

Colorado Department of Human Services



Summary Report

October - December 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 health and human 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 peoples' 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.

C-Stat 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.

C-Stat Report

This report reflects the measures identified by CDHS to be tracked on an ongoing basis through the C-Stat process as of December 31, 2012. 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.

Each graph reflects the data available and reviewed as of the December C-Stat meeting for each Office. Data submission dates vary by Office given that each Office's C-Stat meeting is held during a different week of the month. In addition, the timeliness of the availability of data varies by the Division and, in some instances, the program within the Division.

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.

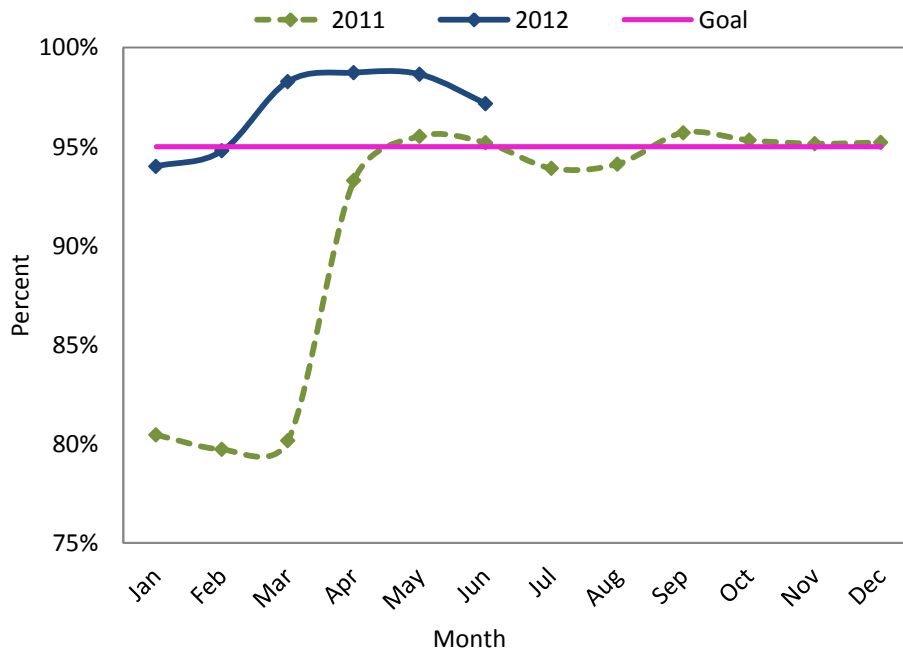
How Do I Read This Report?

The Division

Measure:	What the C-Stat measure is attempting to capture. (Federal Measure where applicable)
How it is measured:	<i>Numerator:</i> Describes what is being “counted.” <i>Denominator:</i> Describes the overall population; Average monthly denominator: average of the last three months’ denominators OR Cumulative denominator: cumulative up to the last month of the reporting period OR Average daily population: average number of people in a facility per day. These provide 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 in Colorado. OBH consists of the Division of Behavioral Health (consisting of mental health and substance abuse community programs), and the Mental Health Institute Division (operation of two Mental Health Institutes at Fort Logan and Pueblo).

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 12 performance measures. Seven measure the effectiveness of substance use disorder treatment and five 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 cumulatively serving at least 10 percent of the population.
- DBH has used this benchmarking methodology to identify those providers performing in the top 10% and those in the bottom 25%. They have asked each of the providers in the top 10% to communicate best practices and those in the bottom 25% to submit Performance Improvement Plans.
- DBH has had extensive discussions about refining their measures, limiting them to those most applicable to their core business.

Measures

- [Increase Access to Outpatient Substance Use Disorder Treatment](#)
- [Increase Access to Outpatient Substance Use Disorder Treatment-Pregnant Women](#)
- [Reduce Use of Substances](#)
- [Reduce Mental Health Symptom Severity](#)
- Maintained Housing-[Mental Health](#), [Substance Abuse](#)
- Increased Housing-[Mental Health](#), [Substance Abuse](#)
- Maintained Employment-[Mental Health](#), [Substance Abuse](#)
- Reduce Drop-outs-[Mental Health](#), [Substance Abuse](#)

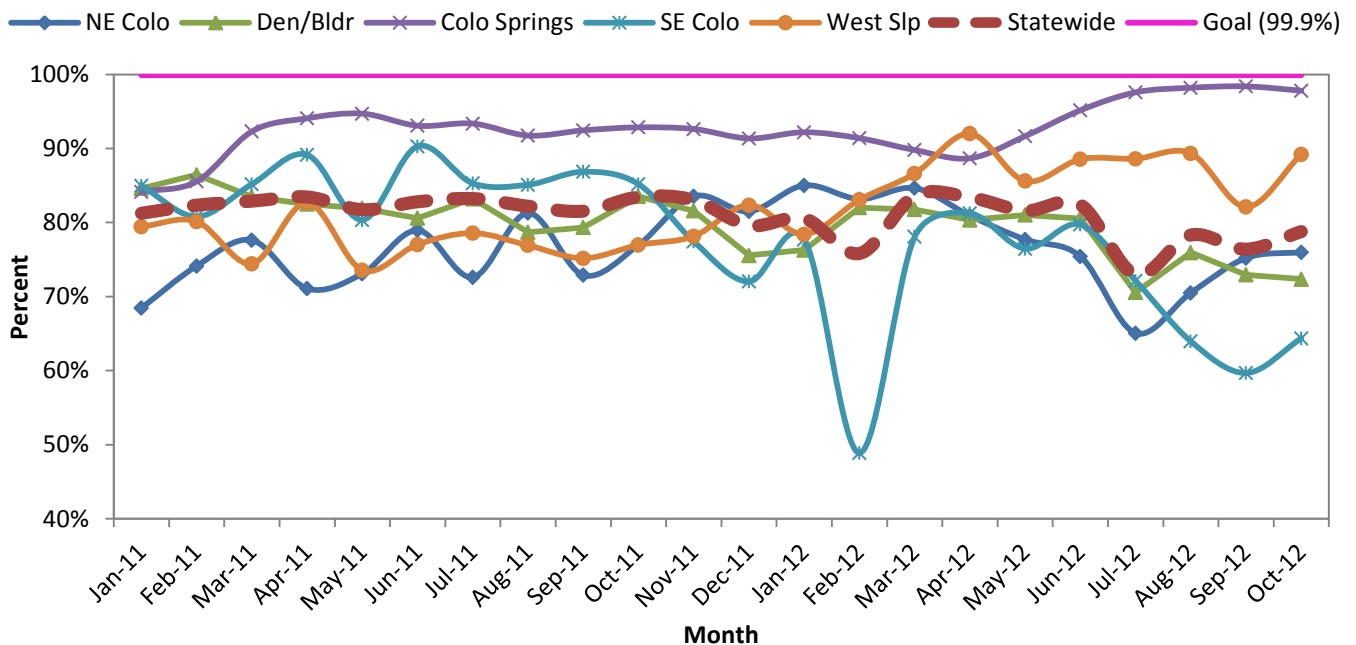
Division of Behavioral Health (DBH)

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; Average monthly denominator: 1000

Why this matters: Timely access to substance use disorder treatment is correlated with positive health outcomes.

Goal: **↑99.9%**



Trend: The Colorado Springs region had generally performed 10% higher than the state average, and in the last six months has steadily increased performance to nearly 100%. The Western Slope has improved performance to above the state average over the last nine months.

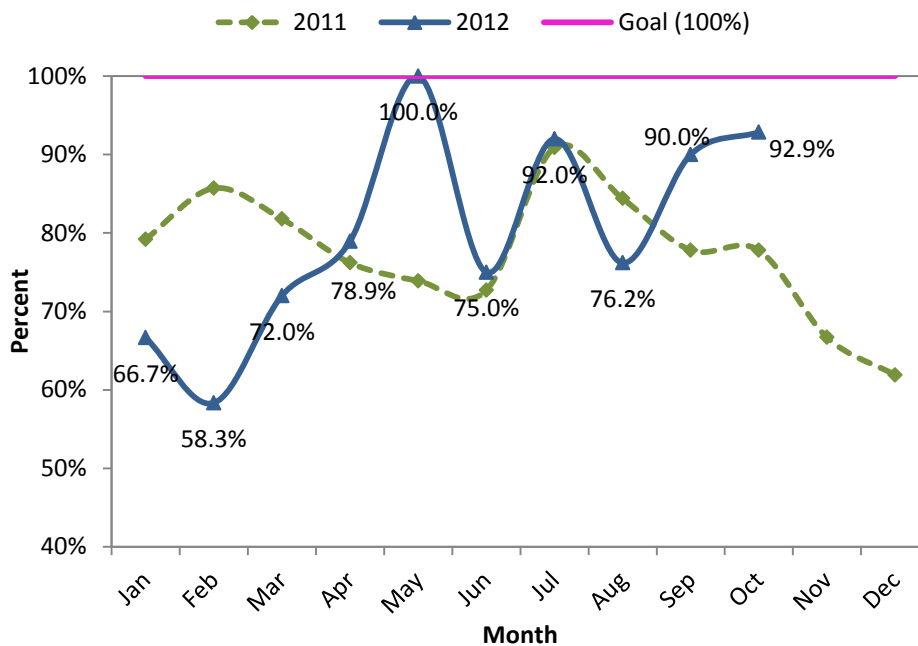
Division of Behavioral Health (DBH)

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; Average monthly denominator: 20

Why this matters: Early and ongoing access to treatment leads to best health outcomes for both mother and child.

Goal: **↑100%**



Trend: The rate has remained above 70% since March 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.

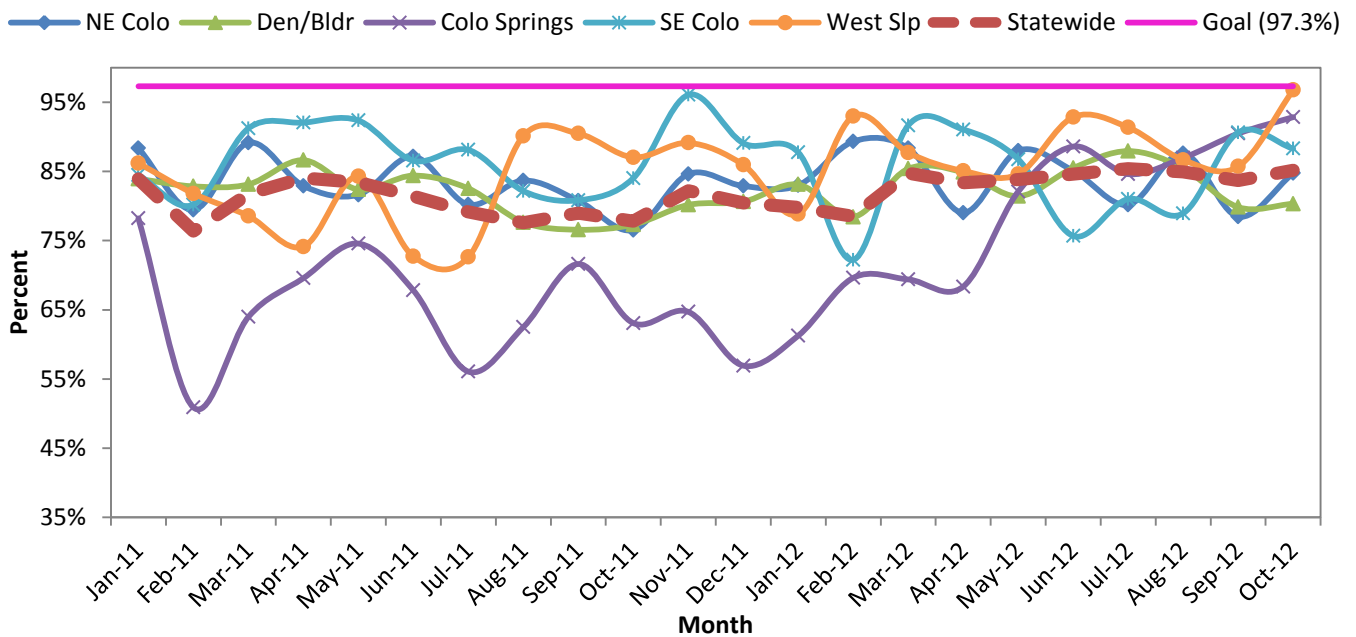
Division of Behavioral Health (DBH)

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

How it is measured: *Numerator:* Number of persons who reduced their use of substances at discharge
Denominator: Number of discharged persons receiving substance use disorder treatment who are using substances at admission; Average monthly denominator: 520

Why this matters: Reduction in substance use is a primary goal of behavioral health services leading to improved quality of life, better functioning, and increased independence.

Goal: **↑97.3%**



Trend: The Colorado Springs region’s performance has improved over the last six months. All of the regions have ranged between mid-70% and low 90% in the last quarter.

Division of Behavioral Health (DBH)

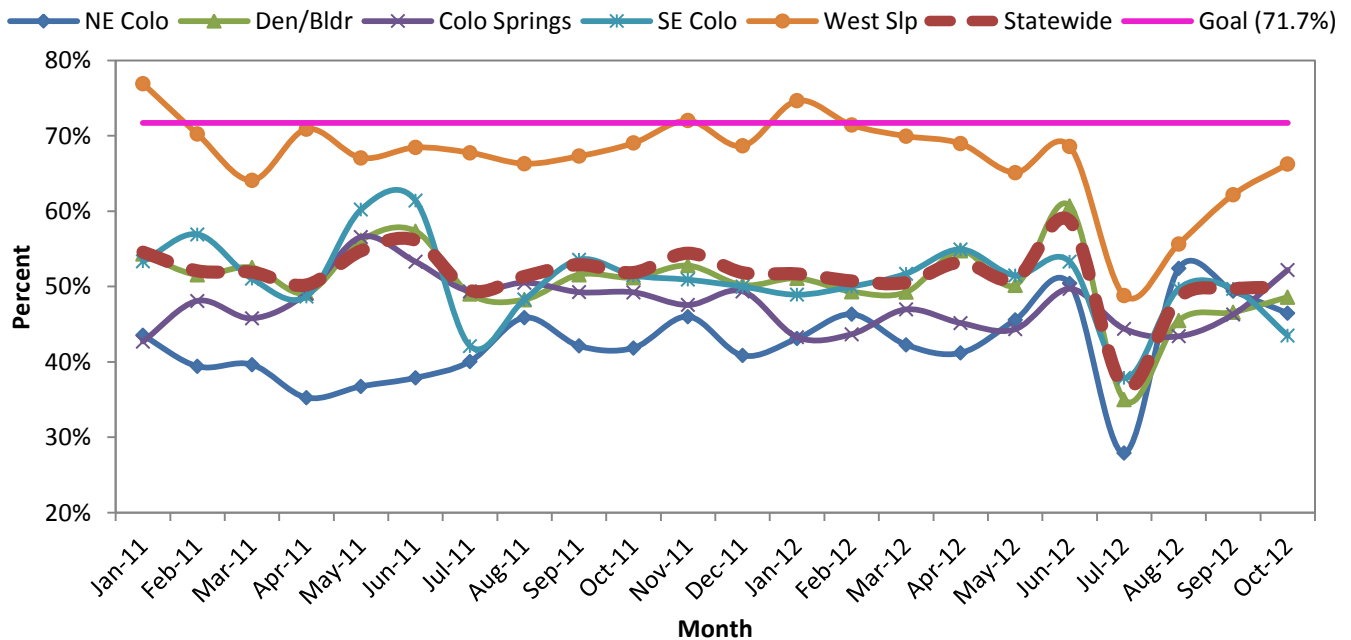
Measure: **Percent of persons with reduced mental health symptoms in mental health treatment**

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; Average monthly denominator: 1800

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

Why this matters: Reduction in symptom severity is a primary goal of behavioral health services leading to improved quality of life, better functioning, and increased independence.

Goal: **↑71.7%**



Trend: The Western Slope Region consistently performs 10% to 20% higher than the statewide average. The other regions generally range from the high 30% to the low 60%. There was a dip in July 2012 due to a year-end increase in the number of interim CCARs.

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

Division of Behavioral Health (DBH)

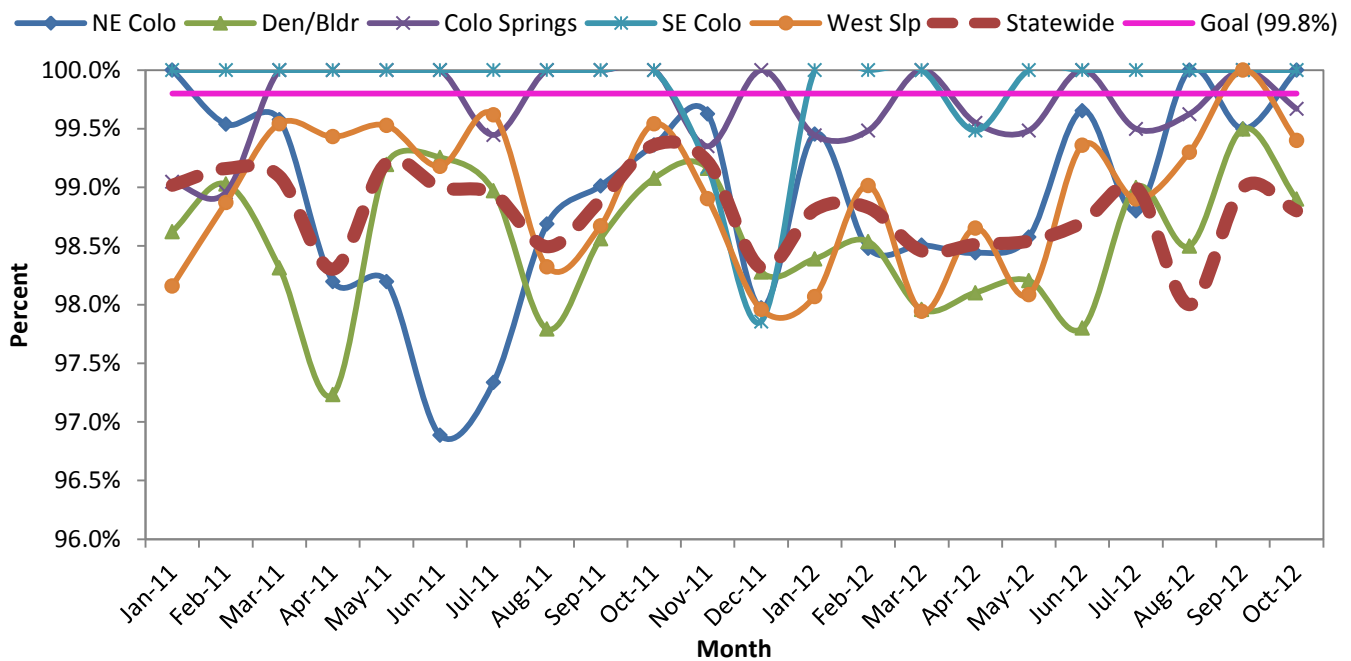
Measure: **Percent of persons who maintained housing while receiving mental health services**

How it is measured: *Numerator:* Number of persons who maintained housing
Denominator: Number of housed persons (at Time One) receiving mental health services; Average monthly denominator: 2000

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

Why this matters: People with behavioral health needs are a vulnerable population who are at higher risk for societal problems including homelessness and instability of housing.

Goal: **↑99.8%**



Trend: All of the regions range from 97% to 100%. Southeast Colorado and Colorado Springs regions are performing mostly at 100%.

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

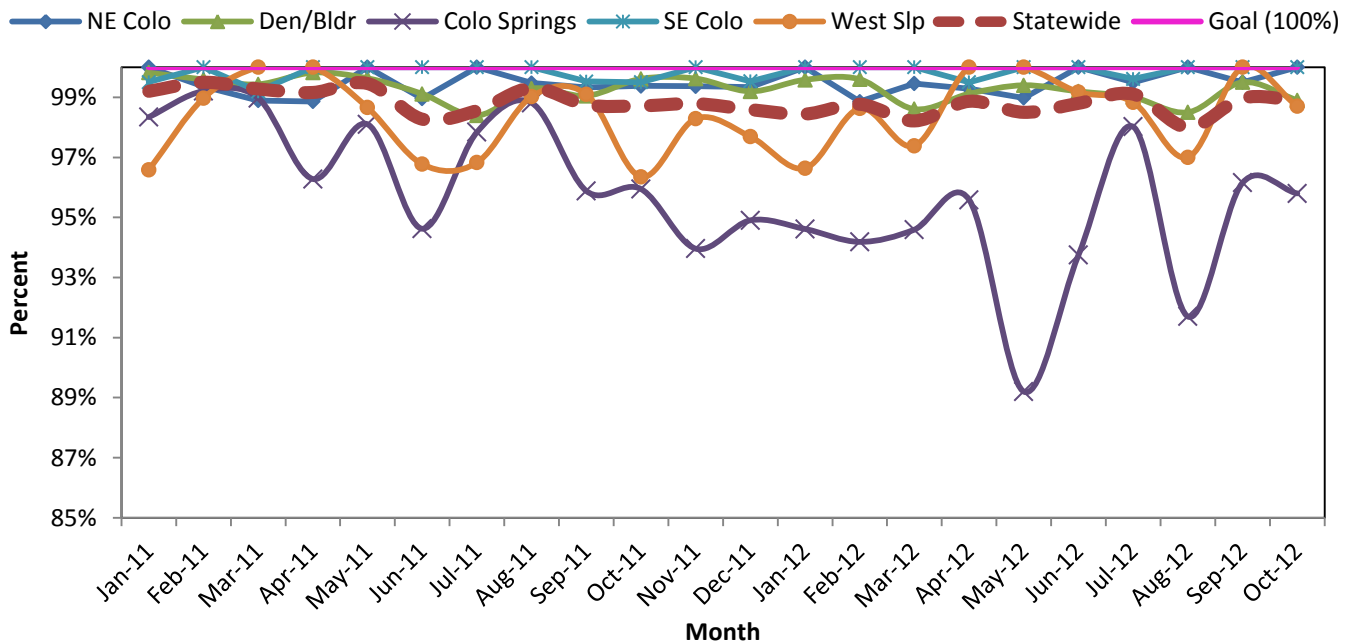
Division of Behavioral Health (DBH)

Measure: **Percent of persons who maintained housing while receiving substance use disorder services**

How it is measured: *Numerator:* Number of persons who maintained housing
Denominator: Number of housed persons at admission to substance use disorder services; Average monthly denominator: 900

Why this matters: People with behavioral health needs are a vulnerable population who are at higher risk for societal problems including homelessness and instability in housing.

Goal: **↑100%**



Trend: Most of the regions are hovering between 96% and 100%. The Colorado Springs region’s performance has been more erratic over the last seven months, ranging from 89% to 99%.

Division of Behavioral Health (DBH)

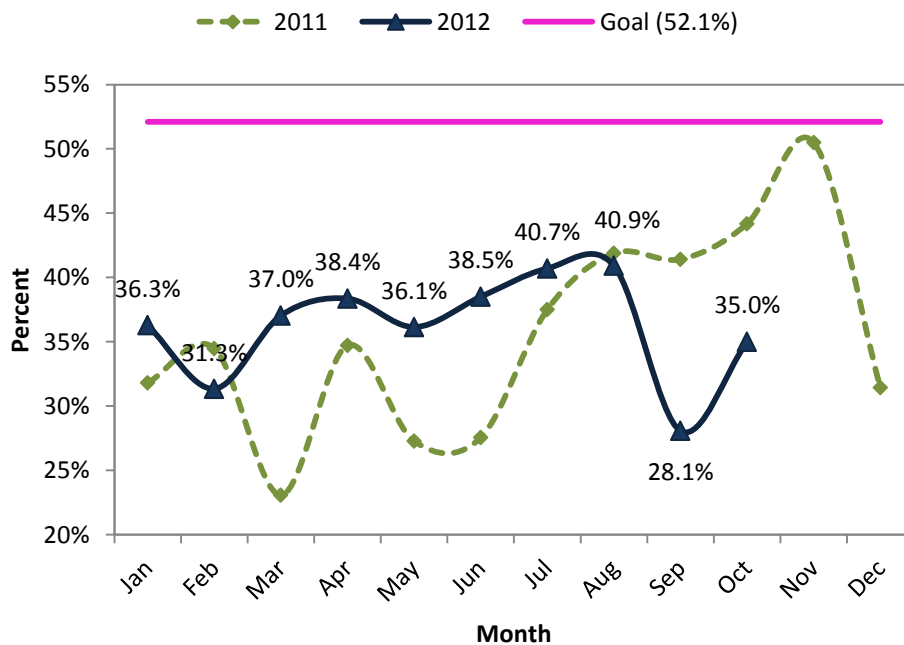
Measure: **Percent of homeless persons who moved into housing while receiving mental health services**

How it is measured: *Numerator:* Number of homeless persons who gained housing
Denominator: Number of homeless persons at Time One discharged after receiving mental health services; Average monthly denominator: 60

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

Why this matters: People with behavioral health needs are a vulnerable population who are at higher risk for societal problems including homelessness and instability in housing.

Goal: **↑52.1%**



Trend: In 2012, the percentages rose to 40% for two months before dropping to 28% and 35%.

Notes: Given that the population captured in this measure is approximately 60 people per month, data are not broken out regionally in the graph.

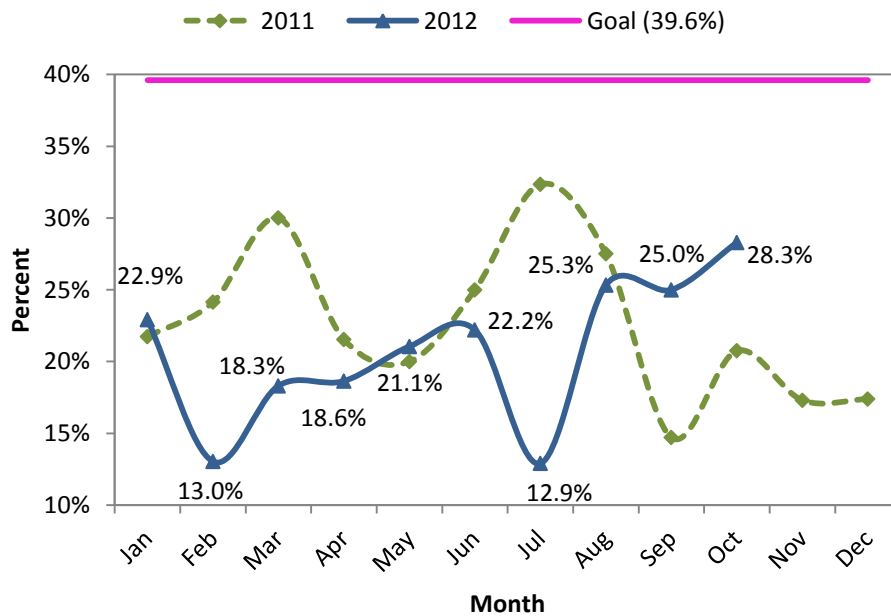
Division of Behavioral Health (DBH)

Measure: Percent of homeless persons who moved into housing while receiving substance use disorder services

How it is measured: *Numerator:* Number of homeless persons who moved into more stable housing
Denominator: Number of homeless persons (at admission) receiving substance use disorder services; Average monthly denominator: 60

Why this matters: People with behavioral health needs are a vulnerable population who are at higher risk for societal problems including homelessness and instability in housing.

Goal: ↑39.6%



Trend: In 2012, the percentages have ranged between 12% and 23%.

Notes: Given that the population captured in this measure is approximately 60 people per month, data are not broken out regionally in the graph.

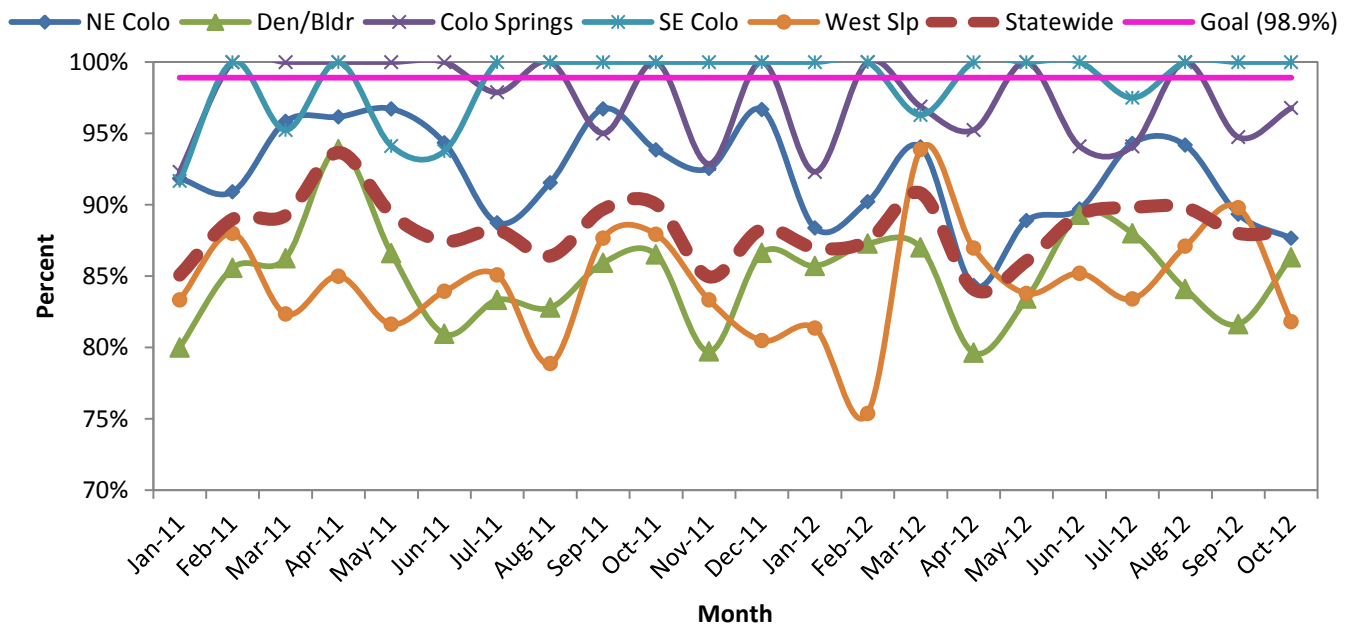
Division of Behavioral Health (DBH)

Measure: **Percent of persons who maintained employment at discharge from mental health services**

How it is measured: *Numerator:* Number of persons who maintained employment at discharge
Denominator: Number of discharged persons employed at admission; Average monthly denominator: 450

Why this matters: Employment is a critical factor that helps promote health, recovery, and social inclusion and reduces the likelihood of living in poverty.

Goal: **↑98.9**



Trend: Most of the regions are hovering between 80% and 100%. The Southeast region was at 100% for the majority of the 22 months displayed. In the last three months, all of the regions have stayed above 80%

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

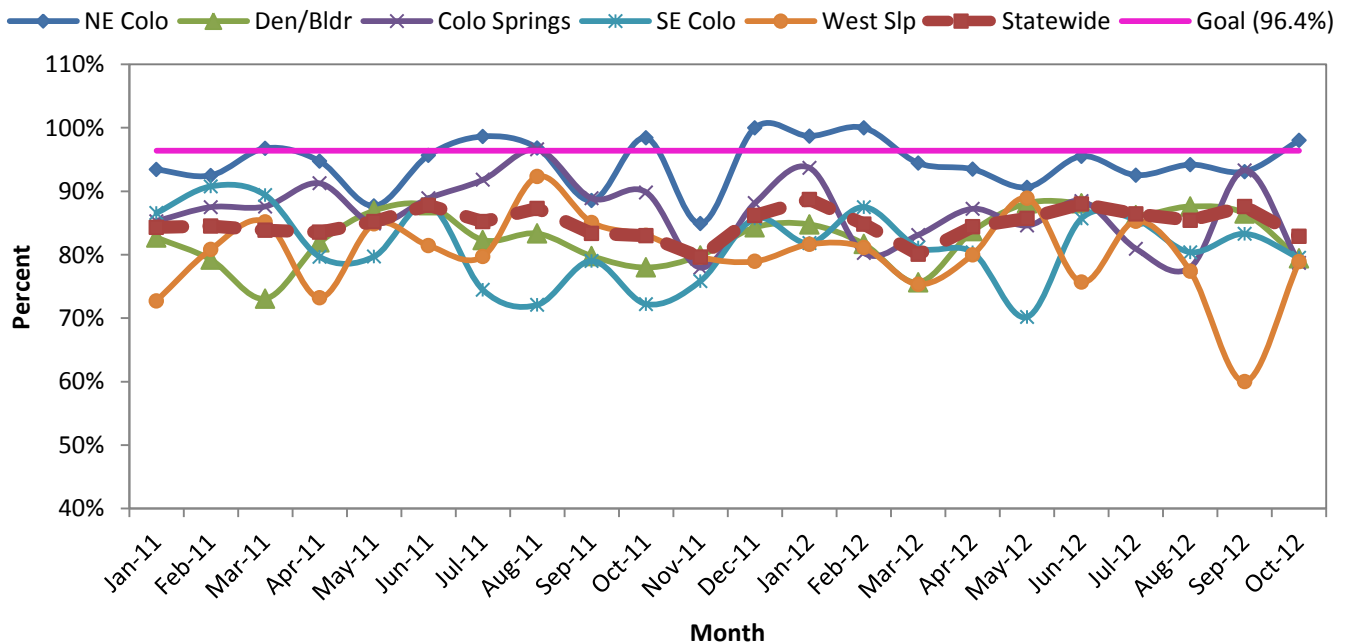
Division of Behavioral Health (DBH)

Measure: Percent of persons who maintained employment at discharge from substance use disorder services

How it is measured: *Numerator:* Number of persons who maintained employment at discharge
Denominator: Number of discharged persons employed at admission; Average monthly denominator: 400

Why this matters: Employment is a critical factor that helps promote health, recovery, and social inclusion and reduces the likelihood of living in poverty.

Goal: ↑96.4%



Trend: Most of the regions are hovering between 70% and 90%. The Northeast region is the only region that has exceeded the goal (8 of the 22 months). The Western Slope fell to 60% in September.

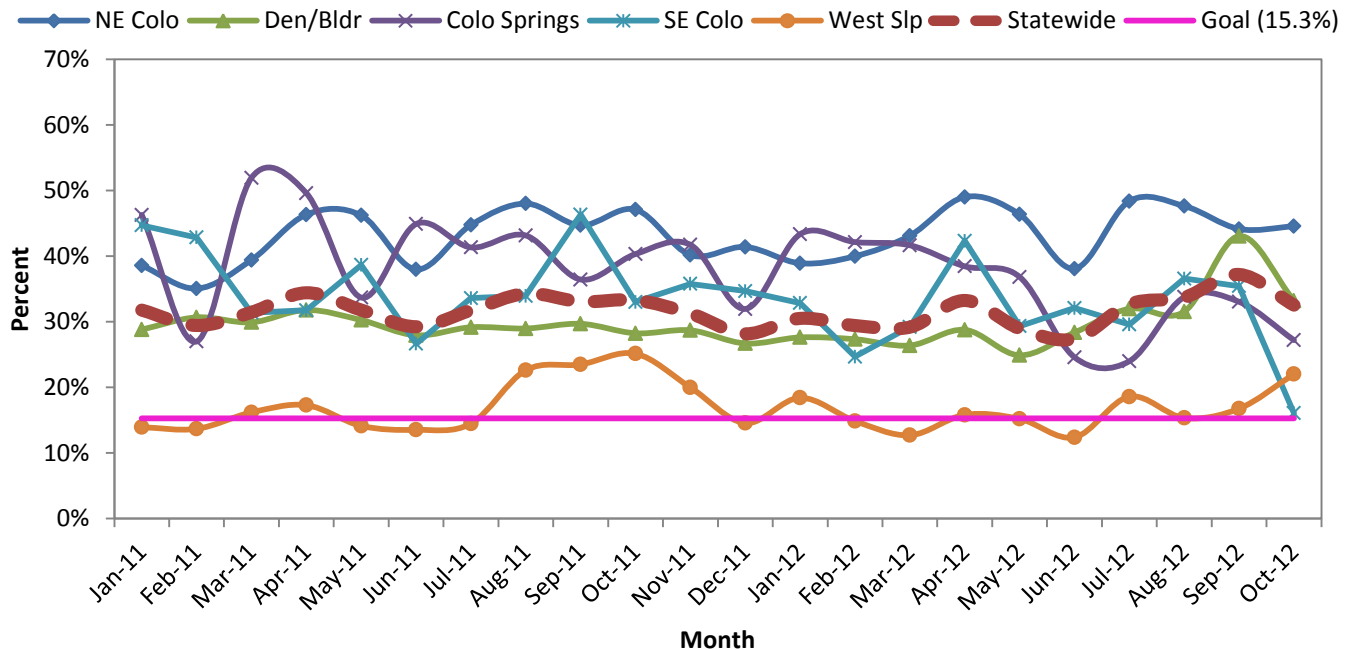
Division of Behavioral Health (DBH)

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;
 Average monthly denominator: 980

Why this matters: Engagement in the therapeutic process is key to dropout prevention, and one of the best predictors of treatment success.

Goal: **↓15.3%**



Trend: Most of the regions are hovering between 20% and 50%. The Western Slope has met the goal of 13.3% in half of the twenty-two months recorded here.

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

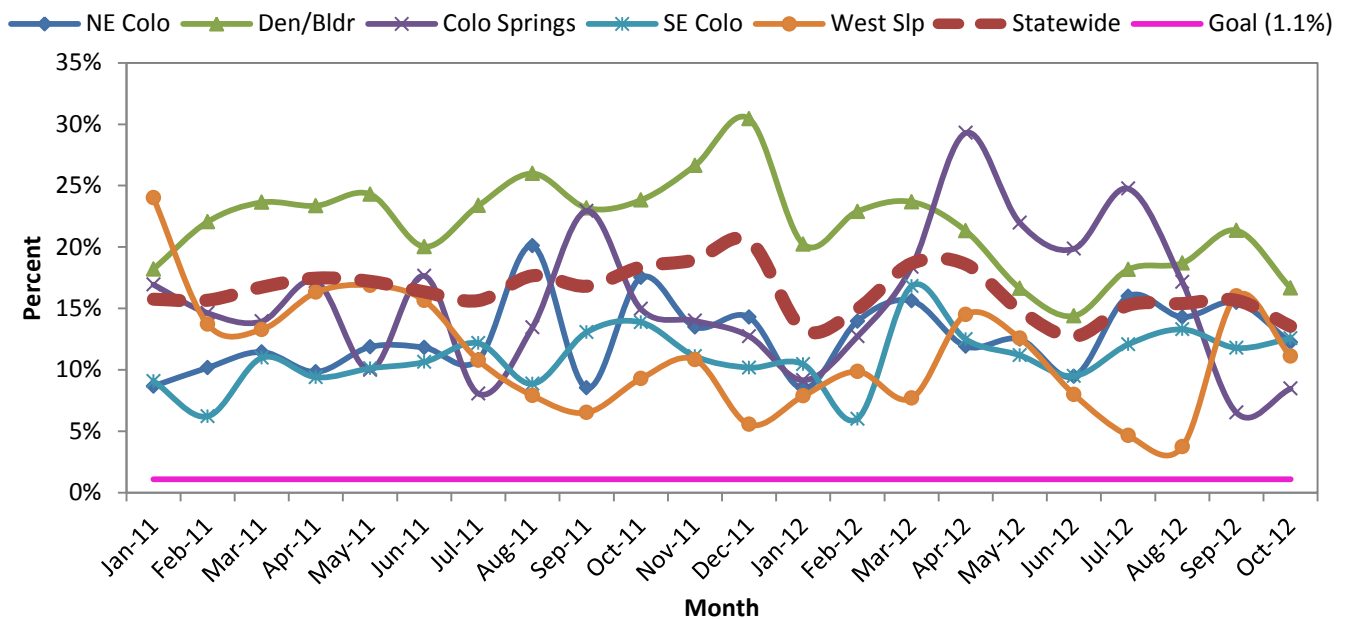
Division of Behavioral Health (DBH)

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; Average monthly denominator: 1200

Why this matters: Increased length in treatment (minimum of 90 days) is correlated with positive health outcomes.

Goal: **↓1.1%**



Trend: The Denver/Boulder region’s drop-out rates have declined in this calendar year while Colorado Springs’ have risen and then fallen. The Western Slope recorded the lowest drop-out rate of 3.7% in August, but the rates have increased to 15% and 13% since then.

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.
- The institutes included a new measure in May of 2012, *Reducing Barriers to Discharge*.
 - Efforts to impact performance have included better coordination with local Community Mental Health Centers as well as working with counties to develop guardians for patients. Finally, the CMHIP superintendent has created "hot-seat" meetings with hospital social workers to examine patient-by-patient barriers and develop solutions to eliminating those barriers.
 - Between May and December 2012, CMHIP had been able to reduce the percent of people waiting to discharge except for barriers from 26.4% to 11.4%.

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](#)

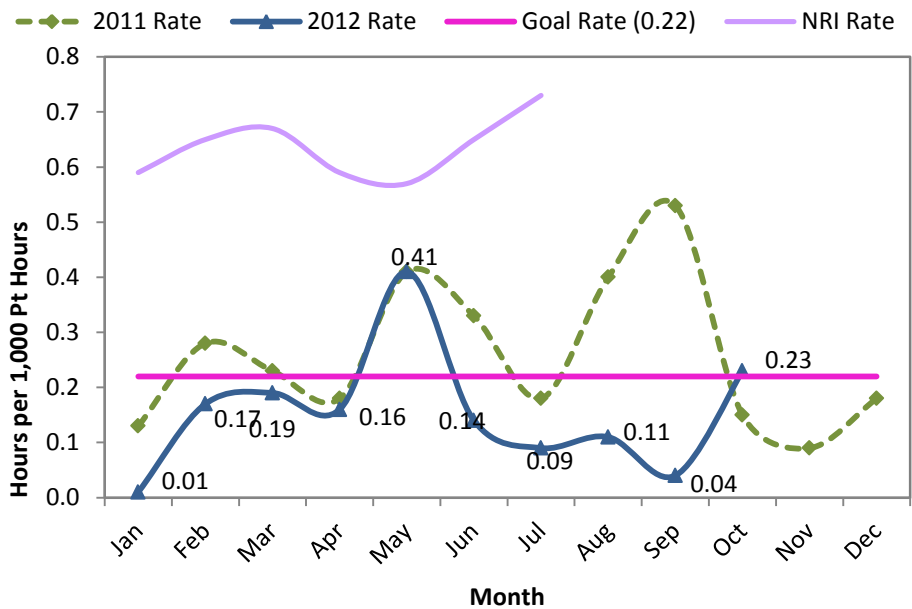
Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of restraint
Denominator: Per 1,000 patient hours; Average 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: Rates have remained at or below the goal rate for all but one month in 2012, and well below the national rate.

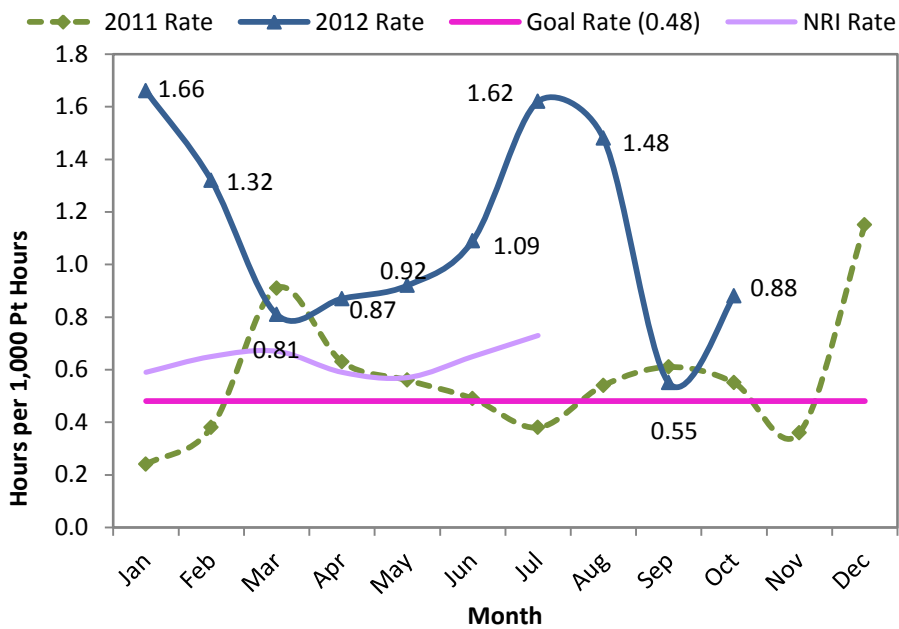
Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of restraint
Denominator: Per 1,000 patient hours; Average 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 has ranged anywhere from .55 to 1.62, and the goal has not been met in this calendar year.

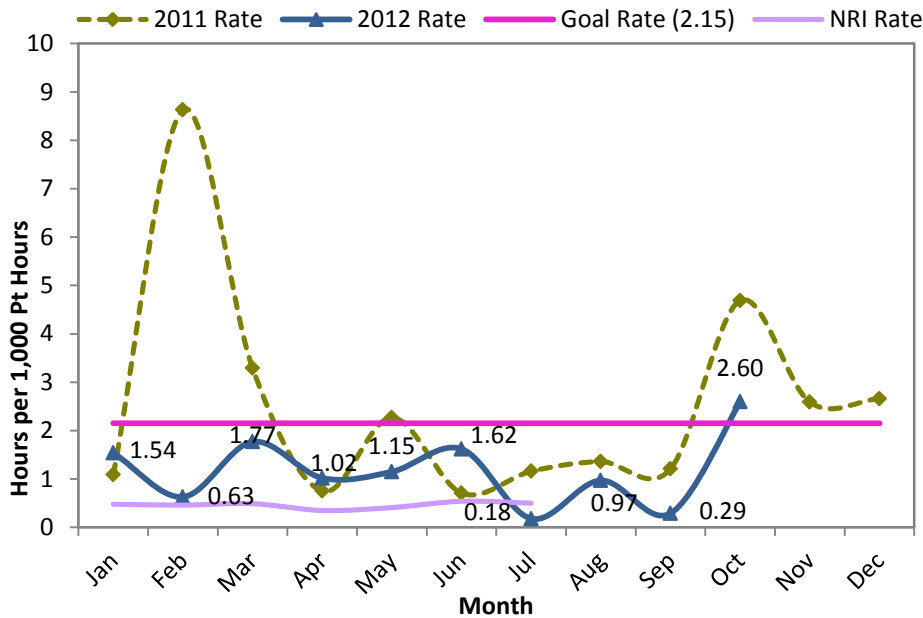
Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of seclusion
Denominator: Per 1,000 patient hours; Average 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**; The goal reflects a 15% reduction of the seclusion rates recorded in 2011.



Trend: The goal has been met for all but one month in 2012. The rate was below the national in July and September, for the first time.

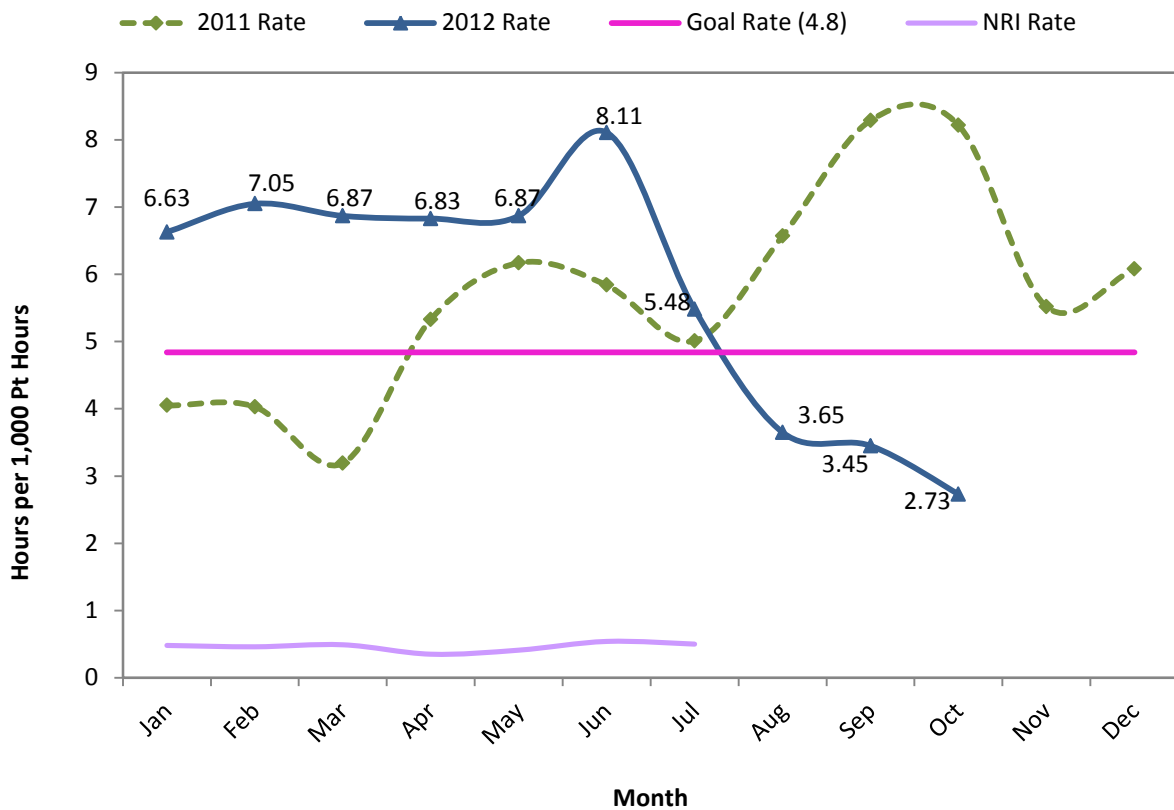
Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of seclusion
Denominator: Per 1,000 patient hours; Average 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**; The goal reflects a 15% reduction of the restraint rates recorded in 2011.



Trend: Rates in the first half of calendar year 2012 were higher than last year's average rate (5.68), but have decreased dramatically since July.

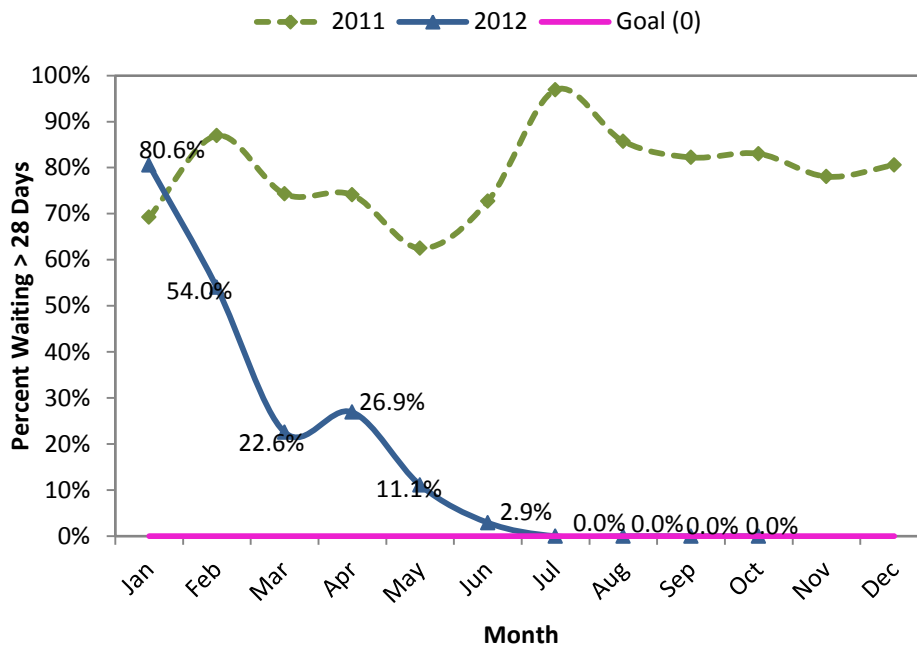
Mental Health Institutes (MHI)

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; Average 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, the percentage has been maintained at zero since July 2012.

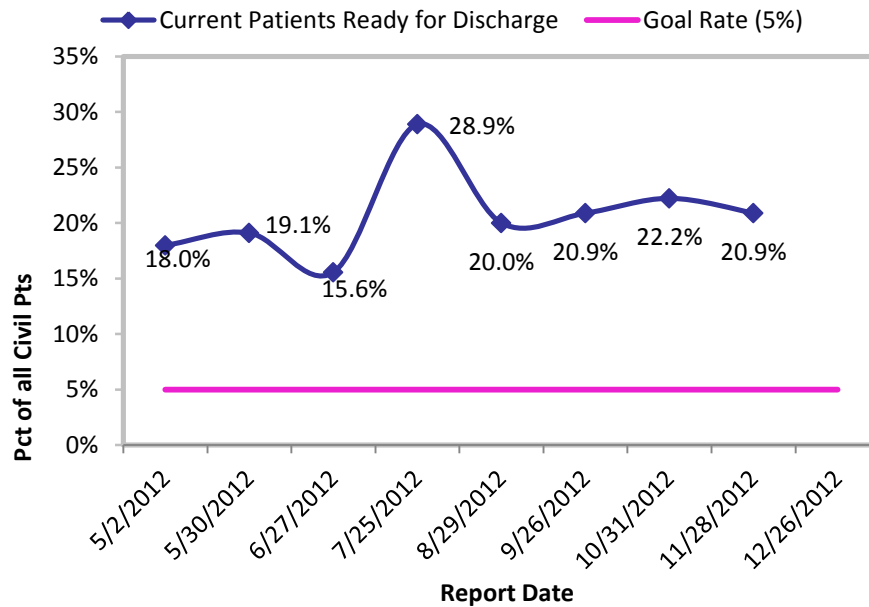
Mental Health Institutes (MHI)

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; Average 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: The number of patients ready for discharge but with discharge barriers has remained around 20% since August.

Notes: This measure was added in May 2012.

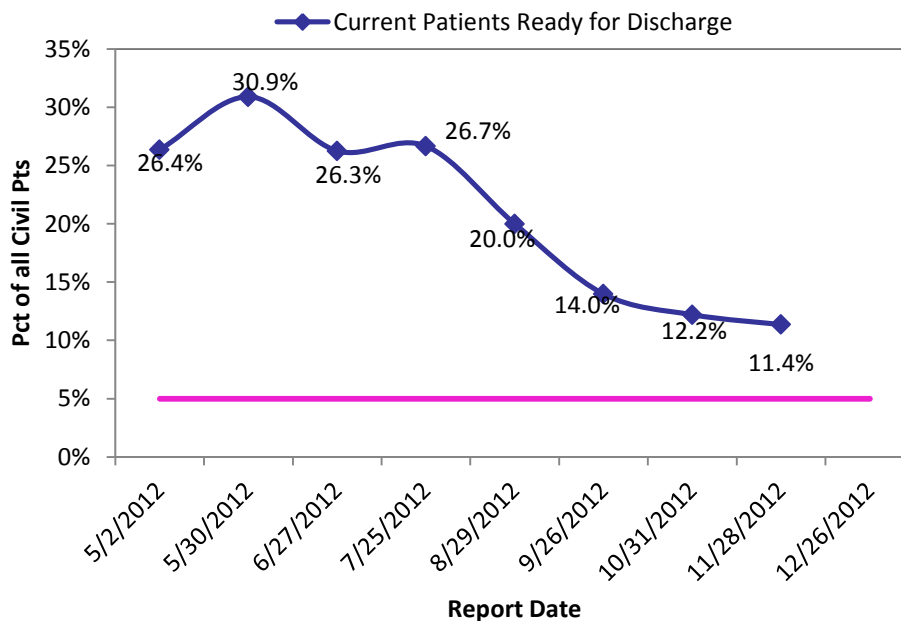
Mental Health Institutes (MHI)

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; Average 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: The rate has decreased over the last four months.

Notes: This measure was added in May 2012.

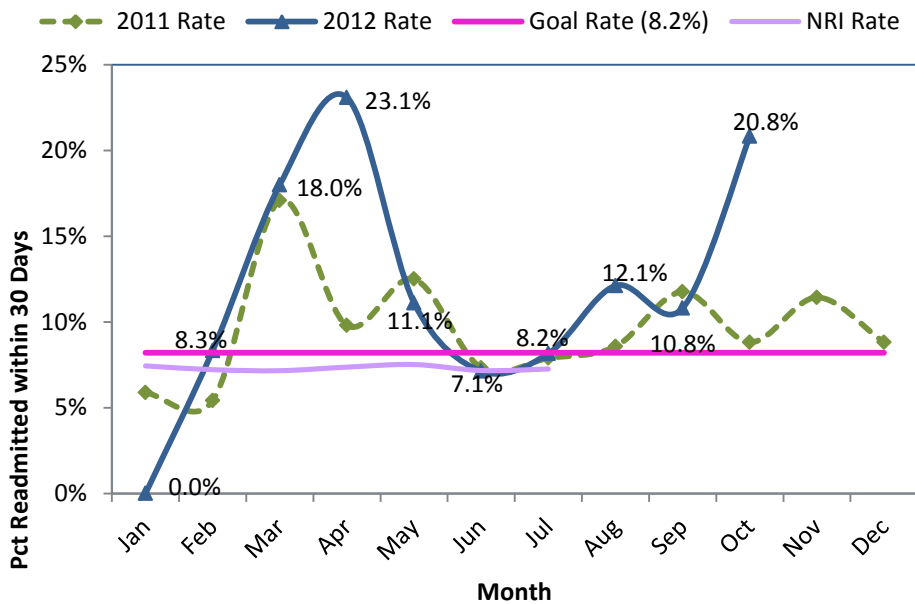
Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge
Denominator: All patients discharged; Average 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%. The rates have been increasing since July 2012.

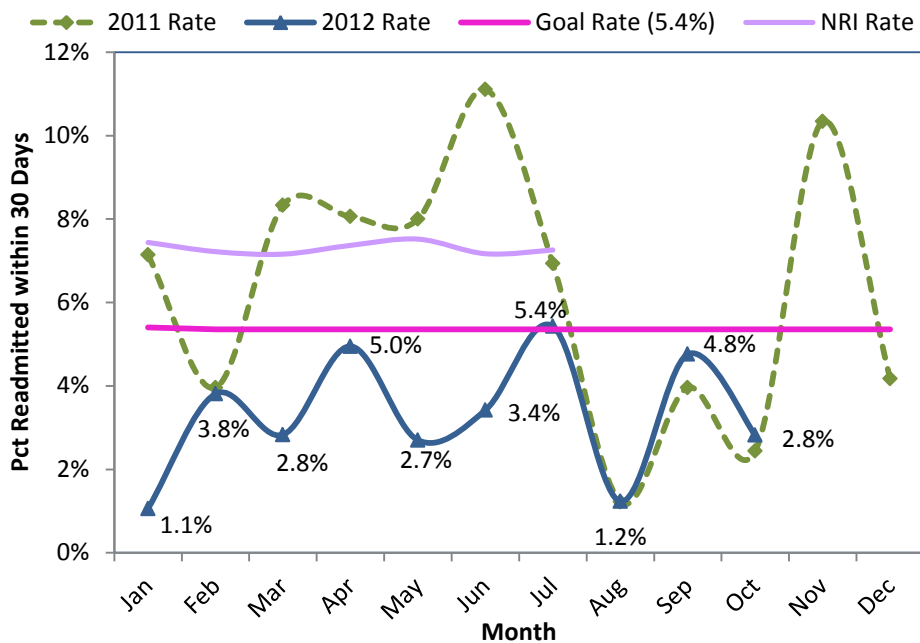
Mental Health Institutes (MHI)

Measure: **Percent of readmissions-Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge
Denominator: All patients discharged; Average 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: **↓5.4%**



Trend: Great variance in readmissions from 1.1% to 11.1% over the span of twenty-two months. In 2012, performance has met or exceeded the goal each month to date.

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 Welfare (DCW), the Division of Youth Corrections (DYC), and the Domestic Violence Program (DVP). OCYF assists families who are in need of safe and affordable child care, protects children at risk of abuse and/or neglect, provides structure and guidance for youth who have violated the law, and provides resources to families experiencing domestic violence.

Director: Julie Krow

Division of Child Welfare

Summary

Description

The Division of Child Welfare (DCW) provides supervision to counties who deliver Child Welfare services. Services provided through the counties are intended to protect children from harm and to assist families in caring for and protecting their children, along with ensuring permanency for those children placed in out of home care. 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 beyond the control of the parent.

Director: Lloyd Malone

Executive Summary

- *Timeliness of Assessment Closure:* The state and counties identified successful strategies to improve the timeliness of assessment closure including supervisory oversight and engaging caseworkers directly.
 - Further improvement strategies include county engagement and sharing data through monthly 'Dear Director' letters or monthly webinars.
 - The strategic efforts and resources targeted to improve performance on this measure resulted in consistent improvement in the current quarter. Specifically, performance improved from 56.5% in October to 69.4% in December.
- *Legally Freed Children Discharged to Permanency Prior to their 18th Birthday:* DCW's has renewed its focus on establishing permanency for children, age 16 or older, who have not yet achieved permanency.
 - In December 2012, State Child Welfare met with county staff and staff of the Office of Long Term Care to identify barriers to youth achieving permanency and to discuss opportunities to enhance overall support for both families and youth.
- Title IV-E agencies responsible for the placement, care or supervision of children is federally required to collect and submit data to the Adoption and Foster Care Analysis and Reporting System (AFCARS). As such, both Child Welfare and the Division of Youth Corrections (DYC) data are displayed, when appropriate.
- Data are also presented for differential response (DR) counties, where applicable.

Measures

Safety

- [Timeliness of Response to Initial Abuse/Neglect Investigations](#)
- [Safety Assessment Forms Completed Accurately](#)
- [Timeliness of Assessment Closure](#)
- [Absence of Maltreatment Recurrence \(Federal Measure\)](#)
- [Absence of Institutional Abuse or Neglect \(Federal Measure\)](#)
- [Children who Remain Home Safely Throughout the Duration of the Case](#)

Reduce Time in Care

- [Reunifications Occurring within 12 Months \(Federal Measure\)](#)
- [Median Length of Stay to Finalized Adoption \(Federal Measure\)](#)
- [Children in Out of Home Care for Greater than 24 Months \(Federal Measure\)](#)



Division of Child Welfare

Summary

Permanency and Placement Stability

- [Children in Care for More than 24 Months and No More than 2 Placements \(Federal Measure\)](#)
- [Legally Freed Children Discharged to Permanency Prior to 18th Birthday \(Federal Measure\)](#)
- [Children Who Do Not Re-Enter Care within 12 Months of Discharge \(Federal Measure\)](#)

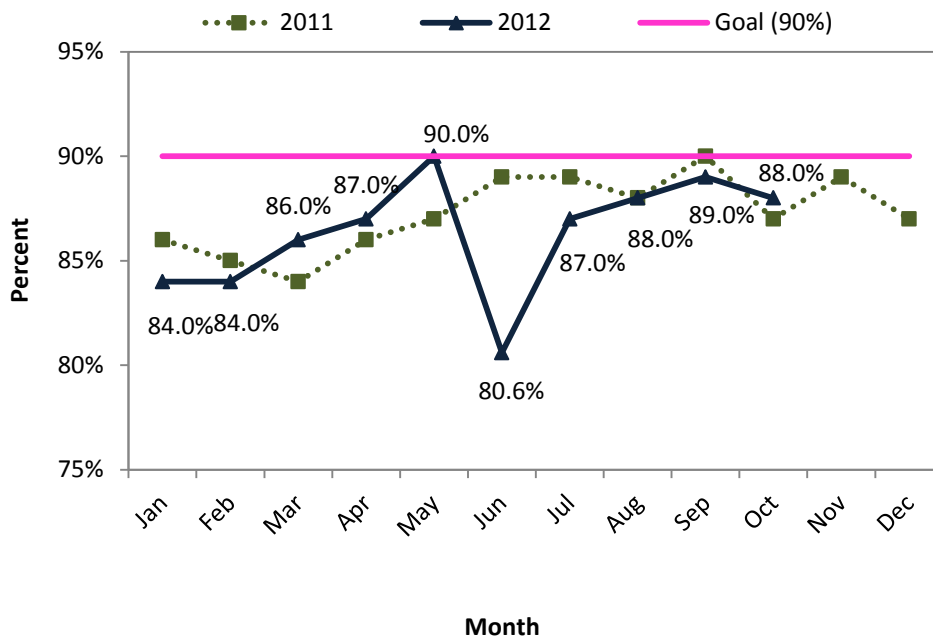
Division of Child Welfare (DCW)

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; Average monthly denominator: 3,377

Why this matters: Timely response to initial abuse/neglect investigations improves child safety and reduces the potential for further abuse.

Goal: **↑ 90%**



Trend: Performance fluctuates between 88% and 89% in the most recent quarter, leaving the 90% goal unmet.

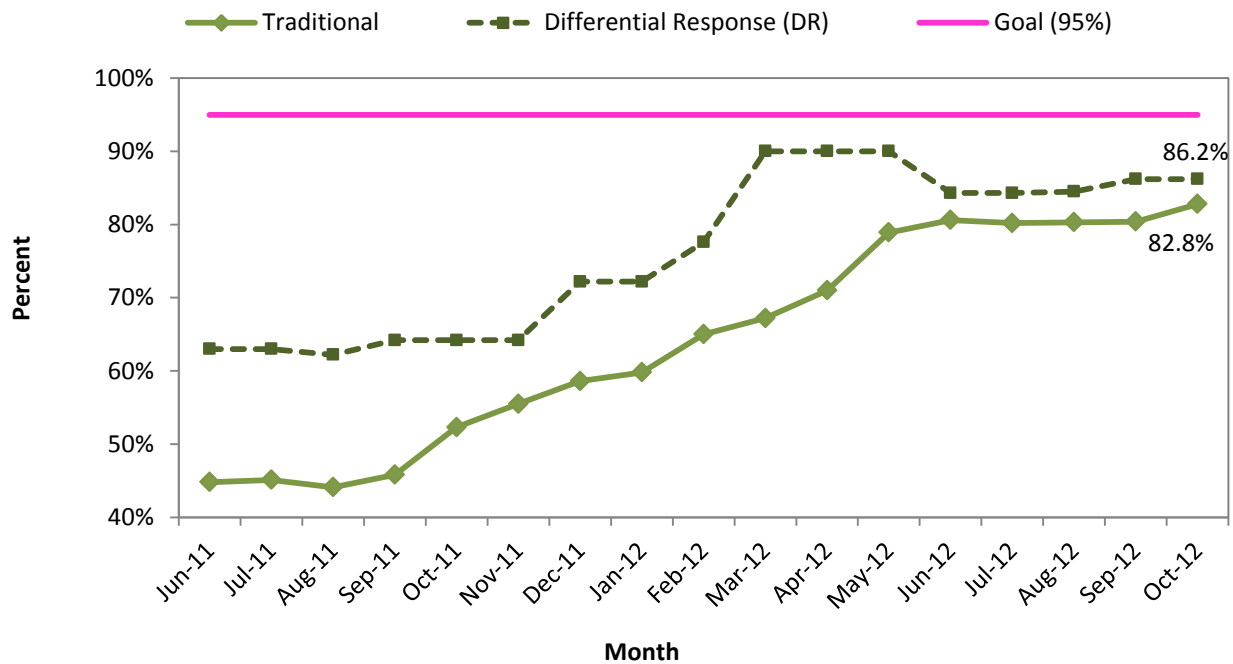
Division of Child Welfare (DCW)

Measure: **Safety assessment forms completed accurately**

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 accurately;
 Average monthly denominator(s): Traditional: 964; Differential Response: 82

Why this matters: Completing safety assessments accurately improves the likelihood to make accurate and appropriate decisions regarding child safety.

Goal: **↑ 95%**



Trend: Performance improved steadily for both traditional and DR assessments from June 2011 to Spring of 2012. Over the past quarter performance has been steady with a slight increase in performance for traditional assessments in October 2012. Goal remains unmet.

Notes: The data provided covers a rolling six-month timespan. Thus, every month new counties will be reflected in the reported data, while others will drop out. Additionally, the Ten Large Counties are included in every data point, because they are reviewed at least once every six months, whereas, small and midsize counties are reviewed annually. Further, DR counties are not reviewed every month and therefore the performance will not change monthly.

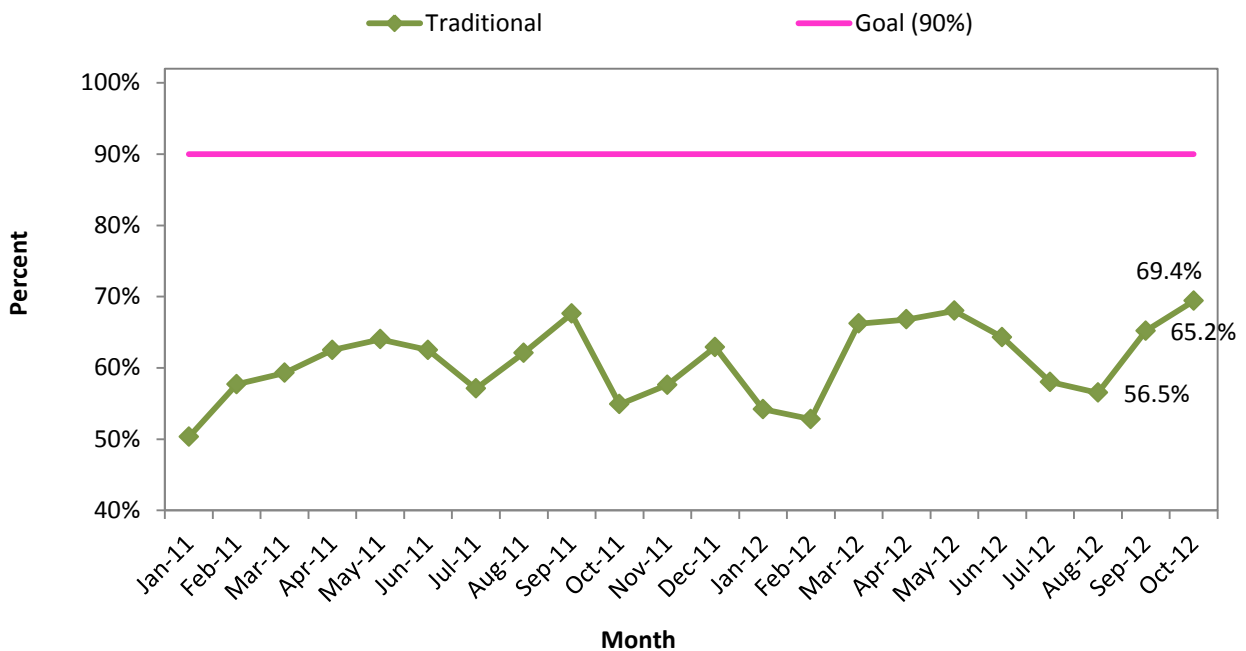
Division of Child Welfare (DCW)

Measure: **Timeliness of assessment closure**

How it is measured: *Numerator:* Number of assessments closed within 60 days of referral
Denominator: Total number of open assessments; Average monthly denominator:
 Traditional: 2,199

Why this matters: Timely completion of assessments indicates the child welfare system 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: **↑ 90%**



Trend: Performance improved from 56.5% in October to 69.4% in the most recent quarter.

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

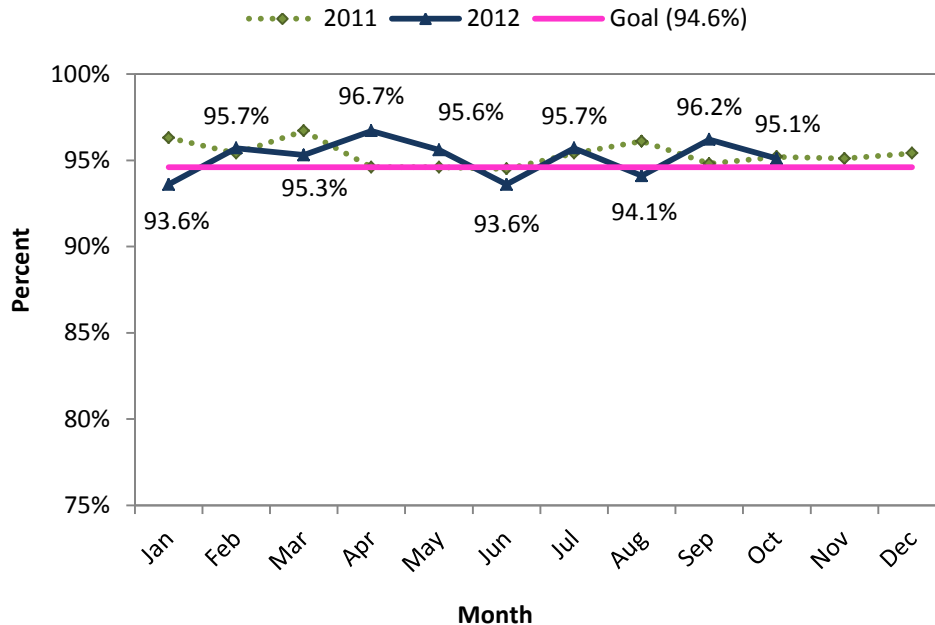
Division of Child Welfare (DCW)

Measure: **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; Average monthly denominator(s): 855

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

Goal: **↑ 94.6%**



Trend: Over the past year and 10 months performance has consistently ranged between 93% and 96%.

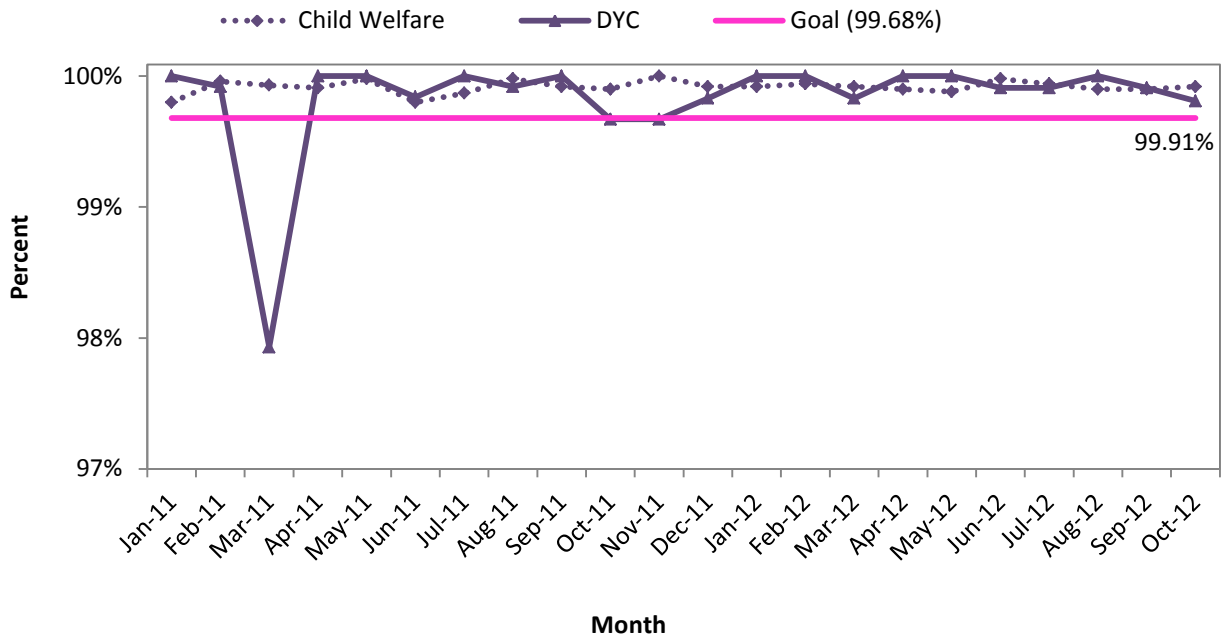
Division of Child Welfare (DCW)

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; Average monthly denominator: Child Welfare: 5,004; Division of Youth Corrections: 1,076

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

Goal: **↑ 99.68%**



Trend: Performance for Child Welfare and DYC consistently exceeds the 99.68% goal with the exception of March 2011 for DYC.

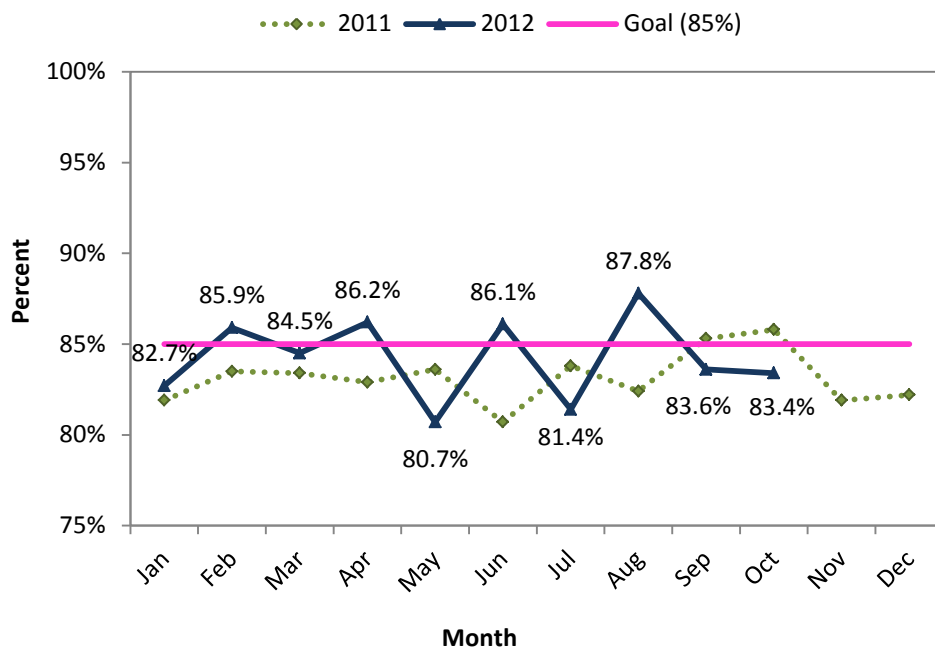
Division of Child Welfare (DCW)

Measure: **Children who remain home safely throughout duration of 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; Average monthly denominator(s): 544

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 declined between August and September, falling below the 85% goal, and remained below the goal in the last month of this second quarter.

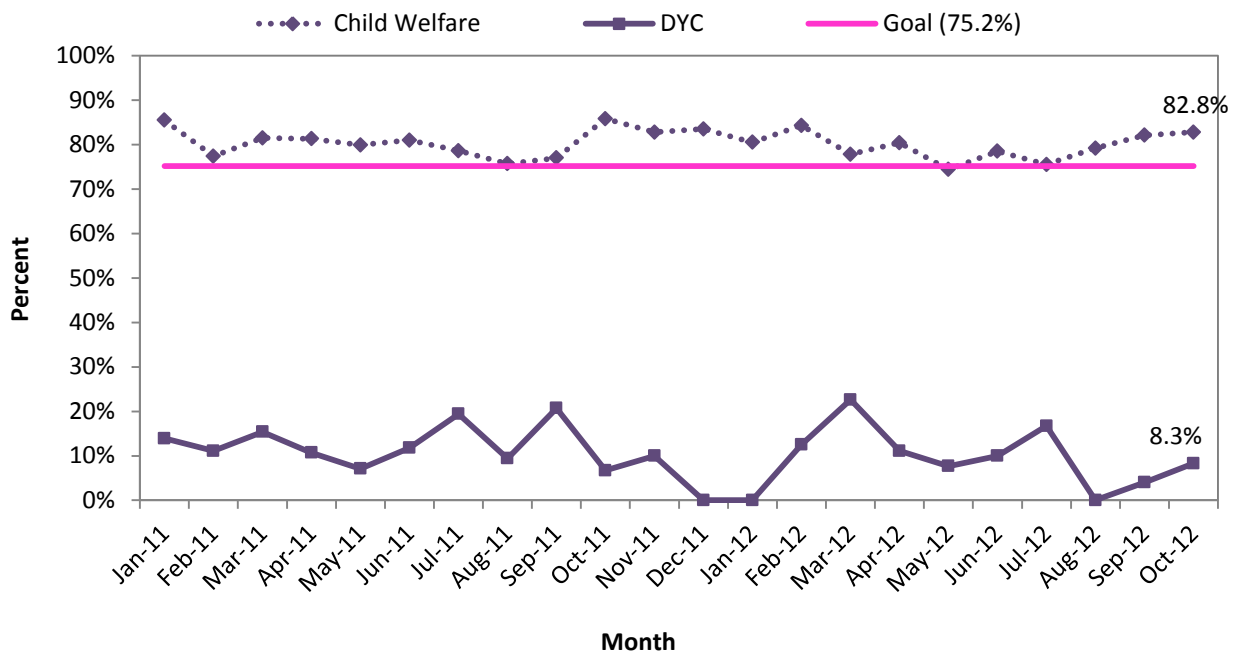
Division of Child Welfare (DCW)

Measure: **Reunifications occurring within twelve 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; Average monthly denominator: Child Welfare: 218; Division of Youth Corrections: 28

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%**



Trend: Slight improvement in performance for Child Welfare, continuing to exceed the 75.2% goal. Performance improved slightly NYC over the most recent quarter, however, goal remains unmet.

Notes: The definition of reunification is ‘reunifying with one’s family, as well as going to live with other relatives’.

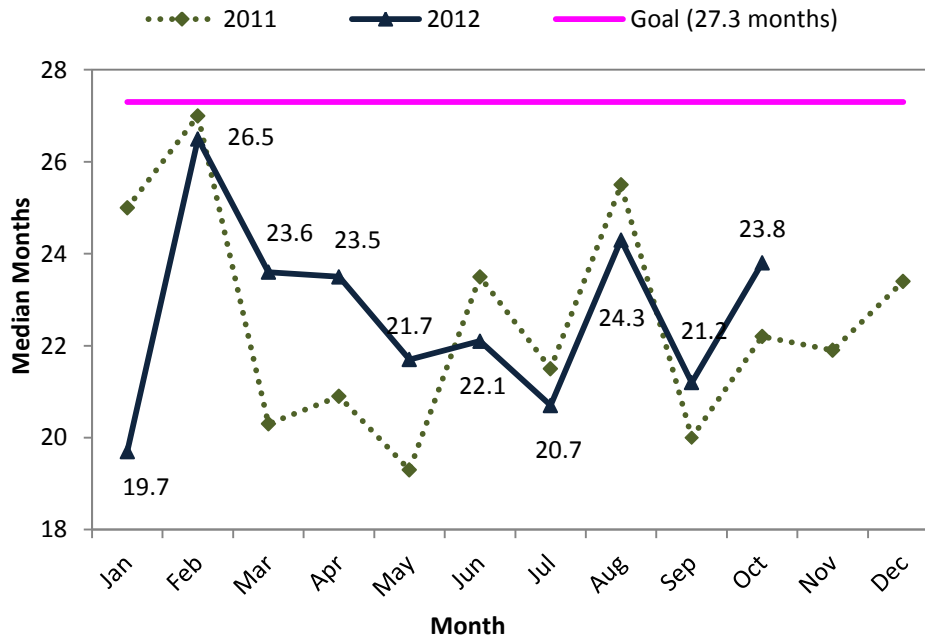
Division of Child Welfare (DCW)

Measure: **Median length of stay 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; Average monthly denominator: 50

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**



Trend: Overall performance fluctuates regularly, hovering between 21 and 24 months in the most recent quarter.

Division of Child Welfare (DCW)

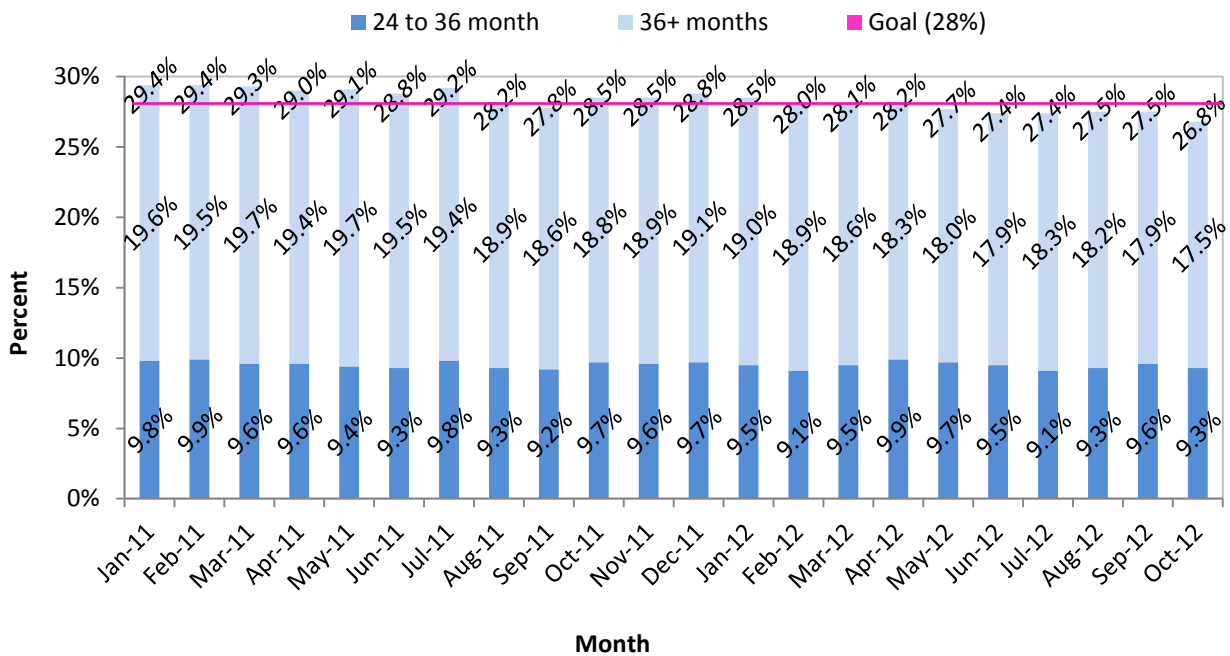
Measure: **Children in out of home care for greater than 24 months (Federal Measure)**

How it is measured: *Numerator:* Number of children who have been in care 24+ months on last day of specified month

Denominator: Total number of children in out of home care on last day of specified month; Average monthly denominator(s): 4,597

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%**



Trend: Slow improvement in performance overall, exceeding the 28% goal since May 2012.

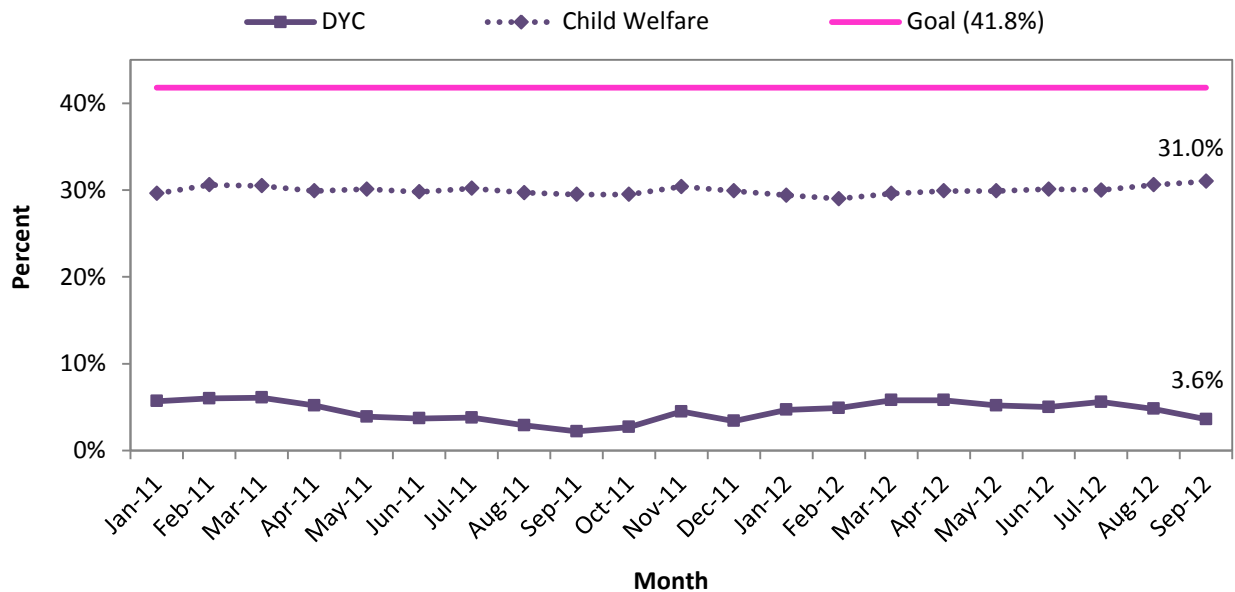
Division of Child Welfare (DCW)

Measure: **Children in care for more than 24 months and no more than 2 placements (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; Average monthly denominator: Child Welfare: 1,325; Division of Youth Corrections: 207

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

Goal: **↑ 41.8%**



Trend: Performance remains stable for both Child Welfare and NYC, however, the goal has not yet been achieved by either.

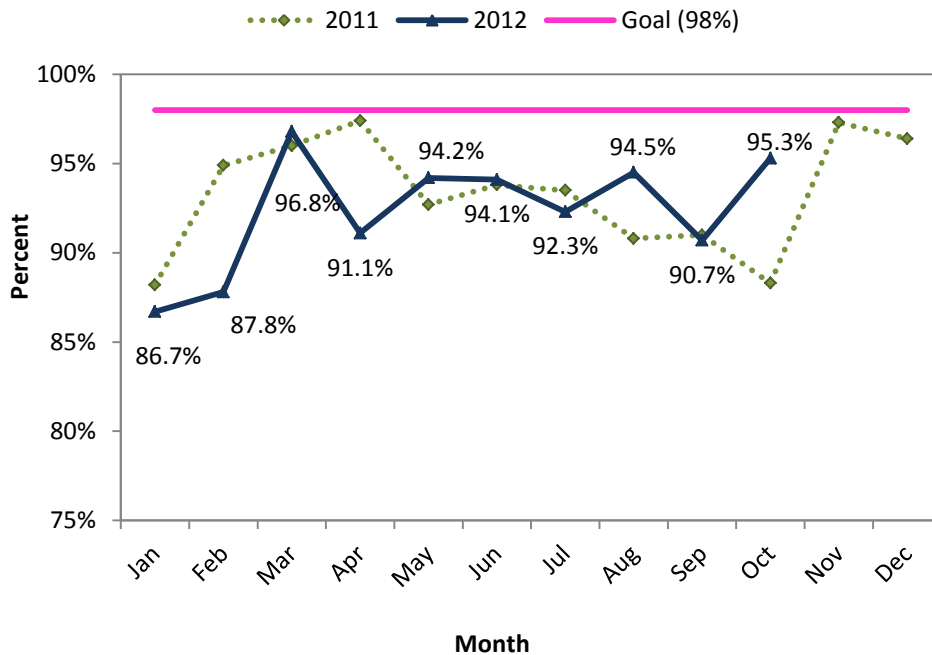
Division of Child Welfare (DCW)

Measure: **Legally freed children discharged to permanency prior to 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; Average monthly denominator(s): 57

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%**



Trend: Performance on this measure fluctuates between 90% and 95% during the most recent quarter, continuing to leave the 98% goal unmet.

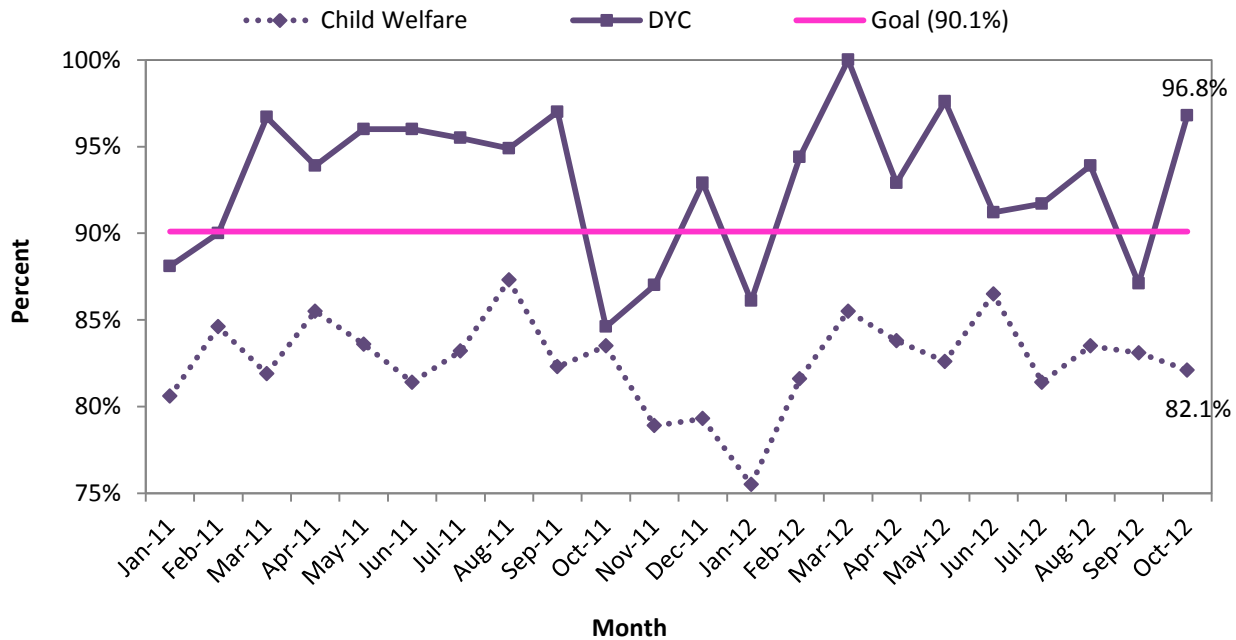
Division of Child Welfare (DCW)

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; Average monthly denominator: Child Welfare: 270; Division of Youth Corrections: 32

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

Goal: **↑ 90.1%**



Trend: Performance for Child Welfare fluctuated between 87% and 96% during the most recent quarter, exceeding the 90.1% goal in two of the three months. Performance for DYC remains stable continuing to leave the goal unmet.

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 thoroughly reviewed juvenile justice performance measurement standards from various organizations and made final recommendations of measures to move forward with including the addition of three (3) new measures:
 - Eligible Youth Who Have a GED or High School Diploma at Discharge
 - Family Engagement: Committed Client Contact with Family
 - Family Engagement: Client Manager Contact with Families
- *Eligible Youth Who Discharge with a GED or High School Diploma*: In depth analysis revealed some youth discharge without a diploma or GED, choosing to work rather than pursue an education.
- *Timeliness from Commitment to First Placement*: Ongoing analysis revealed the contract provider placements account for the majority of delays, not state secure placements.
 - Placement delays occur for a variety of reasons including Community Review Board decision delays, transportation delays, provider wait lists, etc.
- *Youth who Escape or Walkaway from Residential Care*:
 - In October 2012, DYC categorized data into two separate categories, escapes and walkaways. Both escapes and walkaways are counted when a youth runs away from a residential facility, regardless of whether it is from the facility itself, or while on pass in the community. Escapes, however, count a youth who runs while in placement at a state secure facility, while walkaways only count youth who run while in placement at a contract program.
- DYC regularly meets with state and contract providers to develop individualized action plans targeting improvement efforts based on program size, goals, and physical plant, etc.

Measures

- [Youth Enrolled in a Full/Part Time Program at Discharge](#)
- [Eligible Youth who Have a GED or High School Diploma at Discharge](#)
- [Timeliness from Commitment to First Placement](#)
- [Number of Youth who Escape or Walkaway from Residential Care](#)
- [State-operated Facility Fights/Assault Rate](#)
- [Rate of Youth Injuries in State-Operated Facilities \(per 100 ADP\)](#)
- [Rate of Staff Injuries on the Job as a Direct Result of Youth Contact](#)
- [Family Engagement: Committed Client Contact with Family in State-Operated Residential Placement](#)
- [Family Engagement: Client Manager Contact with Families](#)



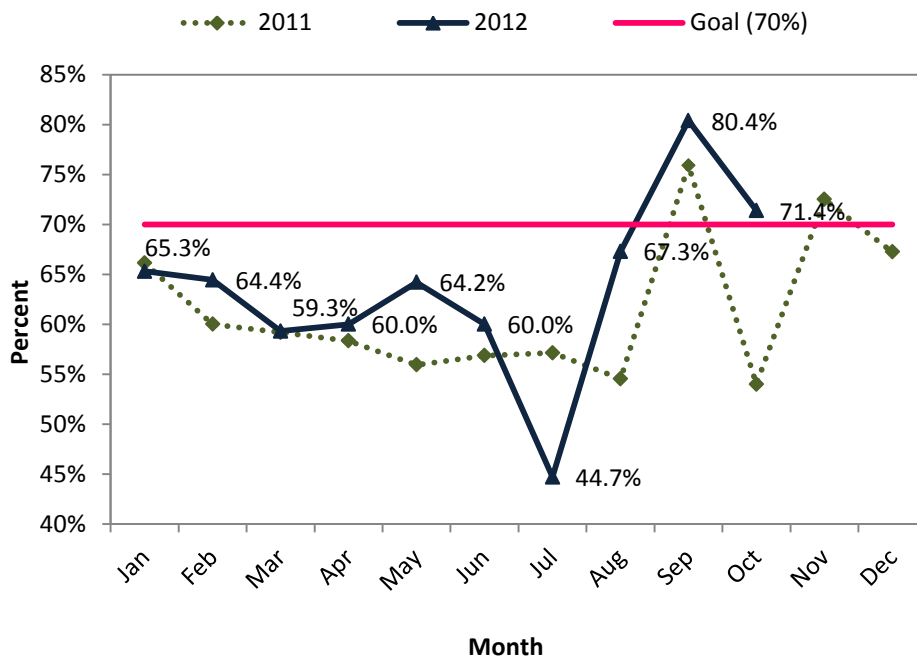
Division of Youth Corrections (DYC)

Measure: **Youth enrolled in a full/part time program at discharge**

How it is measured: *Numerator:* Number of clients enrolled in a full or part time program upon discharge from DYC
Denominator: Total number of clients who discharge in a specific month; Average monthly denominator: 60

Why this matters: Ensuring youth have productive activities connecting them to the community upon discharge reduces the likelihood of recidivism and improves overall outcomes.

Goal: **↑ 70%**



Trend: Steady improvement from July through September 2012. Performance fluctuated between 67% and 80% in the most recent quarter.

Notes: DYC expanded the definition of enrollment and/or employment in June 2012 to include involvement in a "Full or Part Time Program." The new definition includes any combination of employment, education, vocational programming, community service, volunteer work, and/or parenting.

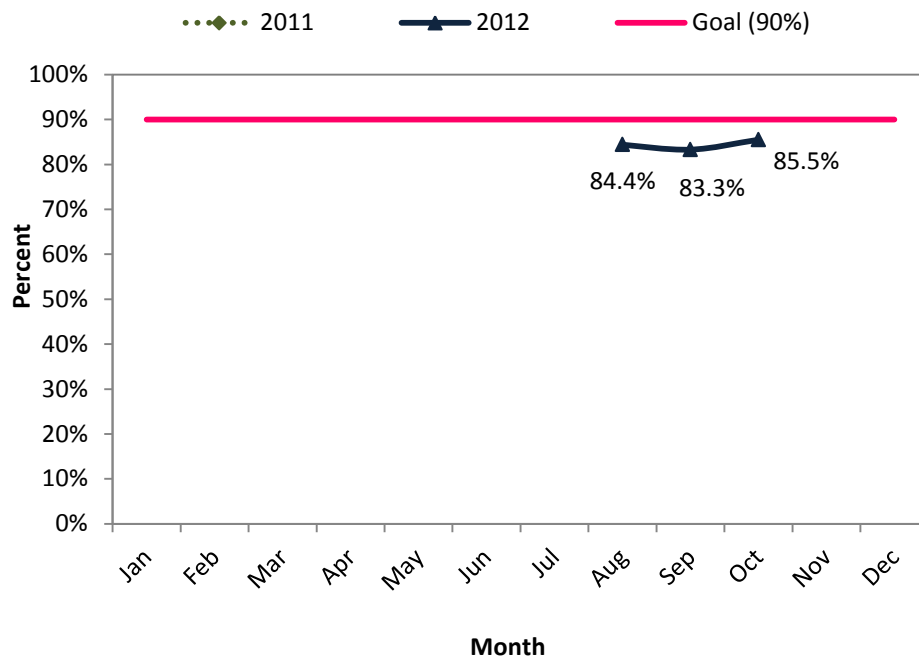
Division of Youth Corrections (DYC)

Measure: **Eligible youth who have a GED or high school diploma at discharge**

How it is measured: *Numerator:* Number of eligible youth who receive a GED or high school diploma by discharge
Denominator: Number eligible DYC discharges (i.e. not currently in school working towards GED/Diploma); Average monthly denominator: 77

Why this matters: Educational success reduces the likelihood of recidivism and improves overall outcomes.

Goal: **↑ 90%**



Trend: After three (3) months of data collection, performance remains relatively stable, while 90% goal remains unmet.

Notes: Measure first presented in October 2012 C-Stat (August data) and includes only the number of eligible DYC discharges (i.e. not currently in school working towards GED/Diploma and over 17) in the denominator.

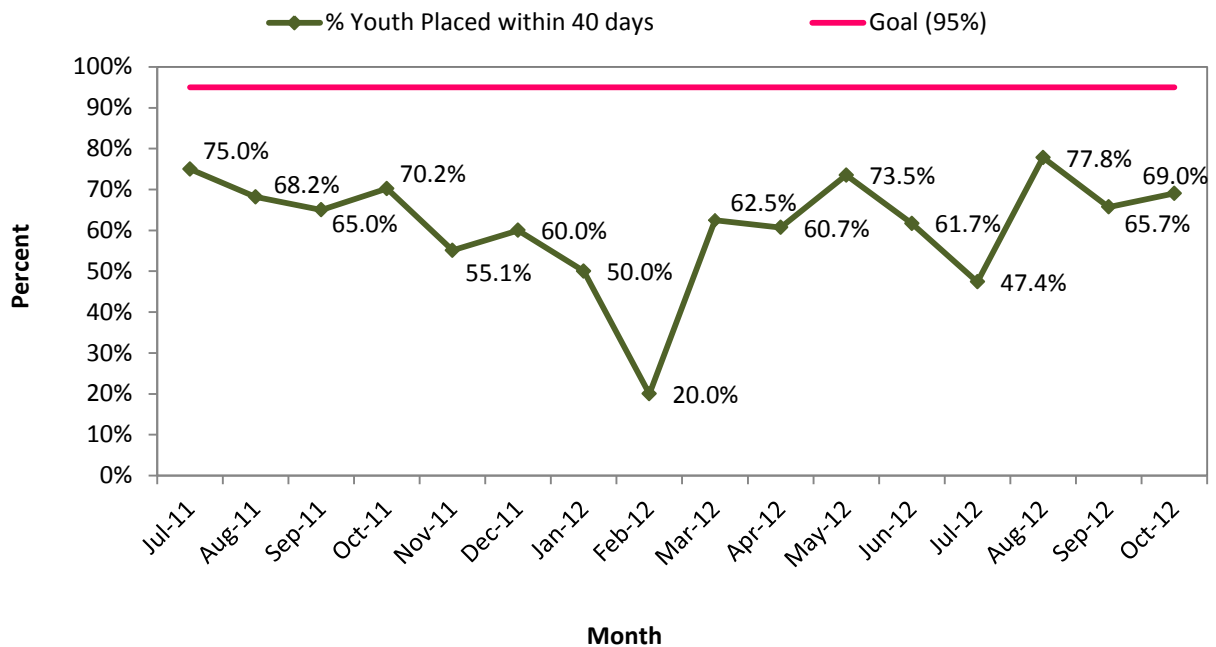
Division of Youth Corrections (DYC)

Measure: **Timeliness from commitment to first placement**

How it is measured: *Numerator:* Number of newly committed youth who are placed in their 1st placement within 40 days of commitment
Denominator: Total number of newly committed youth placed in their initial placement in specified month; Average monthly denominator: 41

Why this matters: All youth should receive individualized treatment services in the most timely manner possible.

Goal: **↑ 95%**



Trend: Performance mostly between 60% and 70%; 95% goal remains unmet.

Notes: Data only available beginning in July 2011.

The methodology for reporting this measure was modified for this reporting period. In the previous report, DYC reported this measure as the average number of days from assessment completion to first placement. The new methodology reports the percentage of youth who were placed within 40 days of commitment.

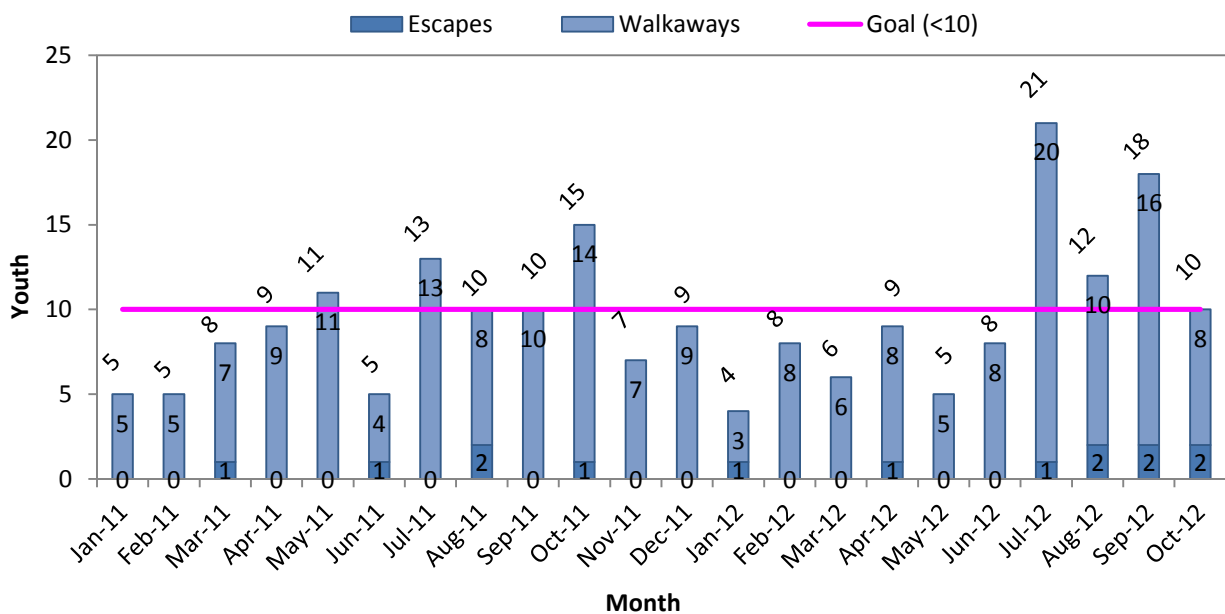
Division of Youth Corrections (DYC)

Measure: **Number of youth who escape or walkaway from residential care**

How it is measured: Number of escapes occurring while committed youth are in state-operated residential placement (escape) or in contract staff-supervised or community placement (walkaway); Average daily population: 1187

Why this matters: Minimizing escapes and/or walkaways from residential placements improves public safety.

Goal: **↓ <10**



Trend: While escapes have remained consistently low, walkaways ranged between three (3) and 20. Overall performance improved with the number of walkaways decreasing by 6, while the number of escapes remained the same. The goal was achieved in October 2012.

Notes: In October 2012, DYC separated this measure into two separate categories, escapes and walkaways.

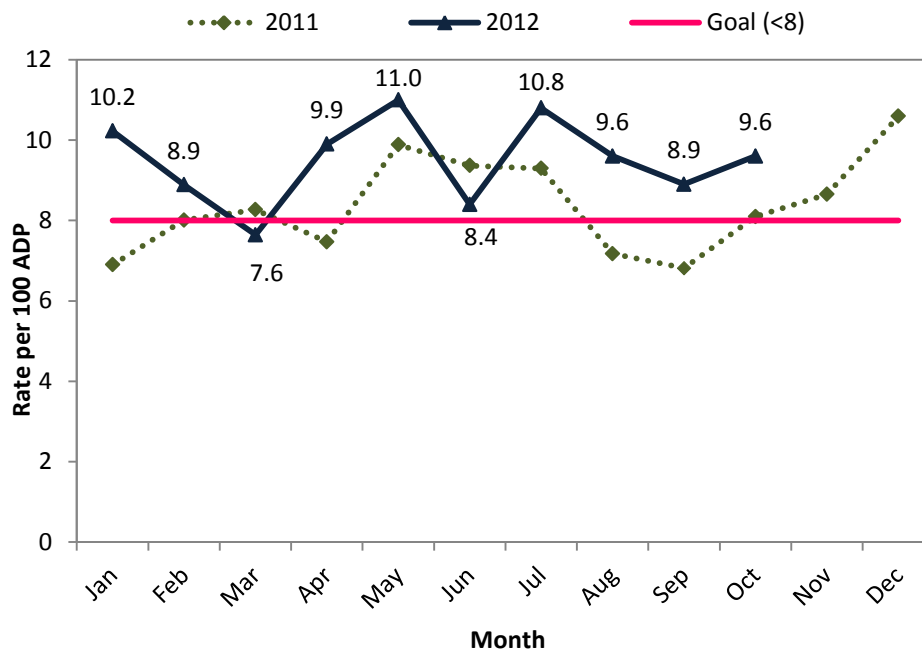
Division of Youth Corrections (DYC)

Measure: **State-operated facility fights/assault rate**

How it is measured: *Numerator:* Fights and assaults occurring in DYC state-operated facilities
Denominator: Monthly secure Average daily population (ADP) (state operated detention, assessment and state secure commitment); Average daily population: 675

Why this matters: Youth in the State's care should be maintained in a safe environment.

Goal: ↓ <8.0



Trend: Performance has been relatively consistent over an almost two year period, ranging between seven (7) and ten (10).

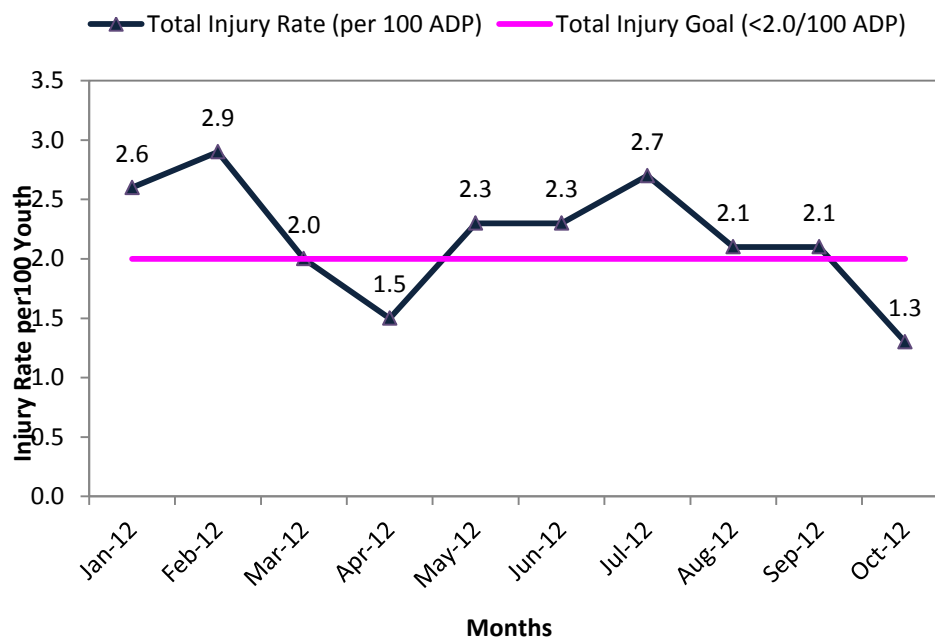
Division of Youth Corrections (DYC)

Measure: **Rate of youth injuries in state-operated facilities (per 100 ADP)**

How it is measured: *Numerator:* Number of youth injuries in DYC state secure facilities
Denominator: Monthly secure average daily population (ADP) of state operated detention, assessment and state secure commitment; Average daily population: 675

Why this matters: Youth in the State's care should be maintained in a safe environment.

Goal: ↓ <2.0/100ADP



Trend: Youth injury rate met the goal in October 2012, and is the lowest it has been since data collection began in January 2012.

Division of Youth Corrections (DYC)

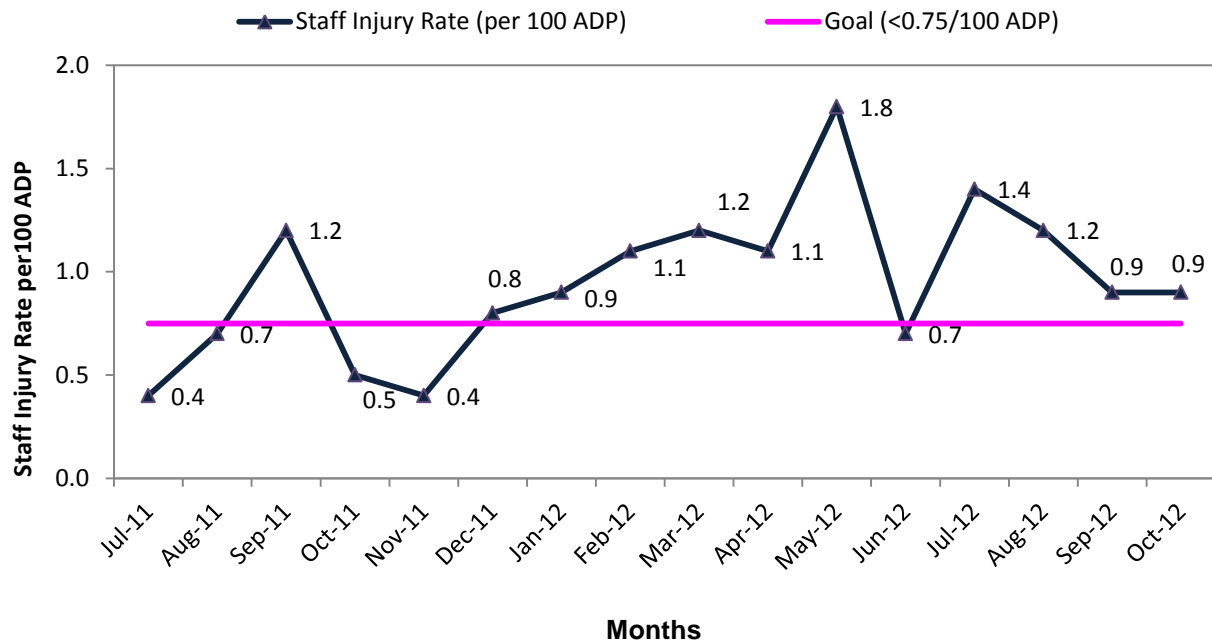
Measure: **Rate of staff injuries on the job as a direct result of youth contact**

How it is measured: *Numerator:* Number of staff injuries on the job in state secure facilities as a direct result of youth contact

Denominator: Monthly secure average daily population (ADP) of state operated detention, assessment and state secure commitment; Average daily population: 675

Why this matters: State facilities should be a safe environment for staff to work.

Goal: **↓ <0.75/100 ADP**



Trend: The rate of staff injuries decreased in the most recent quarter; goal was not achieved.

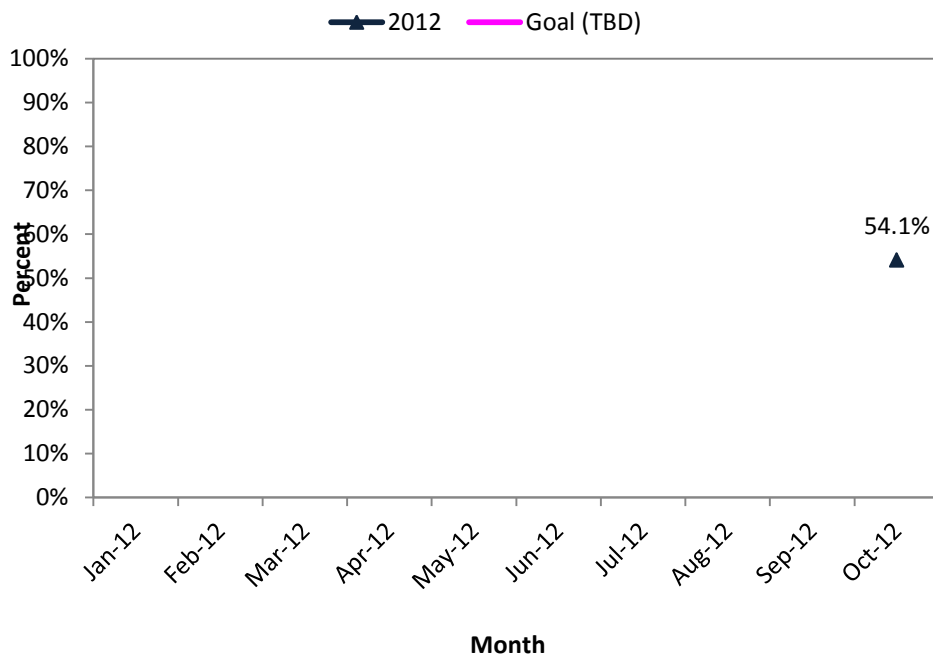
Division of Youth Corrections (DYC)

Measure: **Family engagement: committed client contact with family in state-operated residential placement**

How it is measured: *Numerator:* Number of committed clients in state secure residential facilities with at least one family contact in the month (phone or face-to-face)
Denominator: Number committed clients in state secure facilities; Average monthly denominator: 516

Why this matters: Maintaining family connections in residential facilities is a future indicator of a successful transition back to the community.

Goal: **↑ TBD**



Trend: October 2012 is the first month data for this measure is available; a goal for this measure has not yet been established.

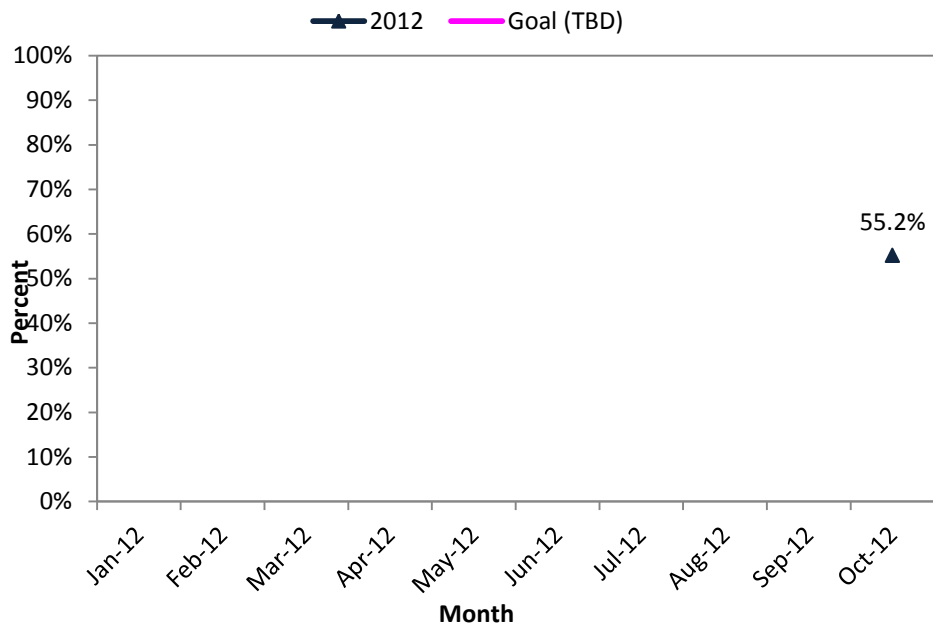
Division of Youth Corrections (DYC)

Measure: **Family engagement: client manager contact with families**

How it is measured: *Numerator:* Number of clients whose client manager contacted family by phone, video, or face-to-face one or more times during specified month
Denominator: Number committed clients (residential and parole); Average monthly denominator: 1,323

Why this matters: Client manager contact with families reduces the likelihood of recidivism and improves overall outcomes.

Goal: **↑ TBD**



Trend: October 2012 is the first month data for this measure is available; a goal for this measure has not yet been established.

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

- Effective October 1, 2012, all DVP data will be subject to a data collection protocol and revised tools developed and implemented to advance reliability and validity. Data available in January 2013 will reflect these changes
- In December, DVP hosted a webinar with programs to provide information about how DVP will report outcomes and to provide an opportunity for programs to ask data-specific questions.

Measures

- [Indication of Enhanced Safety Strategies](#)
- [Increased Knowledge of Community Resources](#)

Domestic Violence Program (DVP)

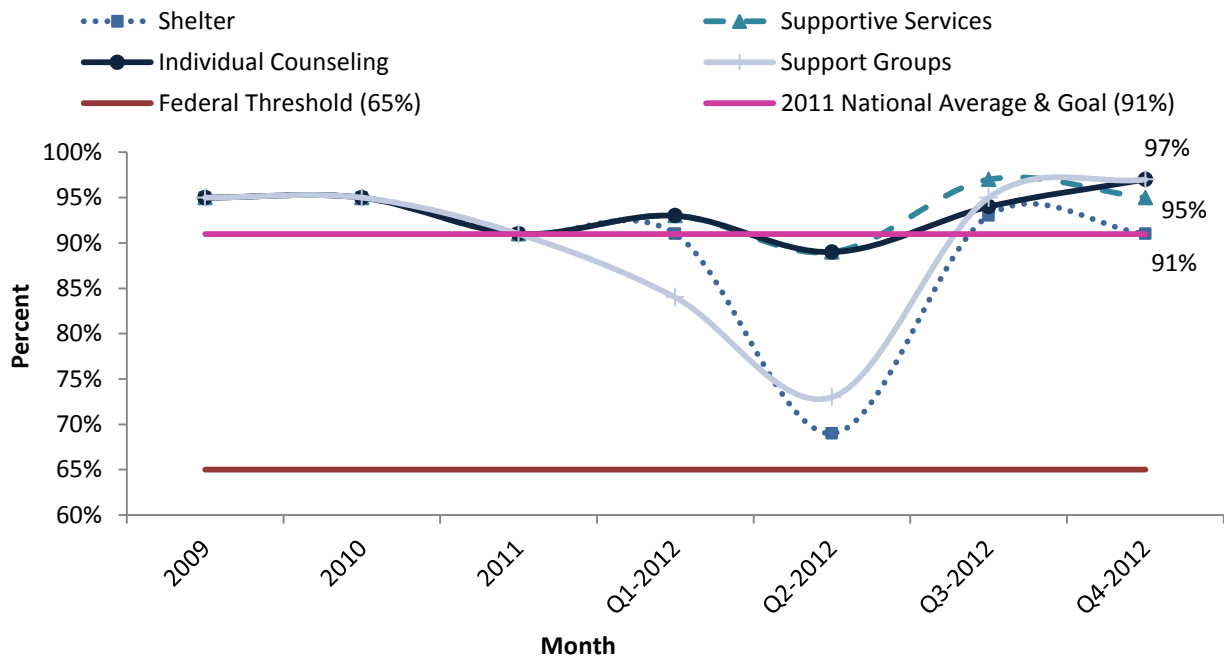
Measure: **Enhanced safety strategies**

How it is measured: *Numerator:* Affirmative responses to the safety question by service category on the client survey in the specified quarter

Denominator: The number of client surveys returned to providers in the specified quarter; quarterly denominator: total # of surveys returned in the 4th quarter: 2,536; shelter: 455; support/advocacy: 944; individual counseling: 548; group counseling : 589

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%**



Trend: Performance for all services met the goal in the most recent quarter.

Domestic Violence Program (DVP)

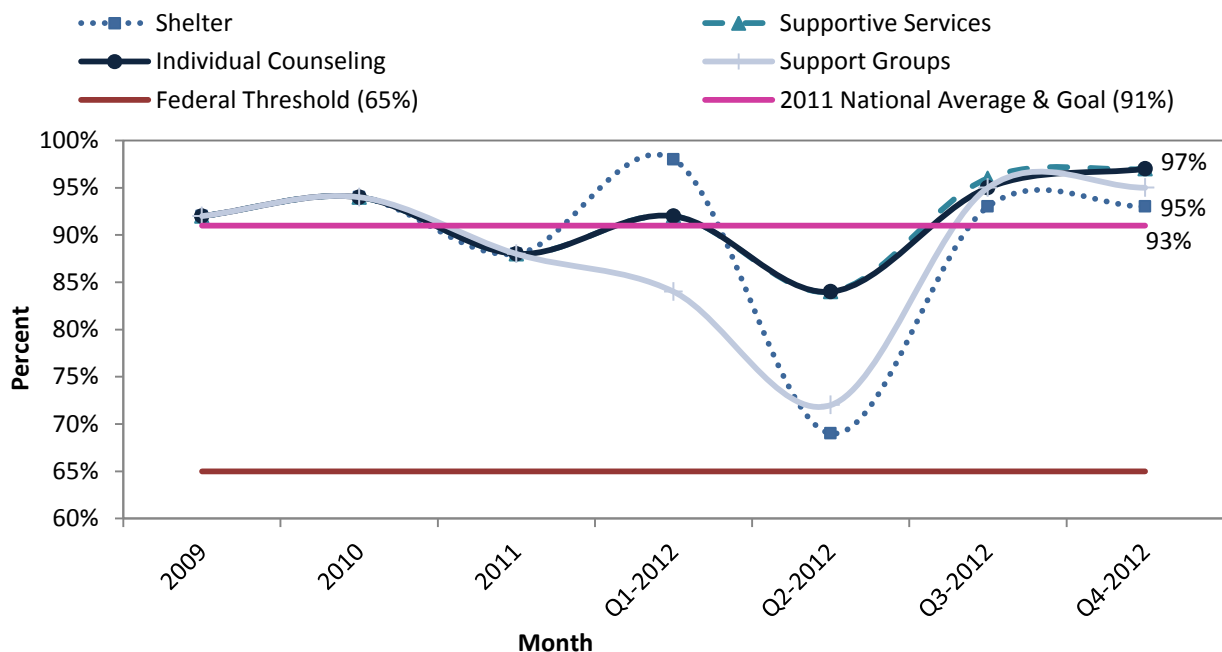
Measure: **Increased knowledge of community resources**

How it is measured: *Numerator:* Affirmative responses to the safety question by service category on the client survey in the specified quarter

Denominator: The number of client surveys returned to providers in the specified quarter; quarterly denominator: total # of surveys returned in the 4th quarter: 2,536; shelter: 455; support/advocacy: 944; individual counseling: 548; group counseling : 589

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 for all services met the goal in the most recent quarter.

Office of Early Childhood

Description

The Office of Early Childhood (OEC) was created in June 2012 to consolidate and better administer early childhood programs in Colorado. This consolidation of programs and services will support parents by strengthening collaboration and coordination between the state-level early childhood system and local delivery systems in order to enhance kindergarten readiness and reading abilities for Colorado's children.

The new office brings together seven programs that previously existed in four divisions within CDHS to create the Division of Early Care and Learning and the Division of Community and Family Supports:

- Child Care Licensing
- Child Care Quality Initiatives
- Colorado Child Care Assistance Program
- Early Childhood Councils
- Early Childhood Mental Health Consultation
- Early Intervention Colorado Program (Part C/Early Intervention)
- Promoting Safe and Stable Families

The move will maximize available resources without incurring additional expenses. Additionally, the OEC will continue to work with many partners, including parents, schools, child care, Community Center Boards (CCBs), early intervention service providers, businesses, community organizations and other stakeholders to provide high-quality early childhood programs and effective prevention strategies.

Director: Mary Anne Snyder

Division of Early Care and Learning

Summary

Description

The Division of Early Care and Learning (ECL), is the State's lead agency in planning and implementing child care policy. The Division of Early Care and Learning is responsible for the licensing and monitoring of child care facilities; managing the 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 the Division of Early Care and Learning is to promote quality, accessible and affordable childcare services for Colorado families in order to enhance kindergarten readiness and reading abilities for Colorado's children.

Acting Director: David Collins

Executive Summary

- The following measures were previously found within the Division of Child Care in the Office of Children, Youth, and Families.
- *Accurate Child Care Reimbursement:*
 - Targeted improvement strategies have resulted in a reduction in the percentage of total manual reimbursements, going from 22.7% in January 2012 to 14.1% in October of 2012. Further, the percentage of manual non-sub reimbursement payments has declined, going from 8.2% to 1.9% in the same months.
 - Further, a CHATS build scheduled for January 2013 is expected to eliminate the ability to enter invalid rate types, thus reducing the need for manual payments and improving performance.
- *Quality Rated Child Care Centers:* Currently, 20.3% of all licensed childcare centers and preschools in Colorado have a quality rating. Of those facilities that are rated, 86% have a 3-Star or 4-Star rating.
 - Performance on this measure has remained stable because quality ratings are typically valid for 2-3 years, yielding minimal variance.
- *Timely Supervisory Inspections:* One-month supervisory inspections are consistently timely, while twelve-month supervisory inspections fluctuate between 97% and 100% in the most recent quarter.
 - The number of childcare centers requiring one-month inspections is very small; therefore, a decline in performance should be interpreted with caution, as it reflects only one or two inspections.

Measures

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

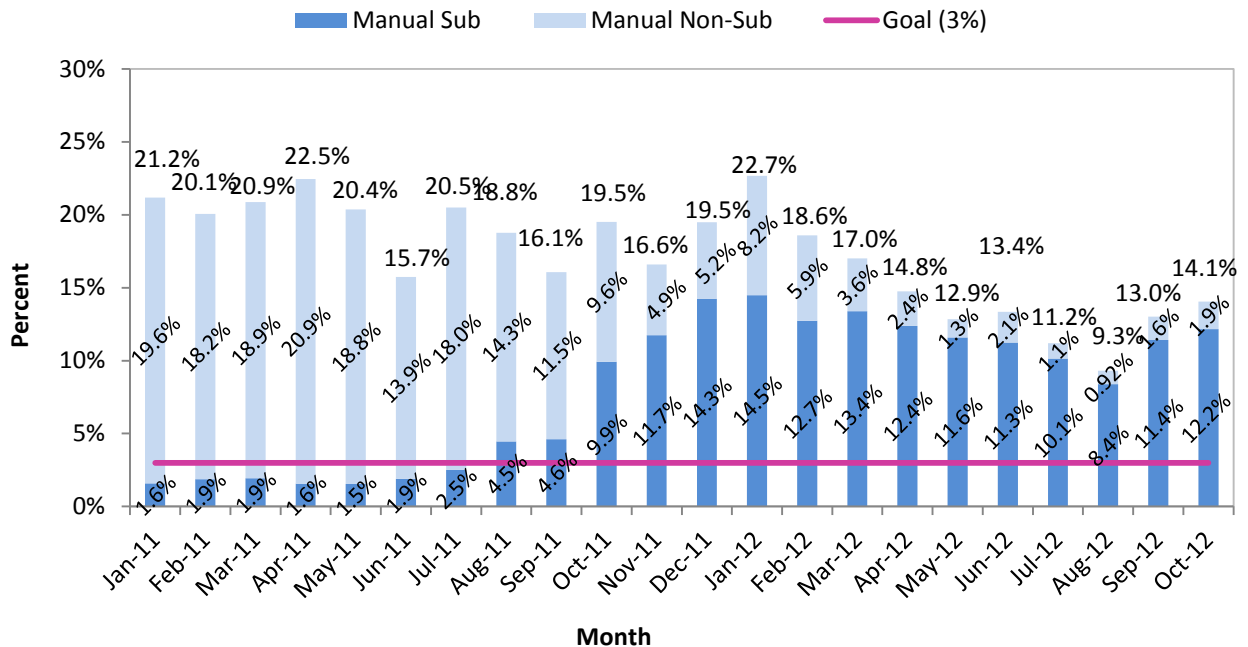
Division of Early Care and Learning (ECL)

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 providers; Average monthly denominator: \$4,895,920

Why this matters: Manual reimbursement of child care expense increases the likelihood of payment errors, the opportunity for fraud by clients/providers, the ability to misreport to federal agencies on cost/child and program utilization, and increases the potential a county receives less in allocation due to under-reporting of utilization.

Goal: **↓ 3%**



Trend: Targeted improvement strategies have resulted in a reduction in the percentage of total manual reimbursements, going from 22.7% in January 2012 to 14.1% in October of 2012. Further, the percentage of manual non-sub reimbursement payments has declined going from 8.2% to 1.9% in the same months.

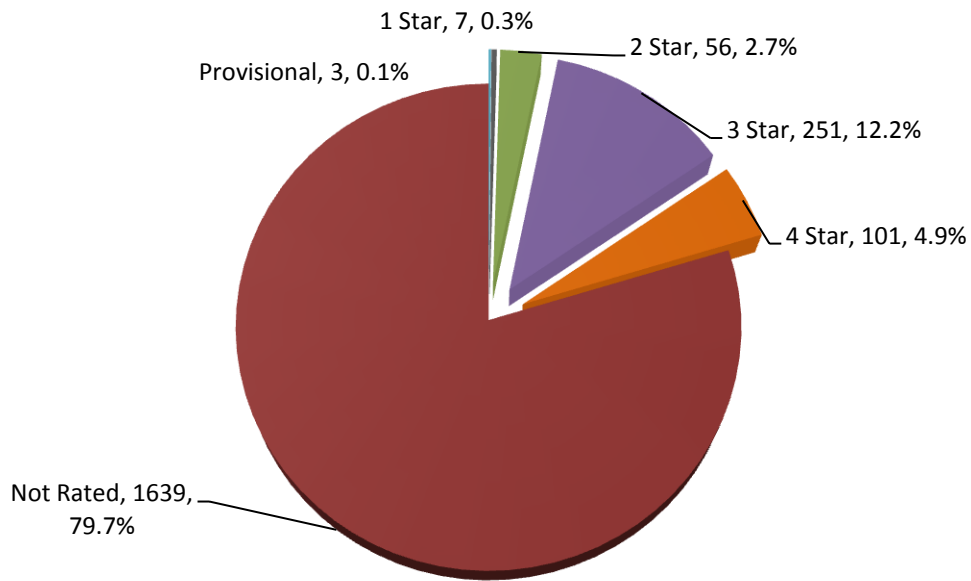
Division of Early Care and Learning (ECL)

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; Average monthly denominator: 2,057

Why this matters: Children who attend high-quality preschools are more likely to be ready for kindergarten. This is particularly true with low-income families.

Goal: **↑ N/A**



Trend: Currently, 20.3% of all licensed child care centers and preschools in Colorado have a quality rating. Of those facilities that are rated, 86% have a 3-Star or 4-Star rating.

Notes: Performance on this measure has remained stable because quality ratings are typically valid for 2-3 years, yielding minimal variance.

Division of Early Care and Learning (ECL)

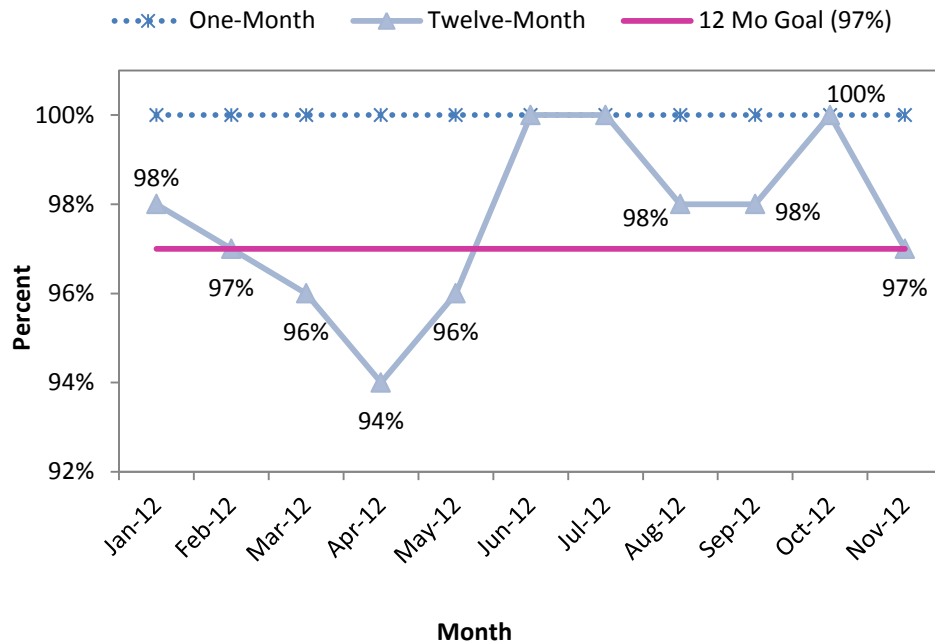
Measure: **Timely supervisory inspections**

How it is measured: *Numerator:* Total number of child care center one-month OR 12-month supervisory licensing inspections completed by the date the inspection is due in a specified month

Denominator: Total number of child care centers on a one-month OR 12-month inspection cycle whose visit was due in a specific month; Average monthly denominator(s): one-month: 6; 12-month: 41

Why this matters: Child care licensing ensures the health and safety of children in care and establishes minimum standards for child care center operation. All centers are inspected regularly. However, child care centers that have had complaints or have been found to be out of compliance with licensing are inspected more frequently.

Goal: **↑ 97%**



Trend: One-month supervisory inspections are consistently timely 100% of the time, while twelve-month supervisory inspections fluctuate between 97% and 100% in the most recent quarter.

Notes: The number of child care centers requiring one-month inspections is very small, therefore a decline in performance should be interpreted with caution, as it reflects only one or two inspections.

Division of Community and Family Support

Summary

Description

The Division of Community and Family Support (DCFS) encompasses Early Childhood Councils, Early Intervention, Promoting Safe and Stable Families, and Early Childhood Mental Health Services. These programs and services benefit families in need by strengthening collaboration and coordination between the state-level early childhood system and local delivery systems. The Division of Community and Family Support works with many partners, including parents, schools, child care providers, early intervention services and programs, businesses, community organizations, and other stakeholders to provide high quality early childhood programs and effective prevention strategies to mitigate challenges faced by families which affect school readiness and academic success.

Director: Tammi Graham

Executive Summary

- The following measures were previously found within the Developmental Disabilities Division of the Office of Long Term Care.
- Within the area of child programming, DCFS collects data on *Infants and Toddlers who Receive Timely Service* and *Increased Growth in the Acquisition and Use of Knowledge and Skills*.
 - With regard to the performance measure of *Infants and Toddlers who Receive Timely Service*, Early Intervention staff have conducted an exception analysis, for the past several months, in situations where infants and toddlers did not receive timely services. This analysis helps Early Intervention staff to determine the reason(s) services were untimely, the types of services being provided untimely, and with which Community Center Boards (CCBs) the untimely services are associated. This has helped Early Intervention staff to target technical assistance to specific CCBs and to identify untimely service types and reasons for untimely services that are common across CCBs. In this way, Early Intervention staff can collaborate with the CCBs to strategize ways in which to ensure that services begin in a timely manner.
 - In October 2012, the performance goal for *Increased Growth in the Acquisition and Use of Knowledge and Skills* was increased from 62% to 69%.

Measures

- [Timely Service-Infants and Toddlers](#)
- [Increased Growth-Infants and Toddlers](#)

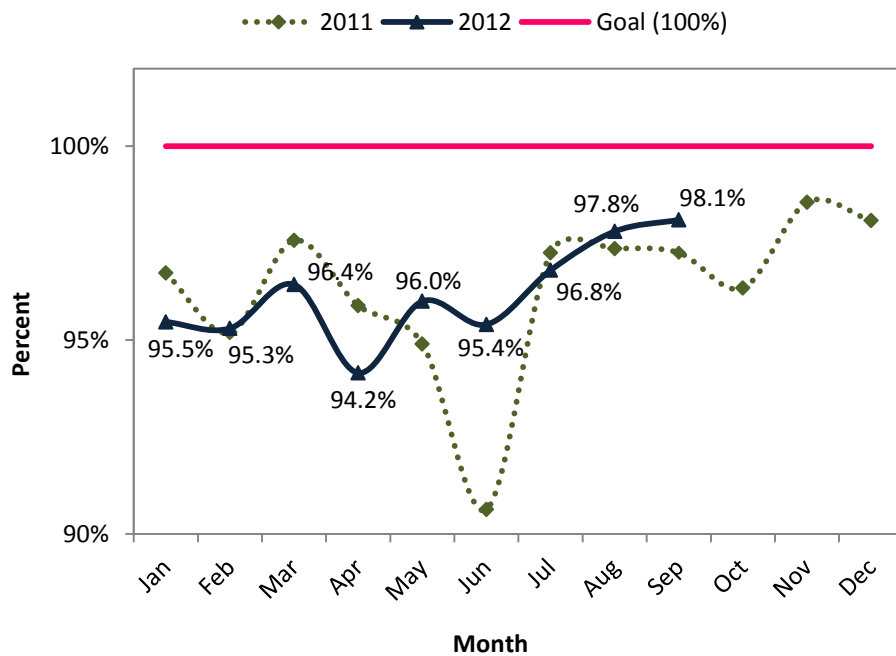
Division of Community and Family Support (DCFS)

Measure: **Percent of children receiving timely early intervention (EI) 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; Average monthly denominator: 801

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 94.2% to 98.1% in 2012. Steady increase in performance since June 2012. Currently at its highest point for the reporting period captured.

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

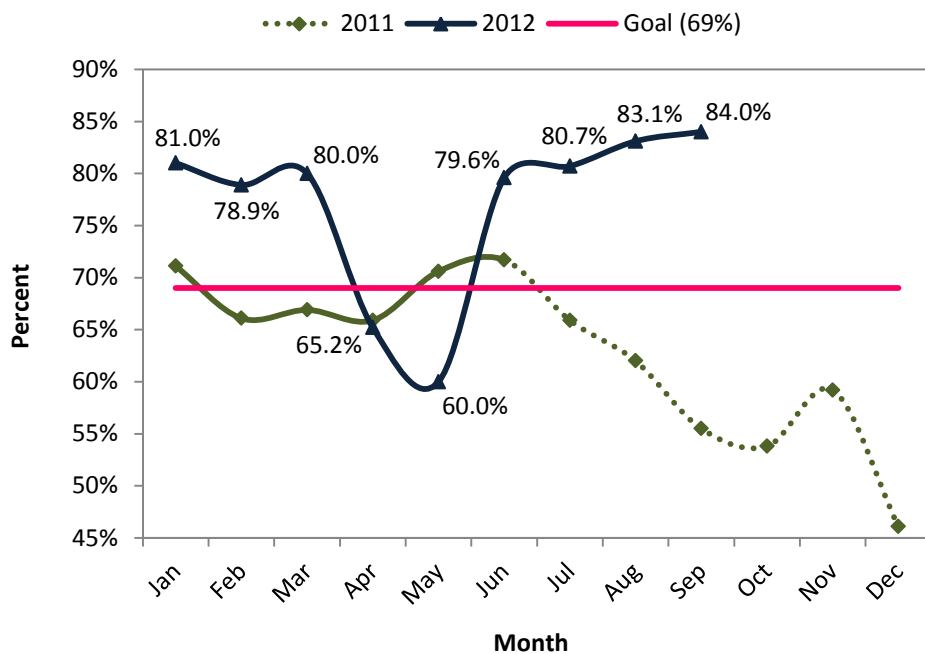
Division of Community and Family Support (DCFS)

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

How it is measured: *Numerator:* Number of participants with a substantial increase in their rate of growth at exit from early intervention (EI) services
Denominator: Number of participants who exited EI services and were not functioning at age level at entry; Average monthly denominator: 70

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

Goal: **↑69%**



Trend: Significant increase in performance on this measure from May 2012 to September 2012. Currently, performance is above the goal at 84%.

Notes: Data are not available until 60 days after services are completed. Ratings are collected at entry to (within 16 weeks of referral) and at exit from (within 90 days prior to exit) EI services. The numerator encompasses only those children who make progress enough to move closer to the functioning of same-aged peers. It does not include children who made progress, but not enough to move closer to same-aged peer development.

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 only those children assessed utilizing the same tool at entry and exit.

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 Services, Colorado Refugee Services, Colorado Works (Temporary Assistance for Needy Families), Low-Income Energy Assistance, Food Assistance (Supplemental Nutrition Assistance Program), Food Distribution and Vocational Rehabilitation.

Director: Julie Kerksick

Child Support Services

Summary

Description

The Division of Child Support Services (CSS) 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, establishing child support obligations. Child Support Services enforces the payment of those obligations through the collection of current support and/or arrears payments. Services are provided at the county level to Colorado families.

Director: Paulette St. James

Executive Summary

- The Division of Child Support Services has identified four key performance measures to be tracked through the C-Stat process; three of these measures mirror the Federal performance standards that are tied to incentive payments for states. The fourth measure, *Arrears Payments*, is a modified version of the Federal arrears measure. While the Administration of Children and Families monitors payments towards arrears on an annual basis, the C-Stat performance measure looks at distinct monthly outcomes in this area.
- Child Support has set a goal of increasing the percentage of cases with an arrears payment by 1% over the previous calendar year (to 41.3%); at the time of this report, the average for the current calendar year was 39.1%. However, current performance on the Federal arrears measure is above the goal for the year.
 - Child Support Services continuously data mined and analyzed its current support and arrears payments, and in November 2012, began to break out performance data for the large ten counties as well as the balance of state, in order to identify variances and potential causes at the local level.
- Child Support Services has begun to work more closely with counties on targeted performance improvement on the *Child Support Collected* and *Arrears Payments* measures, in addition to breaking out data at the county level for C-Stat meetings, and will be continuing this work in greater intensity in 2013.

Measures

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

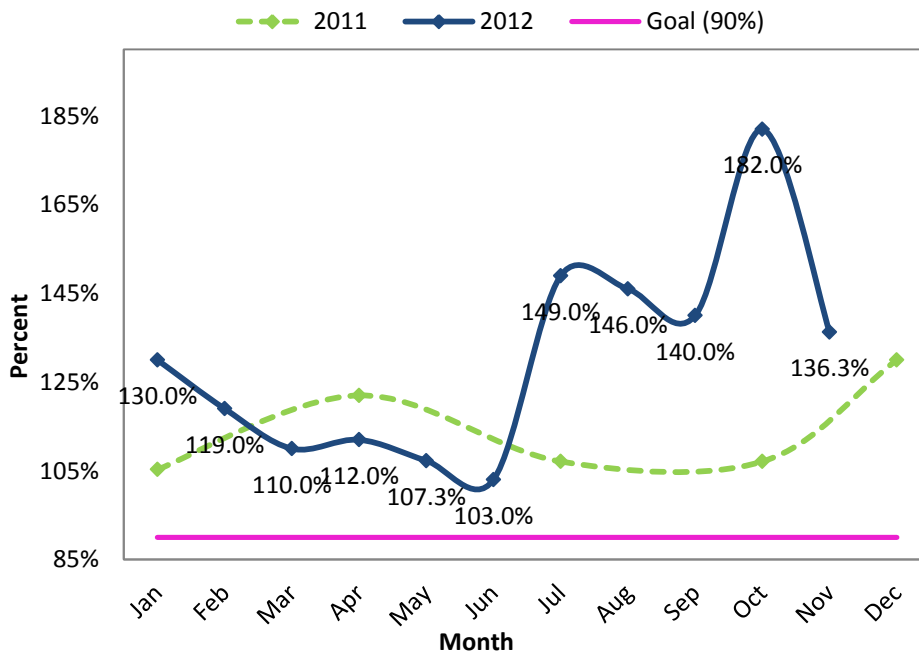
Child Support Services (CSS)

Measure: **Paternity established for 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 denominator: 883

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. Variability is generally attributed to a low average monthly denominator.

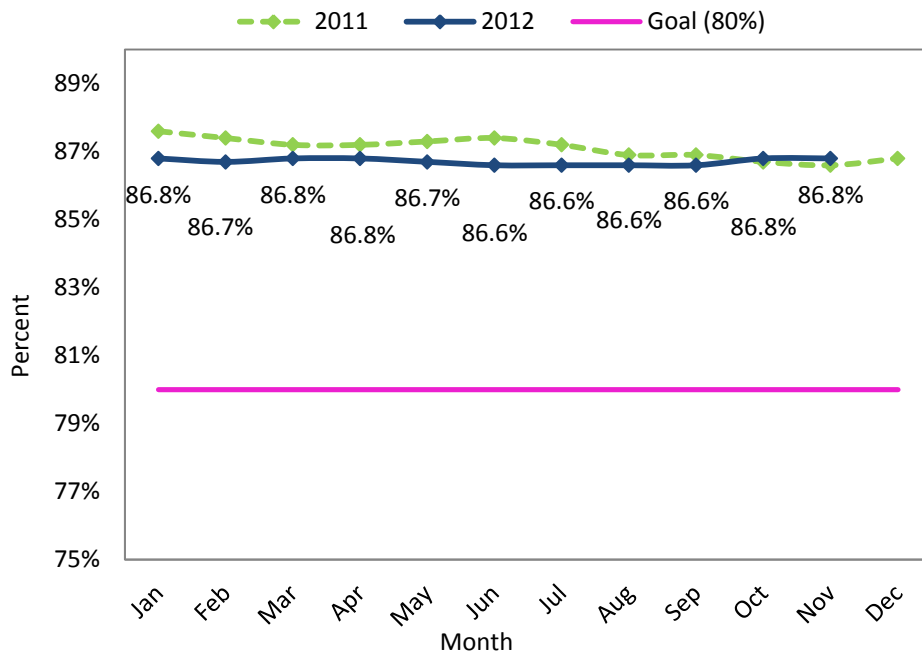
Child Support Services (CSS)

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

How it is measured: *Numerator:* Cumulative number of cases with a child support order
Denominator: Number of total cases; Cumulative denominator through November 2012: 152,502

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% (State Goal)**



Trend: Performance consistently exceeds goal.

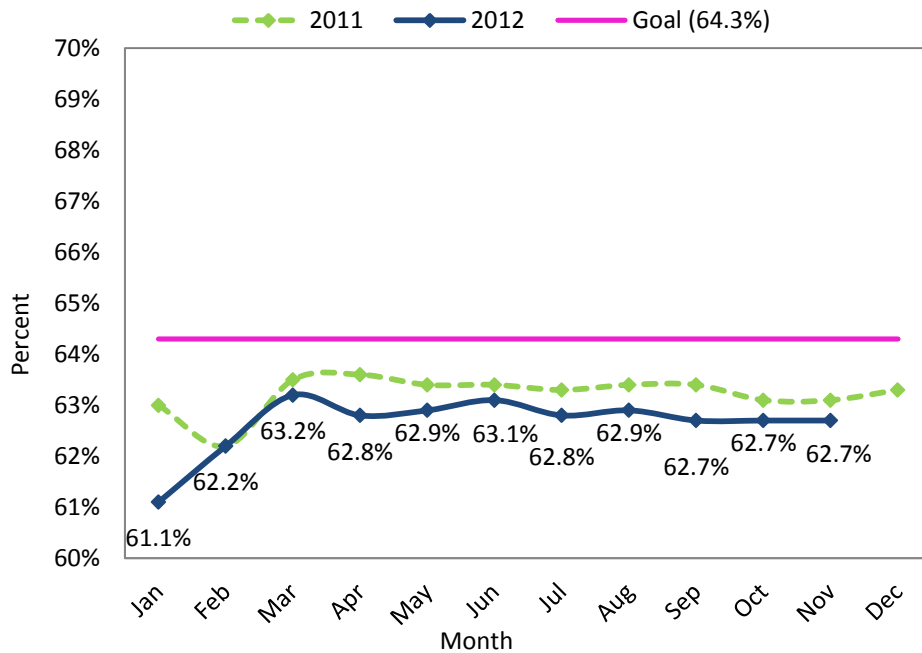
Child Support Services (CSS)

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 November 2012: \$341m

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

Goal: **↑64.3% (State Goal)**



Trend: Very little variability in this measure; consistently just below goal, as well as prior years' performance.

Child Support Services (CSS)

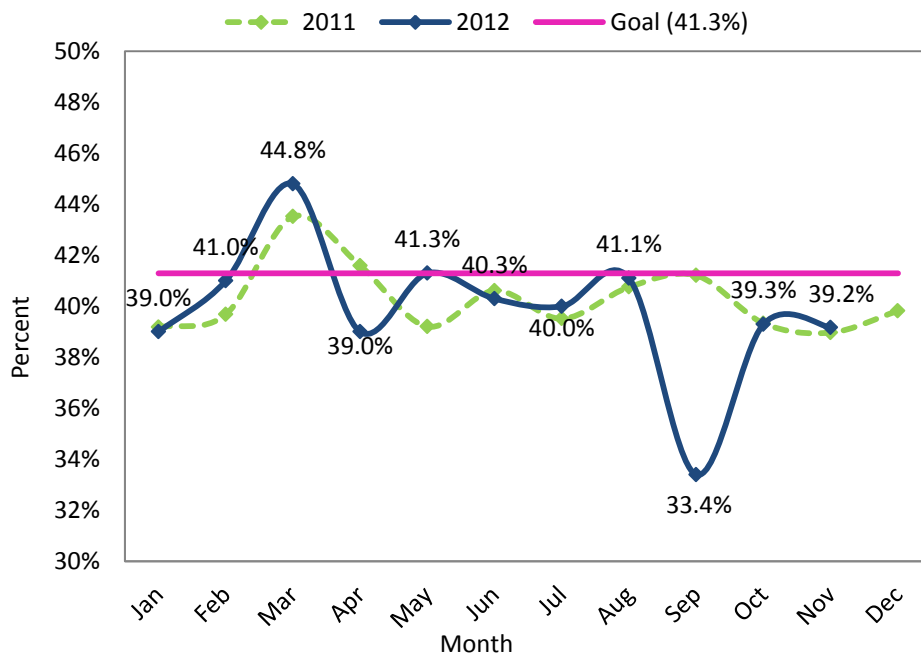
Measure: **Arrears payments**

How it is measured: *Numerator:* Cases where an arrears balance was owed, and at least some portion of that obligation was paid, in the month

Denominator: Total number of cases with arrears owed in the month;
Approximate denominator: 112,516

Why this matters: Collecting arrears payments increases the economic security of families.

Goal: **↑ 41.3%**



Trend: Performance hovers around 40%; sharp dip in September 2012.

Notes: Sharp dip in September owed in part to a new automated payment system that went into effect in August 2012 for Social Security, which is intercepted and applied to arrears. During the month of August, a 5th Friday resulted in a 2nd automated payment of Social Security and no subsequent payment in September 2012.

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

- Per Federal requirements, CRSP continues to measure those who have *Entered Employment*, as well as those who have demonstrated *Employment Retention at 90 Days*. In addition to these measures, the Division has identified *Language Progression* as a meaningful outcome measure, and provided the first data point on this measure in the September 2012 C-Stat meeting. CRSP will set a goal for this measure in January 2013.
- At the inception of C-Stat, contractors reported data manually to CRSP on contract-mandated outcomes, on a trimester basis, and CRSP aggregated these totals for annual Federal reporting. Beginning in October 2012, changes to vendor contracts enabled CRSP to begin collecting data on a monthly basis. A new web-based case management system is currently in development, and is anticipated to further ease data collection in the future.
- In November 2012, CRSP began to break out all measures at the contractor (or Volunteer Agency) level.

Measures

- [Entered Employment](#)
- [Employment Retention 90 Days](#)
- [Language Progression](#)

Colorado Refugee Services Program (CSRP)

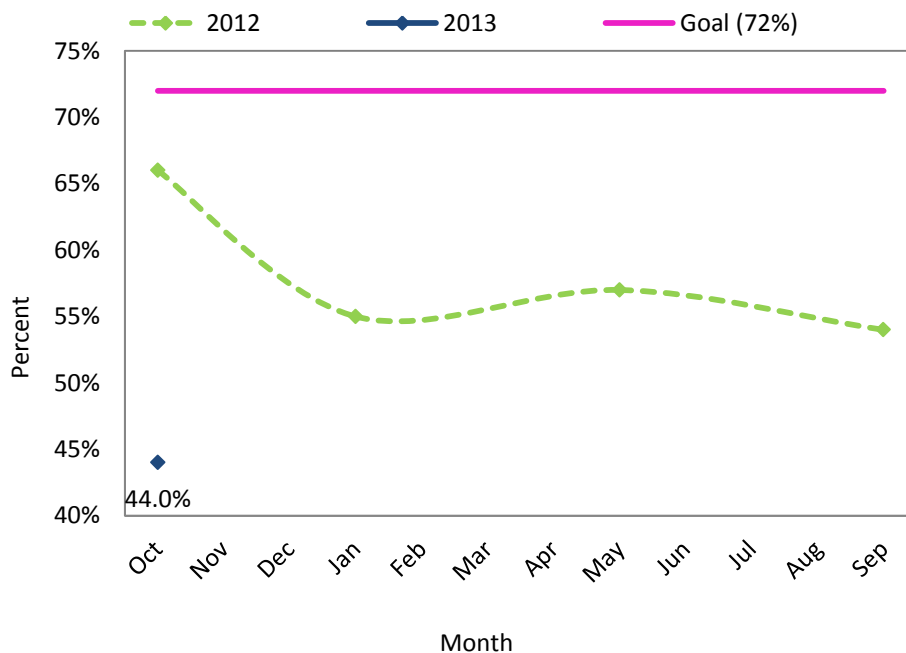
Measure: **Entered employment (Federal Measure)**

How it is measured: *Numerator:* Total number of persons newly entering employment during the month

Denominator: Number of persons receiving employability services; Approximate denominator: 102

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

Goal: **↑ 72% (State Goal)**



Trend: Data points represent distinct monthly percentages; going forward, this data will be presented cumulatively to more accurately display the relationship to the goal.

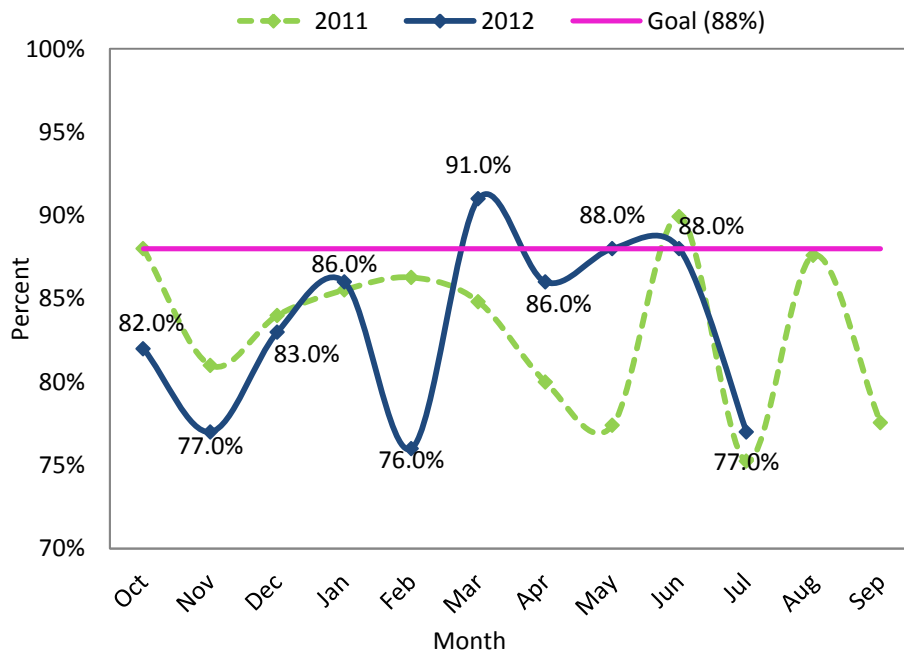
Colorado Refugee Services Program (CSRP)

Measure: **90-day employment retention (Federal Measure)**

How it is measured: *Numerator:* Number of individuals who have retained employment for 90 days after initial employment placement
Denominator: Number of individuals who have entered employment; Approximate denominator: 94

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

Goal: **↑88% (State Goal)**



Trend: Performance is hovering between 75% and 90%.

Note: Data runs in arrears; 90 days must be completed by the participant before retention is reported to the Volunteer Agency, who in turn reports to CRSP.

Colorado Refugee Services Program (CSRP)

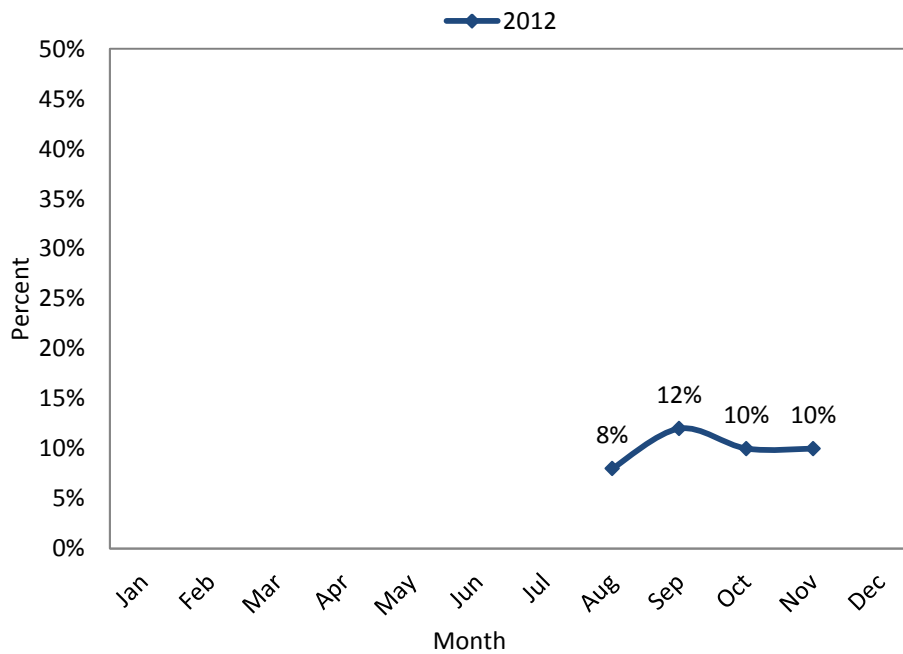
Measure: **Language progression**

How it is measured: *Numerator:* Number of students advancing one level of English proficiency in a month

Denominator: Total number of students enrolled in ESL class on the first day of the month; Approximate denominator: 230

Why this matters: Acquiring English language skills increases a refugee's likelihood of meaningful employment, and long-term economic security.

Goal: **↑To be determined**



Trend: Hovering consistently around 10%. Goal has yet to be determined.

Colorado Works Summary

Description

The Division of Colorado Works is the state's cash assistance program for families, 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 benefit payments to eligible families, for no more than 60 combined months, or through lump-sum diversion payments intended to offset deeper economic instability that might necessitate 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 at a local level, through county human service offices across the state.

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. At the time of this report, Colorado Works has had nine consecutive months of processing new applications above 95%, and continues to trend in the right direction on redetermination applications.
- Colorado Works has identified employment as a leading outcome of the program to enhance economic security and self-sufficiency. From January to June 2012, Colorado Works had been measuring the *Percent Employed* of the adults on the active caseload. However, the limitation of the data system to accurately capture completed employment spans resulted in a decision to pursue other data in establishing an employment measure, recognizing that the existing measure was prone to inaccuracy. At the time of this report, Colorado Works is in the process of making system changes that will enable the program to track several employment-related factors, including the percent of employed adults. Data resulting from system changes will not be available until Spring 2013.

Measures

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

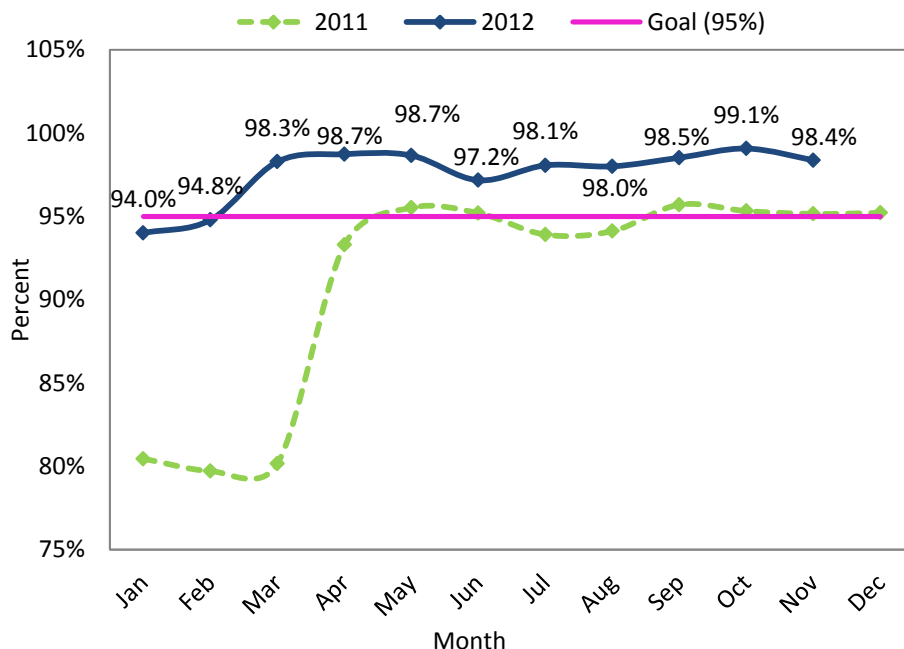
Colorado Works

Measure: **Timeliness of new applications**

How it is measured: *Numerator:* Number of new applications processed timely
Denominator: Total number of new applications; Approximate denominator: 2,721

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.

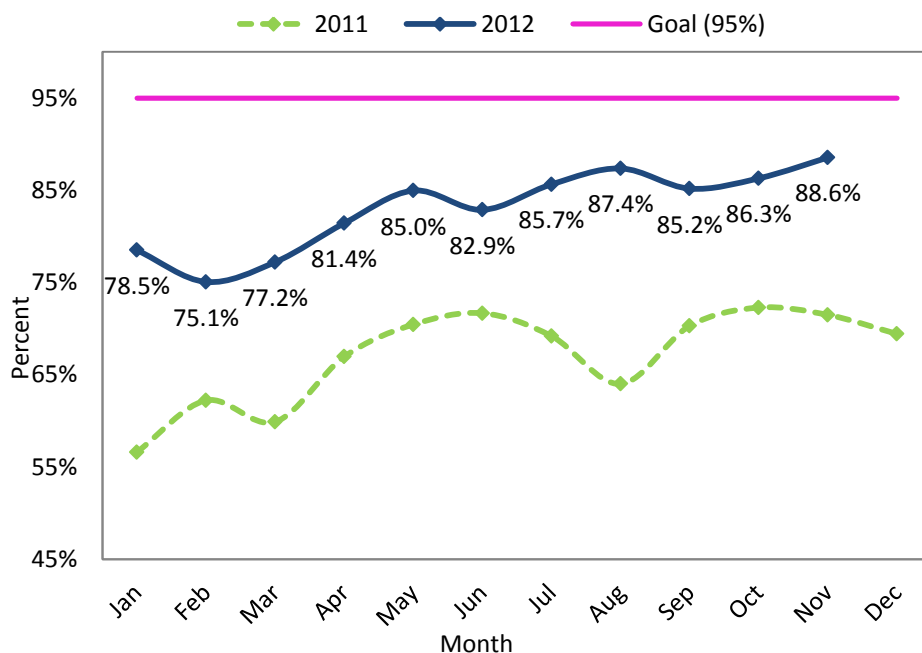
Colorado Works

Measure: **Timeliness of redetermination (RRR) applications**

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications; Approximate monthly: 895

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, with slight dips in June and September.

Low-Income Energy Assistance Program

Summary

Description

Energy Assistance (known as the Low-Income Energy Assistance Program or LEAP) exists to provide financial assistance with heating bills to eligible low-income households. LEAP is a means-tested financial assistance program, administered at the local level 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 months.

Program Manager: Aggie Berens

Executive Summary

- LEAP monitors the average number of days it takes to process applications, measuring the *Timeliness of Regular Applications* and the *Timeliness of Emergency Applications* against respective processing benchmarks on a distinct monthly basis.
- During the 2011-12 season, LEAP also measured *Eligible Households Receiving Assistance*. The LEAP program is funded through a Federal block grant, which means that a limited amount of available dollars is available each season, regardless of the number of households that participate in the program. As a result, the greater the percentage of eligible households receiving assistance, the smaller the benefit amount to those households. Because of this inverse relationship, LEAP has elected to remove the *Eligible Households Receiving Assistance C-Stat* measure for the 2012-13 season.
- LEAP is a seasonal program; no applications are accepted after April; the first data point for the 2012-13 season became available in November 2012.

Measures

- [Timely Regular Applications](#)
- [Timely Emergency Applications](#)

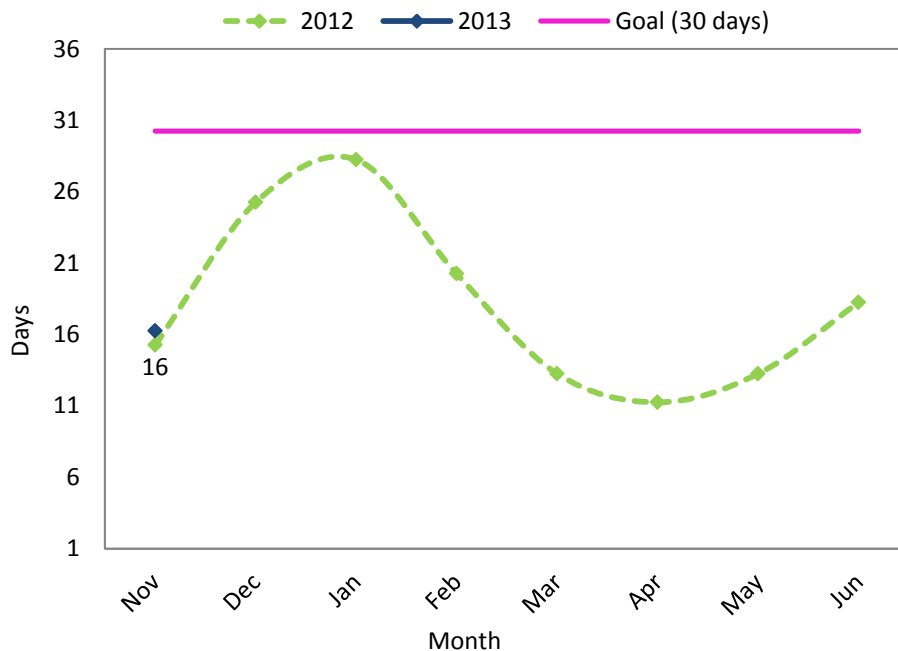
Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular applications**

How it is measured: *Numerator:* Number of days to process regular applications
Denominator: Total number of regular applications; Approximate Average 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: First data point for 2012-13 consistent with 2011-12 performance.

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

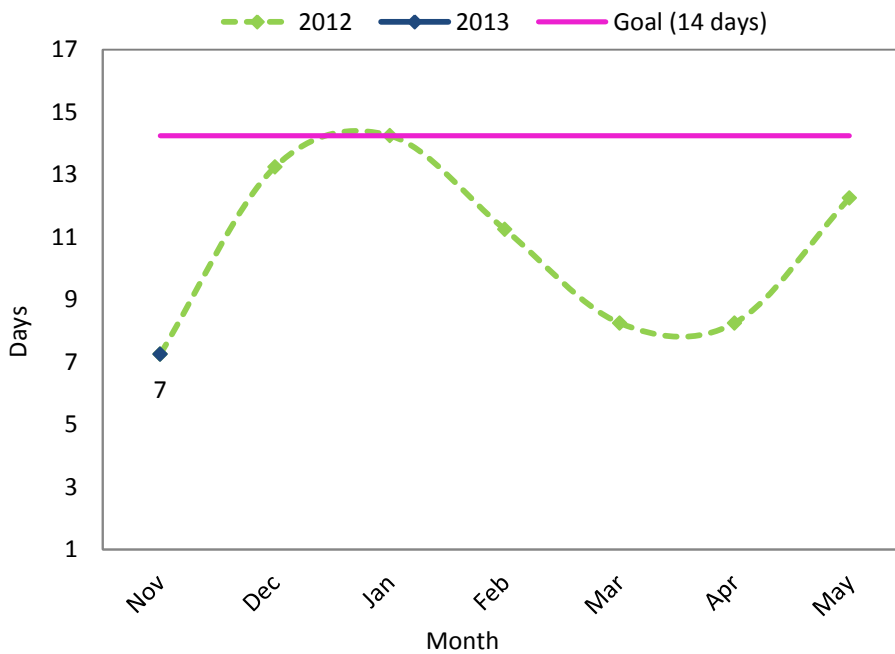
Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of emergency applications**

How it is measured: *Numerator:* Number of days to process emergency applications
Denominator: Total number of emergency applications; Approximate Average 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 heating in order to avoid a crisis resulting from loss of utilities, ultimately, increasing the likelihood of Coloradans living safely.

Goal: **↓14 Days**



Trend: First data point for 2012-13 consistent with 2011-12 performance.

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

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.

Director: Sue McGinn

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 have demonstrated significant improvement for each of these measures. At the time of this report, Food Assistance has had nine consecutive months of processing regular applications above 95%, and continues to trend in the right direction on the processing of both expedited and redetermination applications.
- Through the C-Stat process, the Division identified the backlog (defined as the number of cases already late to be processed on the first business day of the month, as a share of all applications processed during that month) as a critical component to meeting timely processing goals. Considerable effort at the county level has gone into addressing backlog; the backlog of new applications rate has stayed below the goal since July 2012.
- 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; this 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](#)

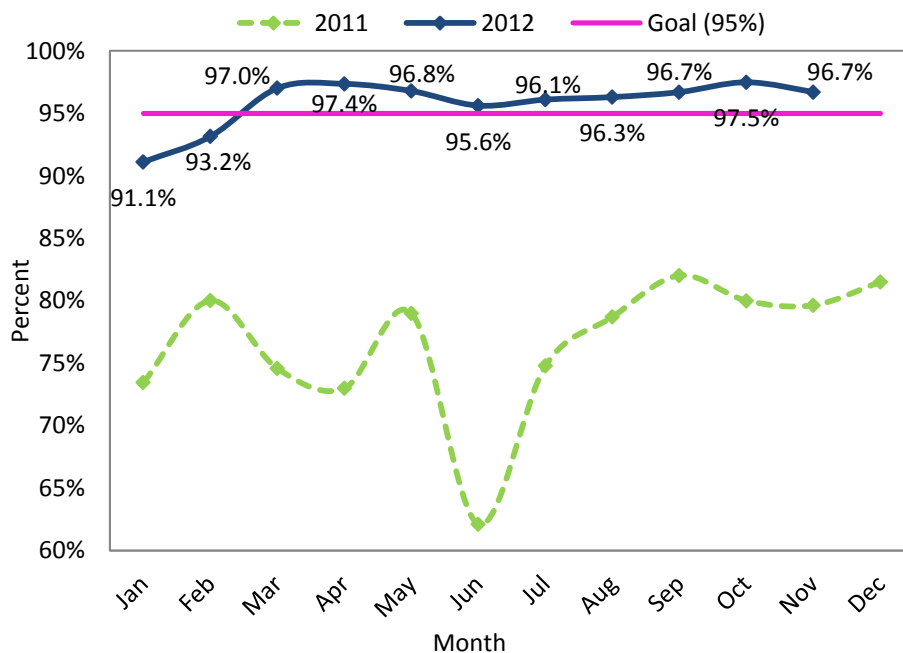
Food Assistance (FA)

Measure: **Timeliness of new applications**

How it is measured: *Numerator:* Number of new applications processed timely
Denominator: Total number of new applications; Approximate denominator: 12,000

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: Exceeded goal for past nine consecutive months.

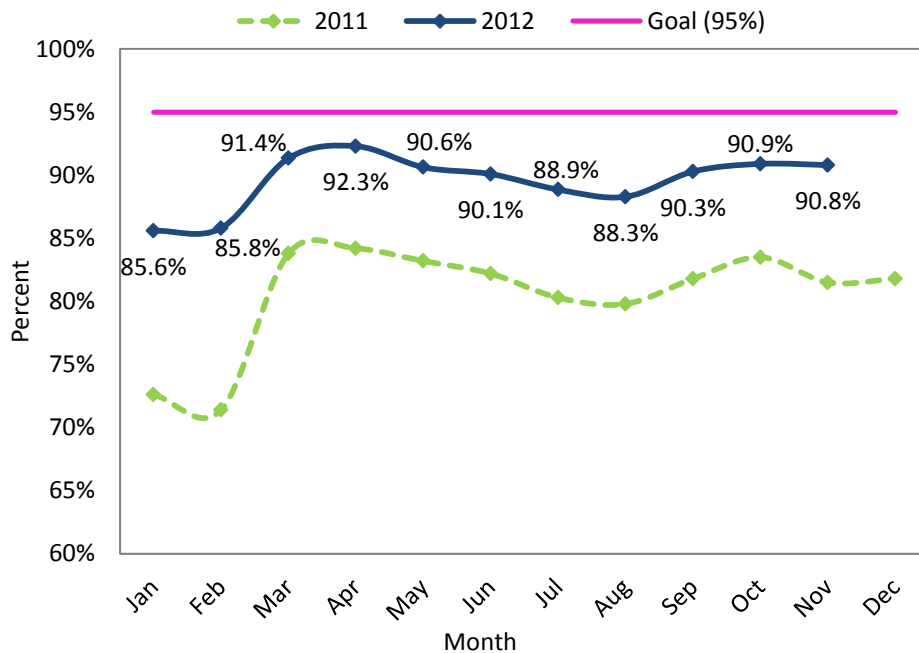
Food Assistance (FA)

Measure: **Timeliness of expedited applications**

How it is measured: *Numerator:* Number of expedited applications processed timely
Denominator: Total number of expedited applications; Approximate denominator: 9,000

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: Decline during first half of 2012, improvement since August 2012.

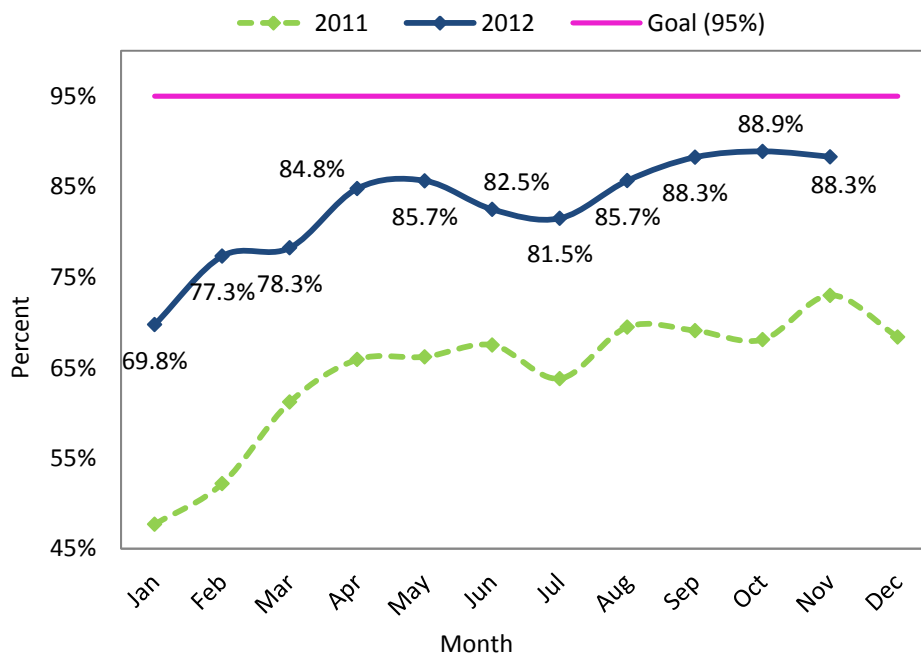
Food Assistance (FA)

Measure: **Timeliness of redetermination applications**

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Total number of redetermination applications; Approximate denominator: 20,000

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: 2012 performance is significantly better than 2011. Overall, trend is remarkably similar to 2011, and headed in the right direction overall, though with notable dips.

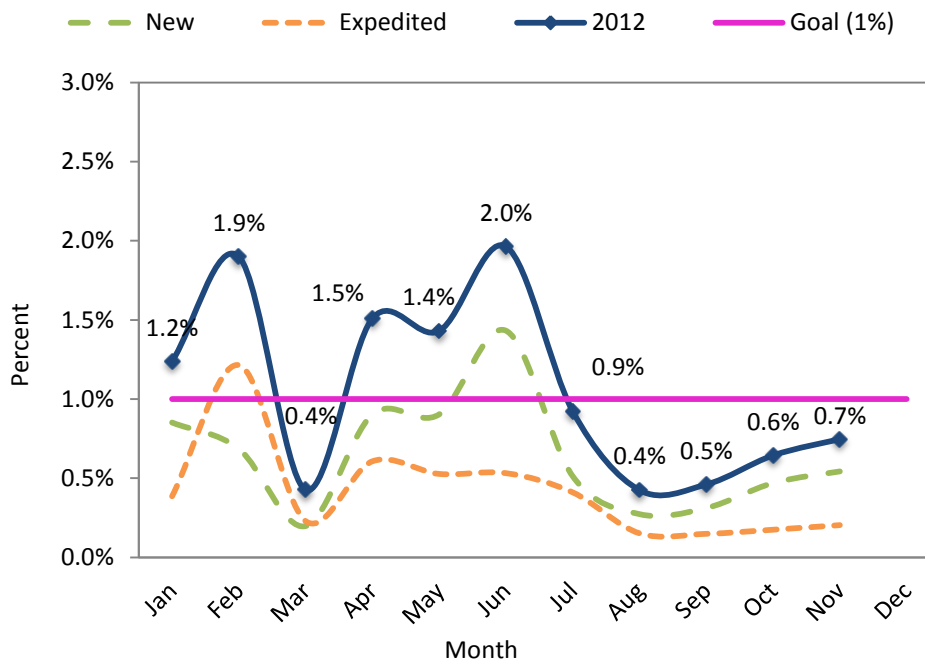
Food Assistance (FA)

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 denominator: 21,000

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: Performing at goal, or better, since July 2012. Creeping upward since that time.

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

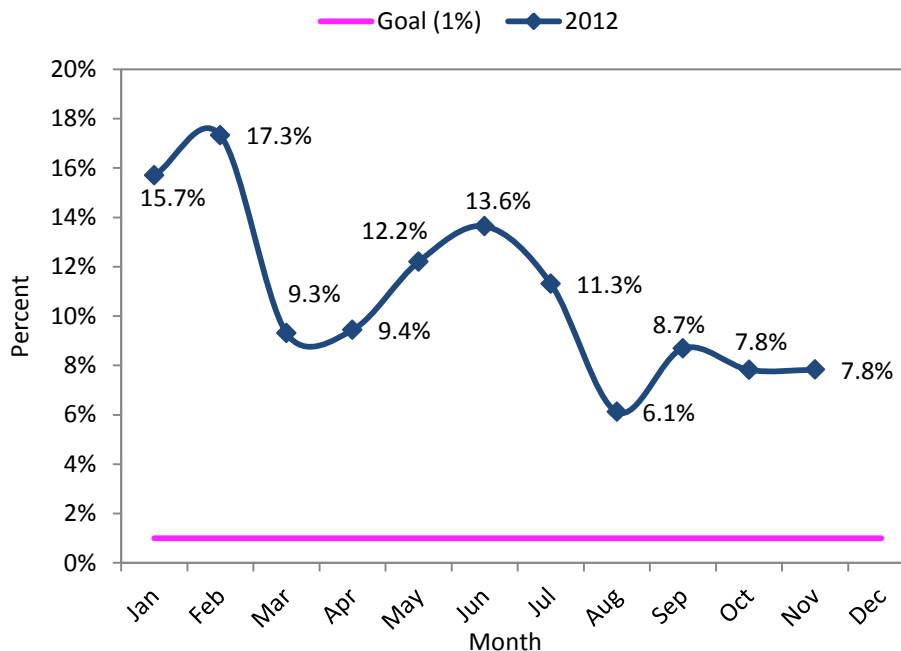
Food Assistance (FA)

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 denominator: 20,000

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 a bubble, and then a decrease in July and August 2012, before moving back up again. Has yet to reach the goal.

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

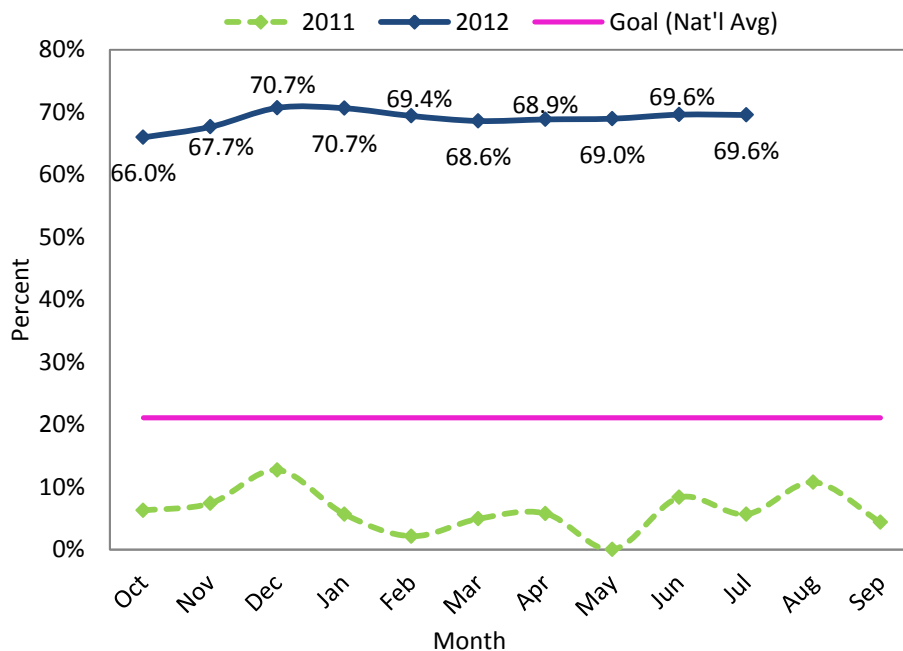
Food Assistance (FA)

Measure: **Error rate 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 denominator: 34

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

Goal: **↓ Below national average (Federal Goal)**



Trend: Well above the national average since October 2011.

Notes: A negative action is any adverse action against a participant. Data runs in arrears, as the sample must be taken from completed months, and staff has 115 days to complete necessary review elements before reporting a final decision.

The United States Department of Agriculture (USDA) changed the criteria for this measure at the start of Federal Fiscal Year 2012, drastically increasing the percentage of errors. This makes it challenging to compare against prior years' performances.

Food Assistance (FA)

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

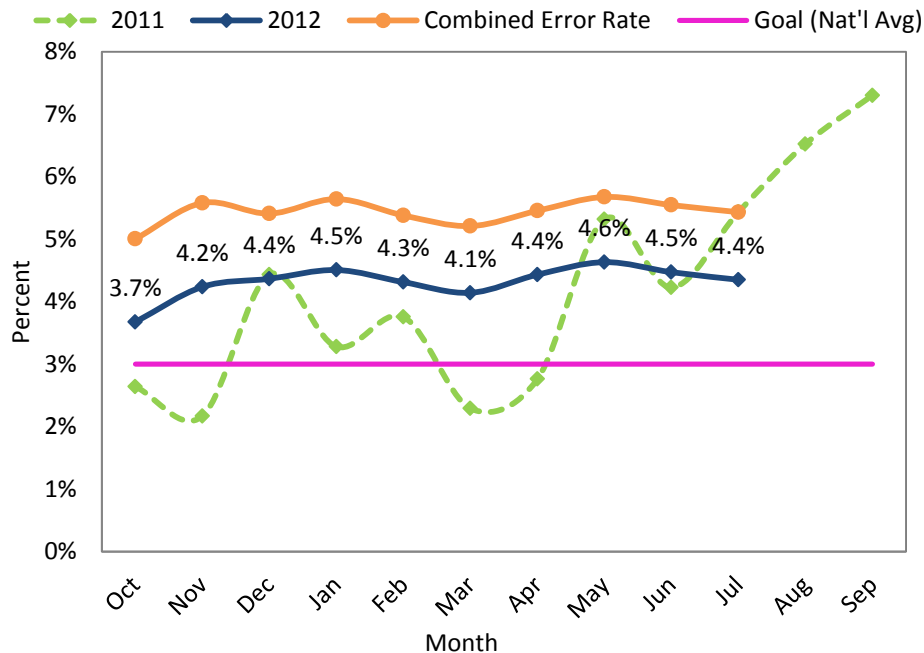
Food Assistance (FA)

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

How it is measured: *Numerator:* The dollar amount of unauthorized benefits in the sample
Denominator: Total authorized benefits in the sample; Approximate 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: Consistently above the goal during FFY12.

Notes: Final data lag 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.

For federal purposes, payment errors over \$50 are the only ones counted in the calculation (see dark blue line). SNAP QA also tracks errors at any dollar threshold, called the “Combined Error Rate” (see orange line).

Food Distribution Program

Summary

Description

The Food Distribution Program exists to strengthen the nutritional 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 Program (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.

Acting Director: Todd Jorgenson

Executive Summary

- FDP identified three measures including *Caseload Capacity*, *Entitlement Spending*, and the *National School Lunch Program Food Expiration*. The Program operates on a Federal Fiscal Year in the *Caseload Capacity* performance measure, and was able to successfully balance the caseload, on average, in FFY12.
- In October 2011, a USDA audit found expired NSLP food stock in one of FDP's warehouses. As part of a negotiated agreement with the USDA, FDP has incorporated the tracking of expired NSLP foodstuffs as a C-Stat measure.
- In September 2012, the Division Director of FDP retired, and a reorganization of the Division began. It is anticipated that this reorganization will allow for the opportunity to evaluate the most appropriate performance measures and goals for FDP in the coming year.

Measures

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



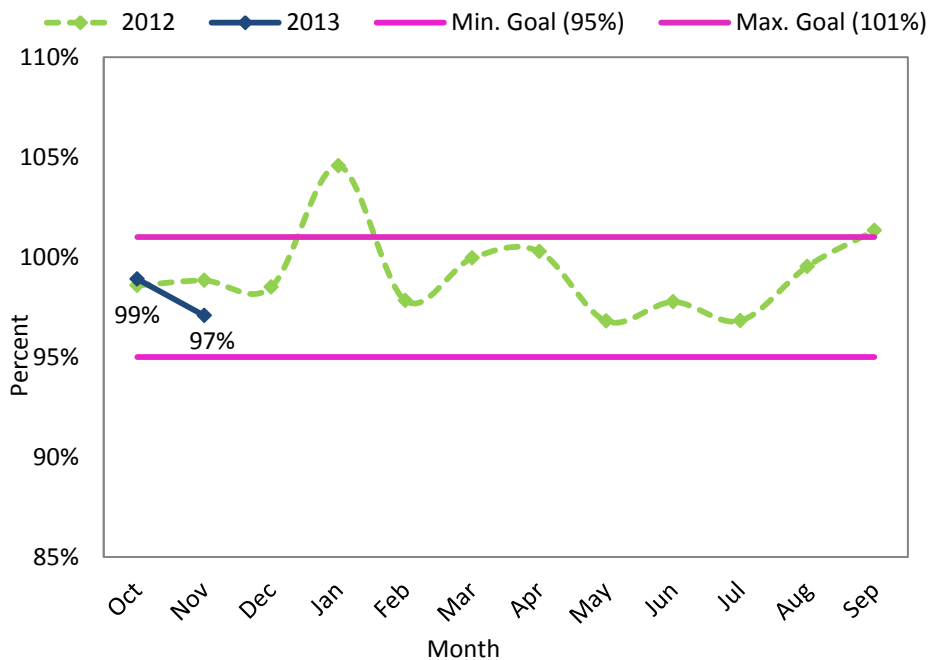
Food Distribution Program (FDP)

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 Federal Fiscal Year (FFY) 2012 goal; Average monthly denominator: 18,403

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

Goal: **↔** Maintain between 95% (17,310) and 101% (18,177)



Trend: Held above 95% throughout the current FFY.

Food Distribution Program (FDP)

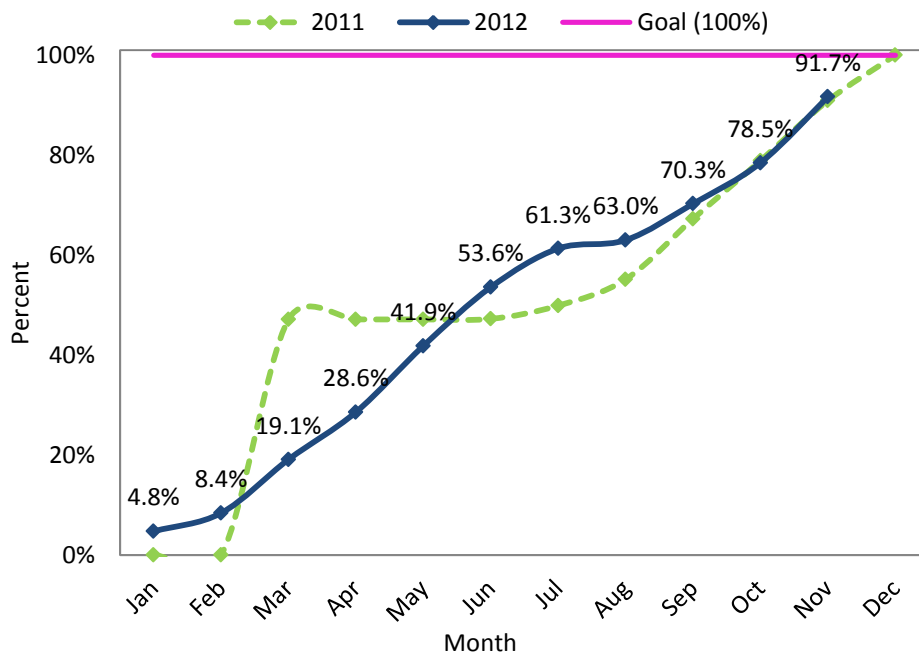
Measure: **Maximize entitlement spending**

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 their likelihood of going hungry.

Goal: **↑100%**



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

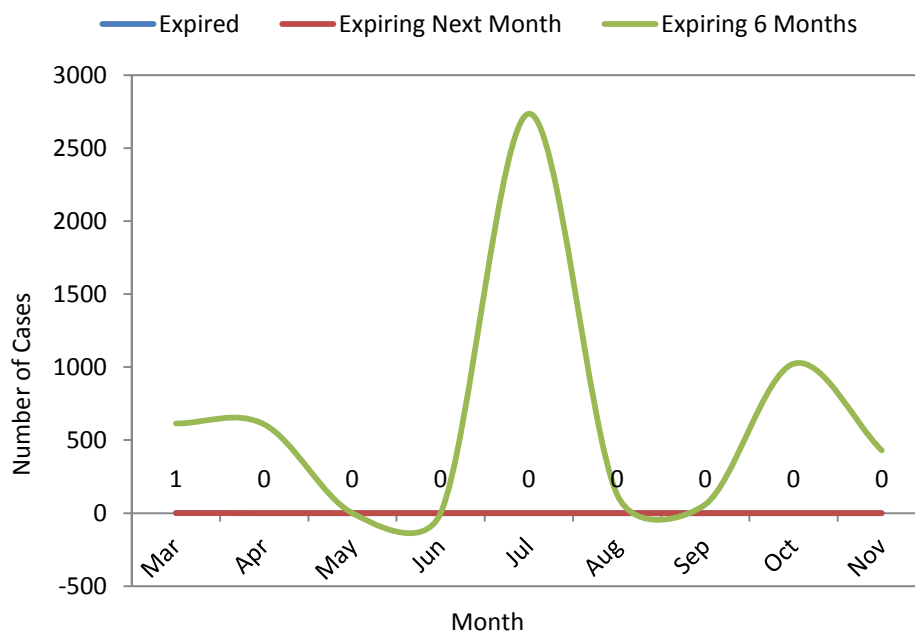
Food Distribution Program (FDP)

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: Coloradan school children 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

- At the inception of C-Stat in January 2012, the Division initially proposed overlaying Federal performance standards and indicators as C-Stat measures. As DVR is funded on a federal fiscal year, the Division completed the first performance cycle with C-Stat in September 2012, with the following outcomes:
 - Successful Employment Outcomes: Exceeded goal.
 - Consumer Attrition Rate: Exceeded goal.
 - Timeliness of Eligibility Determination: Exceeded goal.
 - Competitive Employment Outcomes: Did not meet goal.
- DVR has worked over the past year to refine C-Stat measures to the most pertinent and clearly understood outcomes, going through multiple iterations of measures during the early months of the C-Stat process. In the Fall of 2012, DVR conducted in-depth data analysis and case file reviews to increase focus on existing measures, as well as definitively conclude what the best measures going forward into FFY13 would be.
- In October, the Division proposed the following measures, which were adopted for the current Federal Fiscal Year:
 - *Case Closure by Type*: This measure is a modification and merger of the prior *Successful Employment Outcomes* and *Consumer Attrition* measures; looking at all case closures on a month-to-month basis, DVR has set the goal of increasing the successful employment closures (meaning a participant left the program to a good job) to 50% or more of total closures. In FFY12, DVR had a stand-alone measure for one unsuccessful closure type (participants who had been found eligible but had not yet begun to work on an employment plan), known as *Consumer Attrition*. In FFY13, this has been rolled into the overall goal of increasing the share of successful closures.
 - *Timeliness of Eligibility Determination*: Though this measure existed in FFY12, limitations on data made monthly tracking a challenge. For FFY13, DVR will be looking at the percentage of all participants on the first business day of the month who have been waiting in application status for longer than the federally prescribed 60 days. Because DVR is working solely out of a production database, looking at participants over multiple statuses in a timeframe

Division of Vocational Rehabilitation

Summary

(i.e. application, eligible or service) is problematic. While using this current methodology provides a snapshot as opposed to comprehensive data on eligibility timelines, ultimately it is moving in the right direction. The goal is to ensure 10% or less of all individuals in application status on the first business day of the month have been waiting more than 60 days. The Division is continuing to work on ways to capture more comprehensive data on this measure.

- *Competitive Employment Outcomes*: This measure persists from FFY12, though the goal has been refined to reflect the federal performance methodology. Colorado must ensure that, for the federal fiscal year, participants who leave to successful employment are earning at least 52% of the state's average hourly wage. As wages in Colorado tend to be higher than the national average, this has been a difficult goal for DVR to meet, though they continue to improve year over year.

Measures

- [Case Closure by Type](#)
- [Timeliness of Eligibility Determination](#)
- [Competitive Employment Outcomes](#)

Division of Vocational Rehabilitation (DVR)

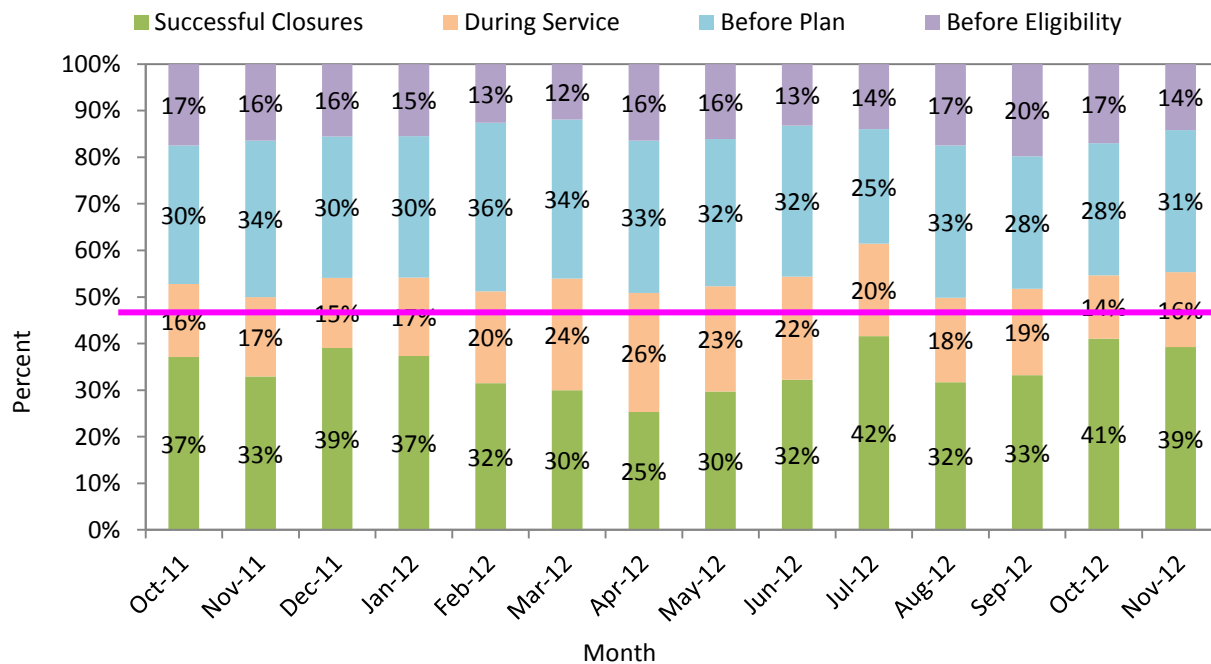
Measure: **Case closure by type**

How it is measured: *Numerator:* Number of cases by closures status type (successful employment; during service but without successful employment; before beginning employment plan; before eligibility was determined). Focus is on increasing the percentage of successful closures.

Denominator: Total number of case closures during the month; Approximate denominator: 661

Why this matters: Attainment of successful employment increases a person’s likelihood of long-term economic security.

Goal: **↑Successful closures at 50%**



Trend: Focus is on successful closures (green bar); hovers between 25% and 42% of all closures.

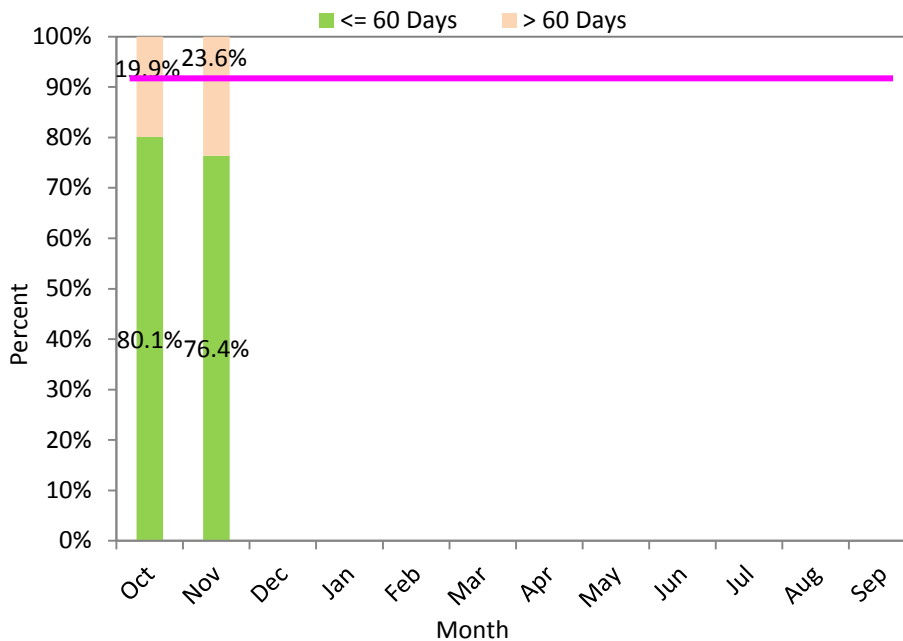
Division of Vocational Rehabilitation (DVR)

Measure: **Timeliness of eligibility determination**

How it is measured: *Numerator:* Number of individuals in application status less than or more than 60 days (60 days is federally defined processing time for applications without formal extension)
Denominator: Total number of individuals in application status as of the first of the month; Approximate denominator: 576

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: **↑90%**



Trend: Performance hovering around 80%.

Notes: DVR is able to legitimately extend the 60 day application determination timeline through use of a formal extension letter. Currently, the Division is unable to determine how frequently cases that are falling beyond 60 days to process are doing so legitimately, but is working on collecting that data.

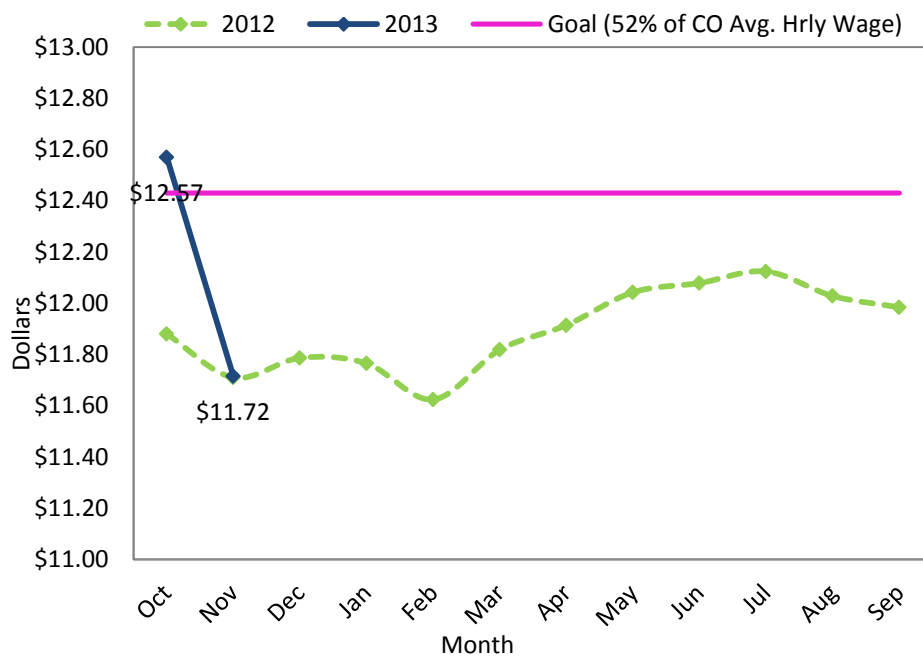
Division of Vocational Rehabilitation (DVR)

Measure: **Competitive employment wages**

How it is measured: Cumulative average hourly wage for competitively employed participants through the current month

Why this matters: Employing individuals at a competitive wage enhances their likelihood of economic security and wage progression over time.

Goal: **↑52% of CO Average Hourly Wage (updated quarterly)**



Trend: Sharp decline from October to November 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*. This program is delivered, locally, at the county level.
- Within the program area of financial assistance, AAS collects data on *Timely Applications* and *Timely Redeterminations*. This program is delivered, locally, at the county level.
- For all measures, AAS has done the following:
 - Examined performance by the Ten Large counties to determine which counties are in need of individualized, technical assistance and/or training, and which counties are peak performers.
 - Reorganized staffing resources in order to take a more targeted approach to providing onsite support to counties. The Quality Assurance/Quality Control schedule of work is often determined by the needs of counties struggling with performance on these measures.
 - In November, AAS began distributing monthly, high-level reports to county directors/administrators reflecting county performance on the AAS C-Stat measures. This allows counties in need of improvement to identify their high performing counterparts and to seek out information that might assist them to improve their own practices related to these measures.

Measures

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

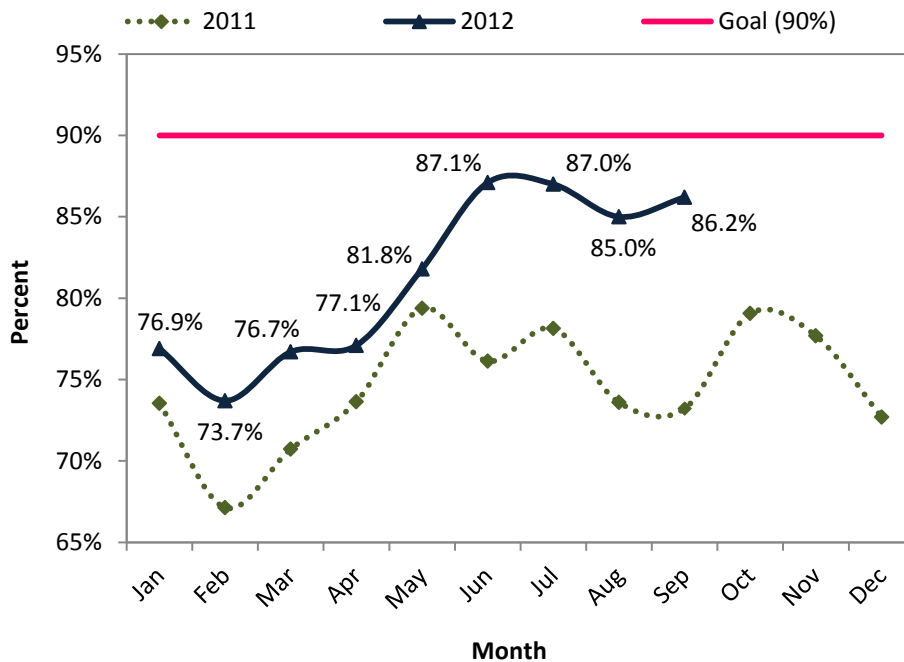
Aging and Adult Services (AAS)

Measure: **Timely adult protection inquiries**

How it is measured: *Numerator:* Number of timely responses
Denominator: Number of responses; Average monthly denominator: 592

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

Goal: **↑90%**



Trend: Timeliness gradually increased between February 2012 and June 2012. Performance has been around 85% since that time.

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

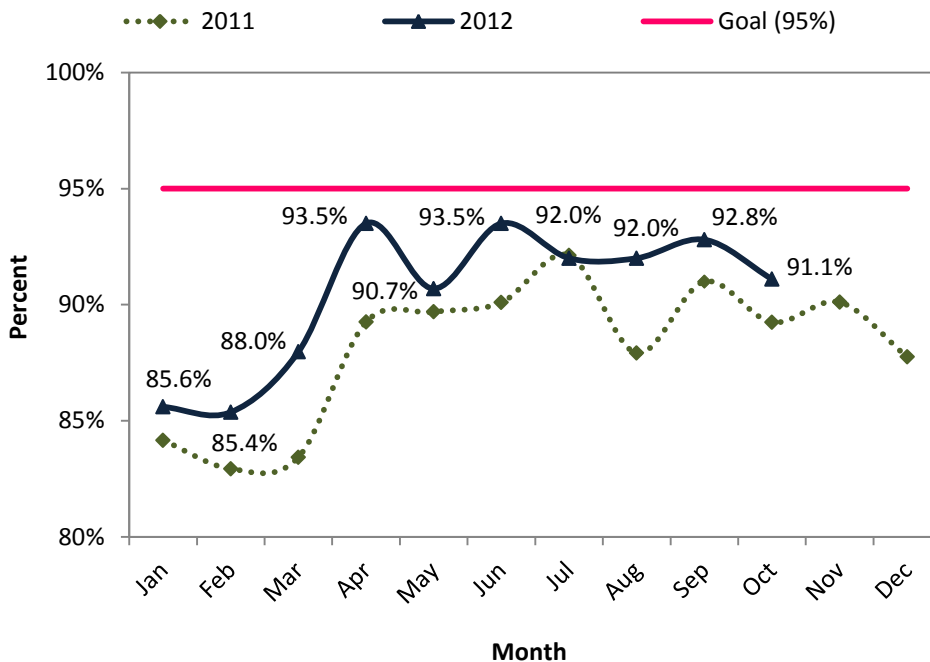
Aging and Adult Services (AAS)

Measure: **Timely new benefit applications**

How it is measured: *Numerator:* Number of timely processed new benefit applications
Denominator: Number of processed new benefit applications; Average monthly denominator: 2,705

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

Goal: **↑95%**



Trend: Starting in February 2012, performance gradually increased from 85% to 93.5%. Since May 2012, performance has varied from 91% to 93.5%.

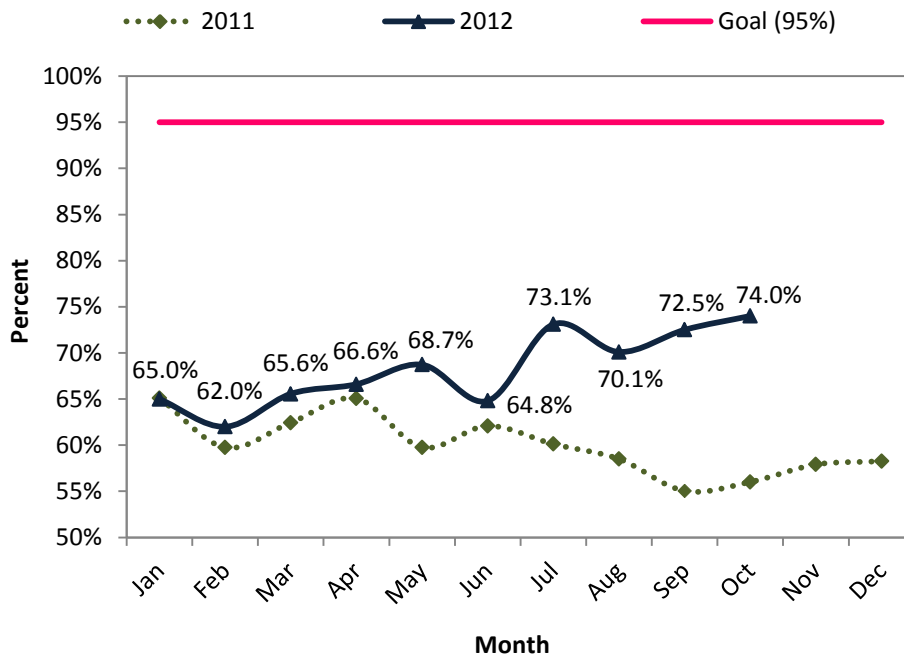
Aging and Adult Services (AAS)

Measure: **Timely redetermination applications**

How it is measured: *Numerator:* Number of timely processed redetermination applications
Denominator: Number of processed redetermination applications; Average monthly denominator: 1,585

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

Goal: **↑95%**



Trend: Performance on this measure has shown steady improvement over the past 3 months. The most recent month's performance is at its highest point, for the reporting period captured, at 74.0%.

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). Two 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 and 2) Family Support Services, which assists with costs beyond those typically experienced by other families. Two programs assist adults: 1) Home and Community Based Services-Developmental Disabilities, which is 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 supplements 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 one measure in the area of adult programming to be examined on a monthly basis. Community Centered Boards (CCBs), nonprofit organizations, are contracted with by DDD to manage resources at the local level, determine eligibility for community-based services and provide case management services. CCBs are designated by the State and may either provide services directly or purchase services.
- DDD collects data on *Participants Receiving Supported Employment*.
 - DDD has been working collaboratively with the Division of Vocational Rehabilitation (DVR), within the Office of Economic Security (OES), to improve performance on this measure. DDD and DVR conducted four regional joint Employment Roundtable training sessions, in October 2012, for case managers, providers and DVR counselors to promote best practices.
- Early Intervention services and the two related measures recently moved to the Office of Early Childhood.

Measures

- [Participants Receiving Supported Employment](#)

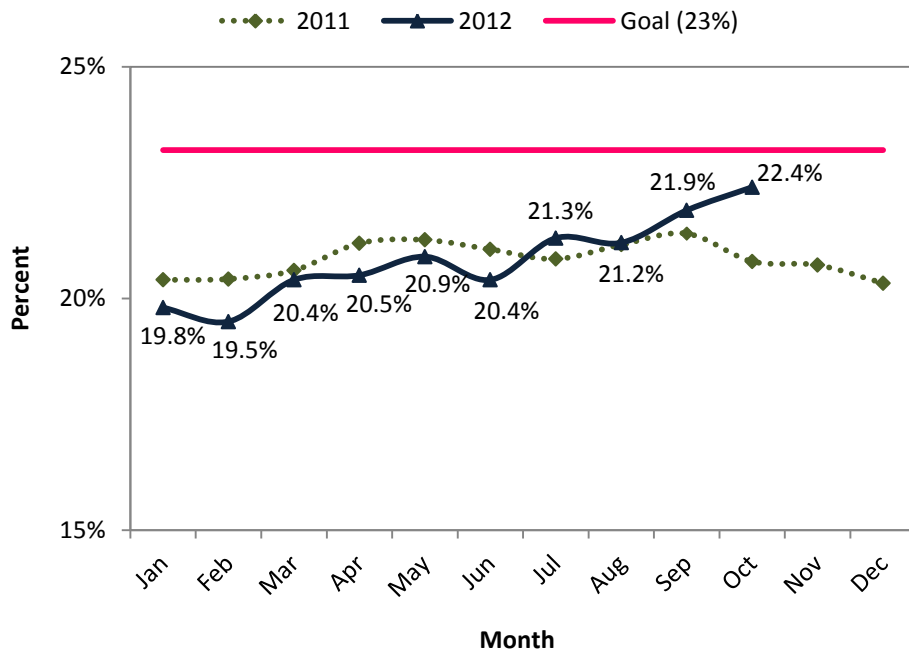
Developmental Disabilities Division (DDD)

Measure: **Participants receiving supported employment**

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, based on billing claims data; Average monthly denominator: 6,122

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

Goal: **↑23%**



Trend: Performance on this measure has shown steady improvement for the past 3 months. The most recent month’s performance is at its highest point, for the reporting period captured, just under the goal at 22.4%.

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.
- DDS collects data on *Mean Number of Days to Process Initial Eligibility Decisions* and *Percentage of Accurate Initial Eligibility Decisions*.
 - DDS has been involved in the implementation of several process improvement projects in an effort to reduce the *Mean Number of Days to Process Initial Eligibility Decisions* coordinated through their Disability Adjudication with Speed and Humanity (DASH) initiative. Areas identified for process improvement include 1) processing time, 2) productivity and 3) staff retention.

Measures

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

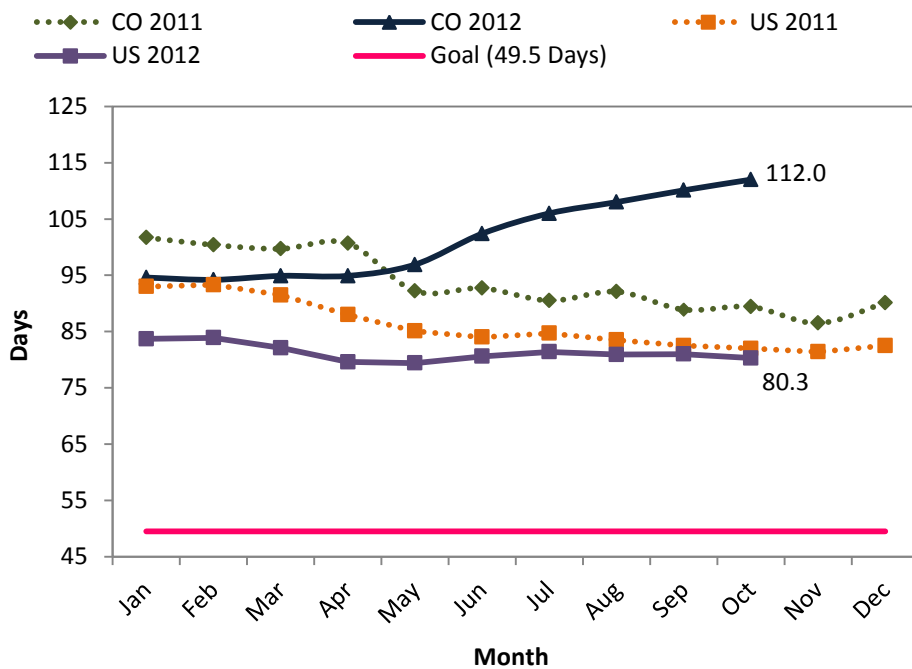
Disability Determination Services (DDS)

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; Average 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 on this measure has declined steadily since April 2012, with the mean number of days to process an initial eligibility decision increasing from 95 days to 112 days, in the most recent month.

Notes: This measure utilizes data from the Social Security Disability Insurance (SSDI) program only. 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.

Disability Determination Services (DDS)

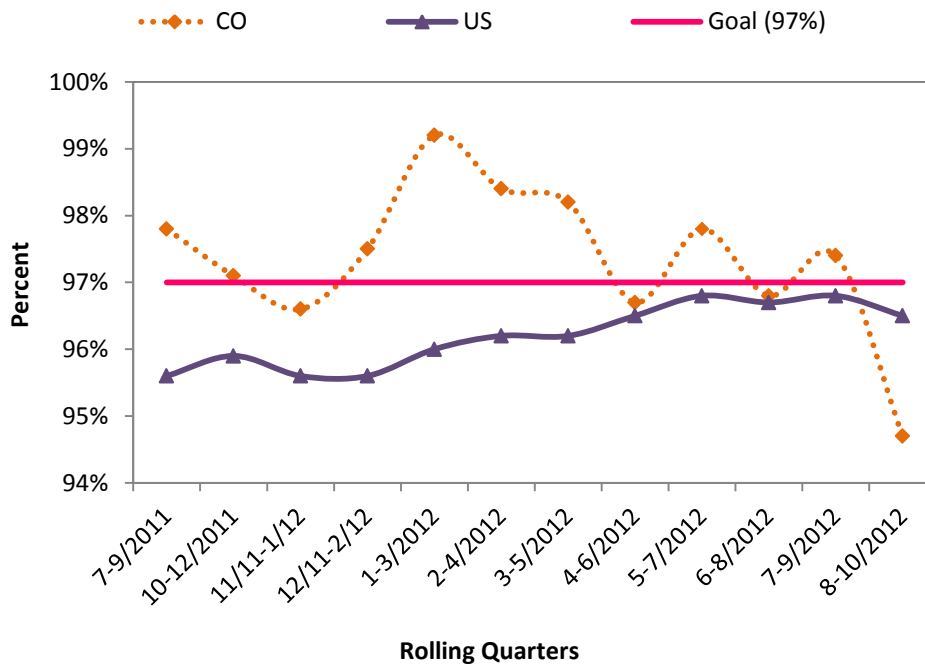
Measure: **Percent of accurate initial eligibility decisions (Federal Measure)**

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: For the first time in the reporting period captured, DDS has fallen below the national rate, with the most recent month's performance below the goal at 94.7%.

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

Performance data are displayed utilizing a rolling, three month average given that a sample of only 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 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 (GJRC), Pueblo Regional Center (PRC), and Wheat Ridge Regional Center (WRRC), 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 six performance measures, within three treatment/service models, to be examined on a monthly basis. 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. Where applicable, data is also displayed by Regional Center.
- For both the Short-Term Treatment and Stabilization model and the Intensive Treatment model, DRCO collects data on *Length of Time to Become Ready for Transition/Discharge* and *Length of Time to Transition/Discharge*.
 - With regard to *Length of Time to Transition/Discharge*, DRCO has developed a Community Transition Tracking Log to track barriers to transition/discharge. Using the information gathered, DRCO anticipates the ability to more purposefully address the identified barriers in order to improve performance on this measure. In addition, DRCO has made changes to their internal processes related to transitioning from a Regional Center to a private provider in order to decrease the length of time to transition/discharge.
- For the Long-Term Habilitation service model, DRCO began collecting data, during the quarter represented in this report, on *Percent Assessed for Readiness to Transition/Discharge*. Many of the residents currently in this model have long lengths of stay as, historically, the Long-Term Habilitation model was not one from which residents frequently transitioned back into the community. Because of this, DRCO determined that it was not meaningful to collect data on length of time measures, as is done for the other two models. To this end, it has been the goal of the DRCO to have all residents in the Long-Term Habilitation model assessed for their readiness to transition from the Regional Center to a private provider in the community. This measure is a reflection of that goal.
- The performance measure of *Decreased Use of Physical Interventions* is collected cumulatively for all treatment/service models and is displayed by Regional Center.

Measures

- Decreased [Use of Physical Interventions](#)
- Length of Time to Become Ready for Transition/Discharge-[Short-Term](#), [Intensive](#)
- Length of Time to Transition/Discharge-[Short-Term](#), [Intensive](#)
- Percent Assessed for Readiness to Transition/Discharge-[Long-Term](#)



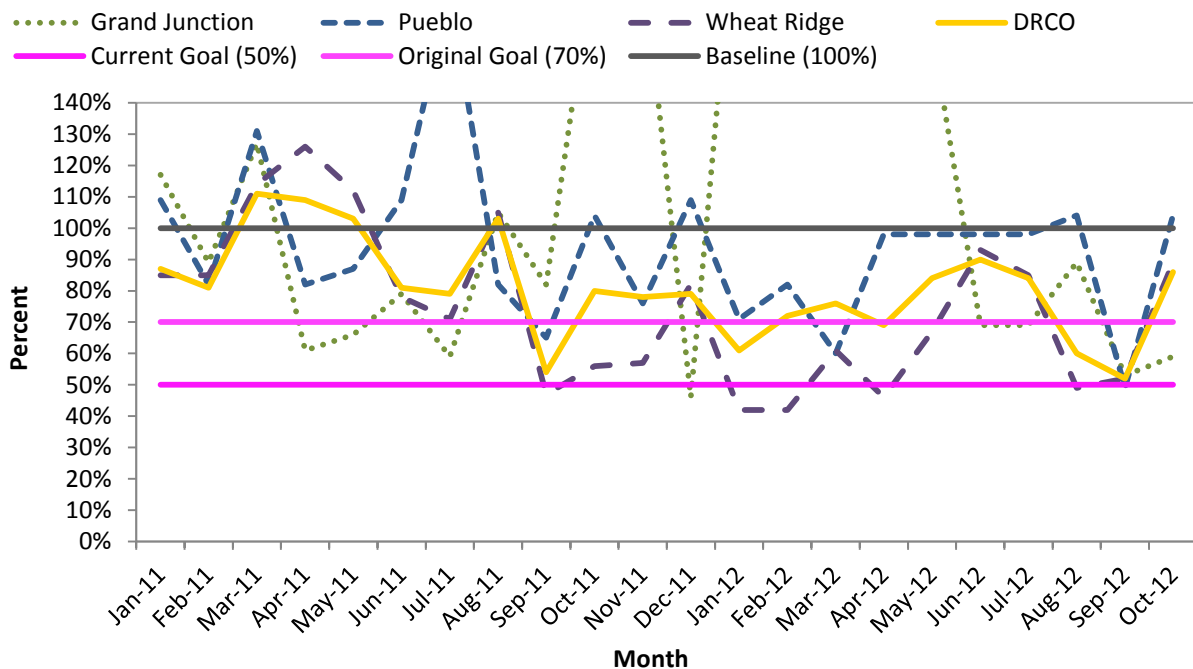
Division of Regional Centers Operations (DRCO)

Measure: **Decreased use of physical interventions**

How it is measured: *Numerator:* Number of physical interventions (Current)
Denominator: Number of physical interventions (Baseline); Average monthly denominator: Grand Junction: 30, Pueblo: 18, Wheat Ridge: 153, DRCO: 201

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: DRCO has been consistently below baseline since September 2011. For the most recent month, all Regional Centers experienced a decline in performance on this measure, most notably at PRC and WRRC.

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

In October 2012, the baseline and original goal line were added to the graph for this performance measure.

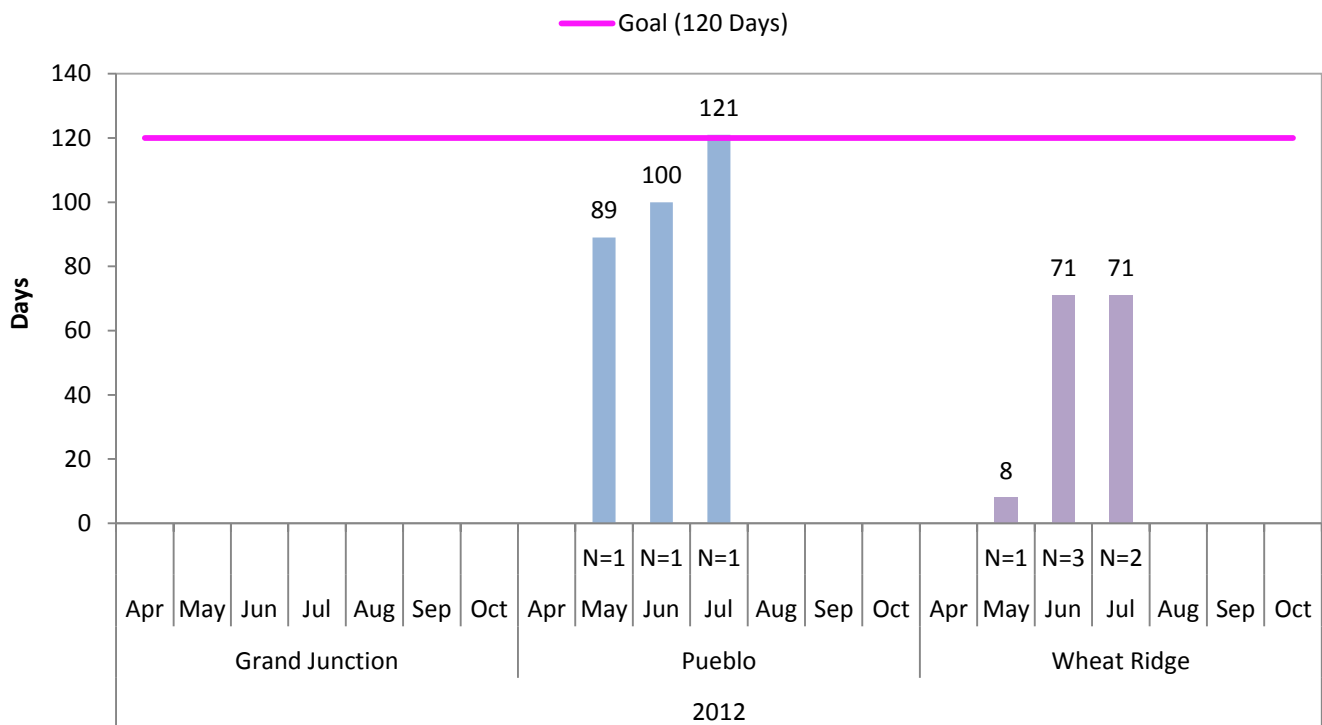
Division of Regional Centers Operations (DRCO)

Measure: **Length of time to become ready for transition/discharge-Short-term model**

How it is measured: *Numerator:* Number of days from DRCO admission to time ready for transition/discharge
Denominator: Number of individuals who became ready in the month; See graph for monthly denominators

Why this matters: Reducing the length of time to become ready for transition/discharge keeps individuals from lingering in care and more quickly enhances their well-being.

Goal: **↓120 Days**



Trend: No individuals have become ready in the last 3 months, in this model. For those who became ready in previous months, length of time was less than 120 days, excepting PRC in July 2012 at 121 days.

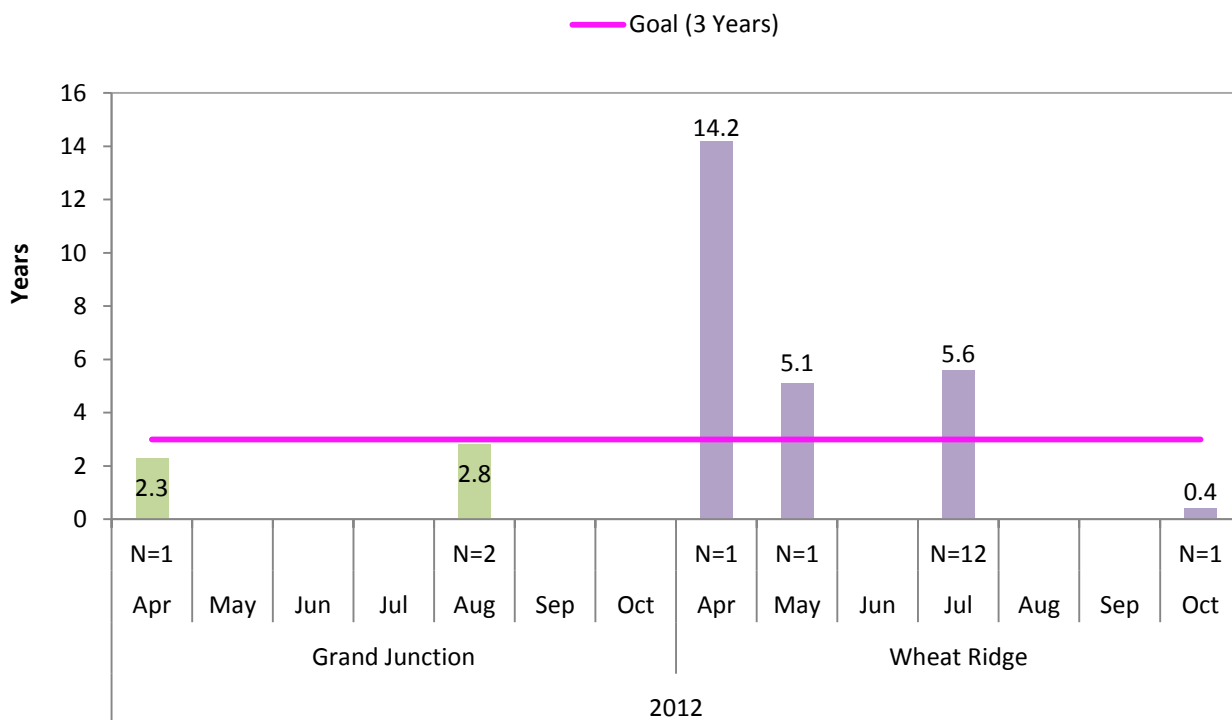
Division of Regional Centers Operations (DRCO)

Measure: **Length of time to become ready for transition/discharge-Intensive model**

How it is measured: *Numerator:* Number of years from DRCO admission to time ready for transition/discharge
Denominator: Number of individuals who became ready in the month; See graph for monthly denominators

Why this matters: Reducing the length of time to become ready for transition/discharge keeps individuals from lingering in care and more quickly enhances their well-being.

Goal: **↓3 Years**



Trend: No individuals have become ready at GJRC in the last 2 months. At WRRC, no individuals became ready in August and September 2012; however, in the most recent month, one person became ready at WRRC well within the time frame of the goal.

Notes: PRC does not offer the Intensive Treatment model.

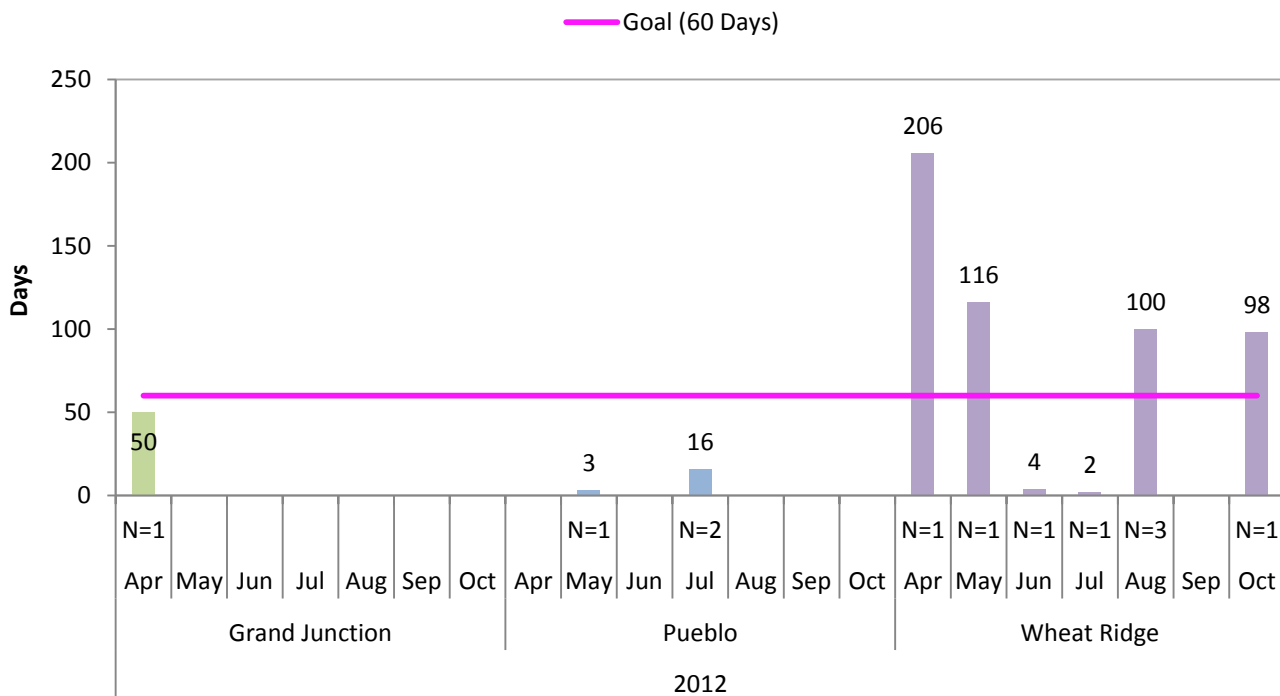
Division of Regional Centers Operations (DRCO)

Measure: **Length of time to transition/discharge-Short-term model**

How it is measured: *Numerator:* Number of days from time ready for transition/discharge to transition/discharge to a private provider
Denominator: Number of individuals who transitioned in the month; See graph for monthly denominators

Why this matters: Reducing the length of time to transition/discharge puts individuals on a path toward enhanced independence more quickly.

Goal: **↓60 Days**



Trend: GJRC had one individual transition to a community provider, in 50 days, in April 2012. For PRC and WRRC, performance on this measure has varied over the past 7 months.

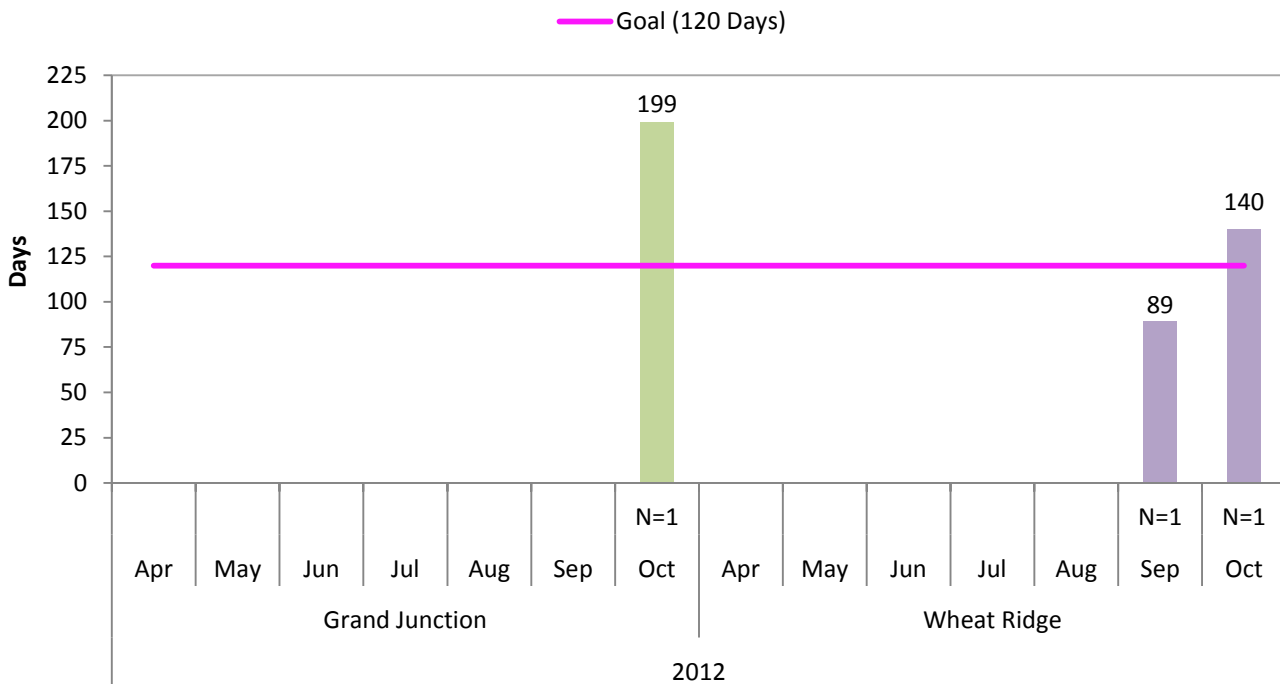
Division of Regional Centers Operations (DRCO)

Measure: **Length of time to transition/discharge-Intensive model**

How it is measured: *Numerator:* Number of days from time ready for transition/discharge to transition/discharge to a private provider
Denominator: Number of individuals who transitioned in the month; See graph for monthly denominators

Why this matters: Reducing the length of time to transition/discharge puts individuals on a path toward enhanced independence more quickly.

Goal: **↓120 Days**



Trend: Performance on this measure varies. In the most recent month, one individual at both GJRC and WRRC transitioned from this model. The length of time to transition for both individuals was above the 120 day goal.

Notes: PRC does not offer the Intensive Treatment model.

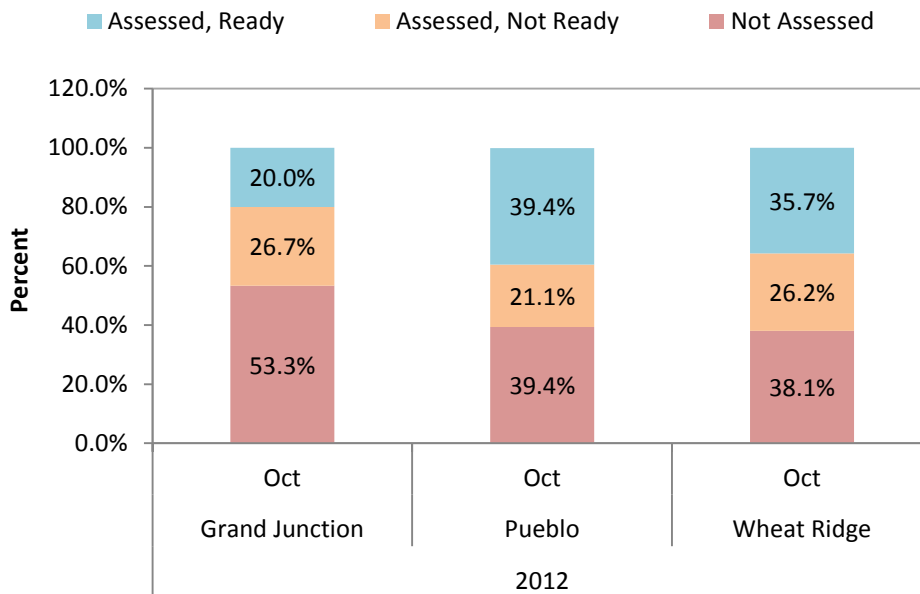
Division of Regional Centers Operations (DRCO)

Measure: **Percent assessed for readiness to transition/discharge-Long-term model**

How it is measured: *Numerator:* Number of individuals in each assessment category
Denominator: Number of individuals in the long-term habilitation model; Average monthly denominator: Grand Junction: 91, Pueblo: 72, Wheat Ridge: 84

Why this matters: Assessing readiness to transition ensures individuals are being evaluated for service in the least restrictive setting available to meet their needs, including in the community.

Goal: **↑100%**



Trend: WRRC has the highest percentage of individuals in this model assessed for readiness to transition/discharge. RC's anticipate that all assessments will be completed by end of December 2012.

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*.
 - SVNH has implemented a plan for sharing best practices between Homes as certain Homes perform higher on certain measures than do other Homes. These trainings, typically held amongst the Directors of Nursing at each Home, are conducted in meeting and/or webinar format depending on logistics.
 - For the quarter represented in this report, SVNH has continued to focus data examination on the performance outcome of *Percent of Residents without Falls by Home*. SVNH has explored existing and needed fall mitigation strategies, as well as best practices to address falls due to cognitive impairment, and continues to examine effective interventions to address this measure at each Home.

Measures

- [Residents without Anti-Psychotic Medication](#)
- [Residents without Falls](#)
- [Residents without Acquired Pressure Ulcers](#)
- [Residents without Unplanned Weight Loss or Gain](#)

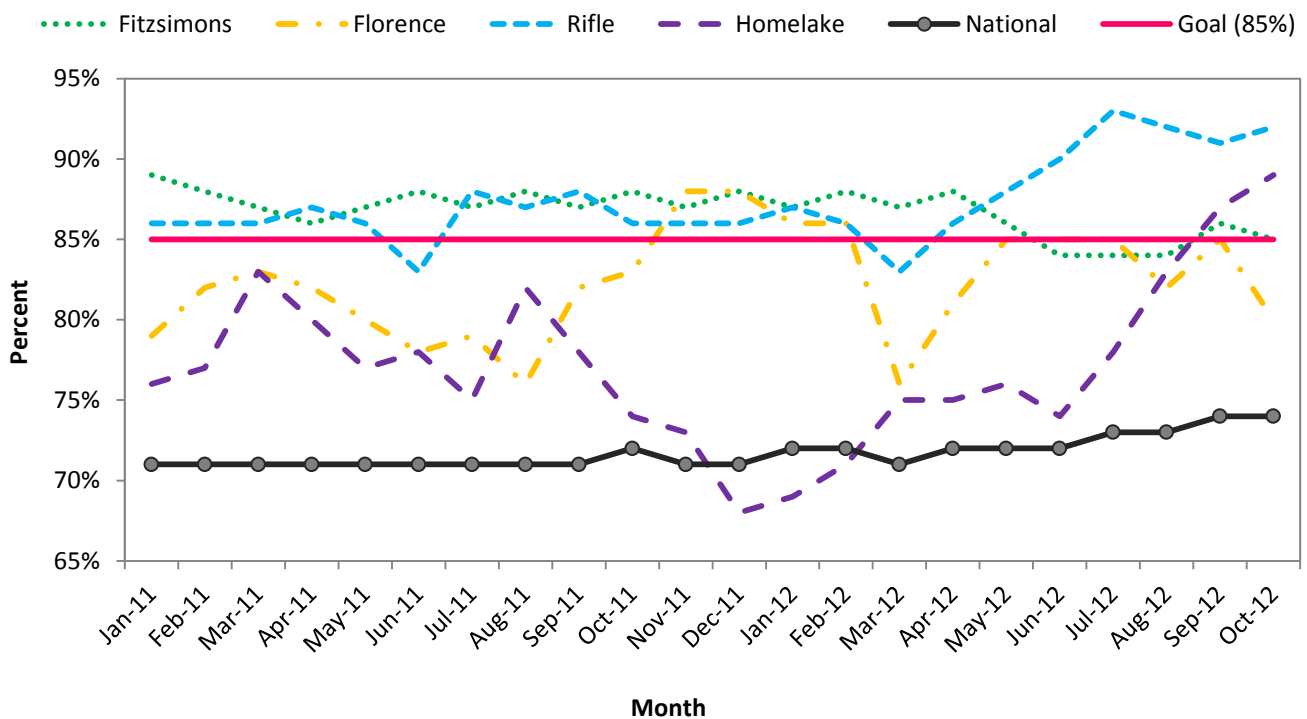
State Veterans Nursing Homes (SVNH)

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); Average monthly denominator: Fitzsimons: 166, Florence: 92, Rifle: 65, 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: Rifle has the highest performance on this measure, for the most recent month, at 92%. Homelake has steadily increased their performance on this measure since June 2012, with current performance at 89%. Performance on this measure at Fitzsimons and Florence has varied over the past 3 months.

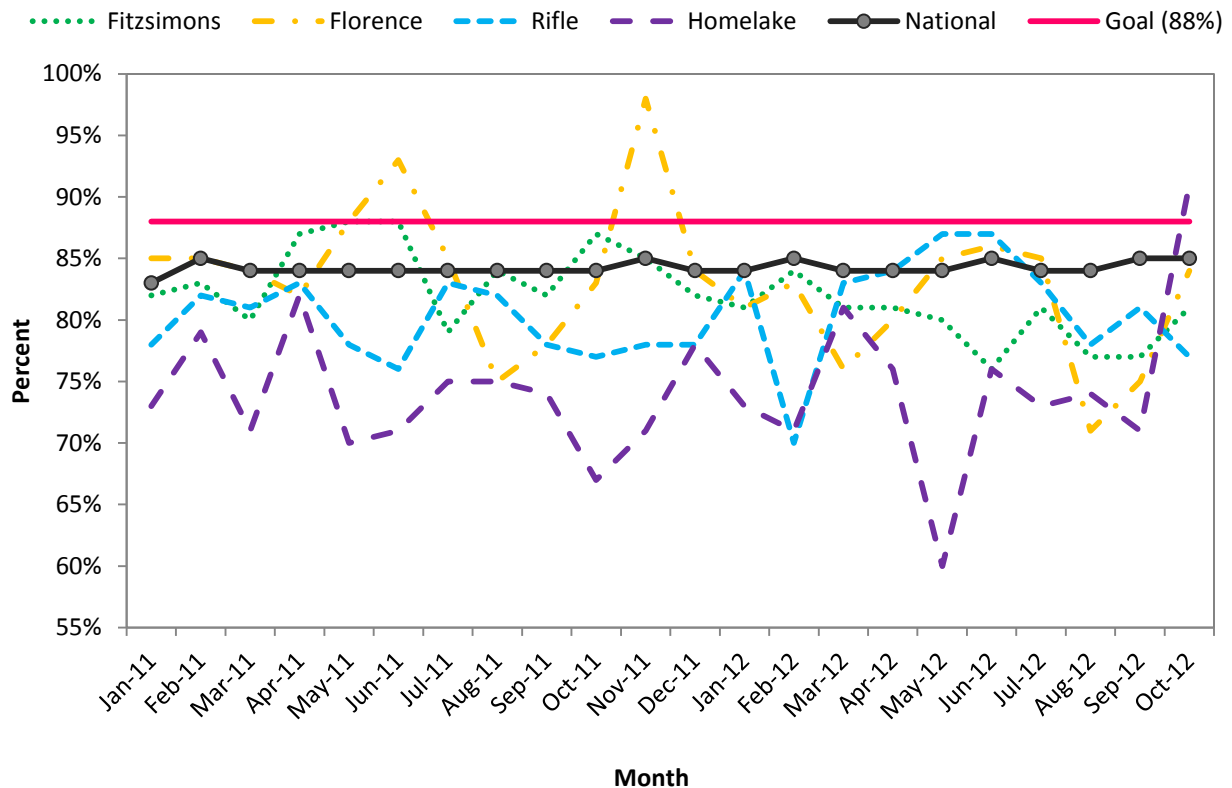
State Veterans Nursing Homes (SVNH)

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); Average monthly denominator: Fitzsimons: 166, Florence: 92, Rifle: 65, 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: Fitzsimons and Florence have improved on this measure over the past 3 months. For Rifle and Homelake, performance has varied on this measure during the same time frame. Homelake, however, is above the goal, for the most recent month, at 91%.

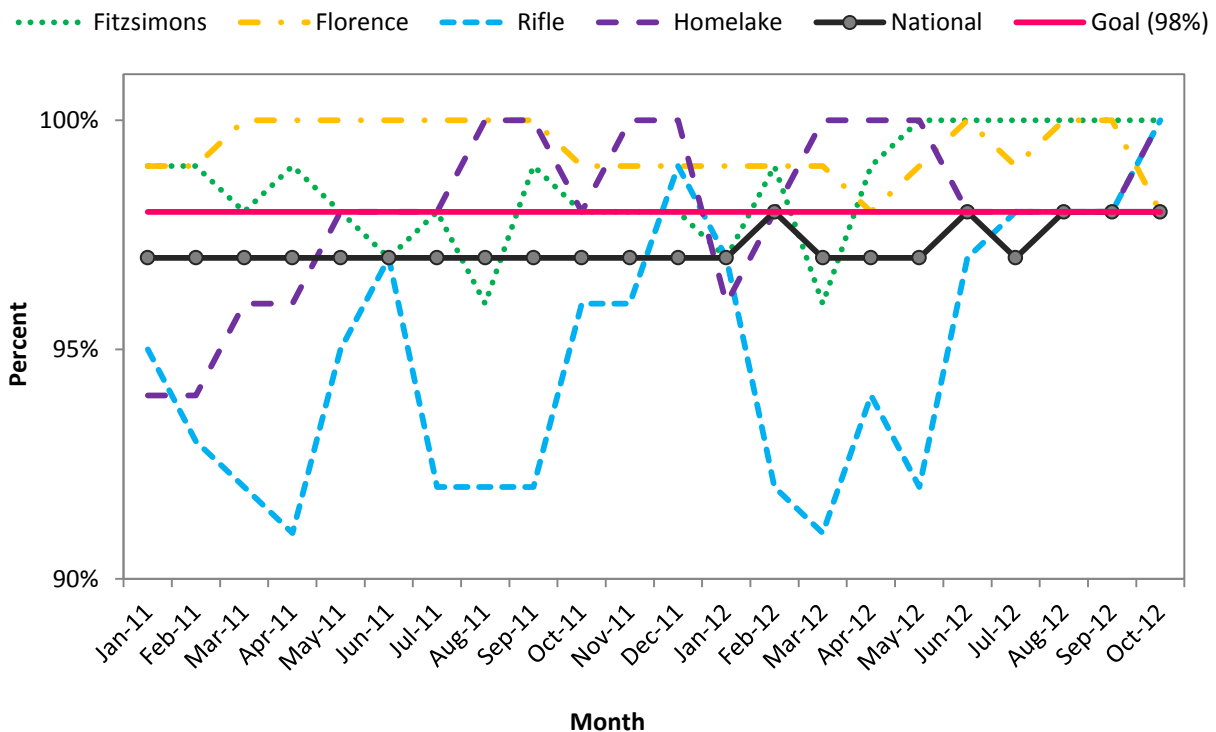
State Veterans Nursing Homes (SVNH)

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); Average monthly denominator: Fitzsimons: 166, Florence: 92, Rifle: 65, 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: Fitzsimons has shown steady performance on this measure, for the past 6 months, at 100%. Homelake and Rifle have shown steady improvement on this measure, for the past 3 months, also currently performing at 100%. Performance at Florence has been more variable, although still above the goal.

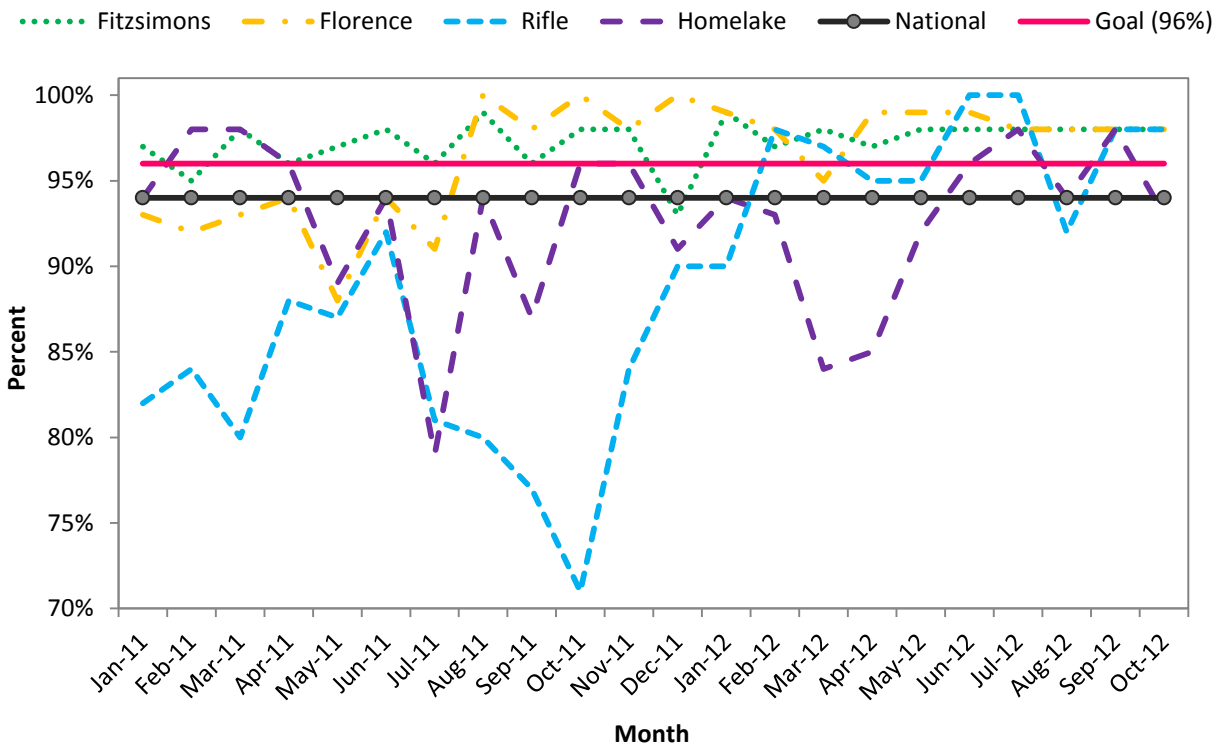
State Veterans Nursing Homes (SVNH)

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); Average monthly denominator: Fitzsimons: 166, Florence: 92 Rifle: 65, 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: Fitzsimons, Florence and Rifle are showing steady performance on this measure at 98%. Homelake’s performance on this measure is slightly more variable.