

# Colorado Department of Human Services



## Summary Report

April - June 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 five 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 June 30, 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 June 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).



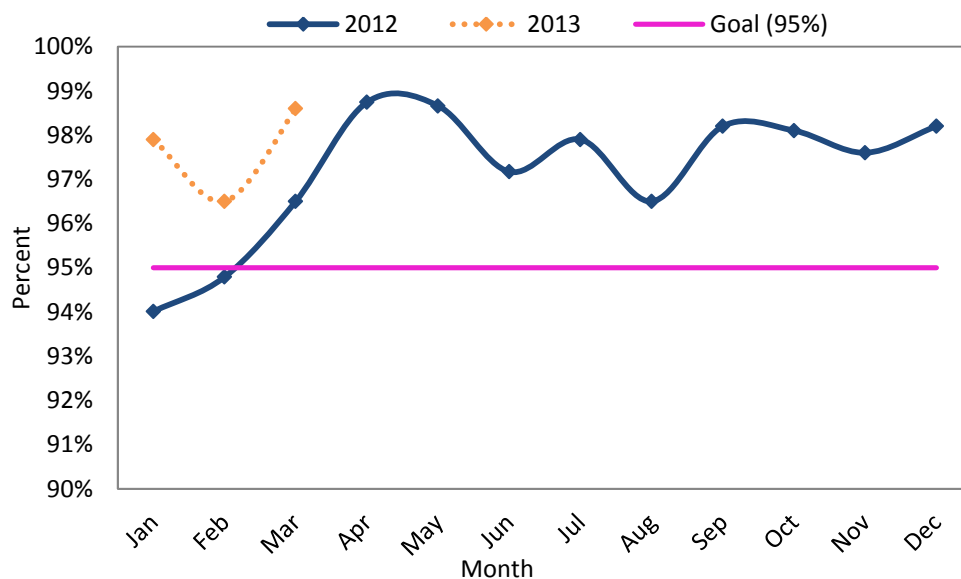
## How Do I Read This Report?

### 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 and direction 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 at 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

- 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](#)

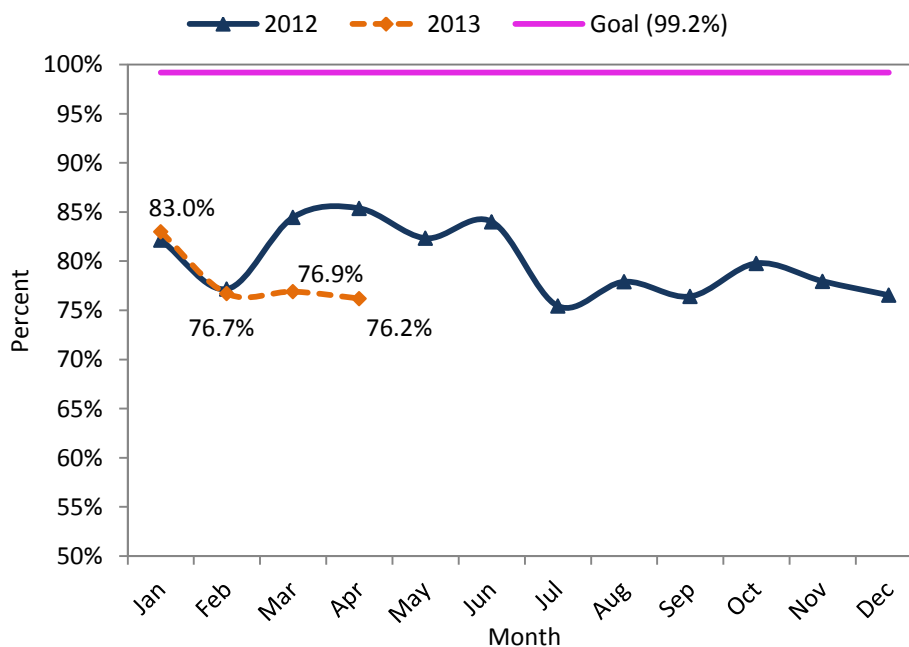
## Community Programs (CP)

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: 927

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

Goal: **↑99.2%**



Trend: Performance began declining in the second half of 2012. In January 2013, performance jumped to 83% and has since held steady at 76%. Performance is 20 percentage points below the goal.

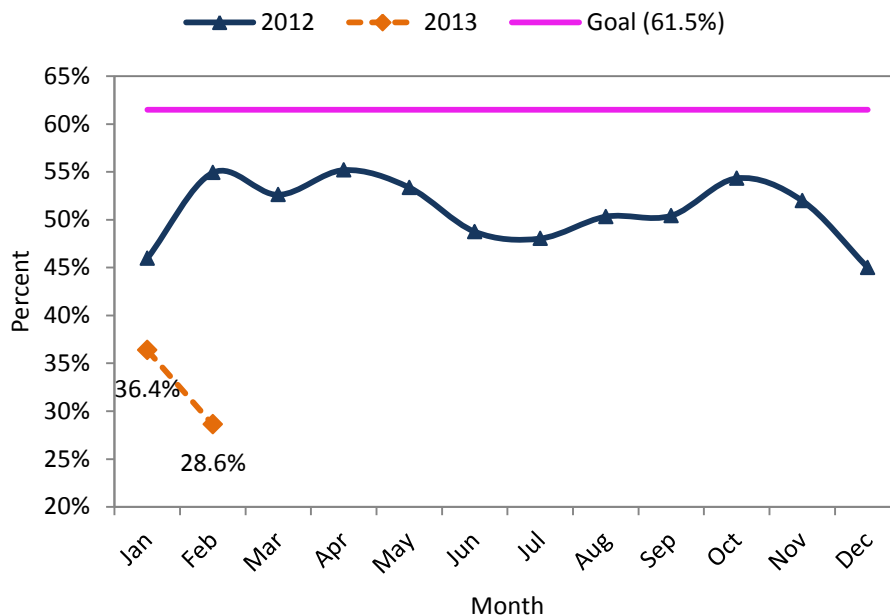
## Community Programs (CP)

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

How it is measured: *Numerator:* Percent of clients who receive 4 or more services within 45 days of admission  
*Denominator:* All Admissions; Average monthly denominator: 540

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 45% and 55%. There has been a decline since November which continues into 2013, reaching 28.6% in February.

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.

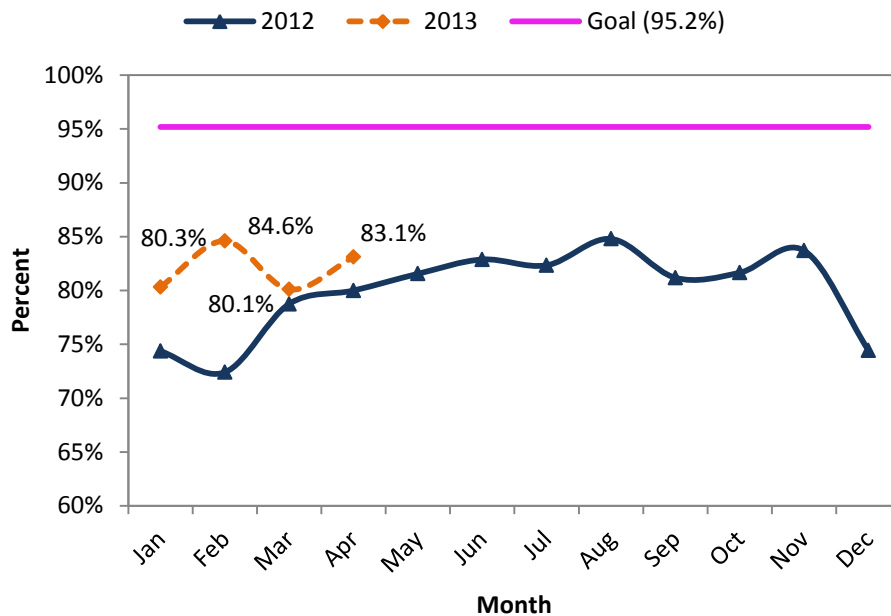
## Community Programs (CP)

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: 300

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 declined sharply at the end of 2012. It has risen to around 82% in 2013, though the goal has not been met.

## Community Programs (CP)

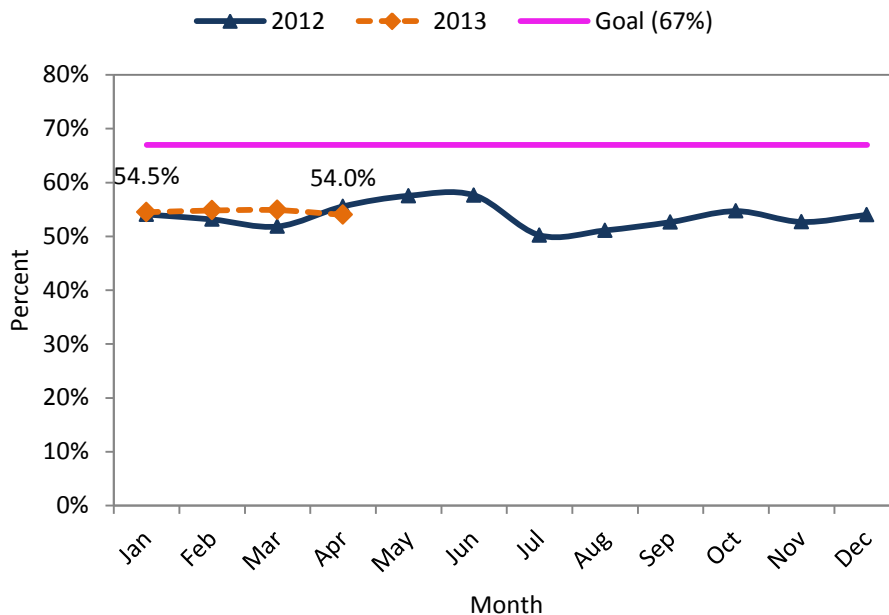
Measure: **Percent of persons with reduced mental health symptoms in mental health treatment**

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: 1,123

“Time one” can either be an updated Colorado Client Assessment Record (CCAR), or one measured at admission.

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)

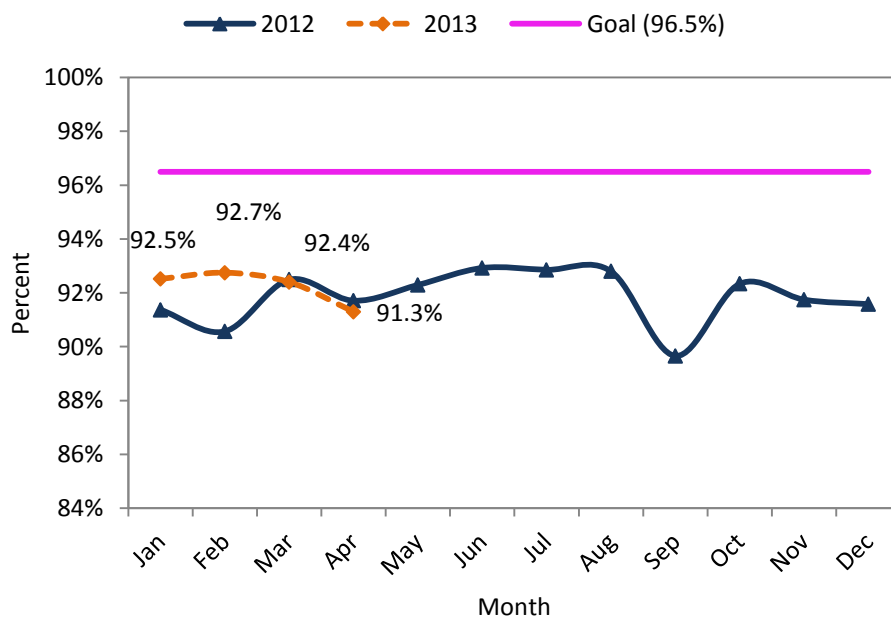
Measure: **Percent of persons who maintained housing while receiving mental health services**

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: 1,504

“Time one” can either be an updated Colorado Client Assessment Record (CCAR), or one measured at admission.

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: **↑96.5%**



Trend: Performance on this measure has ranged from 90% to 92% over the course of the last sixteen months.

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 11 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.
- Goals for the Seclusion and Restraint measures were changed. The new goals reflect a greater than 15% reduction from last year's rates.
- Measures for readmissions within 180 days were added in addition to the current 30 days measures.

#### Measures

- Restraint Use-[Fort Logan](#), [Pueblo](#)
- Seclusion Use-[Fort Logan](#), [Pueblo](#)
- [Average Days on Wait List - Pueblo](#)
- Patients Waiting to Discharge-[Fort Logan](#), [Pueblo](#)
- Percent of Readmissions, 30 days-[Fort Logan](#), [Pueblo](#)
- Percent of Readmissions, 180 days – [Fort Logan](#), [Pueblo](#)

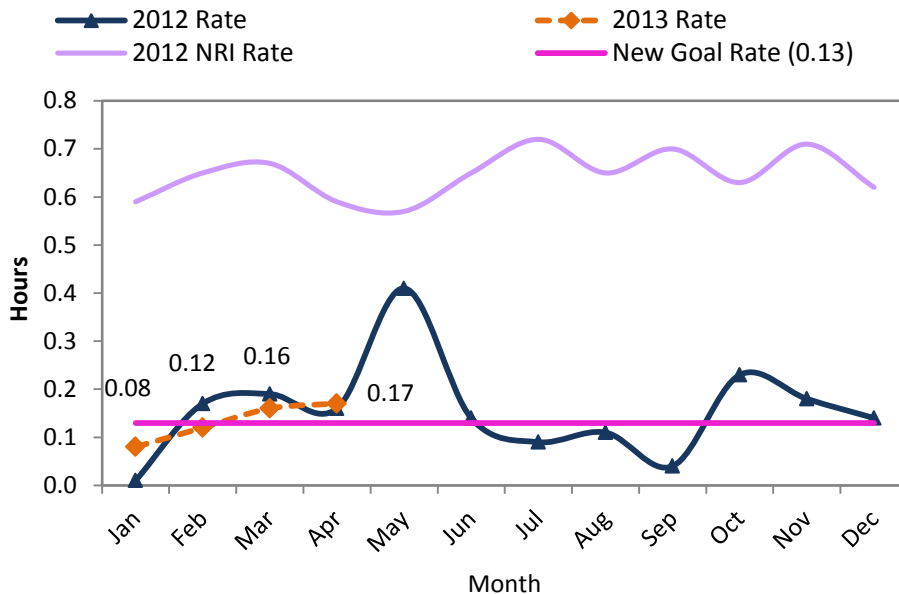
## Mental Health Institutes (MHI)

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: 65,430 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: **↓0.13**; The goal reflects a greater than 15% reduction in the restraint rates recorded in 2012.



Trend: In 2013, the rates are remaining within a few points above or below the new goal.

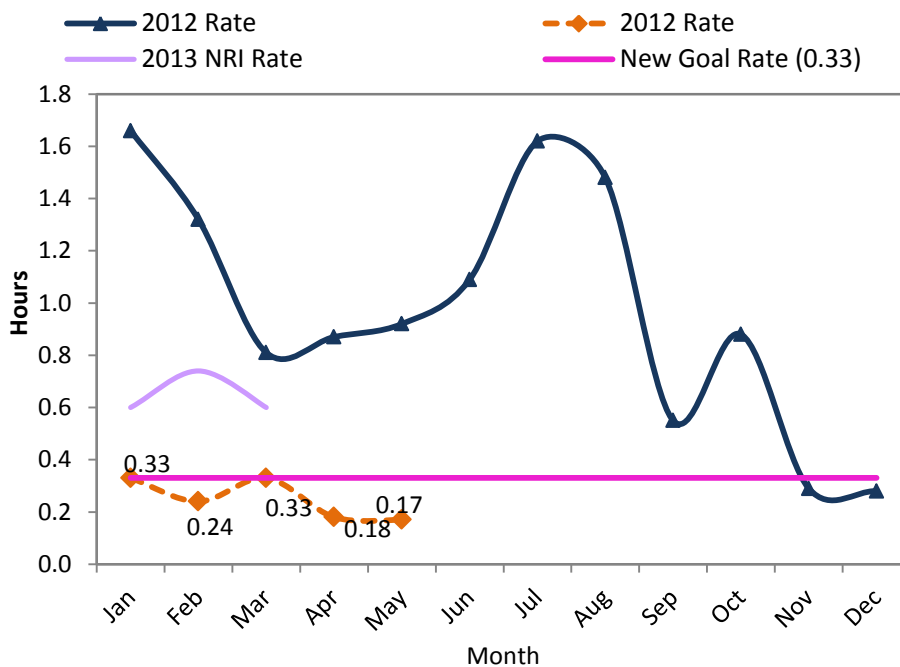
## Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of restraint  
*Denominator:* Per 1,000 patient hours; Average monthly denominator: 279,430 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: **↓0.33**; The goal reflects a 15% reduction of the restraint rates recorded in 2012.



Trend: The rate has been on the decline since July of 2012 and has been at or below the goal and the NRI rates since November 2012.

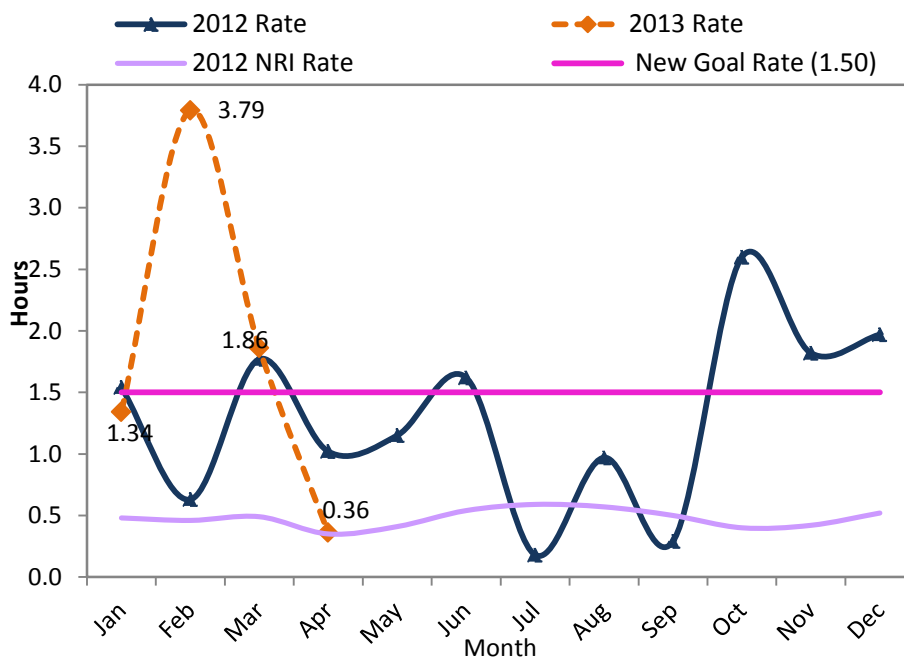
## Mental Health Institutes (MHI)

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: 65,430 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: **↓1.50**; The goal reflects a greater than 15% reduction in the seclusion rates recorded in 2012.



Trend: The goal has been met in two of the four months recorded in 2013.

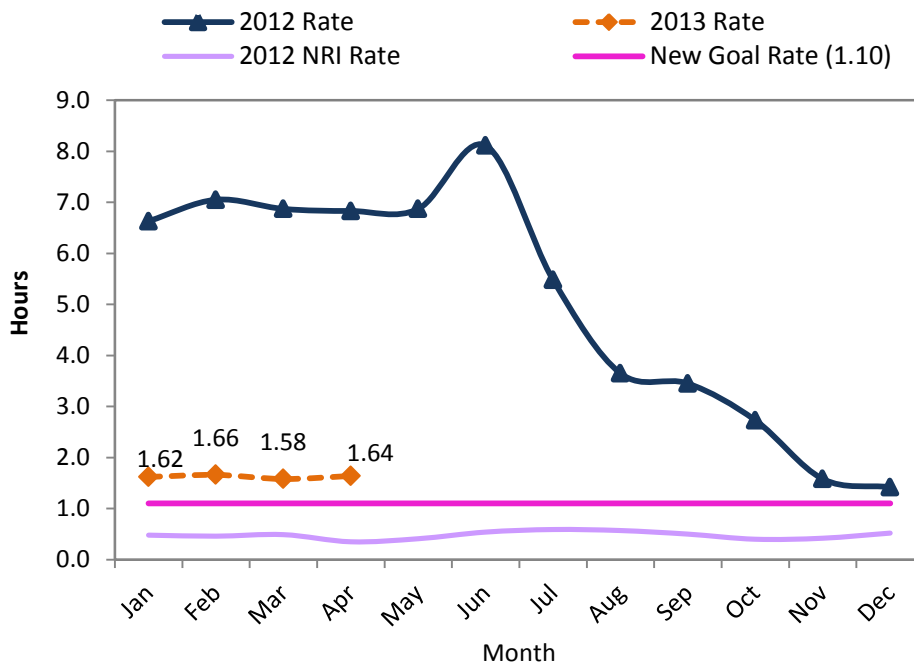
## Mental Health Institutes (MHI)

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: 279,430 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: **↓1.10;** The goal reflects a greater than 15% reduction of the seclusion rates recorded in 2012.



Trend: Rates decreased significantly in the 2<sup>nd</sup> half of 2012. They are holding steady at between 1.5 and 1.7 in 2013.

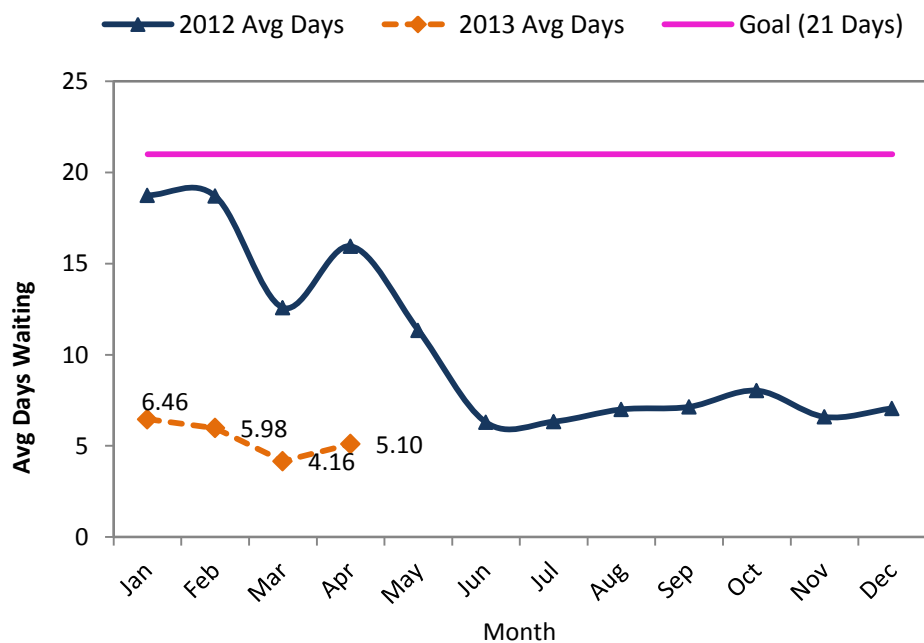
## Mental Health Institutes (MHI)

Measure: **Average Days on Wait List for Competency Exam and Incompetent to Proceed**

How it is measured: *Measure:* Average of the average days waiting for all patients for each day in the month.

Why this matters: Individuals in county jails who need a competency evaluation should expect to receive the evaluation in a timely manner.

Goal: **↓21 Days**



Trend: The average number of days waited has declined from over 18 days in early 2012, to around 5 days in 2013.

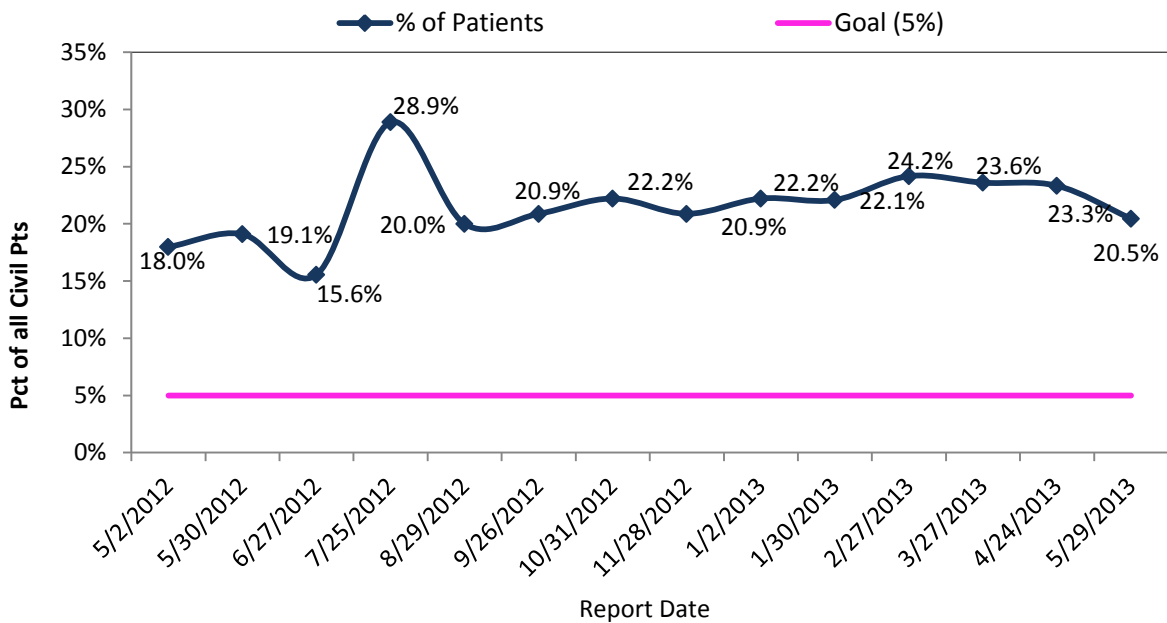
## Mental Health Institutes (MHI)

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 had been rising since August 2012. The percentage dropped to 20.5% in May.

Notes: This measure was added in May 2012.

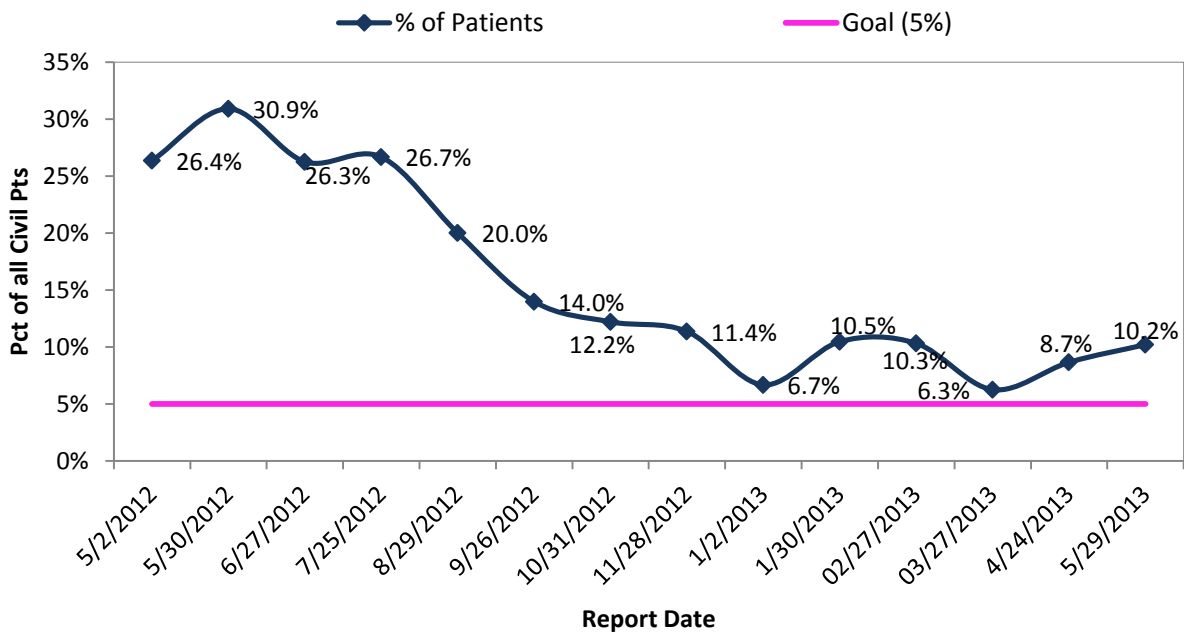
## Mental Health Institutes (MHI)

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: 99

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 all of the data points recorded in 2013, the rates have been at or below 10.5%.

Notes: This measure was added in May 2012.

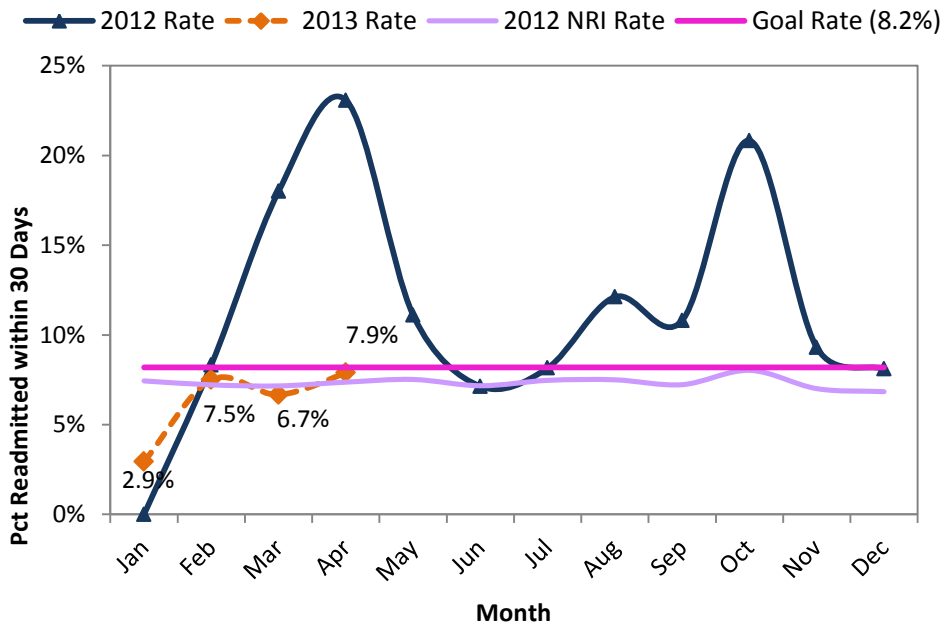
## Mental Health Institutes (MHI)

Measure: **Percent of readmissions within 30 days-Fort Logan**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge  
*Denominator:* All patients discharged; Average monthly denominator: 36

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 was variable in 2012. In 2013, the goal has been met for four months.

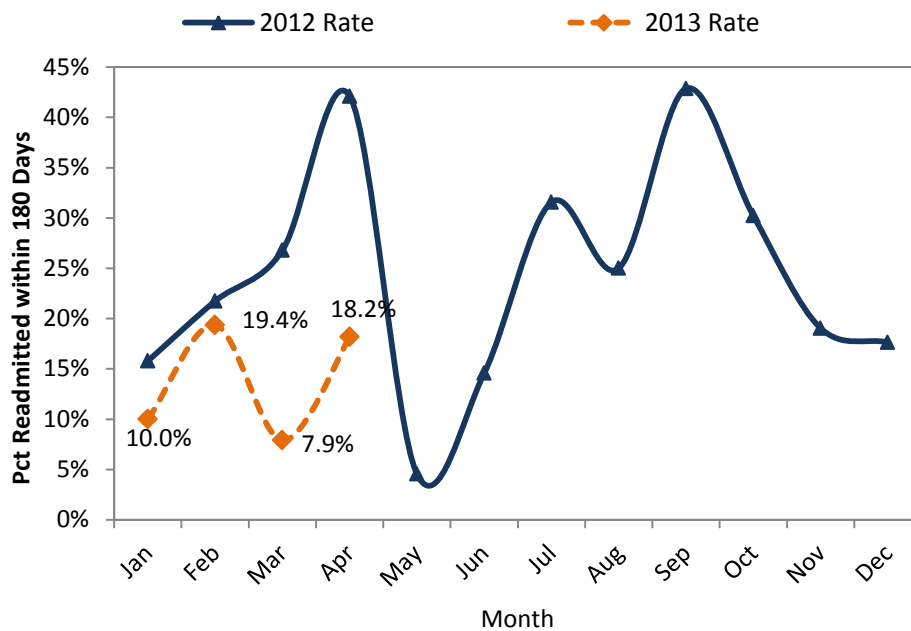
## Mental Health Institutes (MHI)

**Measure:** Percent of readmissions within 180 days-Fort Logan

**How it is measured:** *Numerator:* Number of patients readmitted within 180 days of discharge  
*Denominator:* All patients admitted; Average monthly denominator: 34

**Why this matters:** A 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:** A goal has not yet been established.



**Trend:** The percentage of patients readmitted within 180 days has ranged from 4% to 42% in the last 16 months. In 2013 the percentage has remained under 20%.

**Note:** This measure was added in May 2013.

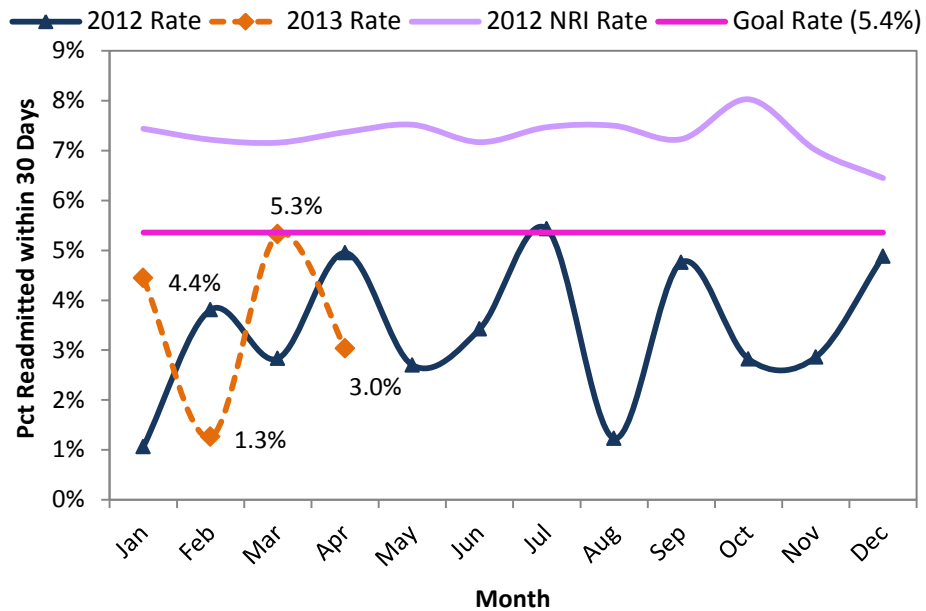
## Mental Health Institutes (MHI)

Measure: **Percent of readmissions within 30 days-Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge  
*Denominator:* All patients discharged; Average monthly denominator: 91

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 and 2013 has ranged from 1.1% to 5.4%, meeting or exceeding the goal rate and the NRI rate for sixteen months.

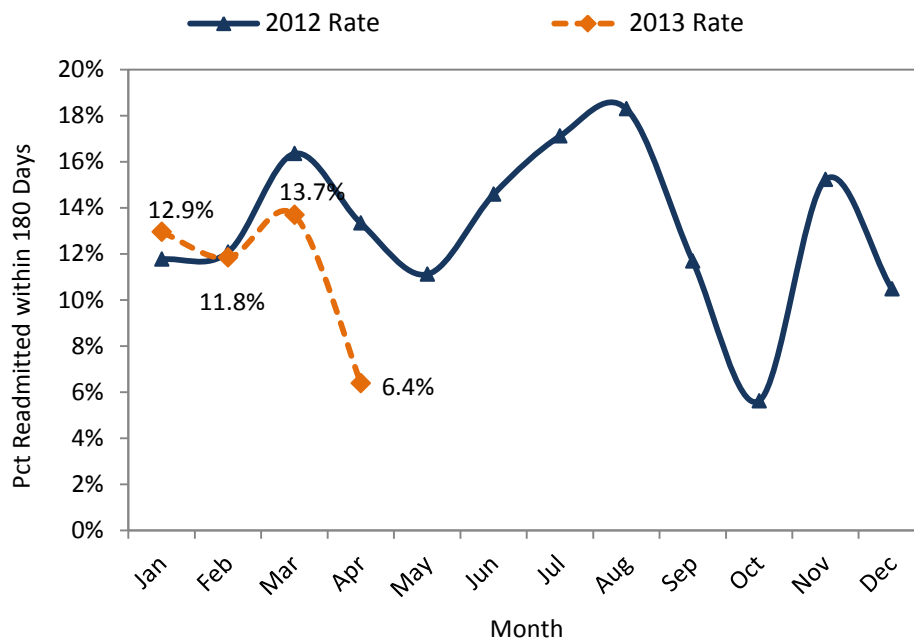
## Mental Health Institutes (MHI)

Measure: **Percent of readmissions within 180 days-Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 180 days of discharge  
*Denominator:* All patients admitted; Average monthly denominator: 94

Why this matters: A 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: A goal has not yet been established.



Trend: The percentage of patients readmitted within 180 days has ranged from 6% to 18% in the last 16 months. In 2013, it has remained below 15%.

Note: This measure was added in May 2013.

## Office of Children, Youth, and Families

### Description

Within the Colorado Department of Human Services, the Office of Children, Youth and Families (OCYF) is responsible for policy development, service provision, and coordination of efforts to improve the lives of Colorado citizens by supporting supportive, quality and effective services. These services are provided to those that seek and need assistance from the Child Welfare Division, the Division of Youth Corrections and the Domestic Violence Program. These supports are facilitated through partnerships with families, providers and local communities to ensure that children and families have safe, healthy and stable environments; and that protection and public safety are paramount in addressing the needs of juvenile offenders.

Director: Julie Krow

## Division of Child Welfare

### Summary

#### Description

The Division of Child Welfare (DCW) provides supervision to counties that 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.

Interim Director: Robert Werthwein

#### Executive Summary

- DCW regularly shares data for all measures with counties and provides targeted technical assistance to those counties having difficulty achieving the goals.
- *Timeliness of Assessment Closure*: Performance continues to improve as a result of the targeted technical assistance DCW provides to counties that continued to struggle.
- *Legally Freed Children Discharged to Permanency*: DCW continues to explore the complex system and policy barriers to permanency for all youth who have had parental rights terminated; in the most recent quarter, DCW focused on issues that specifically impact youth with developmental disabilities and is working in collaboration with the Division of Developmental Disabilities (DDD) to eliminate potential barriers to permanency for these children.
- *Children in Out of Home Care for Greater than 24 Months*: Performance continues to improve, reflecting a decline in the percentage of children being placed in out of home care for greater than 24 months.

#### Measures

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

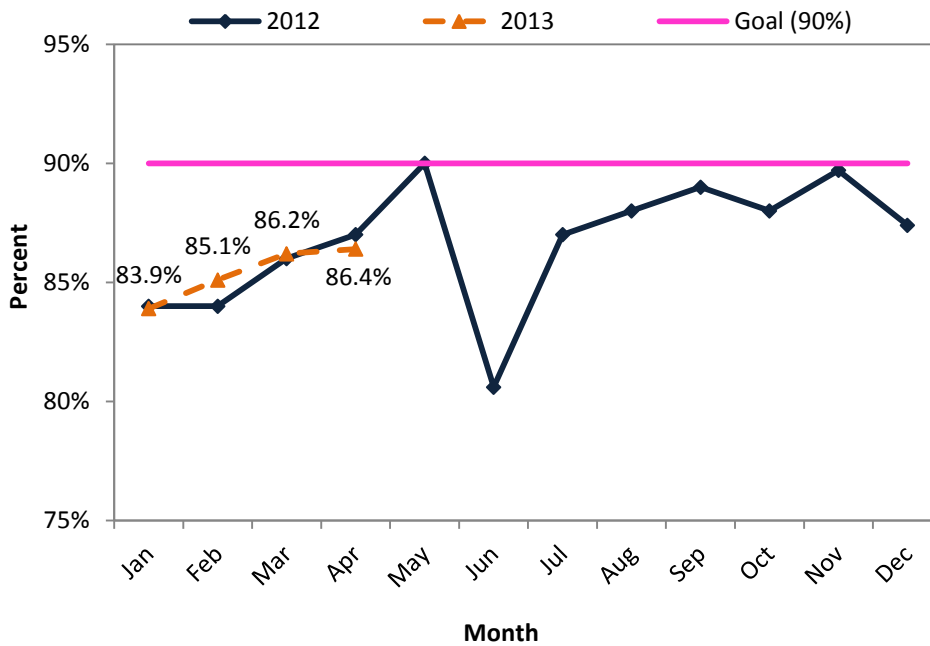
## Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of initial child protection investigations where the assigned caseworker made initial contact with the family within time requirements set in rule (Volume 7)  
*Denominator:* Total number of initial child protection investigations closed in the target month (excluding differential response cases); Average monthly denominator: 3,148

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

Goal: **↑ 90%**



Trend: Performance for the most recent quarter is similar to performance during the same months in the previous year.

Notes: This includes referrals assigned immediate, 3-day and 5-day response times.

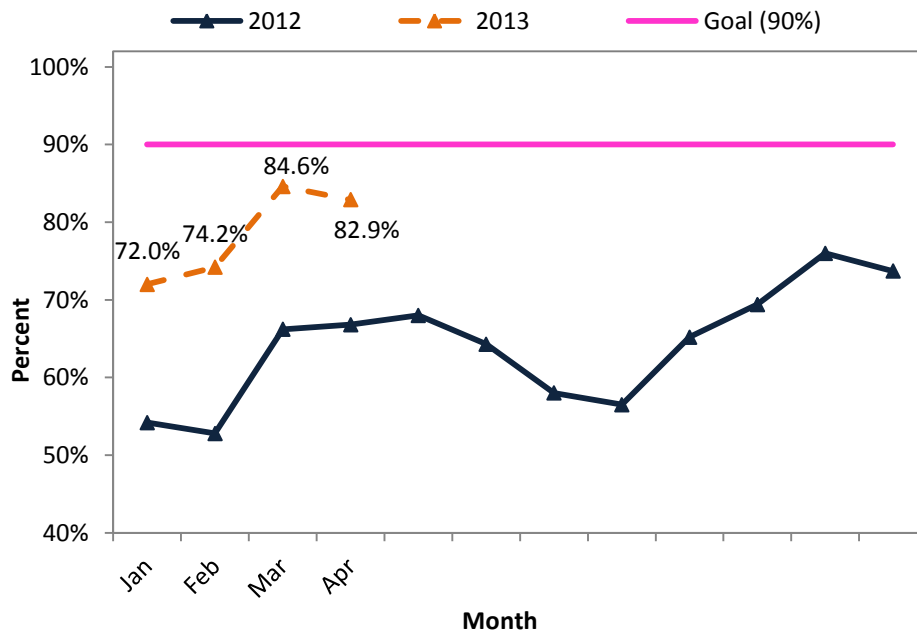
## Division of Child Welfare (DCW)

Measure: **Timeliness of assessment closure**

How it is measured: *Numerator:* Number of child protection assessments closed within 60 days of referral  
*Denominator:* Total number of closed assessments; Average monthly denominator: Traditional: 2,191

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: Significant improvement in performance compared to the previous year; best performance to date was in March 2013 (84.6%).

Notes: Total State backlog in June 2013 was 4%, the lowest since measurement began.

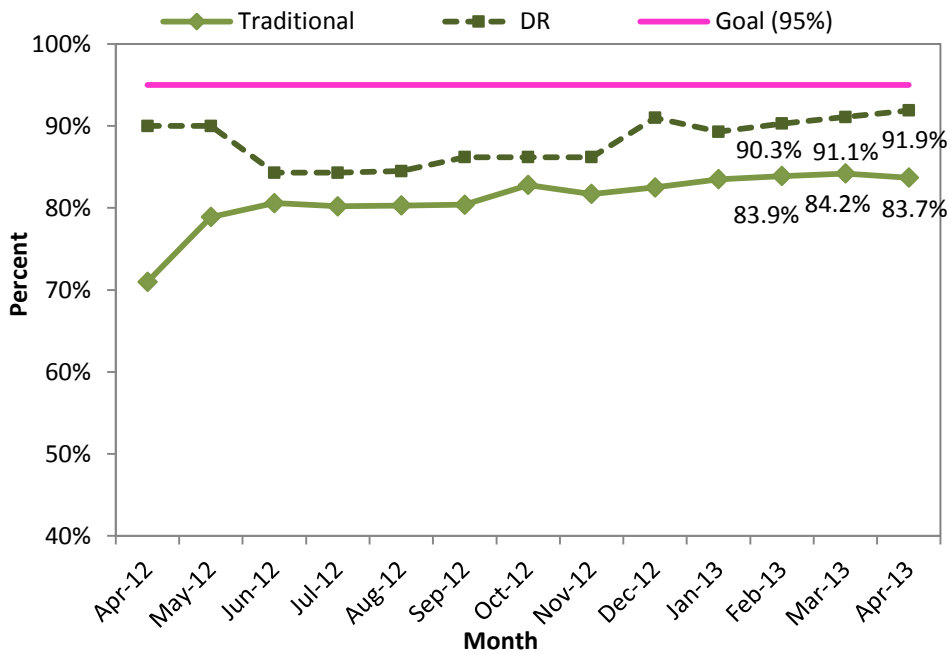
## Division of Child Welfare (DCW)

Measure: **Safety assessment forms completed accurately**

How it is measured: *Numerator:* Number of safety assessment forms determined to have been completed accurately for those counties reviewed by ARD in the specified month  
*Denominator:* Total number of safety assessment forms reviewed by ARD in the specified month. ARD reviews the ten large counties every six months and the Balance of State (BOS) counties annually; Average monthly denominator(s): Traditional: 946; Differential Response: 105

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

Goal: **↑ 95%**



Trend: After steady improvement for several months, performance for both traditional and differential response assessments has stabilized. The 95% goal remains unmet.

Notes: Only counties reviewed in the specific month impact performance for this measure. The ten large counties are reviewed every six months; the remaining counties are reviewed annually. Also, the DR data only includes the five counties currently participating in the Differential Response (DR) evaluation pilot project.

## Division of Child Welfare (DCW)

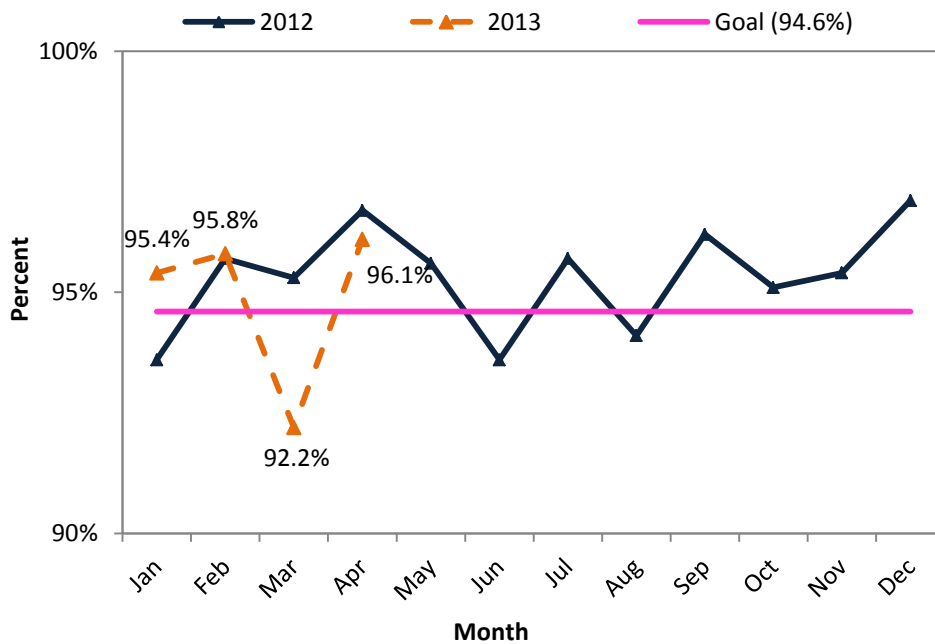
Measure: **Absence of maltreatment recurrence (Federal Measure)**

How it is measured: *Numerator:* Number of referrals with an initial founded incident of abuse and/or neglect occurring in the month six months prior to the reporting month that have a subsequent abuse and/or neglect referral in the six months following the initial founded incident.

*Denominator:* Total number of referrals with a founded incident of abuse and/or neglect in the month occurring six months prior to the reporting month; Average monthly denominator: 874

Why this matters: Children deserve to be safe from subsequent intra-familial abuse and/or neglect upon reunification with family.

Goal: **↑ 94.6%**



Trend: Fluctuation in overall performance is slight; in the most recent quarter performance ranged between 92.2% in March 2013 to 96.1% in April. Performance exceeded the 94.6% goal in two of the three months this quarter.

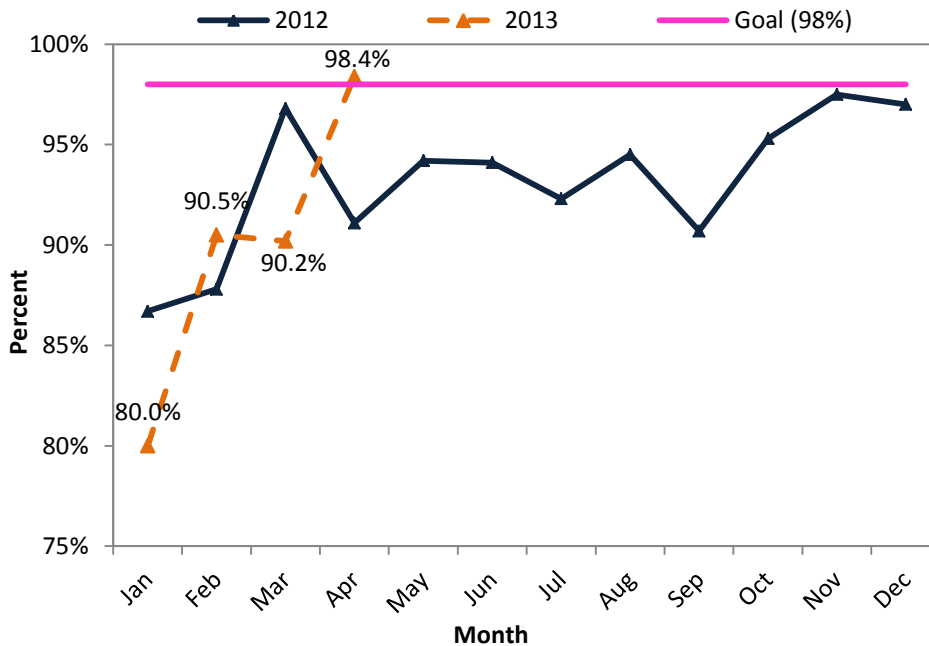
## Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of children whose parental rights were terminated (and are therefore legally free for adoption) that achieve permanency (by reunification, adoption, or legal permanency) prior to discharging from the child welfare system. *Denominator:* Number of children who were legally free for adoption at the time of discharge; Average monthly denominator: 49

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

Goal: **↑ 98%**



Trend: Performance exceeds the 98% goal for the first time in April 2013.

Notes: Children achieve permanency when they are reunited with their families without further court supervision, are adopted, or are placed with permanent guardians.

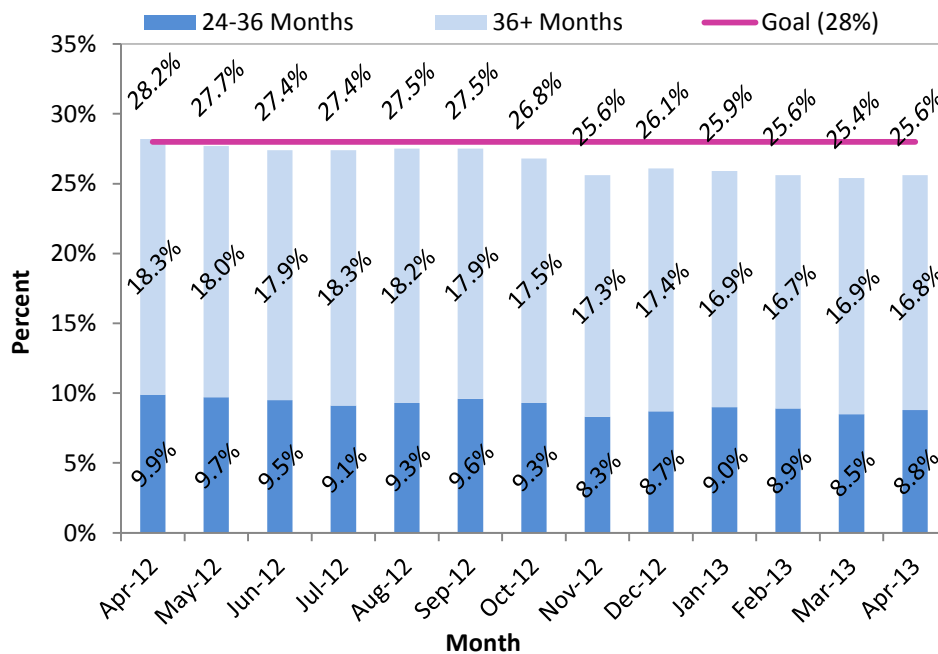
## Division of Child Welfare (DCW)

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: 4,516

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 remains relatively stable and continues to exceed the 28% goal.

## 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

- *Youth enrolled in a full/part time program at discharge*: In response to several months of improvement, the goal was increased from 70% to 85% in April 2013.
- *Timely Initial Placement for Committed Youth*: DYC identified several factors that impact the timeliness of initial placement including: a.) Downsizing state-operated capacity; b.) Multiple referrals to the same provider; c.) Extended provider wait lists; d.) Delayed receipt of mittimus; e.) Pending court hearings, and e.) Additional psychological, neuropsychological, and/or medical evaluations.
- *Youth Who Escape or Walkaway from Residential Care*: The Provider Workgroup continues efforts to develop consistent and focused intervening strategies spanning three categories: 1.) Youth Strategies, 2.) Family Strategies, and 3.) Program/Staff Strategies.

#### Measures

##### Competency Development

- [Youth enrolled in a full/part time program at discharge](#)
- [Eligible Youth who Have a GED or High School Diploma at Discharge](#)

##### Facility and Community Safety

- [Number of Youth who Escape or Walkaway from Residential Care](#)
- [State-operated Facility Fights/Assault Rate](#)
- [Youth Injuries in State-Operated Facilities \(per 100 ADP\)](#)
- [Rate of Staff Injuries on the Job as a Direct Result of Youth Contact](#)

##### Criminogenic Risk Reduction

- [Timely initial placement for committed youth](#)
- [Family Engagement: Residential Client Contact with Families](#)
- [Family Engagement: Client Manager Contact with Families](#)

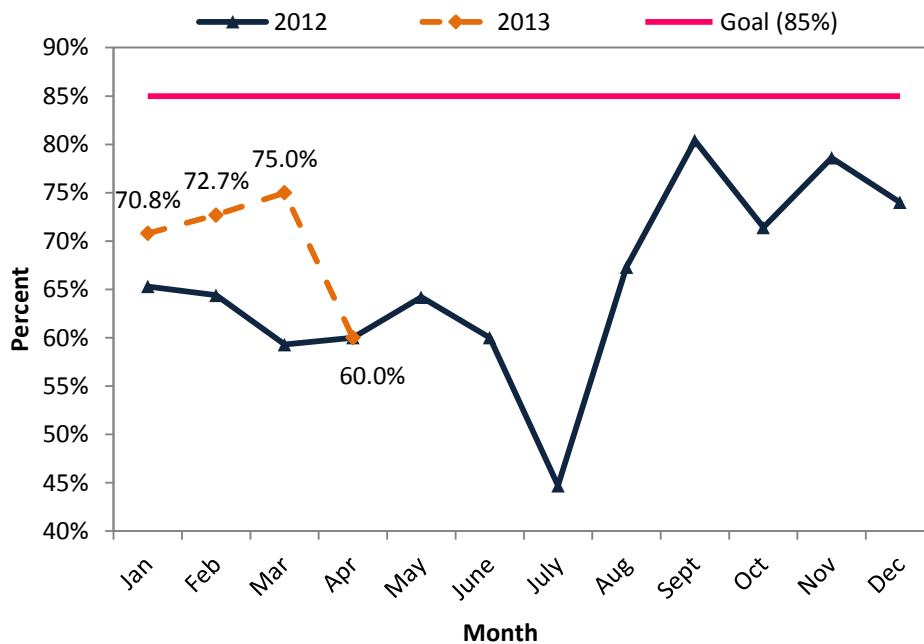
## Division of Youth Corrections (DYC)

**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 (education, employment, or both) upon discharge from DYC  
*Denominator:* Total number of clients who discharge in a specific month;  
 Average monthly denominator: 47

**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:** ↑ 85%



**Trend:** Performance for April 2013 declined from the previous months to 60%, the lowest since July of 2012.

**Notes:** Enrollment in a full or part time program includes youth who are actively involved in school, an alternative education program, or vocational training, youth who are employed, or a combination of both.

The goal increased from 70% to 85% for April 2013.

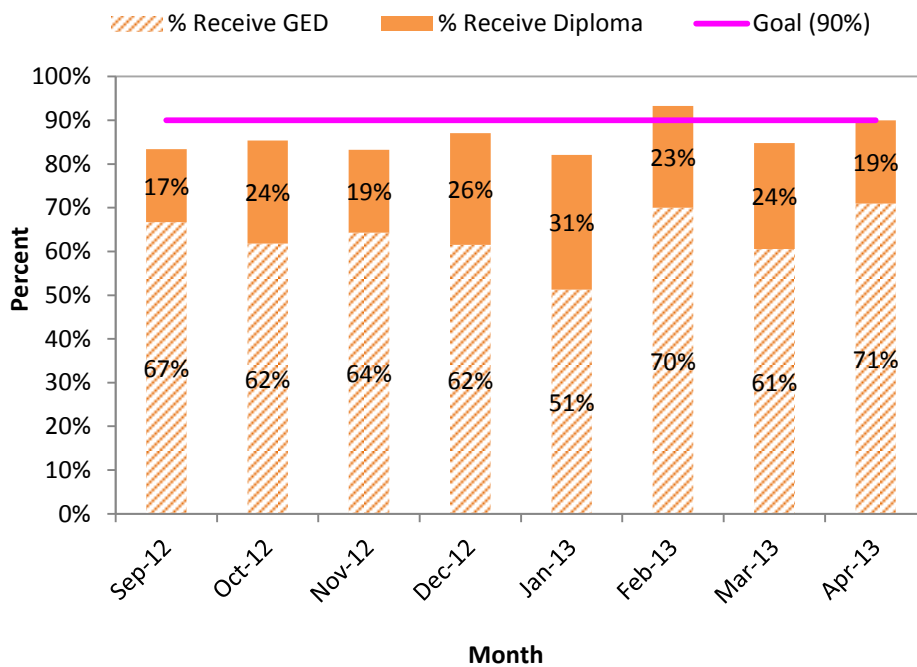
## Division of Youth Corrections (DYC)

**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 youth who discharge; Average monthly denominator: 31

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

**Goal:** ↑ 90%



**Trend:** Overall, performance for the current quarter has improved when compared to previous quarters; for the current quarter, DYC achieved the 90% goal in two of the three most recent months.

**Notes:** The definition of “eligible” youth for the purpose of this measure is a youth who is not currently in school and in the process of working towards GED/Diploma.

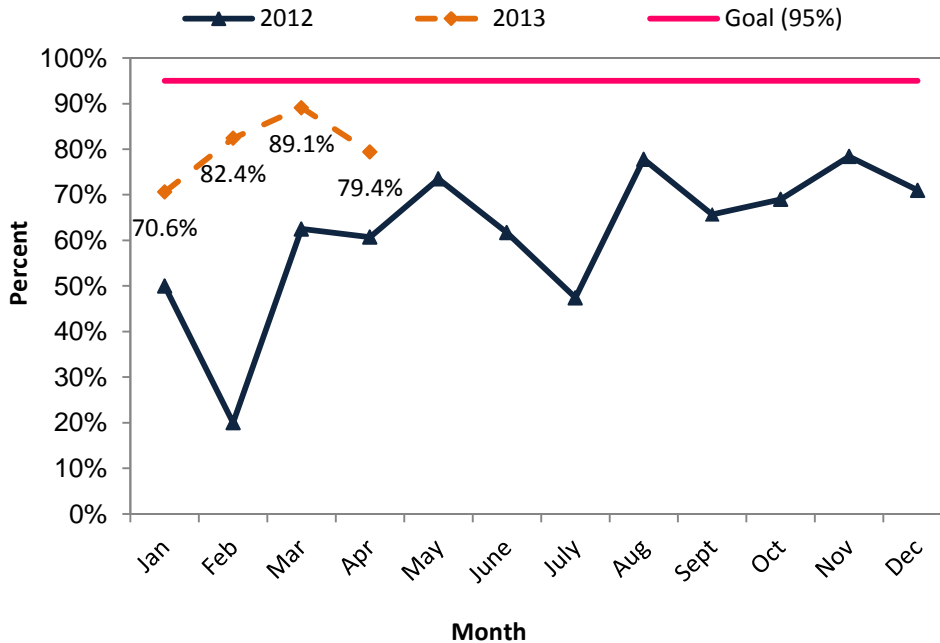
## Division of Youth Corrections (DYC)

Measure: **Timely initial placement for committed youth**

How it is measured: *Numerator:* Number of newly committed youth who are placed in their initial placement within 40 days of their commitment date  
*Denominator:* Total number of newly committed youth placed in their initial placement in specified month; Average monthly denominator: 38

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

Goal: **↑ 95%**



Trend: Performance in April declined on this measure following two previous months of improvement; performance has not yet achieved the 95% goal.

Notes: Statute mandates that the Division of Youth Corrections provide a comprehensive assessment for all youth within the first 30 days of their commitment. This process consists of working collaboratively with community partners to create a comprehensive, individualized, and interdisciplinary assessment plan.

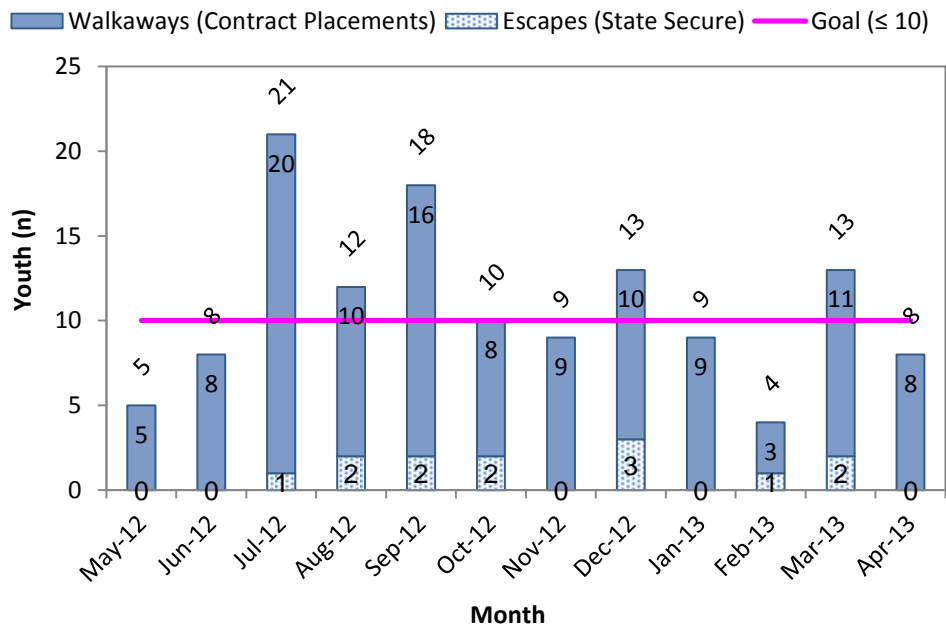
## Division of Youth Corrections (DYC)

**Measure:** **Committed or detained youth who escape or walk away from residential placement**

**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: 1,140

**Why this matters:** Minimizing escapes and/or walkaways from residential placements is necessary to ensure public safety.

**Goal:** ↓ ≤10



**Trend:** Performance for the most recent quarter fluctuated, with the highest being 13, and the lowest being 4.

**Notes:** Both escape and walkaway are defined as a juvenile who has left the facility's custody without the proper authorization OR a juvenile who has not returned to a facility at the prescribed time from a home visit, school, training program, community activity, or any other authorized leave from the facility. However, an incident is considered an escape if the youth is in placement at a secure residential facility; an incident occurring when a youth is in placement at a contract facility is considered a walkaway.

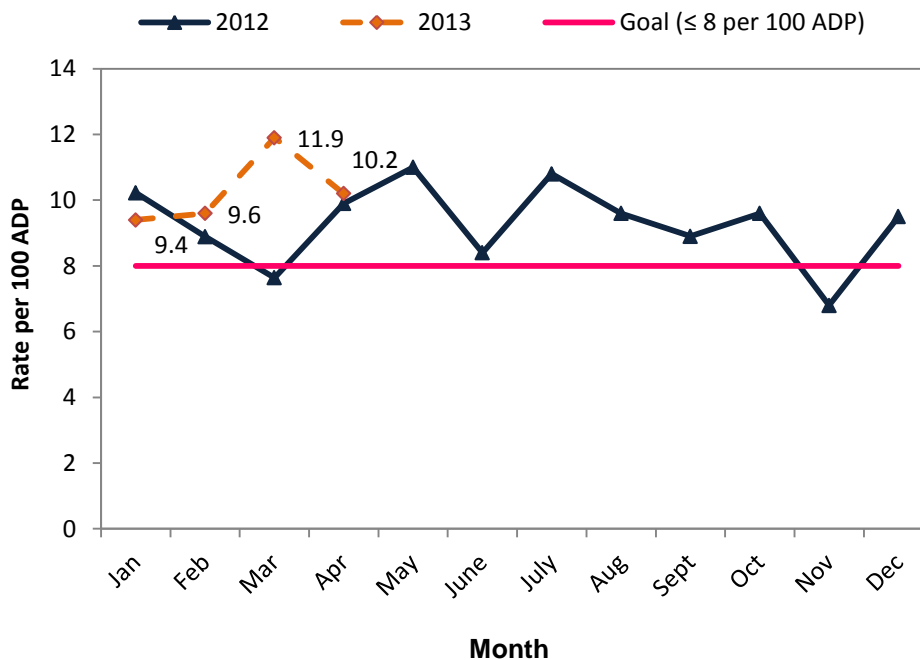
## Division of Youth Corrections (DYC)

**Measure:** Fights and/or assaults in DYC state-operated residential facilities (assessment, detention and commitment)

**How it is measured:** *Numerator:* Fights and assaults occurring in DYC state-operated residential facilities  
*Denominator:* Average daily population (ADP) of state operated residential facilities (detention, assessment and commitment); Average daily population: 656

**Why this matters:** All youth in the custody of the Division of Youth Corrections should reside in a safe environment free from fear of harm.

**Goal:** ↓ ≤ 8.0/100 ADP



**Trend:** Performance improved however, the goal was not achieved, and has only been achieved twice since January 2012.

**Notes:** DYC has four detention only facilities, two commitment only facilities, and four multi-purpose facilities. The data is not disaggregated if an incident occurs in a multi-purpose facility; therefore, this measure only represents unique incidents, and could represent two or more youth or include the same youth in multiple incidents.

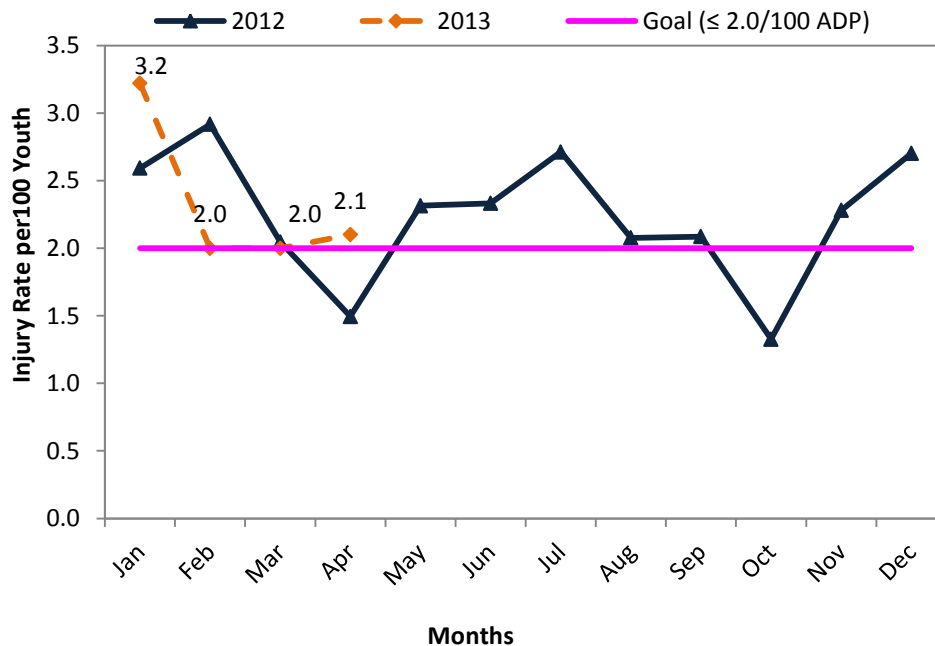
## Division of Youth Corrections (DYC)

Measure: **Youth injuries in state-operated residential facilities (detention and commitment)**

How it is measured: *Numerator:* Number of youth injuries in DYC state secure facilities  
*Denominator:* Average daily population (ADP) of state operated residential facilities (detention, assessment and commitment); Average daily population: 656

Why this matters: All youth in the custody of the Division of Youth Corrections should reside in a safe environment free from fear of harm.

Goal: **↓ ≤ 2.0/100ADP**



Trend: Performance declined in the most recent quarter; the goal was achieved in two of the three months.

Notes: This measure only represents incidents, and could include the same youth multiple times.

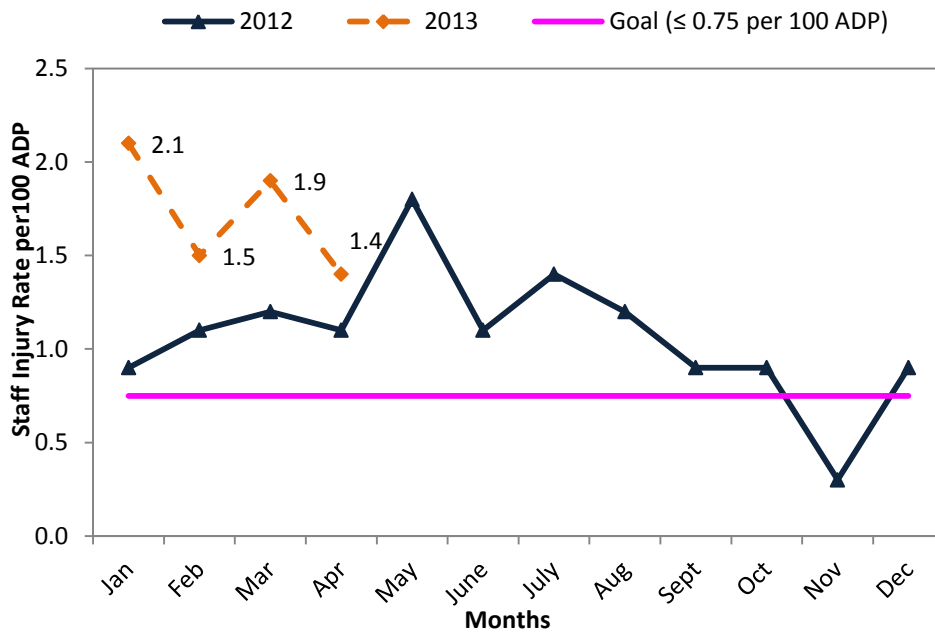
## Division of Youth Corrections (DYC)

**Measure:** Staff injuries directly resulting from youth contact while on the job

**How it is measured:** *Numerator:* Number of staff injuries on the job in state secure residential facilities as a direct result of youth contact  
*Denominator:* Average daily population (ADP) of state operated residential facilities (detention, assessment and commitment); Average daily population: 656

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

**Goal:** ↓ ≤ 0.75/100 ADP



**Trend:** Performance for the last quarter fluctuated between a rate of 1.4 and 1.9. The goal of less than 0.75 per 100 ADP has not been achieved since November 2012.

**Notes:** The data for this measure includes all injuries reported to the Colorado Department of Human Services via the Injury on the Job (IOJ) form and is not meant to reflect only those incidents where medical attention was required.

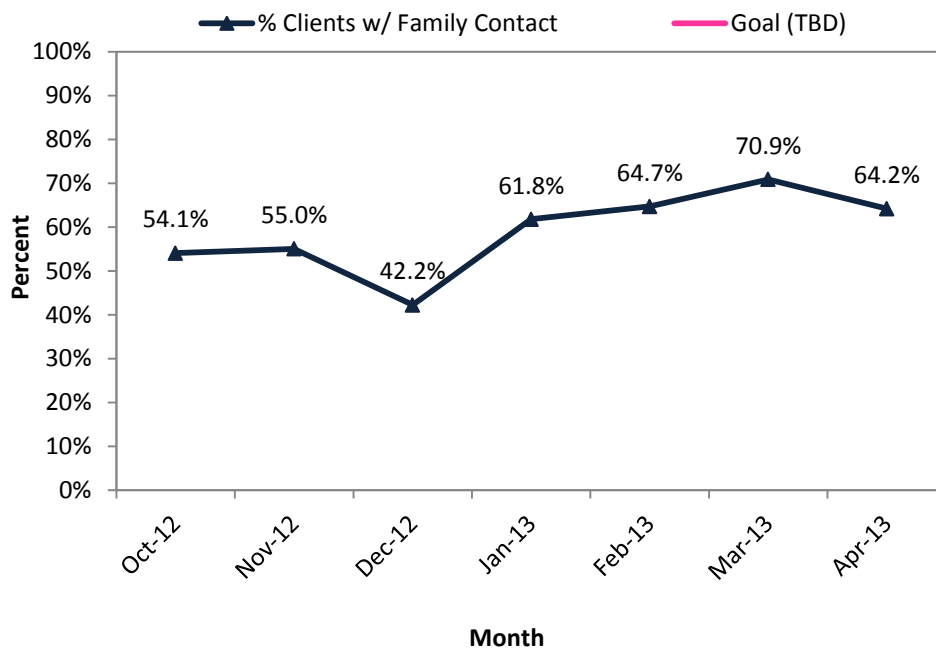
## Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of clients in residential state-operated facilities with at least one monthly family contact (phone or face-to-face)  
*Denominator:* Number committed clients in residential state-operated facilities;  
Average monthly denominator: 494

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

Goal: **↑ 90%**



Trend: Performance improved when compared to the previous quarter; for the most recent quarter performance fluctuates between 64.2% and 70.9%; a goal has not yet been established.

Notes: This measure only includes residential committed youth; it does not include detained youth.

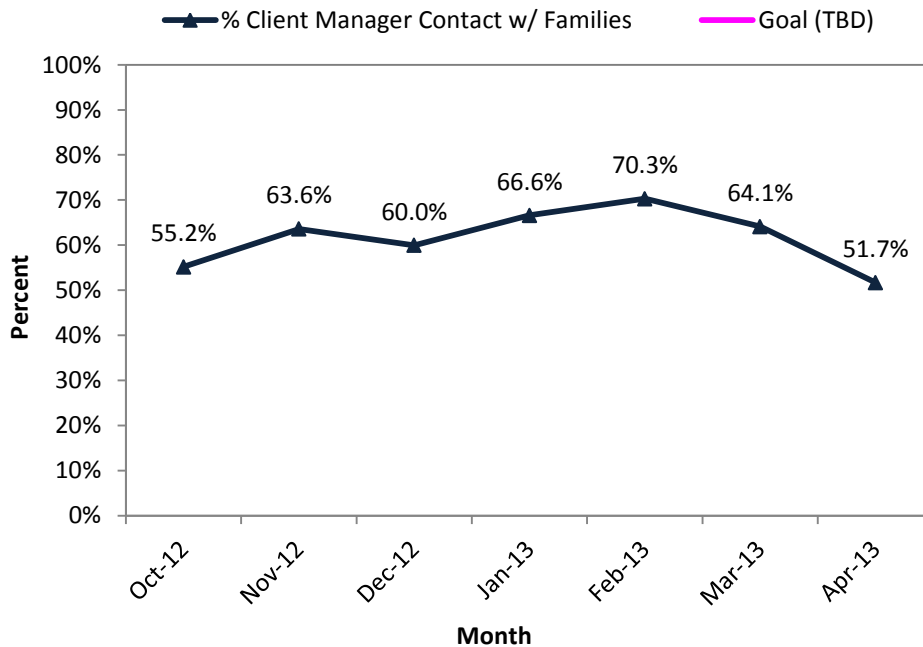
## Division of Youth Corrections (DYC)

Measure: **Family engagement: committed clients (residential and parole) with client managers who made at least one monthly contact with the youth's family**

How it is measured: *Numerator:* Number of clients whose client manager contacted family by phone, video, or face-to-face one or more times during specified month  
*Denominator:* Number committed clients (residential and parole); Average monthly denominator: 1,125

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

Goal: **↑ 90%**



Trend: Performance for the most recent quarter declined, going from 70.3% in February 2013 to 51.7% in April 2013; a goal has not yet been established.

Notes: This measure includes both residential and parole committed youth; it does not include detained youth.

# Domestic Violence Program

## Summary

### Description

The Domestic Violence Program (DVP) serves as the state governmental authority on domestic violence issues. DVP provides 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

The Family Violence Prevention and Services Administration (FVPSA) within the U.S. Department of Health and Human Services has been the major source of funding for domestic violence coalitions and programs since 1984. Programs receiving FVPSA funding are required to demonstrate that they adequately improve outcomes across the different services provided by domestic violence programs (shelter, support groups, counseling, advocacy, etc.). The overall purpose of this FVPSA outcome evaluation is to help states develop and implement outcome evaluation strategies that will accurately capture the impact of FVPSA dollars on survivors' safety and well-being.

FVPSA funding requires local programs to ask survivors to complete surveys evaluating the services provided: Shelter, Support Services and Advocacy, Support Groups, and Counseling. Data are used to demonstrate positive impacts on two short-term outcomes that research suggests lead to longer-term impacts on survivor safety and well-being. The two required outcomes are:

- 1.) Help with safety planning and
- 2.) Increased knowledge of community resources

### Measures

- [Shelter service outcomes](#)
- [Non-residential advocacy service outcomes](#)
- [Non-residential individual counseling service outcomes](#)
- [Non-residential support group service outcomes](#)

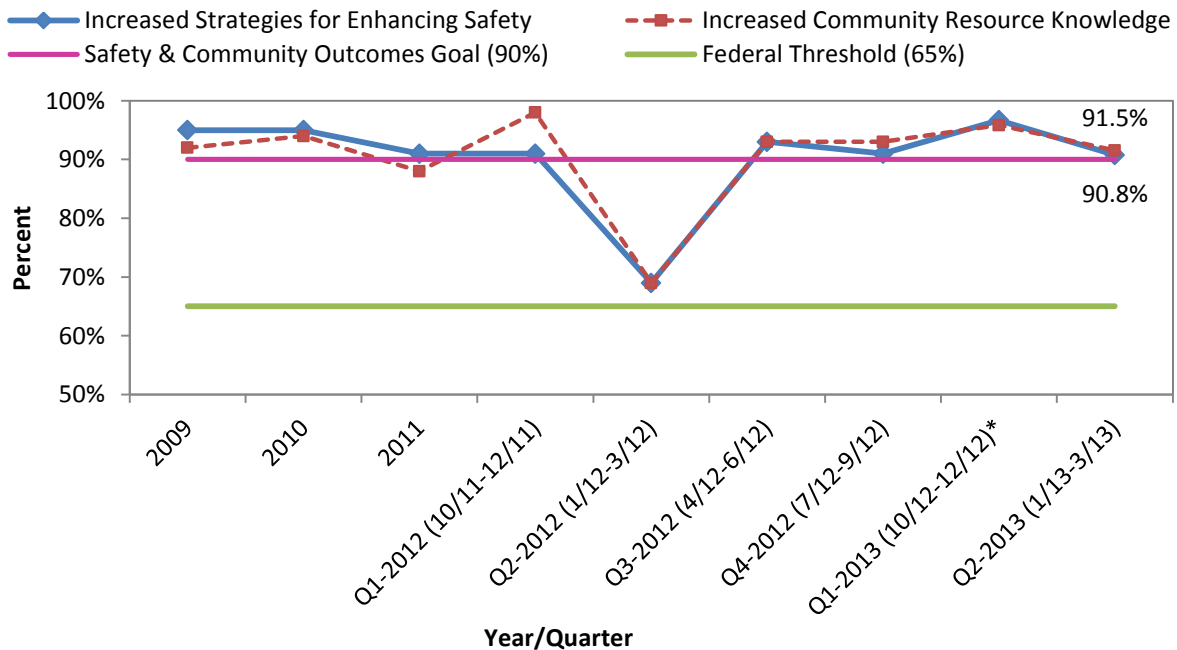
## Domestic Violence Program (DVP)

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 returned in FFY 2013 Q2 (Jan-Mar 2013): 260

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: **↑ 65% (FVPSA); 90% (DVP)**



Trend: Despite a slight decline in performance, DVP met the 90% goal for the second quarter and exceeded the 65% federal threshold for both federal outcomes.

Notes: Shelter services are typically emergency services provided in moments of crisis.

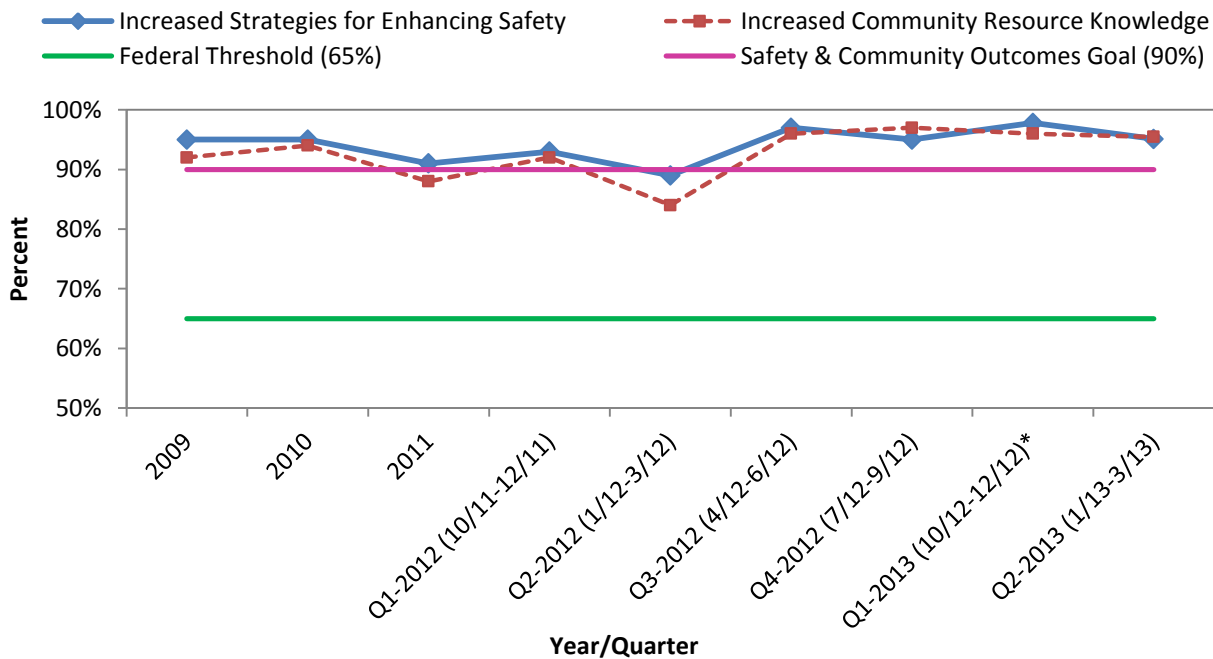
## Domestic Violence Program (DVP)

Measure: **Non-residential advocacy 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 non-residential advocacy services returned in FFY 2013 Q2 (Jan-Mar 2013): 839

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: **↑ 65% (FVPSA); 90% (DVP)**



Trend: Despite a slight decline in performance, DVP met the 90% goal for the second quarter and exceeded the 65% federal threshold for both federal outcomes.

Notes: Advocates help women across a variety of areas: Education, employment, housing, legal assistance, issues for children, transportation, and other issues.

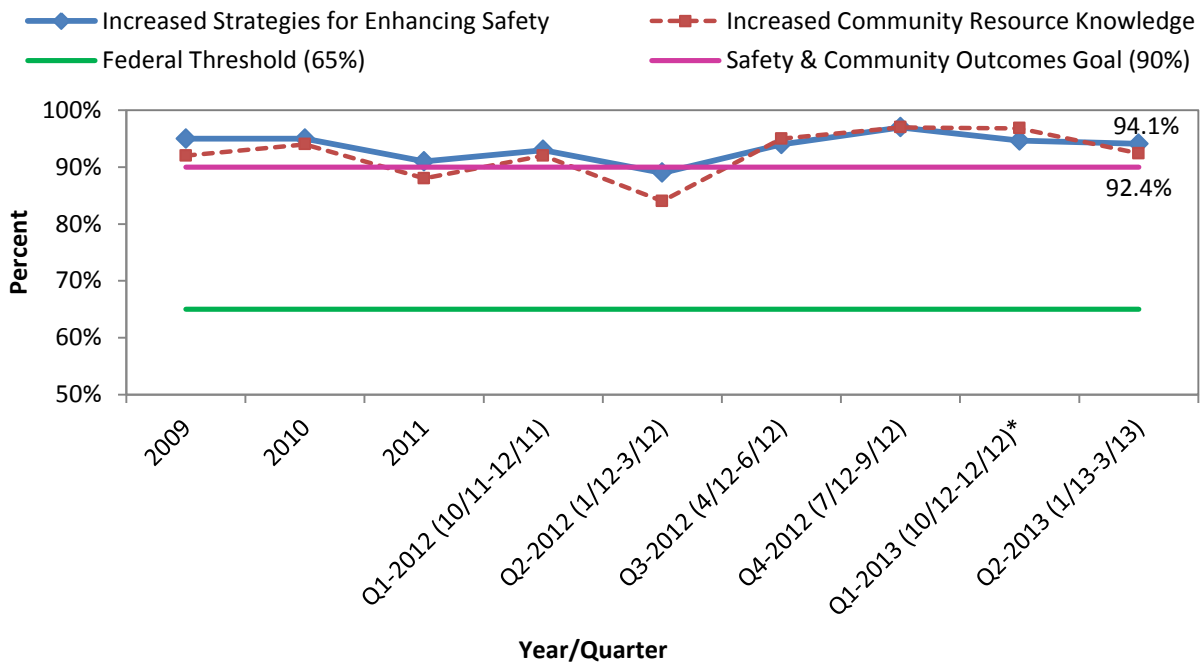
## Domestic Violence Program (DVP)

Measure: **Non-residential individual counseling 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 non-residential counseling services client surveys; surveys returned in FFY 2013 Q2 (Jan-Mar 2013): 474

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: **↑ 65% (FVPSA); 90% (DVP)**



Trend: Despite a slight decline in performance for community resources, DVP met the 90% goal for the second quarter, and exceeded the 65% federal threshold for both federal outcomes.

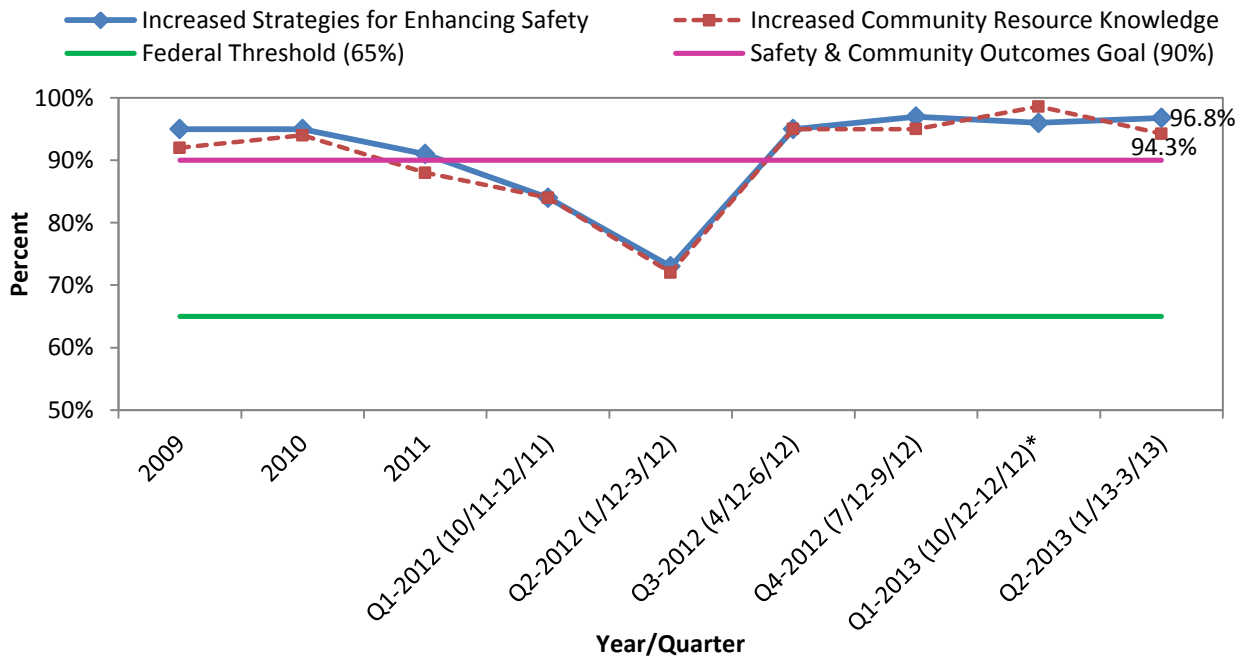
## Domestic Violence Program (DVP)

Measure: **Non-residential support group 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 non-residential support group services client surveys returned in FFY 2013 Q2 (Jan-Mar 2013): 435

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: **↑ 65% (FVPSA); 90% (DVP)**



Trend: Despite a slight decline in performance for community resources, DVP met the 90% goal for the second quarter, and exceeded the 65% federal threshold for both federal outcomes.

Notes: A closed support group is a common type of service offered to survivors, and typically focuses on safety planning, offering mutual support and understanding, and discussion of dynamics of abuse.

## 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 along with programs from the Colorado Department of Education and the Colorado Department of Public Health and Environment:

- 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 child care 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, decreasing from 22.7% in January 2012 to 3.8% in April of 2013. Further, the percentage of manual non-subsidized reimbursement payments has declined, going from 8.2% to 0.5% in the same months.
  - A CHATS build which was completed in May 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 child care providers and preschools in Colorado have a quality rating. Of those facilities that are rated, 86% have a 3-Star or 4-Star rating.
  - Performance on this measure has remained stable because quality ratings are typically valid for 2-3 years, yielding minimal variance.
- *Timely Supervisory Inspections:* One-month supervisory inspections are consistently timely 100% of the time, while 12-month supervisory inspections fluctuated between 99% and 100% in the most recent quarter. When extended to 24 months, the percentages fall to 98%. For the 36-month inspections, the percentage rises to 100%.

#### Measures

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

## Division of Early Care and Learning (ECL)

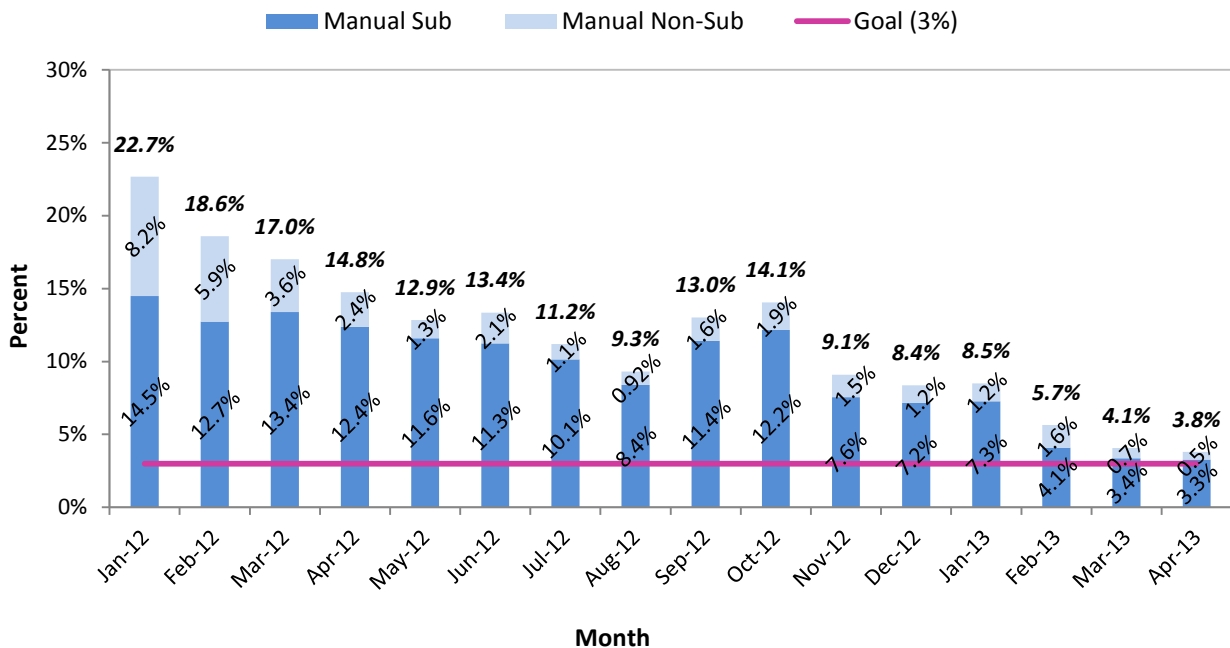
Measure: **Accurate child care reimbursement**

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: \$4,644,156.

Why this matters: Manual reimbursement of child care expense increases the likelihood of payment errors, the opportunity for fraud by clients/providers, the ability to misreport to federal agencies on cost/child 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, dropping from 22.7% in January 2012 to 3.8% in April of 2013. Further, the percentage of manual non-sub reimbursement payments has declined from 8.2% to 0.5% in the same months.

## Division of Early Care and Learning (ECL)

Measure: **Quality rated child care programs**

How it is measured:

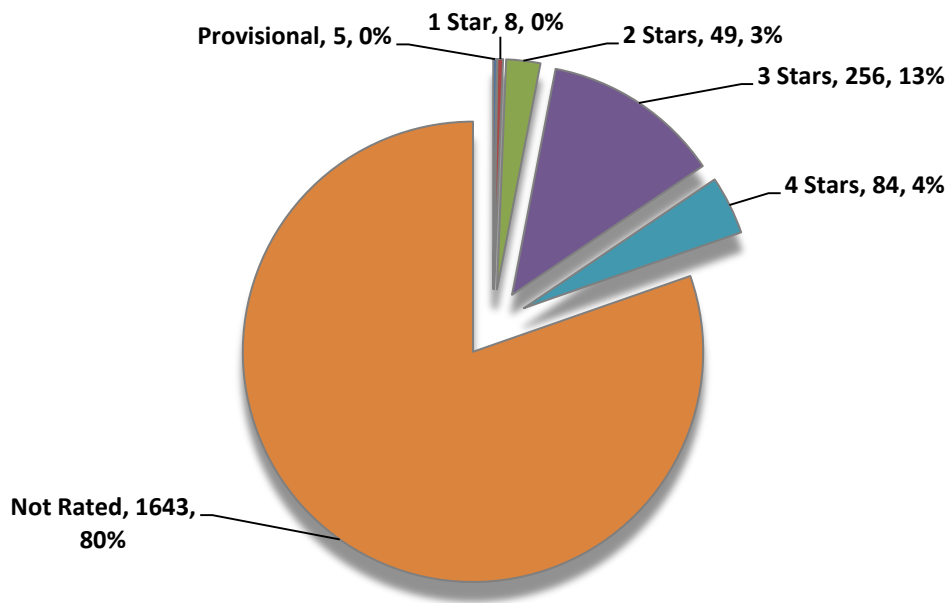
*Numerator:* Total number of child care programs with at least one quality rated classroom

*Denominator:* Total number of licensed child care programs and preschools; Average monthly denominator: 2,055

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, 86% have a 3-Star or 4-Star rating.

## Division of Early Care and Learning (ECL)

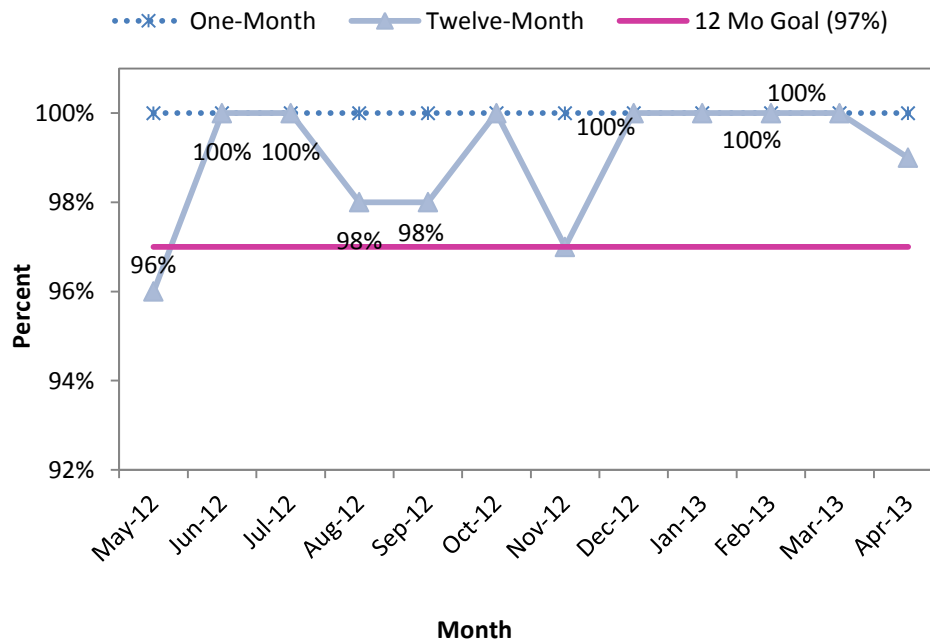
Measure: **Timely supervisory inspections**

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: 9; 12-month: 92

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 fluctuated between 99% 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. As part of the analysis, DCFS has conducted a survey to determine exactly where in the process the delays were. This has helped Early Intervention staff to target technical assistance to specific CCBs and to focus on specific steps in the process contributing to the delays. 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](#)

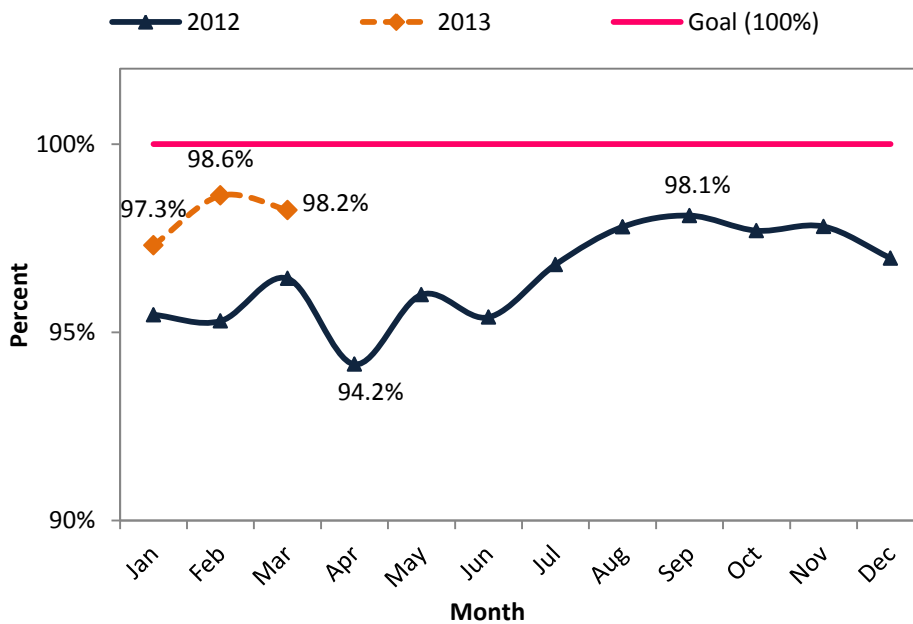
## Division of Community and Family Support (DCFS)

**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: 874

**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 is improving in the first quarter of 2013, with percentages are between 97.3% and 98.6%.

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

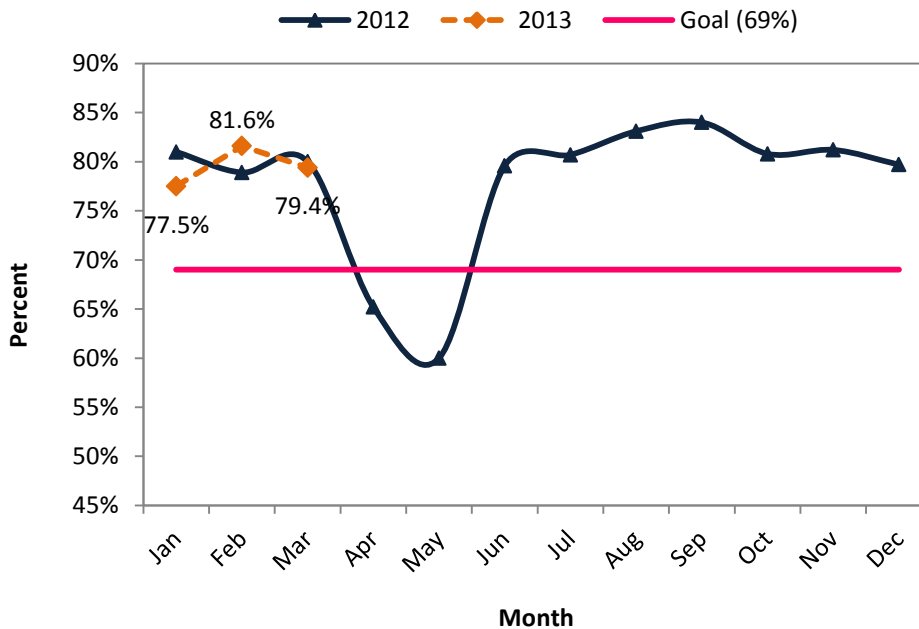
## Division of Community and Family Support (DCFS)

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: 162

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

Goal: **↑69%**



Trend: With the exception of two months (April and May 2012), 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), Vocational Rehabilitation and, Food and Energy Assistance, which includes Food Assistance (federally known as the Supplemental Nutritional Assistance Program or SNAP), the Low-Income Energy Assistance Program (federally known as LIHEAP) and Food Distribution Programs.

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, *Child Support Collected*, 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.
  - In April, the automated payroll system of a large employer in the state was identified as withholding two payments in certain months (those with a business day falling in the fifth week of the a month), and none in the subsequent month. This resulted in notable peaks and dips in collections data for the state. CSS was able to resolve this issue in May 2013, which should result in greater consistency in month-to-month performance in both measures.
- 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 Ten Large counties as well as the balance of state, in order to identify variances and potential causes of performance 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. Child Support Services attributes the steady upward trajectory in 2013 Child Support Collected to their ongoing county-focused work in the Spring of 2013, as well as system fixes that will result in less variation month-to-month.

### Measures

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

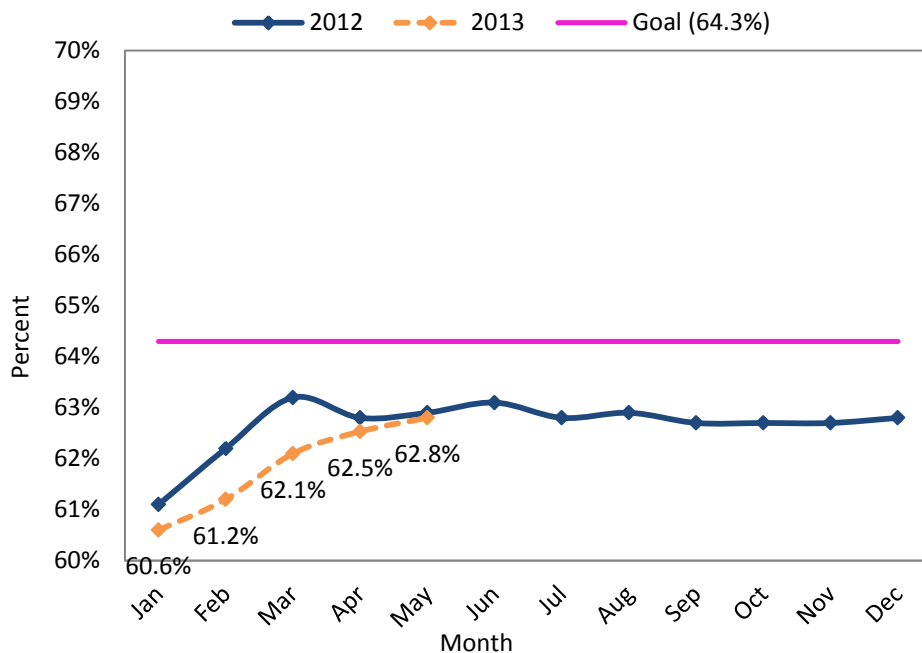
## Child Support Services (CSS)

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 monthly support owed through May 2013: \$158.3m

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

Goal: **↑64.3% (State Goal)**



Trend: Steady upward performance through May, leveling off after that time.

Notes: Prior years' performance variations were largely the result of a system glitch manifested between months with a business day in the fifth week and the subsequent month; corrections to a payroll error (see Executive Summary) should result in noticeably less variability month-to-month after May 2013.

## Child Support Services (CSS)

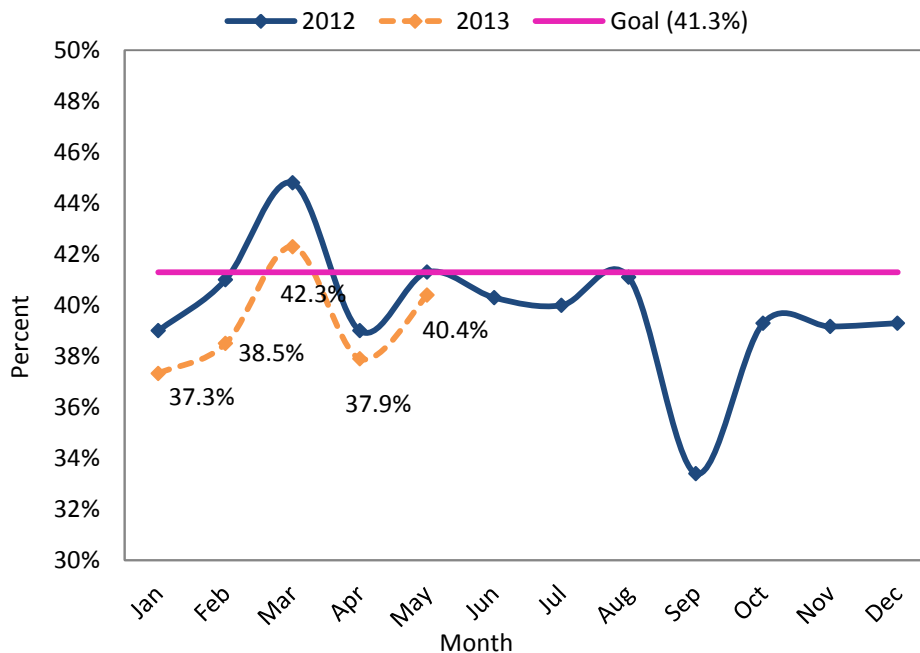
Measure: **Arrears payments**

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: 114,142

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: Prior years' performance had notable peaks and dips that were largely the result of a system glitch manifested between months with a business day in the fifth week and the subsequent month; corrections to a payroll error (see Executive Summary) should result in noticeably less variability month-to-month after May 2013.

# 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.
- 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)

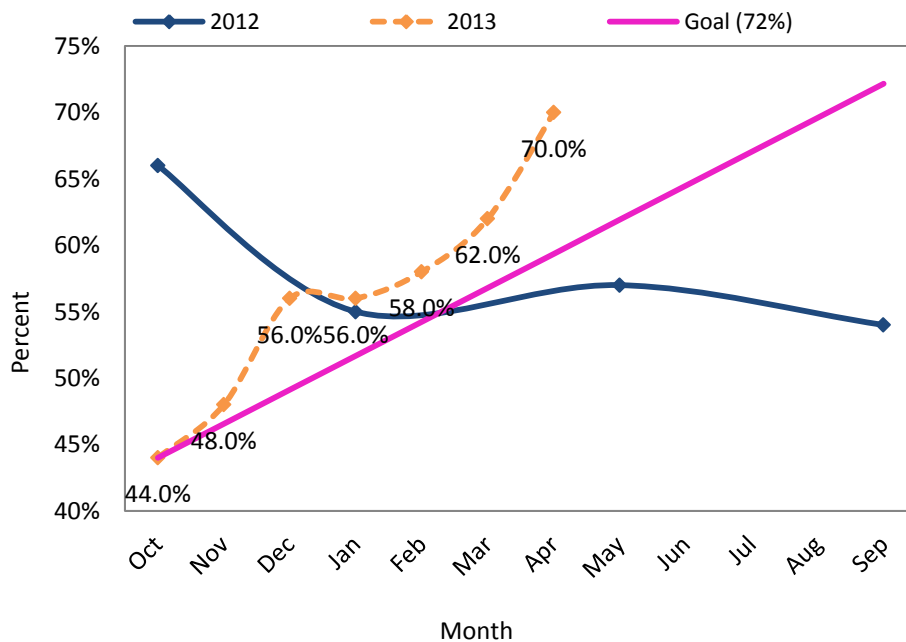
Measure: **Entered employment (Federal Measure)**

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: 749 (see Note).

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

Goal: **↑ 72% (Annual 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 April 2013.

Note: Data in 2012 was reported on a trimester basis and was not reported cumulatively. Data runs in arrears.

## Colorado Refugee Services Program (CSRP)

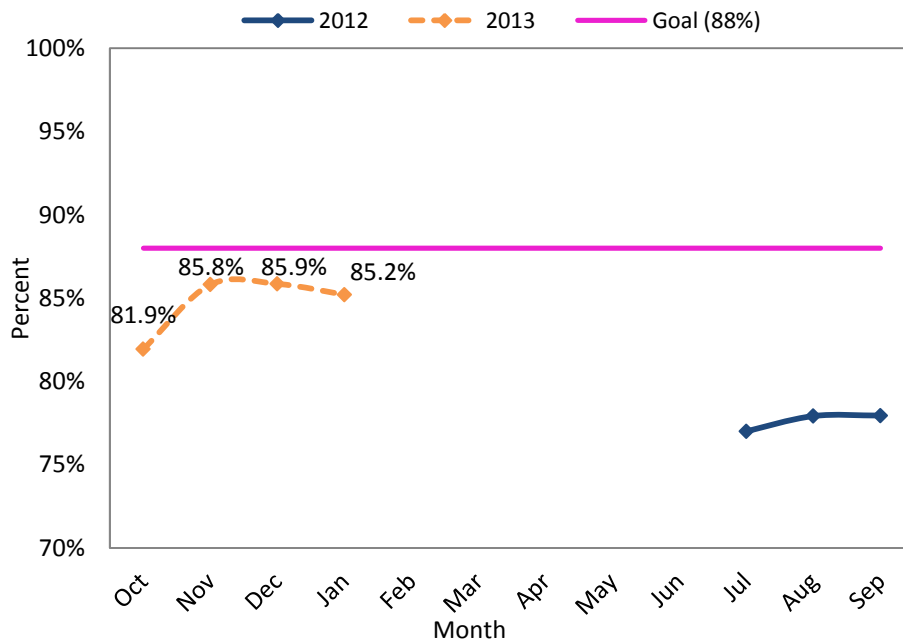
Measure: **90-day employment retention (Federal Measure)**

How it is measured: *Numerator:* Cumulative number of individuals who have retained employment for 90 days after initial employment placement

*Denominator:* Cumulative number of individuals who have entered employment;  
Cumulative monthly denominator: 304

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

Goal: **↑88% (State Goal)**



Trend: Significant performance improvement in FFY2013 over previous year; hovering slightly below goal.

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. Data are available monthly as of July 2012.

## Colorado Refugee Services Program (CSRP)

Measure: **Language progression**

How it is measured:

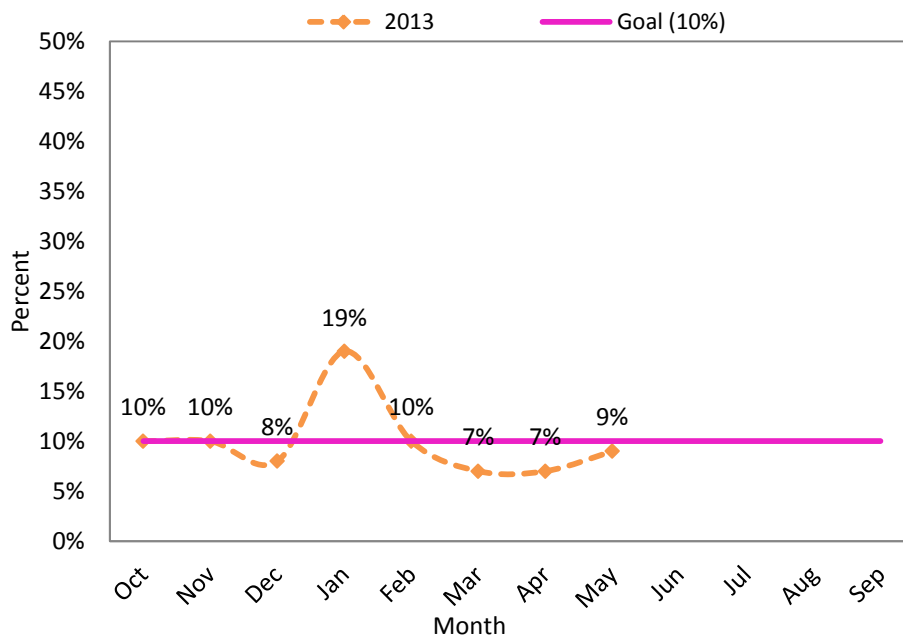
*Numerator:* Number of students advancing one level of English proficiency in a month

*Denominator:* Total number of students enrolled in ESL class on the first day of the month; Average monthly denominator: 255

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 known as 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*. Having met the goal for *Timely New Applications*, Colorado Works has revised this measure to look at the percentage of *New Applications Processed in 7 Days or Less*. This measure is associated with the Work Support Strategies grant that Colorado is currently participating in with the Ford Foundation and Urban Institute; the grant sets a goal of 90% of applications being processed in seven days or less by 2015.
- In regards to Redeterminations, data over the past year have demonstrated significant improvement. This measure continues to be tracked monthly as the goal has yet to be met.
- Colorado Works has identified employment as a leading outcome of the program to enhance economic security and self-sufficiency and working to enhance their data capabilities to capture meaningful employment data.

#### Measures

- [New Applications Processing in 7 Days or Less](#)
- [Timely Redetermination Applications](#)

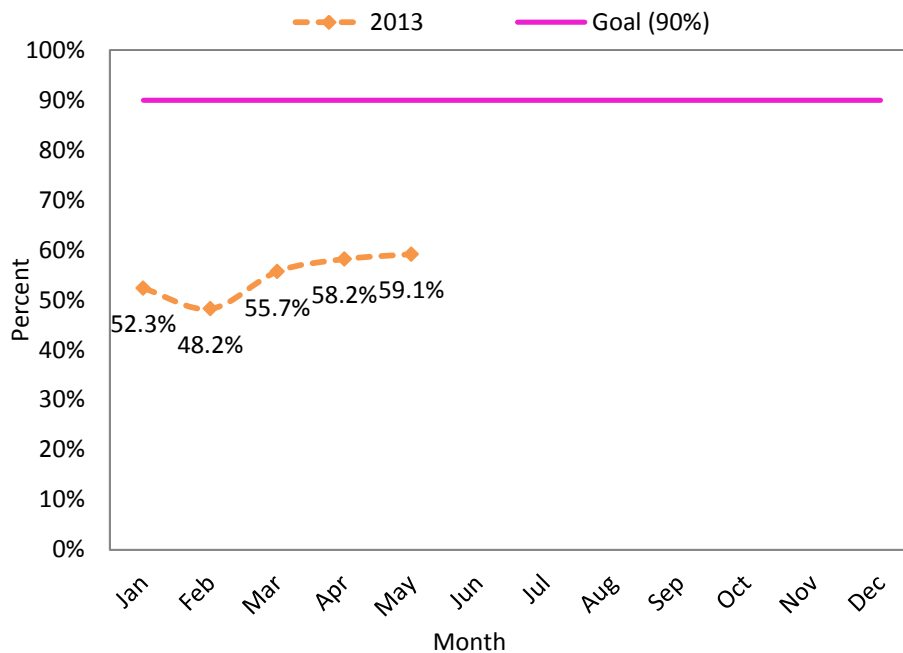
## Colorado Works

Measure: **New applications processed in 7 days or less**

How it is measured: *Numerator:* Number of new applications processed in 7 days or less  
*Denominator:* Total number of new applications; Average monthly denominator: 2,583

Why this matters: Quick 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: **↑90%**



Trend: Steady progression since February 2013.

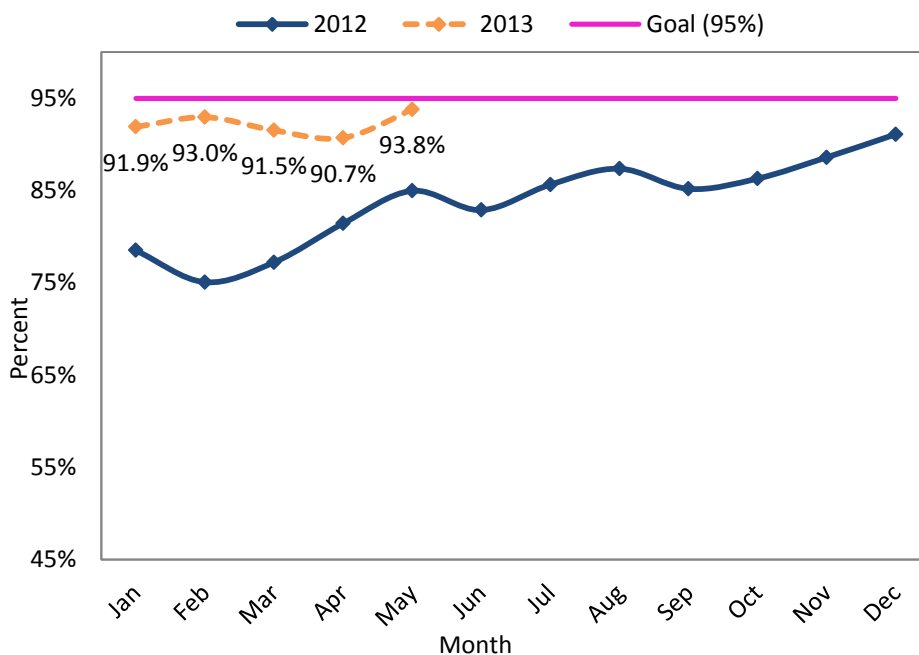
## Colorado Works

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: 600

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%.

# Food and Energy Assistance

## Summary

### Description

The Division of Food and Energy Assistance houses the Food Assistance, Energy Assistance and Food Distribution Programs.

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. Having met the goal for *Timely New Applications*, Food Assistance has revised this measure to look at the percentage of *New Applications Processed in 7 Days or Less*. This measure is associated with the Work Support Strategies grant that Colorado is currently participating in with the Ford Foundation and Urban Institute; the grant sets a goal of 90% of applications processed in seven days or less by 2015.
- In regards to Expedited and Redetermination applications, data over the past year have demonstrated significant improvement. These measures continue to be tracked monthly as the goals have yet to be met.
- 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 Supplemental Nutrition Assistance Program Quality Assurance Division; this is housed in the Office of Performance and Strategic Outcomes.

### Measures

- [New Applications Processed in 7 Days or Less](#)
- [Timely Expedited Applications](#)
- [Timely Redetermination Applications](#)
- [Error Rate Negative Actions](#)
- [Error Rate Payment](#)

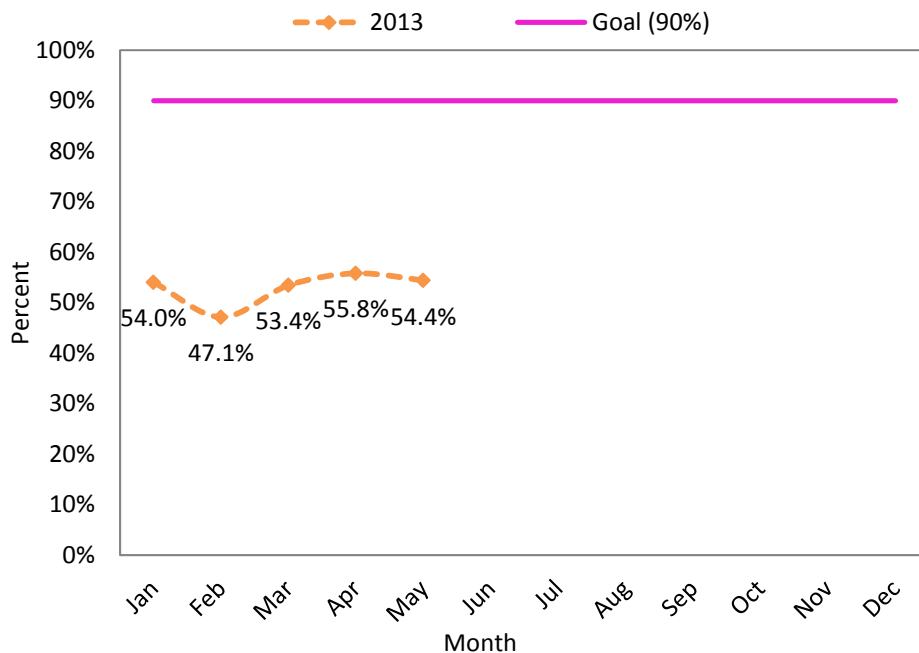
## Food Assistance (FA)

Measure: **New applications processed in 7 days or less**

How it is measured: *Numerator:* Number of new applications processed in seven days or less  
*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: **↑90%**



Trend: Hovering in the low- to mid-50s.

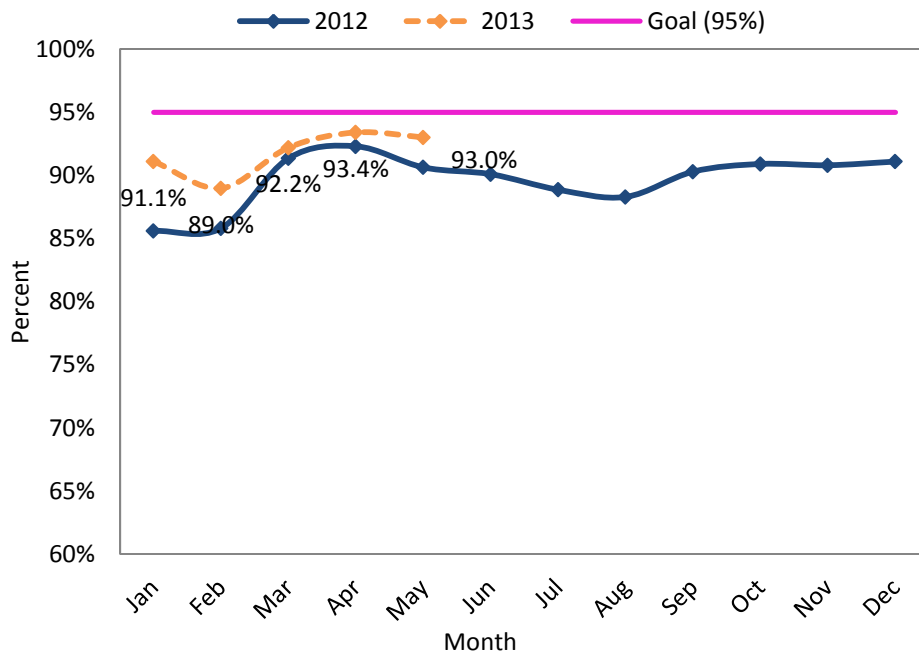
## Food Assistance (FA)

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: 9,326

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 in the low-90s. Has yet to reach the 95% goal.

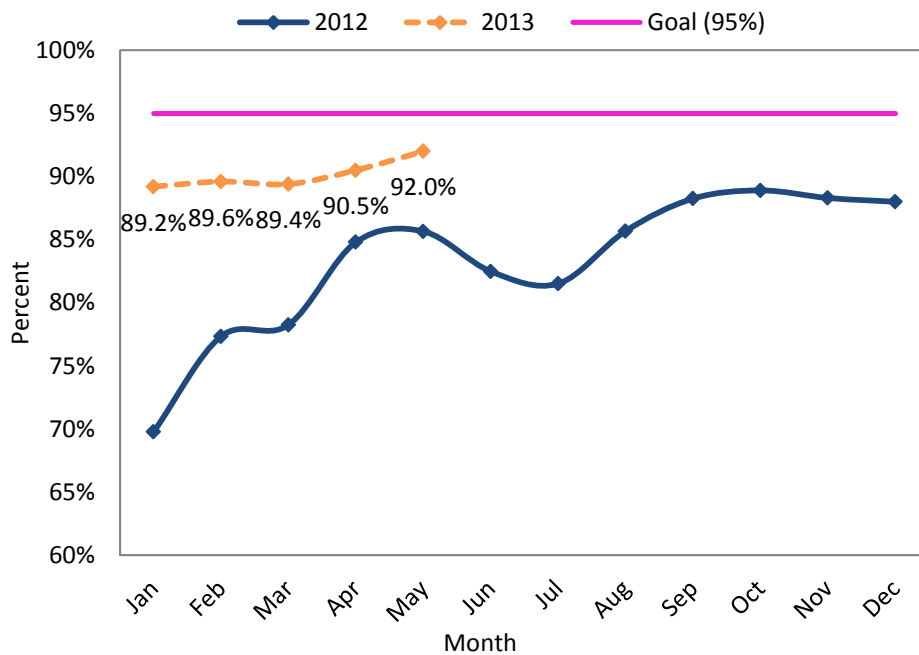
## Food Assistance (FA)

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: 22,095

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.

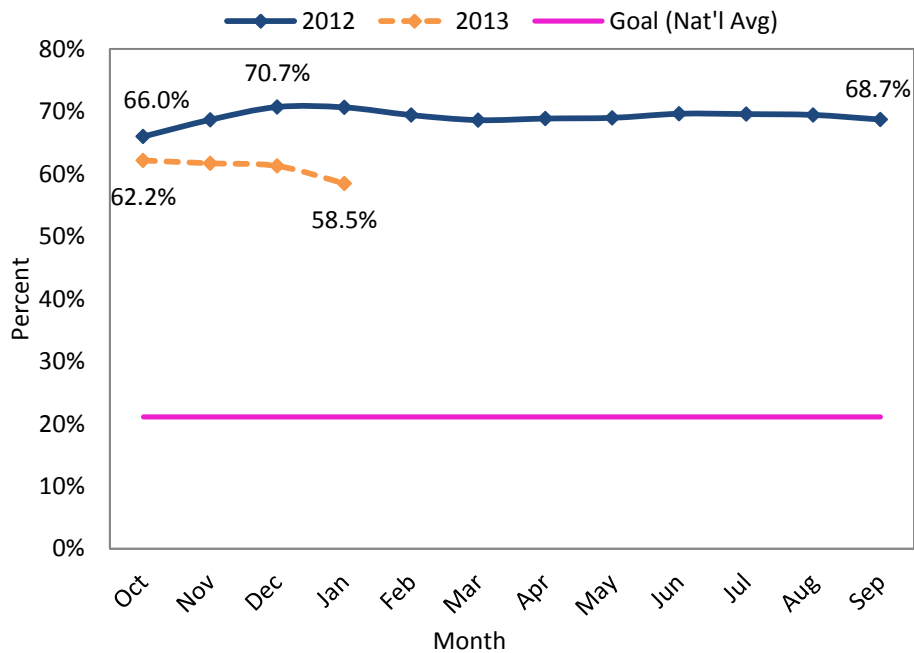
## Food Assistance (FA)

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

How it is measured: *Numerator:* Cumulative number of incorrect negative actions sampled  
*Denominator:* Cumulative total number of negative actions sampled; Cumulative monthly denominator: 272

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, trending steadily downward.

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)

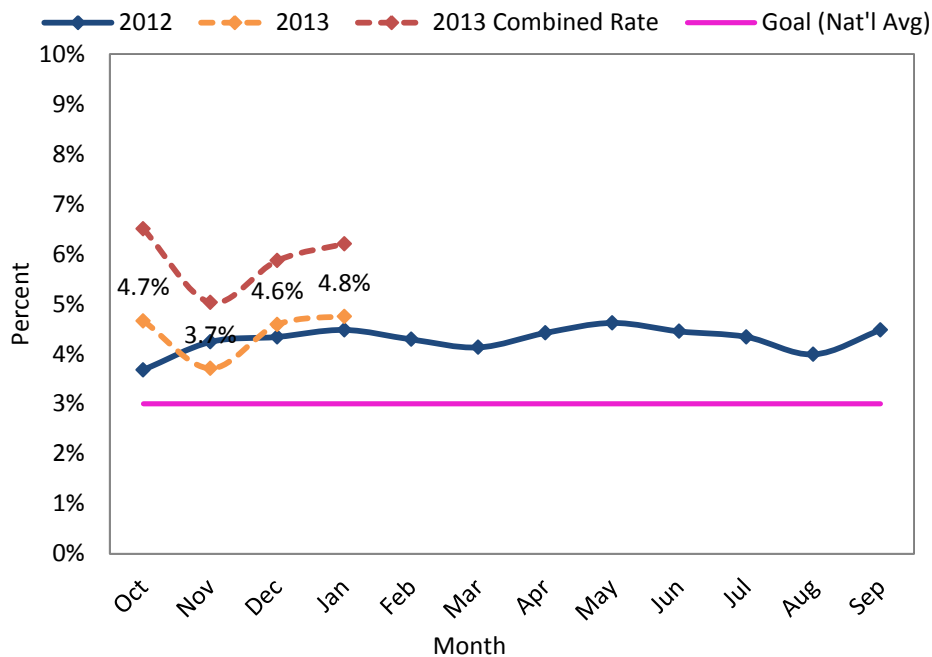
Measure: **Error rate of payment (Federal Measure)**

How it is measured: *Numerator:* The cumulative total dollar amount of unauthorized benefits in the sample

*Denominator:* Cumulative total authorized benefits in the sample; Cumulative monthly denominator: \$101,409

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 and Energy Assistance: 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.

Director: Sue McGinn

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 before October or after April.

#### Measures

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

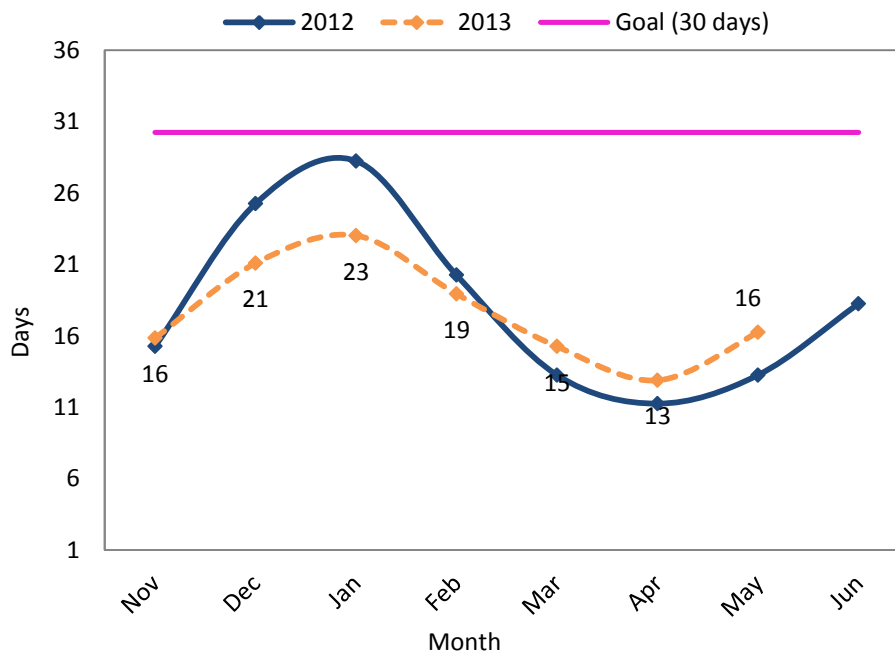
## Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular applications**

How it is measured: *Numerator:* Number of days to process regular applications  
*Denominator:* Total number of regular applications; Average quarterly denominator: 5,120

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 prior year in the first half of the season, and a slightly poorer average in the second half, but well under the goal of 30 days.

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

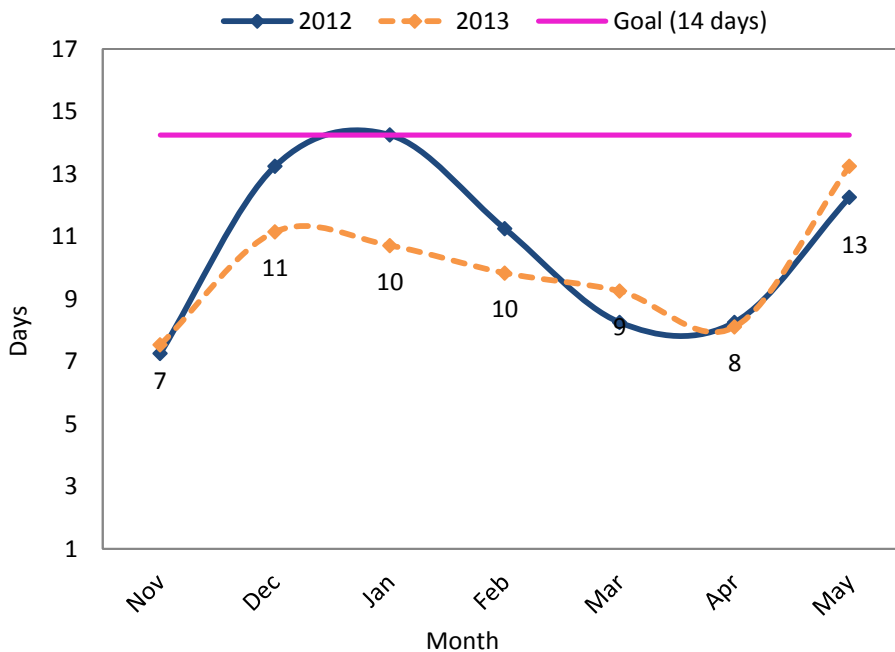
## Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of emergency applications**

How it is measured: *Numerator:* Number of days to process emergency applications  
*Denominator:* Total number of emergency applications; Average quarterly denominator: 1,082

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: Peaks during highest volume (December), and then again after applications are no longer eligible for processing (May).

Notes: Average days to process decreases during the warmer months, as the season comes to a close and fewer applications are submitted. Applications are no longer accepted after April 1<sup>st</sup>, resulting in less urgency and higher average processing time.

## 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 Jorgensen

#### Executive Summary

- DVR reports on three measures: *Case Closure by Type*; *Timeliness of Eligibility Determination*; and *Competitive Employment Outcomes*.
- The vocational rehabilitation program allows for four distinct points in the program from which a case can be closed under typical circumstances: before eligibility has been determined; before a plan has been established; during the service phase; and after employment has been successfully established. During the first quarter of 2013, DVR was working to increase the percentage of successful closures to 50%. At this time, DVR is revisiting the appropriate goal for this measure (see bullet below).
- DVR implemented a full waitlist (Order of Selection or OOS) in May 2013. As a result, the population of customers who had been determined eligible but had yet to begin service dropped to zero. Additionally, the creation of a waitlist introduced a new cohort to the measure, those who formally withdraw from the list before beginning program participation. These changes in the *Case Closure by Type* population have altered the proportionality of the measure significantly.
- In their effort to increase the *Timeliness of Eligibility Determination*, DVR has been engaging staff in enhanced use of the electronic case management system. This includes utilizing the existing capacity of the system to appropriately identify applications in extended status, as federal regulations allow for an application to extend undetermined beyond 60 days for unusual and unforeseen circumstances, and/or to establish appropriateness of fit via trial work before being found eligible for the program. Breaking out the data at this finer level of detail has enabled DVR to determine the percentage of applications that have gone undetermined for more than 60 days with an extension, and those without. Policy requires that all applications that take longer than 60 days have a formal extension in place; this new level of detail enables DVR to see how thoroughly that policy is being applied.

#### Measures

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



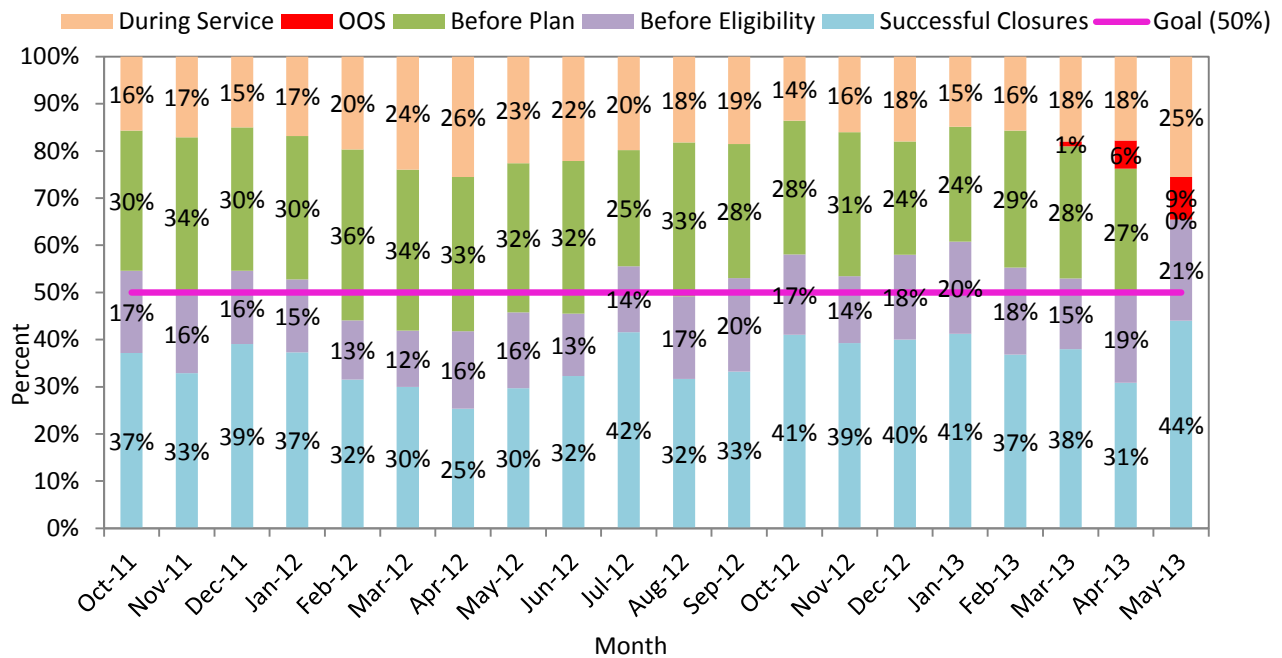
## Division of Vocational Rehabilitation (DVR)

Measure: **Case closure by type**

How it is measured: *Numerator:* Number of cases by closure status type (successful employment; during service but without successful employment; before beginning employment plan; before eligibility was determined; from waitlist).  
*Denominator:* Total number of case closures during the month; Average monthly denominator: 614

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

Goal: **↑Successful closures at 50%**



Trend: Focus on growing successful closures (blue bar). Hovering around 40%.

Notes: DVR implemented a full waitlist (Order of Selection or OOS) in May 2013. As a result, the population of customers who had been determined eligible but had yet to begin service dropped to zero. Additionally, the creation of a waitlist introduced a new cohort to the measure, those who formally withdraw from the list before beginning program participation. These changes in the *Case Closure by Type* population have altered the proportionality of the measure significantly.

## Division of Vocational Rehabilitation (DVR)

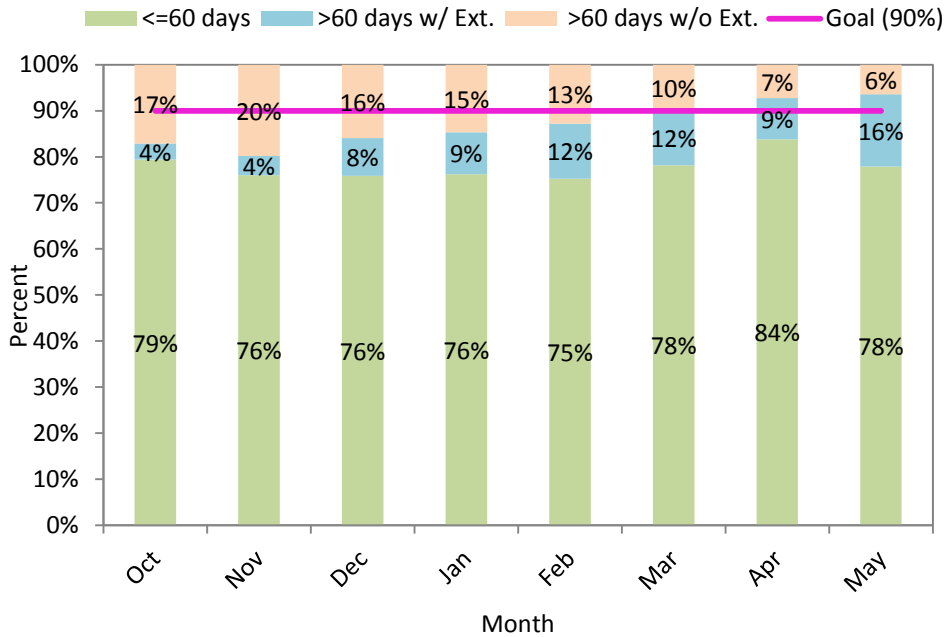
Measure: **Timeliness of eligibility determination**

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: 623

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: Percentage of those waiting longer than 60 days without extension decreasing as use of extensions grow. Overall population waiting more than 60 days remains fairly constant.

Notes:

DVR is able to legitimately surpass 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.

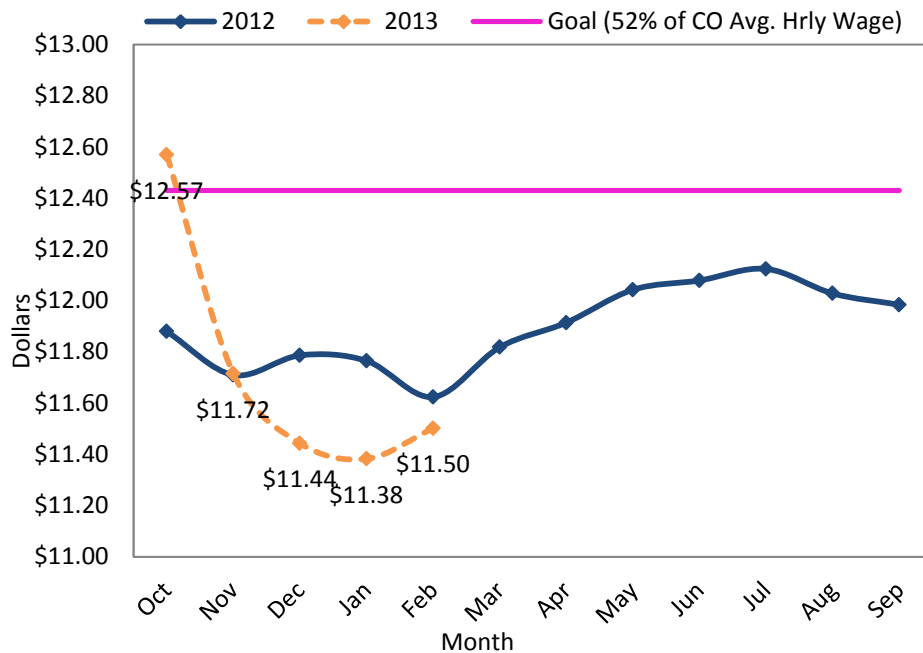
## Division of Vocational Rehabilitation (DVR)

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. One, programs exist to provide financial assistance for low-income or disabled adults and include the following: Aid to the Needy Disabled (AND) and Aid to the Blind (AB), Old Age Pension (OAP), Home Care Allowance (HCA), Adult Foster Care (AFC), Burial Assistance, and Repatriation. Two, 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), and legal assistance, as well as supportive services. Three, 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. AAS continues to distribute a biweekly report to counties that alerts them to any inquiries that have the potential for being considered late, in the hopes of prompting counties to enter data prior to the time at which AAS runs its monthly performance reports.
- 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 continues to examine 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 has seen an overall reduction in the volume of backlog since initiating the distribution of weekly backlog reports to the counties. However, this reduction has had an anticipated impact on *Timely Applications* and *Timely Redeterminations* in that when backlog is reduced timeliness typically decreases.
  - AAS has engaged in several, additional efforts related to performance on these measures:
    - Weekly “Webinar Wednesdays” which address specific Adult Financial (AF) processing topics and provide technical assistance to counties.
    - Discussion of C-Stat measures at AF quarterly supervisors meetings, during program reviews conducted by the Program Integrity and Accountability team, at the monthly, Economic Security Sub-PAC meetings, at the monthly Food Assistance Performance Improvement Plan (PIP) meetings, and at the monthly Colorado Works Administrator meetings.
    - Distribution of monthly, high-level reports to county administrators, directors and supervisors reflecting county performance on the AAS C-Stat measures.

#### Measures

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



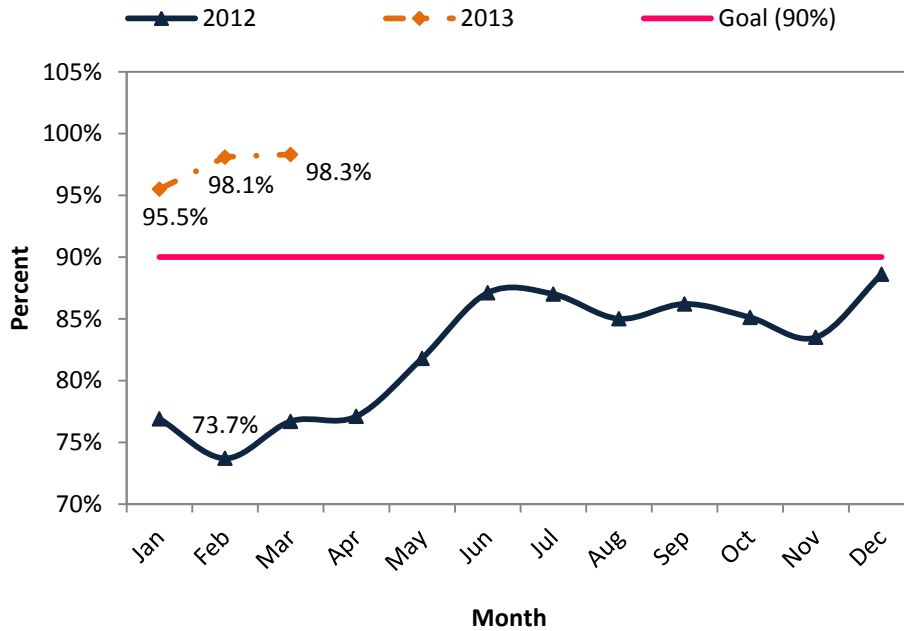
## Aging and Adult Services (AAS)

Measure: **Timely adult protection inquiries**

How it is measured: *Numerator:* Number of timely responses  
*Denominator:* Number of responses; Average monthly denominator: 545

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

Goal: **↑90%**



Trend: Timeliness has increased substantially since last year at this time with current performance at 98.3%, the highest to date.

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

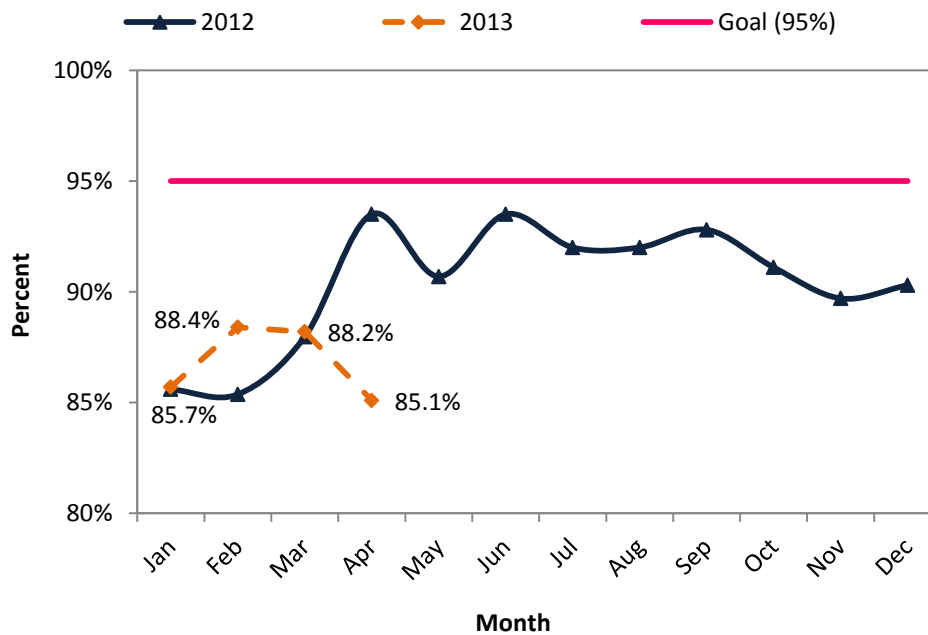
## Aging and Adult Services (AAS)

Measure: **Timely new applications**

How it is measured: *Numerator:* Number of timely processed new benefit applications  
*Denominator:* Number of processed new benefit applications; Average monthly denominator: 2,706

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

Goal: **↑95%**



Trend: Timeliness declined in the most recent month, with performance at 85.1%.

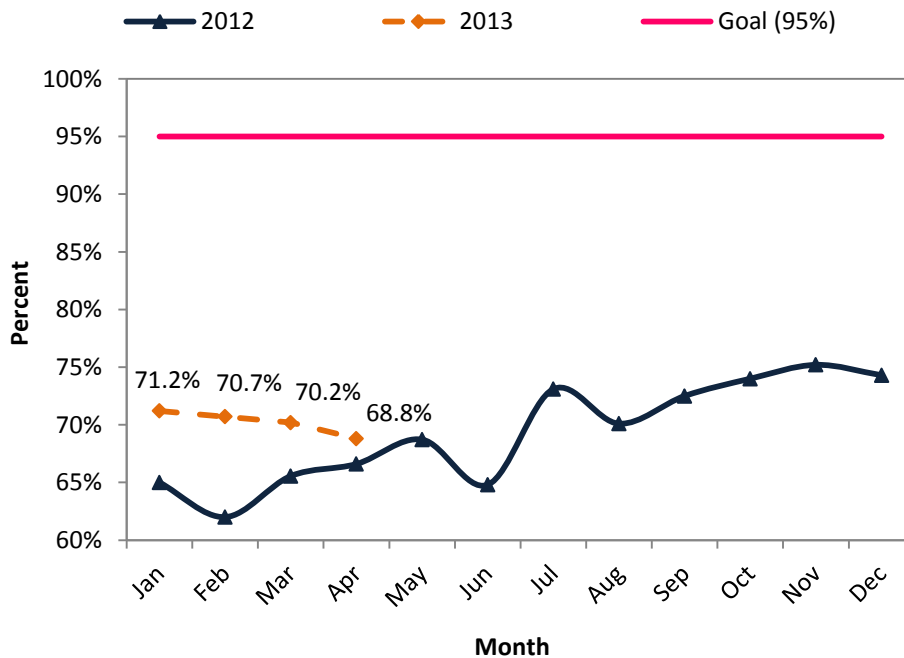
## Aging and Adult Services (AAS)

Measure: **Timely redetermination applications**

How it is measured: *Numerator:* Number of timely processed redetermination applications  
*Denominator:* Number of processed redetermination applications; Average monthly denominator: 1,200

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

Goal: **↑95%**



Trend: Timeliness has gradually decreased since November 2012, with current performance at 68.8%.

## Developmental Disabilities

### Summary

#### Description

The Division for 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. Community Centered Boards (CCBs), nonprofit organizations that contract with DDD, 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.

Acting Director: Barb Ramsey

#### Executive Summary

- DDD has identified two performance measures in the area of adult programming to be examined on a monthly basis related to supported employment (SE): *Participants Receiving Supported Employment in 1) Group and Individualized Settings* and 2) *Individualized Settings*, solely.
  - In May, *Participants Receiving Supported Employment in Individualized Settings* was introduced as a DDD performance measure, as it is representative of clients receiving supported employment services in the most integrated setting possible. In addition, for this measure, data are examined by CCB to determine which CCBs are in need of individualized, technical assistance and/or training in this area, and which CCBs are peak performers.
  - DDD has engaged in several, additional efforts related to performance on these measures:
    - Discussion of C-Stat measures at the monthly CCB Executive Directors meetings, the quarterly CCB Case Management Directors meetings, and the Employment Work Group meetings.
    - Webinars hosted by the State Employment Leadership Network (SELN), in collaboration with DDD, the Colorado Developmental Disabilities Council, and the Division of Vocational Rehabilitation, with a focus on the above measures.
    - Distribution of a monthly communication brief which includes all DDD C-Stat performance measures with a focus on the individualized SE measure.

#### Measures

- [Participants Receiving Supported Employment in Group and Individualized Settings](#)
- [Participants Receiving Supported Employment in Individualized Settings](#)



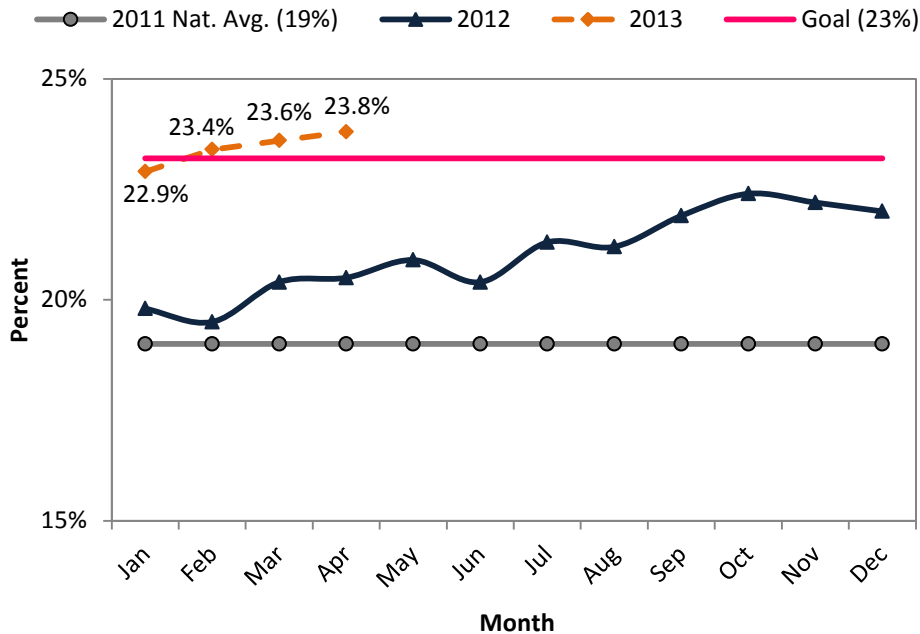
## Developmental Disabilities Division (DDD)

Measure: **Participants receiving supported employment in group and individualized settings**

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: 6,236

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

Goal: **↑23%**



Trend: Receipt of supported employment has steadily increased since December 2012 with current performance at 23.8%, the highest to date.

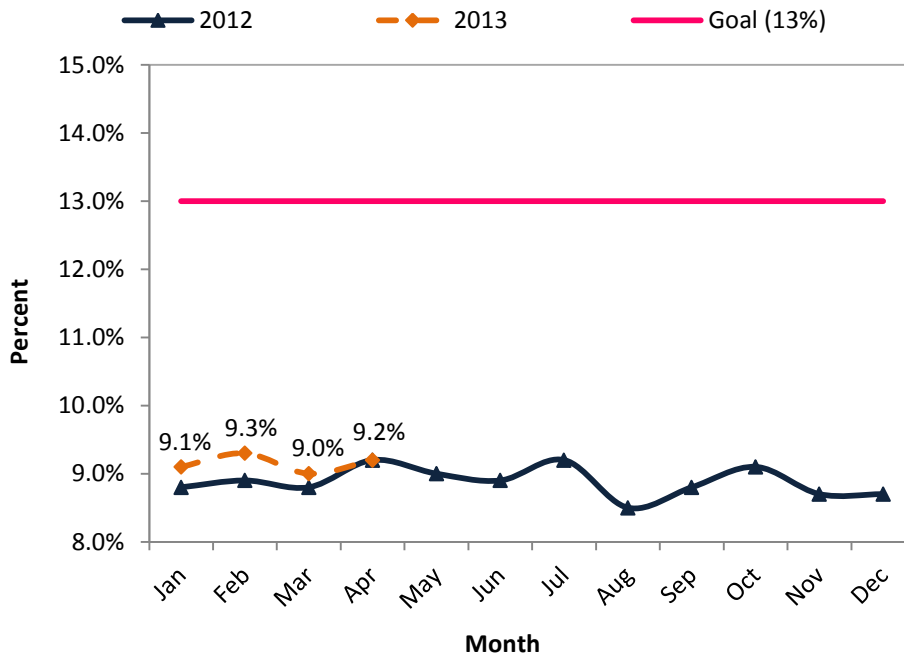
## Developmental Disabilities Division (DDD)

Measure: **Participants receiving supported employment in individualized settings**

How it is measured: *Numerator:* Number of clients for whom a supported employment claim (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: 6,236

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

Goal: **↑13%**



Trend: Receipt of supported employment ranged from 8.5% to 9.2% in 2012. In early 2013, performance has varied between 9.0% and 9.3%.

## 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*.
  - DDS has been involved in the implementation of several process improvement projects, coordinated through their Disability Adjudication with Speed and Humanity (DASH) initiative, in an effort to reduce *Examiner Processing Time* and the rate at which the *Mean Number of Days to Process Initial Eligibility Decisions* continues to increase. These initiatives include implementation of the following process improvements:
    - Examiner caseload capacity
    - Best practices peer coaching model
    - Auto identification of negative responses to Medical Evidence of Record requests
    - Expanded case triage
    - Revised case mix assignments
    - Posting of unit and examiner performance

#### Measures

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

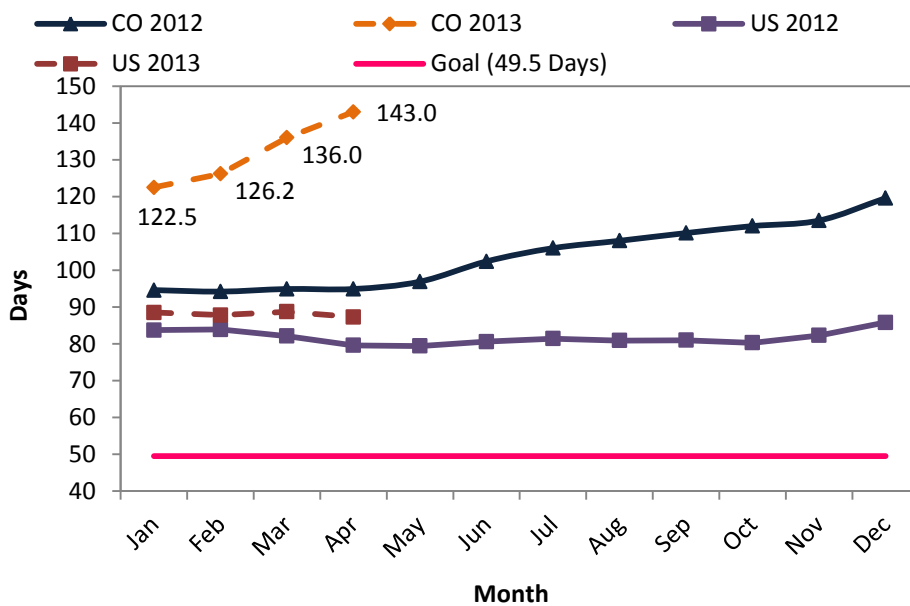
## Disability Determination Services (DDS)

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

How it is measured: *Numerator:* Number of days to process initial eligibility decisions  
*Denominator:* Number of initial applications processed; Average monthly denominator: 2,731

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 (moving in the wrong direction) since April 2012 and is currently at its highest point, for the reporting period captured, at 143.0 days.

Notes: This measure utilizes data from the 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, the department chose that program on which to focus.

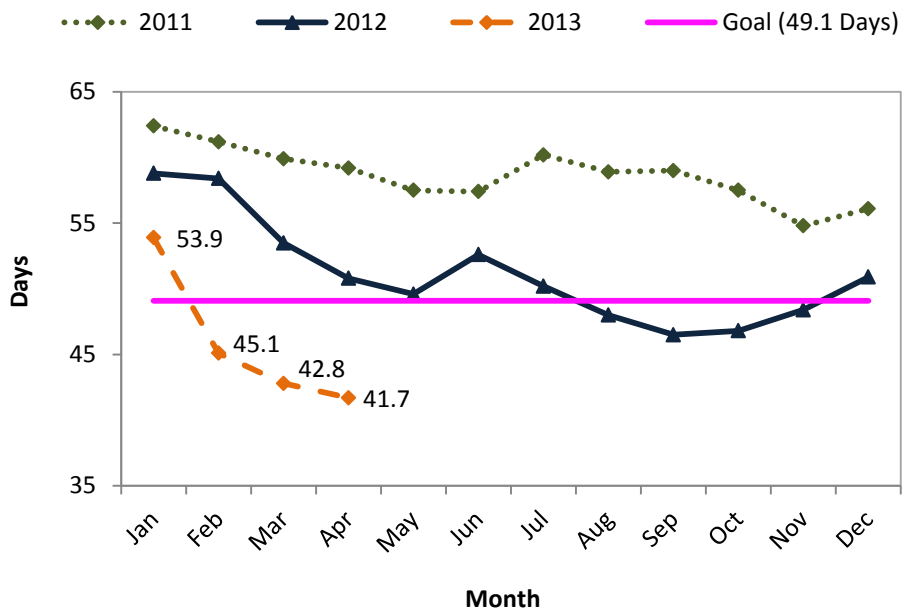
## Disability Determination Services (DDS)

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: 2,703

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: Since January 2013, performance on this measure has seen significant improvement. Currently, performance is at its lowest point, for the reporting period captured, at 41.7 days.

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

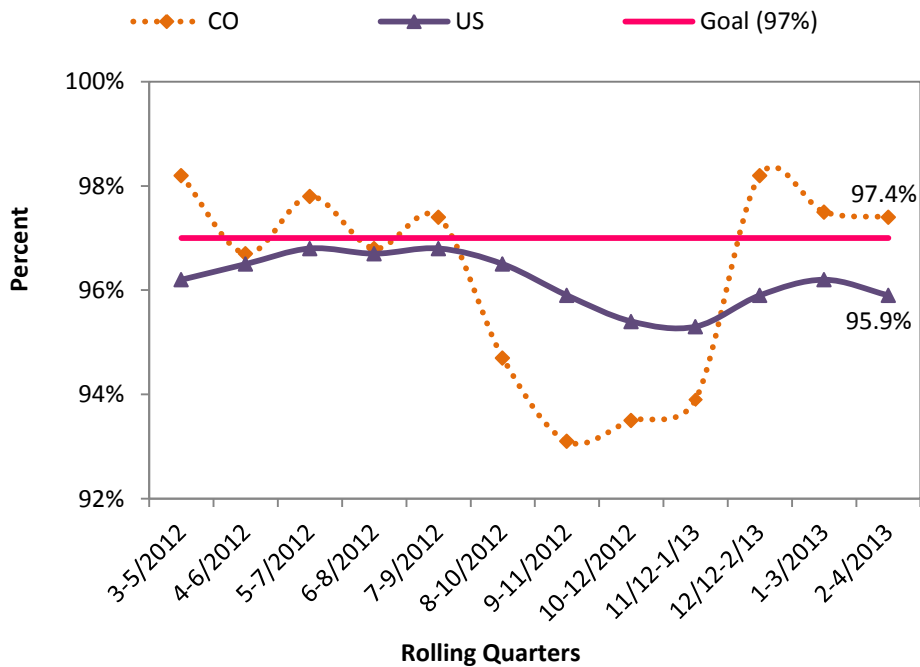
## Disability Determination Services (DDS)

Measure: **Percentage 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: 147

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 been maintained, both above the goal and national rate, over the past three rolling quarters.

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 Center 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*.
- For the Long-Term Habilitation service model, DRCO collects data on *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.
- In June, *Percent of Successful Transitions/Discharges* was introduced as a DRCO performance measure. This measure is collected cumulatively for all treatment/service models and all Regional Centers.
- DRCO has made changes to their internal processes, as well as established an external process involving the Division for Developmental Disabilities and Community Centered Boards, related to transitioning from a Regional Center to a private provider. DRCO anticipates these newly implemented external transition processes and the changes made to their own internal transition processes will have a positive impact on all DRCO performance measures related to transitions/discharges.
- The performance measure of *Decreased Use of Physical Interventions* is collected cumulatively for all treatment/service models and is displayed by Regional Center.

#### Measures

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

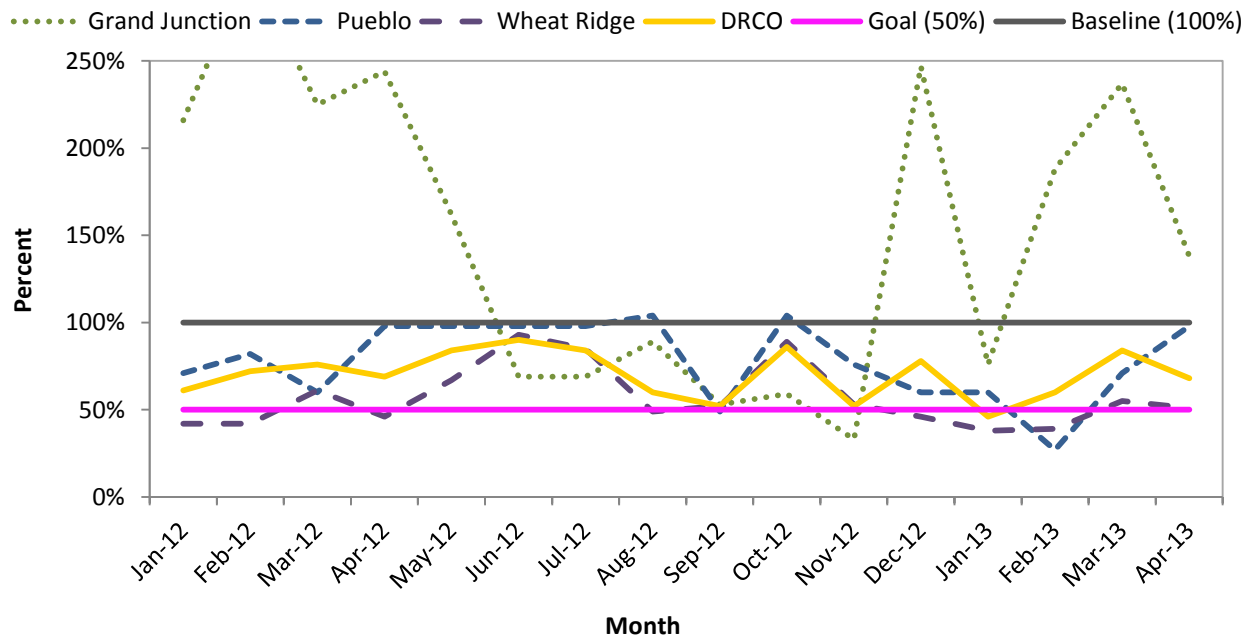
## Division of Regional Center Operations (DRCO)

Measure: **Decreased use of physical interventions**

How it is measured: *Numerator:* Number of physical interventions (Current)  
*Denominator:* Number of physical interventions (Baseline); Approximate 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 performance on this measure has been quite variable since the beginning of Calendar Year 2013.

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

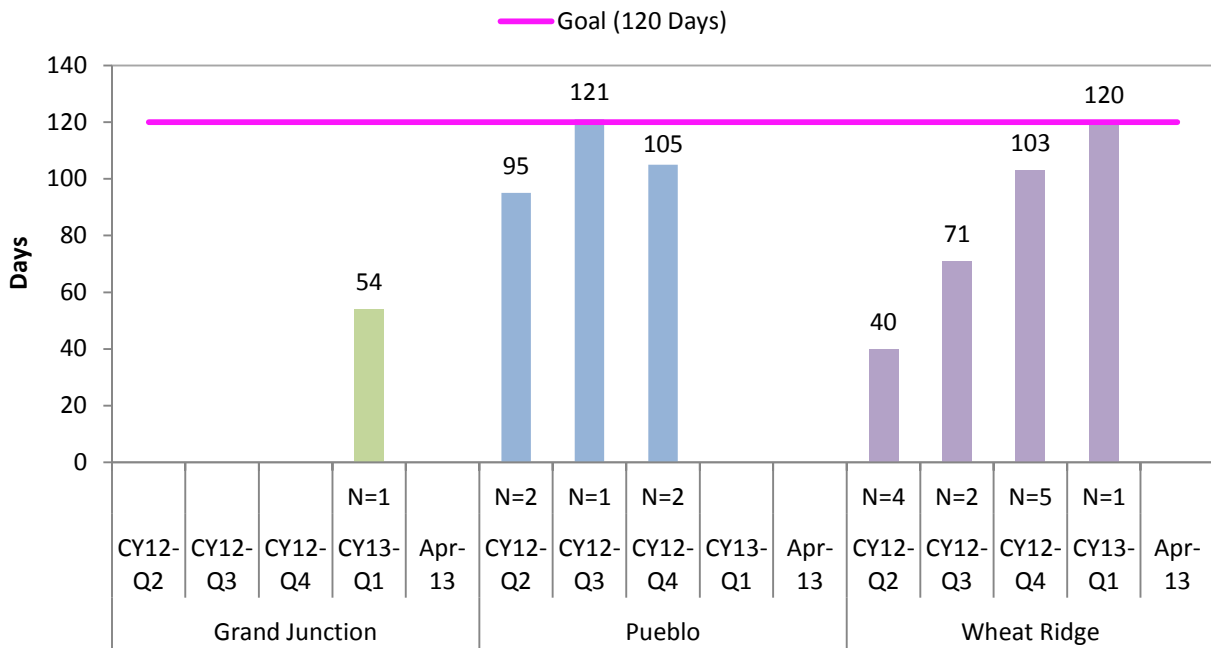
## Division of Regional Center Operations (DRCO)

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: For all Regional Centers, no individuals became ready, in the most recent month.

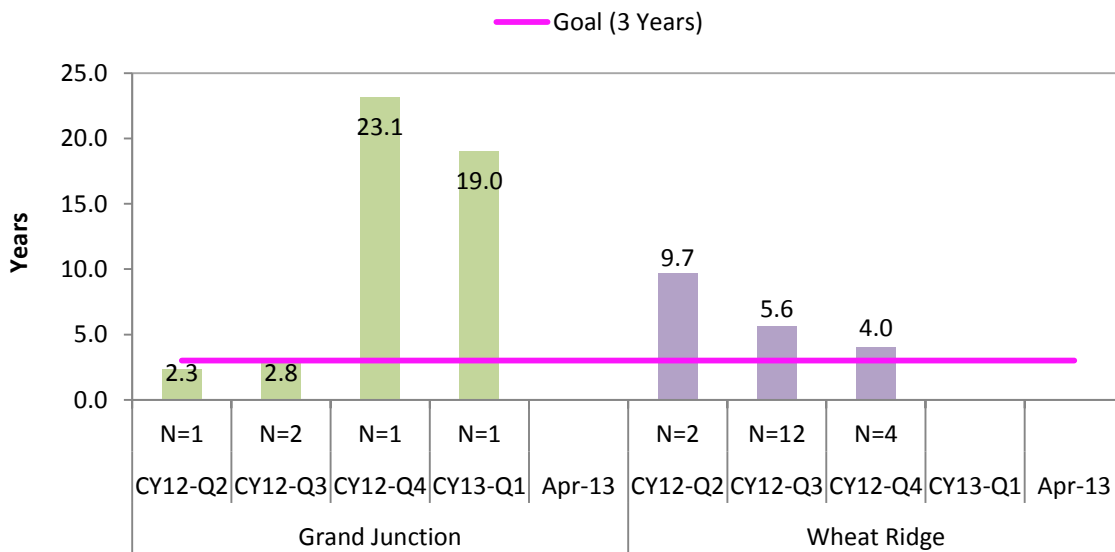
## Division of Regional Center Operations (DRCO)

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.

Notes: PRC does not offer the Intensive Treatment model.

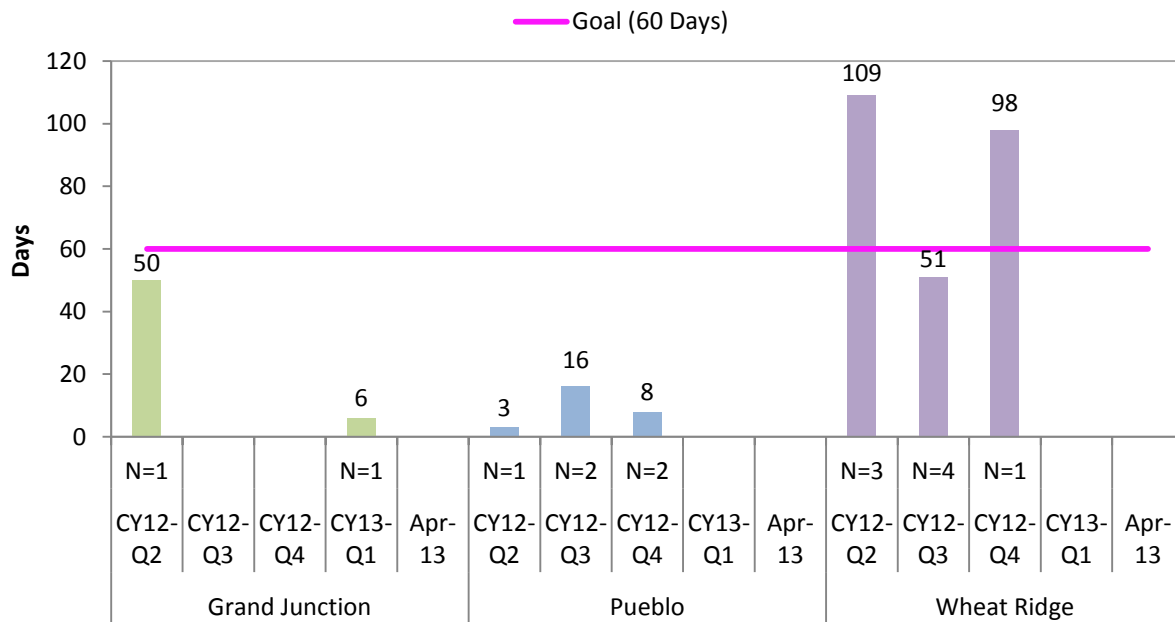
## Division of Regional Center Operations (DRCO)

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: For all Regional Centers, no individuals transitioned in the most recent month.

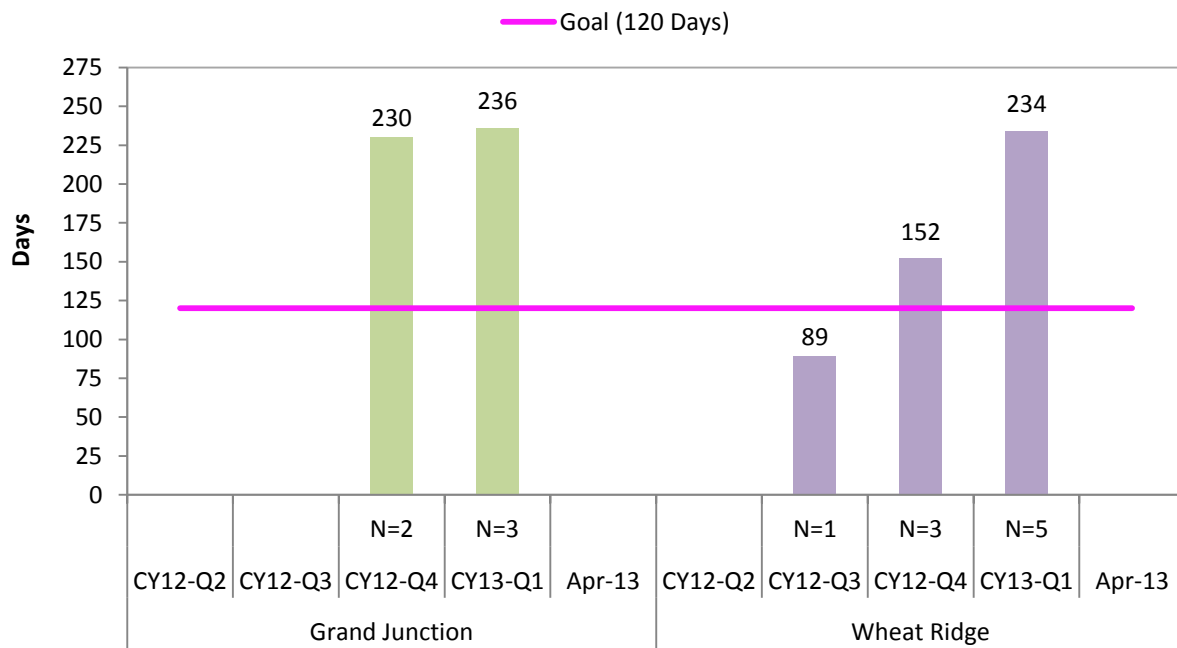
## Division of Regional Center Operations (DRCO)

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, no individuals transitioned in the most recent month.

Notes: PRC does not offer the Intensive Treatment model.

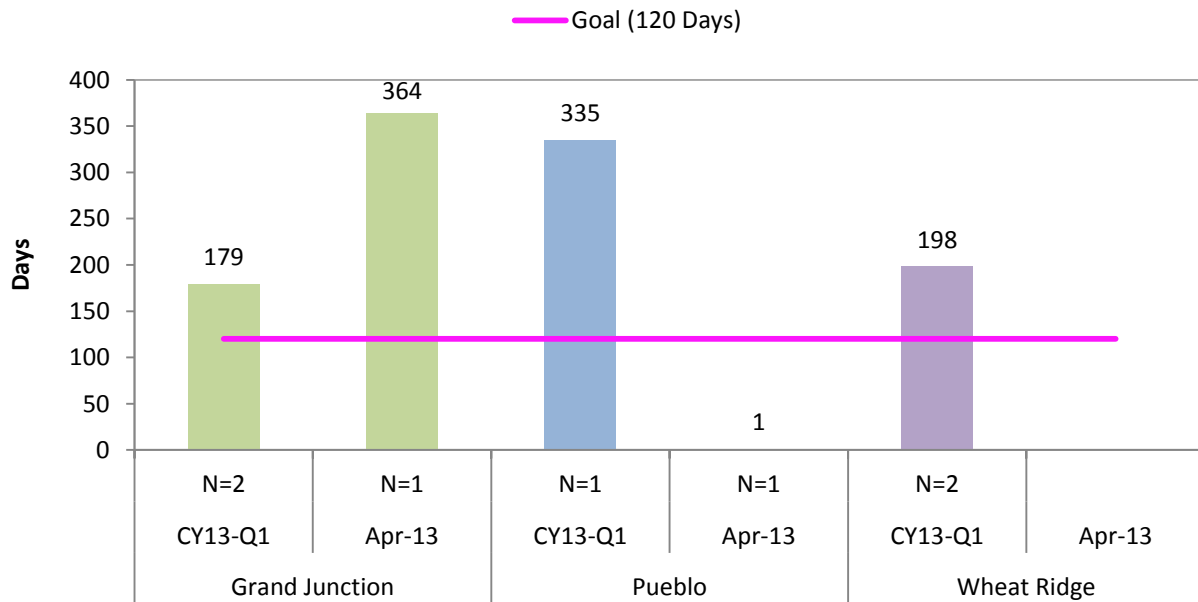
## Division of Regional Center Operations (DRCO)

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: In the most recent month, two individuals transitioned from GJRC and PRC. At GJRC, the goal was not attained, whereas at PRC, the goal was attained. At WRRRC, no individuals transitioned in the most recent month.

## Division of Regional Center Operations (DRCO)



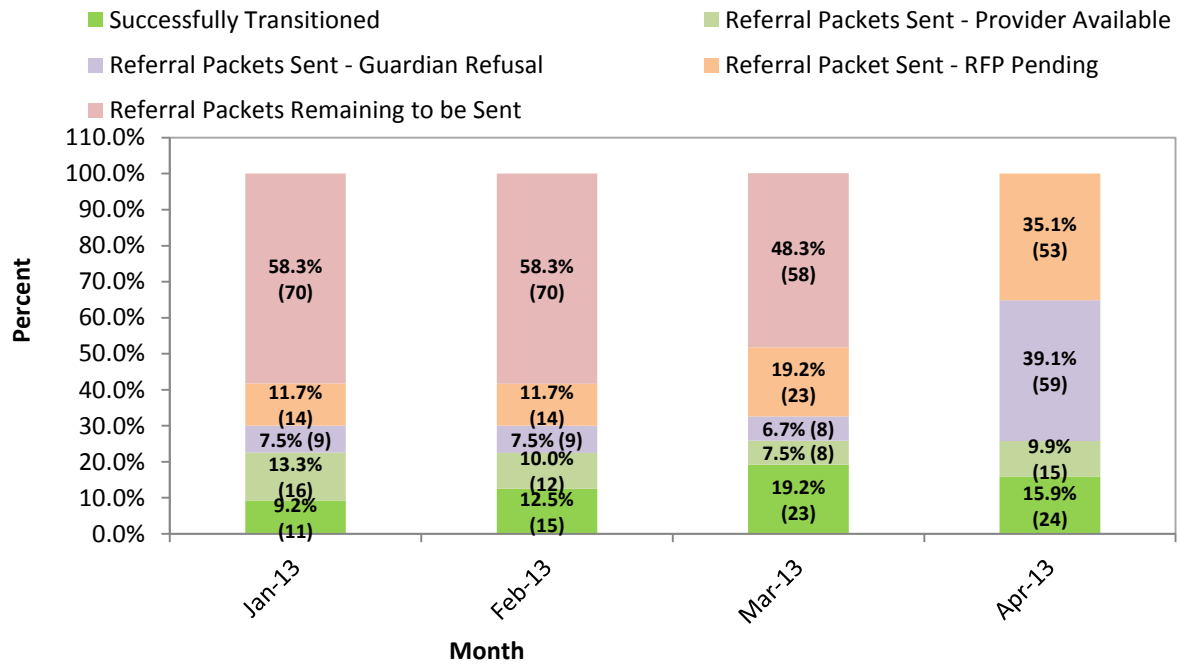
Measure: **Percent of successful transitions/discharges**

How it is measured: *Numerator:* Number of individuals who have successfully transitioned/discharged from the Regional Centers

*Denominator:* Number of individuals who are ready for transition/discharge from the Regional Centers; Average monthly denominator: 151

Why this matters: Successfully transitioning individuals to a private provider ensures these individuals are on a path toward enhanced independence.

Goal: **↑100%**



Trend: After a steady increase in performance on this measure, beginning January 2013, percent of successful transitions/discharges declined slightly in the most recent month.

## 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;
- End-of-life/hospice care which includes comfort-oriented services.

Director: Viki Manley

#### Executive Summary

- Currently, SVNH has identified four performance measures to be examined on a monthly basis.
- SVNH collects data on *Percent of Residents without Anti-Psychotic Medication by Home*, *Percent of Residents without Falls by Home*, *Percent of Residents without Acquired Pressure Ulcers by Home*, and *Percent of Residents without Unplanned Weight Loss/Gain by Home*.
  - For the quarter represented in this report, SVNH has been encouraged to examine their data on *Percent of Residents without Anti-Psychotic Medications by Home* and *Percent of Residents without Falls by Home* in alternative ways. Related to *Percent of Residents without Anti-Psychotic Medication by Home*, SVNH assessed the number of residents on anti-psychotic medications by Home and by diagnosis, with a specific aim of reducing the use of anti-psychotic medications for residents with a diagnosis of dementia. Related to *Percent of Residents without Falls by Home*, SVNH assessed the number of falls by home and severity, with a specific aim of reducing the number of falls which result in a severe injury.

#### Measures

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

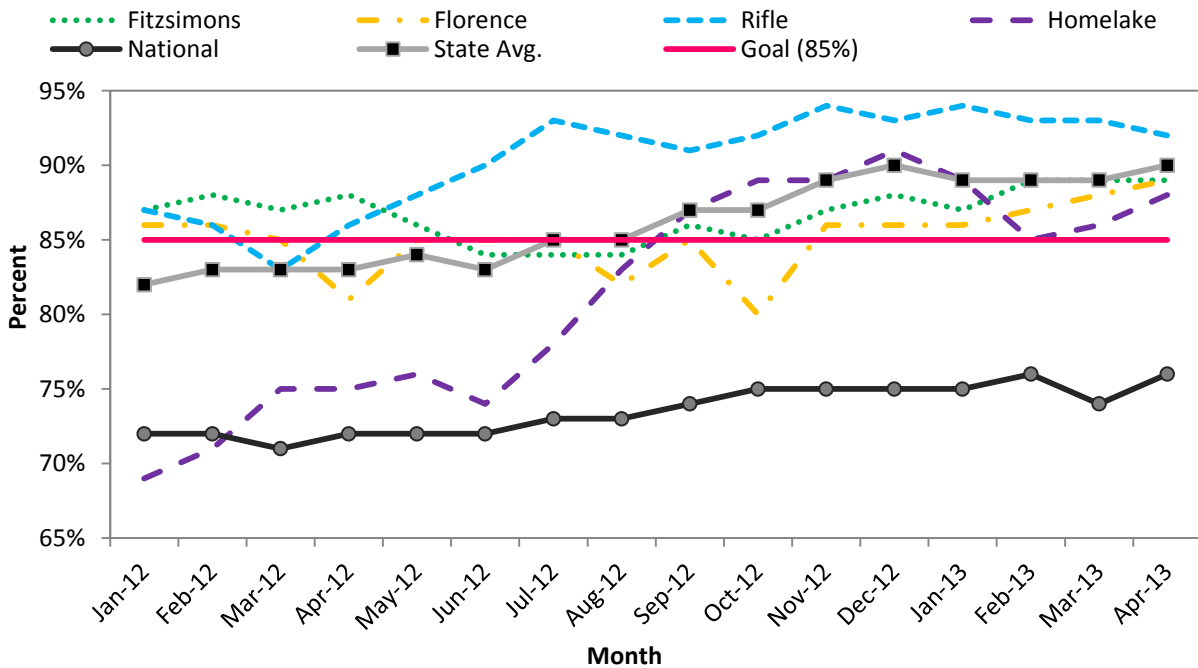
## State Veterans Nursing Homes (SVNH)

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: 167, Florence: 93, Rifle: 69, Homelake: 56

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: Highest performance on this measure continues to occur at Rifle. All Homes are performing above the goal.

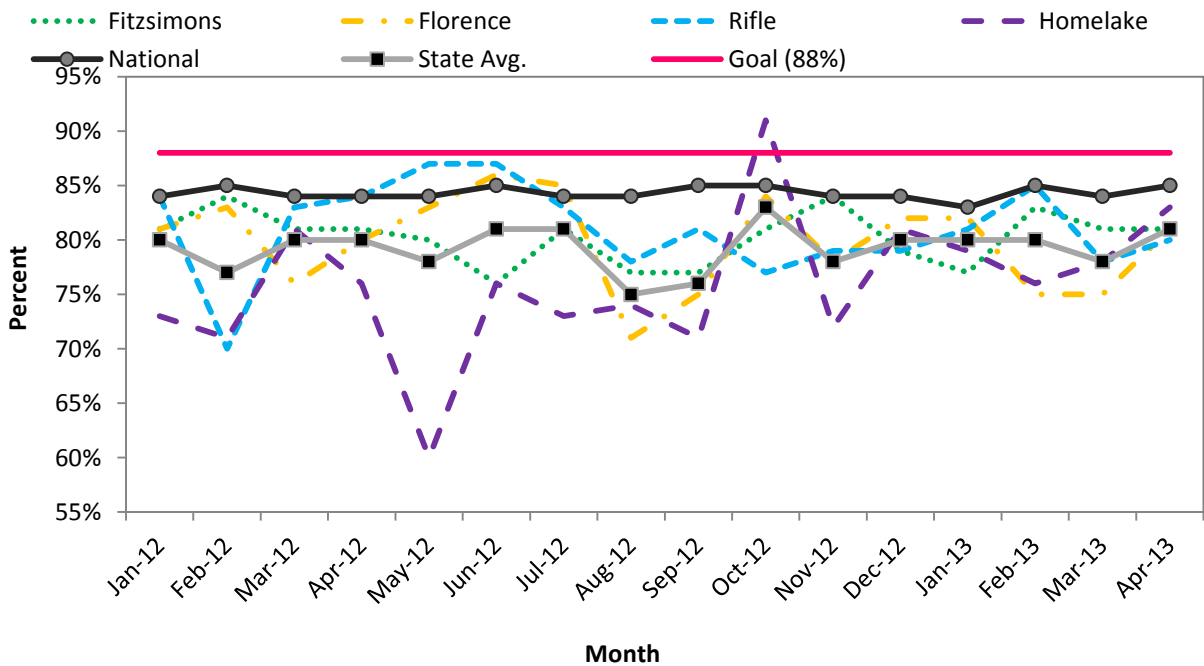
## State Veterans Nursing Homes (SVNH)

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: 167, Florence: 93, Rifle: 69, Homelake: 56

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.

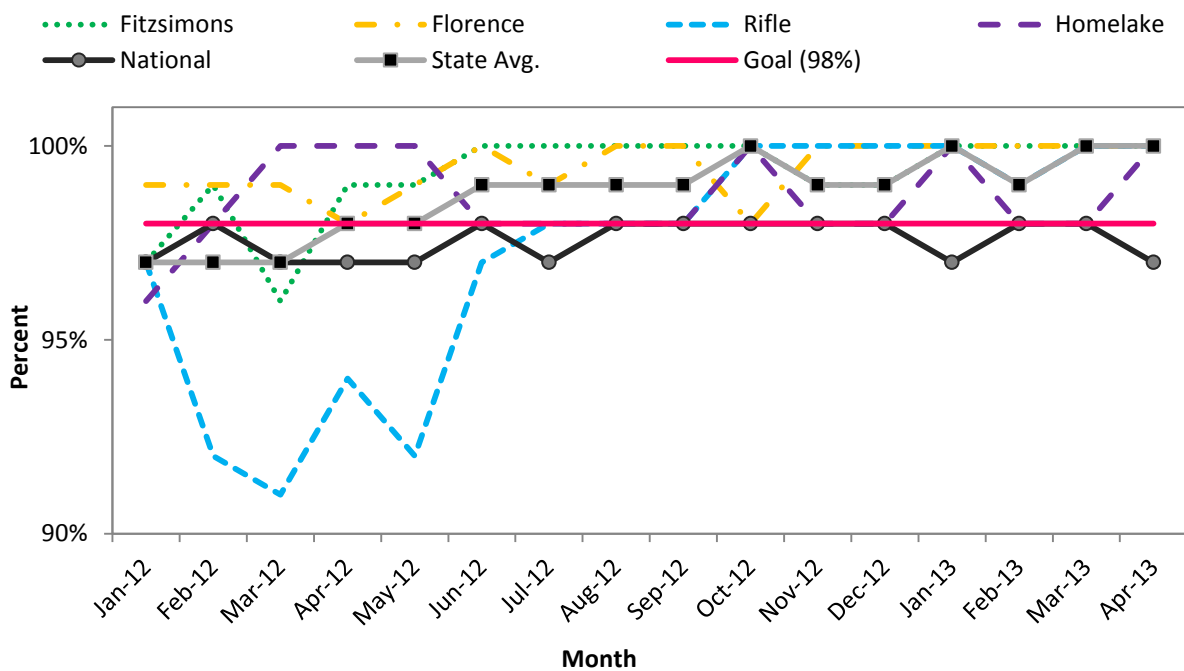
## State Veterans Nursing Homes (SVNH)

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: 167, Florence: 93, Rifle: 69, Homelake: 56

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: Performance on this measure, for all Homes, is at 100% in April 2013.

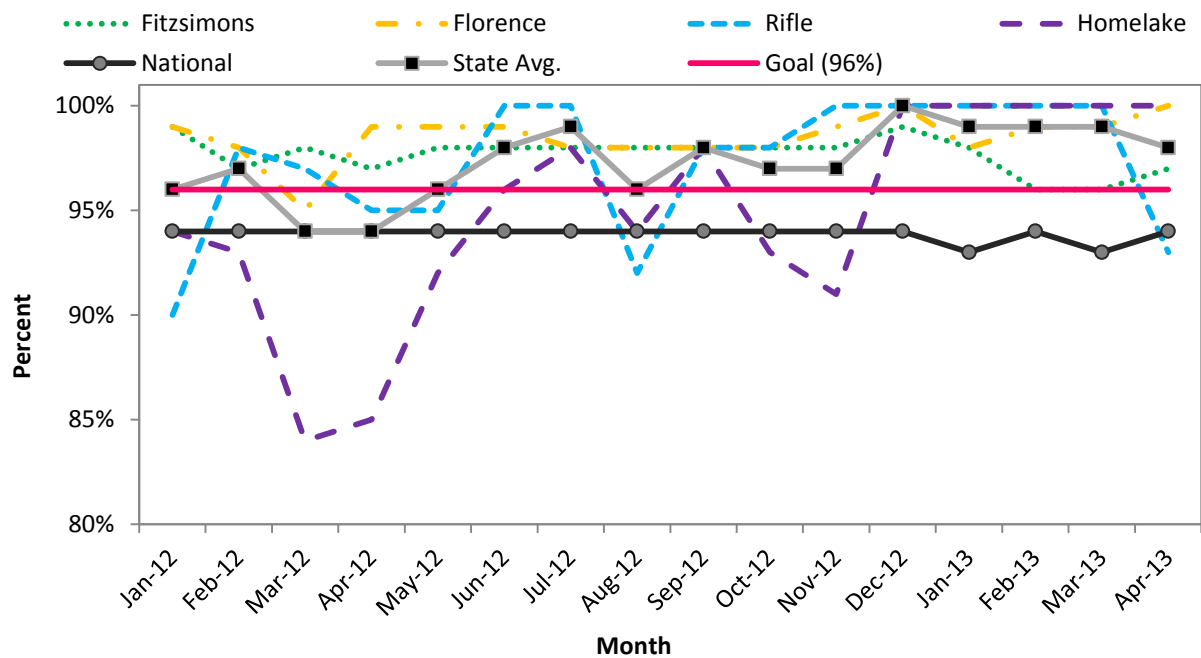
## State Veterans Nursing Homes (SVNH)

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: 167, Florence: 93 Rifle: 69, Homelake: 56

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: Three of the four Homes remained above the goal line over the past quarter. Rifle had a sharp decrease in performance and fell below the goal line in April 2013.