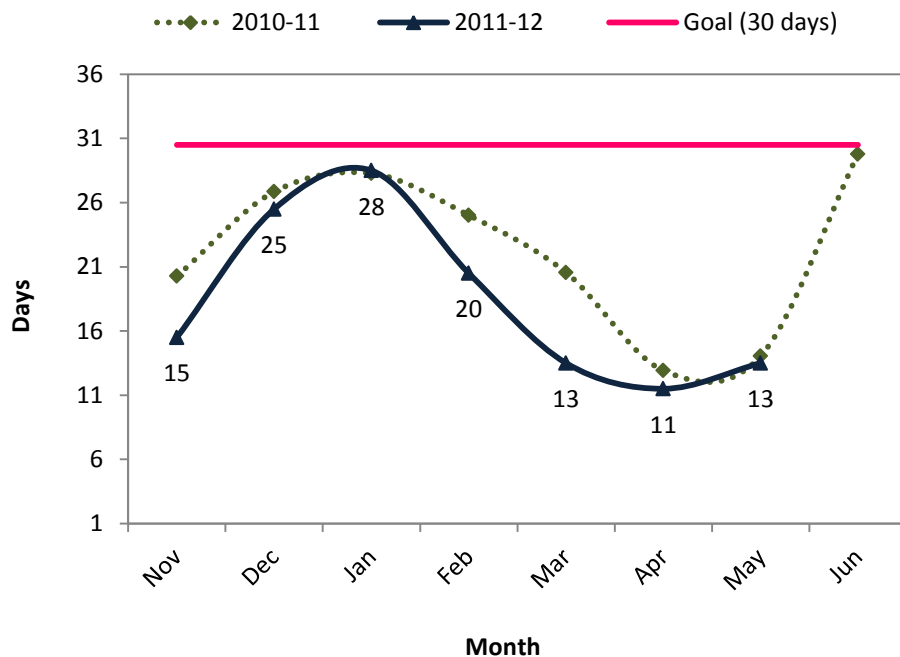
Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular applications**

How it is measured: *Numerator:* Number of days to process regular applications
Denominator: Total number of regular applications; Approximate monthly denominator: Varies significantly, due to seasonality, from 25,000 in December to 4,000 in April.

Why this matters: Timely processing of regular energy assistance applications ensures eligible Coloradans have access, as soon as possible, to needed financial assistance for heating, ultimately increasing the likelihood of Coloradans living safely.

Goal: **↓30 Days**



Trend: Well inside goal over the course of the last season.

Notes: Average days to process decreases during the warmer months, as the season comes to a close and fewer applications are submitted.

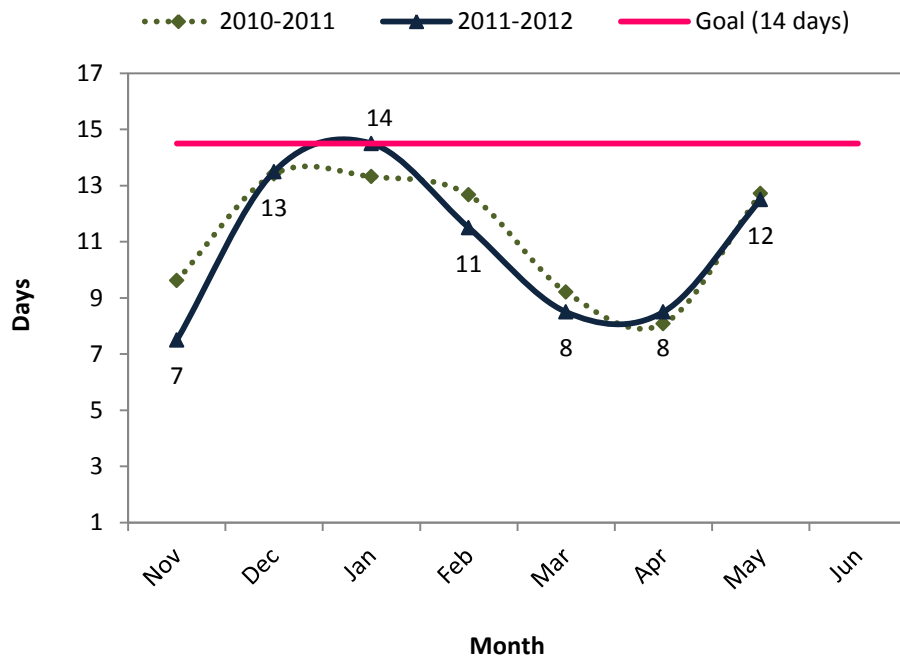
Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of emergency applications**

How it is measured: *Numerator:* Number of days to process emergency applications
Denominator: Total number of emergency applications; Approximate monthly denominator: Varies significantly, due to seasonality, from 5,000 in December to 1,000 in April.

Why this matters: Timely processing of energy assistance emergency applications ensures eligible Coloradans have access, as soon as possible, to financial assistance for heat in order to avoid a crisis resulting from loss of utilities and, ultimately, increasing the likelihood of Coloradans living safely.

Goal: **↓14 Days**



Trend: Inside or at goal over the course of the last season.

Notes: Average days to process decreases during the warmer months, as the season comes to a close and fewer applications are submitted.

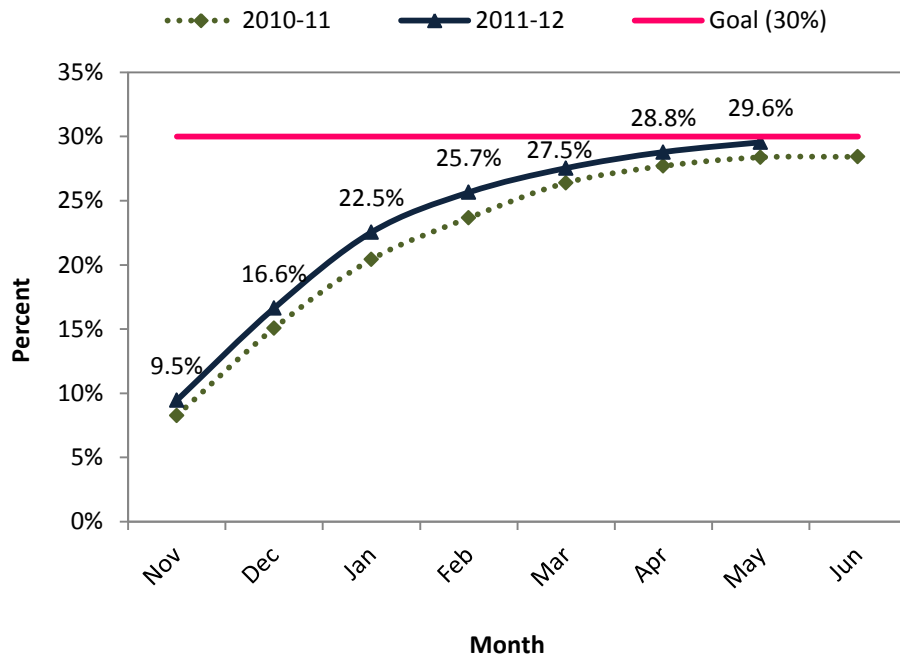
Low-Income Energy Assistance Program (LEAP)

Measure: **Eligible households receiving assistance (Strategic Plan Measure)**

How it is measured: *Numerator:* Number of eligible households receiving assistance
Denominator: Total number of eligible households in 2010; 440,217

Why this matters: Reaching eligible households with LEAP benefits increases state-wide economic security.

Goal: **↑30%**



Trend: The 2012 performance is consistently above the 2011 performance. Very close to goal line as of May 2012.

Food Assistance

Summary

Description

The Division of Food Assistance is Colorado's nutritional safety net program, federally referred to as the Supplemental Nutrition Assistance Program (SNAP), and formerly known as Food Stamps. Food Assistance exists to administer non-cash food benefits to eligible low-income households to purchase the food needed for a nutritionally adequate diet. In addition to benefits, Food Assistance administers the Employment First program, helping able-bodied adults without dependent children engage in activities that will improve their employability. Food Assistance is a means-tested assistance program, administered through county offices, providing monthly food benefits to eligible Coloradans.

Executive Summary

- Food Assistance is currently under a court settlement in which the program must attain and sustain 95% *Timely New Applications*, *Timely Expedited Applications* and *Timely Redetermination Applications* processing goals. Data over the past year has demonstrated significant improvement for all of these measures.
- During the C-Stat process, Food Assistance identified *Backlog of New Applications* and *Backlog of Redetermination Applications* as areas in need of improvement and began to compile data around these measures. This has progressed to focusing on the largest backlog volume, by county, on an ongoing basis.
- The federal government holds State Food Assistance programs accountable for *Error Rate of Negative Actions* and *Error Rate of Payment*. These measures fall under the purview of the Food Assistance Quality Assurance Division, which is housed in the Office of Performance and Strategic Outcomes.

Measures

- [Timely New Applications](#)
- [Timely Expedited Applications](#)
- [Timely Redetermination Applications](#)
- [Backlog of New Applications](#)
- [Backlog of Redetermination Applications](#)
- [Error Rate Negative Actions](#)
- [Error Rate Payment](#)

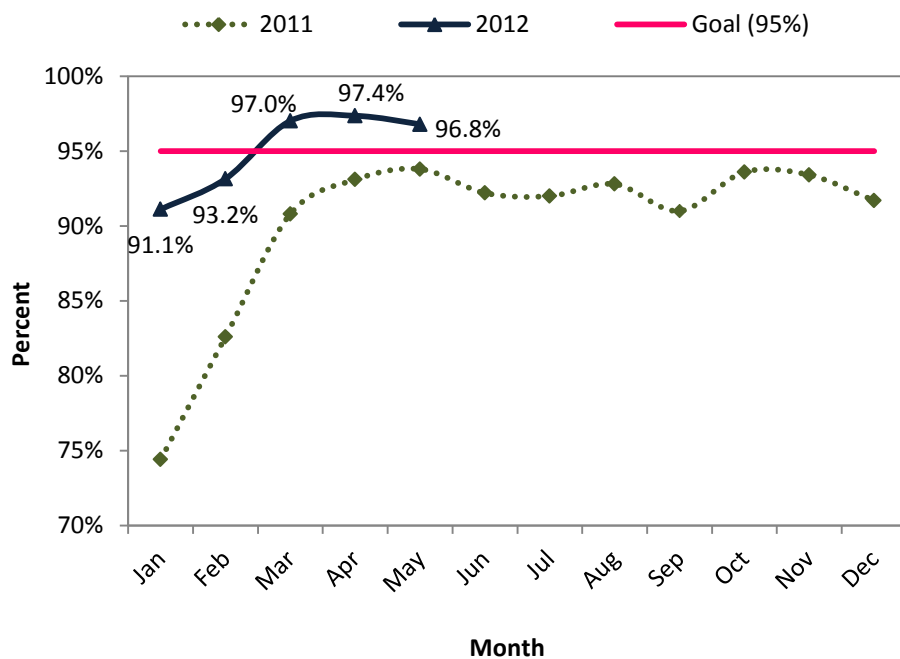
Food Assistance (FA)

Measure: **Timeliness of new applications (Strategic Plan Measure)**

How it is measured: *Numerator:* Number of new applications processed timely
Denominator: Total number of new applications; Approximate monthly denominator: 9,564

Why this matters: Timely processing of new food assistance applications ensures that eligible Coloradans have access, as soon as possible, to needed financial assistance for food, ultimately, reducing the likelihood of Coloradans going hungry.

Goal: **↑95%**



Trend: Steady progress towards goal over 2011. Exceeded goal for past three consecutive months.

Notes: This measure captures the percent of new applications that are processed within 30 days or less. The 95% goal is mandated through a court settlement.

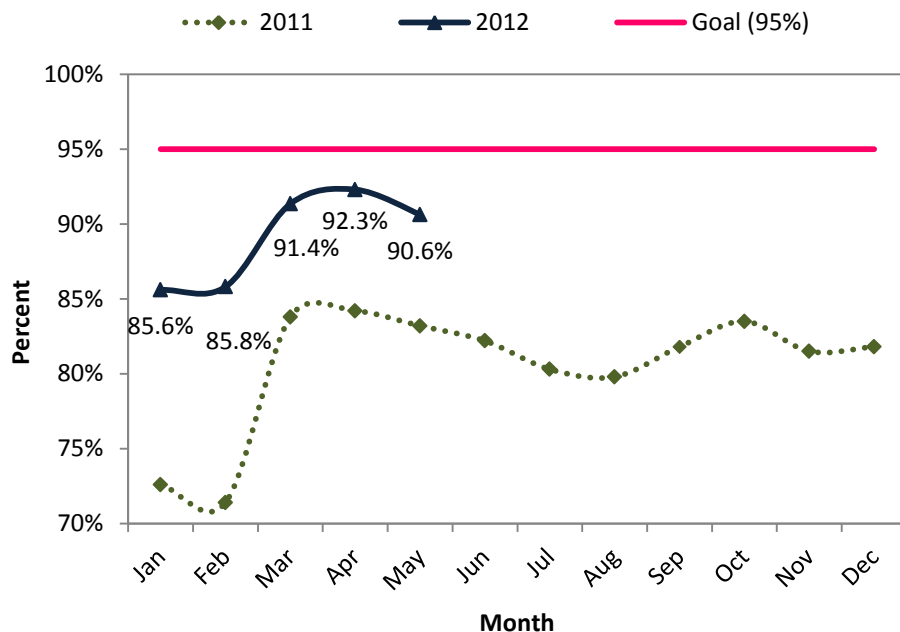
Food Assistance (FA)

Measure: **Timeliness of expedited applications (Strategic Plan Measure)**

How it is measured: *Numerator:* Number of expedited applications processed timely
Denominator: Total number of expedited applications; Approximate monthly denominator: 8,801

Why this matters: Timely processing of expedited food assistance applications ensures eligible Coloradans, in emergency situations, have access, as soon as possible, to needed financial assistance for food, ultimately, reducing the likelihood of Coloradans going hungry.

Goal: **↑95%**



Trend: Overall progress towards goal; still below 95%.

Notes: This measure captures the percent of emergency applications that are processed within seven days or less. The 95% goal is mandated through a court settlement.

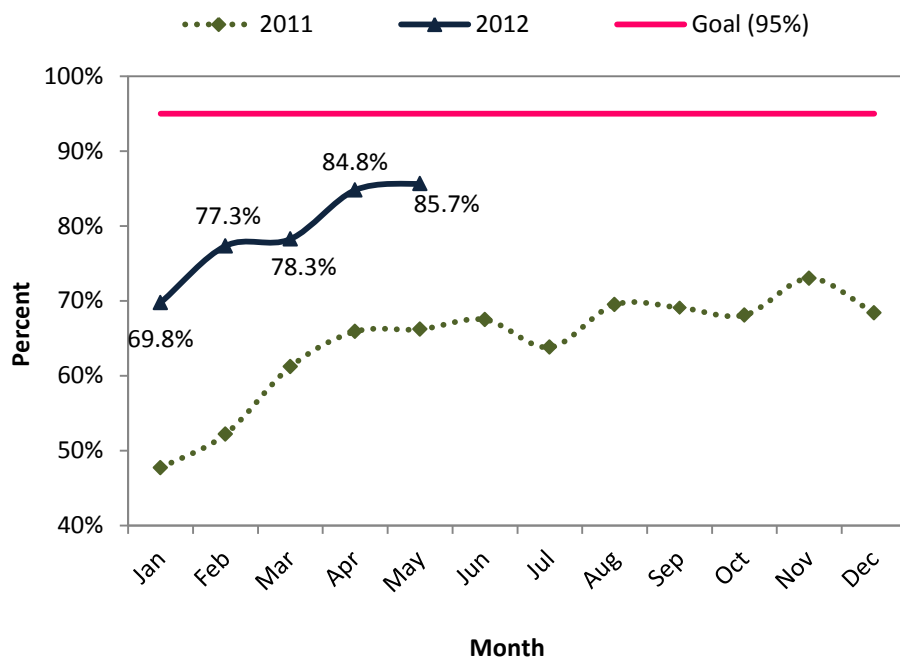
Food Assistance (FA)

Measure: **Timeliness of redetermination applications (Strategic Plan Measure)**

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Total number of redetermination applications; Approximate monthly denominator: 22,425

Why this matters: Timely processing of redetermination food assistance applications ensures eligible Coloradans have continued access to needed financial assistance for food, ultimately, reducing the likelihood of Coloradans going hungry.

Goal: **↑95%**



Trend: The 2012 performance is significantly better than 2011. Overall, trending progressively towards the 95% goal.

Notes: This measure captures the percent of redetermination applications that are processed by the last day of the recertification month. The 95% goal is mandated through a court settlement.

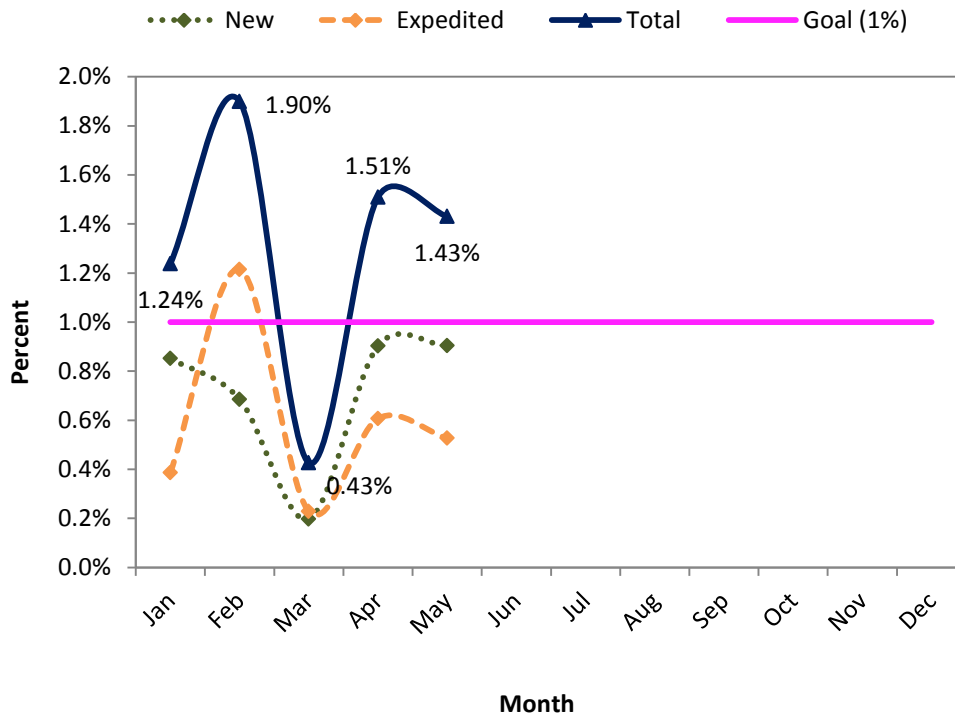
Food Assistance (FA)

Measure: **Backlog of new applications**

How it is measured: Numerator: Number of new or expedited applications that have exceeded processing timeframes by the last business day of the month
Denominator: Total number of new or expedited applications received in the month; Approximate monthly denominator: 18,365

Why this matters: Backlog is an indicator of untimely applications. Monitoring and reducing backlog increases the likelihood that applications will be processed timely and that Coloradans will not go hungry.

Goal: **↓1% of current new or expedited application volume for the month**



Trend: Dip in March 2012; slightly above goal line since that time.

Notes: Backlog has been defined as any cases that are overdue as of the first of the month.

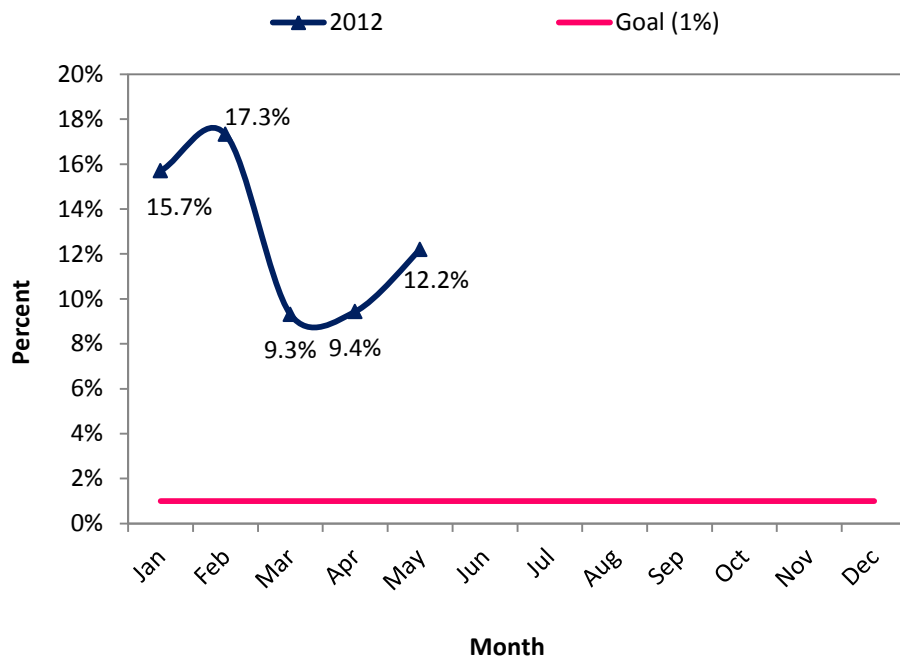
Food Assistance (FA)

Measure: **Backlog of redetermination applications**

How it is measured: *Numerator:* Number of redetermination applications that have exceeded processing timeframes by the last business day of the month
Denominator: Total number of redetermination applications received in the month; Approximate monthly denominator: 22,425

Why this matters: Backlog is an indicator of untimely applications. Monitoring and reducing backlog increases the likelihood that applications will be processed timely and that Coloradans will not go hungry.

Goal: ↓1% of current redetermination application volume for the month



Trend: Notable decline in March 2012 followed by an increase in April 2012 and May 2012. Have yet to reach the goal.

Notes: Backlog has been defined as any cases that are overdue as of the first of the month.

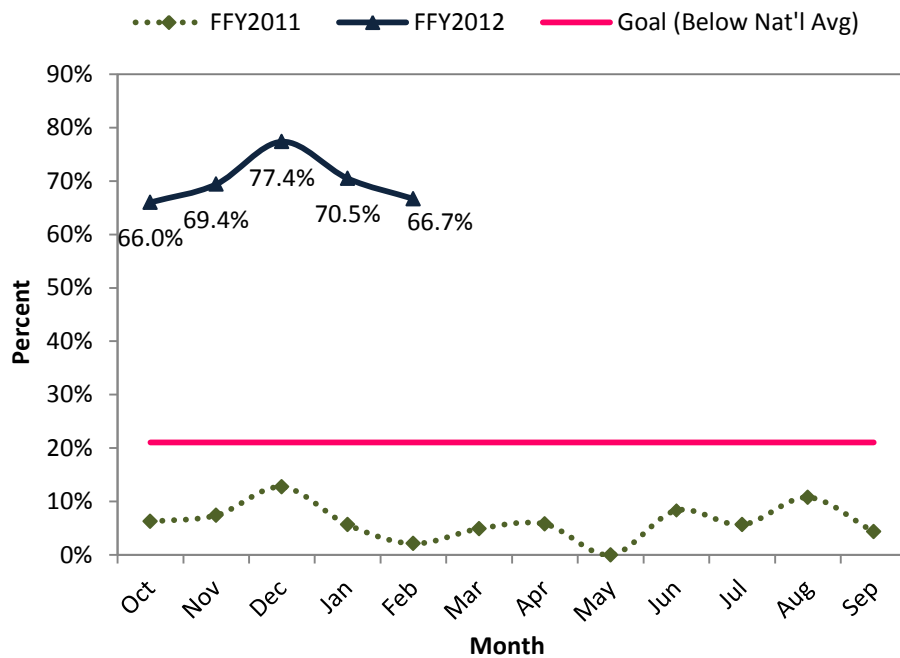
Food Assistance (FA)

Measure: **Accuracy of negative actions on a case (Federal Measure)**

How it is measured: *Numerator:* Number of incorrect negative actions sampled
Denominator: Total number of negative actions sampled; Approximate monthly denominator: 67

Why this matters: Processing applications accurately ensures that Coloradans receive the level of benefits for which they are eligible.

Goal: **↓**Below national average



Trend: Well above the national average since October 2011.

Notes: A negative action is any action against a participant.

The United States Department of Agriculture (USDA) changed their criteria for this measure at the start of Federal Fiscal Year 2012, drastically increasing the number of errors and how they are counted against the states. This makes it challenging to compare against prior years' performance.

The goal for this measure changes every year and is based on the national performance average.

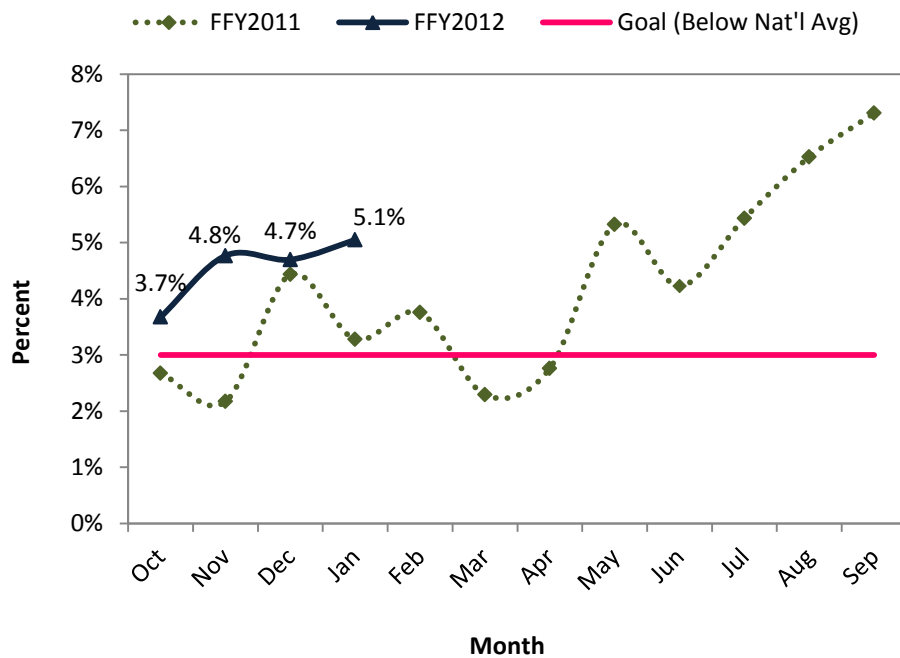
Food Assistance (FA)

Measure: **Error rate of payment (Federal Measure)**

How it is measured: *Numerator:* Amount of unauthorized dollars in the sample
Denominator: Total authorized dollars in the sample; Approximate monthly denominator: \$24,000

Why this matters: Processing applications accurately ensures Coloradans have access to resources that increase their economic security.

Goal: **↓ Below national average**



Trend: Notable increase in second half of 2011, through the present sample.

Notes: Final data lags a quarter after the sample is pulled for review due to the time it takes for the selected sample to be completed.

The goal for this measure changes every year and is based on the national performance average.

Food Distribution Program

Summary

Description

The Division of Food Distribution (known as the Food Distribution Program or FDP) exists to strengthen the nutrition safety net through the administration of the state's commodity food distribution programs. This includes overseeing the distribution of commodity foodstuffs through school and household programs intended to help supplement the diets of eligible, needy populations.

School programs include the Department of Defense Fresh Program, the Child and Adult Care Food Program (CACFP), and the National School Lunch (NSLP) and Summer Food Service Programs (SFSP), where commodity food is distributed to schools to help provide meals for eligible low-income students.

Household programs include The Emergency Food Assistance Program (TEFAP) and the Commodity Supplemental Food Program (CSFP), where food is provided to eligible individuals through local food pantries or used to make hot meals served at soup kitchens.

FDP works through school districts and financial authorities, as well as with partner agencies, to administer foodstuffs to Coloradans in need.

Executive Summary

- FDP developed three measures including *Caseload Capacity*, *Entitlement Spending*, and the *National School Lunch Program Food Expiration*.
- In October 2011, a USDA audit found expired NSLP food stock in one of FDP's warehouses and FDP was at risk of being fined. As part of a negotiated agreement with the USDA, FDP has incorporated the tracking of expired NSLP foodstuffs as a C-Stat measure.

Measures

- [Caseload Capacity](#)
- [Entitlement Spending](#)
- [NSLP Food Expiration](#)

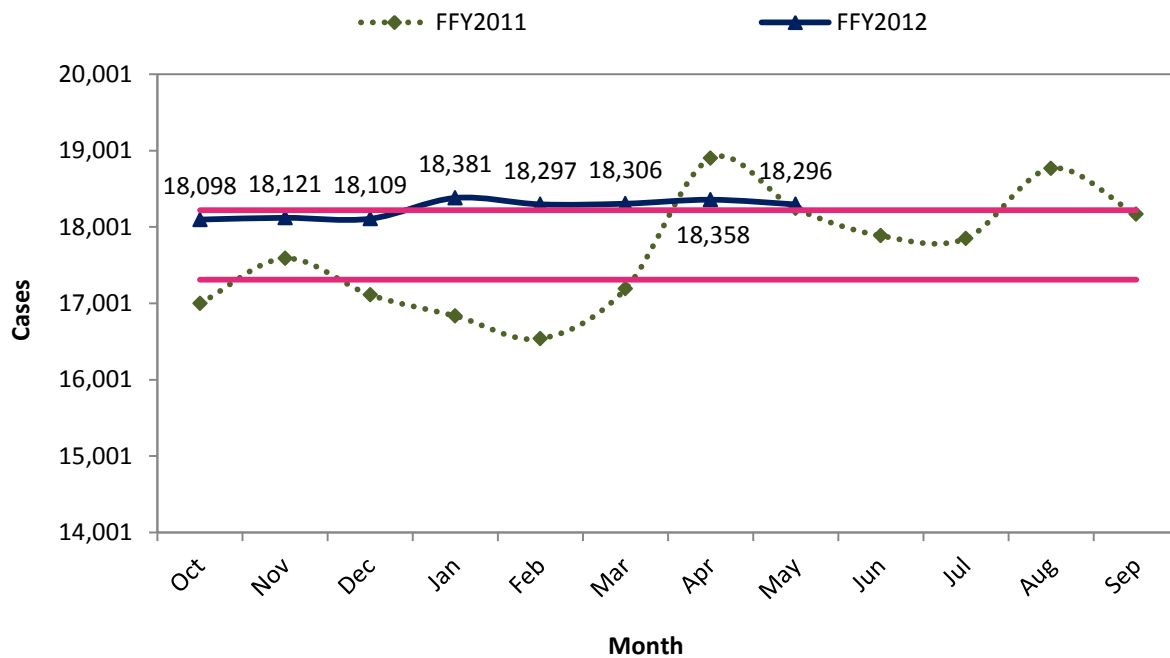
Food Distribution Program (FDP)

Measure: **Caseload capacity**

How it is measured: *Numerator:* Number of total cases served in a month
Denominator: Total number of cases per month to meet FFY2012 goal; Monthly denominator: 18,403

Why this matters: Maintaining the caseload capacity ensures eligible Coloradans have access to food commodities and decreases the likelihood of going hungry.

Goal: **↔** Maintain between 95% (17,310) and 101% (18,403)



Trend: Held above 95% throughout the past eight months.

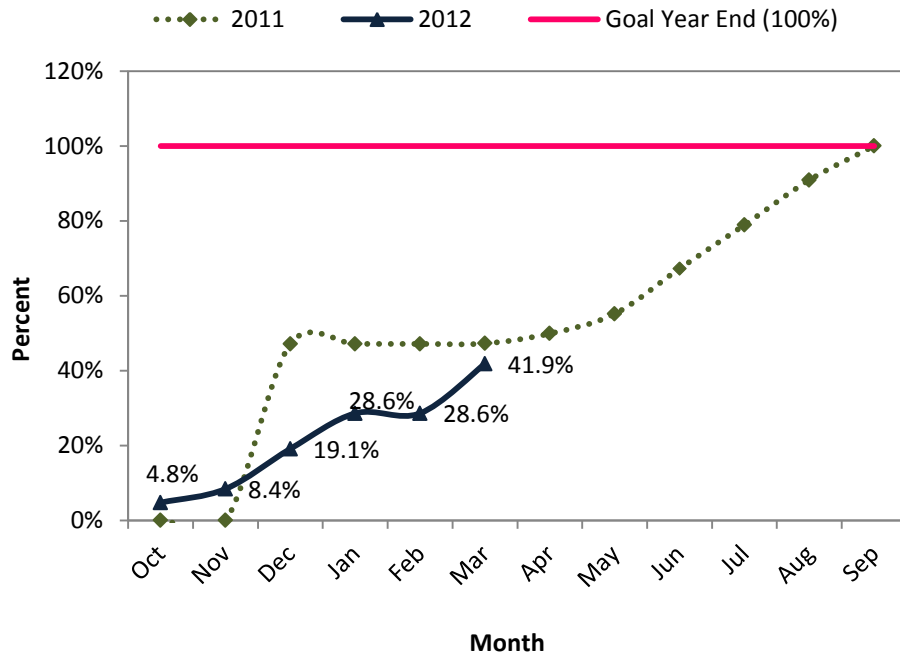
Food Distribution Program (FDP)

Measure: **Maximize entitlement spending**

How it is measured: *Numerator:* Cumulative amount of entitlement spent
Denominator: Total entitlement for Federal Fiscal Year (FFY) 2012; \$3.4 Million

Why this matters: Maximizing entitlement spending ensures eligible Coloradans have access to food commodities and decreases the likelihood of going hungry.

Goal: **↑100%**



Trend: Entitlement spending has grown over the Federal Fiscal Year.

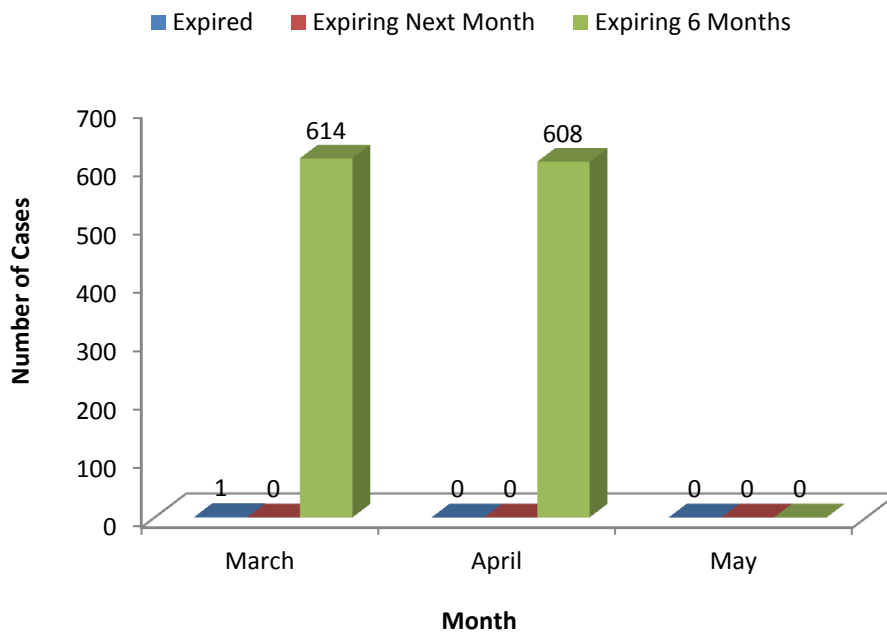
Food Distribution Program (FDP)

Measure: **Expiration of National School Lunch Program (NSLP) food**

How it is measured: Total cases of NSLP food that expired during the month.

Why this matters: Coloradans deserve fresh, healthy food.

Goal: ↓0



Trend: One case of expired food in March 2012.

Division of Vocational Rehabilitation

Summary

Description

The Division of Vocational Rehabilitation (DVR) exists to provide assistance to individuals whose disabilities have resulted in a barrier to employment. DVR provides assistance through an array of rehabilitation services that includes evaluation and diagnosis, physical and mental restoration, rehabilitation technology, training, education and employment services, as well as placement and post-employment supportive services. DVR is a state-run program that helps disabled Coloradans participate in meaningful work throughout Colorado.

Director: Nancy Smith

Executive Summary

- DVR continues to work on establishing and refining performance goals for C-Stat. The Division initially presented federal performance standards and outcomes, and elected to continue to track the attainment of the federal standard for *Successful Employment Outcomes* through C-Stat, but has refined the methodology for viewing this measure and established a new goal. Federal performance standards require one additional successful employment outcome over the previous year. DVR has elected to set the goal at a two percent increase over the previous year.
- DVR has identified a high *Consumer Attrition Rate* for participants who have been determined eligible, but have yet to begin working on their employment plan. DVR has established the goal of decreasing this measure by two percent over the previous year.
- As several other Office of Economic Security programs have established measures that track how quickly customers are being determined eligible for services, DVR has begun to look at preliminary data around *Timeliness of Eligibility Determination*; however, the Division currently lacks the capacity to view complete, real-time data on this measure.

Measures

- [Successful Employment Outcomes](#)
- [Consumer Attrition Rate](#)
- [Timeliness of Eligibility Determination](#)

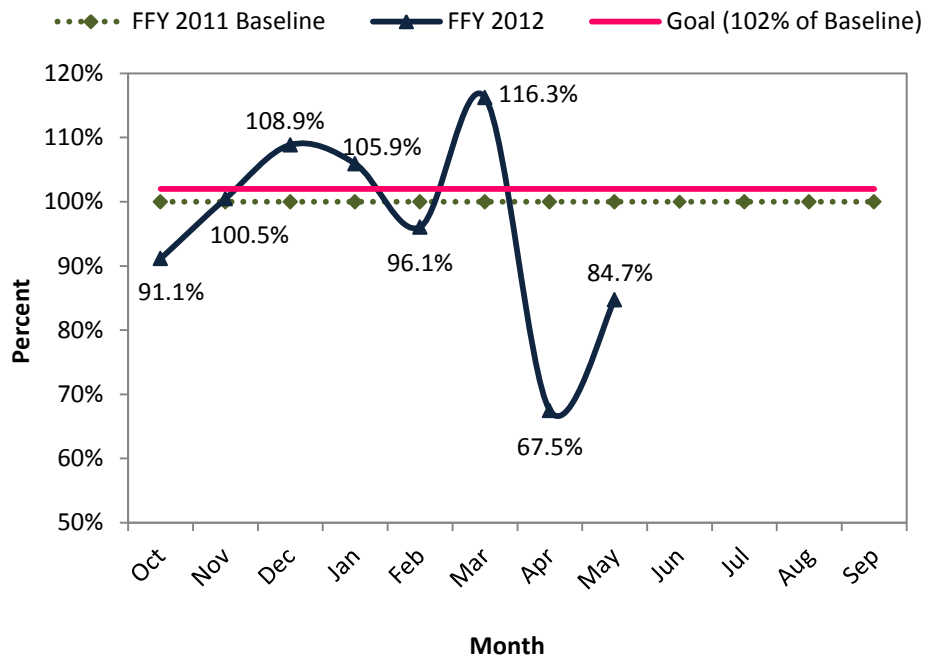
Division of Vocational Rehabilitation (DVR)

Measure: **Successful employment outcomes (Federal Measure)**

How it is measured: *Numerator:* Total number of successful employment outcomes during the month
Denominator: Total cases needed in Federal Fiscal Year (FFY) 2012 to reach 102% of FFY11; Monthly Denominator: 203

Why this matters: Successful employment is a measure of the DVR’s effectiveness and can increase a person’s likelihood of economic security.

Goal: **↑102% of 2011 Baseline**



Trend: Sharp decline below the goal in April 2012 and May 2012.

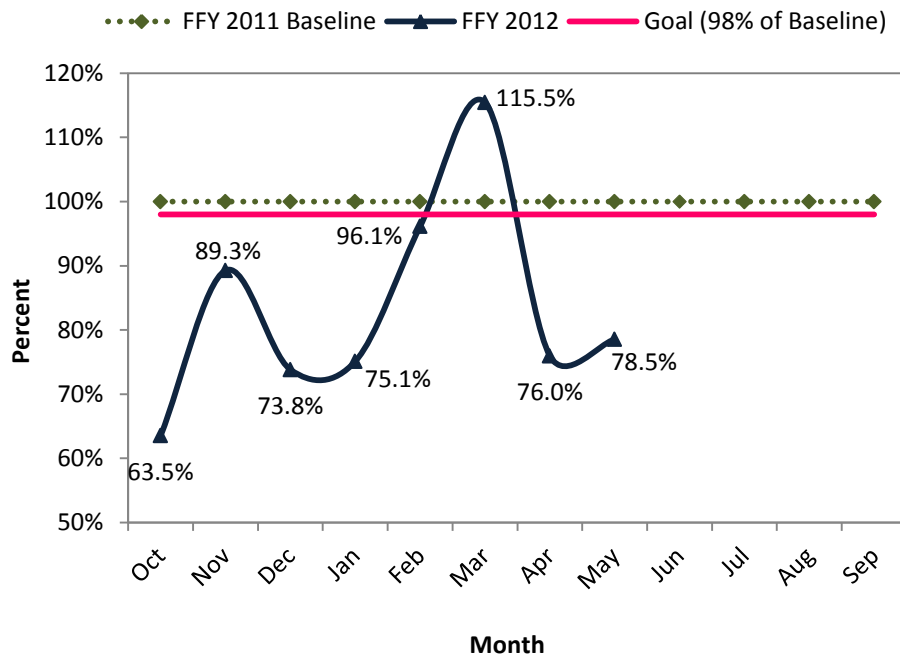
Division of Vocational Rehabilitation (DVR)

Measure: **Consumer attrition**

How it is measured: *Numerator:* Total number of cases closed prior to plan implementation
Denominator: Total number of all closed cases; Approximate monthly denominator: 233

Why this matters: Ensuring eligible participants are retained in the vocational rehabilitation program and provided with an individualized employment plan greatly increases their likelihood of long term economic security.

Goal: **↓98% of 2011 Baseline**



Trend: Wide variation in consumer attrition. Performance mostly in the mid 70%.

Notes: Once DVR participants are deemed eligible for services, DVR has 60 days to develop an individualized employment plan.

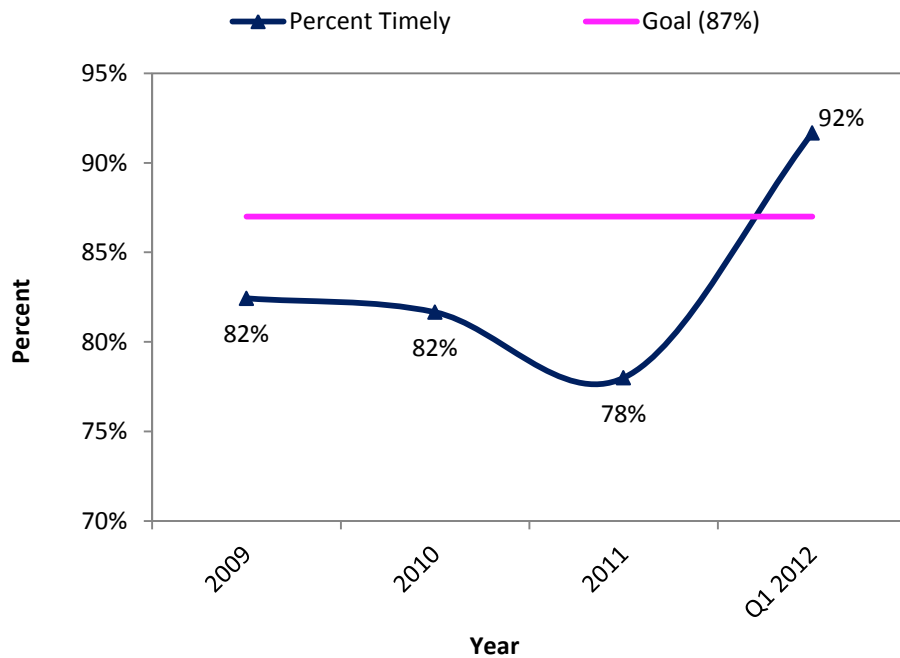
Division of Vocational Rehabilitation (DVR)

Measure: **Timeliness of eligibility determination**

How it is measured: *Numerator:* Number of sampled applications with eligibility determined and/or with documentation in 60 days or less (Approximately seven percent sampled annually)
Denominator: Total number of sampled applications; 165 through Quarter One 2012

Why this matters: Processing applications efficiently ensures eligible, disabled Coloradans have prompt access to employment resources that will increase their likelihood of achieving economic self-sufficiency, as quickly as possible.

Goal: **↑87%**



Trend: Timeliness increased significantly in Quarter One 2012.

Office of Long Term Care

Description

The Office of Long Term Care (OLTC) houses programs that provide economic supports for aging and disabled populations, residential and therapeutic services for developmentally disabled populations, operates nursing homes for veterans, and protective services for adults. OLTC consists of Aging and Adult Services, Developmental Disabilities, Disability Determination Services, Division of Regional Center Operations, and State Veterans Nursing Homes.

Director: Joscelyn Gay

Aging and Adult Services

Summary

Description

The Division of Aging and Adult Services (AAS) programs provide assistance in three general areas. First, programs exist to provide financial assistance for low-income or disabled adults and includes the following programs: Aid to the Needy Disabled (AND) and Aid to the Blind (AB), Old Age Pension (OAP), Home Care Allowance (HCA), Adult Foster Care (AFC), Burial Assistance, and Repatriation. Second, programs exist to provide support and include a variety of services designed to help seniors remain safely in their homes, such as nutrition programs, caregiver programs, money management programs, senior community service employment programs (SCSEP), legal assistance, as well as supportive services. Lastly, programs exist to provide protection and advocacy for at-risk adults through the Adult Protective Services and Long term Care Ombudsman programs.

Acting Director: Todd Coffey

Executive Summary

- AAS has identified three performance measures (within two of the three program areas outlined above) to be examined on a monthly basis.
- Within the program area of protection and advocacy, AAS collects data on *Timely Adult Protection Inquiries*.
- Within the program area of financial assistance, AAS collects data on *Timely Applications* and *Timely Redeterminations*.
 - AAS implemented a work plan to collaborate with two Divisions within the Office of Economic Security (OES), the Division of Colorado Works and the Division of Food Assistance, in order to examine how strategies for improvement that have been successfully implemented in OES might be transferred to the application process for financial assistance in AAS.

Measures

- [Timely Adult Protection Inquiries](#)
- [Timely New Applications](#)
- [Timely Redetermination Applications](#)

Aging and Adult Services (AAS)

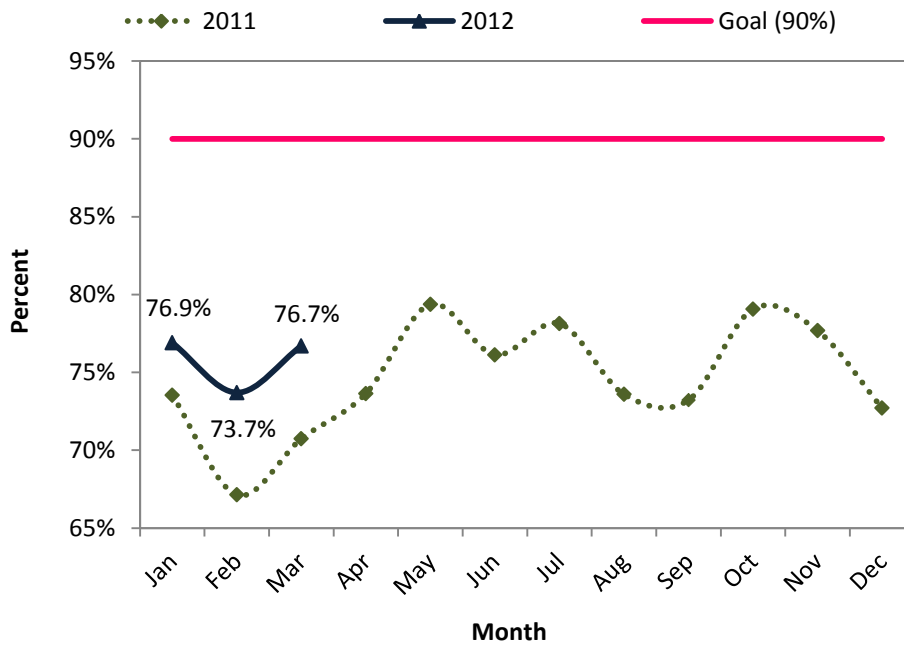
Measure: **Timely adult protection inquiries**

How it is measured: *Numerator:* Number of timely responses

Denominator: Number of responses; Approximate monthly denominator: 519

Why this matters: Timely response to adult protection inquiries increases the safety of vulnerable adults.

Goal: **↑90%**



Trend: Has not met 90% goal.

Notes: Data are only available 60 days after the protection response.

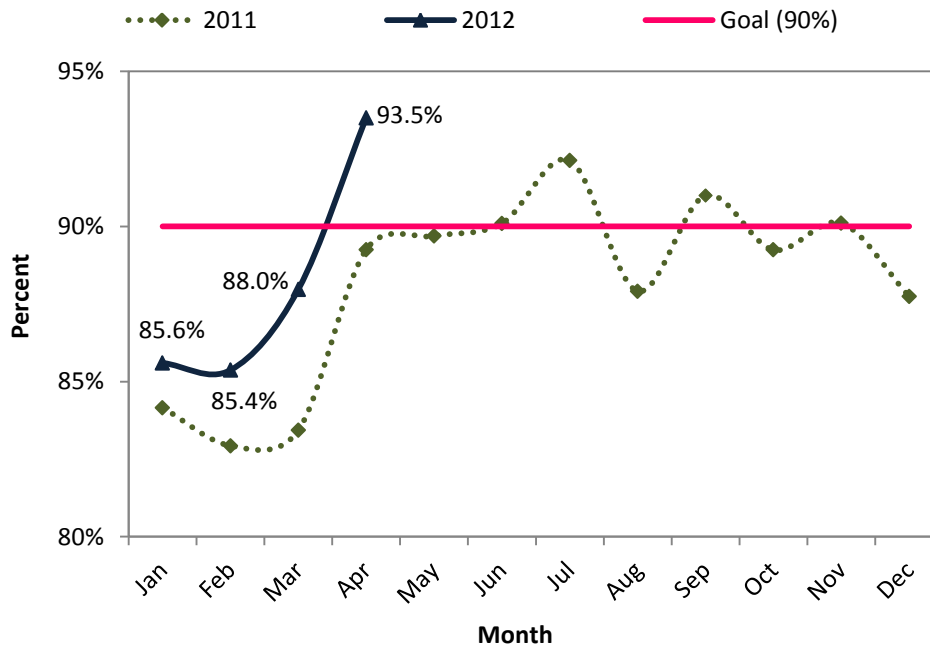
Aging and Adult Services (AAS)

Measure: **Timely new benefit applications**

How it is measured: *Numerator:* Number of timely processed new benefit applications
Denominator: Number of processed new benefit applications; Approximate monthly denominator: 2,053

Why this matters: Processing adult benefit applications efficiently ensures eligible Coloradans have needed access to resources that increase their economic security.

Goal: **↑90%**



Trend: Starting in Feb. 2012, performance has steadily increased from 85% to 93%, currently exceeding the goal of 90%.

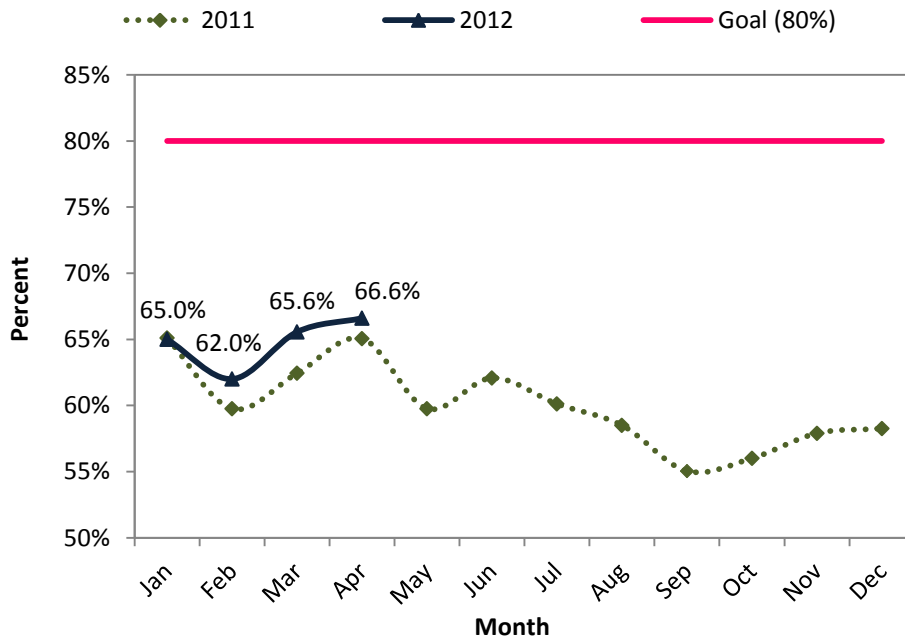
Aging and Adult Services (AAS)

Measure: **Timely redetermination applications**

How it is measured: *Numerator:* Number of timely processed redetermination applications
Denominator: Number of processed redetermination applications; Approximate monthly denominator: 1,610

Why this matters: Processing adult benefit applications efficiently ensures eligible Coloradans have continued access to resources that increase their economic security.

Goal: **↑80%**



Trend: While 2012 performance exceeds 2011 performance, has not met 80% goal.

Developmental Disabilities

Summary

Description

The Division of Developmental Disabilities (DDD) administers services for both children with developmental disabilities (birth through age 17) and for adults with developmental disabilities (age 18 and older). Three programs assist children and families: 1) Children's Extensive Support Services, which provides enhanced in-home supports for children considered to be most in need due to the child's disability, 2) Early Intervention Services, which provide therapies and developmental intervention to infants and toddlers, and 3) Family Support Services, which assist with costs beyond those typically experienced by other families. Two programs assist adults: 1) Home and Community Based Services-Developmental Disabilities, which are aimed at adults who require residential and other supports to live safely (including access to 24-hour supervision) and who do not have other sources for meeting those needs, and 2) Home and Community Based Services-Supported Living Services, which supplement already available supports for adults who either live semi-independently with limited supports or who, if they need extensive support, are getting that support from other sources, such as their family.

Acting Director: Barb Ramsey

Executive Summary

- Currently, DDD has identified three performance measures (one measure in the area of adult programming and two measures in the area of child programming) to be examined on a monthly basis.
- Within the area of adult programming, DDD collects data on *Participants Receiving Supported Employment*.
 - Data for the performance outcome of *Participants Receiving Supported Employment* was collected, initially, using service plan data. As of April 2012, data for this performance outcome are being collected using billing claims data.
 - The performance outcome of *Waiting List for Services* continues to be in development by DDD staff.
- Within the area of child programming, DDD collects data on *Infants and Toddlers who Receive Timely Service* and *Increased Growth in the Acquisition and Use of Knowledge and Skills*.

Measures

- [Participants Receiving Supported Employment](#)
- [Timely Service-Infants and Toddlers](#)
- [Increased Growth-Infants and Toddlers](#)

Developmental Disabilities Division (DDD)

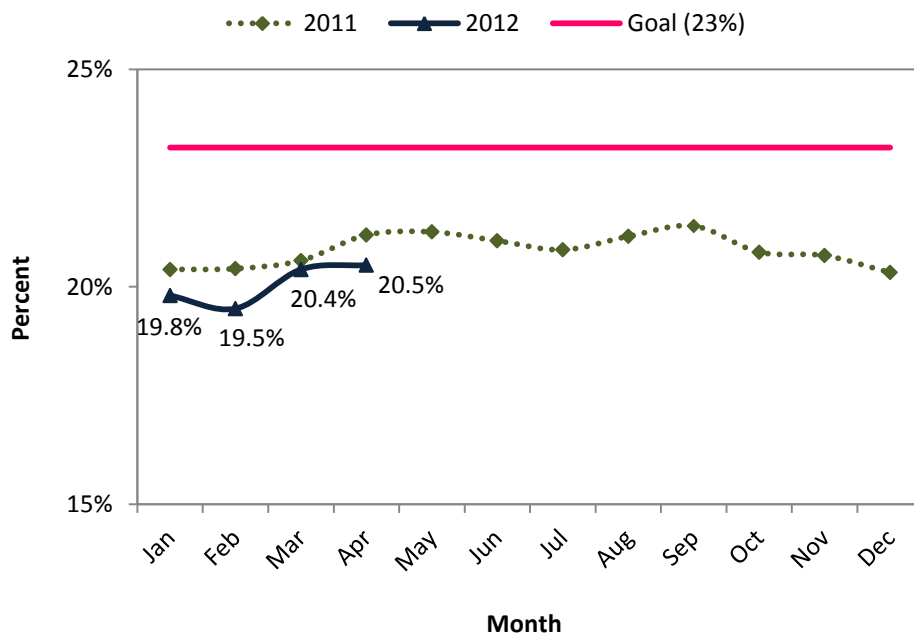
Measure: **Participants receiving supported employment (Strategic Plan Measure)**

How it is measured: *Numerator:* Number of clients for whom a supported employment claim was paid in a month, based on billing claims data

Denominator: Number of clients for whom a day services claim was paid in a month; Approximate monthly denominator: 6,099

Why this matters: People with developmental disabilities gain greater independence and increase their daily living skills when employed.

Goal: **↑23%**



Trend: Little variation. Has not met 23% goal.

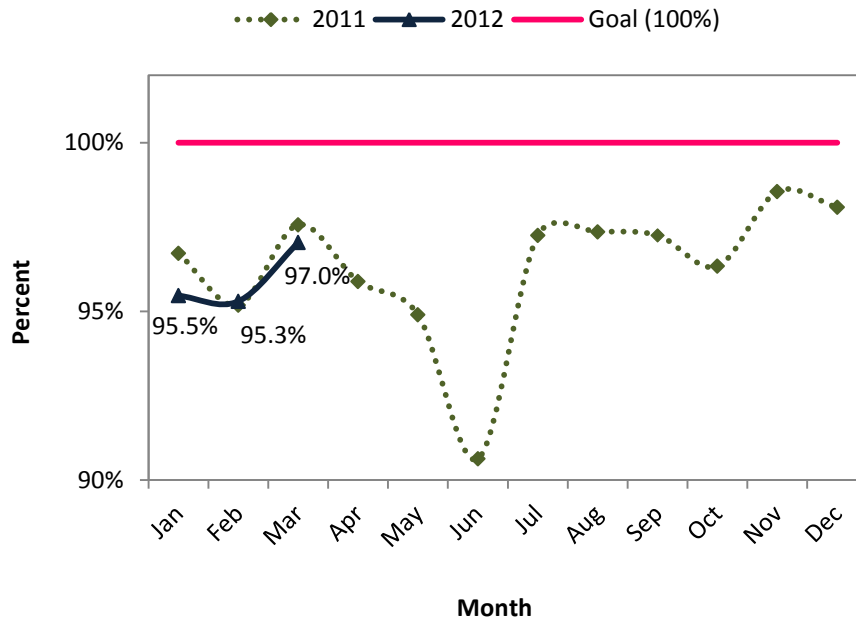
Developmental Disabilities Division (DDD)

Measure: **Percent of children receiving timely early intervention services (Federal Measure)**

How it is measured: *Numerator:* Number of infants and toddlers receiving timely (within 28 days of parent consent) new service
Denominator: Number of infants and toddlers receiving a new service;
Approximate monthly denominator: 842

Why this matters: Receiving timely early intervention services puts a child on a path toward enhanced well-being, as soon as possible.

Goal: **↑100%**



Trend: Ranges from 95% to 97% in 2012. Has not met 100% goal.

Notes: Data are not available until 60 days after services are initiated.

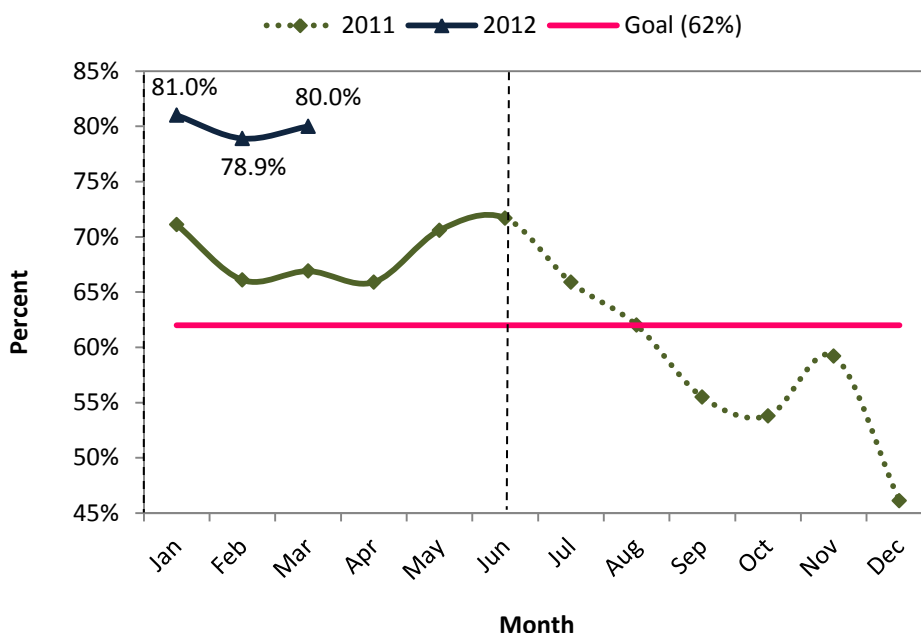
Developmental Disabilities Division (DDD)

Measure: Percent of infants and toddlers with growth in skills (Federal and Strategic Plan Measure)

How it is measured: *Numerator:* Number of participants with a substantial increase in their rate of growth at exit from early intervention services (EIS)
Denominator: Number of participants who exited EIS; Approximate monthly denominator: 29

Why this matters: Infants and toddlers that progress early in life have a greater likelihood of long term success.

Goal: ↑62% (Federal Goal)



Trend: Since data reporting was modified in January 2012 (see Notes), performance on this measure has been well above the 62% goal, ranging from 79-81%.

Notes: Data are not available until 60 days after services are completed.

This is a longitudinal measure in which ratings are collected at entry to (within 16 weeks of referral) and at exit from (within 90 days prior to exit) EIS.

From January to June 2011, increased growth was measured utilizing the same tool at entry and exit. In July 2011, policy changes allowed for utilizing a different tool at exit than at entry. This made the ability for comparison inconsistent. Data reporting was modified in January 2012, and now represents those children assessed utilizing the same tool at entry and exit. Therefore, performance represents a subset of the entire population given that some children are assessed at entry and exit using a different tool.

Disability Determination Services

Summary

Description

The Division of Disability Determination Services (DDS) makes disability decisions for Social Security. DDS staff gathers medical information from the sources listed by clients and any new sources discovered in that process. DDS staff evaluates that evidence against [Social Security Disability criteria](#). Applicants must have a medically determinable physical or mental impairment that is expected to result in death, or which will last for at least 12 consecutive months, and which prevents them from performing the work related activities of their previous jobs or any other jobs which they might be able to perform, based on their age, education, and work experience.

Social Security has two disability programs, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The definition of medical disability is the same under both programs. However, [SSDI](#) pays disability benefits to the applicant and certain members of the applicant's family, if the applicant is "insured" meaning that the applicant worked long enough and paid Social Security taxes. SSI pays disability benefits based on financial need.

Director: Vicki Johnson

Executive Summary

- Currently, DDS has identified two performance measures to be examined on a monthly basis.
- Utilizing data from the SSDI program only, DDS collects data on *Mean Number of Days to Process Initial Eligibility Decisions*. Similar data are available for the SSI program; however, the means for each program are, typically, within a few days of each other and run parallel to one another. Therefore, because SSDI has more cases processed, DDS chose that program on which to report data.
- Data for the performance outcome of *Percentage of Accurate Initial Eligibility Decisions* was displayed, initially, utilizing quarterly data. As of April 2012, data for this performance outcome are displayed utilizing a rolling three month average given that a sample of approximately 50 cases is drawn to examine accuracy each month. In this way, data are available more timely (i.e., monthly instead of quarterly) and each data point represents a sample of approximately 150 cases.
 - This measure represents an aggregate of both the SSI and SSDI programs.

Measures

- [Mean Number of Days to Process Initial Eligibility Decisions](#)
- [Accuracy of Initial Eligibility Decisions](#)

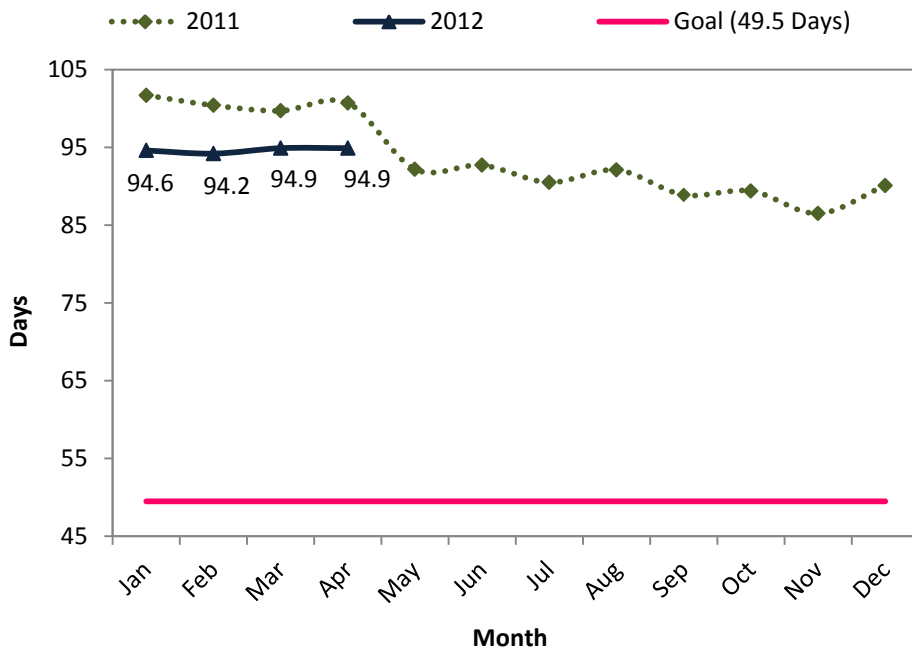
Disability Determination Services (DDS)

Measure: **Mean number of days to process an initial eligibility decision (Federal Measure)**

How it is measured: *Numerator:* Number of days to process initial eligibility decisions
Denominator: Number of initial applications processed; Approximate monthly denominator: 3,000

Why this matters: Determining medical eligibility in a timely manner ensures disabled Coloradans have access to needed resources that increase their economic security.

Goal: **↓49.5 days (Federal Goal)**



Trend: Performance is consistent at the beginning of 2012, averaging between 94 and 95 days. Performance does not meet the goal.

Notes: This measure utilizes data from the Social Security Disability Insurance (SSDI) program only. Similar data are available for the Supplemental Security Income (SSI) program; however, as SSDI has more cases processed, DDS chose to report data only on SSDI.

Data for this performance outcome was displayed, initially, utilizing quarterly data. As of April 2012, data for this performance outcome is displayed utilizing monthly data.

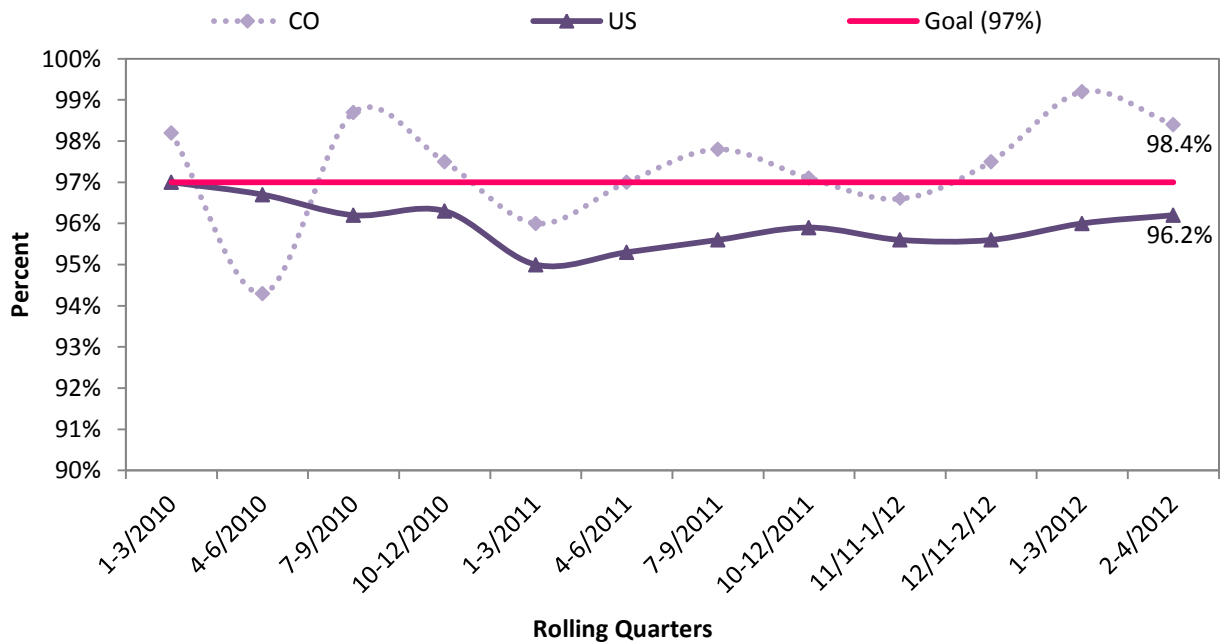
Disability Determination Services (DDS)

Measure: **Percent of accurate initial eligibility decisions (Federal Measure)**

How it is measured: *Numerator:* Number of accurate initial eligibility decisions (i.e., no documentation or decisional errors were found)
Denominator: Number of initial eligibility decisions sampled by Social Security Administration-Disability Quality Branch; Approximate quarterly denominator: 150

Why this matters: Accurate processing of initial eligibility decisions increases the accessibility of financial assistance to vulnerable populations and ensures that only those that are eligible receive the benefit.

Goal: **↑97% (Federal Goal)**



Trend: DDS has exceeded the national rate consistently, over the past several quarters, and has exceeded their 97% goal over the past three quarters.

Notes: This measure includes data from both the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.

As of November 2011, this performance outcome was displayed utilizing a rolling, three month average given that a sample of only 50 cases is drawn to examine accuracy each month. Previously, this data was only presented quarterly. In this way, data are available more timely (i.e., monthly instead of quarterly) and each data point represents a meaningful sample size (i.e., 150 cases).

Division of Regional Centers Operations

Summary

Description

The Division of Regional Center Operations (DRCO) serves persons with developmental disabilities who have the most intensive needs. The DRCO coordinates service delivery between three State-owned and operated regional centers: Grand Junction Regional Center, Pueblo Regional Center, and Wheat Ridge Regional Center, that provide a number of services including 24-hour supervision, residential, day programming, habilitation, medical, training and behavioral intervention, and short term emergency/crisis support to the community system.

Director: Richard Ratliff

Executive Summary

- Currently, DRCO has identified four performance domains to be examined on a monthly basis.
 - In April 2012, DRCO began displaying data by Regional Center, where applicable.
 - As of June 2012, DRCO began displaying data by treatment model, where applicable. These treatment models include Short Term Treatment and Stabilization, Intensive Treatment, and Long Term Habilitation. Each Regional Center implements at least two, in many cases all three, of these treatment/service models.
- *Decreased Use of Physical Interventions.*
 - The goal for the performance outcome of *Decreased Use of Physical Interventions* began at 70% of baseline. In April 2012, DRCO set a more challenging goal of 50% (i.e., reducing by half the number of physical interventions) of baseline. The baseline of number of physical interventions was calculated using data collected from January 2011 to June 2011.
- *Mean Length of Stay from Admission to Time Ready.*
 - Initially, data for this performance outcome was displayed as “Percent of Patients with a Decrease in Challenging Behaviors”. However, given that DRCO does not have individuals who transition every month, the population size for this measure was substantially low. Therefore, over time, this measure was refined and began to be displayed as *Mean Length of Stay from Admission to Time Ready*, in April 2012.

Measures

- [Reduction of Physical Interventions](#)
- Time from Admission to Ready to Transition-[Short Term](#), [Long Term](#), [Intensive](#)
- Time from Ready to Transition to Transition-[Short Term](#), [Long Term](#), [Intensive](#)
- [No Relapse Post 90 Days](#)

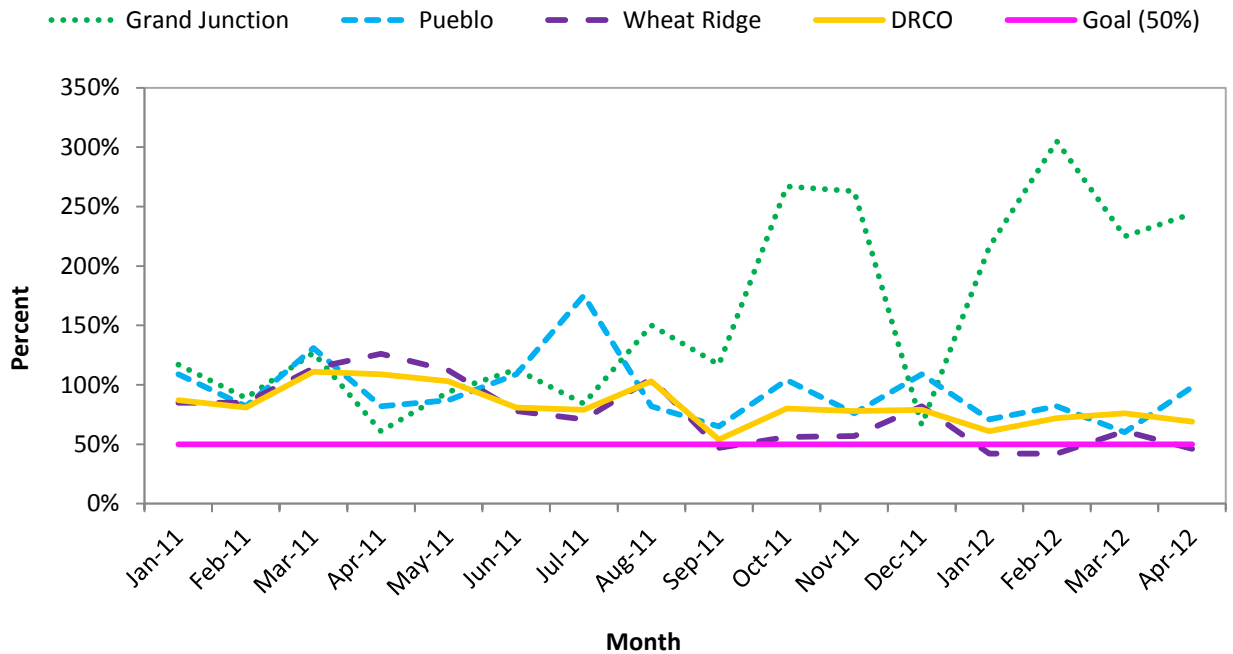
Division of Regional Centers Operations (DRCO)

Measure: **Percent of use of physical interventions**

How it is measured: *Numerator:* Number of physical interventions (Current)
Denominator: Number of physical interventions (Baseline); Approximate monthly denominator: 202

Why this matters: Reducing the use of physical interventions decreases the likelihood of trauma and creates a safer environment overall.

Goal: **↓50% of baseline**



Trend: The overall trend for the past 16 months demonstrates a decrease in the use of physical interventions. DRCO has yet to reach the goal in any one month. Grand Junction has exhibited an increase in the use of physical interventions over the past 10 months.

Notes: The baseline of number of physical interventions was calculated using data collected from January 2011 to June 2011.

The goal for this performance outcome began at 70% of baseline. In April 2012, DRCO set a more challenging goal of 50% of baseline.

Division of Regional Centers Operations (DRCO)

Measure: **Mean length of stay from admission to time ready to transition-Short term model**

How it is measured: *Numerator:* Number of days from admission to time ready to transition
Denominator: Number of individuals who became ready to transition in a month;
 See table for specific denominators

Why this matters: Reducing the length of stay from admission to time ready to transition puts individuals on a path toward enhanced independence more quickly.

Goal: **↓120 Days**

| Goal = 120 Days | | Jan-12 | Feb-12 | Mar-12 | Apr-12 |
|-----------------------|-------------------|--------|--------|--------|--------|
| Grand Junction | LOS (Days) | | 65 | | |
| | N | | 1 | | |
| Pueblo | LOS (Days) | 89 | | | |
| | N | 1 | | | |
| Wheat Ridge | LOS (Days) | | 36 | | |
| | N | | 2 | | |

Trend: Infrequent numbers of individuals become ready for transition back into the community on a monthly basis. For those who became ready, the process, across Centers, has taken less than 120 days.

Notes: Initially, data for this performance outcome was displayed as “Percent of Patients with a Decrease in Challenging Behaviors”. In April 2012, this measure was refined to *Mean Length of Stay from Admission to Time Ready*.

Blank cells within the table indicate no individuals became ready for transition in the month.

Division of Regional Centers Operations (DRCO)

Measure: **Mean length of stay from admission to time ready to transition-Intensive model**

How it is measured: *Numerator:* Number of years from admission to time ready to transition
Denominator: Number of individuals who became ready to transition in a month;
 See table for specific denominators

Why this matters: Reducing the length of stay from admission to time ready to transition puts individuals on a path toward enhanced independence more quickly.

Goal: ↓3 Years

| Goal = 3 Years | | Mar-12 | Apr-12 |
|-----------------------|--------------------|--------|--------|
| Grand Junction | LOS (Years) | 6.7 | 7.1 |
| | N | 3 | 1 |
| Wheat Ridge | LOS (Years) | 10.0 | 14.2 |
| | N | 3 | 1 |

Trend: Infrequent numbers of individuals become ready for transition, back into the community, on a monthly basis. Length of stay is highly variable.

Notes: Individuals served by the Intensive Treatment model began to be assessed, regularly, for readiness to transition in March 2012.

Initially, data for this performance outcome was displayed as “Percent of Patients with a Decrease in Challenging Behaviors”. In April 2012, this measure was refined to *Mean Length of Stay from Admission to Time Ready*.

Division of Regional Centers Operations (DRCO)

Measure: **Mean length of stay from admission to time ready to transition-Long term model**

How it is measured: *Numerator:* Number of years from admission to time ready to transition
Denominator: Number of individuals who became ready to transition in a month;
 See table for specific denominators

Why this matters: Reducing the length of stay from admission to time ready to transition puts individuals on a path toward enhanced independence more quickly.

Goal: **↓2 Years**

| Goal = 2 Years | | Mar-12 | Apr-12 |
|-----------------------|--------------------|--------|--------|
| Grand Junction | LOS (Years) | 16.0 | 62.3 |
| | N | 9 | 1 |
| Pueblo | LOS (Years) | 15.8 | 9.4 |
| | N | 11 | 2 |
| Wheat Ridge | LOS (Years) | 12.0 | |
| | N | 11 | |

Trend: Infrequent numbers of individuals become ready for transition, back into the community, on a monthly basis. Length of stay is highly variable.

Notes: Individuals served by the Long Term Habilitation model began to be assessed, regularly, for readiness to transition in March 2012.

Initially, data for this performance outcome was displayed as “Percent of Patients with a Decrease in Challenging Behaviors”. In April 2012, this measure was refined to *Mean Length of Stay from Admission to Time Ready*.

Blank cells within the table indicate no individuals became ready for transition in the month.

Division of Regional Centers Operations (DRCO)

Measure: **Mean length of stay from time ready to transition to present or transition-Short term model**

How it is measured: *Numerator:* Number of days from time ready to transition to present or transition
Denominator: Number of individuals who transitioned or are waiting to transition in a month; See table for specific denominators

Why this matters: Reducing the length of stay from time ready to transition to present or transition puts individuals on a path toward enhanced independence more quickly.

Goal: **↓60 Days**

| Goal = 60 Days | | Jan-12 | Feb-12 | Mar-12 | Apr-12 |
|-----------------------|-------------------|--------|--------|--------|--------|
| Grand Junction | LOS (Days) | | 7 | 38 | 50 |
| | N | | 1 | 1 | 1 |
| Pueblo | LOS (Days) | 6 | | | |
| | N | 1 | | | |
| Wheat Ridge | LOS (Days) | 158 | 133 | 160 | 188 |
| | N | 4 | 6 | 5 | 5 |

Trend: Length of stay is highly variable. Wheat Ridge demonstrates consistently higher length of stays than Grand Junction or Pueblo.

Notes: Blank cells within the table indicate no individuals transitioned or were waiting to transition in the month.

Division of Regional Centers Operations (DRCO)

Measure: **Mean length of stay from time ready to transition to present or transition-Intensive model**

How it is measured: *Numerator:* Number of days from time ready to transition to present or transition
Denominator: Number of individuals who transitioned or are waiting to transition in a month; See table for specific denominators

Why this matters: Reducing the length of stay from time ready to transition to present or transition puts individuals on a path toward enhanced independence more quickly.

Goal: ↓120 Days

| Goal = 120 Days | | Mar-12 | Apr-12 |
|------------------------|-------------------|--------|--------|
| Grand Junction | LOS (Days) | 31 | 53 |
| | N | 3 | 4 |
| Wheat Ridge | LOS (Days) | 31 | 52 |
| | N | 3 | 4 |

Trend: Length of stay varies from 31-53 days, well within the goal.

Notes: Individuals served by the Intensive Treatment model began to be assessed, regularly, for readiness to transition in March 2012.

Division of Regional Centers Operations (DRCO)

Measure: **Mean length of stay from time ready to transition to present or transition-Long term model**

How it is measured: *Numerator:* Number of days from time ready to transition to present or transition
Denominator: Number of individuals who transitioned or are waiting to transition in a month; See table for specific denominators

Why this matters: Reducing the length of stay from time ready to transition to present or transition puts individuals on a path toward enhanced independence more quickly.

Goal: ↓120 Days

| Goal = 120 Days | | Mar-12 | Apr-12 |
|------------------------|-------------------|--------|--------|
| Grand Junction | LOS (Days) | 31 | 58 |
| | N | 9 | 10 |
| Pueblo | LOS (Days) | 25 | 50 |
| | N | 11 | 13 |
| Wheat Ridge | LOS (Days) | 31 | 61 |
| | N | 11 | 11 |

Trend: Length of stay varies from 25-61 days, well within the goal.

Notes: Individuals served by the Long Term Habilitation model began to be assessed, regularly, for readiness to transition in March 2012.

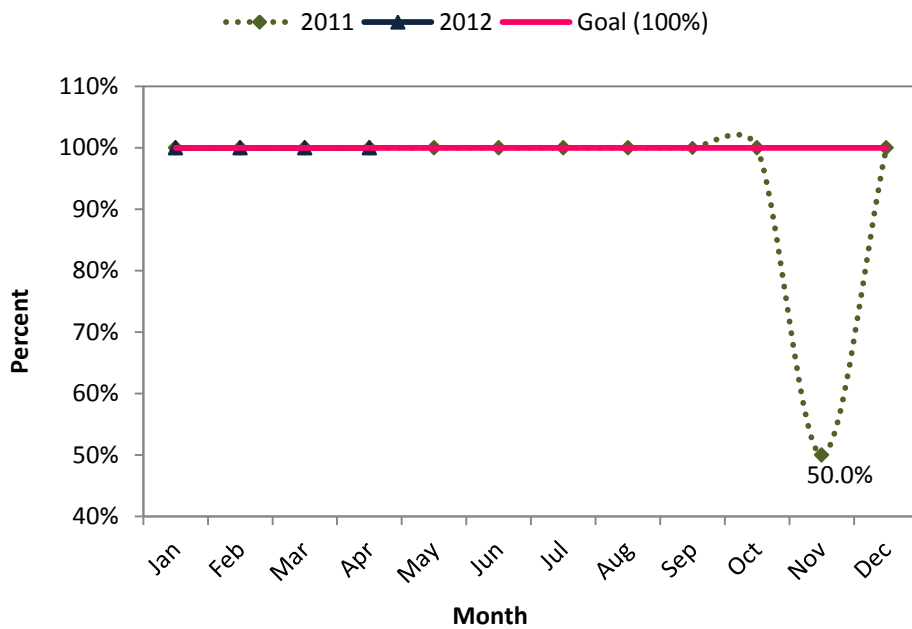
Division of Regional Centers Operations (DRCO)

Measure: **Percent of individuals with no relapse 90 days after transition**

How it is measured: *Numerator:* Number of individuals with relapse 90 days after transition
Denominator: Number of individuals transitioned post 90 days; Approximate monthly denominator range: Zero to two

Why this matters: A relapse within 90 days may reflect a failure of continuity of care between the Regional Center and the community provider, resulting in patient suffering and subsequent need for residential care.

Goal: **↑100%**



Trend: Over the past 16 months, 10 residents have discharged with only one relapse within 90 days in Nov. 2011.

State Veterans Nursing Homes

Summary

Description

Colorado operates four State Veterans Nursing Homes (SVNH): Fitzsimons SVNH in Aurora, Bruce McCandless SVNH in Florence, Homelake SVNH in Monte Vista, and Rifle SVNH in Rifle. There is also a SVNH located in Walsenburg, Colorado. This nursing home is operated by the Huerfano County hospital district. Data are not reported for this nursing home given that it is not state-owned or operated. Colorado's SVNHS serve honorably discharged veterans, veterans' spouses/widows and "Gold-Star" parents, any of whose children died while serving in the Armed Forces. The Colorado SVNHS offer the following services:

- Long term care to include skilled nursing care, speech, physical and occupational therapy, and memory care services to include specialized care and/or secure units for individuals with dementia,
- Social activities, and assistance with bathing, dressing and other daily activities,
- Short term rehabilitation care in which individuals seeking to return home following a qualifying hospital stay can work to regain skills and improve physical strength, endurance and aerobic capacity through Medicare-certified rehabilitation services,
- Domiciliary cottages which offer assisted living-like services in cottages,
- Short term "respite" care, which provides a helpful option when homecare providers are unavailable, and end-of-life/hospice care which includes comfort-oriented services.

Director: Viki Manley

Executive Summary

- Currently, SVNH has identified four performance measures to be examined on a monthly basis.
- SVNH collects data on *Percent of Residents without Anti-Psychotic Medication by Home*, *Percent of Residents without Falls by Home*, *Percent of Residents without Acquired Pressure Ulcers by Home* and *Percent of Residents without Unplanned Weight Loss/Gain by Home*.
 - For all performance outcomes, initially, data was displayed utilizing a cumulative average for all Homes. In March 2012, SVNH began displaying their data by home. In addition, national averages are also presented and include all nursing homes that enter data into the data management system utilized by SVNH.

Measures

[Residents without Anti-Psychotic Medication](#)

[Residents without Falls](#)

[Residents without Acquired Pressure Ulcers](#)

[Residents without Unplanned Weight Loss or Gain](#)

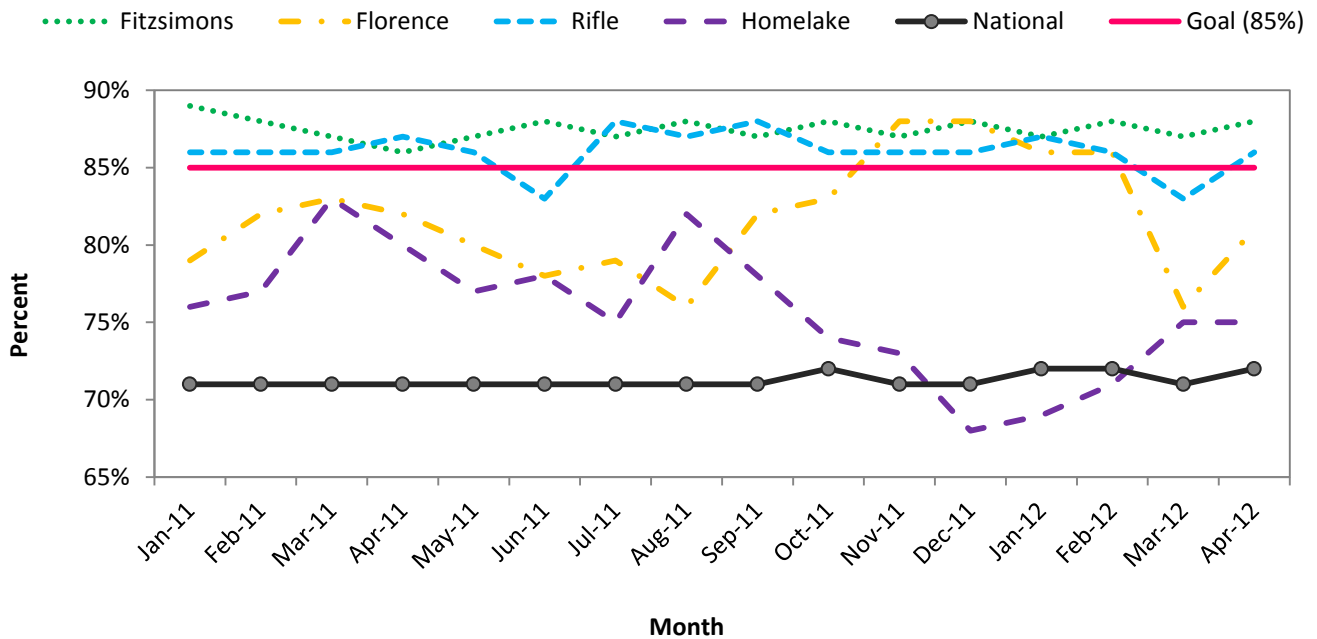
State Veteran's Nursing Homes (SVNH)

Measure: **Percent of residents without anti-psychotic medication**

How it is measured: *Numerator:* Number of residents without anti-psychotic medication
Denominator: Number of residents on a given day (census); Approximate monthly denominator: Fitzsimons: 167, Florence: 86, Rifle: 64, Homelake: 52

Why this matters: Increasing the number of residents without anti-psychotic medications demonstrates that nursing homes are providing appropriate, safe, quality care.

Goal: **↑85%**



Trend: Fitzsimons and Rifle typically exceed the goal. Homelake often has the lowest performance, with the lowest point at 68% in Dec. 2011.

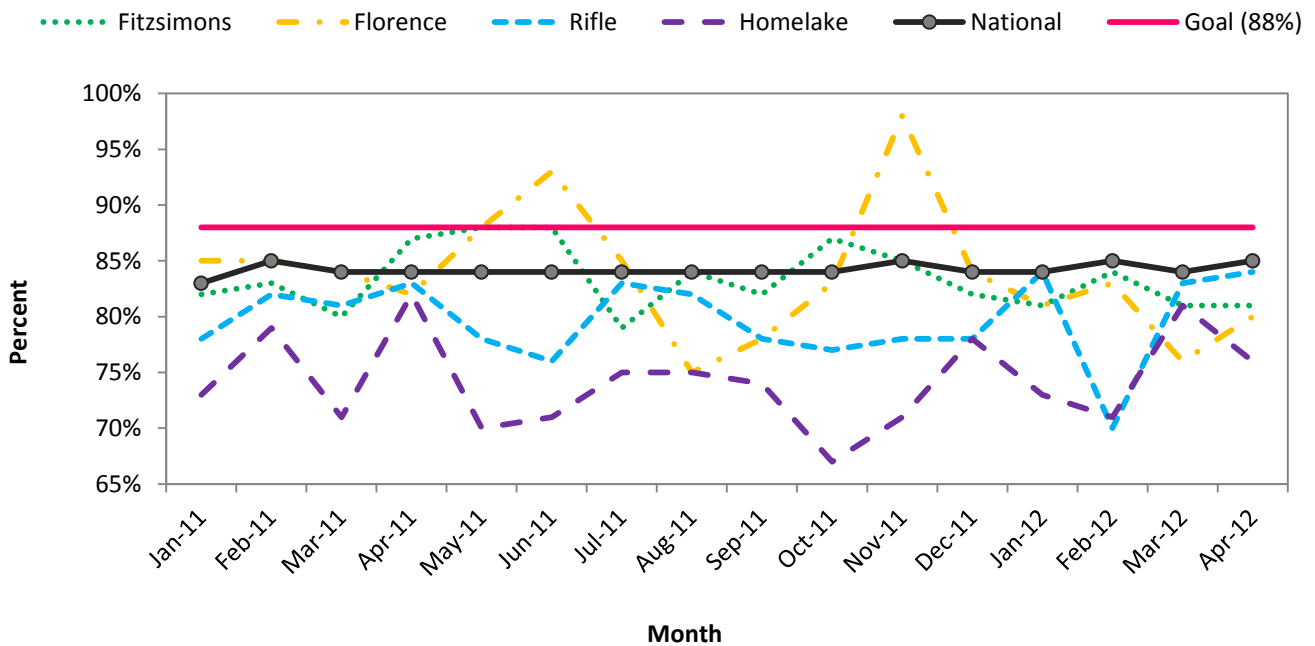
State Veteran's Nursing Homes (SVNH)

Measure: **Percent of residents without falls**

How it is measured: *Numerator:* Number of residents without falls
Denominator: Number of residents on a given day (census); Approximate monthly denominator: Fitzsimons: 167, Florence: 86, Rifle: 64, Homelake: 52

Why this matters: Nursing home residents have the right to receive safe, high-quality care, evidenced by a low number of resident falls.

Goal: **↑88%**



Trend: Florence has demonstrated the highest percentage at 98% in Nov. 2011. Homelake often has the lowest percentages, with the lowest point at 67% in Oct. 2011. Goal has only been met twice, both times were by Florence.

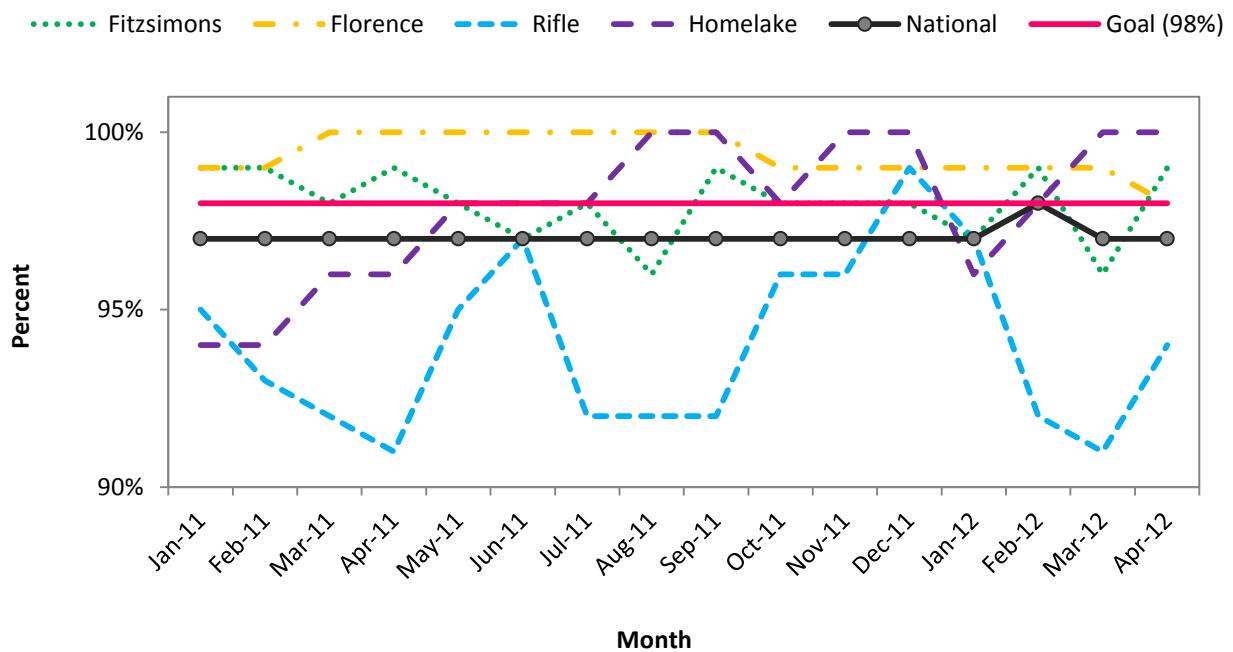
State Veteran's Nursing Homes (SVNH)

Measure: **Percent of residents without acquired pressure ulcers**

How it is measured: *Numerator:* Number of residents without acquired pressure ulcers
Denominator: Number of residents on a given day (census); Approximate monthly denominator: Fitzsimons: 167, Florence: 86, Rifle: 64, Homelake: 52

Why this matters: The prevention of acquired pressure ulcers is vital to the well-being of residents, as pressure ulcers may cause painful complications, prolonging illness and lengths of stay.

Goal: **↑98%**



Trend: Florence often has the highest percentages at 98-100%. Rifle often has the lowest percentages. Homelake has improved over the past year, and has been above the national average and SVNH goal for seven of the last eight months.

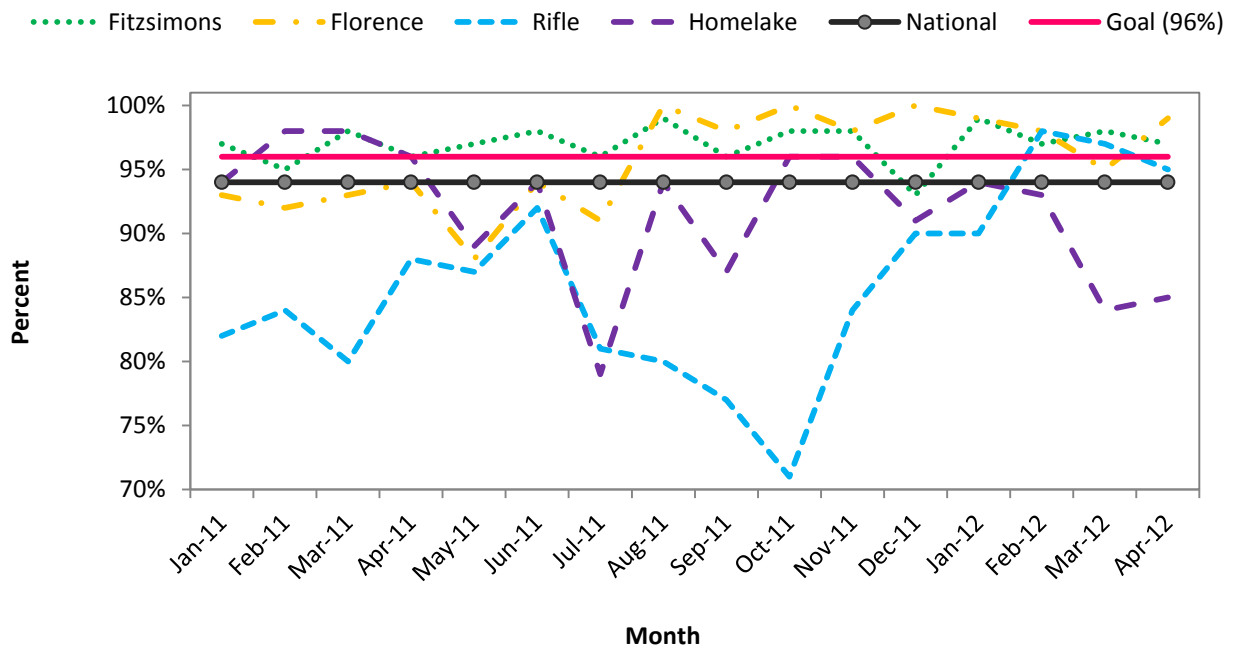
State Veteran's Nursing Homes (SVNH)

Measure: **Percent of residents without unplanned weight loss or weight gain**

How it is measured: *Numerator:* Number of residents without unplanned weight loss or weight gain
Denominator: Number of residents on a given day (census); Approximate monthly denominator: Fitzsimons: 167, Florence: 86, Rifle: 64, Homelake: 52

Why this matters: The maintenance of a person's appropriate weight is important to the health and well-being of nursing home residents and is evidence of safe, appropriate, quality care.

Goal: **↑96%**



Trend: Rifle and Homelake have more variable performances. Rifle has consistently had the poorest performance until a steady increase between Oct. 2011 and Feb. 2012.