

# Colorado Department of Human Services



## Summary Report

January - March 2013

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 March 31, 2013. 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 March 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](mailto:ki'i.powell@state.co.us).



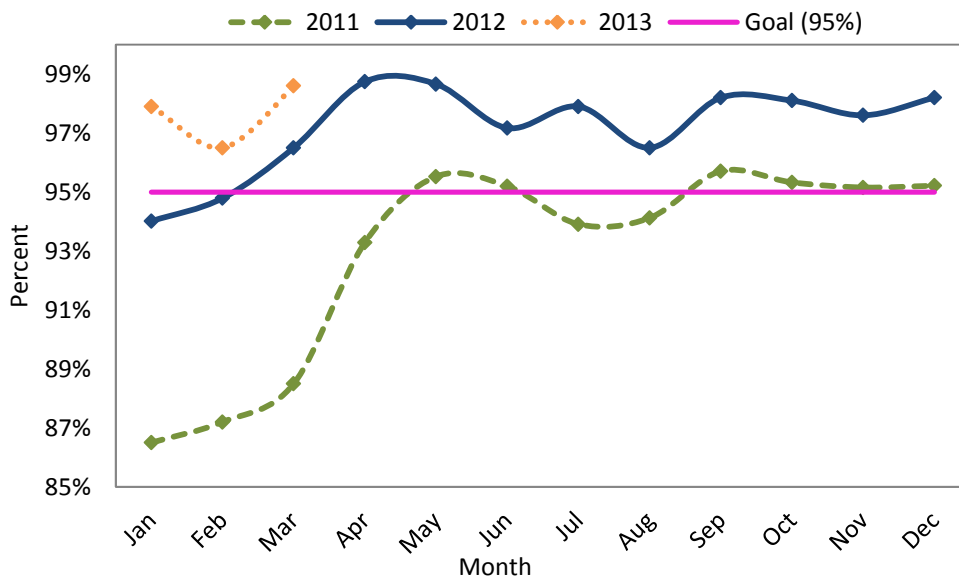
## How Do I Read This Report?

### The Division

Measure:	<b>What the C-Stat measure is attempting to capture. (Federal Measure where applicable)</b>
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 Community Programs and the operation of two Mental Health Institutes. Community Programs oversees prevention and early intervention services, community treatment and recovery, and quality assurance and standards. The Mental Health Institutes are located in Fort Logan and Pueblo.

Director: Lisa Clements

## Community Programs

### Summary

#### Description

Community Programs (CP) is dedicated to strengthening the health, resiliency, and recovery of Coloradans through quality and effective behavioral health prevention, early intervention and treatment services. CP 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. CP 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.

Acting Director for Community Programs: Lori Banks

#### Executive Summary

- CP has done extensive work over the past several months to refine their measures, limiting to those most applicable to their core business. Currently, CP has identified 5 performance measures. Three measure the effectiveness of substance use disorder treatment and three measure the effectiveness of mental health treatment services.
- CP developed goals using a statistical benchmarking approach. This approach averages the performance data across the highest performing providers serving at least 10 percent of the population.

#### Measures

- [Timeliness of Access to Outpatient Substance Use Disorder Treatment](#)
- [Increase Engagement of Mental Health Clients](#)
- [Reduce Use of Substances](#)
- [Reduce Mental Health Symptom Severity](#)
- Maintained or Improved Housing-[Mental Health](#)

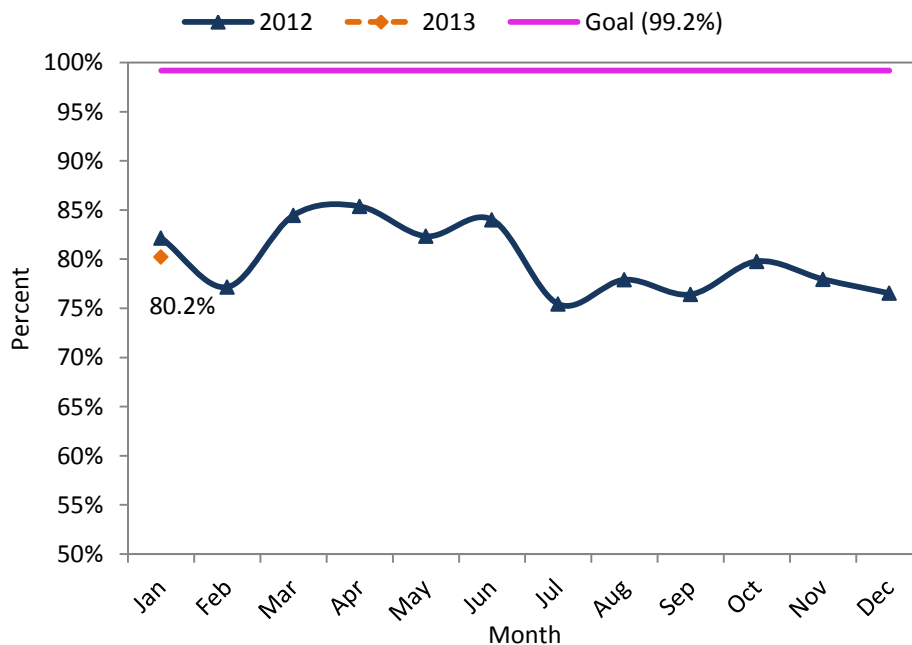
## Community Programs (CP)

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: **↑99.2%**



Trend: Performance ranged between 77% and 85% in the first half of 2012. The second two quarters of the year's performance was between 75% and 80%. 2013 begins with a similar pattern.

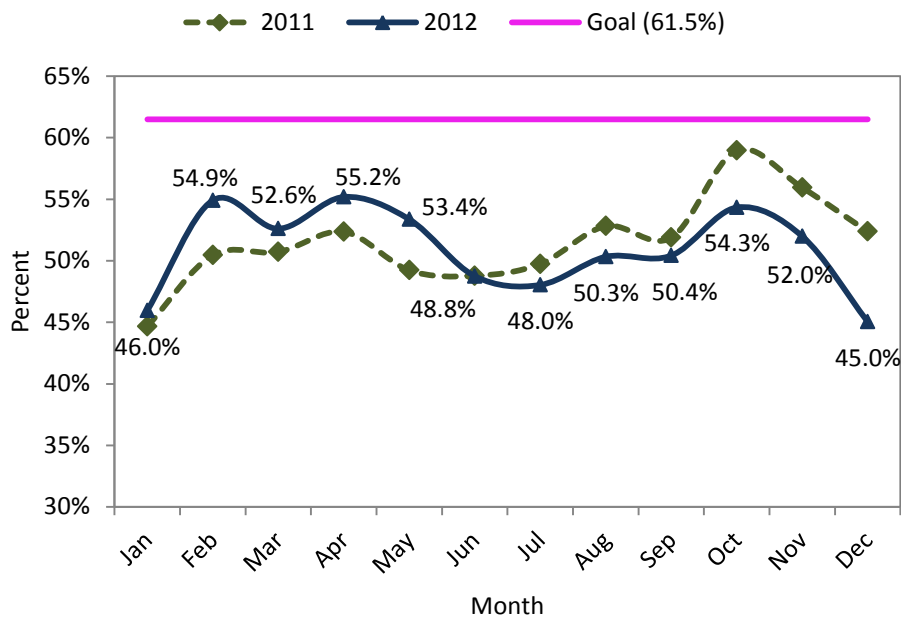
## Community Programs (CP)

Measure: **Mental health clients engaged in services**

How it is measured: *Numerator:* Percent of clients engaged within 45 days of admission (4 or more services)  
*Denominator:* All Admissions; Average monthly denominator: 774

Why this matters: Engagement in services increases the likelihood that the client will be successful in treatment.

Goal: **↑61.5%**



Trend: The rates in 2012 stayed between 46% and 55%, dropping in December to 45%

Notes: Data for this measure does not begin to be counted until 45 days after services. As providers have 60 days for data entry, this measure is approximately three months in arrears.

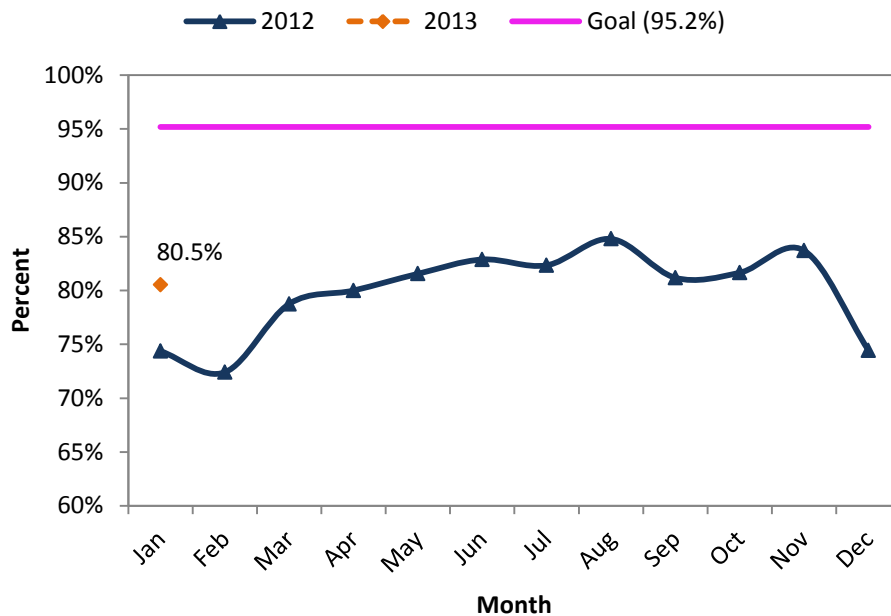
## Community Programs (CP)

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: **↑95.2%**



Trend: Performance from February to August 2012 increased from 72% to 85%, though there was a sharp decline in December 2012. Performance increased to 80.5% in January 2013.

## Community Programs (CP)

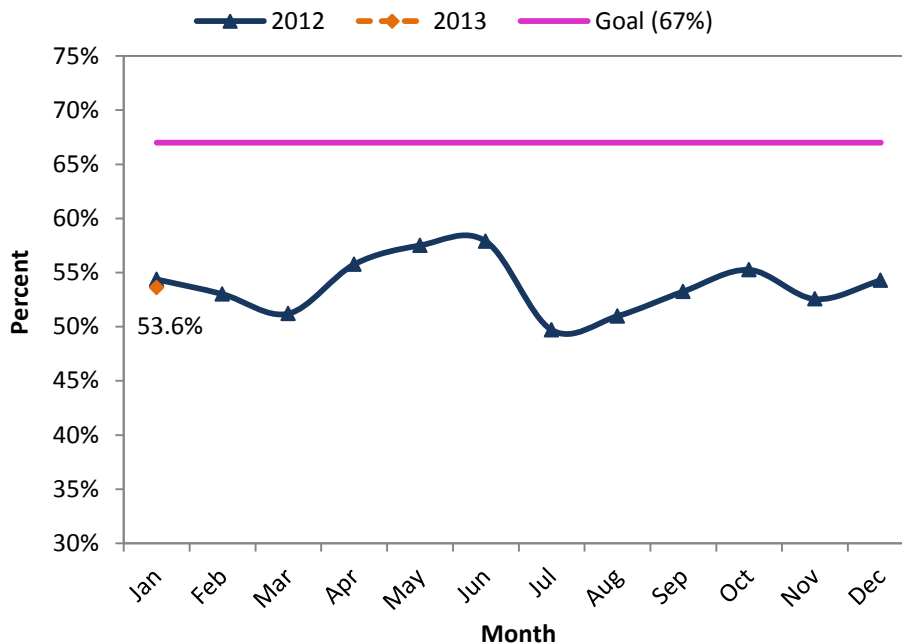
Measure: **Percent of persons with reduced mental health symptoms in mental health treatment**

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: 1311

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: **↑67%**



Trend: Percentages statewide have remained between 50% and 60%, never meeting the goal of 67%.

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

## Community Programs (CP)

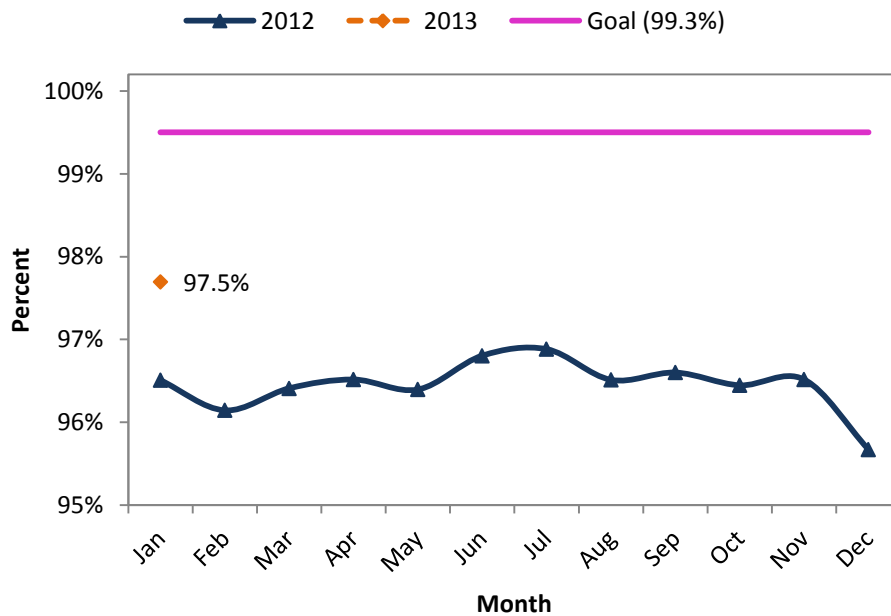
Measure: **Percent of persons who maintained housing while receiving mental health services**

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: 1552

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: **↑99.3%**



Trend: In 2012 the statewide performance was between 95% and 96%. In January 2013, the percentage rose to 97.5%.

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

# 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.

Superintendent of Pueblo: Bill May

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

Superintendent of Fort Logan: Christopher Burke

### Executive Summary

- The MHIs have 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 two measures specific to the forensic population.
- The MHIs compare their performance to the National Association of State Mental Health Program Directors Research Institute (NRI) data, when available.

### 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](#)

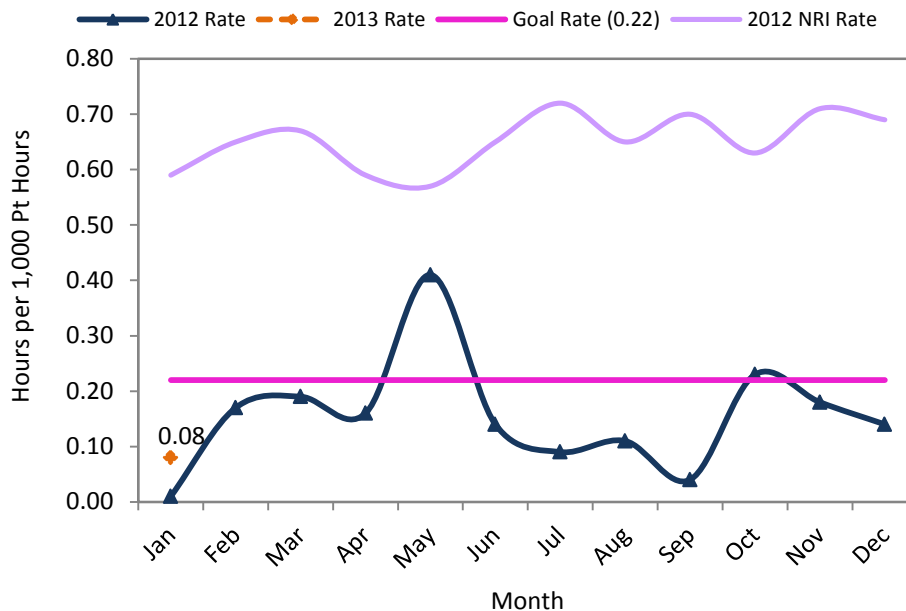
## Mental Health Institutes (MHI)

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: 67,000 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: In 2012, rates remained at or below the goal rate for all months except May. The restraint rate was far below the NRI rate for all of 2012, and into January of 2013.

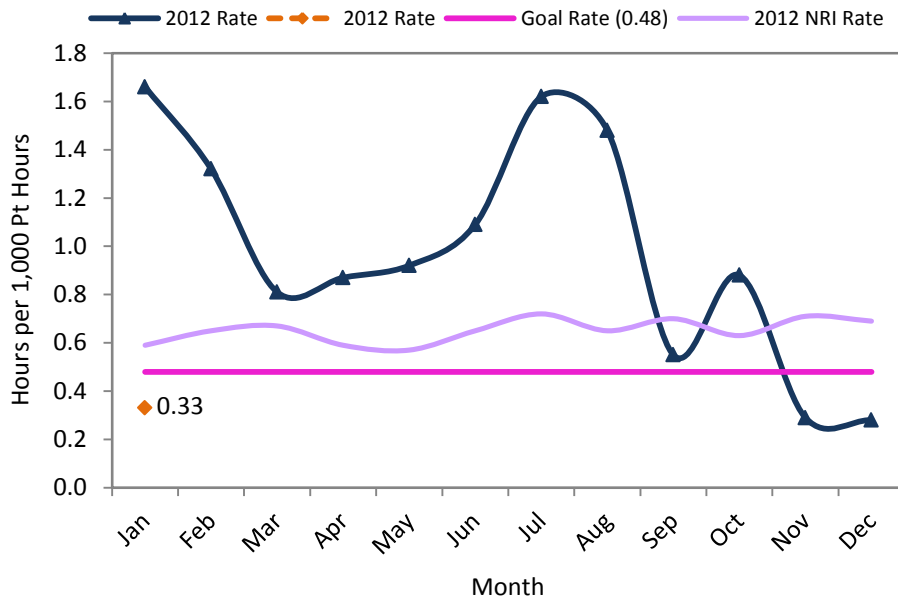
## Mental Health Institutes (MHI)

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: 286,000 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 been on the decline since July of 2012 and has been below the goal and the NRI rate since November 2012.

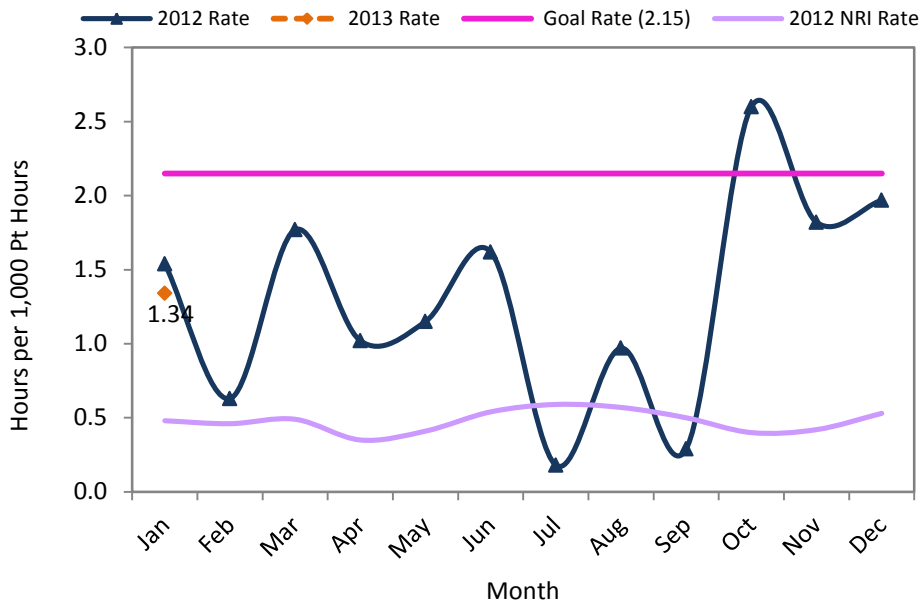
## Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of seclusion  
*Denominator:* Per 1,000 patient hours; Average monthly denominator: 67,000 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 the past 13 months and was below the NRI rate in July and September 2012.

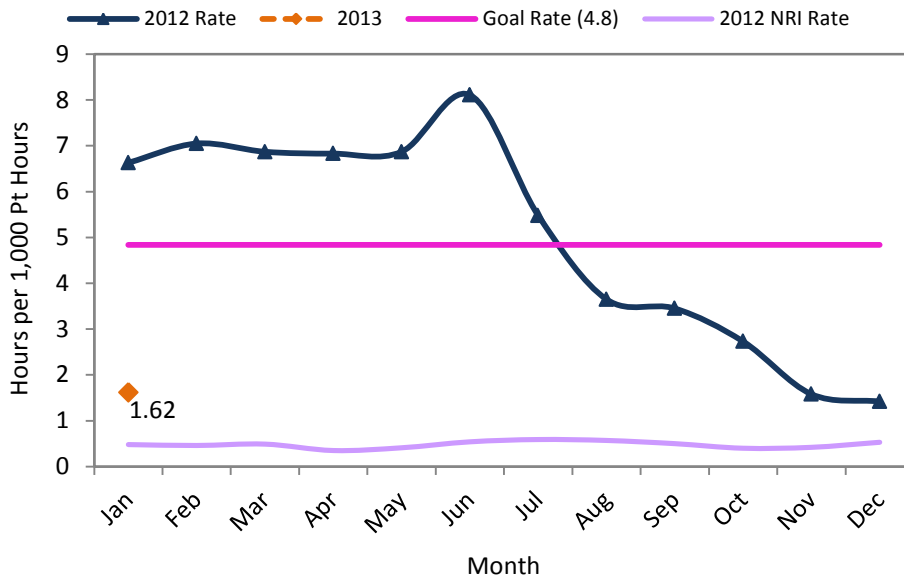
## Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of seclusion  
*Denominator:* Per 1,000 patient hours; Average monthly denominator: 286,000 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 seclusion rates recorded in 2011.



Trend: Rates have decreased significantly since July. The rate of seclusion has been below the goal rate for the last six months.

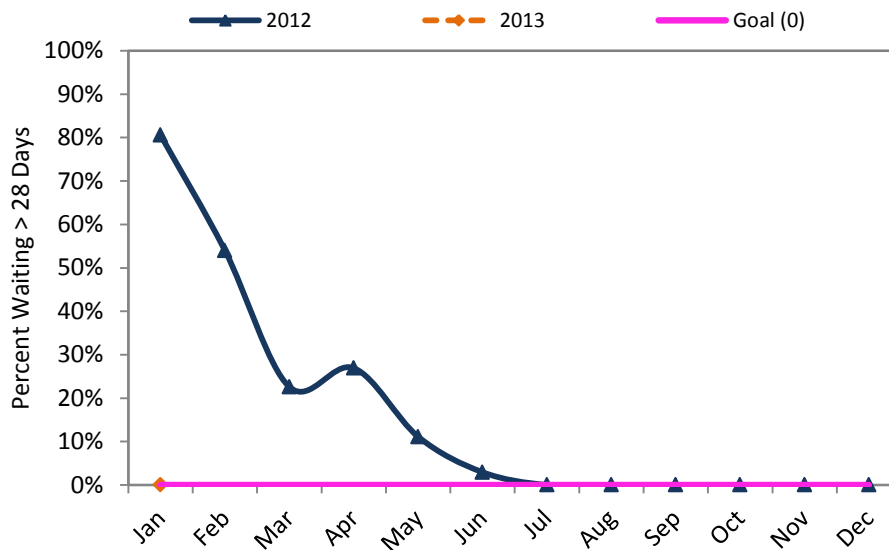
## Mental Health Institutes (MHI)

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: The percentage has maintained at zero for seven continuous months, since July 2012.

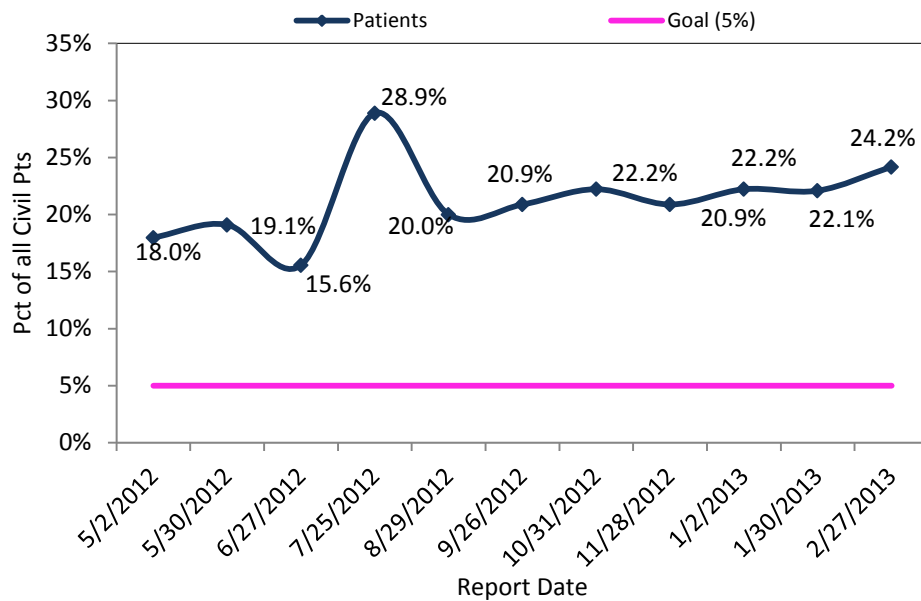
## Mental Health Institutes (MHI)

**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: 89

**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 risen since August 2012. On February 27, 2013, there were 22 patients awaiting discharge.

**Notes:** This measure was added in May 2012.

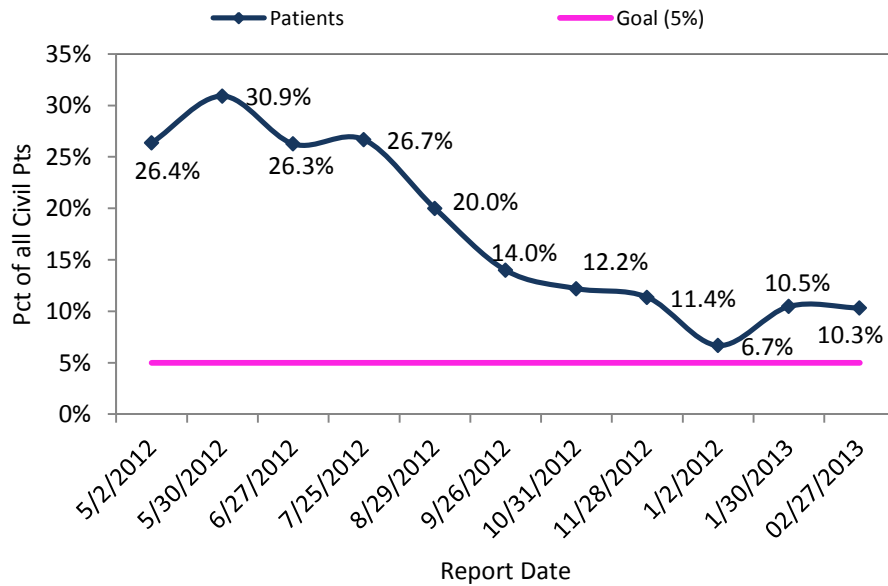
## Mental Health Institutes (MHI)

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: 91

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 percentage has been decreasing since mid-2012. On the three data points recorded in 2013, the rates have been at or below 10%.

Notes: This measure was added in May 2012.

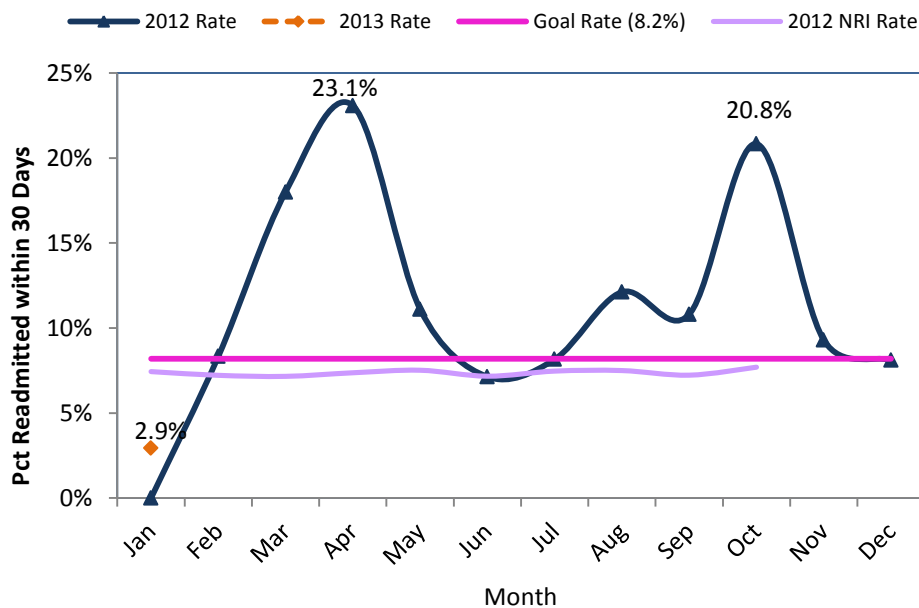
## Mental Health Institutes (MHI)

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: Performance has been variable. The goal has been achieved or exceeded in four of the last thirteen months. The rate was below NRI's rate in June 2012 and January 2013.

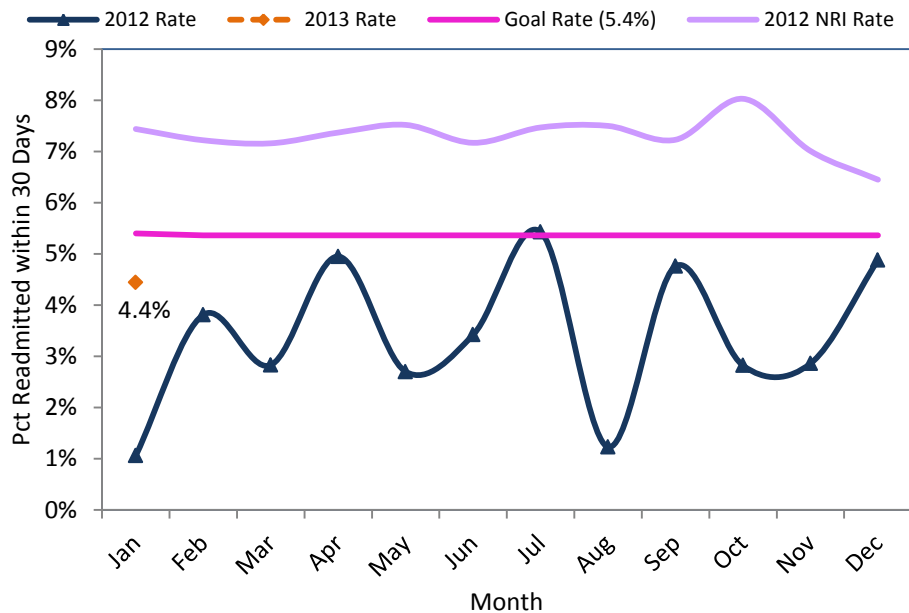
## Mental Health Institutes (MHI)

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: 92

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: The rate of readmissions in 2012 ranged from 1.1% to 5.4%, meeting or exceeding the goal rate and the NRI rate all year long. The trend appears to continue in January 2013, as the rate is 4.4%, exceeding the goal rate and the NRI rate.

## 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 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:* DCW is working with counties to improve performance on this measure and implemented several strategies including regularly discussing data with county child welfare supervisors and providing targeted technical assistance to counties who have identified specific performance challenges. These efforts resulted in an overall improvement in performance over the past six months.
- *Legally freed children discharged to permanency:* DCW is currently focusing efforts on developing solutions for specific permanency barriers and/or challenges to permanency discovered through an in-depth, client-level analysis of each youth who emancipated from the system:
  - In December 2012 policies regarding the use of Other Planned Permanent Living Arrangement (OPPLA) were modified, such that OPPLA can no longer be assigned as a permanency goal for children younger than 16. In addition, youth age 16 and older are no longer required to have OPPLA considered for their permanency goal.
  - DCW identified several barriers and/or challenges to permanency specific to youth with developmental disabilities. DCW is working with the Developmental Disabilities Division along with counties to further develop appropriate solutions to those barriers.

#### Measures

- [Safety Assessment Forms Completed Accurately](#)
- [Timeliness of Response to Initial Abuse/Neglect Investigations](#)
- [Timeliness of Assessment Closure](#)
- [Absence of Maltreatment Recurrence](#)
- [Children in Out of Home Care for Greater than 24 Months](#)
- [Legally Freed Children Discharged to Permanency](#)

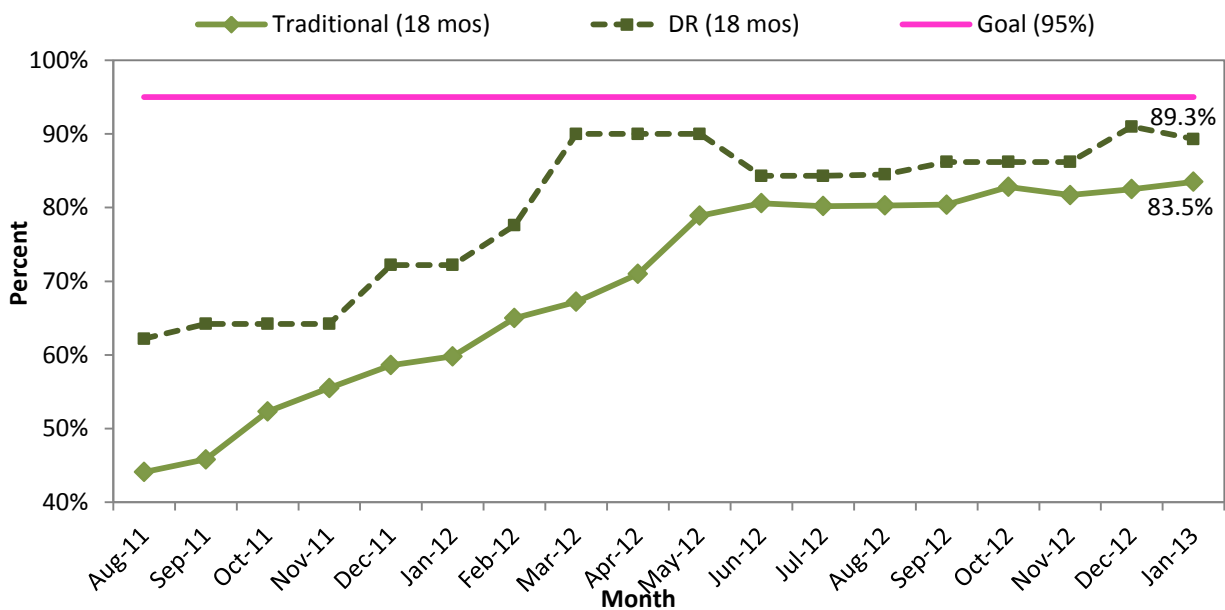
## Division of Child Welfare (DCW)

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; Average monthly denominator(s): Traditional: 907; Differential Response: 84

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

Goal: **↑ 95%**



Trend: Performance improved slightly for traditional assessments in the past three months, while declining slightly for DR in the past month. The 95% goal remains unmet.

## Division of Child Welfare (DCW)

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

How it is measured:

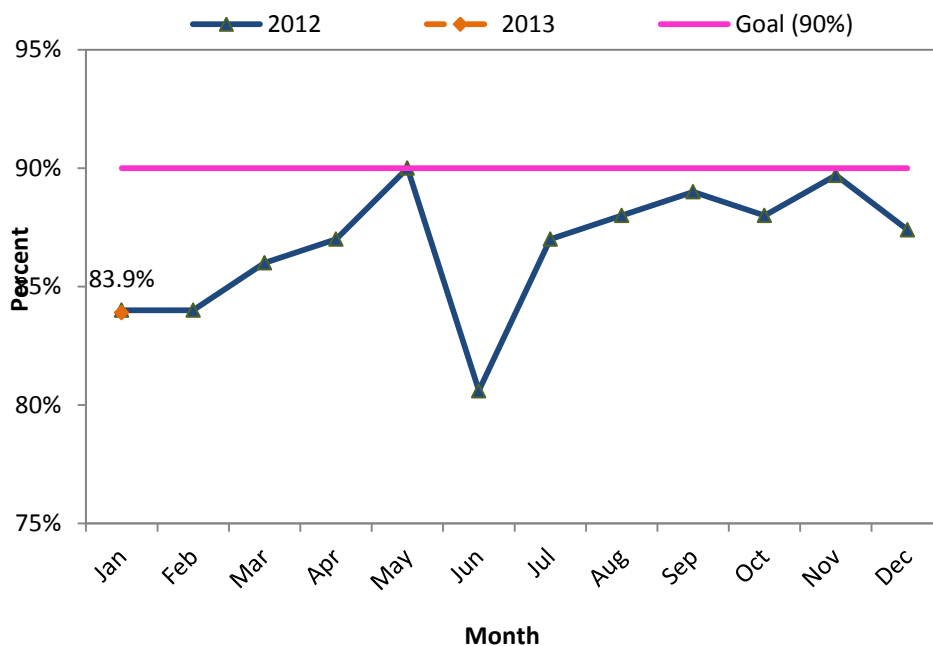
*Numerator:* Number of investigations where initial contact was made within time requirements set in rule

*Denominator:* Total number of closed investigations; Average monthly denominator: 3,041

Why this matters:

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

Goal: **↑ 90%**



Trend: Performance declined in the most recent quarter; the 90% goal remains unmet.

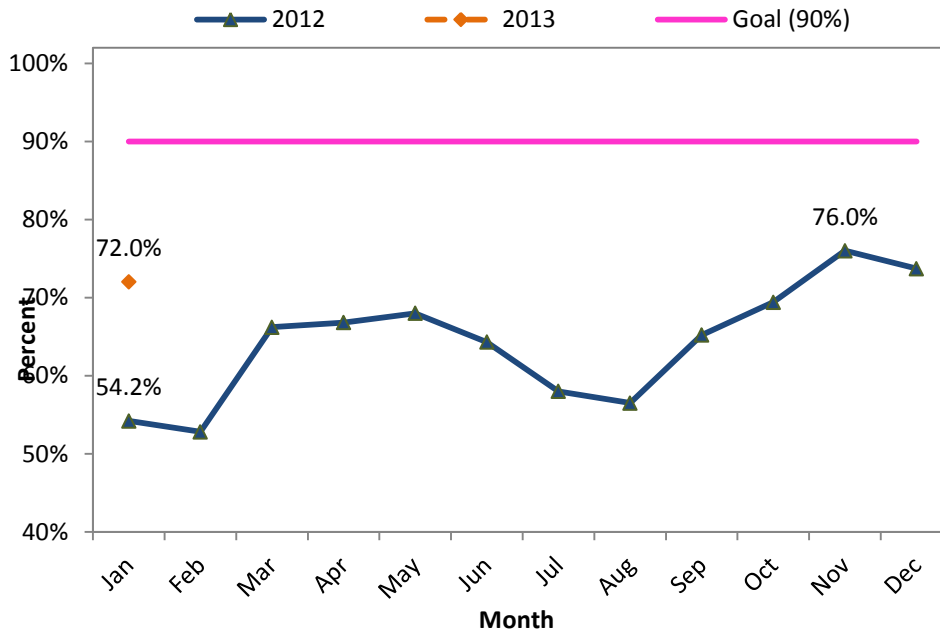
## Division of Child Welfare (DCW)

Measure: **Timeliness of assessment closure**

How it is measured: *Numerator:* Number of traditional assessments closed within 60 days of referral  
*Denominator:* Total number of open traditional assessments; Average monthly denominator: 2,185

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: While performance declined in the most recent quarter it is up almost 20% from this time last year; the 90% goal remains unmet.

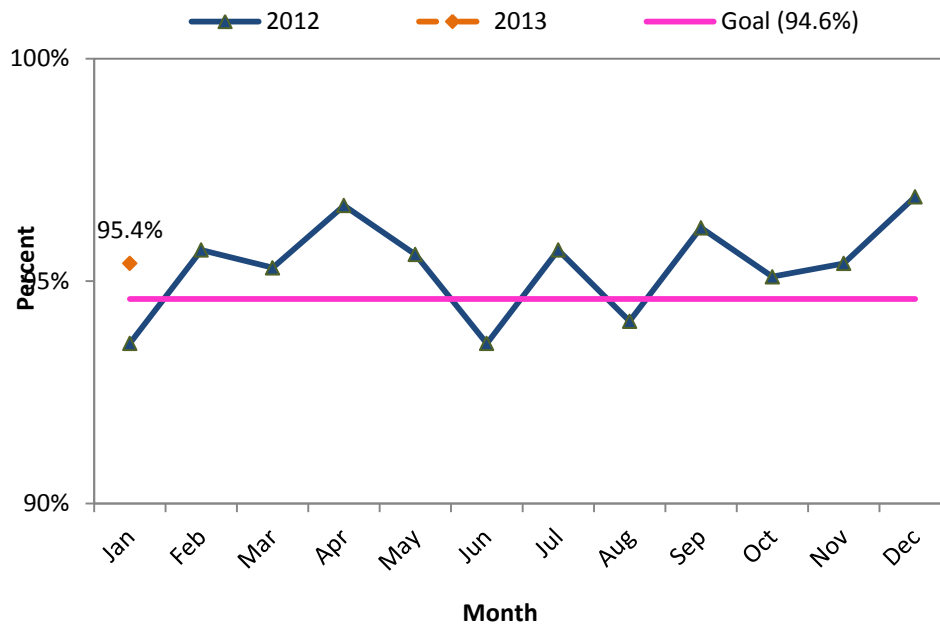
## Division of Child Welfare (DCW)

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): 877

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

Goal: **↑ 94.6%**



Trend: Despite a modest decline in performance in the most recent month, the 94.6% goal was achieved in every month of the last quarter.

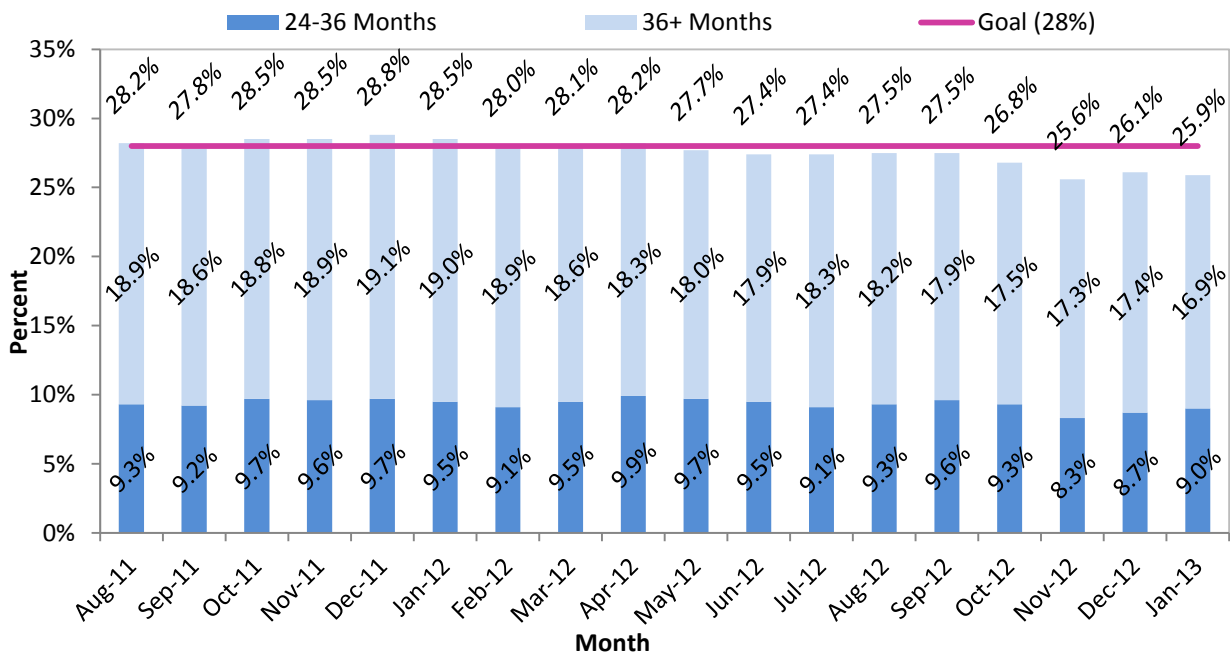
## Division of Child Welfare (DCW)

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): 4,495

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: Performance has held pretty steady over the past quarter and continues to exceed the 28% goal.

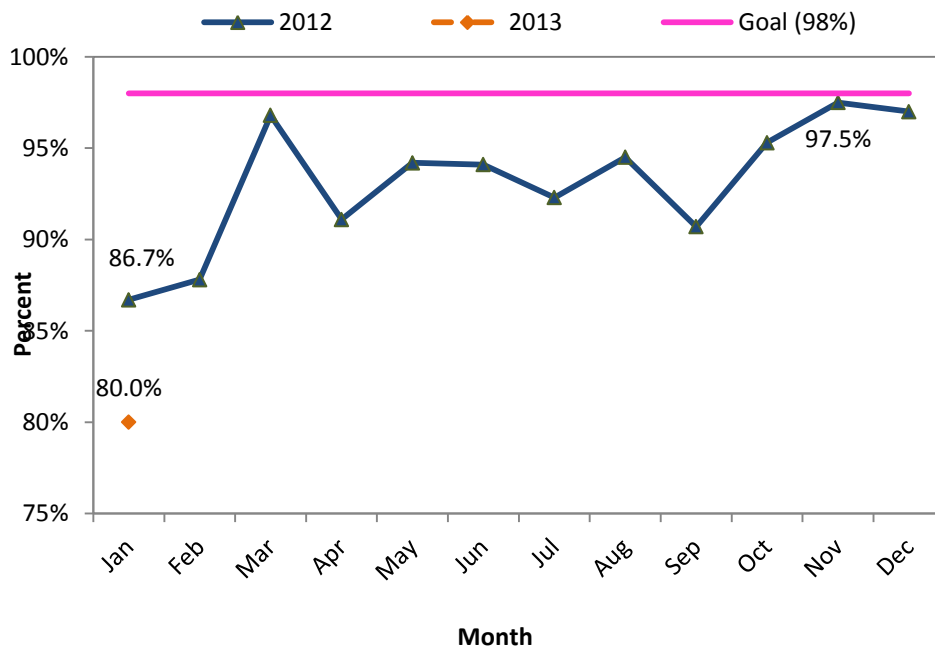
## Division of Child Welfare (DCW)

Measure: **Legally freed children discharged to permanency (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): 30

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: Substantial decline in performance for January 2013 going from 97% to 80%; the 98% goal remains 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

- *Timeliness from commitment to first placement:* DYC regularly meets with facility staff and contract providers to discuss barriers and/or challenges contributing to delayed placements, and while the 95% goal remains unmet, there has been a notable reduction in the overall number of days from assessment to placement.
  - DYC has identified sheriff transportation delays while awaiting physical custody of a signed mittimus as one issue affecting timeliness. In response to this barrier, DYC incorporated an automatic notification in the case management database allowing DYC to initiate sheriff contact rather than waiting for sheriffs to contact DYC.
- *Escapes/Walkaways:* Performance has improved and remained relatively stable over the past several months. DYC holds regular debriefing sessions with facility staff and/or contract providers for each escape/walkaway occurrence. DYC is also collecting data on escapes to develop a Best Practice Guide to share amongst the Providers and State Facility Staff to minimize these occurrences.
- *Fights and Assaults in State Secure Facilities:* Facility directors review the circumstance of each individual fight/assault with their staff and take action as appropriate. Further, facility staff employ a variety of strategies to effectively control a wide mix of offenders, including the most disruptive and troublesome, making it challenging to make causal connections between a particular strategy and successfully limiting the occurrence of fights/assaults.

#### 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)

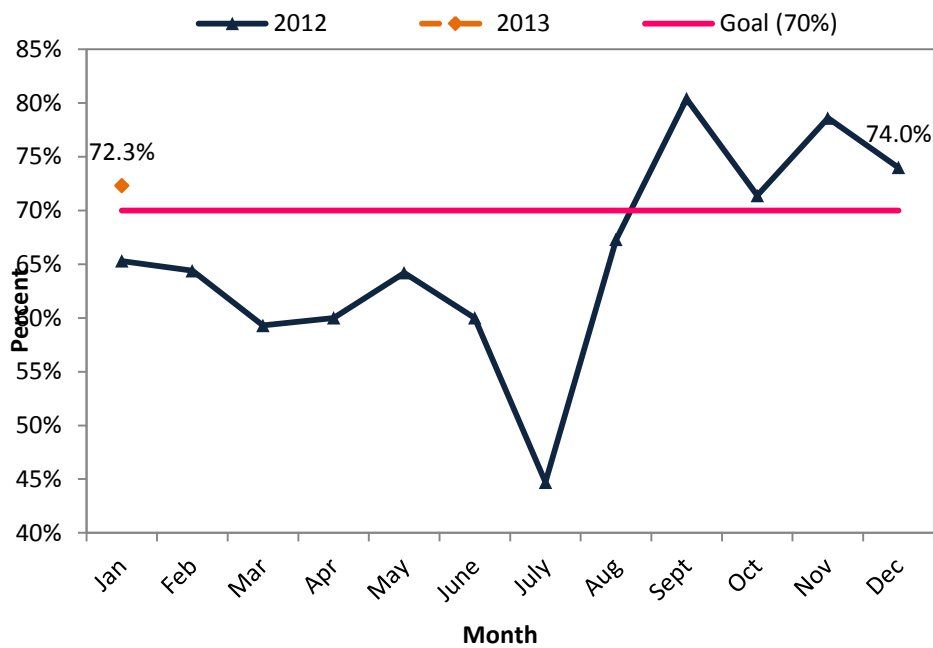
Measure: **Youth enrolled in a full/part time program at discharge**

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: 48

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: Despite a modest decline in performance for the second consecutive month, DYC continues to exceed the 70% goal.

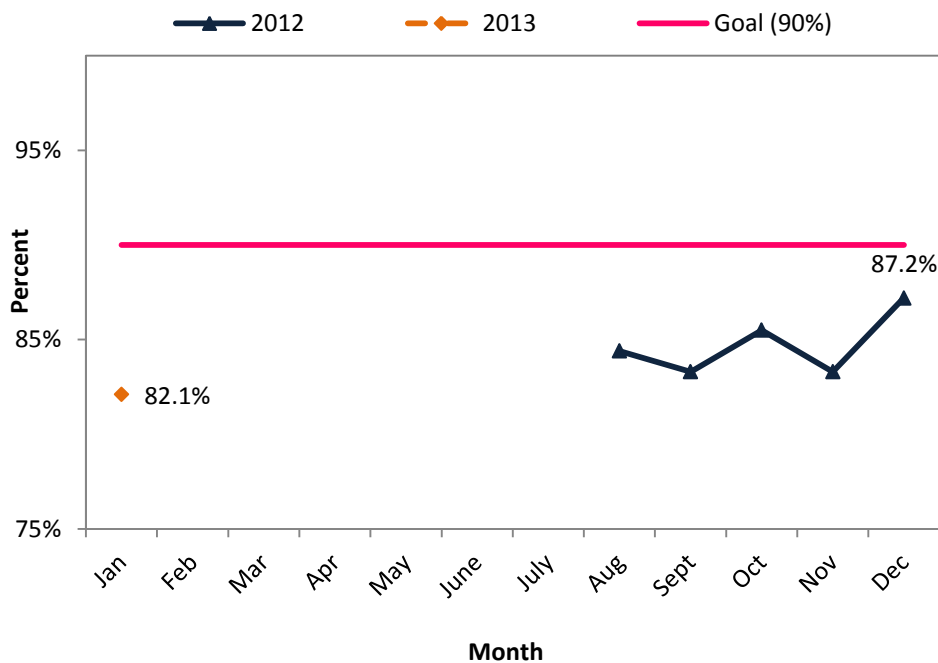
## Division of Youth Corrections (DYC)

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: 39

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

Goal: **↑ 90%**



Trend: Performance over the quarter remains relatively stable, however, the 90% goal remains unmet.

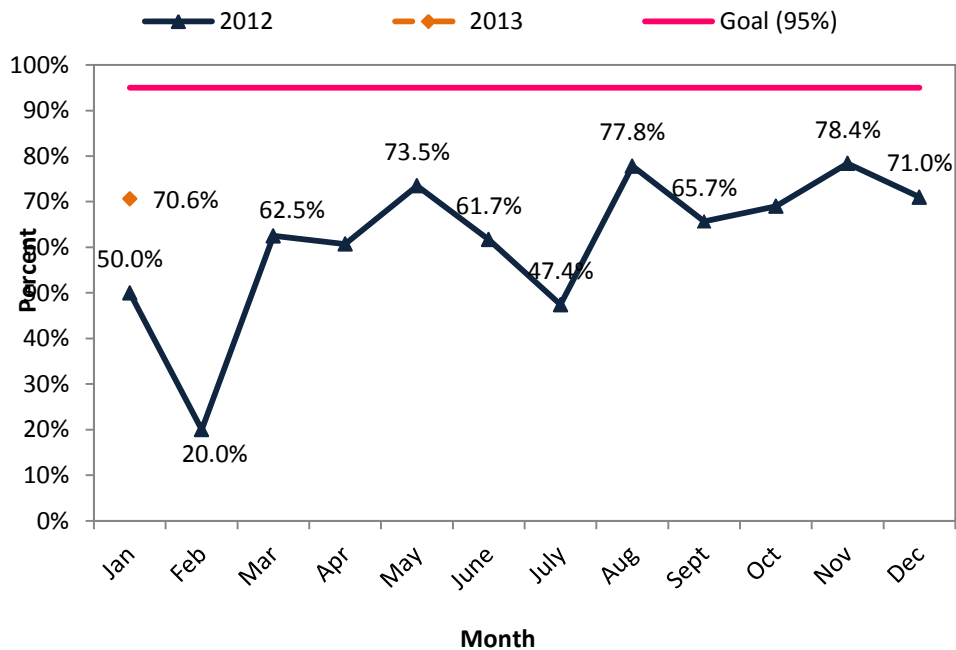
## Division of Youth Corrections (DYC)

**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: 34

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

**Goal:** ↑ 95%



**Trend:** Performance on this measure has improved over the past year, though remained relatively stable over the past three months.

**Note:** The average number of days from commitment to placement has been reduced throughout the year from a high of 59 in February 2012 to 35 in January 2013.

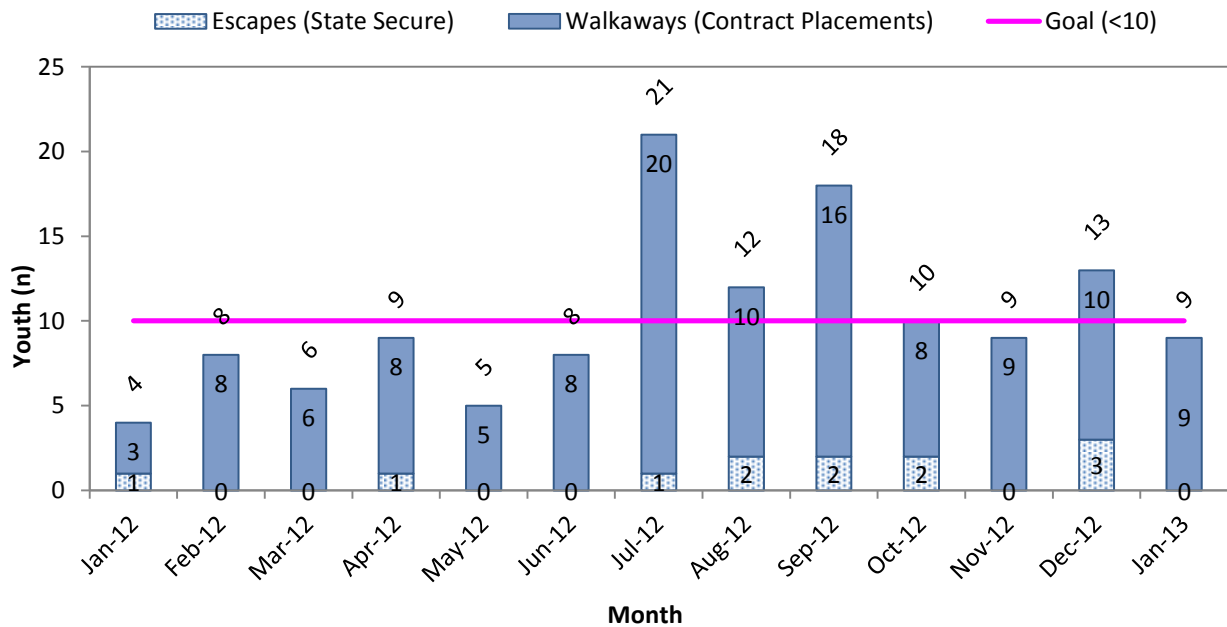
## Division of Youth Corrections (DYC)

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: 1121.5

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

Goal: ↓ <10



Trend: Performance improved and has remained relatively stable over the past four (4) months, meeting or exceeding the goal much of the time.

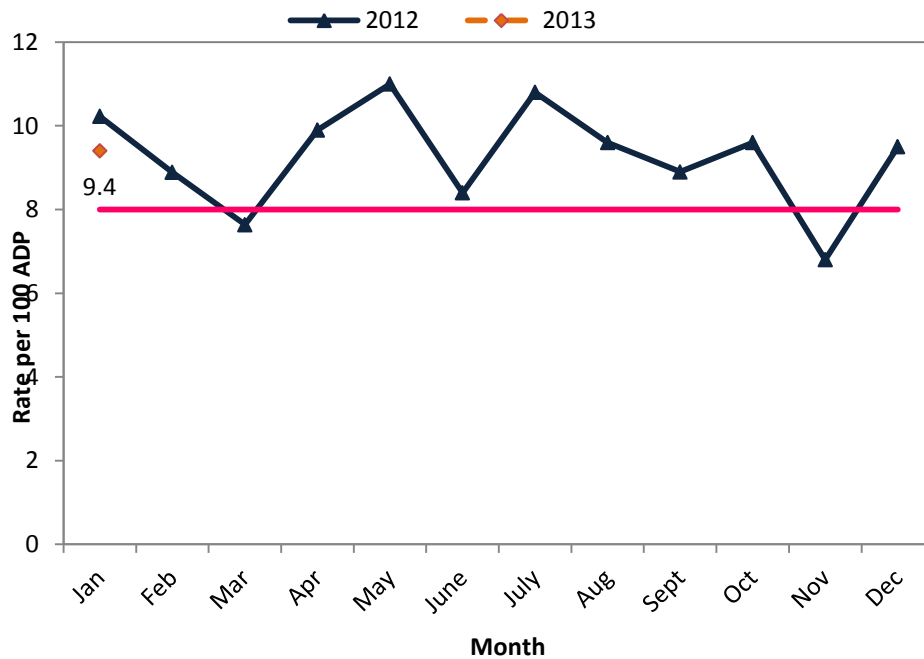
## Division of Youth Corrections (DYC)

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: 652.1

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

Goal: ↓ <8.0



Trend: Performance fluctuates between a rate of 6.8 and 9.4 in the most recent quarter, achieving the goal of less than 8.0 in only one of the months.

Notes: This measure includes both detention and commitment youth.

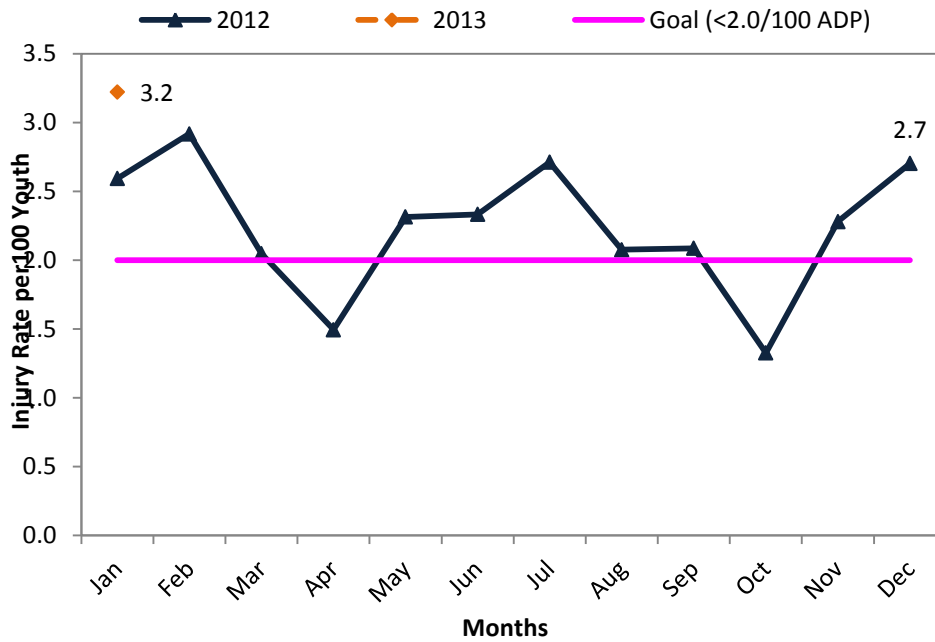
## Division of Youth Corrections (DYC)

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: 652.1

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

Goal: ↓ <2.0/100ADP



Trend: After achieving the goal in October 2012, the Division evidenced three months of performance decline for this measure.

## Division of Youth Corrections (DYC)

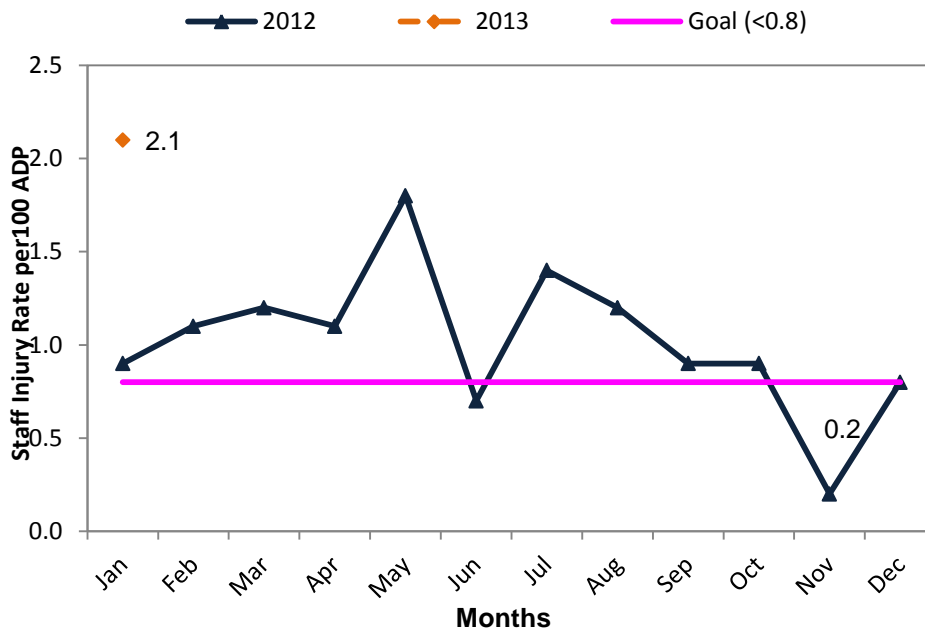
Measure: **Rate of staff injuries on the job as a direct result of youth contact**

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: 652.1

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

Goal: ↓ <0.8/100 ADP



Trend: Overall performance declined for the third consecutive month, however, assault/fight injuries decreased by 33% between December and January; Goal remains unmet.

## 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 of committed clients in state secure facilities; Average monthly denominator: N/A

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

Goal: ↑ TBD

Trend: Data are not reported in this report as DYC continues to modify their methodology and ensure data are accurately represented.

## 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 of committed clients (residential and parole); Average monthly denominator: N/A

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

Goal: **↑ TBD**

Trend: Data are not reported in this report as DYC continues to modify their methodology and ensure data are accurately represented.

# 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, DVP instituted a new data collection protocol and survey instrument to all funded programs in an effort to improve data reliability and validity. The new protocol also includes additional outcomes for each service provision:
  - Shelter services: *"I feel more hopeful about the future."*
  - Non-Residential Advocacy: *"I know more about my rights and options."*
  - Non-Residential Individual Counseling: *"I am more confident that I will achieve my goals."*
  - Non-Residential Support Groups: *"I feel less alone in my experience."*
- Since November 2012, DVP has been working in conjunction with State Budget, Audit, Performance Management and the Office of Information Technologies to identify short and long-term solutions addressing DVP's limited internal data collection and analysis capacities.

### Measures

- [Shelter service outcomes](#)
- [Advocacy service outcomes](#)
- [Individual counseling service outcomes](#)
- [Support group service outcomes](#)

## Domestic Violence Program (DVP)

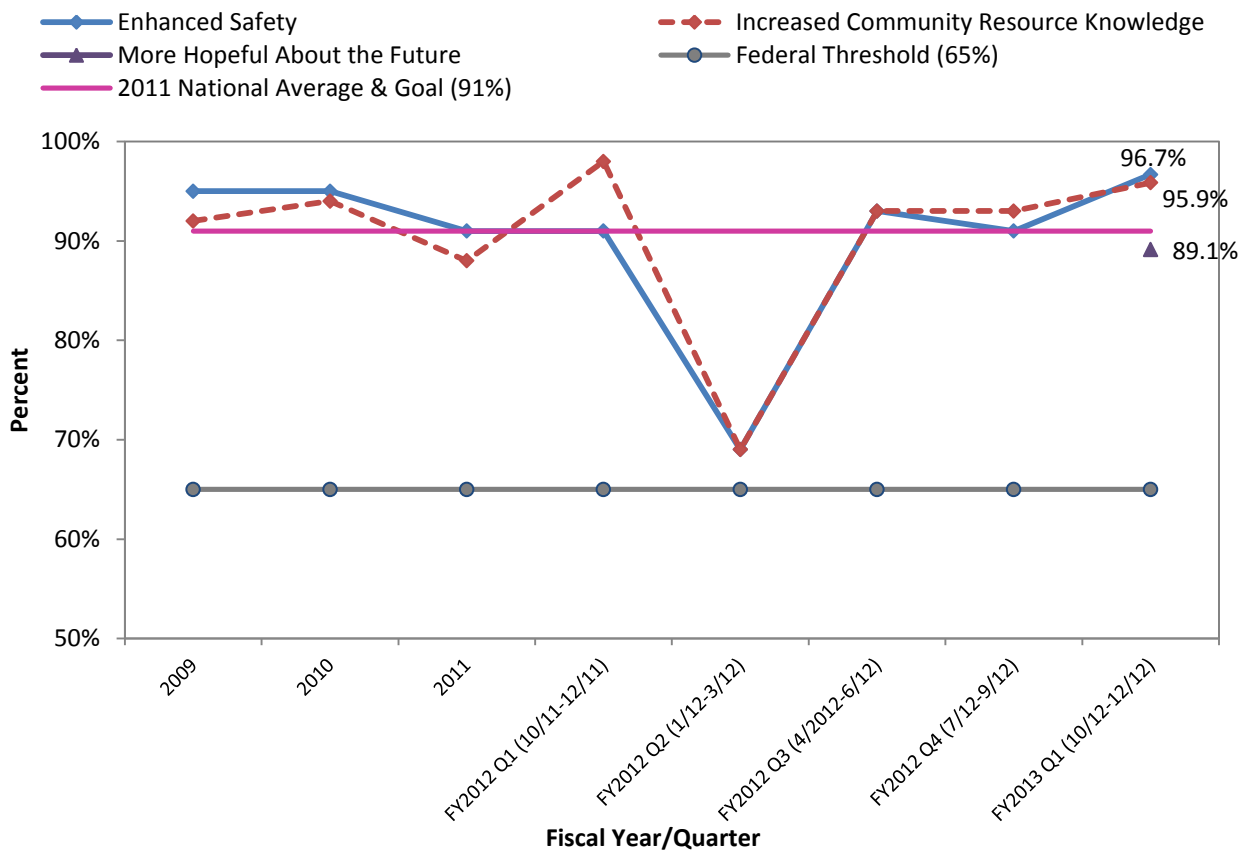
Measure: **Shelter service outcomes**

How it is measured: *Numerator:* Quarterly number of shelter clients who indicated having achieved the specified outcome because of the service

*Denominator:* The number of surveys from clients receiving shelter services; Shelter surveys returned in 1st Quarter 2013 (Oct-Dec 2012): 252

Why this matters: Services provided through the Domestic Violence Program are supposed to enhance safety, increase community resource knowledge, and increase hope about the future.

Goal: **↑ 91%**



Trend: Residential shelter service performance increased for both safety and knowledge of community resources and exceeded the 91% goal. DVP has not yet established a goal for the new outcome, “More Hopeful About the Future.”

Notes: Federal Fiscal Year (FFY) 2013 (Q1) reflects data collection and survey instrument changes effective October 2012 and to include “More Hopeful About the Future” as a shelter service outcome.

## Domestic Violence Program (DVP)

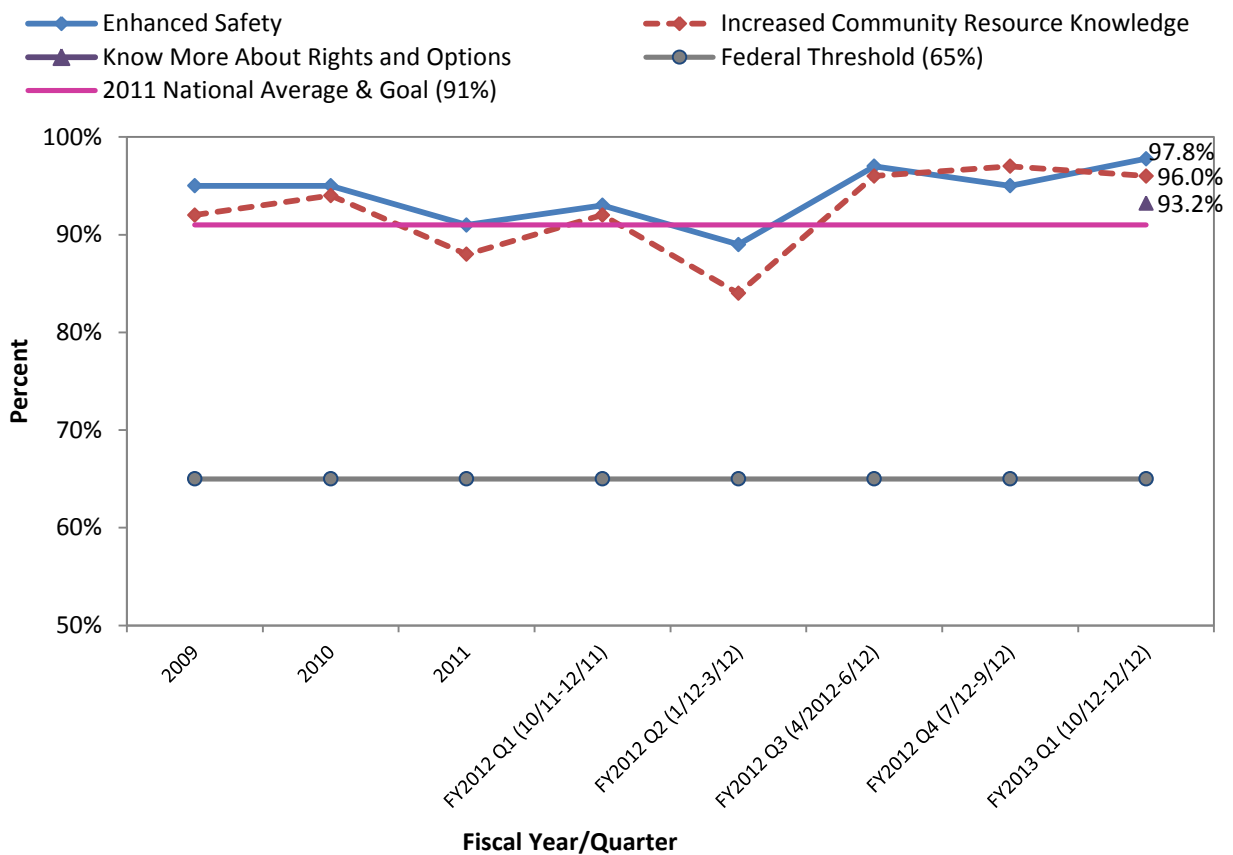
Measure: **Non-residential advocacy service outcomes**

How it is measured: *Numerator:* Quarterly number of clients who indicated having achieved a specific outcome because of the non-residential advocacy services received

*Denominator:* The number of surveys from clients receiving non-residential advocacy services; surveys returned in FFY 2013 Q1 (Oct-Dec 2012): 613

Why this matters: Services provided through the Domestic Violence Program are supposed to enhance safety, increase community resource knowledge, and increase knowledge about rights and options.

Goal: **↑ 91%**



Trend: Non-residential advocacy service performance improved slightly for the safety outcome, while performance for the knowledge of community resources outcome declined slightly; both outcomes continue to exceed the 91% goal. DVP has not yet established a goal for the new outcome, “Know More About Rights and Options.”

Notes: Federal Fiscal Year (FFY) 2013 (Q1) reflects data collection and survey instrument changes effective October 2012 and to include “Know More About Rights and Options” as a non-residential advocacy service outcome.



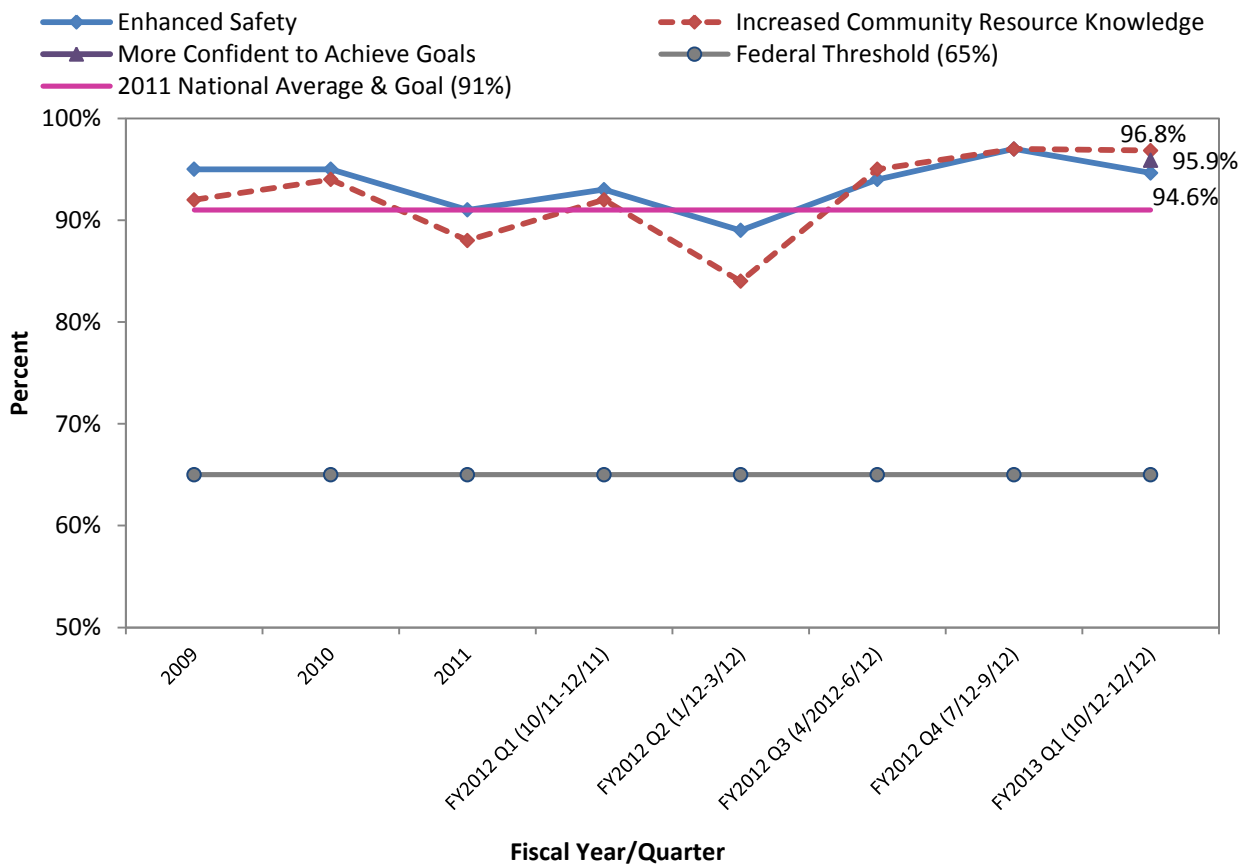
## Domestic Violence Program (DVP)

Measure: **Non-residential individual counseling service outcomes**

How it is measured: *Numerator:* Quarterly number of clients who indicated having achieved a specific outcome because of the non-residential individual counseling services received  
*Denominator:* The number of non-residential support group services client surveys. Surveys returned in FFY 2013 Q1 (Oct-Dec 2012): 371

Why this matters: Services provided through the Domestic Violence Program are supposed to enhance safety, increase community resource knowledge, and increase confidence to achieve goals.

Goal: **↑ 91%**



Trend: Non-residential individual counseling service performance declined slightly for the safety outcome, while performance for the knowledge of community resources remained the same; both outcomes exceeded the 91% goal. DVP has not yet established a goal for the new outcome, “More Confident to Achieve Goals.”

Notes: Federal Fiscal Year (FFY) 2013 (Q1) reflects data collection and survey instrument changes effective October 2012 and is the first fiscal year to include “More Confident to Achieve Goals” as a non-residential counseling service outcome.



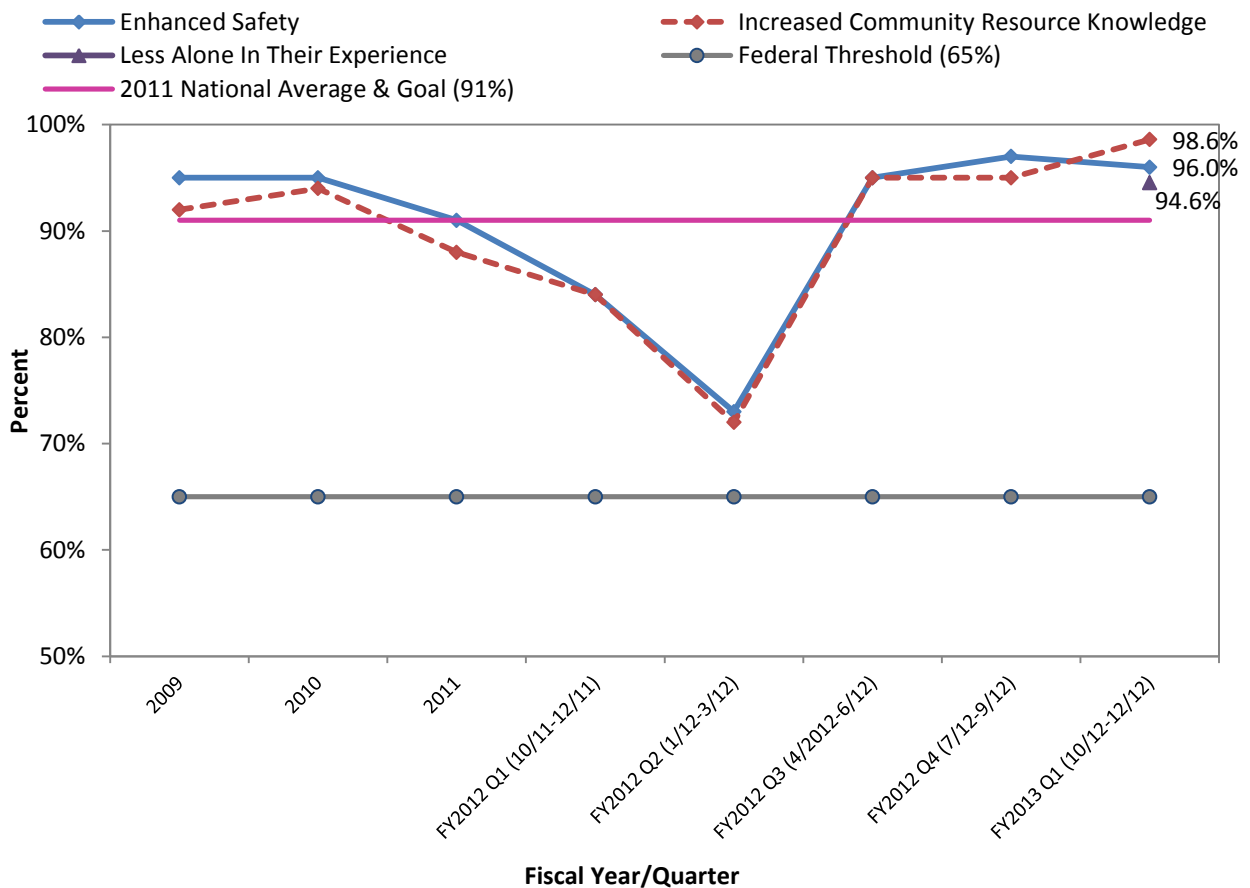
## Domestic Violence Program (DVP)

Measure: **Non-residential support group service outcomes**

How it is measured: *Numerator:* Quarterly number of clients who indicated having achieved a specific outcome because of the non-residential support group services received  
*Denominator:* The number of non-residential support group services client surveys; surveys returned in FFY 2013 Q1 (Oct-Dec 2012): 308

Why this matters: Services provided through the Domestic Violence Program are supposed to enhance safety, increase community resource knowledge, and decrease feelings of being alone.

Goal: **↑ 91%**



Trend: Non-residential support-group service performance improved slightly for the knowledge of community resources outcome, while performance for the safety outcome declined slightly; both outcomes exceeded the 91% goal. DVP has not yet established a goal for the new outcome, “Less Alone in Their Experience.”

Notes: Federal Fiscal Year (FFY) 2013 (Q1) reflects data collection and survey instrument changes effective October 2012 and is the first fiscal year to include “Less Alone in My Experience” as a non-residential group service outcome.

## Office of Early Childhood

### Description

The Office of Early Childhood (OEC) was created in July 2012 to consolidate and better administer early childhood programs in Colorado. This consolidation of programs and services supports parents by strengthening collaboration and coordination between the state-level early childhood system and local delivery systems.

The Office of Early Childhood has brought together seven programs that formerly 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 maximizes available resources without incurring additional expenses. Additionally, the OEC continues 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 public 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.

Director: David Collins

#### Executive Summary

- *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 8.5% in January of 2013. Further, the percentage of manual non-sub reimbursement payments has declined, going from 8.2% to 1.2% in the same months.
  - A CHATS build scheduled for April 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 Providers:* Currently, 20% of all licensed childcare providers and preschools in Colorado have a quality rating. Of those facilities that are rated, 85% 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 100% of the time, while twelve-month supervisory inspections fluctuate between 97% and 100% in the most recent quarter. When extended to 24 month and 36 month inspections, the percentages fall, to 85% for 24 month, and 50% for 36 month inspections.
  - The number of childcare centers requiring one-month and 36-month inspections is very small; therefore, a decline in performance should be interpreted with caution, as it reflects a relatively low number of inspections.

#### Measures

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

## Division of Early Care and Learning (ECL)

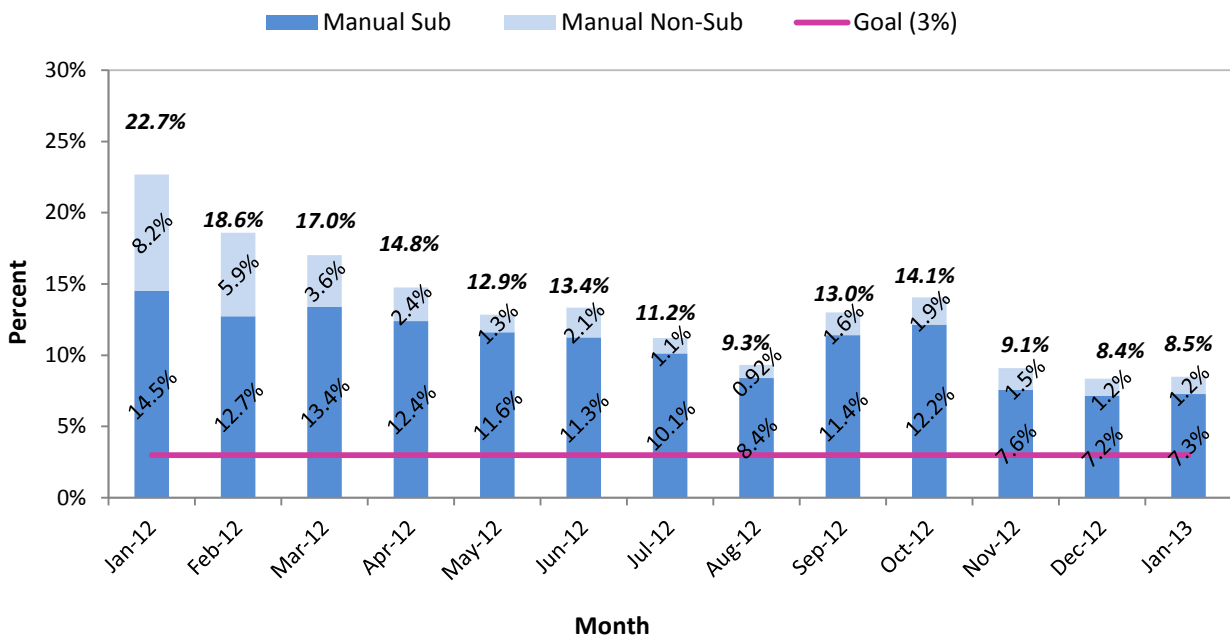
Measure: **Accurate child care reimbursement**

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: \$5,230,947.

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 federal agency on cost/child and utilization of program, 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 8.5% in January of 2013. Further, the percentage of manual non-sub reimbursement payments has declined going from 8.2% to 1.2% in the same months.

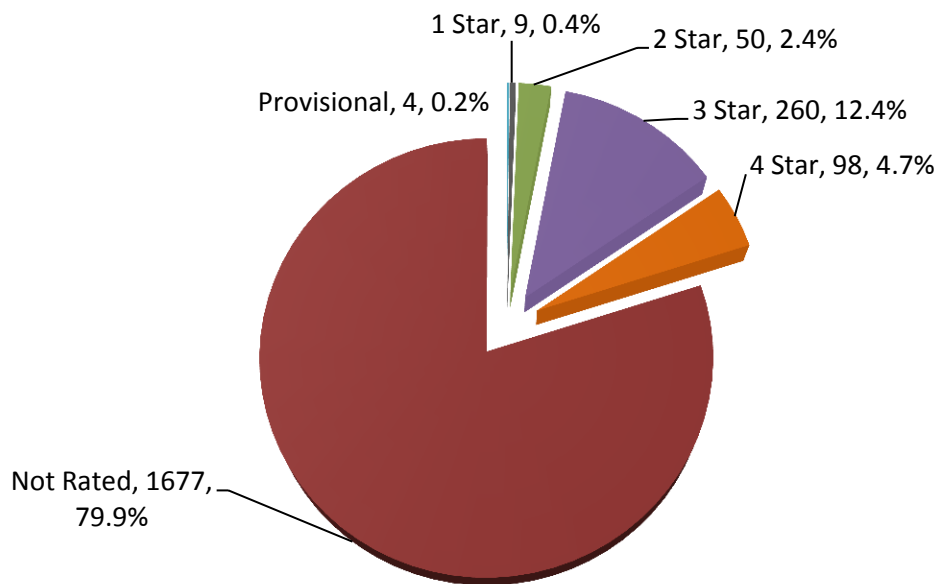
## Division of Early Care and Learning (ECL)

Measure: **Quality rated child care programs**

How it is measured: *Numerator:* Total number of child care programs with at least one quality rated classroom  
*Denominator:* Total number of licensed child care programs and preschools; Average monthly denominator: 2,056

Why this matters: Research has consistently supported positive outcomes associated with high quality early childhood experiences including, but not limited to, reduced racial, ethnic and socio-economic achievement gaps, reduced special education costs, increased high school graduation rates, reduced crime rates over time, with a very significant impact on public spending, increased employment, income and tax contribution levels, decreased public health care, welfare and child care expenses, and reduced grade repetition.

Goal: **↑ N/A**



Trend: Currently, 20% of all licensed child care providers and preschools in Colorado have a quality rating. Of those facilities that are rated, 85% have a 3-Star or 4-Star rating.

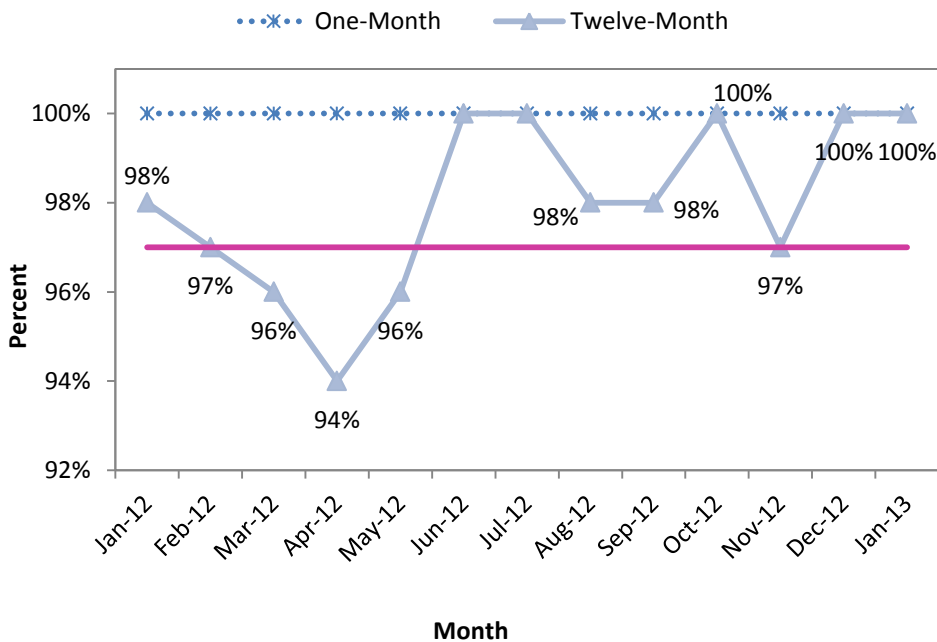
## Division of Early Care and Learning (ECL)

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; Average monthly denominator(s): one-month: 6; 12-month: 60

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.

## 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 that affect school readiness and academic success.

Director: Tammi Graham

#### Executive Summary

- 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, on those infants and toddlers who do 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.

#### Measures

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

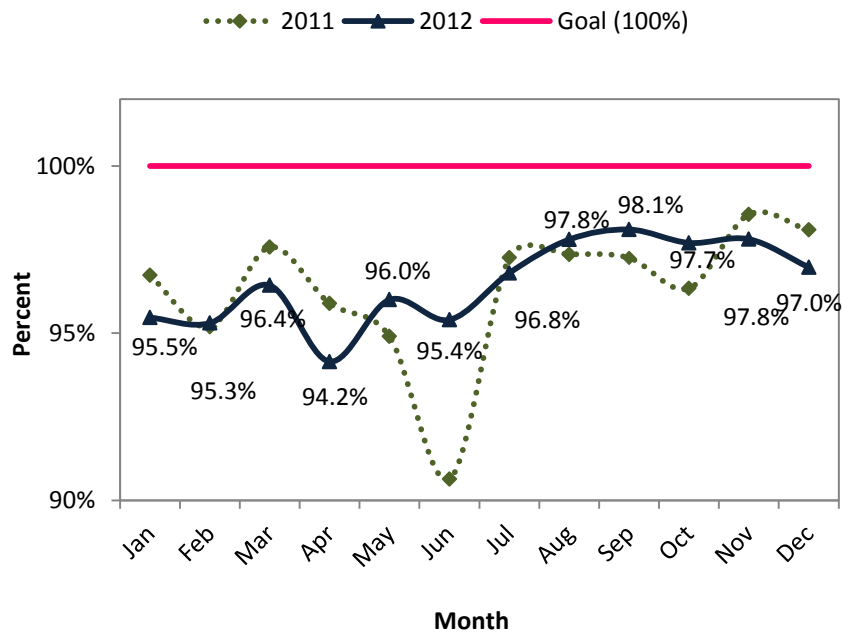
## Division of Community and Family Support (DCFS)

**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: 638

**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. Performance had steadily increased from June to September 2012, but declined slightly in the last quarter.

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

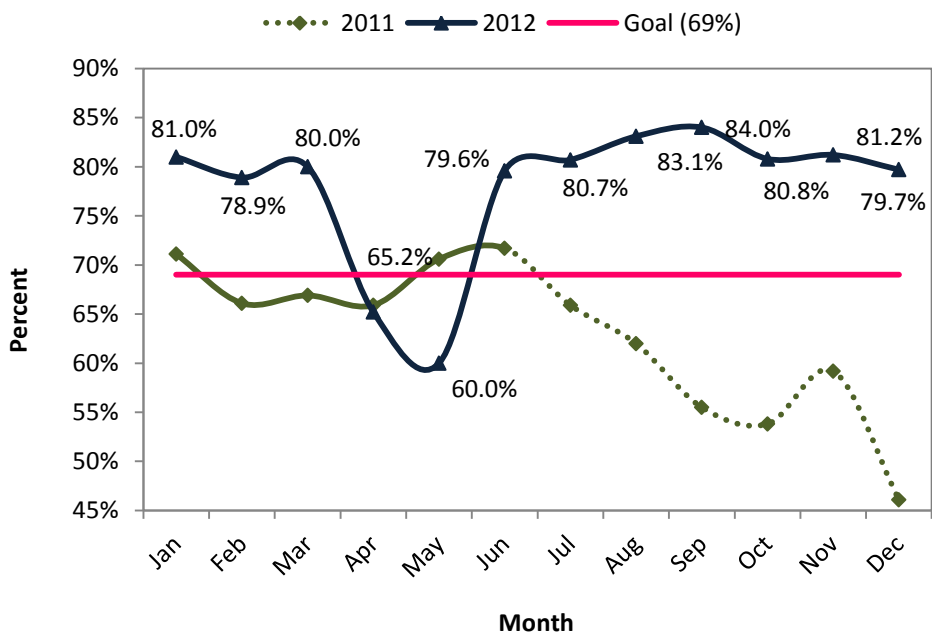
## Division of Community and Family Support (DCFS)

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: 73

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 in 2012. With the exception of two months (April and May), the performance has exceeded the goal of 69%.

Notes: Data are not available until 60 days after services are completed. This is a longitudinal measure in which ratings are collected at entry to (within 16 weeks of referral) and at exit from (within 90 days prior to exit) 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.

## 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 two key performance measures to be tracked through the C-Stat process; one of these measures mirrors the Federal performance standards that are tied to incentive payments for states. The second 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 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 the Ten Large 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 they have conducted several county site-visits, in which the C-Stat data along with practice is discussed.

### Measures

- [Child Support Collected](#)
- [Arrears Payments](#)

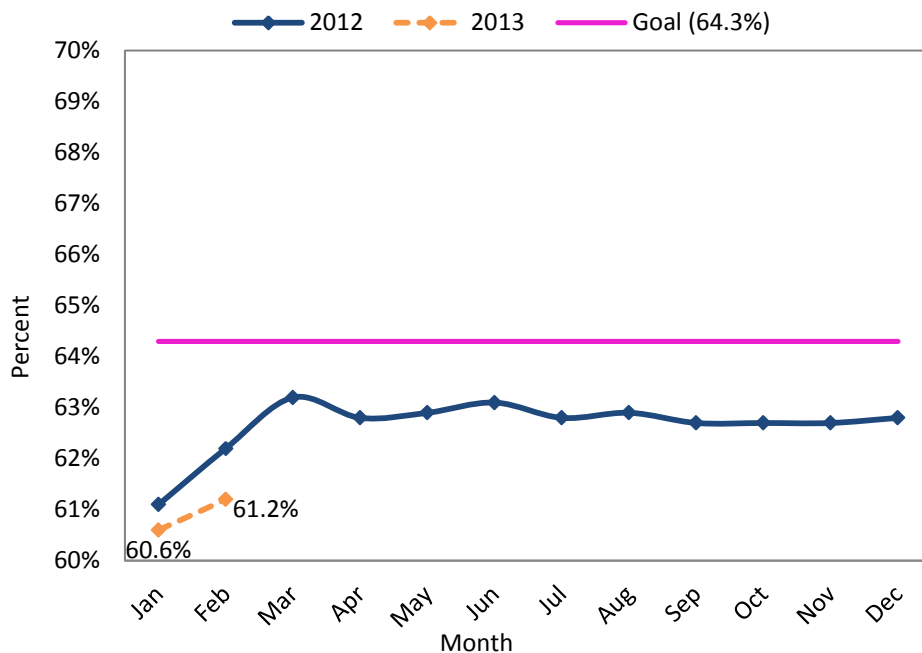
## Child Support Services (CSS)

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 for January and February 2013: \$63.2m

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

Goal: **↑64.3% (State Goal)**



Trend: Prior years' performance had very little variability in this measure after the initial spike in March related to the tax intercept. Performance in 2013 is trending in the same direction though to a lesser degree.

## Child Support Services (CSS)

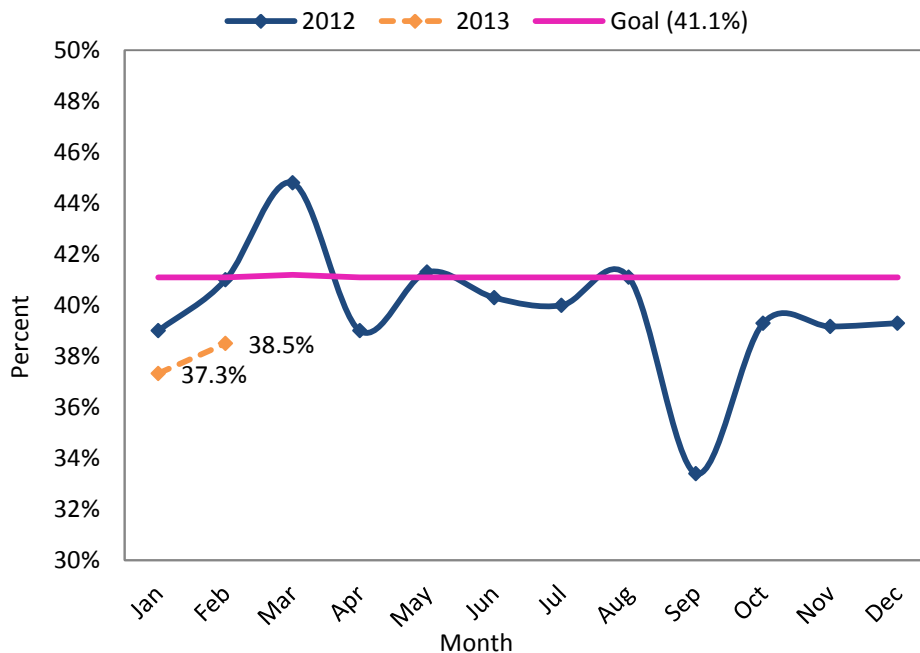
Measure: **Arrears payments**

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; Average monthly denominator: 112,437

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

Goal: **↑ 41.3%**



Trend: Wide variability in 2012, data in 2013 demonstrating a similar pattern as 2012 thus far.

Notes: Sharp dip in September, 2012 due in part to a new automated payment system for Social Security which intercepts and applies payments to arrears. In August, 2012, a 5<sup>th</sup> Friday resulted in a 2<sup>nd</sup> automated payment of Social Security to arrears 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 to track in C-Stat.
- 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)

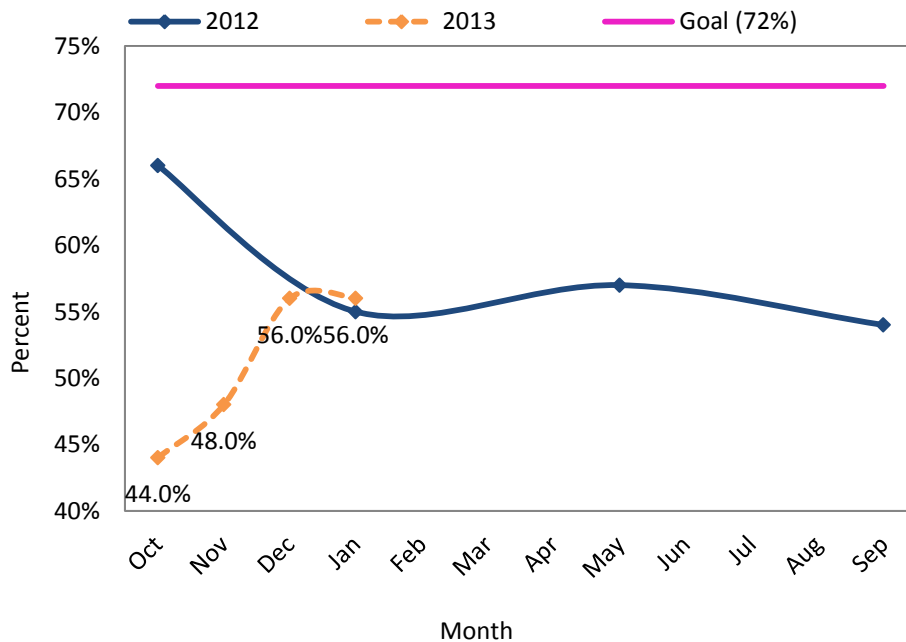
Measure: **Entered employment (Federal Measure)**

How it is measured: *Numerator:* Cumulative number of refugees newly entering employment during the month

*Denominator:* Cumulative number of persons receiving employability services through the month; Cumulative denominator: 519 (see Note).

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

Goal: **↑ 72% (State Goal)**



Trend: In 2013, data points are now presented cumulatively to more accurately display the relationship to the goal. Increasing percentage of entered employment from October 2012 through January 2013.

Note: Data runs in arrears.

## Colorado Refugee Services Program (CSRP)

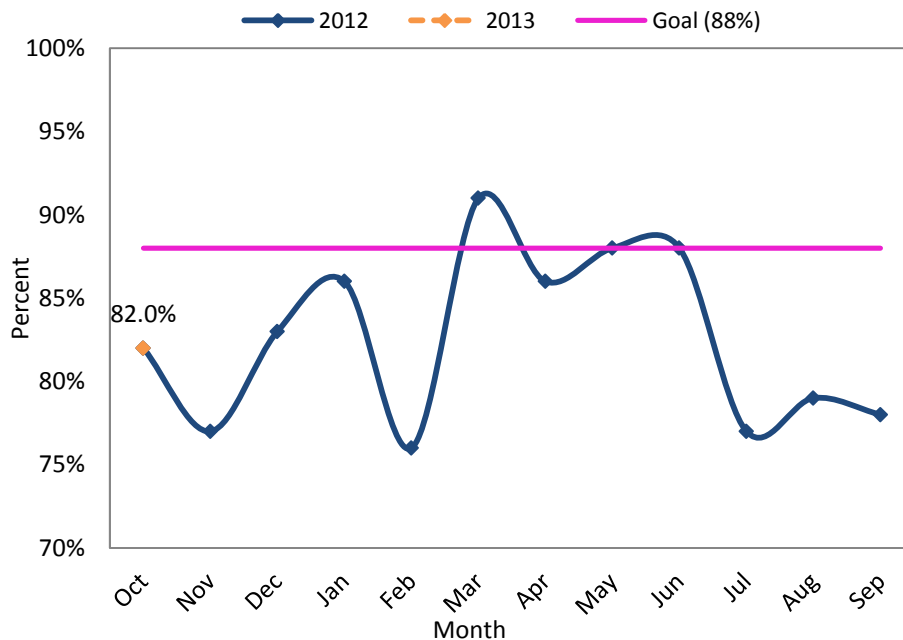
Measure: **90-day employment retention (Federal Measure)**

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; Average monthly denominator: 82

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

Goal: **↑88% (State Goal)**



Trend: First data point of 2013 is similar to previous year's performance at 82%.

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:

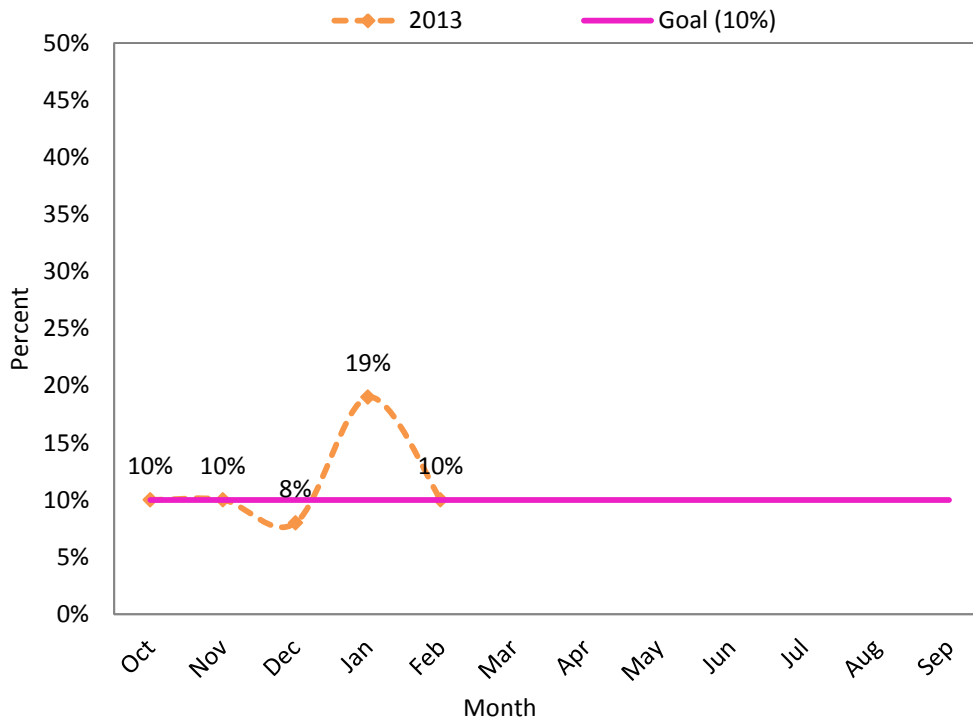
*Numerator:* Number of students advancing one level of English proficiency in a month

*Denominator:* Total number of students enrolled in ESL class on the first day of the month; Average monthly denominator: 275

Why this matters:

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

Goal: **↑10%**



Trend:

With the exception of January 2013 at 19%, performance is consistently around 10%.

Note:

Data runs in arrears

## 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. In February 2013, Colorado Works attained 12 consecutive months of meeting 95% for Timely New Applications. In regards to Redeterminations, data over the past year have demonstrated significant improvement.
- While Colorado Works has identified employment as a leading outcome of the program to enhance economic security and self-sufficiency, data capabilities have hampered progress for reporting in this area. Colorado Works is currently working to develop a mechanism for capturing meaningful employment data.

#### Measures

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

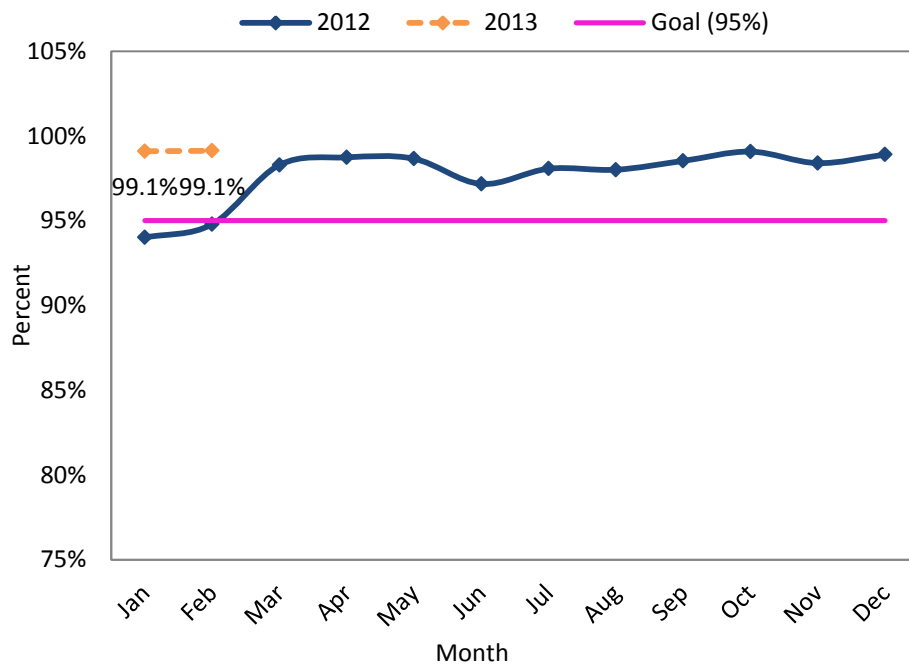
## Colorado Works

Measure: **Timeliness of new applications**

How it is measured: *Numerator:* Number of new applications processed timely  
*Denominator:* Total number of new applications; Average monthly denominator: 2,486

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: Steady attainment of goal since March 2012.

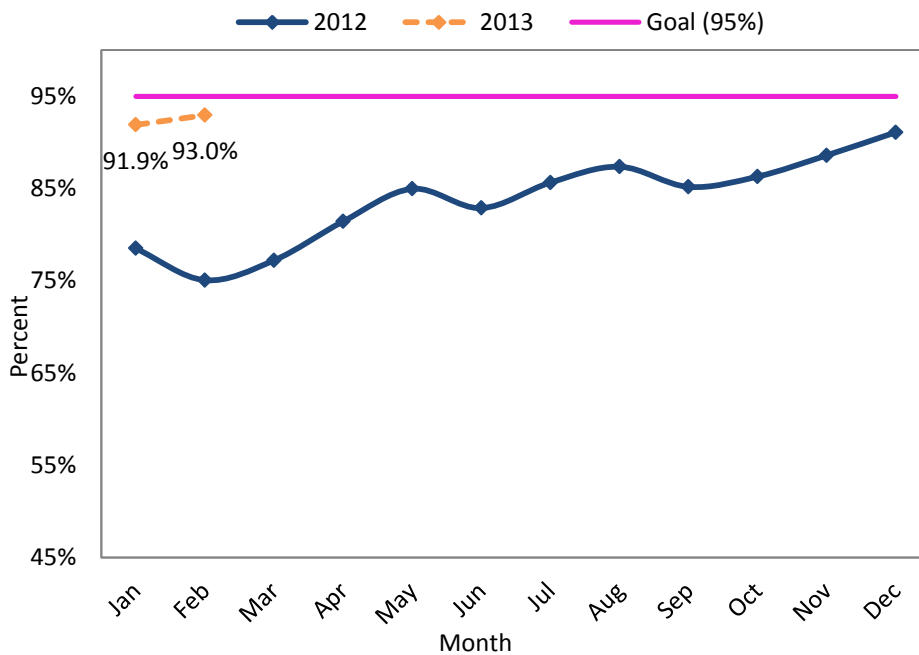
## Colorado Works

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

How it is measured: *Numerator:* Number of redetermination applications processed timely  
*Denominator:* Number of redetermination applications; Average monthly denominator: 737

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 progress towards goal, now performing just under goal of 95%.

## 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.
- Beginning this season, LEAP began reporting performance data for the Ten Large and balance of state counties in the C-Stat meeting.
- 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](#)

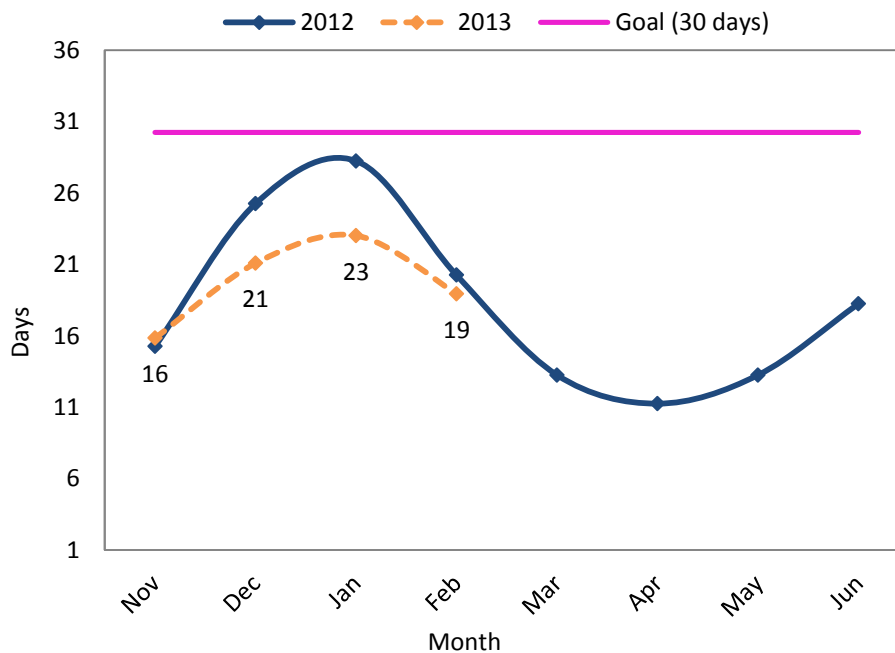
## Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular applications**

How it is measured: *Numerator:* Number of days to process regular applications  
*Denominator:* Total number of regular applications; Average monthly denominator: 15,780

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: Similar pattern to 2012 with demonstrated improvement over the last year.

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

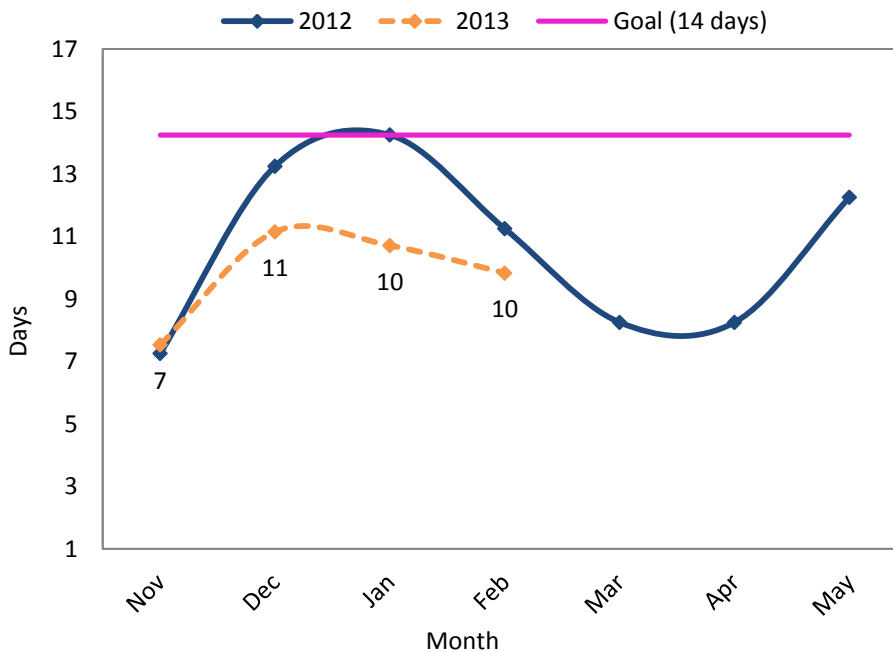
## Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of emergency applications**

How it is measured: *Numerator:* Number of days to process emergency applications  
*Denominator:* Total number of emergency applications; Average monthly denominator: 3080

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: Plateau in performance over the past three months around 10 days.

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% in timely processing, within federal guidelines, for *Timely New Applications*, *Timely Expedited Applications* and *Timely Redetermination Applications* and sustain the 95% compliance rate for 12 consecutive months. In February 2013, Food Assistance met the compliance requirement by having sustained for twelve consecutive months the timely processing of regular new applications. Slow but gradual improvement has been maintained in redetermination applications. Expedited applications had a timeliness compliance rate hovering around 90% for the past twelve months.
- 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. Though this was previously reported in this report, it is no longer, and is instead being reviewed and discussed in the C-Stat meeting as necessary.
- The Federal government holds State Food Assistance programs accountable for *Error Rate of Negative Actions* and *Error Rate of Payment*. The measurement of the error rate falls 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](#)
- [Error Rate Negative Actions](#)
- [Error Rate Payment](#)

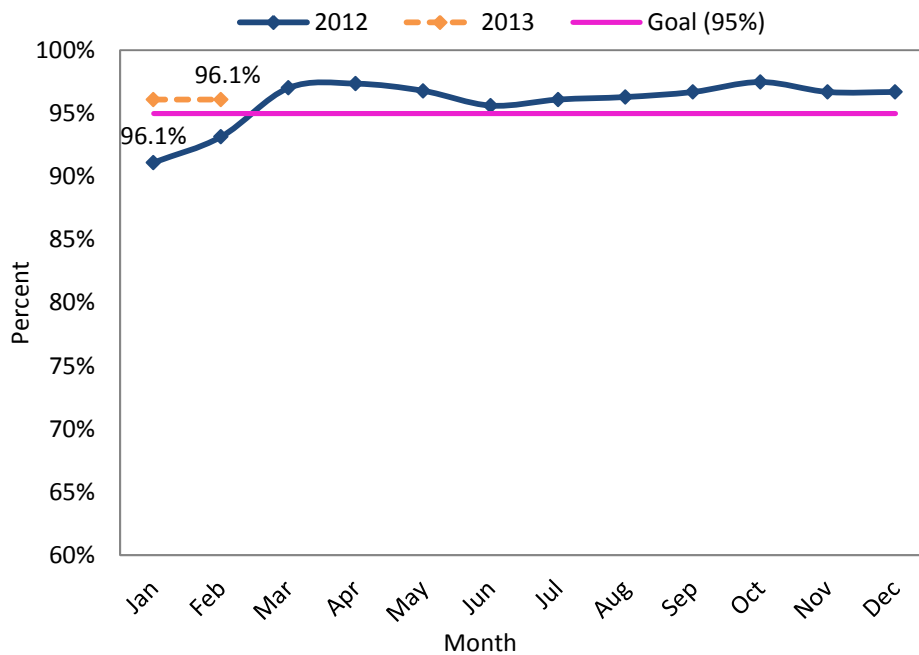
## Food Assistance (FA)

Measure: **Timeliness of new applications**

How it is measured: *Numerator:* Number of new applications processed timely  
*Denominator:* Total number of new applications; Average monthly denominator: 11,605

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: Consistently above goal for twelve consecutive months.

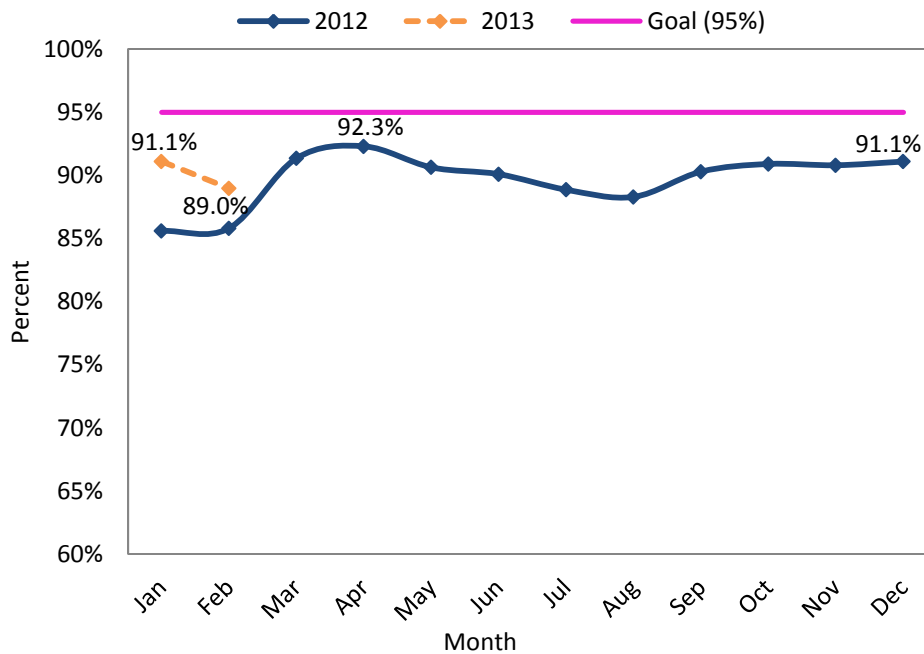
## Food Assistance (FA)

Measure: **Timeliness of expedited applications**

How it is measured: *Numerator:* Number of expedited applications processed timely  
*Denominator:* Total number of expedited applications; Average monthly denominator: 9,860

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: Consistently performing around 90%. Has yet to reach the 95% goal.

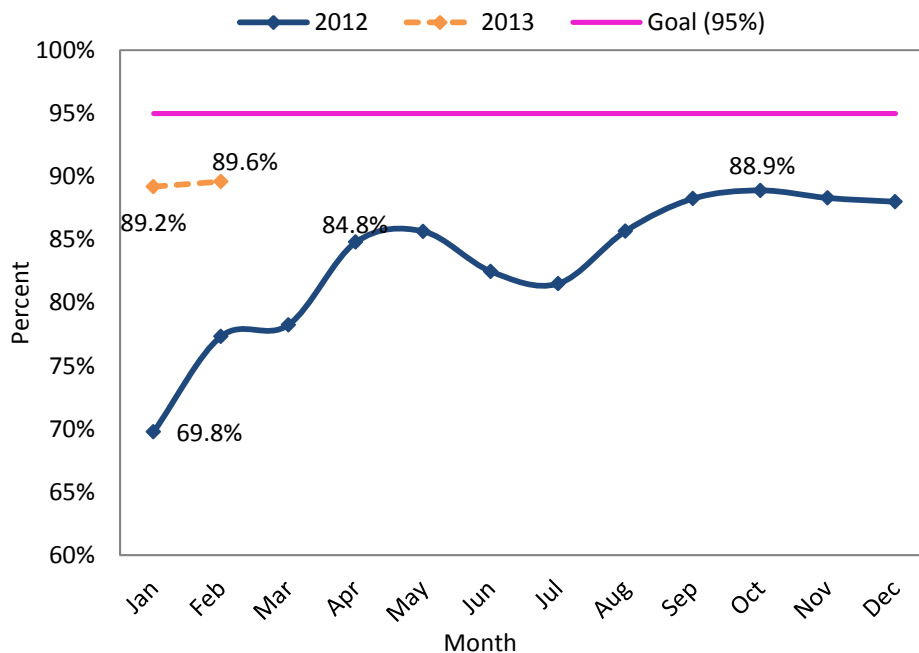
## Food Assistance (FA)

Measure: **Timeliness of redetermination applications**

How it is measured: *Numerator:* Number of redetermination applications processed timely  
*Denominator:* Total number of redetermination applications; Average monthly denominator: 21,264

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: Steady progress towards goal of 95% over last 12 months.

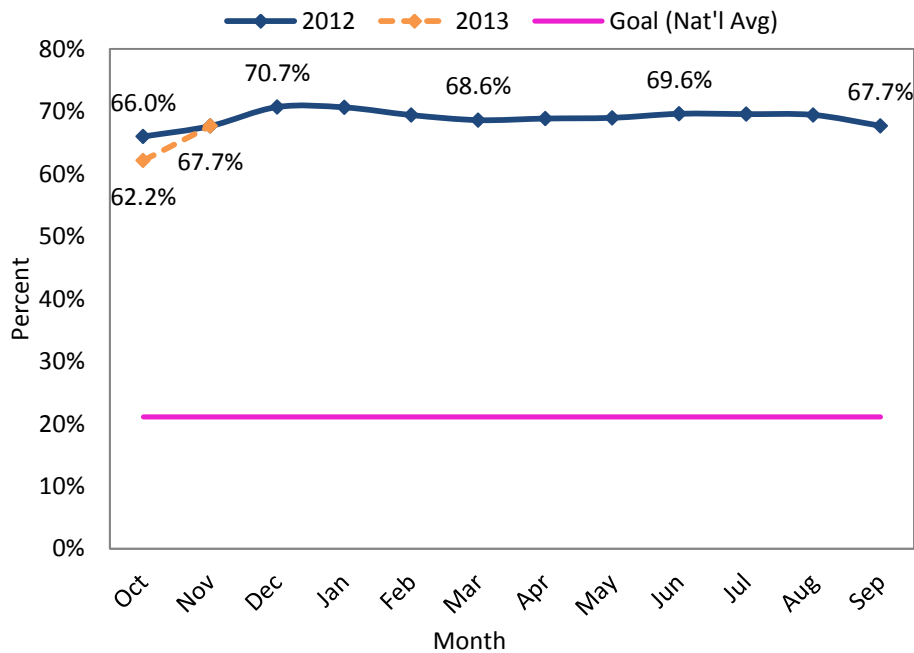
## Food Assistance (FA)

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; Average monthly denominator: 80

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 2012.

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

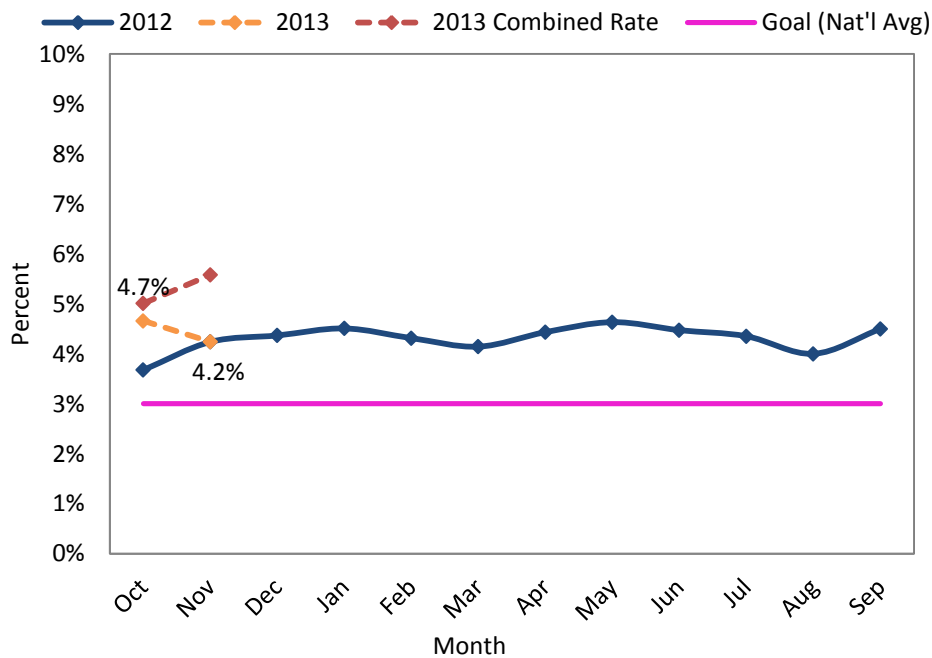
## Food Assistance (FA)

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; Average monthly denominator: \$28,960

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

Goal: **↓ Below national average**



Trend: Consistently performing around 4.5%, above goal of 3%.

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 lines for 2012 & 2013). SNAP QA also tracks errors at any dollar threshold, called the “Combined Error Rate” (see red 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.

Program Manager: Lena Harris-Wilson

#### Executive Summary

- FDP had previously reported on three measures including *Caseload Capacity*, *Entitlement Spending*, and the *National School Lunch Program Food Expiration*. At this time CDHS is re-evaluating what are the most meaningful measures to examine FDP ongoing. The *National School Lunch Program Food Expiration* measure continues to be tracked internally on the C-Stat dashboard.

## 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.

Acting Director: Todd Jorgenson

#### Executive Summary

- DVR reports on three measures, *Case Closure by Type*, *Timeliness of Eligibility Determination* and *Competitive Employment Outcomes*.
- DVR has four times at which cases can be closed, before eligibility has been determined, before a plan has been established, during the service phase, and after employment has been successfully established. In the measure, *Case Closure by Type*, DVR is working to increase the percentage of successful closures to 50%. They currently close most cases successfully about 40% of the time.
- In their effort to increase successful closures as well as increase *Timeliness of Eligibility Determination*, DVR has been engaged in revamping their quality assurance processes. Through these efforts DVR hopes to better understand the most effective eligibility worker practices and disseminate those across the division.

#### Measures

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

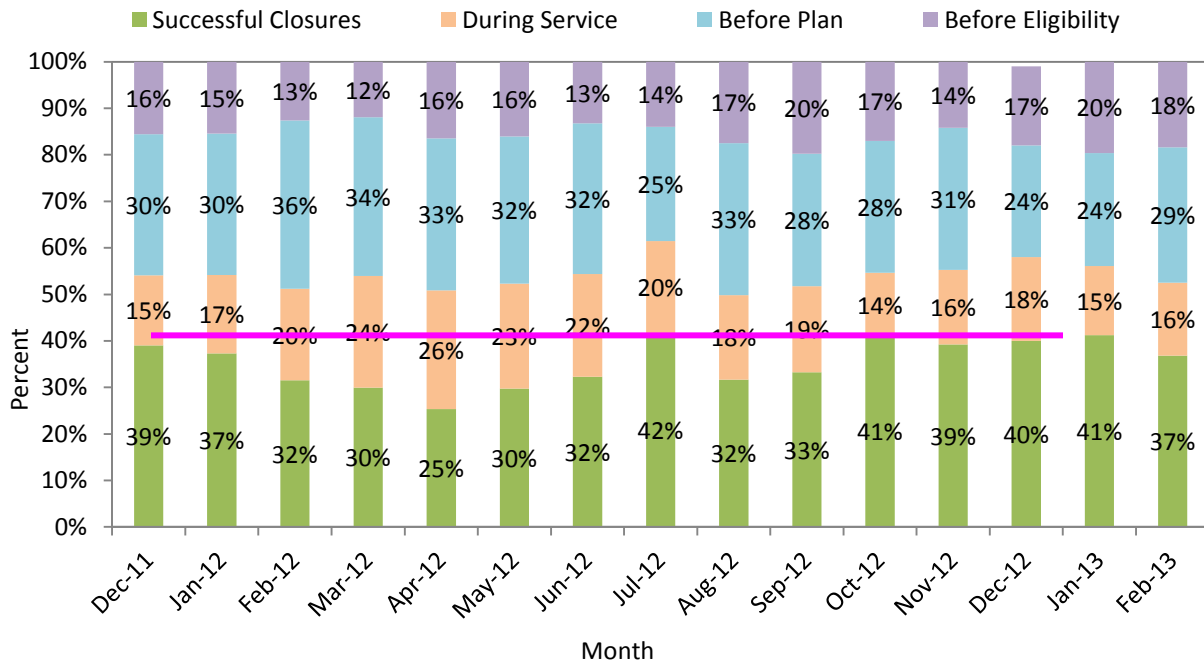
## Division of Vocational Rehabilitation (DVR)

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). *Denominator:* Total number of case closures during the month; Average monthly denominator: 660

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); hovering around 40% of all closures since October, 2012, below goal of 50%.

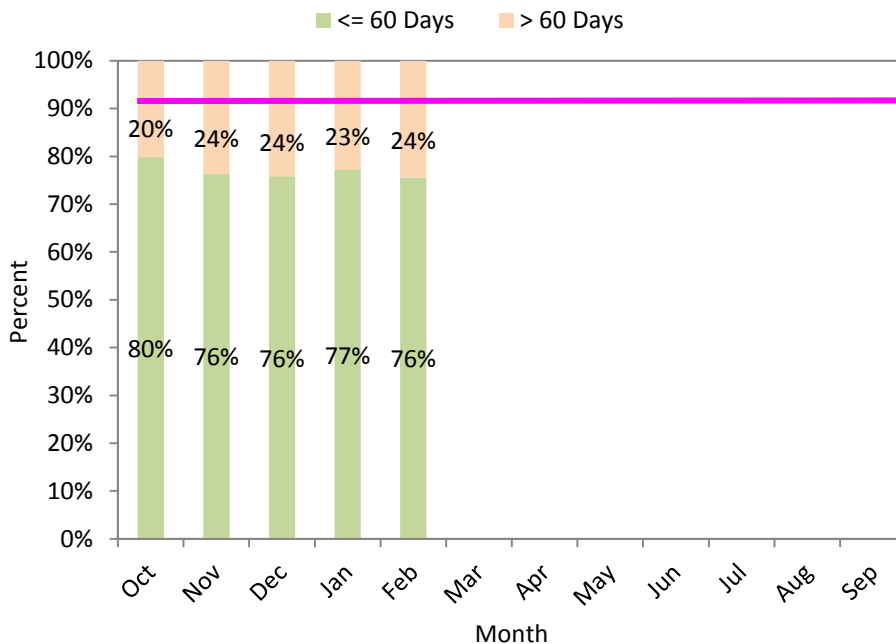
## Division of Vocational Rehabilitation (DVR)

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; Average monthly denominator: 570

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.

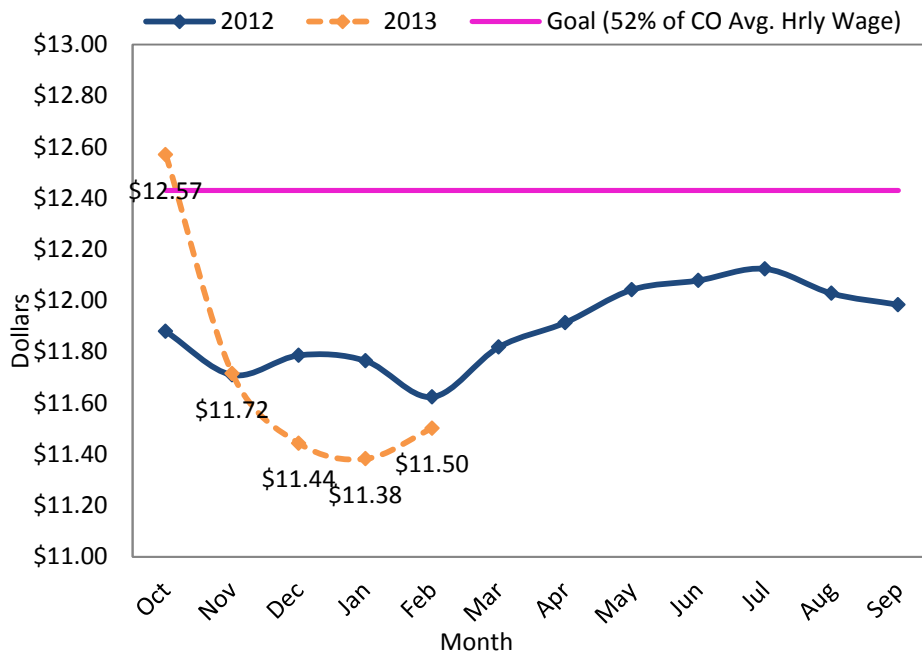
## Division of Vocational Rehabilitation (DVR)

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 2012 to February 2013.

## 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), 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.
  - AAS has determined that the main issue related to untimely APS inquiries is untimely data entry, or not entering data into the data system prior to the timeliness report being run for a particular month. This shows as an untimely APS inquiry when, in fact, the contact was made timely, just not entered into the data system timely. In February, AAS began to distribute a monthly report to counties that alerts them to any inquiries that have the potential for being considered late when the timeliness report is run for that month.
- 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.
  - AAS has begun to examine, on a monthly basis, the backlog associated with each of these measures, both Statewide and by county. Backlog is defined as all pending, initial, and redetermination Adult Financial applications for which a determination has yet to be made and processing time frames have already been exceeded. AAS distributes backlog reports to the counties on a weekly basis. Over the past three months, there has been an overall reduction in the volume of backlog.
- 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.

#### Measures

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

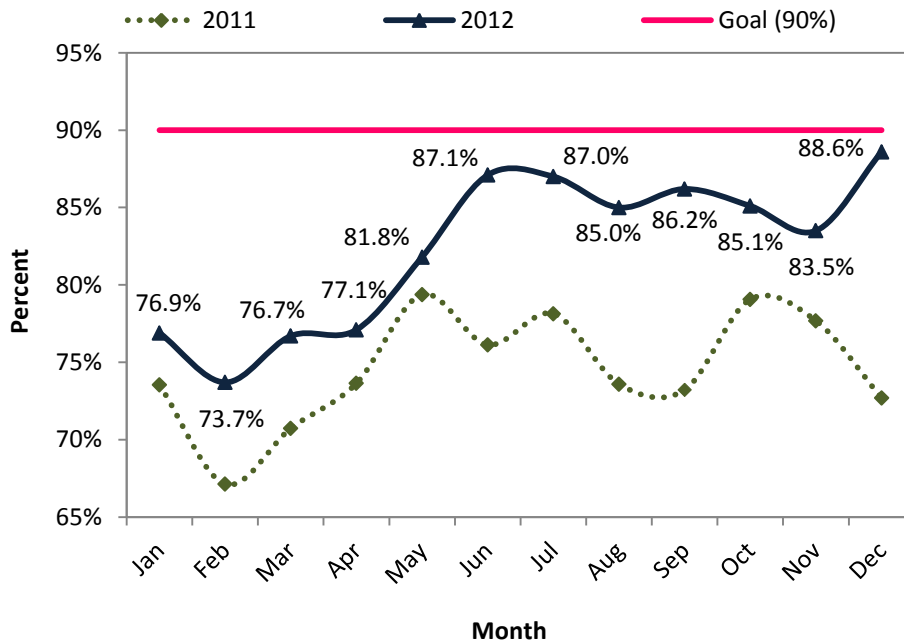
## Aging and Adult Services (AAS)

Measure: **Timely adult protection inquiries**

How it is measured: *Numerator:* Number of timely responses  
*Denominator:* Number of responses; Average monthly denominator: 522

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

Goal: **↑90%**



Trend: Timeliness had seen a slow decline since Sep. 2012; however, performance has increased from Nov. 2012 to Dec. 2012, currently at 88.6%, the highest point of the reporting period captured.

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

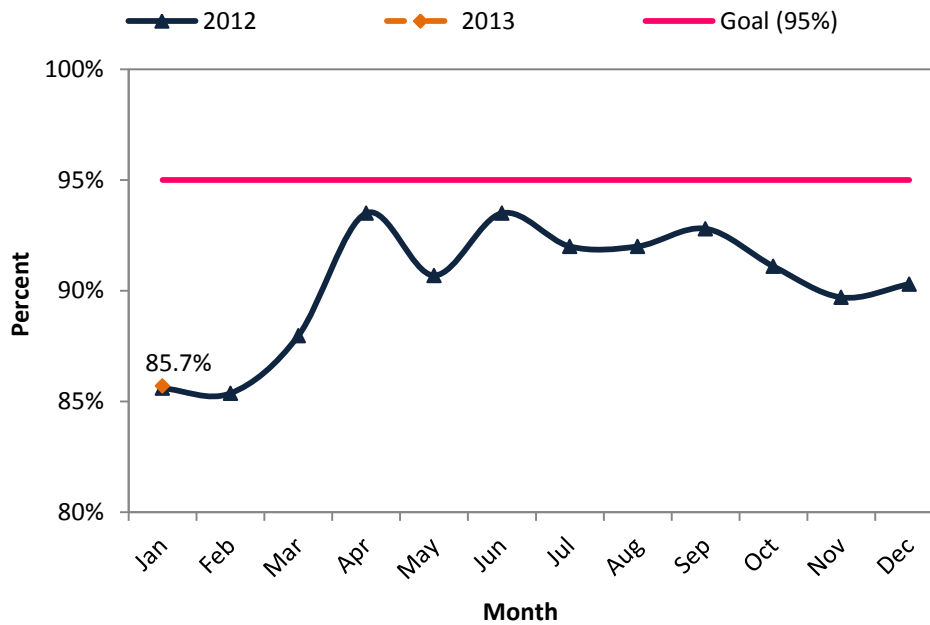
## Aging and Adult Services (AAS)

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: 2,559

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

Goal: **↑95%**



Trend: Performance on this measure was variable at the end of 2012; however, timeliness has decreased substantially from Dec. 2012 to Jan. 2013.

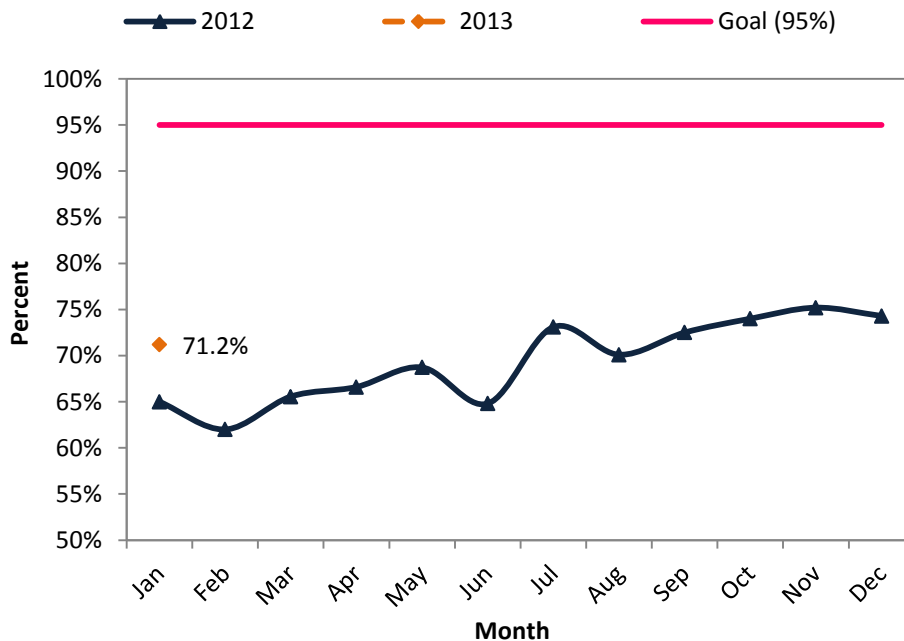
## Aging and Adult Services (AAS)

Measure: **Timely redetermination applications**

How it is measured: *Numerator:* Number of timely processed redetermination applications  
*Denominator:* Number of processed redetermination applications; Average monthly denominator: 1,412

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 steadily improved between Aug. 2012 and Nov. 2012. However, since that time, performance has gradually decreased.

## Developmental Disabilities

### Summary

#### Description

The Division of Developmental Disabilities (DDD) administers services for both children with developmental disabilities (birth through age 17) and adults with developmental disabilities (age 18 and older). There are two programs to 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 assist with costs beyond those typically experienced by other families. There are also two programs to assist adults: 1) Home and Community Based Services-Developmental Disabilities, which are aimed at adults who require residential and other supports to live safely (including access to 24-hour supervision) and who do not have other sources for meeting those needs, and 2) Home and Community Based Services-Supported Living Services, which supplement already available supports for adults who either live semi-independently with limited supports or who, if they need extensive support, are getting that support from other sources, such as their family.

Acting Director: Barb Ramsey

#### Executive Summary

- DDD has identified one performance measure, *Participants Receiving Supported Employment*, 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.
  - Supported Employment occurs on a continuum of integration settings. These settings, from least integrated to most integrated, include: 1) Specialized Habilitation, 2) Prevocational Services, 3) Supported Community Connection, 4) Supported Employment – Group, and 5) Supported Employment – Individual. Currently, this measure captures the Supported Employment – Group and Supported Employment – Individual settings in determining its performance, and does so aggregately.
  - DDD shares statewide and individual CCB data with CCB Executive Directors, on a monthly basis, and with CCB Case Managers, on a quarterly basis.

#### Measures

- [Participants Receiving Supported Employment](#)

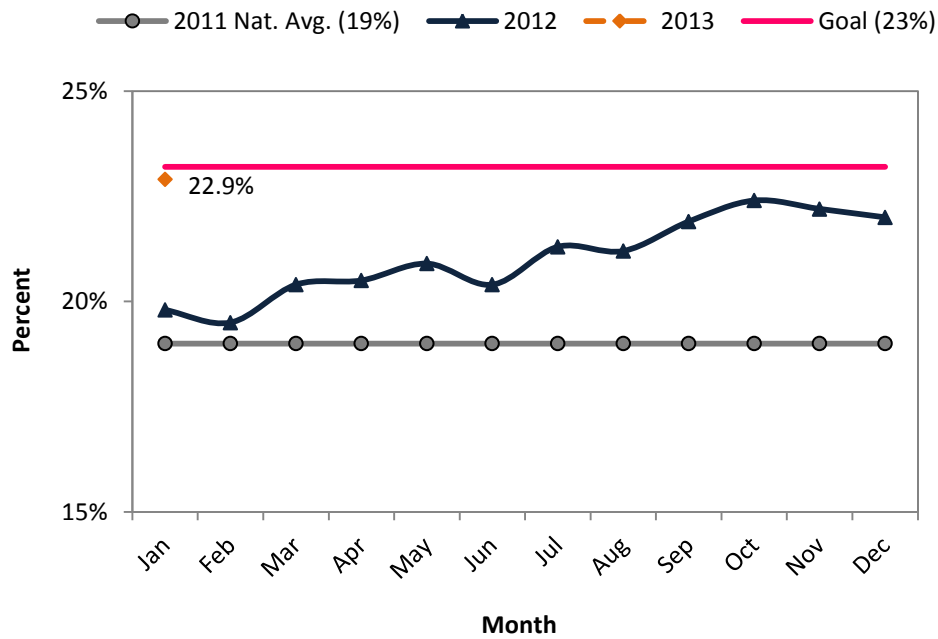
## Developmental Disabilities Division (DDD)

Measure: **Participants receiving supported employment**

How it is measured: *Numerator:* Number of clients for whom a supported employment claim (group & individual) 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: 6,187

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

Goal: **↑23%**



Trend: After a slight decline in performance on this measure over the last 2 months, performance in the most recent month improved to just under the goal at 22.9%, and is at its highest point of the reporting period captured.

## 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

- DDS has identified three performance measures to be examined on a monthly basis.
- DDS collects data on *Mean Number of Days to Process Initial Eligibility Decisions*, *Examiner Processing Time* and *Percentage of Accurate Initial Eligibility Decisions*.
  - In February, *Examiner Processing Time* was introduced as a DDS performance measure. *Examiner Processing Time* measures the processing time for the examiner, from the point at which he/she is assigned a case until the point at which the case is cleared. *Examiner Processing Time* is a more representative measure of the "real" work time for examiners as it excludes the shelved/staged time that continues to occur on a large share of initial claims due to the high case volume being experienced by DDS relative to staffing resources to process the caseload. This performance measure better reflects the work processing time over which examiners have control.
  - The performance measure, *Percentage of Accurate Initial Eligibility Decisions*, examines both decisional and documentation accuracy. Data has demonstrated that the majority of DDS errors over the past six months have been related to documentation accuracy as compared to decisional accuracy. DDS has supplemented their current internal quality assurance processes with the following actions: 1) requesting federal assistance for case reviews to determine appropriate training actions and possible trends, 2) re-allocating quality assurance resources to the audit function, 3) increasing internal sampling rates, 4) increasing sampling and supervisory reviews for examiners with internal or external quality ratings below standard, and 5) increasing professional relations and quality assurance outreach to attorney/non-attorney providers of Medical Evidence of Record to provide more complete, accurate medical records.

#### Measures

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



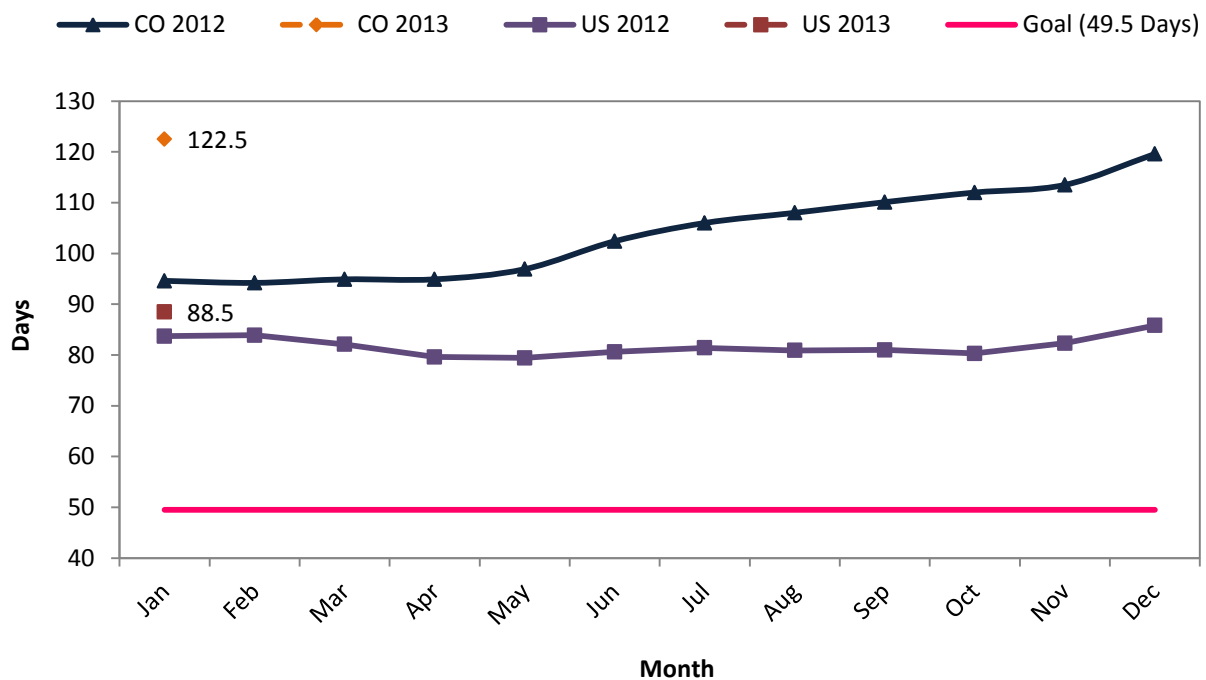
## Disability Determination Services (DDS)

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: 2,454

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: Mean number of days has shown an increase since Apr. 2012 and is currently at its highest point for the reporting period captured, at 122.5 days.

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)

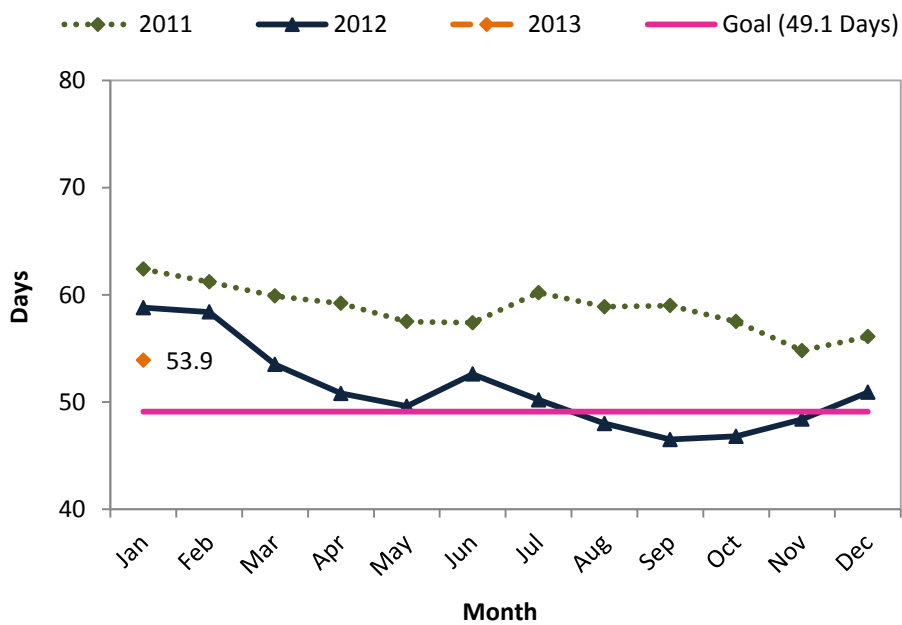
Measure: **Examiner processing time**

How it is measured: *Numerator:* Number of days (from assign date to clearance date) to close disability claims

*Denominator:* Number of disability claims closed; Average monthly denominator: 2,209

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

Goal: **↓49.1 days**



Trend: Examiner processing time has seen an increase since Sep. 2012. Performance is above the goal at 53.9 days.

Notes: This measure utilizes data from both the Social Security Disability Insurance and the Supplemental Security Income.

## Disability Determination Services (DDS)

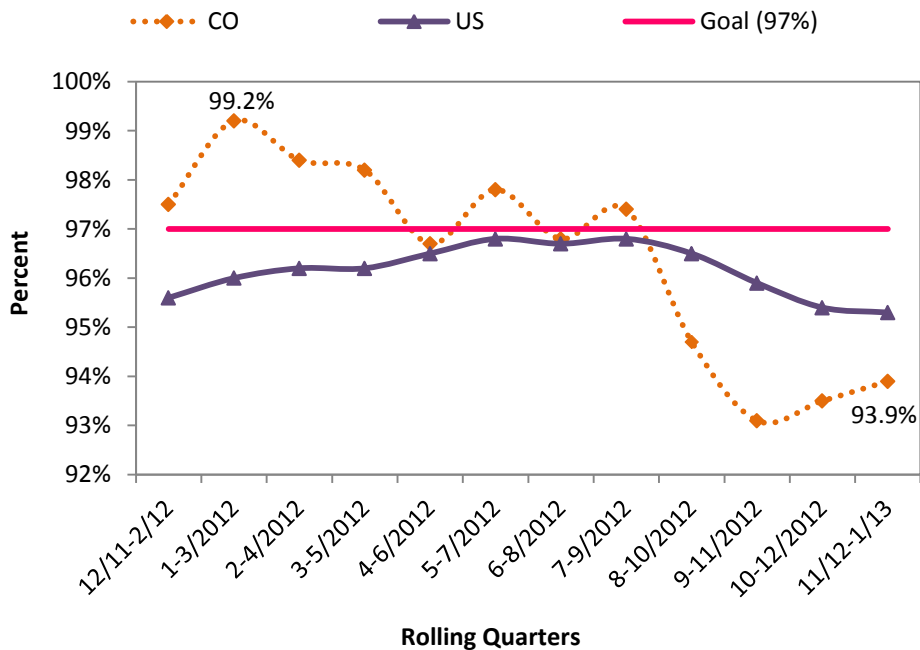
Measure: **Percent of accurate initial eligibility decisions (Federal Measure)**

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; Average quarterly denominator: 141

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: Accuracy of decisions has seen an improvement over the last two rolling quarters; however, performance remains below the goal and national rate at 93.9%.

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 only a small sample, approximately 50 cases, is drawn to examine accuracy each month. In this way, data are available more timely (i.e., monthly instead of quarterly) and each data point represents a 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 (WRRRC), 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

- DRCO has identified seven 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, as well as begun to examine external processes involving the Division of Developmental Disabilities and Community Centered Boards, 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 collects data on *Percent Assessed for Readiness to Transition/Discharge* and *Length of Time to Transition/Discharge*.
  - Historically, the Long-Term Habilitation model was not one from which residents transitioned back into the community, resulting in long lengths of stay from admission to readiness for transition/discharge. Therefore, DRCO determined that *Length of Time to Transition/Discharge* is the only meaningful length of time measure for this population. Over the past six months, DRCO has had 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. *Percent Assessed for Readiness to Transition/Discharge* 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.
  - For the quarter represented in this report, DRCO has examined physical intervention data by shift, as well as by resident and staff involved. From this data exploration, DRCO developed next steps to be taken to address physical interventions including adjusting staff schedules in the Homes to have staggered arrival and departure times and implementing the Positive Behavioral Supports Program.

## 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](#), [Long-Term](#)
- Percent Assessed for Readiness to Transition/Discharge-[Long-Term](#)

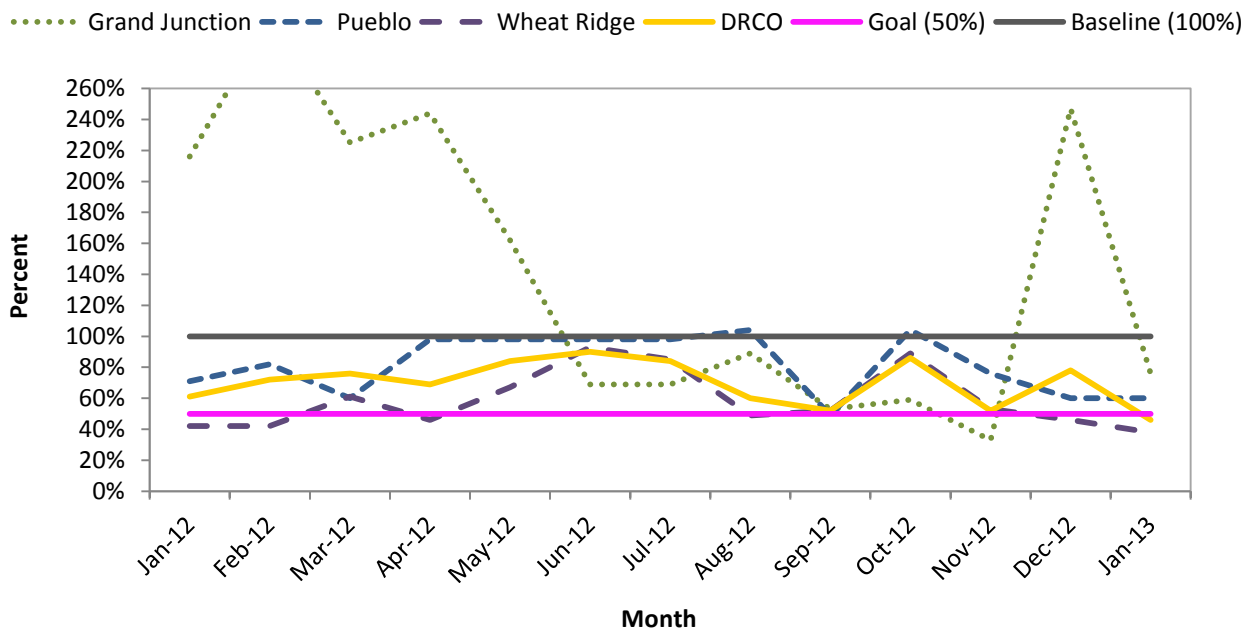
## Division of Regional Centers Operations (DRCO)

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, overall, has been consistently below baseline since Sep. 2011. For the most recent month, GJRC and WRRC experienced an improvement in performance, while PRC maintained their performance, on this measure. DRCO and WRRC are at their lowest data point for the reporting period captured.

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

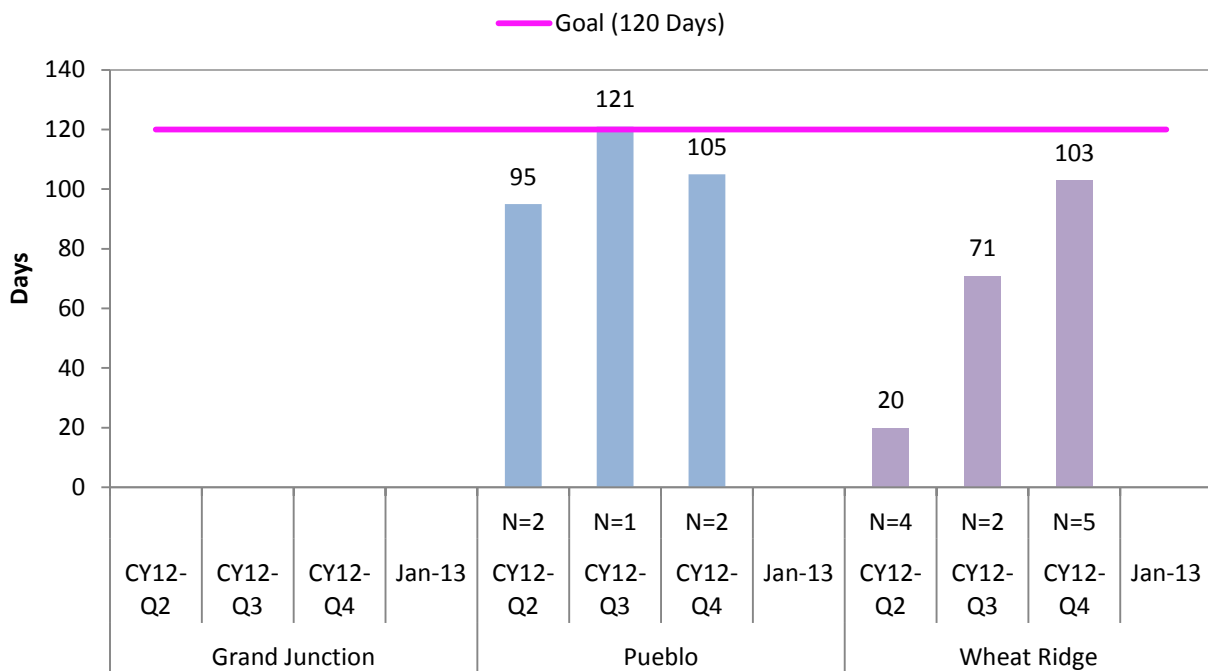
## Division of Regional Centers Operations (DRCO)

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 during the reporting period at GJRC, and for PRC and WRRC, no individuals became ready in the most recent month. However, data thus far has demonstrated that residents are becoming ready for transition in the short term model consistently at or below the goal line.

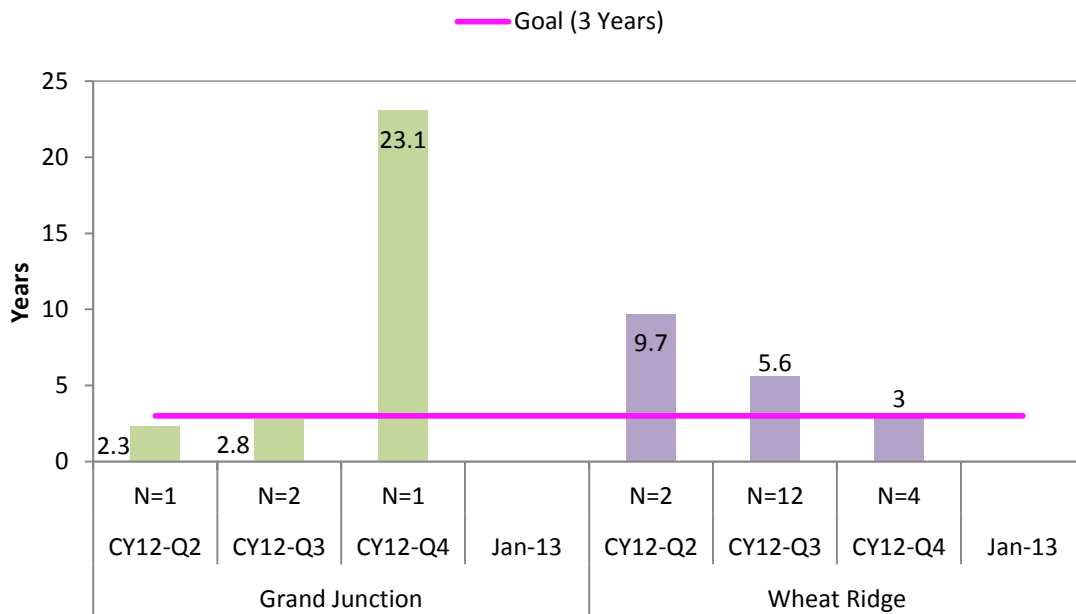
## Division of Regional Centers Operations (DRCO)

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: At GJRC and WRRC, no individuals became ready in the most recent month; however, WRRC has shown gradual improvement on this measure since Q2 of CY-12.

Notes: PRC does not offer the Intensive Treatment model.

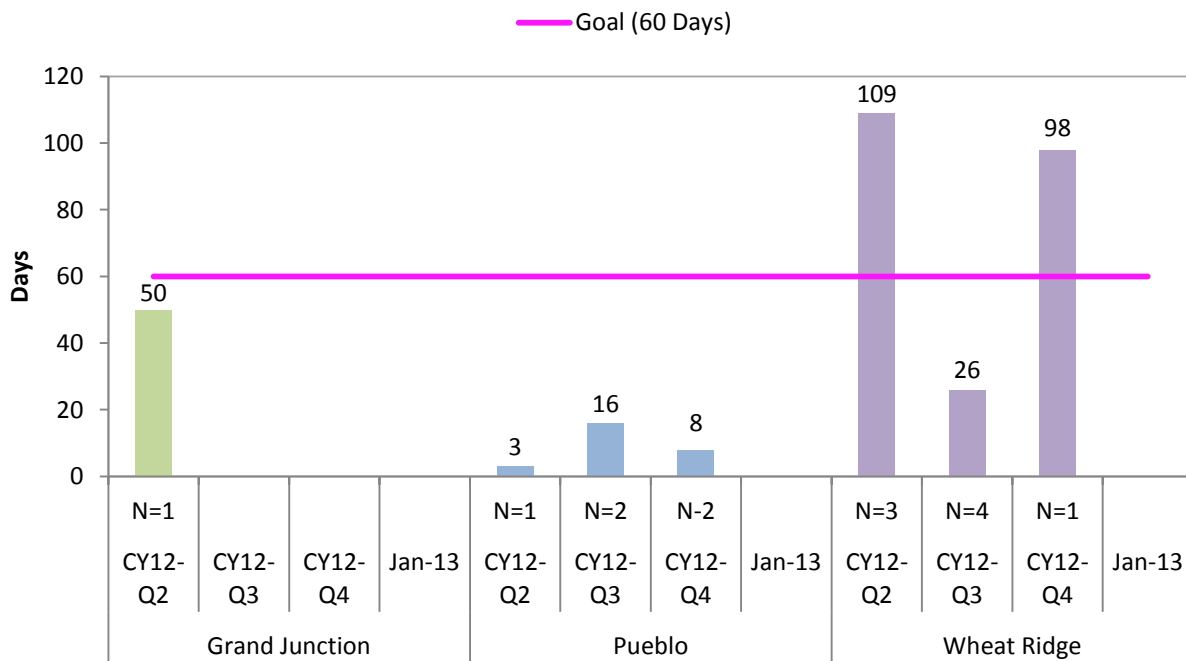
## Division of Regional Centers Operations (DRCO)

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 Q2 of CY-12. For PRC, performance on this measure has been consistently under the goal. At WRRC, performance on this measure has greatly varied.

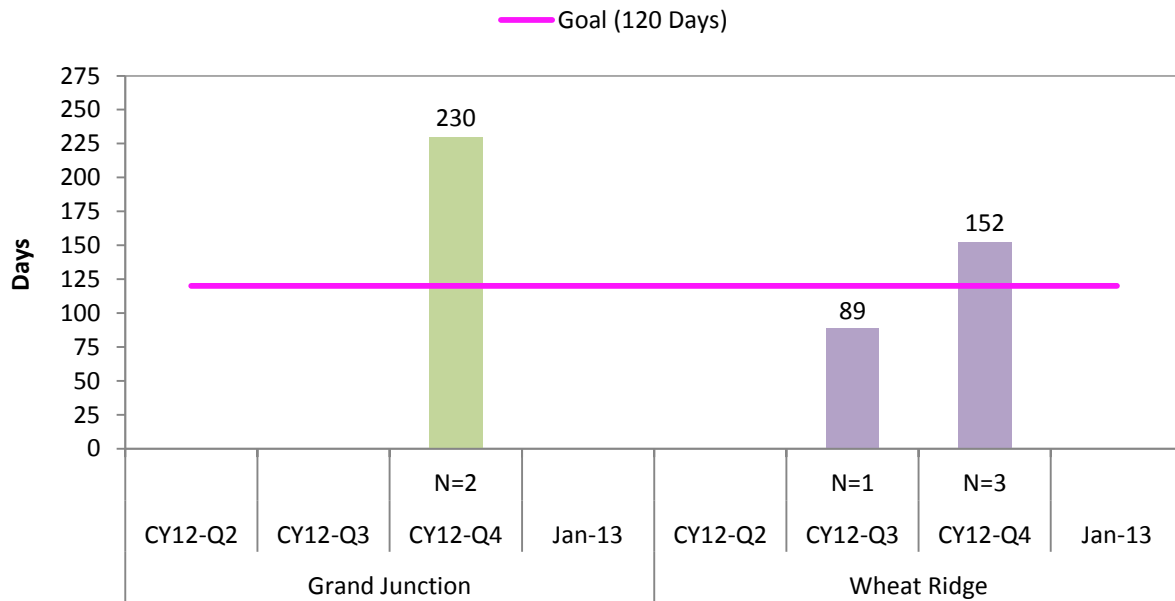
## Division of Regional Centers Operations (DRCO)

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: At GJRC and WRRC, in most months, performance on this measure has been above the goal.

Notes: PRC does not offer the Intensive Treatment model.

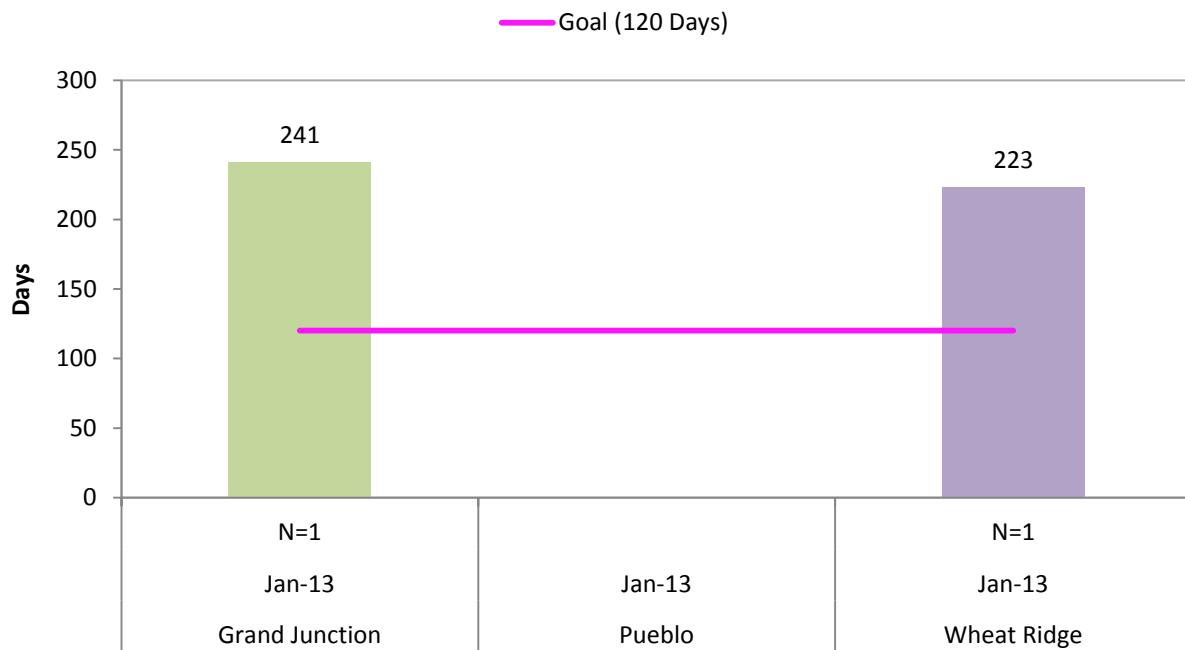
## Division of Regional Centers Operations (DRCO)

Measure: **Length of time to transition/discharge-Long-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: **↓120 Days**



Trend: At PRC, no individuals became ready in the most recent month. At GJRC and WRRC, one individual became ready at each RC in the most recent month, with performance on this measure above the goal.

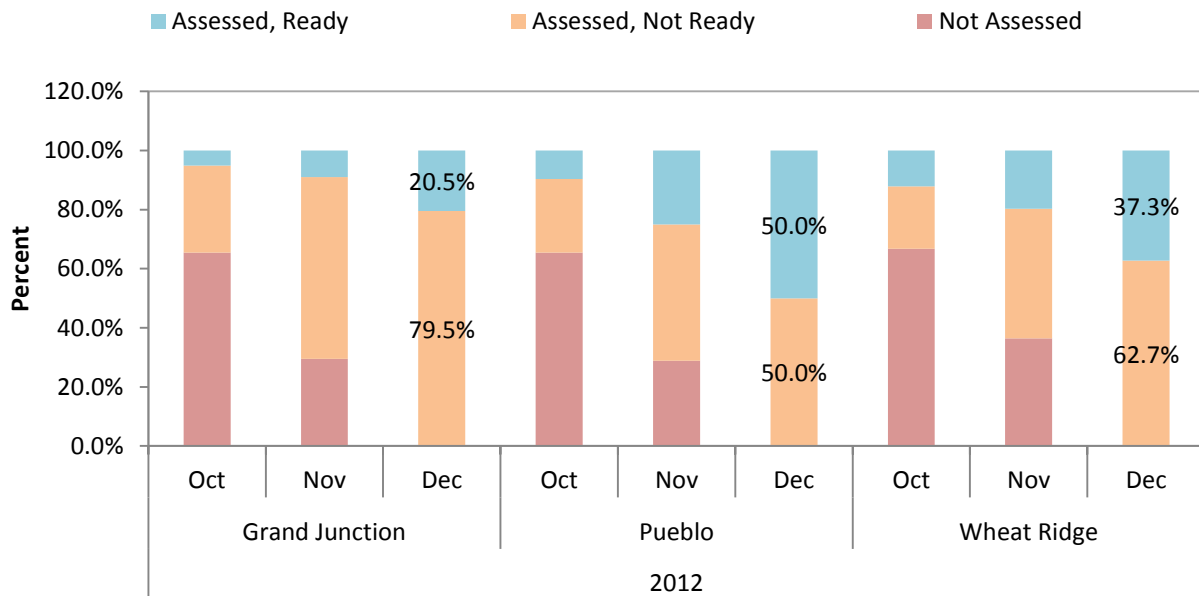
## Division of Regional Centers Operations (DRCO)

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: 89, Pueblo: 72, Wheat Ridge: 85

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: DRCO completed assessment of all individuals in Long-Term Habilitation as of Dec. 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 some 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 exploration on the performance outcome of *Percent of Residents without Falls by Home*, examining effective interventions to address this measure at each Home. In addition, each SVNH has examined their falls data for new admissions, a subgroup of their overall population, in an effort to target interventions to those residents at high risk for falls.

#### Measures

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

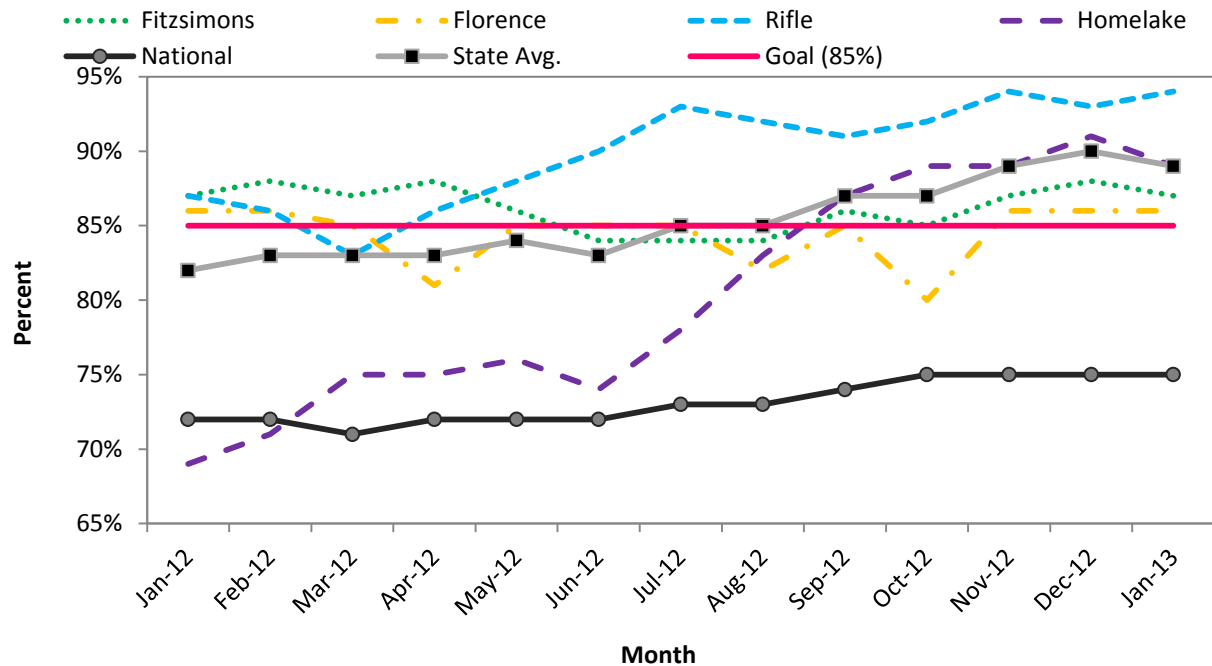
## State Veterans Nursing Homes (SVNH)

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: 165, Florence: 94, Rifle: 68, Homelake: 54

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: With the exception of Florence, performance on this measure has varied over the past 3 months, though all Homes are performing above the goal. Rifle has demonstrated the most consistent and highest performance.

Note: In January 2013, the state average was added to the graph for this performance measure.

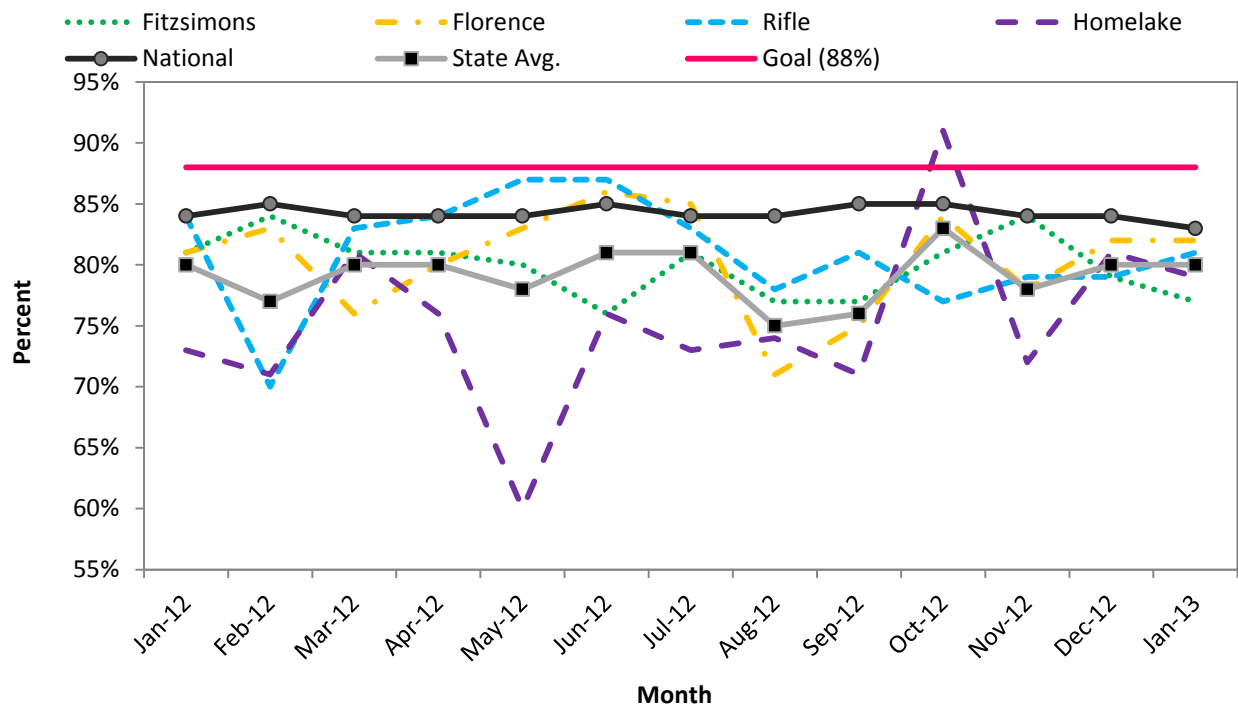
## State Veterans Nursing Homes (SVNH)

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: 165, Florence: 94, Rifle: 68, Homelake: 54

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: Performance on this measure, for all Homes, has varied throughout the reporting period captured. Goal is often unmet.

Note: In January 2013, the state average was added to the graph for this performance measure.

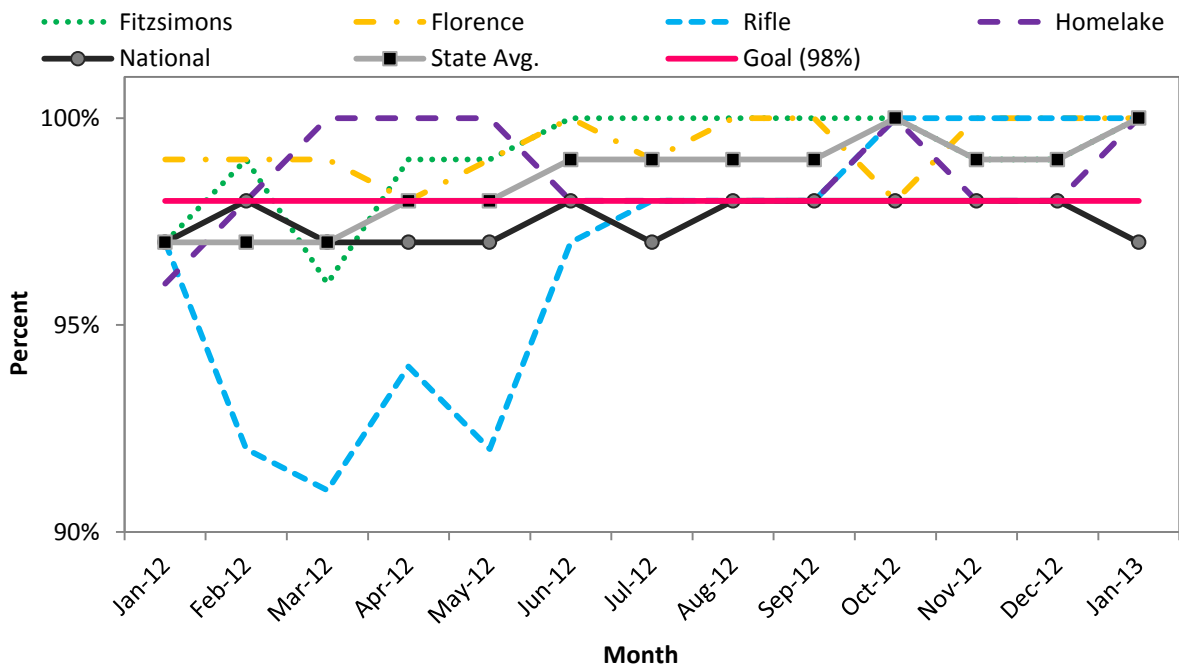
## State Veterans Nursing Homes (SVNH)

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: 165, Florence: 94, Rifle: 68, Homelake: 54

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: All Homes are performing at 100% in the most recent month.

Note: In January 2013, the state average was added to the graph for this performance measure.

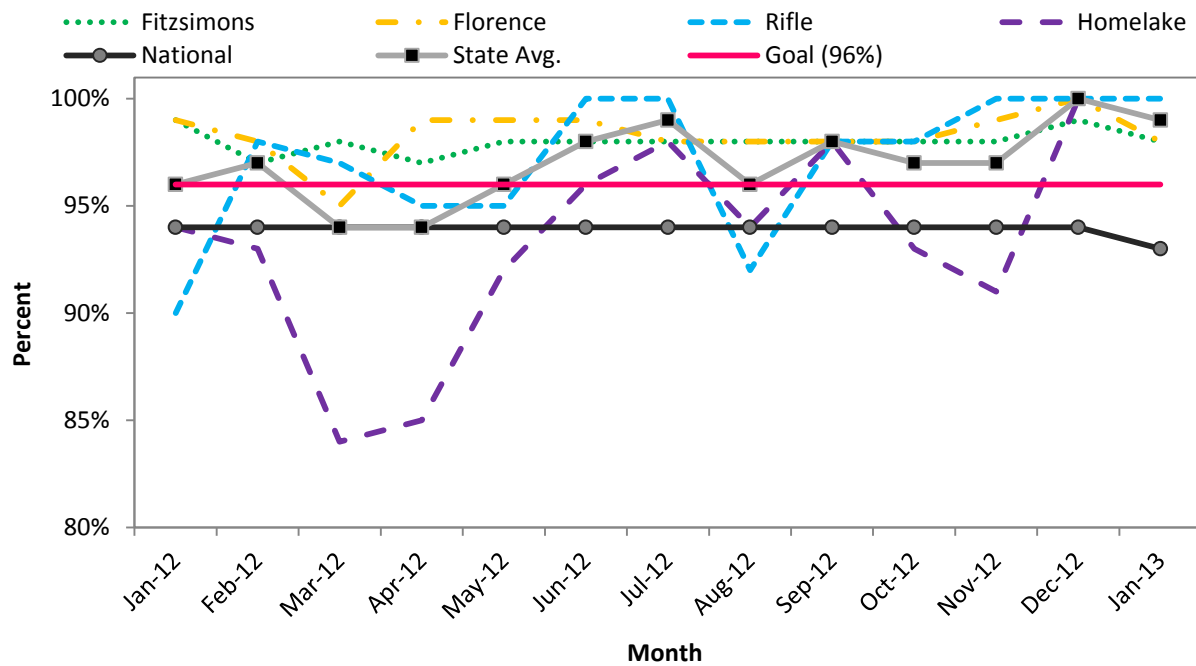
## State Veterans Nursing Homes (SVNH)

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: 165, Florence: 94 Rifle: 68, Homelake: 54

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: All homes have been above the goal line for the past two months. Rifle and Homelake are performing at 100% in the most recent month. Fitzsimons and Florence are performing at 98% in the most recent month.

Note: In January 2013, the state average was added to the graph for this performance measure.