



Summary Report

April – June 2014

Prepared by:

Performance Management Division



COLORADO
Department of Human Services

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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, 2014. 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 2014 C-Stat meeting for each office. Data submission dates vary by office given that each office's C-Stat meeting is held during a different week of the month. In addition, the timeliness of the availability of data varies by the division and, in some instances, the program within the division.

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



How Do I Read This Report?

The Division

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

How it is measured: *Numerator:* Describes what is being “counted.”

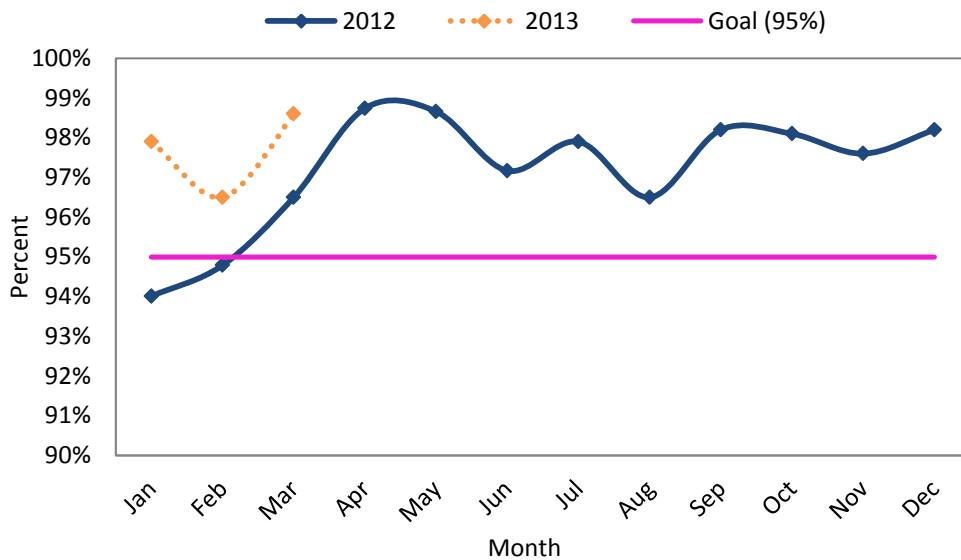
Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; average number of people in a facility per day. These provide an indication 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 the Community Behavioral Health Division (consisting of mental health and substance abuse community programs), and the Mental Health Institute Division (operation of two Mental Health Institutes at Fort Logan and Pueblo).

Director: Dr. Lisa Clements

Community Behavioral Health

Summary

Description

Community Behavioral Health (CBH) is dedicated to strengthening the health, resiliency, and recovery of Coloradans through quality and effective behavioral health prevention, early intervention, and treatment services. CBH 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. CBH contracts with 17 Community Mental Health Centers (CMHCs), two specialty Mental Health Clinics, and four Managed Service Organizations (MSOs) that, in turn, manage 40 Substance Use Disorder (SUD) providers.

Director: Dr. Liza Tupa

Executive Summary

In December 2013, changes were made to the batch file submission process for both the CCAR and DACODS, the two clinical tools used to capture, submit, and analyze mental health and substance use data. This transition required providers to resubmit all data under the new format. Because of batch file complications, January 2014 data was underreported by internal C-Stat deadlines for the previous quarterly report. In this quarterly report, new data is reported for January 2014 through April 2014.

While the data conversion process has proven nuanced, tracking data volume indicates this issue is being remedied. When batch file issues were first encountered in January, the Office had approximately 20% of DACODS data reported and approximately 60% of CCAR data reported for the most recent month in which data were due. As of June 2014, approximately 80% of DACODS data are reported and 100% of CCAR data reported for all months in which data is available (January 2014 through April 2014). Encounters data were the least impacted by the conversion, and Engagement volume has stayed relatively consistent throughout the process.

Additional highlights within Community Behavioral Health include:

- *Mental Health Clients Engaged in Services:* While engagement rates in January 2014 matched those seen a year ago, March rates show an increase in 10%.
- *Percent of Persons who Maintained Housing while Receiving Mental Health Services:* Housing rates have remained relatively stable between 91% and 93%. As part of the Governor's Mental Health Initiative, 109 housing vouchers were distributed to various community mental health centers to help individuals obtain and maintain housing. As of March 2014, 90 of the 109 vouchers had successfully been used.

Measures

- [Timeliness of Access to Outpatient Substance Use Disorder Treatment](#)
- [Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment](#)
- [Mental Health Clients Engaged in Services](#)
- [Percent of Persons with Reduced Mental Health Symptoms in Mental Health Treatment](#)
- [Percent of Persons who Maintained Housing while Receiving Mental Health Services](#)



Community Behavioral Health (CBH)

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

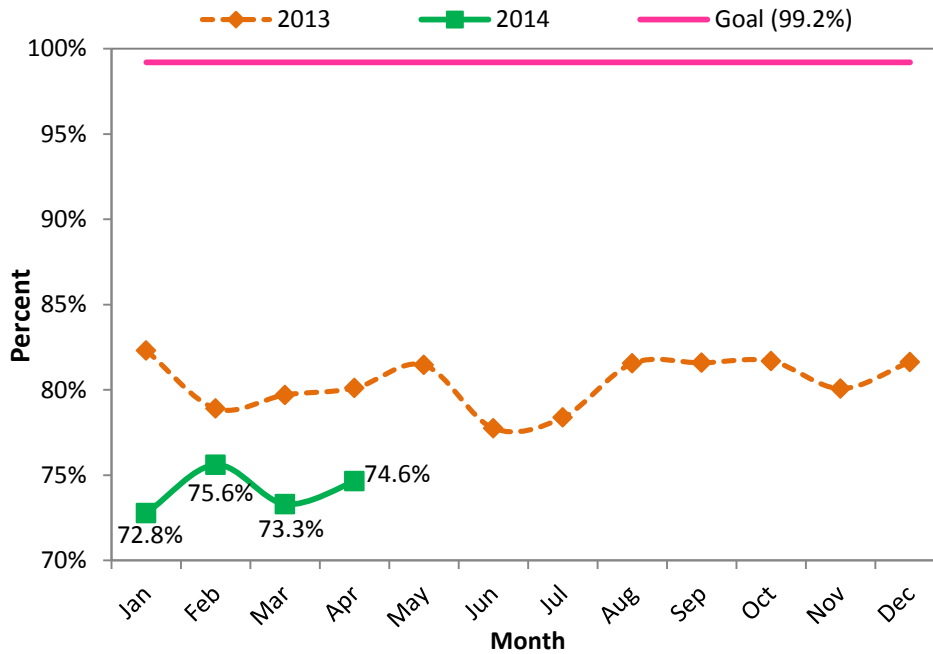
How it is measured: *Numerator:* Number of persons admitted into outpatient substance use disorder treatment in less than three days from first contact

Denominator: Number of persons admitted into outpatient substance use disorder treatment;

Average monthly denominator: 937

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

Goal: **↑99.2%**



Trend: Rates in 2014 were lower than those seen during the same months of 2013. Monthly fluctuation in performance also continues. Performance for the first four months of 2014 averaged at 74.1%.



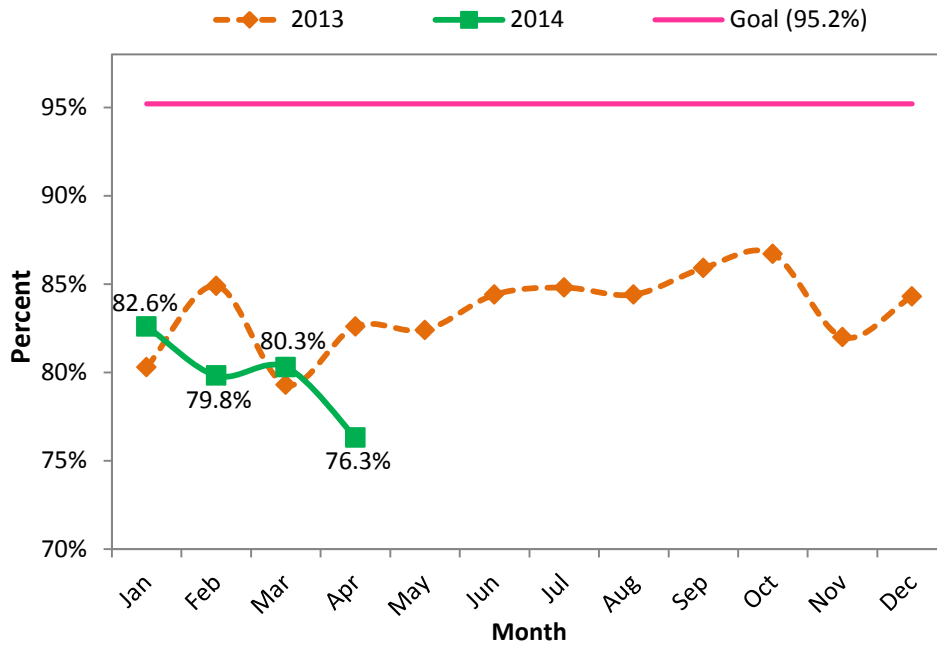
Community Behavioral Health (CBH)

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: 344

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: January 2014 showed rates higher than those seen in January 2013, but fluctuation continues each month. The first four months of 2014 reflect a performance average of 79.5%.



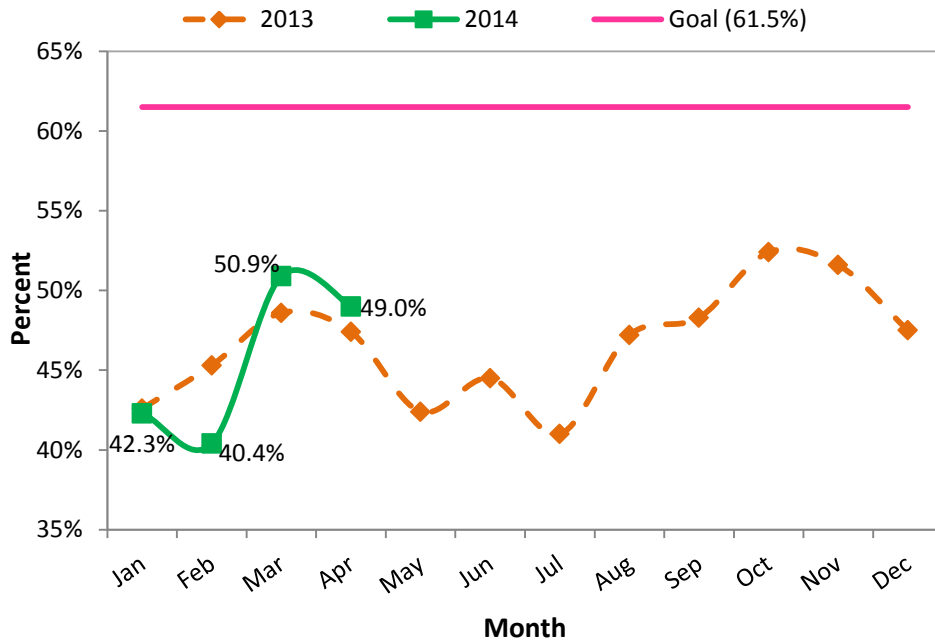
Community Behavioral Health (CBH)

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

How it is measured: *Numerator:* Percent of clients engaged (i.e., received 4 or more services within 45 days of admission)
Denominator: All Admissions; Average monthly denominator: 984

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

Goal: **↑61.5%**



Trend: Engagement rates increased in March 2014 and maintained higher rates than those seen in 2013 through April. Performance for the first four months of 2014 averaged at 45.8%.

Notes: Data on mental health services are not available until 60 days after services are received. This measure was not affected by data issues that took place with the CCAR and DACODS formatting changes since Encounters data runs an additional 30 days behind other Office data.



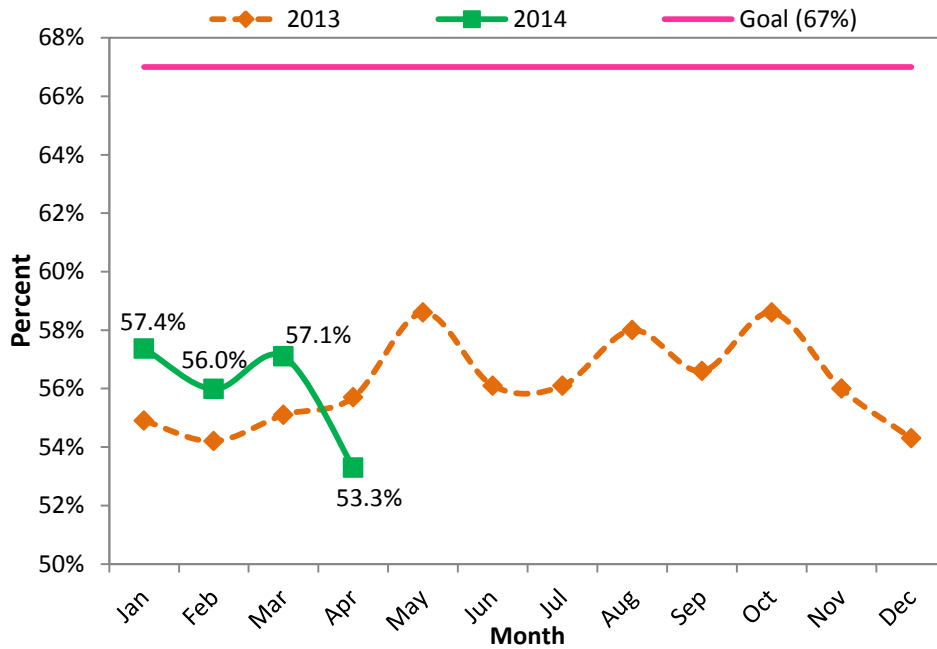
Community Behavioral Health (CBH)

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: 1,554

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: Performance rates have remained higher than those seen in 2013 with the exception of April. The first four months of 2014 demonstrated a performance average of 55.9%.

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

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

The CCAR rates a patient’s symptoms on a scale of 1-9, and severity is considered “significant” if the patient is assessed between five and nine.





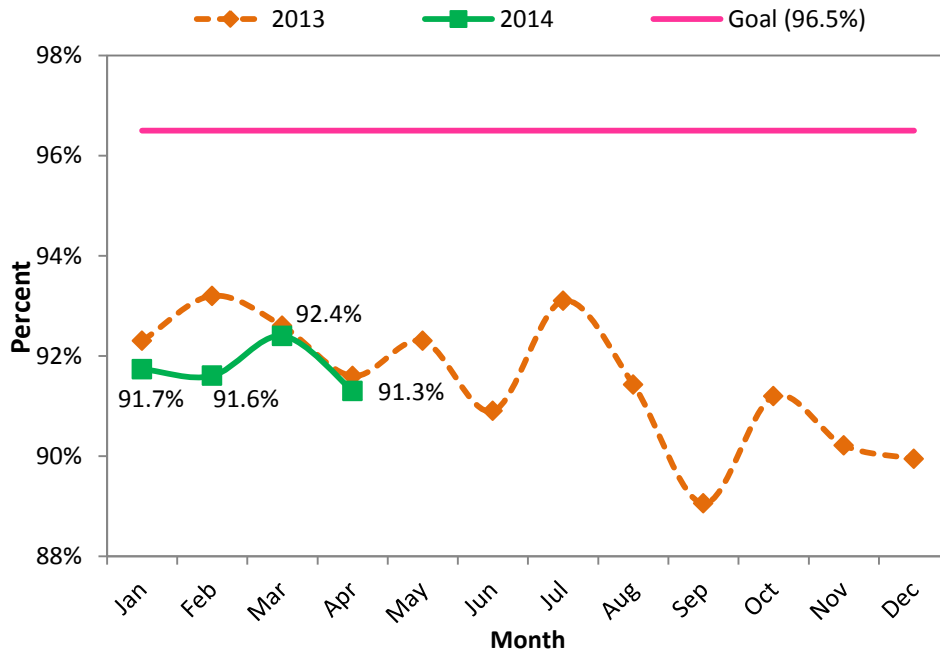
Community Behavioral Health (CBH)

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: 1,933

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

Goal: **↑96.5%**



Trend: Housing rates matched the 2013 rates in March, and have stayed within 0.8% range for the past four months. The performance average thus far for 2014 was 91.5%

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

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

Mental Health Institutes

Summary

Description

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

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

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

Deputy Director for Clinical Services: Dr. Patrick Fox

CMHIP Hospital Director: Dr. Bill May

CMHIFL Hospital Director: Dr. Christopher Burke

Executive Summary:

- *Rates of Restraint Use: Fort Logan & Pueblo:* Neither Institute met the established C-Stat goal rate (0.13) for the duration of the quarter. A pareto analysis indicated that a small number of patients with unique clinical histories drove most of the restraint hours at CMHIP.
- *Rates of Seclusion Use: Fort Logan & Pueblo:* CMHIFL has met the established goal for thirteen consecutive months. A pareto analysis showed that rate fluctuation at CMHIP was due to the few patients who also influenced higher restraint rates. April 2014 rates show CMHIP's seclusion use falling back below the established goal rate (1.1).
- *Percent of Civil Patients Ready for Discharge but Have Barriers: Fort Logan & Pueblo:* The Mental Health Institute at Pueblo saw three consecutive months of downward trend on this measure, whereas rates at Fort Logan slightly increased in March. Analysis indicates that some of the patients on the discharge barriers list do not have a legal guardian, making it difficult for the Institutes to find community placements. The Institutes are actively working on solutions to remedy this issue.
- *Percent of 30-Day Readmissions: Fort Logan & Pueblo:* The Mental Health Institute at Fort Logan had three consecutive months of increased 30-day readmissions during the past quarter, with April's rate surpassing the established goal. Rates at CMHIP increased in March but declined again in April.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo:* Both Institutes have three consecutive months of upward trend for 180-day readmissions, and this quarter has put both Institutes' monthly rates above the established C-Stat goal. April's rates for CMHIFL also surpassed the national average of 19.6%.

Measures:

- [Rate of Restraint Use – Fort Logan & Pueblo](#)
- [Rate of Seclusion Use – Fort Logan & Pueblo](#)
- [Percent of Civil Patients Ready for Discharge but Have Barriers – Fort Logan & Pueblo](#)
- [Percent of 30-Day Readmissions – Fort Logan & Pueblo](#)
- [Percent of 180-Day Readmissions –Fort Logan & Pueblo](#)



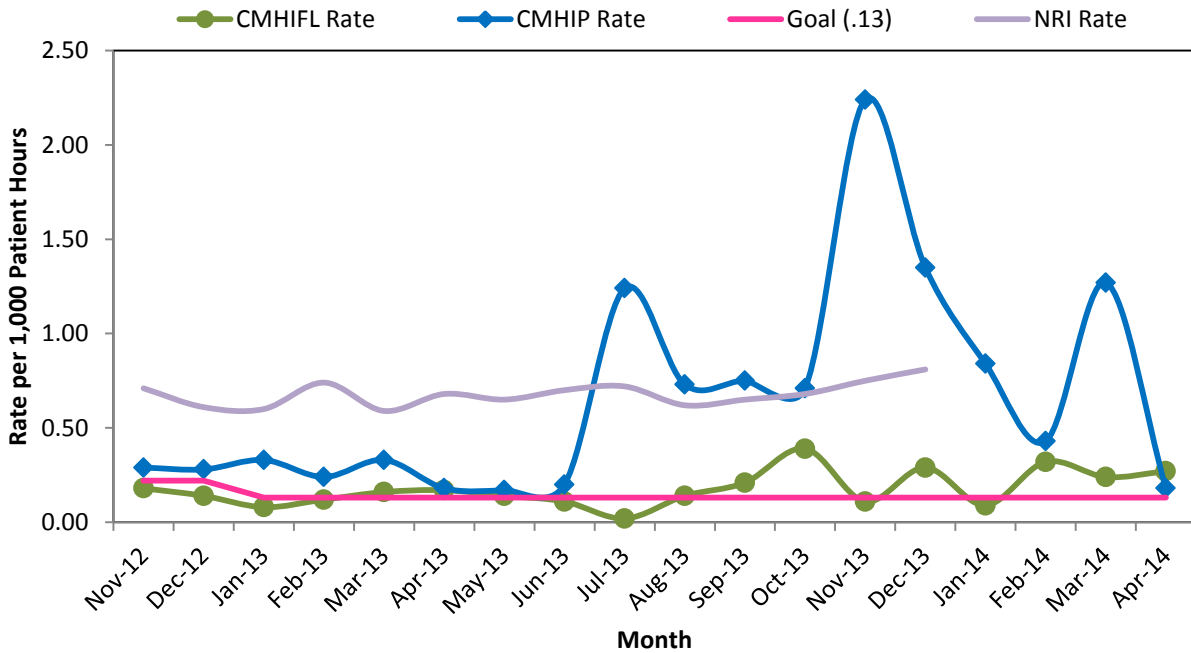
Mental Health Institutes (MHI)

Measure: **Rate of restraint use – Fort Logan & Pueblo**

How it is measured: *Numerator:* Number of hours of restraint
Denominator: Per 1,000 patient hours;
Average monthly denominator – Fort Logan: 19,538
Average monthly denominator – Pueblo: 87,957

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**



Trend: Neither Institute met the established goal rate over the past quarter.

Notes: Both Institutes agreed on the .13 goal rate in December 2013. The NRI rate reflects the national average and typically runs two months behind in data reporting.





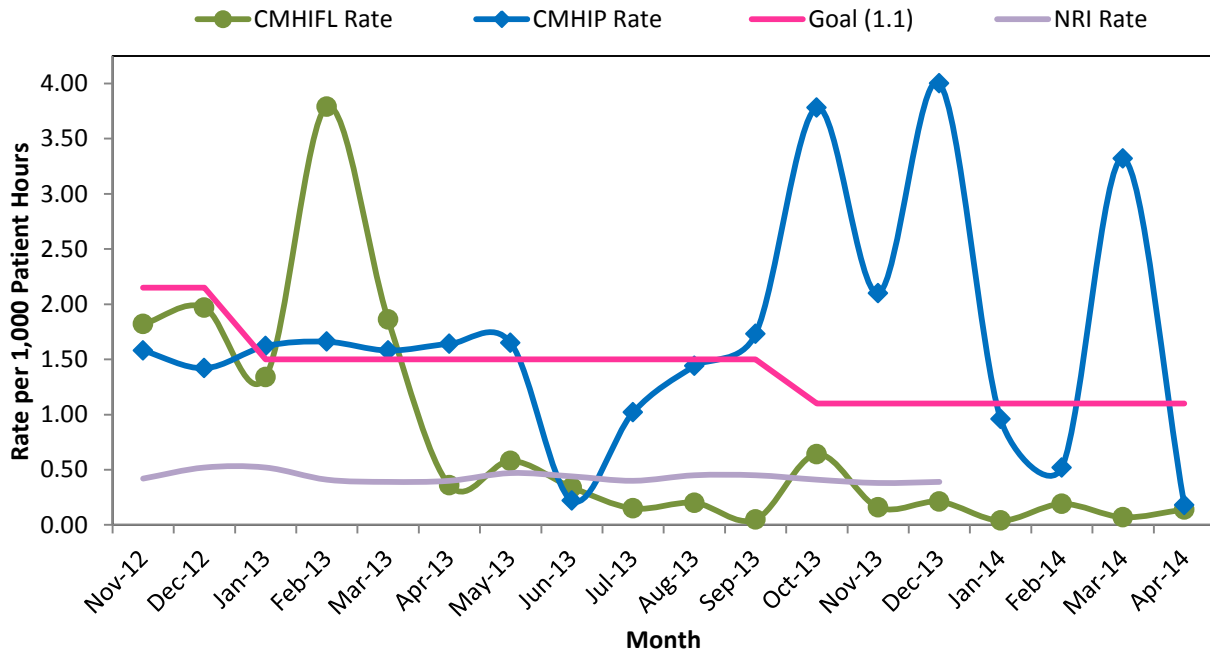
Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of seclusion
Denominator: Per 1,000 patient hours;
Average monthly denominator – Fort Logan: 19,538
Average monthly denominator – Pueblo: 87,957

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: **↓ 1.1**



Trend: The Mental Health Institute at Fort Logan has stayed below the established goal for thirteen consecutive months, while CMHIP spent two of the last three months below the established goal.

Notes: Both Institutes agreed on the 1.1 goal rate in December 2013. The NRI rate reflects the national average and typically runs two months behind in data reporting.





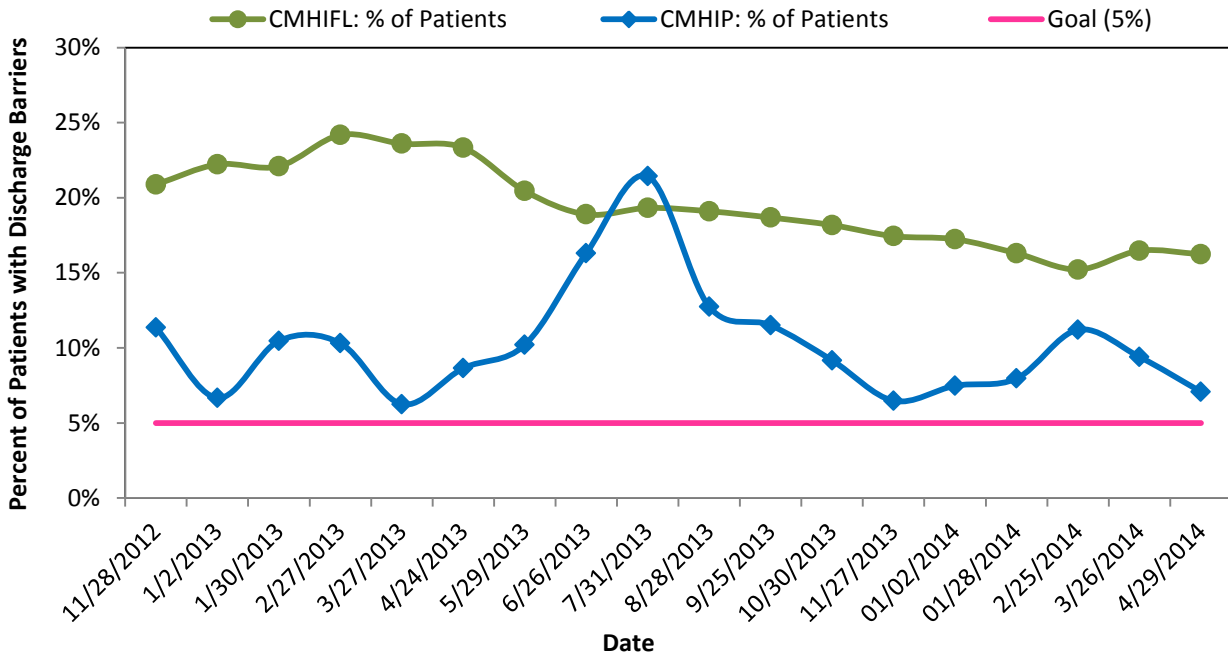
Mental Health Institutes (MHI)

Measure: **Percent of civil patients ready to discharge but have barriers – Fort Logan & 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 – Fort Logan: 88
Average monthly denominator – Pueblo: 115

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 Mental Health Institute at Pueblo demonstrated three consecutive months of downward trend during the most recent quarter. Rates at the Fort Logan Institute increased in March 2014.





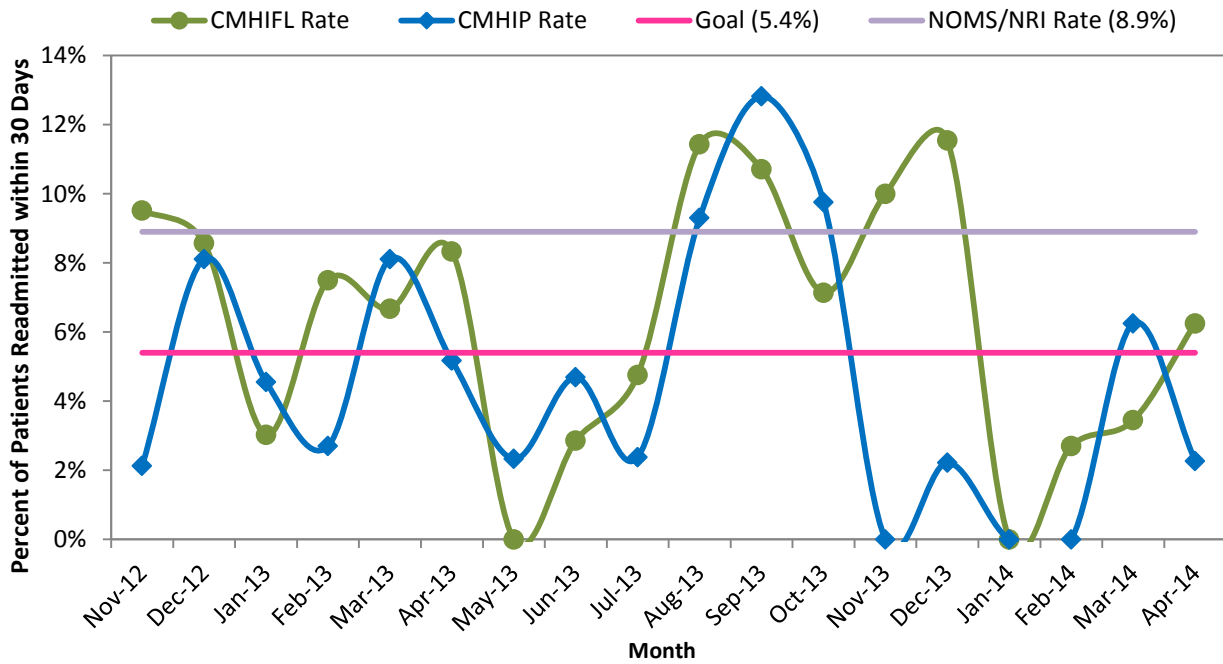
Mental Health Institutes (MHI)

Measure: **Percent of 30-day readmissions – Fort Logan & Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge
Denominator: All patients discharged 30 days prior;
Average monthly denominator – Fort Logan: 33
Average monthly denominator – Pueblo: 40

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 decomposition and subsequent need for hospitalization.

Goal: **↓5.4%**



Trend: The last quarter showed rates at the Fort Logan Institute not meeting the goal in April 2014. Rates also increased for the Pueblo Institute in March 2014, but were within or met the established goal in April.



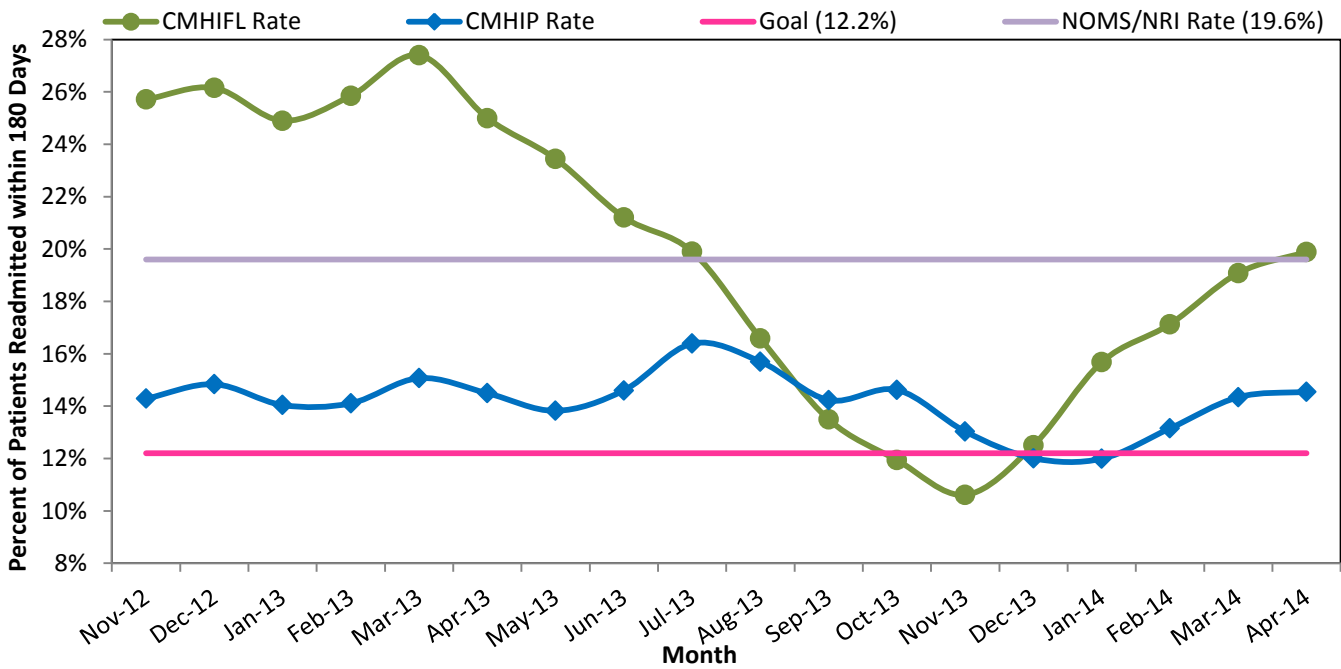
Mental Health Institutes (MHI)

Measure: **Percent of 180-day readmissions – Fort Logan & Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 180 days of discharge
Denominator: All patients discharged 180 days prior;
Average monthly denominator – Fort Logan: 177
Average monthly denominator – Pueblo: 279

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 decomposition and subsequent need for hospitalization.

Goal: **↓12.2%**



Trend: Both Institutes saw three consecutive months of upward trend during the past quarter, and both saw rates stay above the established goal. In April 2014, rates at the Fort Logan Institute surpassed the national average (NOMS/NRI).







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 quality and effective services. These services are provided to those who seek and need assistance from the Division of Child Welfare, the Division of Youth Corrections, and the Domestic Violence Programs. These supports are facilitated through partnerships with families, providers, and local communities to ensure that children and families have safe, healthy, stable environments and 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 parent.

Acting Director: Robert Werthwein

Executive Summary

- *Timeliness of Response to Initial Abuse/Neglect Assessments:* Performance on this measure is beginning to demonstrate improvement from last year's March performance; for example, March 2014 performance is 2.3% better than March 2013. DCW has identified one barrier to a timely investigation is locating and interviewing the alleged victim during summer months, when school is not in regular session. DCW is working towards a multi-agency approach to better locate children's homes during summer months.
- *Timeliness of Assessment Closure:* The goal for Timeliness of (Traditional) Assessment Closure was met for the first time in May 2014. Family Assessment Response (FAR) Timeliness of Assessment Closure also demonstrated improvement in May 2014, attaining the highest FAR performance to date. DCW's Child Protection Team has worked collaboratively with counties towards clarifying confusion around data entry and timelines. Data on this measure and *Safety Assessment Forms Completed Accurately* demonstrate that more assessments are being closed timely without hindering the accuracy of assessments.
- *Legally Freed Children Discharged to Permanency:* DCW's Permanency Unit has worked to identify primary barriers to permanency for Legally Freed Children. Some of the most common barriers include: 1) past history of delinquency behavior, 2) youth resistance to permanency, and 3) services needed for a youth with a developmental disability. The Permanency Unit plans to focus their efforts on identifying barriers for all youth age 16 and older.
- *Maintain Children Safely in Their Home:* Performance on this measure achieved the goal in three of the four months so far in 2014 (January-March). DCW has examined the county level data on this measure to determine the efforts being made to keep children safely in their homes.

Measures

- [Timeliness of Response to Initial Abuse/Neglect Assessments](#)
- [Timeliness of Assessment Closure](#)
- [Safety Assessment Forms Completed Accurately](#)
- [Legally Freed Children Discharged to Permanency](#)
- [Children in Out of Home Care for 24+ Months](#)
- [Maintain Children Safely in Their Home](#)
- [Caseworker Contact with Parents](#)
- [Children in Congregate Care](#)
- [Child Welfare Walkaways](#)



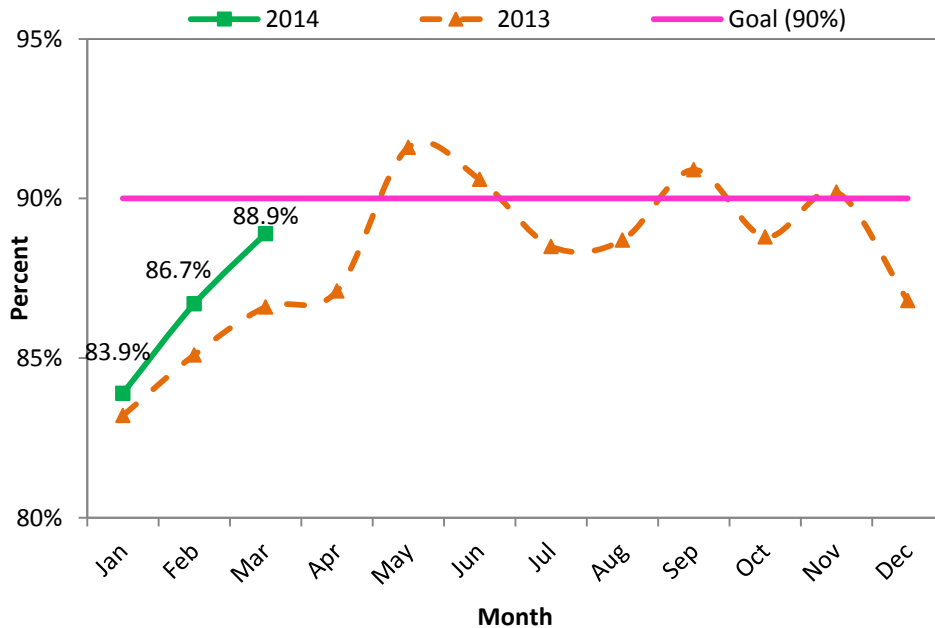
Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of alleged victims with a timely face to face contact or attempted contact as set in rule (Volume 7); timely is based on the assigned response time frame (e.g., Immediate, 3-Day, 5-Day)
Denominator: Number of child protection assessments opened in the specified month (both Traditional and Family Assessment Response); Average monthly denominator: 3,351

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

Goal: **↑90%**



Trend: This quarter’s performance has demonstrated a consistent trend upwards, nearing the 90% goal. Additionally, this measure appears to be breaking way from previous years’ performance.

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





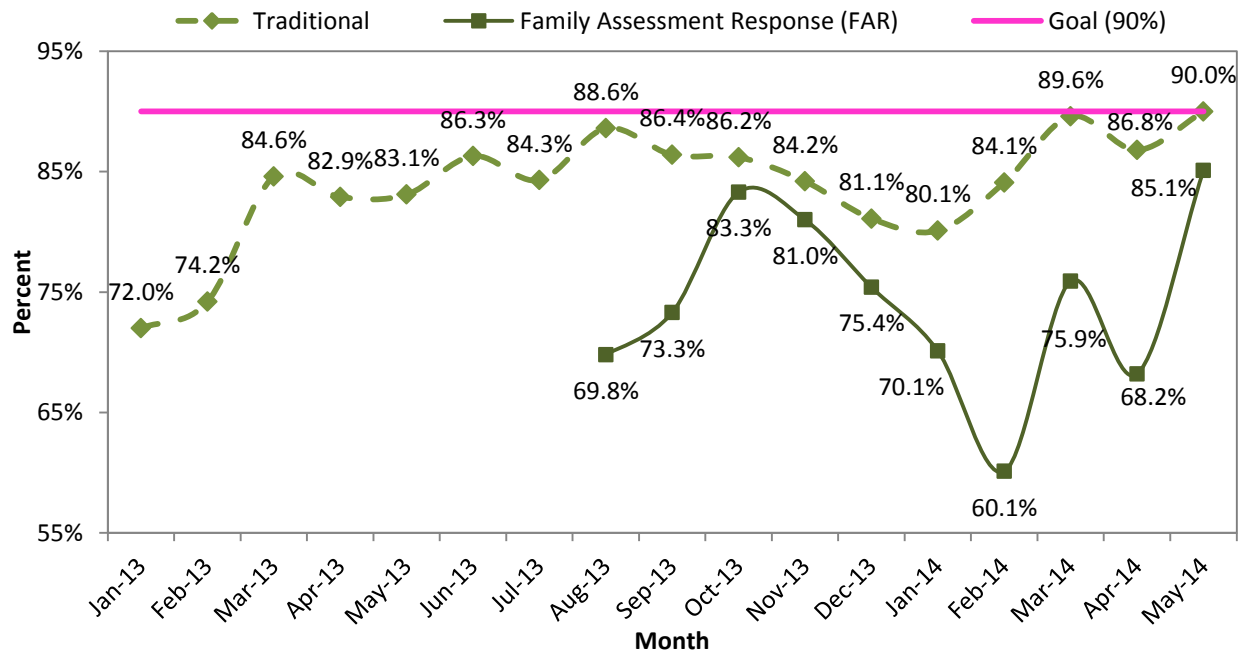
Division of Child Welfare (DCW)

Measure: **Timeliness of assessment closure**

How it is measured: *Numerator:* Number of child protection assessments closed within 60 days of referral
Denominator: Number of child protection assessments closed in a specific month; Average monthly denominator: Traditional: 2,005; Family Assessment Response (FAR): 484

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

Goal: **↑90%**



Trend: Performance for Family Assessment Response overall improved throughout the quarter. Performance for Traditional Response also improved and achieved the goal in May 2014 for the first time, demonstrating an all-time high in performance.

Notes: Family Assessment Response (FAR) data only includes the six counties currently participating in the FAR evaluation pilot project. FAR is one track for responding to a child welfare referral, while Traditional is another track for responding to a child welfare referral.



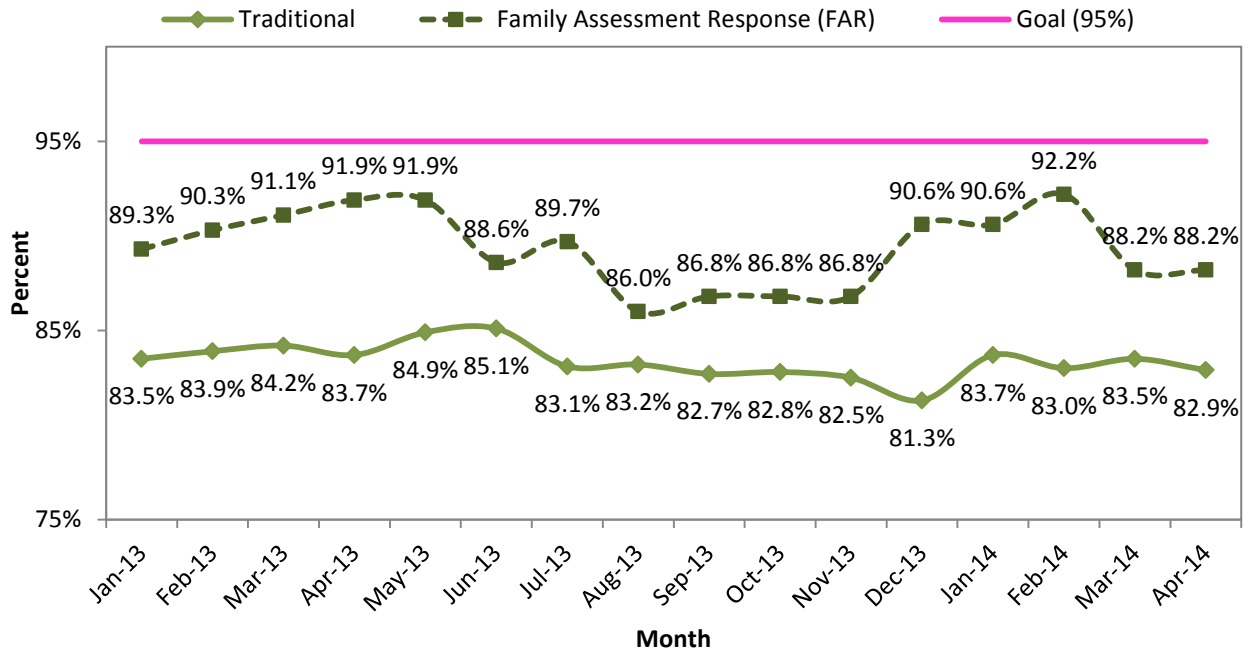
Division of Child Welfare (DCW)

Measure: **Safety assessment forms completed accurately**

How it is measured: *Numerator:* Number of safety assessment forms completed accurately in accordance with state rule
Denominator: Number of safety assessment forms completed and reviewed by ARD; Average monthly denominator: Traditional: 916; Family Assessment Response (FAR): 109

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

Goal: **↑95%**



Trend: Performance for Family Assessment Response declined throughout the quarter. Performance for Traditional Response did not change more than 0.5% from month-to-month throughout the quarter.

Notes: Family Assessment Response (FAR) data only includes the six counties currently participating in the FAR evaluation pilot project. FAR is one track for responding to a child welfare referral, while Traditional is another track for responding to a child welfare referral.





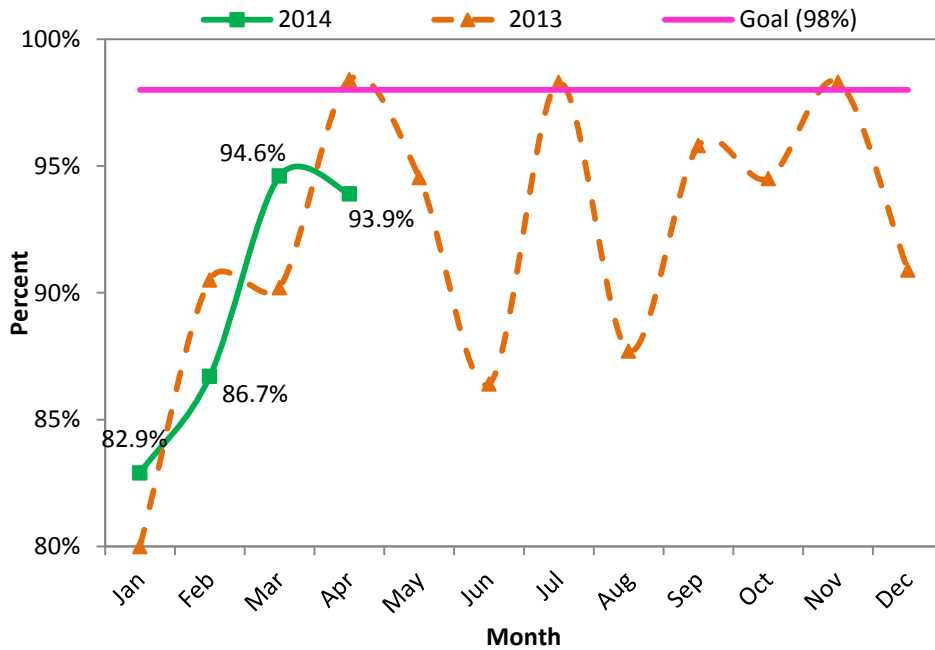
Division of Child Welfare (DCW)

Measure: **Legally freed children discharged to permanency**

How it is measured: *Numerator:* Number of children who were legally free for adoption at the time of discharge who discharged to a permanent home prior to their 18th birthday
Denominator: Number of children who were legally free for adoption at the time of discharge; Average monthly denominator: 45

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 improved for two of three months in the most recent quarter. The 98% goal has not been achieved since November 2013.

Notes: Legally freed children discharged to permanency is a federal measure.



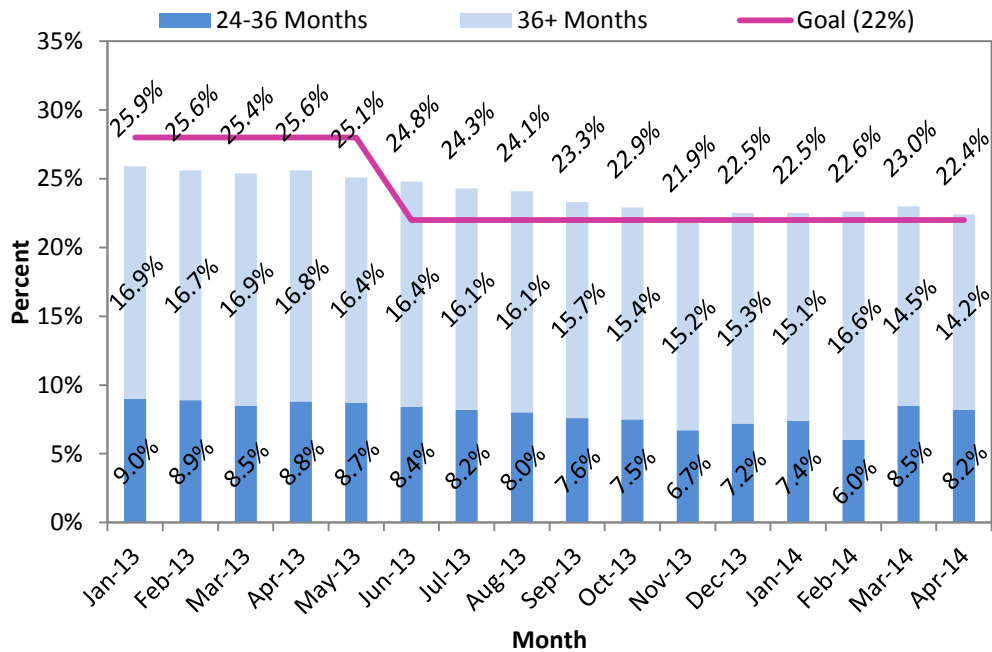
Division of Child Welfare (DCW)

Measure: **Children in out of home care for 24+ months**

How it is measured: *Numerator:* Number of children who have been in out of home care for 24+ months on the last day of the specified month
Denominator: Number of children in out of home care on the last day of the specified month; Average monthly denominator: 4,610

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

Goal: **↓ 22%**



Trend: Performance started an upward trend, in the undesired direction for most of this quarter; however, performance improved from March to April 2014. The goal was not met in any month within this quarter.

Notes: The goal for this measure was decreased to 22% in August 2013 after the original goal (28%) was achieved for 14 consecutive months. Children in out of home care 24+ months is a Federal Measure.





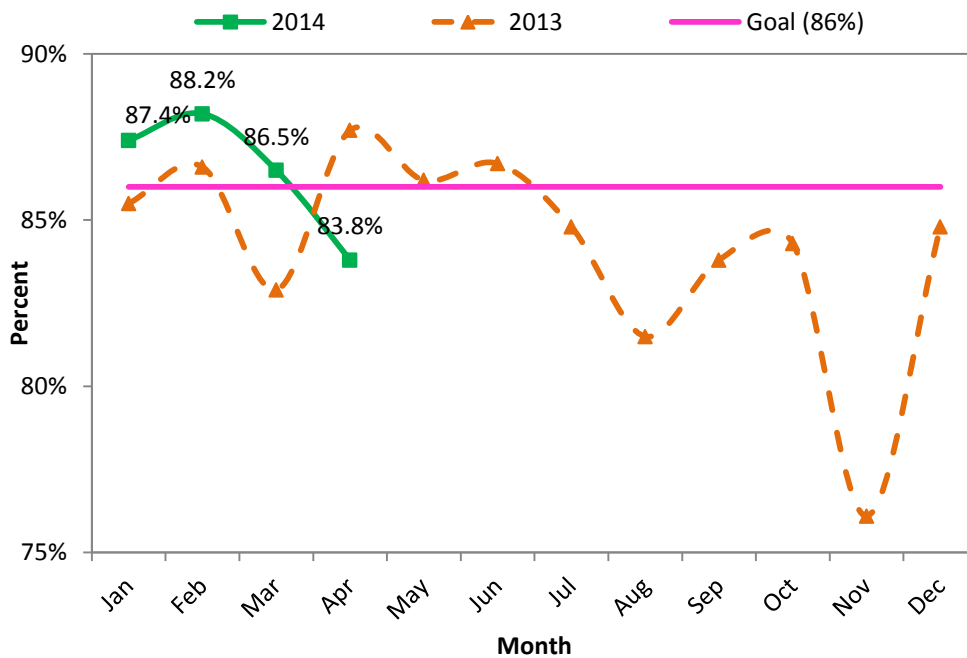
Division of Child Welfare (DCW)

Measure: **Maintain children safely in their home**

How it is measured: *Numerator:* Children who were not initially (first 30 days) in out of home care and did not enter out of home placement during case involvement
Denominator: Number of children whose child welfare involvement ended during the reporting period who were not in out of home placement during the first 30 days of their involvement; Average monthly denominator: 513

Why this matters: Children deserve to remain home, when their home is a safe environment, to lessen the disruption and trauma out of home care can cause.

Goal: **↑ 86%**



Trend: The goal was attained for two of the three months within the most recent quarter. Performance started to decline in both March and April 2014.



Division of Child Welfare (DCW)

Measure: **Caseworker contact with parents**

How it is measured: In Home: *Numerator:* Number of children within in home care where requirements for monthly contact with the caregiver(s) were met, and/or the quality of contact met Volume 7 requirements

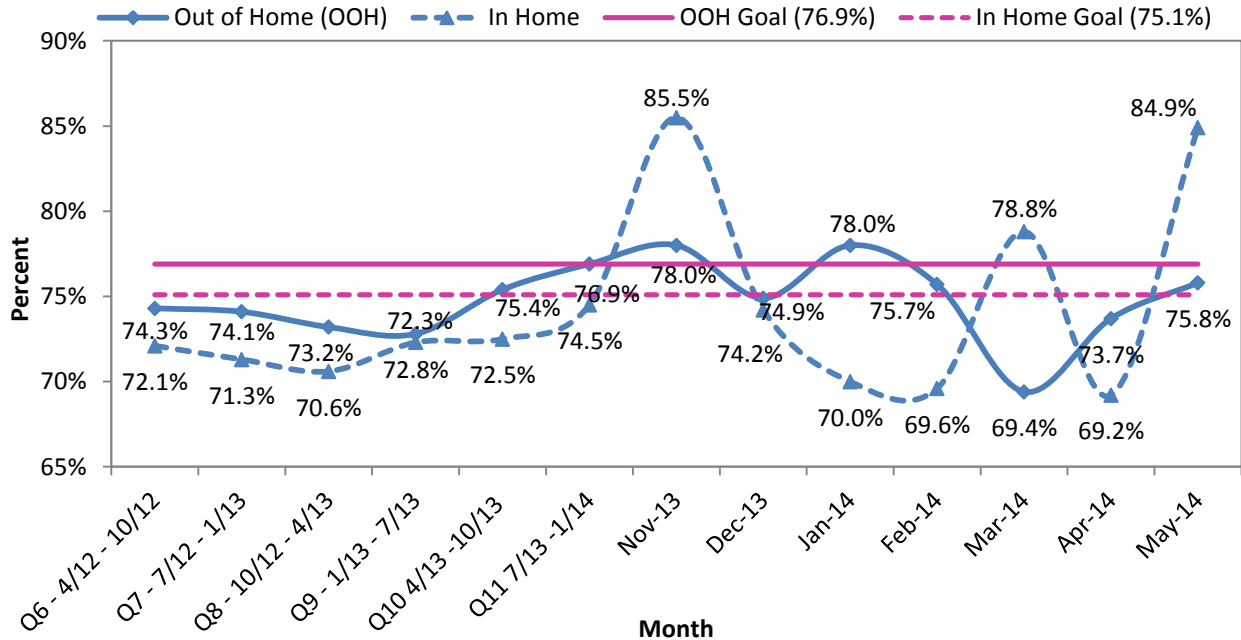
Denominator: Number of children within in home care reviewed within a given month; Average monthly denominator: 316

Out of Home (OOH): *Numerator:* Number of children in out of home care or DYC community placement where requirements for monthly contact with the mother and/or father were met, and/or the quality of contact met Volume 7 requirements

Denominator: Number of children in out of home care or DYC community placement reviewed within a given month; Average monthly denominator: 850

Why this matters: It is critical that caseworkers contact parents and caretakers, as it supports the caseworker's efforts to engage the families and to work toward achieving positive outcomes for the children served through the child welfare system. The contacts also help inform decisions related to safety, permanency and well-being.

Goal: **↑ 76.9% (OOH), 75.1% (In Home)**



Trend: Performance for in home has achieved the 75.1% goal two of the three months within this quarter. Out of home performance demonstrated an increase in April and May 2014, though the goal was not achieved.

Notes: This measure moved to monthly reporting in November 2013.





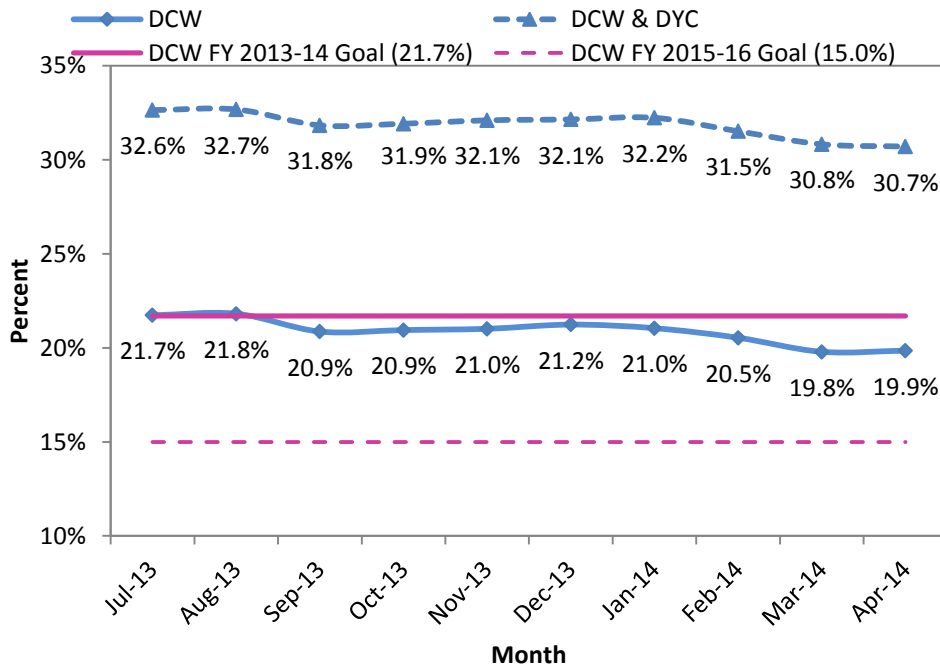
Division of Child Welfare (DCW)

Measure: **Children in congregate care**

How it is measured: *Numerator:* Number of children in congregate care (residential or group) *Denominator:* Number of children in out of home care (all types); Average monthly denominator: DCW- 5,274; DCW & Division of Youth Corrections (DYC)- 6,028

Why this matters: All children deserve to achieve permanency in a home to lessen the disruption and trauma out of home care can cause. Reducing congregate care use contributes to these efforts.

Goal: **↓ 15% (FY 2015-16 Goal); 21.7% (2013-14 Goal)**



Trend: Performance for DCW has met the FY 2013-2014 goal for all three months within this quarter. Performance for both DCW and DCW & DYC demonstrated a steady improvement in performance each month within this quarter.

Notes: This is a new measure as of July 2013. The Division of Child Welfare will reduce the goal to 18% for the Fiscal Year 2014-15 and again to 15% in Fiscal Year 2015-16.





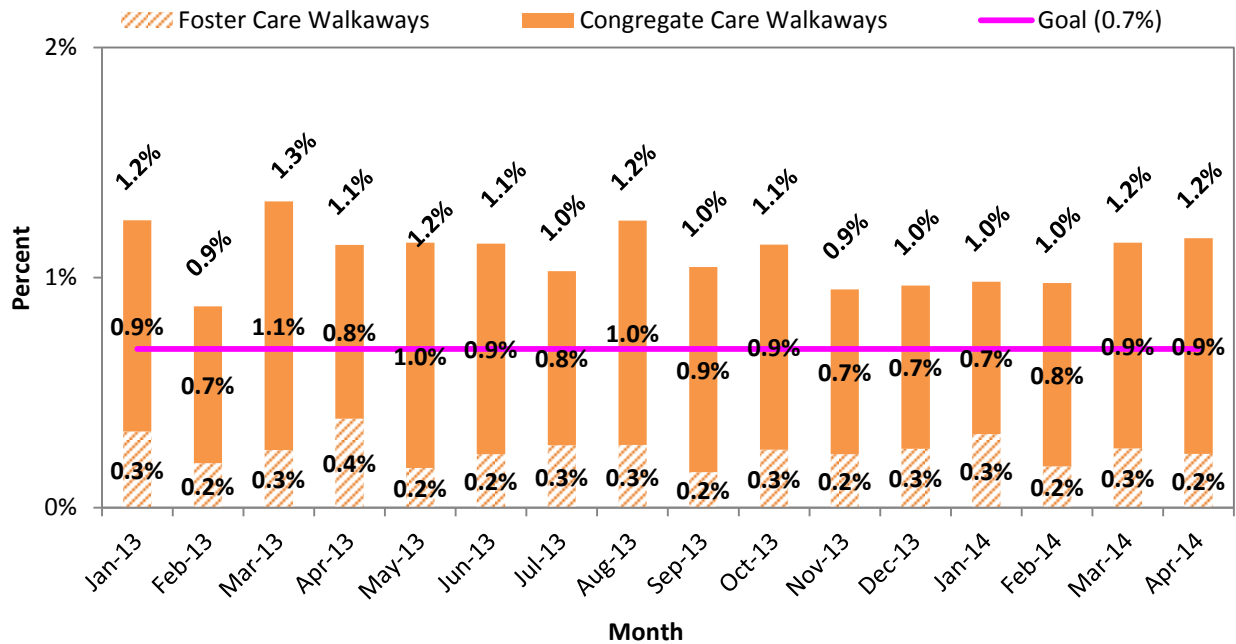
Division of Child Welfare (DCW)

Measure: **Child welfare walkaways**

How it is measured: Walkaways: *Numerator:* Average daily population of youth with a walkaway service authorization
Denominator: Average daily population of youth with an out of home placement; Average monthly denominator: 4,143
Walkaways from Congregate Care: *Numerator:* Average daily population of youth in congregate care with a walkaway service authorization
Denominator: Average daily population of youth in Congregate Care with an out of home placement; Average monthly denominator: 918

Why this matters: Minimizing walkaways is necessary to ensure the safety of children.

Goal: **↓ 0.7%**



Trend: Performance declined from February to March 2014, and held steady in March and April 2014. The goal has yet to be achieved.

Notes: The data in this measure is a cumulative frequency, meaning those who walkaway in one month and are still on walkaway status the following month are counted in both month's data.



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:* The 85% goal for this measure was achieved for the first time in April 2014.
- *Committed or Detained Youth Who Escape or Walkaway from Residential Placement:* In-depth analysis revealed that walkaways primarily occur while the youth is on pass in the community. In order to reduce the number of walkaways, DYC has refined the Transition Pass Checklist, which is intended to improve decision-making around youth community passes.
- *Timely Initial Placement for Committed Youth:* An in-depth analysis on this measure demonstrated that the most significant barrier to timely placement is lack of capacity in both state-operated facilities and community placements.
- *Fights and/or Assaults in DYC State-Operated Residential Facilities:* Performance on this measure does not meet the goal consistently. To better address fights and assaults within facilities, DYC has implemented a Restorative Justice and Mediation Training for all facility directors and assistant directors. Those who attend the training will become trainers themselves and take the training back to their own facilities. This training is designed to provide staff with another tool to assist in: 1) mediating potential conflicts before they become assaults/fights, and 2) use restorative justice techniques to address the on-going tension that occurs after an incident and often leads to more violence.
- *Family Engagement Measures:* Beginning in May 2014, DYC started implementing monthly regional-based family focus groups. Reports of the first few family focus groups include the following DYC areas of strength:
 - a) communication with youth and b) family involvement in decision making and transition planning.
 - Additionally, the family focus groups identified family support when youth re-enter the family home, as an area for DYC improvement. Finally, DYC has implemented meetings between facility leadership teams and a minimum of 15% of families with a youth committed to DYC, to be conducted on a monthly basis to continue to ensure that families have a voice in DYC.

Measures

- [Youth Enrolled in a Full/Part Time Program at Discharge](#)
- [Eligible Youth who Have a GED or High School Diploma at Discharge](#)
- [Timely Initial Placement for Committed Youth](#)
- [Committed or Detained Youth Who Escape or Walkaway from Residential Placement](#)
- [Fights and/or Assaults in DYC State-Operated Residential Facilities](#)
- [Youth Injuries in State-Operated Facilities](#)
- [Staff Injuries on the Job as a Direct Result of Youth Contact](#)
- [Family Engagement: Residential Client Contact with Families](#)
- [Family Engagement: Client Manager Contact with Families](#)



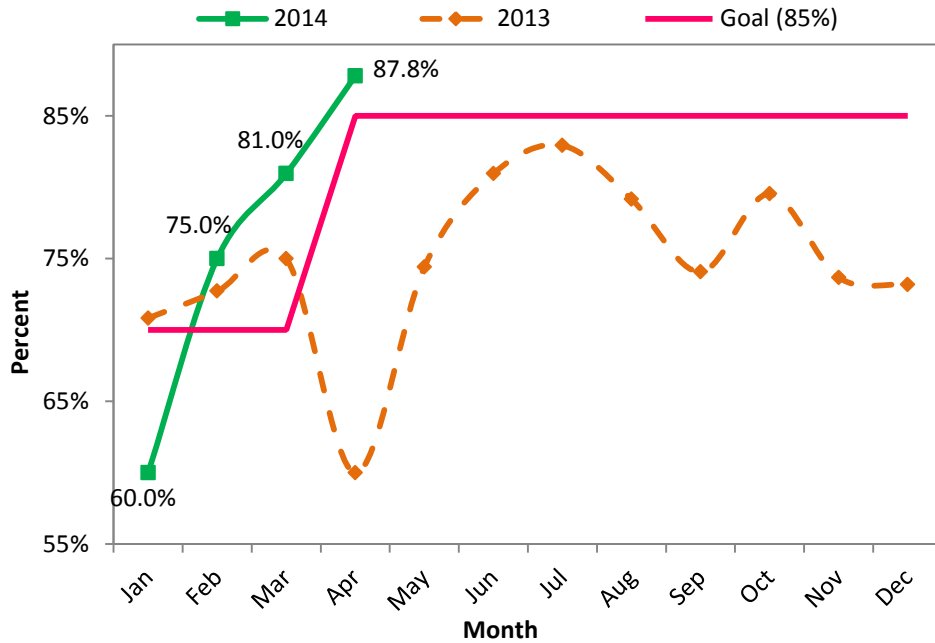
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of eligible clients enrolled in a Full or Part-Time program upon discharge from DYC (education, employment, or other form of pro-social community engagement)
Denominator: Number of eligible DYC clients who discharge in a specific month; Average monthly denominator: 40

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 improved each month throughout the current quarter. The new goal of 85% was achieved for the first time in April 2014.





Division of Youth Corrections (DYC)

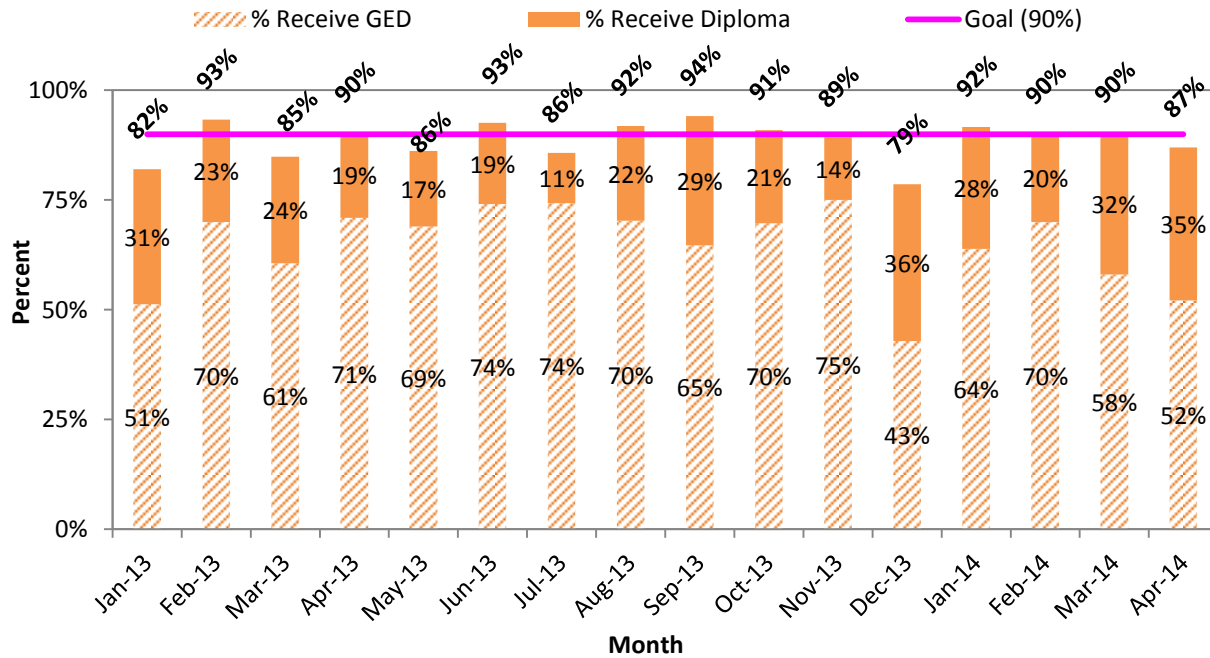
Measure: **Eligible youth who have a GED or high school diploma by discharge**

How it is measured: *Numerator:* Number of eligible youth who receive a GED or high school diploma by the time they discharge

Denominator: Number of eligible DYC clients discharged in a specific month; Average monthly denominator: 25

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

Goal: **↑ 90%**



Trend: DYC met the goal in February and March 2014, but dropped below the goal in April 2014.



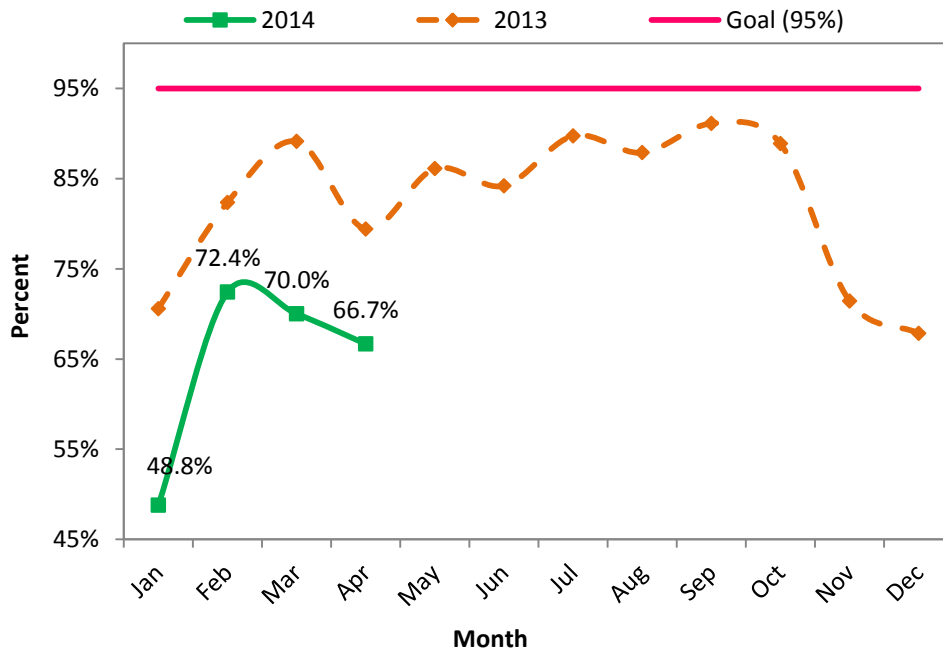
Division of Youth Corrections (DYC)

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: Number of newly committed youth placed in their initial placement in a specified month; Average monthly denominator: 34

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

Goal: **↑ 95%**



Trend: Performance declined in two of the three months throughout the current quarter. The goal has yet to be achieved.



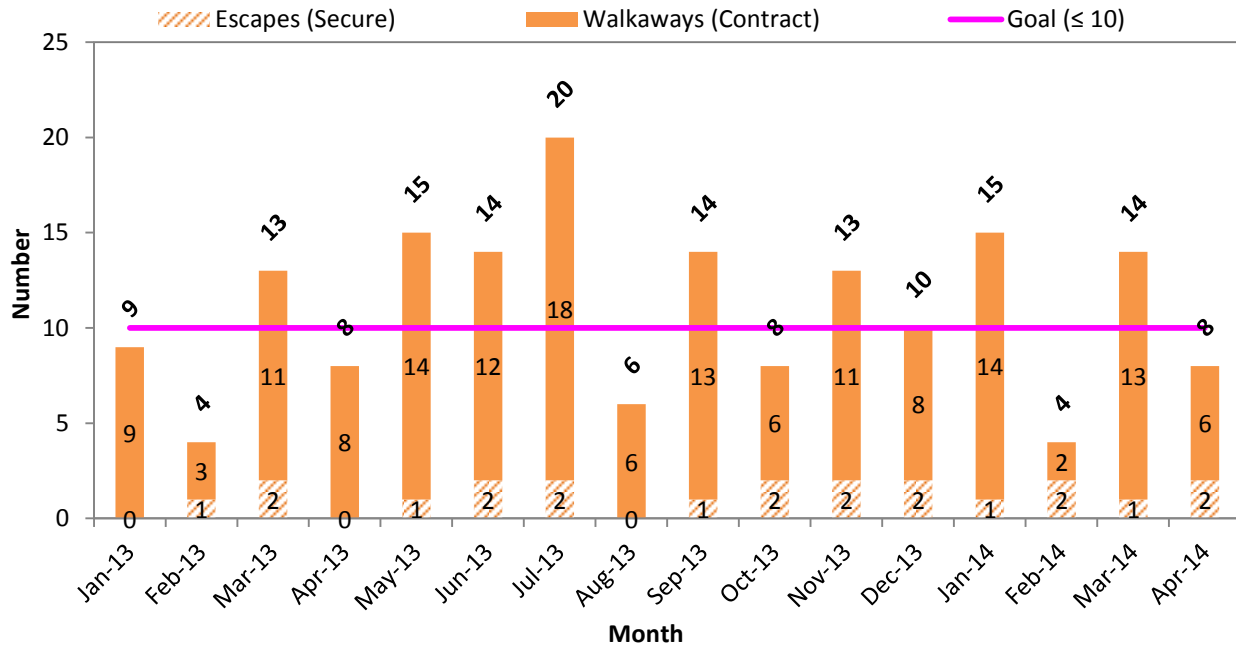
Division of Youth Corrections (DYC)

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

How it is measured: Number of escapes/walkaways occurring while committed youth are in state-operated residential placement (escape) or in contract staff-supervised or community placement (walkaway); Average daily population: 1,094

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

Goal: **↓ ≤10**



Trend: Performance improved from January to February 2014 with 15 and 4 escapes/walkaways, respectively. Performance then worsened in March 2014, with 14 escapes/walkaways, only to improve again in April 2014 with 8 occurrences of escapes/walkaways. The goal was achieved in both February and April 2014. Additionally, the drop in February, rise in March, and drop in April is a consistent trend from 2013 to 2014.



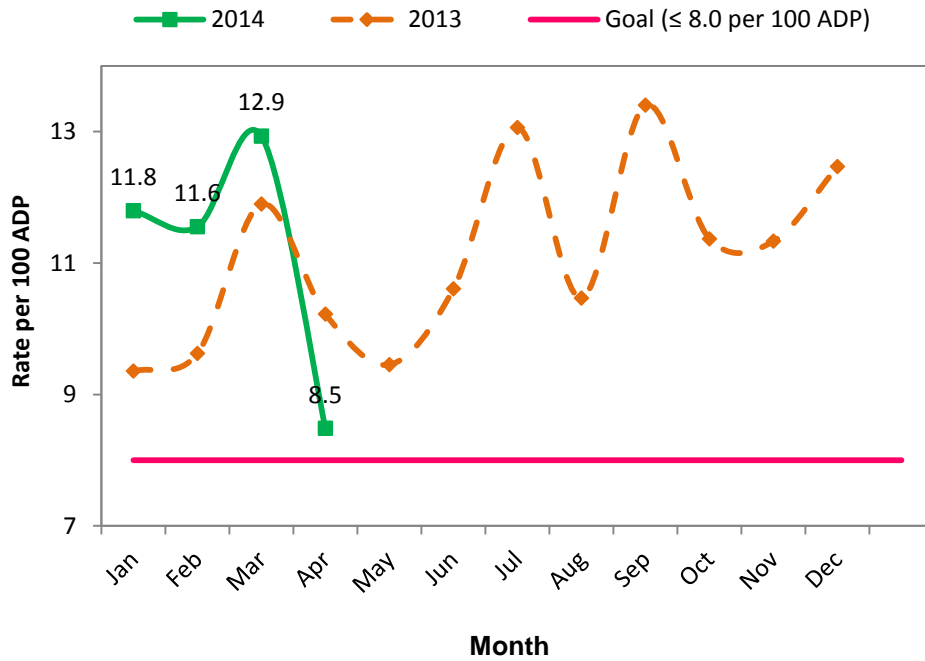
Division of Youth Corrections (DYC)

Measure: **Fights and/or assaults in DYC state-operated residential facilities**

How it is measured: *Numerator:* Fights and assaults occurring in DYC state-operated residential facilities
Denominator: Monthly secure average daily population (ADP; state-operated detention, assessment, and state-secure commitment); Average daily population: 642.2

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 worsened from February to March 2014; though performance then improved from March to April 2014. The goal was not achieved in any month throughout the most recent quarter.



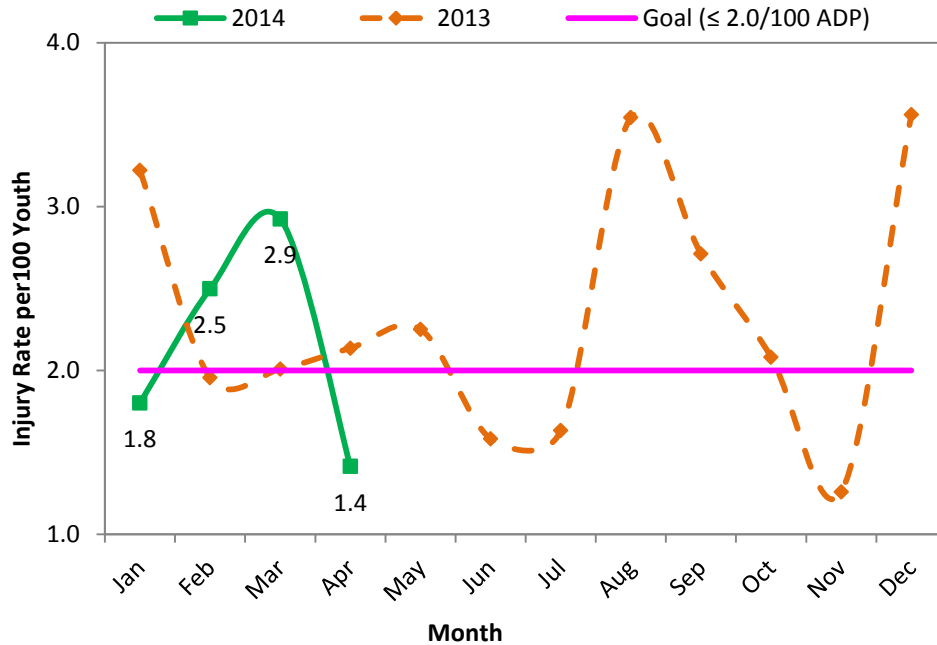
Division of Youth Corrections (DYC)

Measure: **Youth injuries in state-operated residential facilities**

How it is measured: *Numerator:* Number of youth injuries in state-operated facilities
Denominator: Monthly secure average daily population (ADP; state-operated detention, assessment, and state-secure commitment); Average daily population: 642.2

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 worsened in the first two months within this quarter, February and March 2014. Performance then improved in April 2014, achieving the goal for the first time this quarter.



Division of Youth Corrections (DYC)

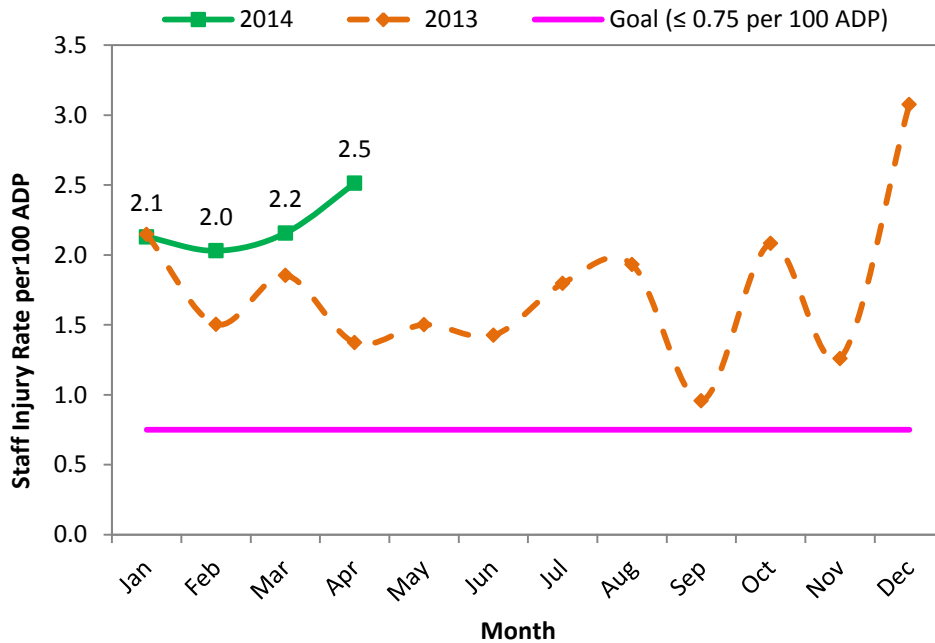
Measure: **Staff injuries on the job as a direct result of youth contact**

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

Denominator: Monthly secure average daily population (ADP; state-operated detention, assessment, and state-secure commitment); Average daily population: 642.2

Why this matters: State facilities should be a safe environment in which staff work.

Goal: ↓ ≤ 0.75/100 ADP



Trend: Performance worsened, demonstrating an increase in the number of staff injuries from February to March 2014, then again from March to April 2014. The goal is yet to be achieved.





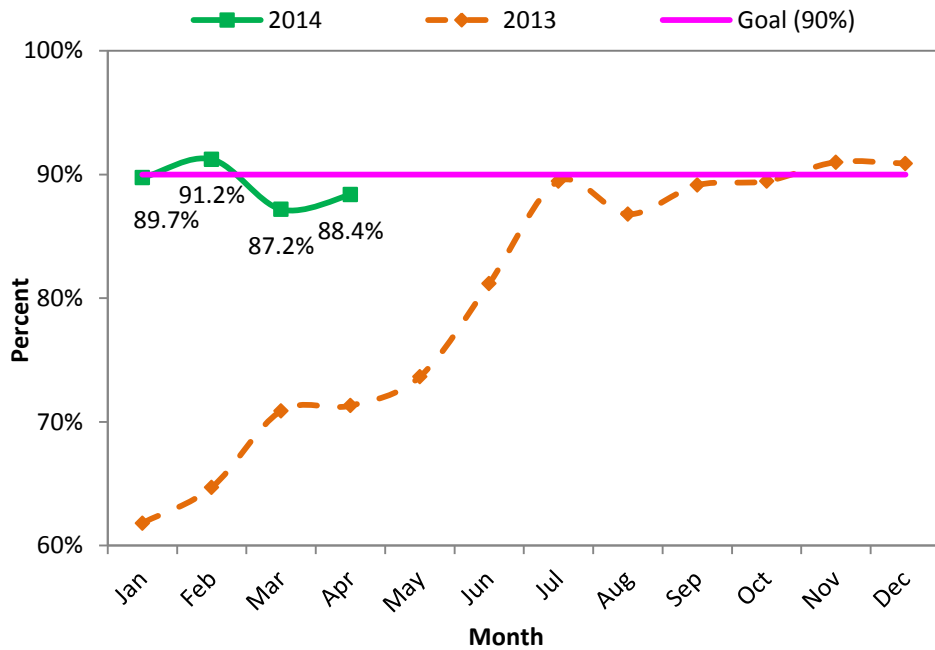
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of committed youth in state-operated facilities who have at least one face-to-face or phone contact with their families during a given month
Denominator: Number of committed clients in state-secure residential facilities; Average monthly denominator: 417

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 in February 2014, achieving the goal. Performance then decreased below the goal during March and April 2014.



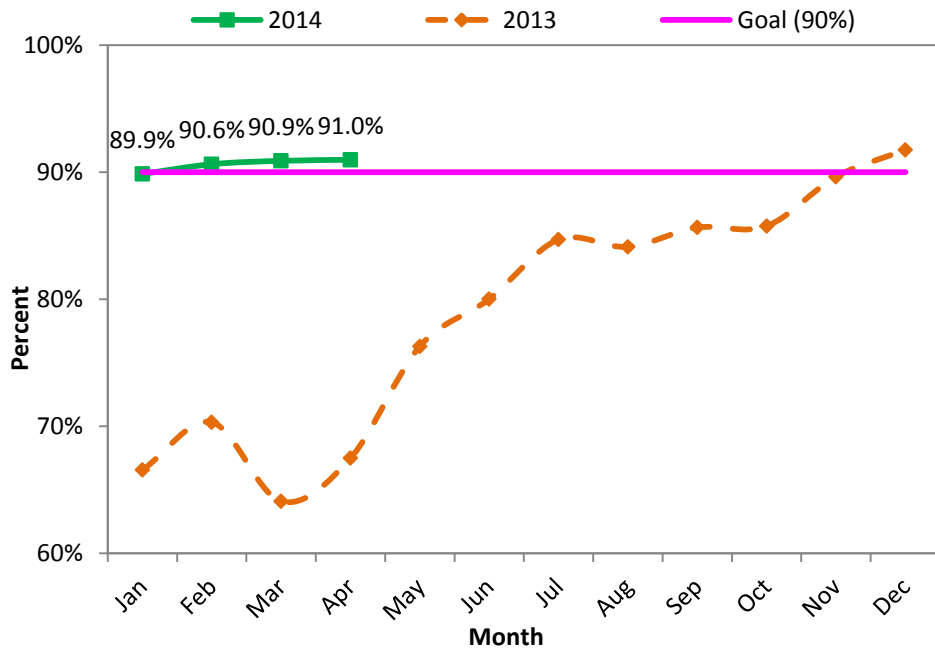
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of clients in residential placement or parole whose client manager contacted the client’s family through face-to face meeting, phone, video conference, email, or text message, one or more times during specified month
Denominator: Number of committed clients in state-secure residential facilities; Average monthly denominator: 1,124

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

Goal: **↑ 90%**



Trend: Performance continued to increase each month within the current quarter, remaining above the goal for each month, as well.

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 ensures 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: Erin Mewhinney

Executive Summary

- The Domestic Violence Program is working to implement a database in order to more efficiently and effectively collect data.
- DVP continues to focus on improving survey distribution. This quarter, they have revised policies to programs around survey distribution to reduce confusion and improve return rates.
- Additionally, DVP has created a task force working to establish outcomes that are meaningful and relevant to DVP.

Measures

- [Shelter Services \(Residential\)](#)
- [Advocacy and Individual Counseling \(Non-Residential\)](#)
- [Support Group \(Non-Residential\)](#)



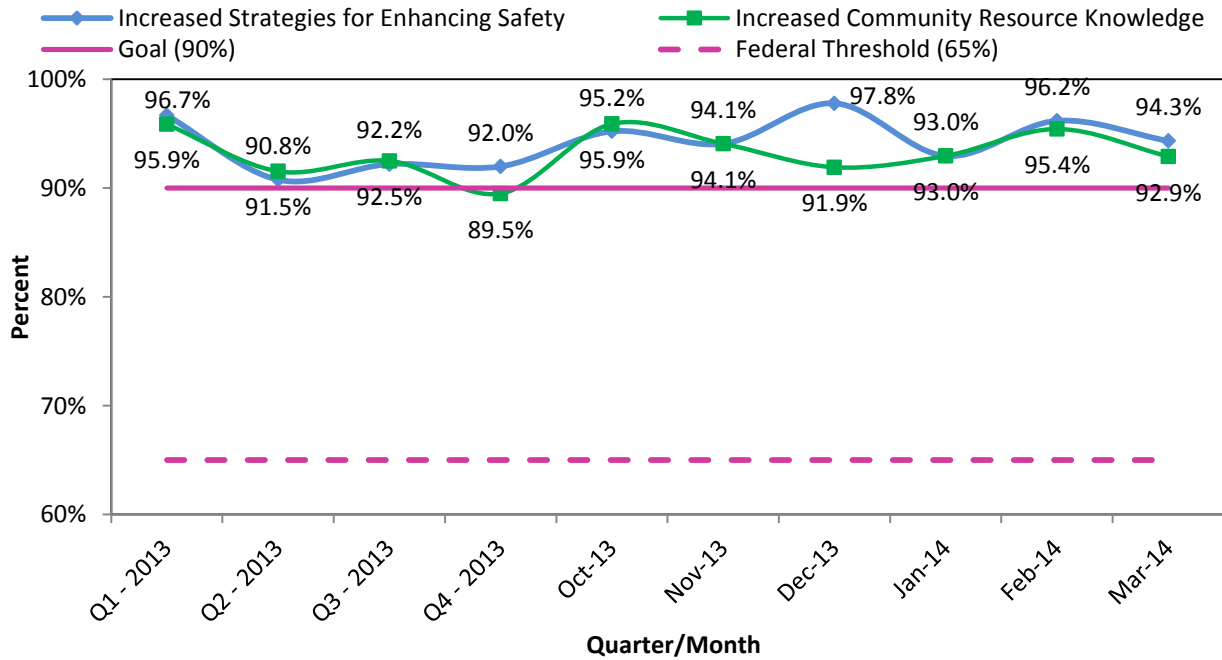
Domestic Violence Program (DVP)

Measure: **Shelter services (residential; Federal Measure)**

How it is measured: *Numerator:* Number of clients who indicated having achieved the specified outcome because of shelter service received
Denominator: The number of surveys returned by clients receiving shelter services;
Average monthly denominator: 128.7

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

Goal: **↑ 65% (Federal); 90% (DVP)**



Trend: Performance for both Increased Strategies for Enhancing Safety and Increased Community Resource Knowledge measures were above the goal for each month within the current quarter.

Notes: Monthly reporting began in October 2013. Prior to this date, data was reported quarterly.





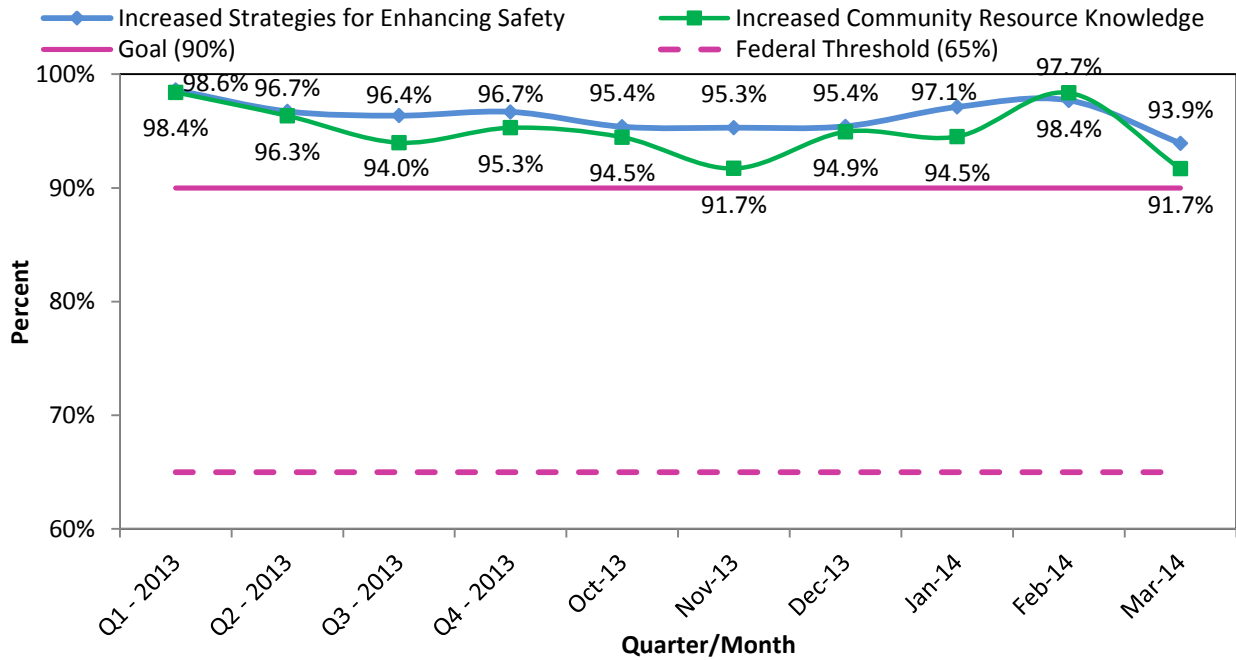
Domestic Violence Program (DVP)

Measure: **Advocacy and individual counseling (non-residential; Federal Measure)**

How it is measured: *Numerator:* Number of clients who indicated having achieved the specified outcome because of advocacy and/or individual counseling service received
Denominator: The number of surveys returned by clients receiving advocacy and/or individual counseling services; Average monthly denominator: 313.3

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

Goal: **↑ 65% (Federal); 90% (DVP)**



Trend: Performance for both Increased Strategies for Enhancing Safety and Increased Community Resource Knowledge measures were above the goal for each month within the current quarter.

Notes: Monthly reporting began in October 2013. Prior to this date, data was reported quarterly.





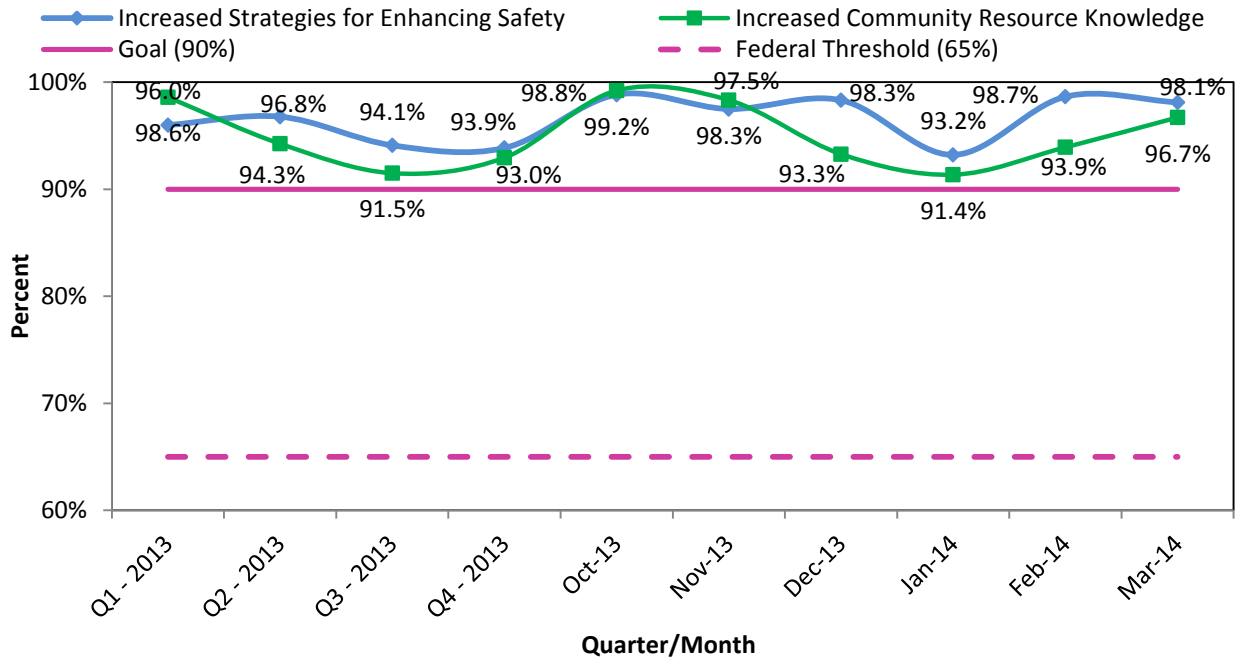
Domestic Violence Program (DVP)

Measure: **Support groups (non-residential; Federal Measure)**

How it is measured: *Numerator:* Number of clients who indicated having achieved the specified outcome because of support group service received
Denominator: The number of surveys returned by clients receiving support group services;
Average monthly denominator: 177.3

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

Goal: **↑ 65% (Federal); 90% (DVP)**



Trend: Performance for both Increased Strategies for Enhancing Safety and Increased Community Resource Knowledge measures were above the goal for each month within the current quarter.

Notes: Monthly reporting began in October 2013. Prior to this date, data was reported quarterly.





Office of Community Access and Independence

Description

The Office of Community Access and Independence (OCAI), formerly the Office of Long Term Care (OLTC) houses programs that provide in-home supports for aging populations and employment supports for disabled populations, operate community living centers for veterans, and provide protective services for at-risk adults. OCAI consists of Aging and Adult Services, Disability Determination Services, Division of Regional Center Operations, State Veterans' Community Living Centers and Division of Vocational Rehabilitation.

Director: Viki Manley

Aging and Adult Services

Summary

Description

The Division of Aging and Adult Services (AAS) programs provide assistance in two general areas. First, programs exist to provide support to seniors and include a variety of services designed to help seniors remain safely in their homes, such as nutrition programs, caregiver programs, money management programs, senior community service employment programs (SCSEP), legal assistance, as well as supportive services. Second, programs exist to provide protection and advocacy for at-risk adults through the Adult Protective Services (APS) and Long Term Care Ombudsman programs.

Acting Director: Todd Coffey

Executive Summary

- *Timeliness of Adult Protection Inquiries:* This program is delivered, locally, at the county level.
 - 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. In addition, AAS examines all untimely responses, in detail, to determine the validity of the reasons for a late response and any trends associated with the untimely responses.
 - Performance has remained around 97% for thirteen consecutive months.

Measures

- [Timeliness of Adult Protection Inquiries](#)



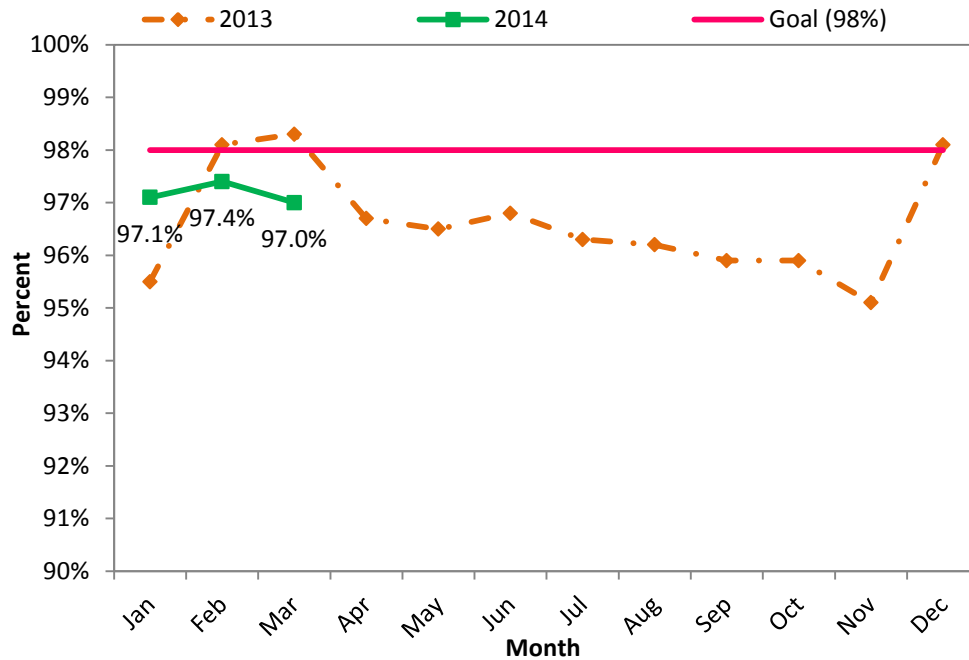
Aging and Adult Services (AAS)

Measure: **Timeliness of adult protection inquiries**

How it is measured: *Numerator:* Number of timely responses; Timely is based on the assigned response time frame (Immediate, 24-Hour or 3-Day)
Denominator: Number of responses; Average monthly denominator: 599

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

Goal: **↑98%**



Trend: Performance remained relatively stable (97.0% to 97.4%) just below the 98% goal.

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

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

- *Mean Number of Days to Process Initial Eligibility Decisions:* Performance for this measure demonstrated a significant reduction in the mean number of days from 143.3 to 115.7 (i.e., 27 days).
- *Examiner Processing Time:* Through a decline in the number of cases received, as well as concentrated LEAN efforts there was a three day reduction in the number of days needed to process an application. Additionally, DDS employees continue to work overtime, and receive processing assistance from their Federal partners both in Denver as well as Baltimore. Another factor in the reduction of processing time can be attributed to an in-line quality assurance program as detailed below
- *Percentage of Accurate Initial Eligibility Decisions:* Due to small Federal (SSA) quality assurance (QA) samples and high variability of Federal (SSA) performance on this measure, DDS began piloting the addition of in-line quality assurance activities in December 2013, and has continued this pilot through the current quarter. Preliminary results from the pilot are leading to improved Federal (SSA) performance on this measure, along with reduced processing times. The essence of the piloted program is a more proactive QA strategy that includes:
 - Targeted sampling, statistically based on error trends and body systems;
 - Case reviews conducted during the adjudication process and integrated into the process flow;
 - Policy analysts serving as in-line consultants and advisors ; and
 - Interactive communication in which quality input is provided to examiners during case processing, through in-person or e-mail consults.

Measures

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



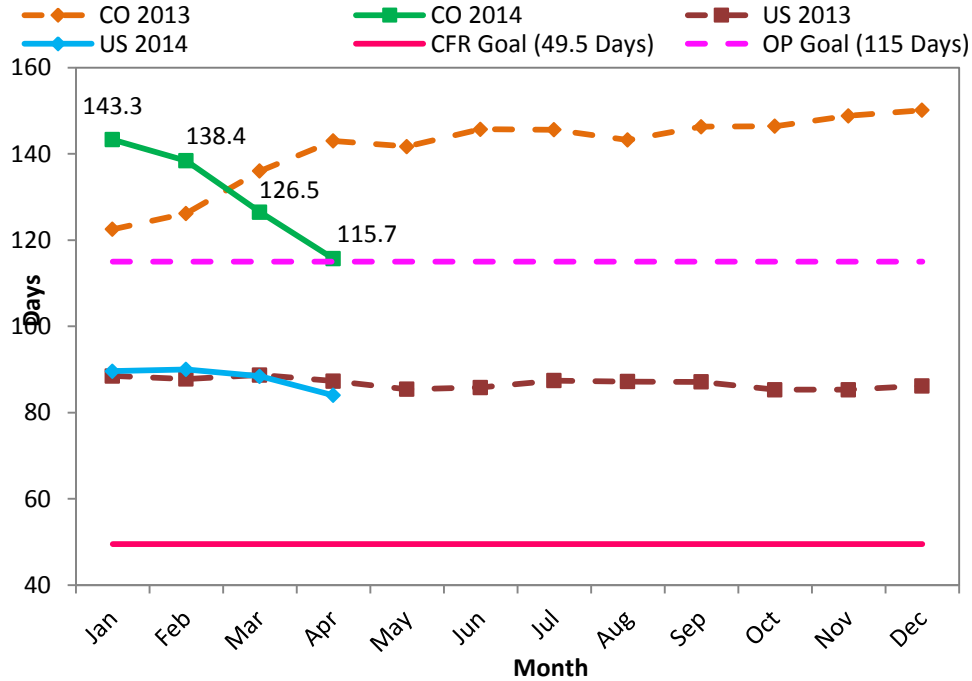
Disability Determination Services (DDS)

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: 3,325

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: The number of days to process initial eligibility decisions showed an upward trajectory throughout 2013. However, processing time was reduced by four weeks from January 2014 to April 2014 (green line).

Notes: This measure utilizes data from the SSDI program only.

The 49.5 day Federal goal is based on the Code of Federal Regulations (CFR). For FFY 2014, the SSA consolidated operating plan (OP) contains a mean processing time goal of 115 days. DDS has added this goal to their measure for tracking purposes.





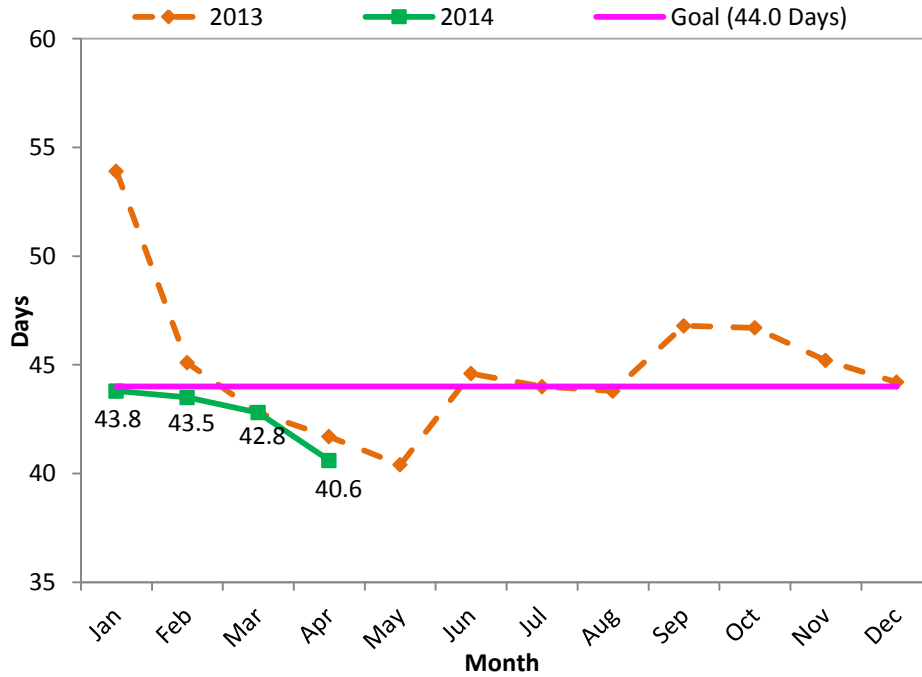
Disability Determination Services (DDS)

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: 3,145

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

Goal: **↓44.0 days**



Trend: Examiner processing time decreased during the current reporting period by three days and remained under the 44 day goal.

Notes: This measure utilizes data from both the SSDI program and the SSI program.



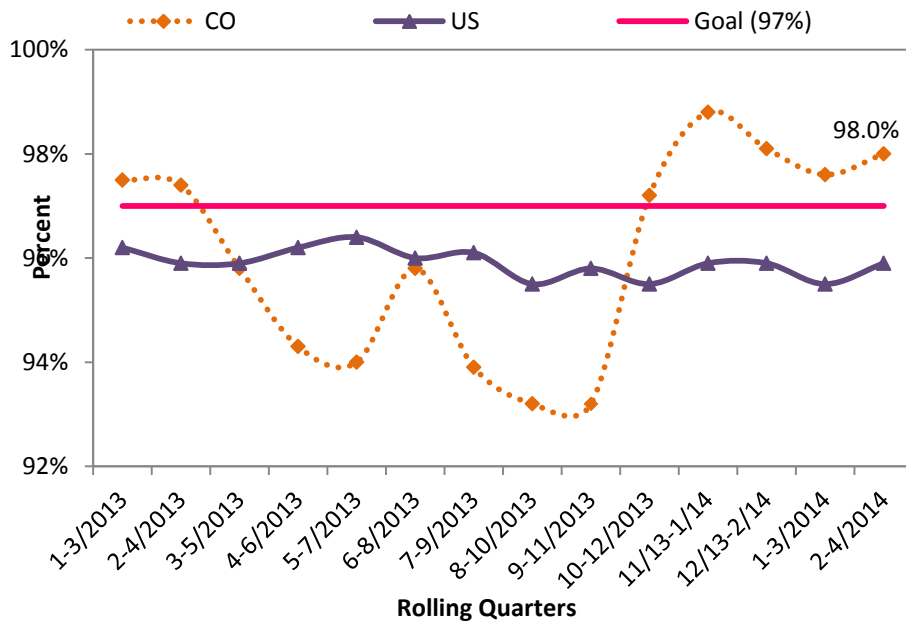
Disability Determination Services (DDS)

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: 149

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: The past quarter demonstrated improved performance in the accuracy of initial decisions, remaining above the goal for the fifth consecutive rolling quarter.

Notes: This measure includes data from both the SSDI and 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 in residential facilities. The DRCO coordinates service delivery between three State-owned and operated Regional Centers: Grand Junction Regional Center (GJRC), Pueblo Regional Center (PRC), and Wheat Ridge Regional Center (WRRC), that provide a number of services including 24-hour supervision, residential, day programming, habilitation, medical, training and behavioral intervention, and short-term emergency/crisis support to the community system.

Acting Director: Sarah Aurich

Executive Summary

- DRCO has identified six performance measures, within three treatment/service models, to be examined on a monthly basis. These treatment models include Short-Term Treatment and Stabilization, Intensive Treatment, and Long-Term Habilitation. Each Regional Center implements at least two, in many cases all three, of these treatment/service models. Where applicable, data is also displayed by Regional Center.
- *Length of Time to Become Ready for Transition*: This measure is examined for both the Short-Term Treatment and Stabilization model and the Intensive Treatment model. Over the past quarter, five individuals have become ready to transition in the Short-Term Treatment Model. On average this has taken 177 days, whereas the goal is 120 days. During this same quarter, three individuals have become ready to transition in the Intensive Treatment Model. On average this has taken around eight months, well below the three year goal.
- *Length of Time to Transition*: This measure is examined for all models, Short-Term Treatment and Stabilization, Intensive Treatment and Long-Term Habilitation. Over the past quarter, five individuals have transitioned from the Short-Term Treatment Model. On average this has taken 77 days, whereas the goal is 60 days. Within the Intensive Treatment Model there were three individuals who transitioned. On average this took 302 days, whereas the goal is 120 days. Also, there were two individuals who transitioned from the Long-Term Habilitation Model. On average the transition took 473 days, whereas the goal is 120 days.

Measures

- Length of Time to Become Ready for Transition/Discharge-[Short-Term](#), [Intensive](#)
- Length of Time to Transition/Discharge-[Short-Term](#), [Intensive](#), [Long-Term](#)
- [Individuals Clinically Recommended for Transition to a Community Provider](#)



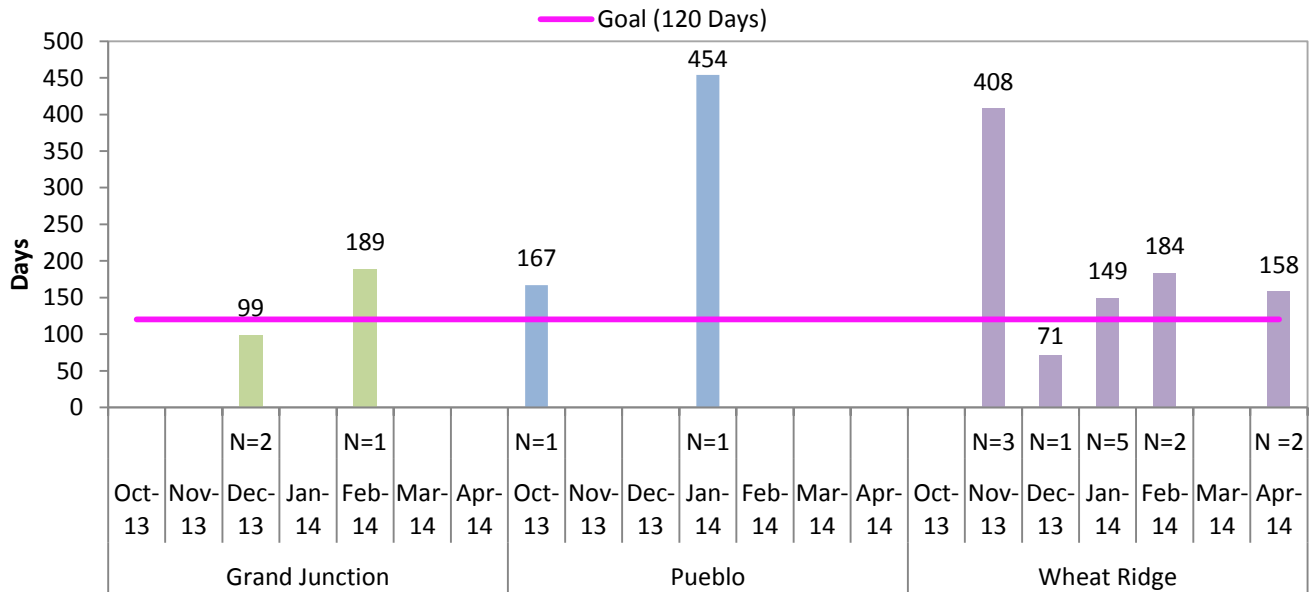
Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of days from RC admission date to date ready for transition
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 keeps individuals from lingering in care and more quickly enhances their well-being.

Goal: **↓120 Days**



Trend: In the most recent quarter, Pueblo did not have any individuals who became ready for transition. The one individual at Grand Junction and four individuals at Wheat Ridge who became ready for transition this quarter exceeded the 120 day goal.



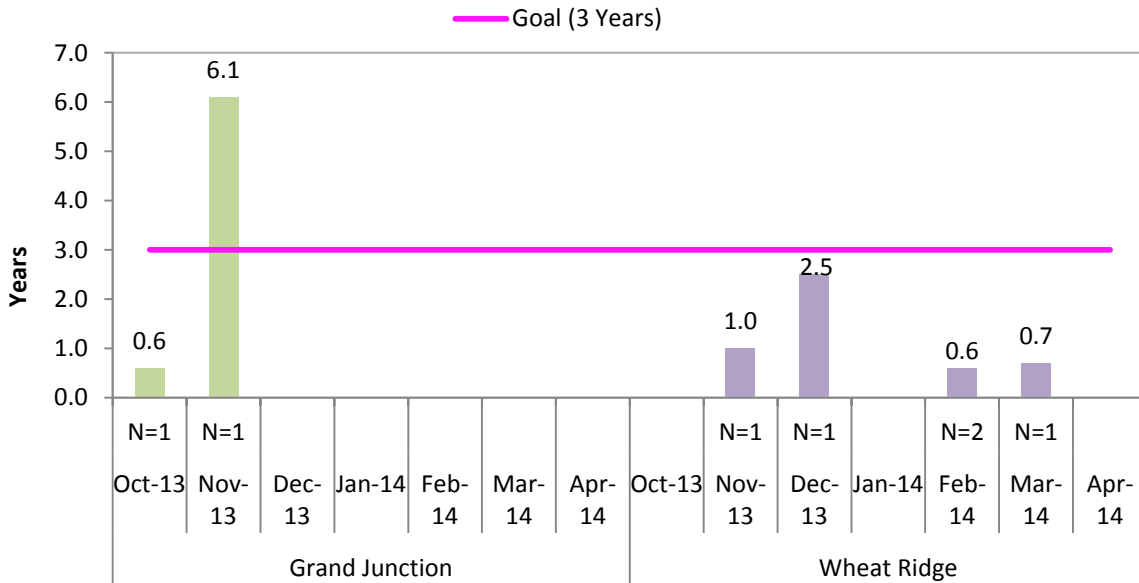
Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of years from RC admission date to date ready for transition
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 keeps individuals from lingering in care and more quickly enhances their well-being.

Goal: **↓3 Years**



Trend: Wheat Ridge met the goal for the three clients who became ready for transition in February and March 2014. Grand Junction did not transition any individuals in the most recent quarter.

Notes: PRC does not offer the Intensive Treatment model.



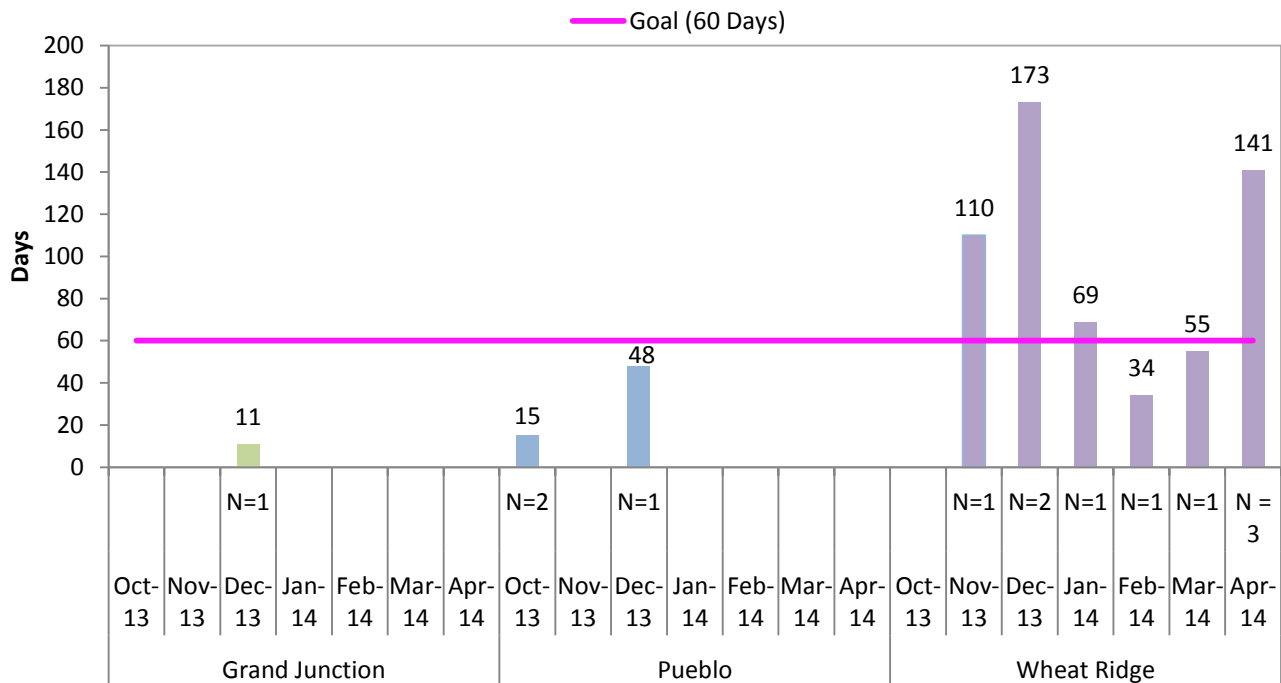
Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of days from date ready for transition to RC transition date
Denominator: Number of individuals who transitioned in the month; See graph for monthly denominators.

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

Goal: **↓60 Days**



Trend: In the most recent quarter, Grand Junction and Pueblo did not transition any individuals from the Short-term model. Wheat Ridge met the goal in two of the three months this quarter, across five individuals.



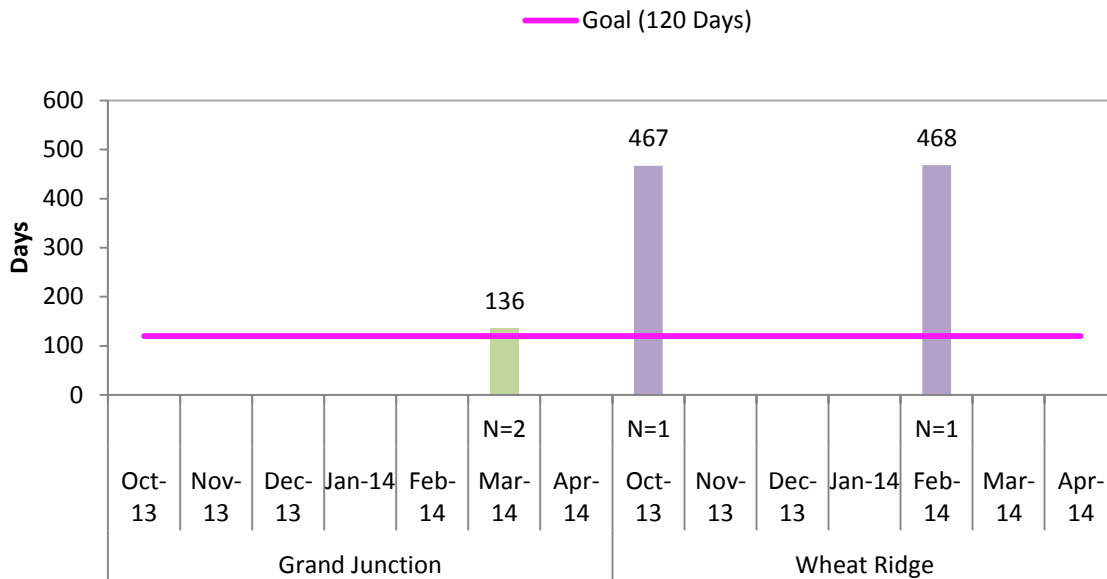
Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of days from date ready for transition to RC transition date
Denominator: Number of individuals who transitioned in the month; See graph for monthly denominators

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

Goal: **↓120 Days**



Trend: In the most recent quarter, both Grand Junction and Wheat Ridge transitioned individuals from the Intensive Treatment model to the community. None of the three transitions met the 120 day goal.

Notes: PRC does not offer the Intensive Treatment model.



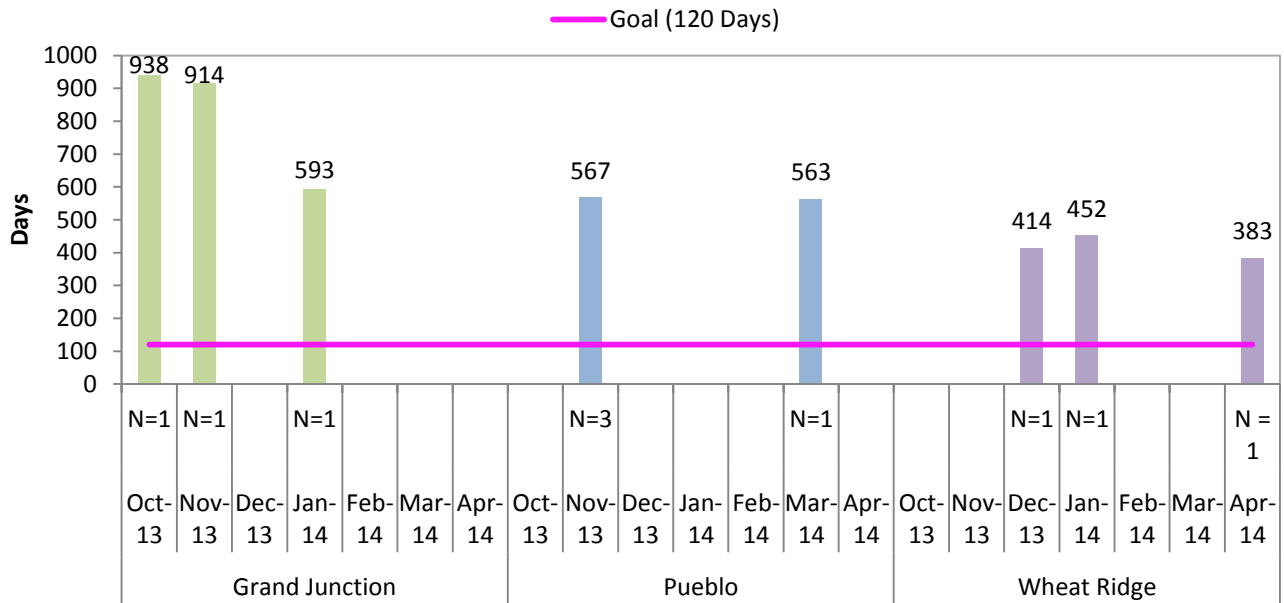
Division of Regional Center Operations (DRCO)

Measure: **Length of time to transition-Long-term model**

How it is measured: *Numerator:* Number of days from date ready for transition to RC transition date
Denominator: Number of individuals who transitioned in the month; See graph for monthly denominators

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

Goal: **↓120 Days**



Trend: In the most recent quarter, Pueblo and Wheat Ridge each had one individual, each, who transitioned. Both transitions were not made within the 120 day goal.



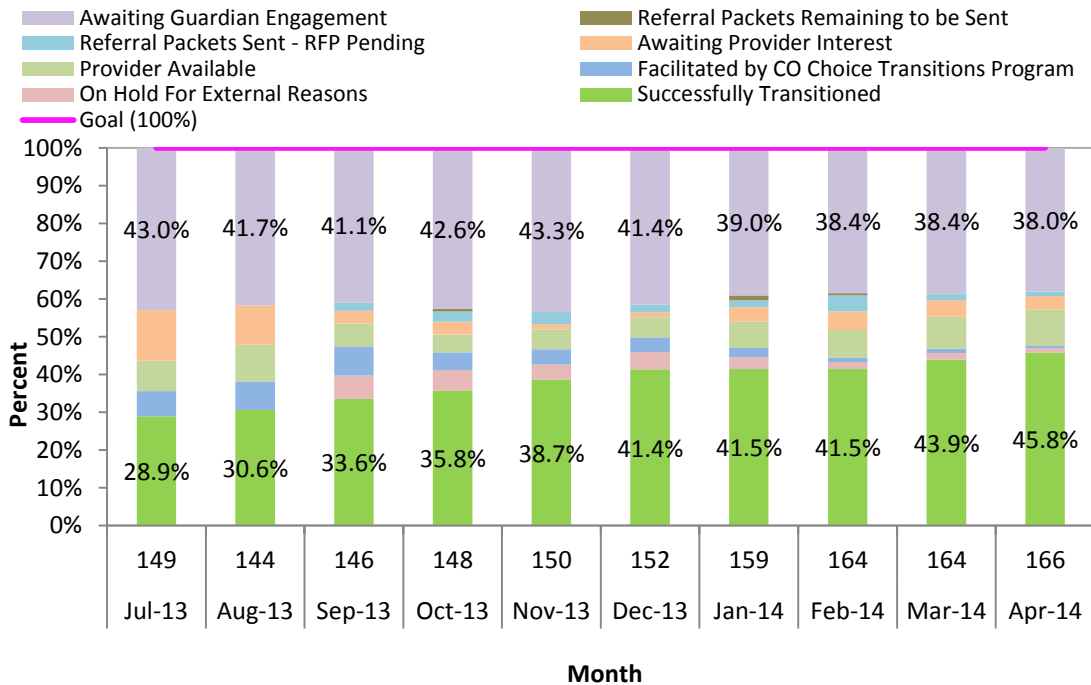
Division of Regional Center Operations (DRCO)

Measure: **Individuals clinically recommended for transition to a community provider**

How it is measured: *Numerator:* Number of individuals by transition process step (awaiting guardian engagement, referral packets remaining to be sent; referral packets sent; awaiting provider interest; provider available; facilitated by CO Choice Transitions Program; on hold for external reasons; successfully transitioned)
Denominator: Number of individuals who are ready for transition from the Regional Centers; See graph for monthly denominators

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

Goal: **↑100% Successfully Transitioned**



Trend: The number of individuals who have successfully transitioned has increased from 41.5% to 45.8% over the most recent quarter.

State Veterans' Community Living Centers

Summary

Description

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

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

Director: C.J. Rocke

Executive Summary

- *Percent of Residents without Anti-Psychotic Medication:* For the quarter represented in this report, SVCLC examined the data on this measure by conducting both chart audits and clinical round tables to verify diagnoses for residents and that prescribed anti-psychotic medications are appropriate.
- *Percent of Residents without Falls:* A fall prevention program, called the Guardian Keepers was developed and implemented in all Community Living Centers in the following months; Homelake, Dec. 2013, Fitzsimmons and Rifle, Feb. 2014, and Florence, Mar. 2014. While performance initially improved in the Centers, it more recently has begun to decline. The Division has begun further exploration into the practice at each Community Living Center in order to understand the occurrences and to how anticipate and reduce in the future.
- *Percent of Residents without Unplanned Weight Loss or Gain:* Two centers (Florence and Homelake) have sustained high performance on this measure and are now reported on the dashboard. The dashboard is distributed along with the monthly C-Stat data and reviewed by Executive Management on a monthly basis, but is not reported as a part of the C-Stat Quarterly Report.

Measures

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



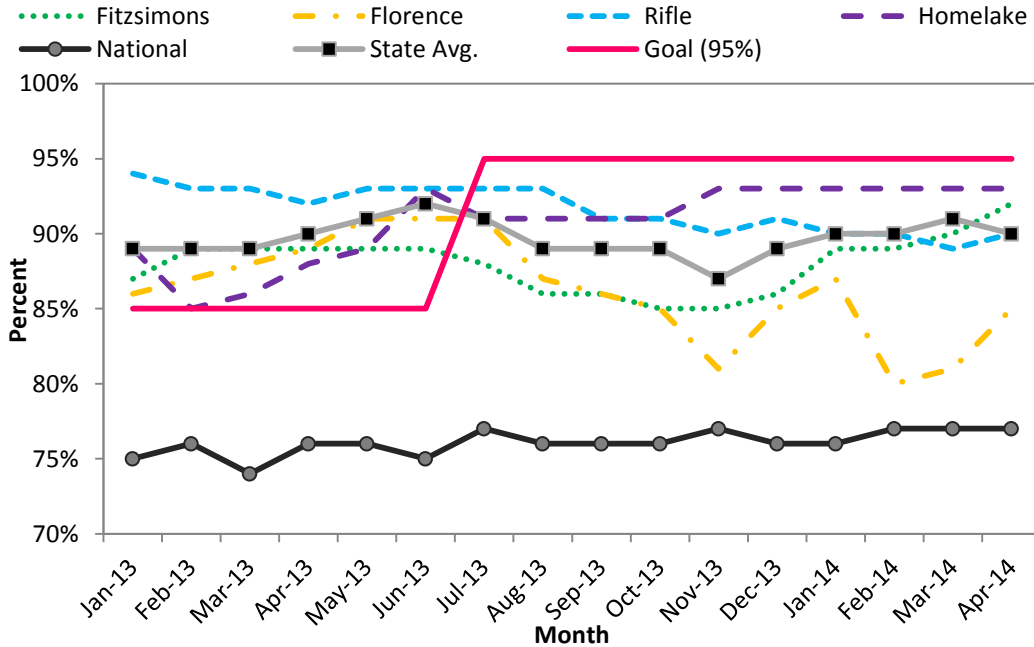
State Veterans' Community Living Centers (SVCLC)

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

How it is measured: *Numerator:* Number of residents without anti-psychotic medication
Denominator: Average Daily Census: Fitzsimons: 166, Florence: 93, Rifle: 70, Homelake: 53

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

Goal: **↑95%**



Trend: There has been some variation in the number of individuals without anti-psychotic medications during this quarter, Rifle and Homelake remain stable and Fitzsimons and Florence are trending upwards.





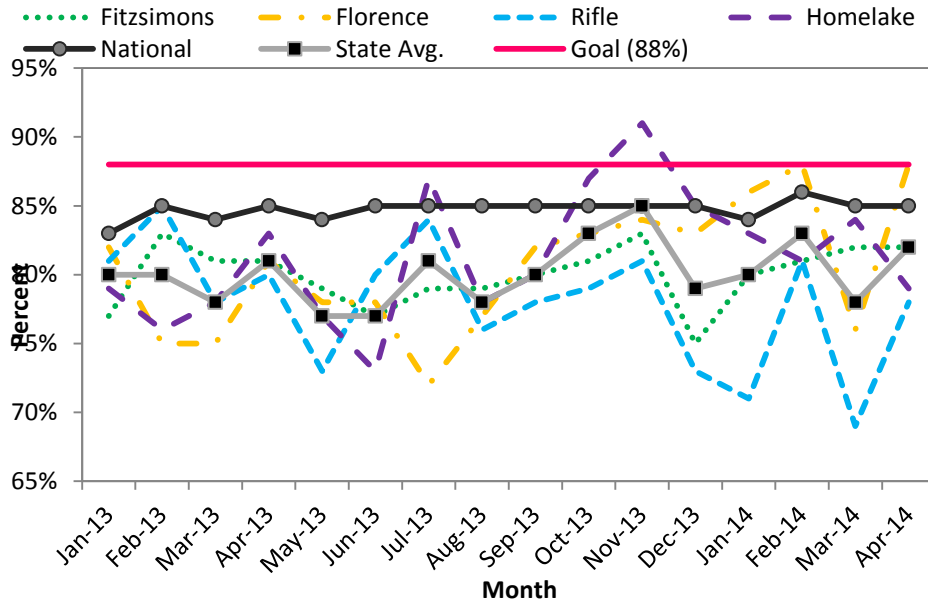
State Veterans' Community Living Centers (SVCLC)

Measure: **Percent of residents without falls**

How it is measured: *Numerator:* Number of residents without falls
Denominator: Average Daily Census: Fitzsimons: 166, Florence: 93, Rifle: 70, Homelake: 53

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

Goal: **↑88%**



Trend: In the most recent quarter, performance remained below the goal and varied greatly across the Community Living Centers.



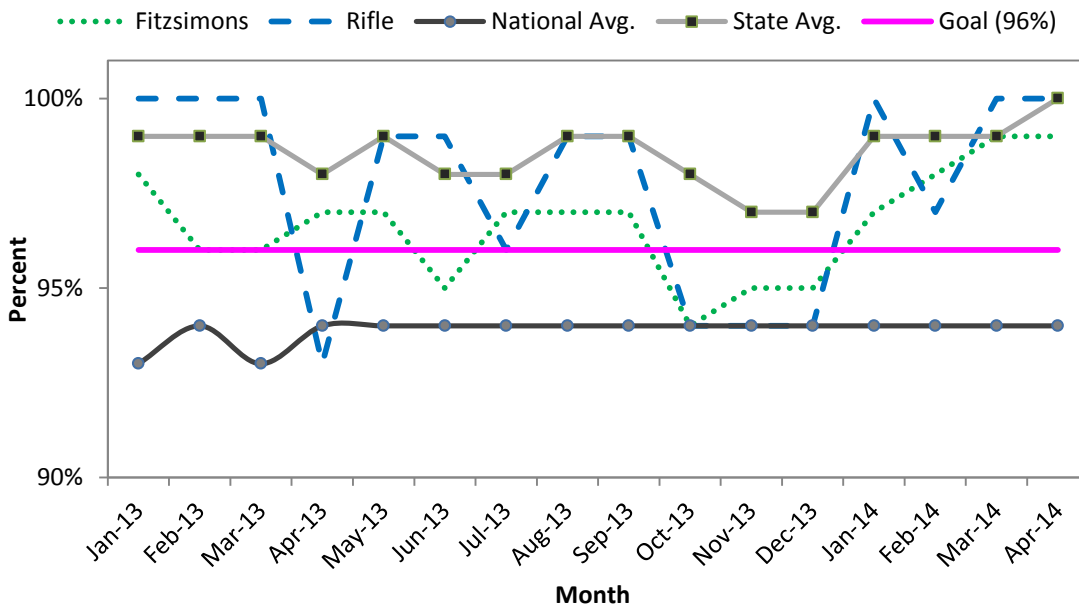
State Veterans' Community Living Centers (SVCLC)

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: Average Daily Census: Fitzsimons: 166, Florence: 93, Rifle: 70, Homelake: 53

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

Goal: **↑96%**



Trend: In the most recent quarter, all four Community Living Centers were above the goal for all three months.



Division of Vocational Rehabilitation

Summary

Description

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

Director: Joelle Brouner

Executive Summary

- DVR began reporting all data by region each month. This allows the Division to look for outliers among regions, and provide further analysis so as to understand what is driving performance.
- *Case Closure by Type*: Successful closures have declined by 12% over the past three months.
 - DVR is conducting a quality assurance review of all cases to be completed by June 2014. DVR is undergoing this review to promote more “active” engagement with clients and determine cases appropriate for closure (e.g., cases that may have been left open for long periods of time, without any client contact). Of those cases that are being closed, particularly those without client contact for long periods of time, many will likely close unsuccessfully.
- *Timeliness of Eligibility*: Efforts DVR staff have taken to reduce the length of time needed to determine eligibility include: identifying best practices among counselors, as well as a change in process which encouraged counselors to determine eligibility first, and level of disability severity second.
- *Frequency of Counselor/Client Contact*: In January 2014, *Frequency of Counselor/Client Contact* was introduced as a DVR performance measure. This measures the percent of all open cases that have a case note entered in the month. This measure is a first step at examining client engagement, allowing DVR staff to look for indicators that the counselors are having contact, at least once every thirty days, and are documenting that interaction. Moving to the next step, this measure can also be used to inform the development of a measure that examines the quality of client engagement.

Measures

- [Case Closure by Type](#)
- [Timeliness of Eligibility Determination](#)
- [Competitive Employment Wages](#)
- [Frequency of Counselor/Client Contact](#)



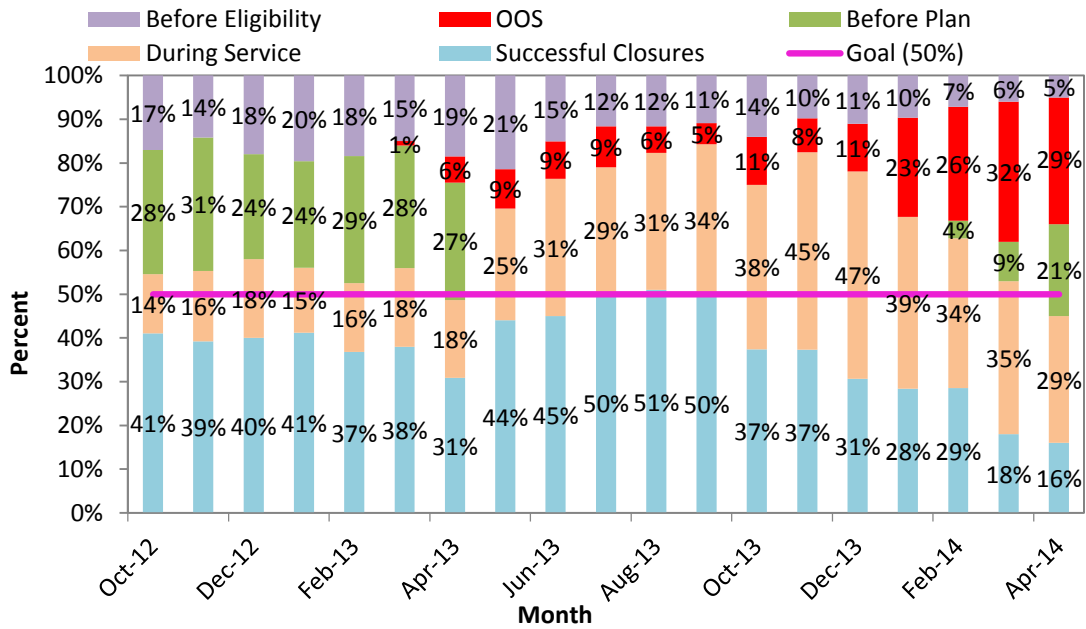
Division of Vocational Rehabilitation (DVR)

Measure: **Case closure by type**

How it is measured: *Numerator:* Number of cases by closure status type (before eligibility; closed from waiting list; before plan; during service; successful closure)
Denominator: Number of cases closed during the month; Average monthly denominator: 684

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

Goal: **↑Successful closures at 50%**



Trend: The percentage of successful closures (blue section), declined for three consecutive months during the past quarter (29% to 16%).

Notes: Due to the Order of Selection waiting list, there are no “Before Plan” closures beginning in May 2013 through January 2014. These began again in February 2014 as people were being released from the wait list. In its place, a new cohort of closures was introduced which demonstrates those individuals who formally withdraw from the waiting list before beginning program participation.





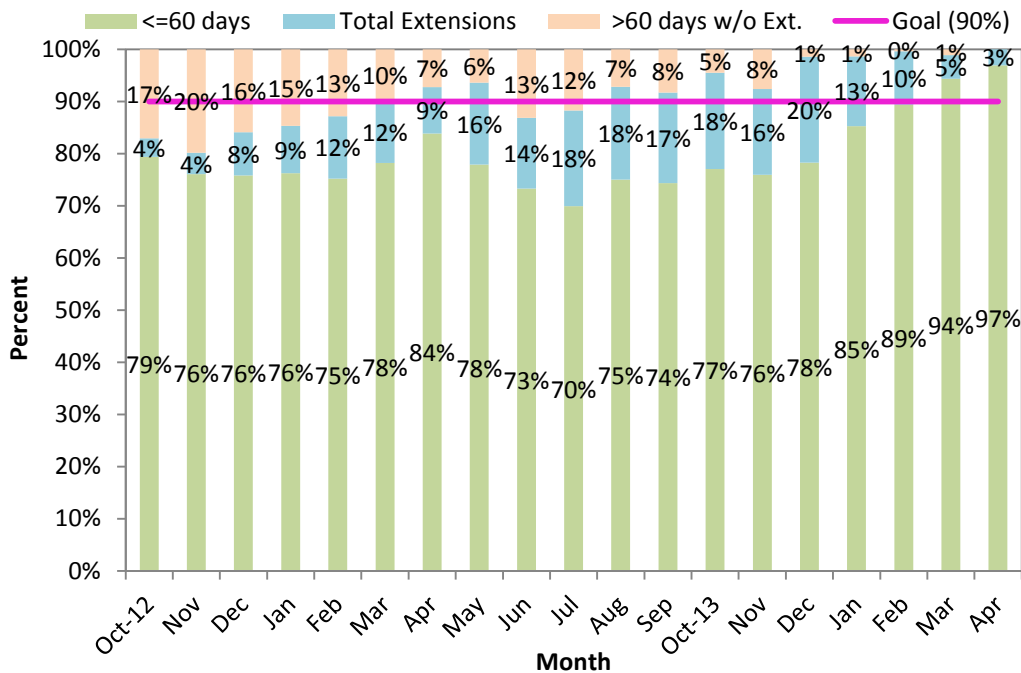
Division of Vocational Rehabilitation (DVR)

Measure: **Timeliness of eligibility determination**

How it is measured: *Numerator:* Number of eligibility decisions made in less than 60 days, with an extension beyond 60 days, or without an extension beyond 60 days
Denominator: Total number of eligibility decisions during the month; Average monthly denominator: 400

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

Goal: **↑90%**



Trend: The most recent quarter reflects a significant increase in the percentage of timely eligibility decisions within the 60 day timeframe (97%) and a decrease in the percentage of decisions made after 60 days both with and without an extension.

Notes: Sixty (60) days is federally-defined processing time for applications without formal extension. In addition, the Total Extensions category includes three types of extensions: 1) Trial Work – Categorized as such when a DVR counselor uses Trial Work Experiences to determine eligibility because he/she has reason to question whether the individual can benefit from VR services due to the severity of the disability, 2) Extension – Categorized as such when circumstances beyond the control of DVR preclude an eligibility decision within 60 days and the counselor and client have agreed to a specific extension of time, and 3) Extended Evaluation – Categorized as such when a counselor uses Extended Evaluation because the consumer is unable to participate in Trial Work Experiences.





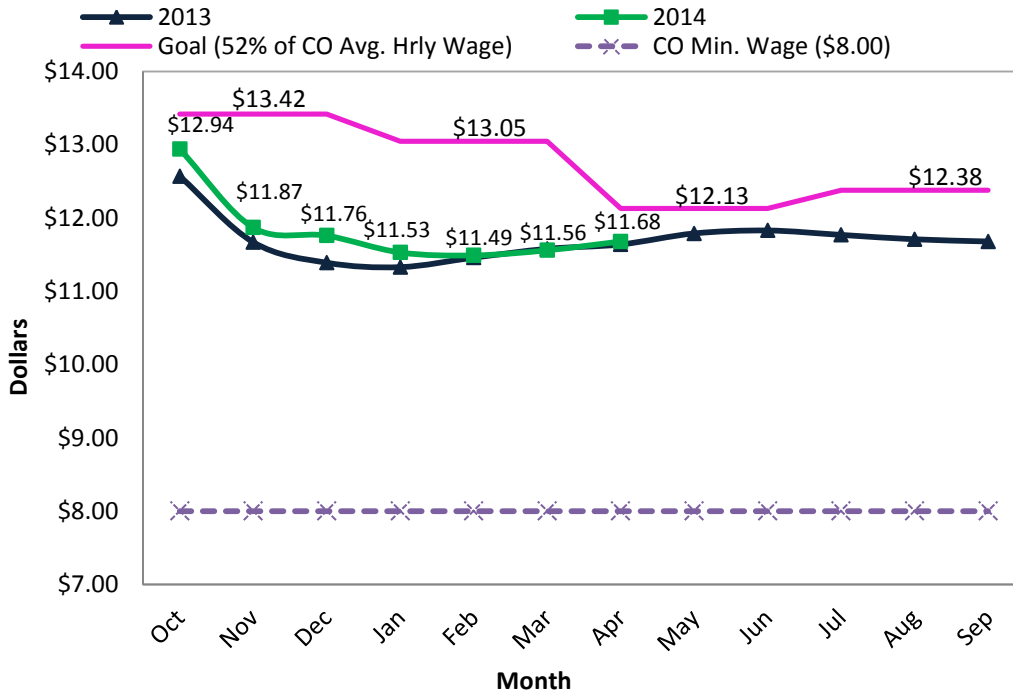
Division of Vocational Rehabilitation (DVR)

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: The most recent quarter has shown a slow increase in the overall cumulative hourly wage earned by participants, almost identical to the previous year.

Notes: As of January 1, 2014, the minimum wage in CO was raised to \$8.00/hr.



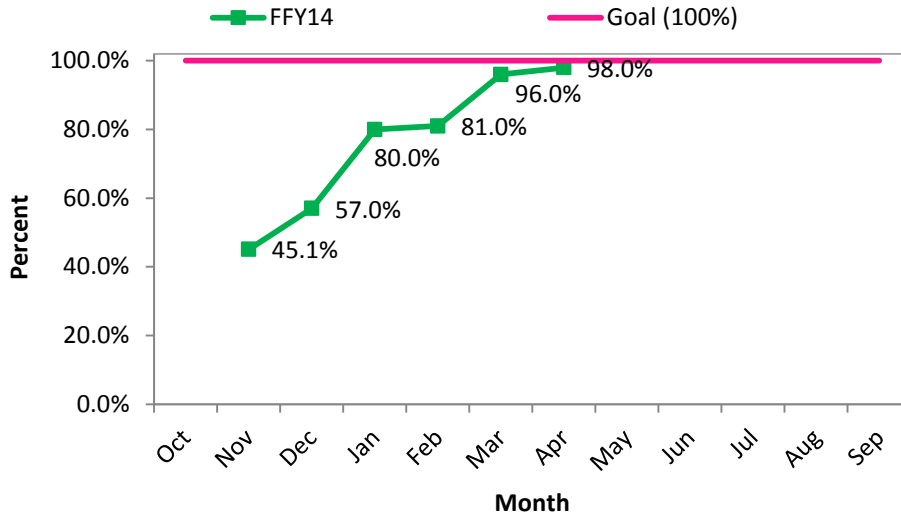
Division of Vocational Rehabilitation (DVR)

Measure: **Frequency of counselor/client contact**

How it is measured: *Numerator:* Number of open cases with a case note entered in the month
Denominator: Total number of open cases; Average monthly denominator: 10,969

Why this matters: Counselor contact with clients increases the likelihood of successful employment and improves overall client outcomes.

Goal: **↑100%**



Trend: This quarter of data shows a significant improvement in the frequency of counselor contact with clients (81% to 98%).

Notes: This measure was added in January 2014 (October 2013 C-Stat data).

No data is available for October 2013.

Office of Early Childhood

Description

Created in June 2012, the Office of Early Childhood (OEC) provides access to collaborative, coordinated, quality early childhood programs and supports to children, families and early care professionals in an effort to best prepare Coloradans for future success. Colorado families who seek and need assistance are provided services, supports, and resources from one or more of the various programs in the Division of Early Care and Learning (ECL) and the Division of Community and Family Supports (CFS).

The creation of the Office of Early Childhood (OEC) 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

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. ECL is responsible for the licensing and monitoring of child care facilities, managing the Colorado Child Care Assistance Program (CCCAP) for eligible families, administering child care grants and quality initiatives, and serving as the lead in implementing federal child care programs. The overall goal of 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

- *Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities:* Individual Early Childhood Councils (ECC) C-Stat data was shared with ECCs for the first time in May 2014. OEC plans to continue sharing data at the monthly "First Friday" webinars, and will host discussions around what ECCs can do to "move the needle" on this measure.
- *Timely Supervisory Inspections:* In March 2014, ECL implemented a revised definition of timely for One-Month Inspections to further ensure the safety of children in licensed child care facilities. Under the previous definition, One-Month inspections were considered timely if they were completed in no more than 45 days. This change resulted in a considerable decline in performance for February 2014 since inspections occurring between days 31 and 45 are now considered untimely.
- *Timely Response to Serious Child Care Center Complaints (Severity 1-3):* In March 2014, OEC began working closely with the Office of Children, Youth, and Families (OCYF) to develop a more in-depth understanding of how ECL Timely Responses to Serious Complaints and Child Abuse/Neglect investigations intersect. Through this process OEC identified three opportunities for potential improvement: Improve County Assessment Data in Trails, Improve Communication between State/County Staff, and Improving the Process to Capture Critical Incident Data in the ECL Critical Incident Data System.

Measures

- [Accurate Child Care Reimbursement](#)
- [Children in the Colorado Child Care Assistance Program \(CCCAP\), under the age five, in Top Tier Quality Rated Facilities](#)
- [Timely Supervisory Inspections](#)
- [Timely Response to Serious Child Care center Complaints \(Severity 1-3\)](#)



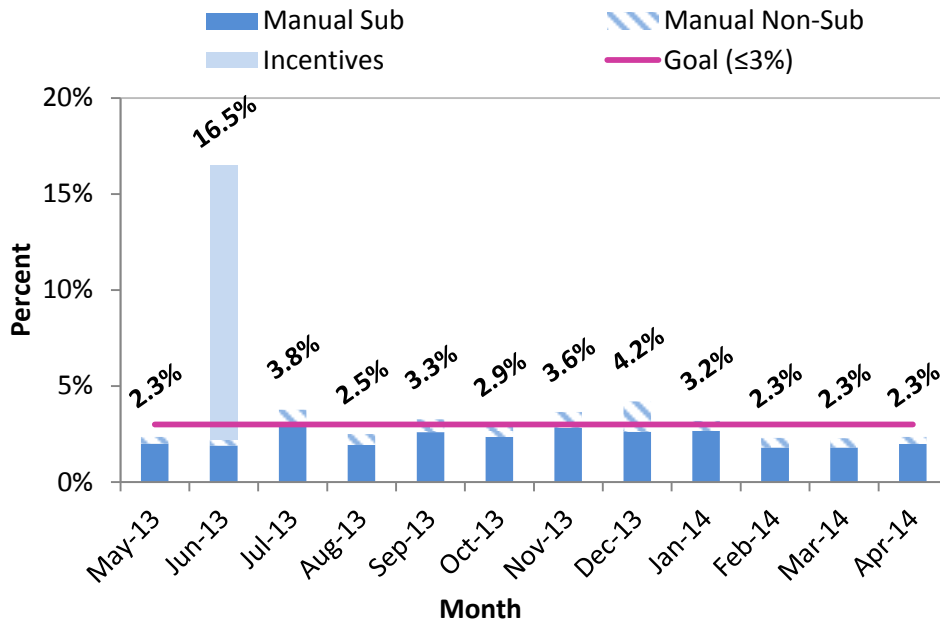
Early Care and Learning (ECL)

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 in a given month
Denominator: Total amount, in dollars, of all CCCAP payments (payment of service, manual sub, and manual non-sub) paid to providers in a given month; Average monthly denominator: \$5,026,300

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 the federal agency on cost/child and utilization of program, and increases the potential a county receives less in allocation due to under-reporting of utilization.

Goal: ↓ 3%



Trend: Statewide performance remains stable at 2.3%, remaining below the 3% goal for the third consecutive month.





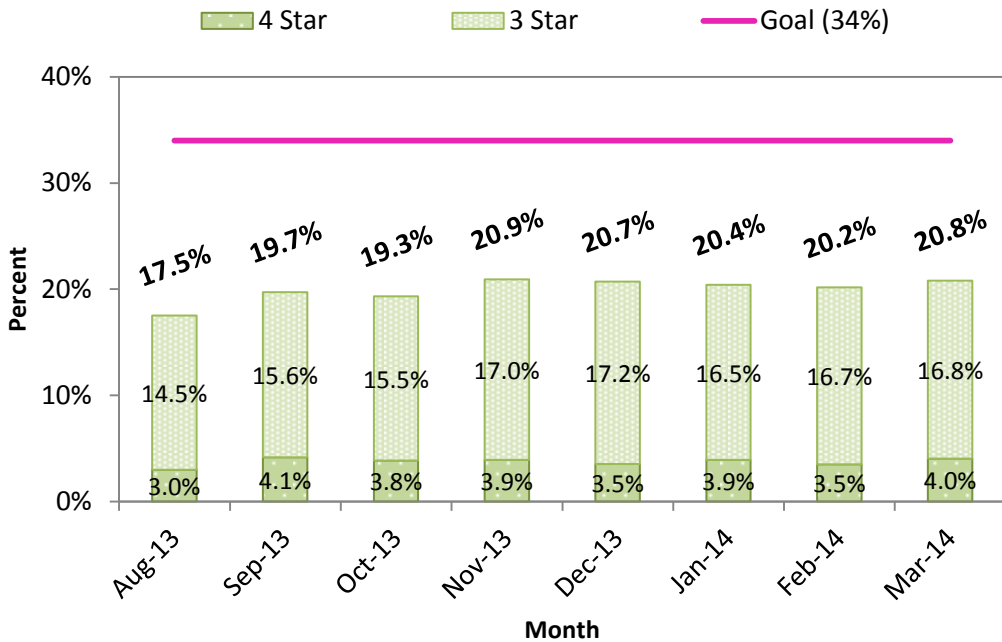
Early Care and Learning (ECL)

Measure: **Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities**

How it is measured: *Numerator:* Total number of children, under five years old, who utilized CCCAP at a child care center with a current quality rating in the top two tiers (3-Star or 4-Star) at least once during the given month
Denominator: Total number of children, under five years old, who utilized CCCAP at a child care facility at least once in the given month; Average monthly denominator: 9,680

Why this matters: Research supports 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, and reduced grade repetition, reduced crime rates over time, increased employment, income and tax contribution levels, and decreased public health care, welfare and child care expenses.

Goal: **↑34%**



Trend: Performance remains stagnant, hovering just below 21%.

Notes: This measure was added in C-Stat, effective December 2013, and is intended to measure whether access to quality childcare for children under five years old has increased for Colorado’s highest risk/highest need children and families, a primary objective of the Race to the Top – Early Learning Challenge Grant.





Early Care and Learning (ECL)

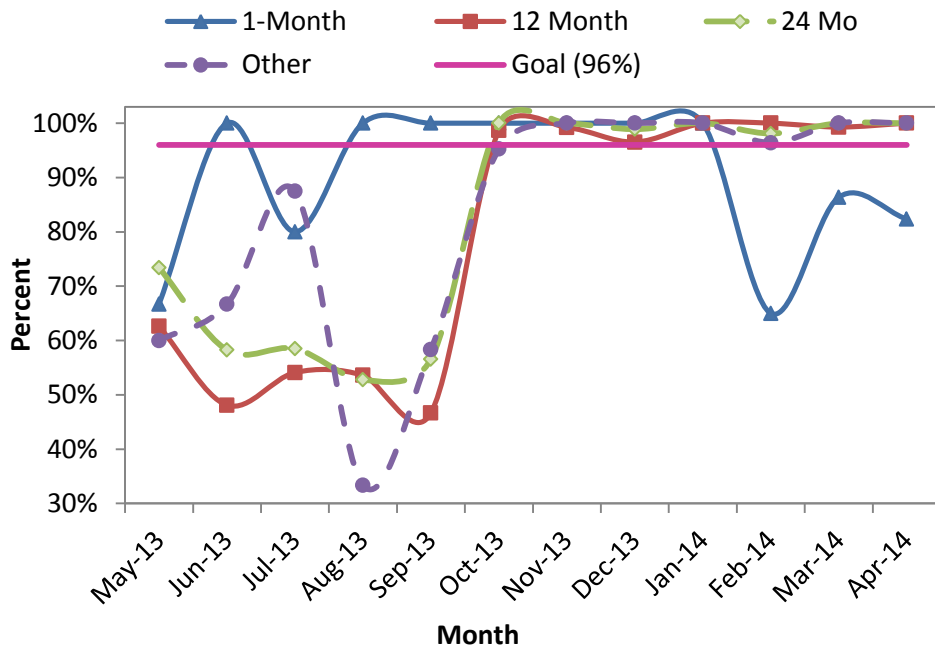
Measure: **Timely supervisory inspections**

How it is measured: *Numerator:* Total number of child care facility supervisory licensing inspections, by category, completed by the date the inspection is due in a given month

Denominator: Total number of child care facility licensing inspections, by category, due in a given month; Average monthly denominator: One-Month: 20; 12-Month: 135; 24-Month: 107; Other: 28; Total: 289

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: **↑96%**



Trend: Performance for One-Month inspections improved, going from 65% in February to 82% in April 2014. Performance for the remaining three categories remains stable and exceeds the 96% goal.

Note: The considerable decline in performance in February 2014 (March C-Stat) for One-Month inspections is due to changing the definition of “timely.” See Executive Summary for more information.





Early Care and Learning (ECL)

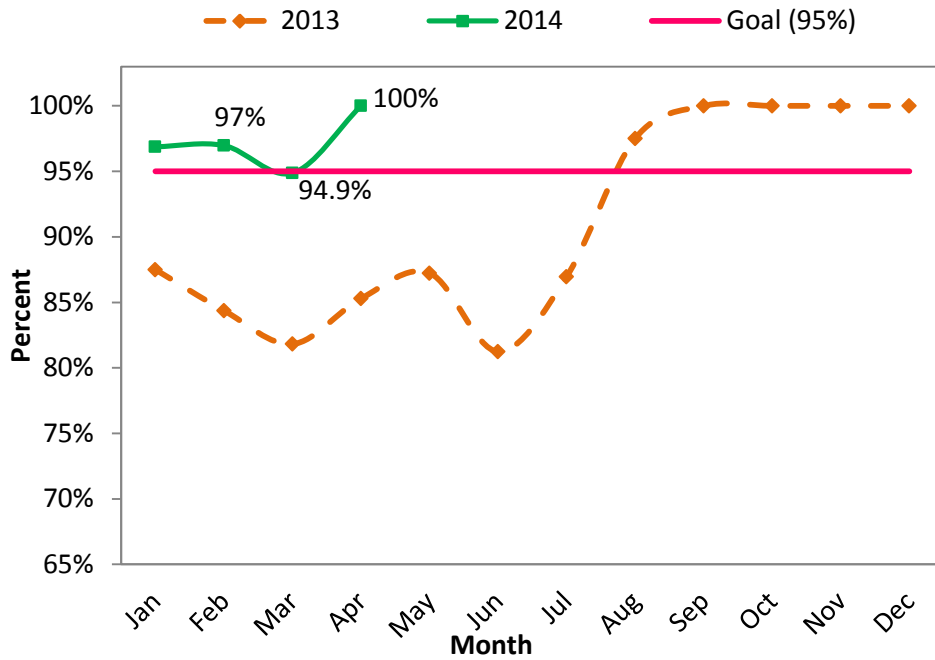
Measure: **Timely response to serious child care center complaints (severity 1-3)**

How it is measured: *Numerator:* Number of serious child care center complaints (severity 1-3) completed within the required corresponding timeframes

Denominator: Total number of serious child care center complaint visits required in a given month (severity 1-3); Average monthly denominator: 37

Why this matters: Child care licensing ensures the health and safety of children in care. When claims of abuse or neglect occur, investigations must take place to determine whether the safety and well-being of a child in care is jeopardized.

Goal: **↑95%**



Trend: Performance exceeds the 95% goal and reached 100% in April 2014.

Notes: The Severity 2 complaints require a response within 0-7 business days; the Severity 3 complaints require a response within 0-17 business days.



Community and Family Supports

Summary

Description

The Division of Community and Family Supports (CFS) is made up of at least twelve distinct programs, several of which CDHS inherited in July 2013 from the Colorado Department of Public Health and Environment (CDPHE). All CFS programs share objectives in alignment with at least one of two shared themes: 1) Reduced Child Abuse through Family Supports and 2) Increased Number of Children Ready for Kindergarten. These programs and services benefit families in need by strengthening collaboration and coordination between the state-level early childhood system and local delivery systems. CFS 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

- *Timely Transitions for Infants and Toddlers exiting Early Intervention (Federal Measure):* This measure was added to C-Stat in March 2014 to capture timely transition conferences from Part C: Early Intervention to Part B: Special Education. The goal was initially set equal to the Federal Goal of 100%, not including family exceptions. In-depth analysis of SFY 12-13 transition data, however, revealed that Family Exceptions were granted for 14% of all transition conferences, 72% of which were due to Family Schedule. This led CFS to set a secondary goal of reducing family exception for this measure, specifically targeting those exceptions categorized as "Difficult Contacting Family" and "Family Schedule."

Measures

- [Timely Services for Infants and Toddlers Eligible for Early Intervention \(Federal Measure\)](#)
- [Timely Transitions for Infants and Toddlers exiting Early Intervention \(Federal Measure\)](#)
- [Early Intervention Participants who Substantially Increase Social-Emotional Functioning \(Federal Measure\)](#)
- [Early Intervention Participants who Substantially Increase their Use of Knowledge and Skills \(Federal Measure\)](#)
- [Early Intervention Participants who Substantially Increase their Use of Appropriate Behaviors to Meet their Needs \(Federal Measure\)](#)



Community and Family Supports (CFS)

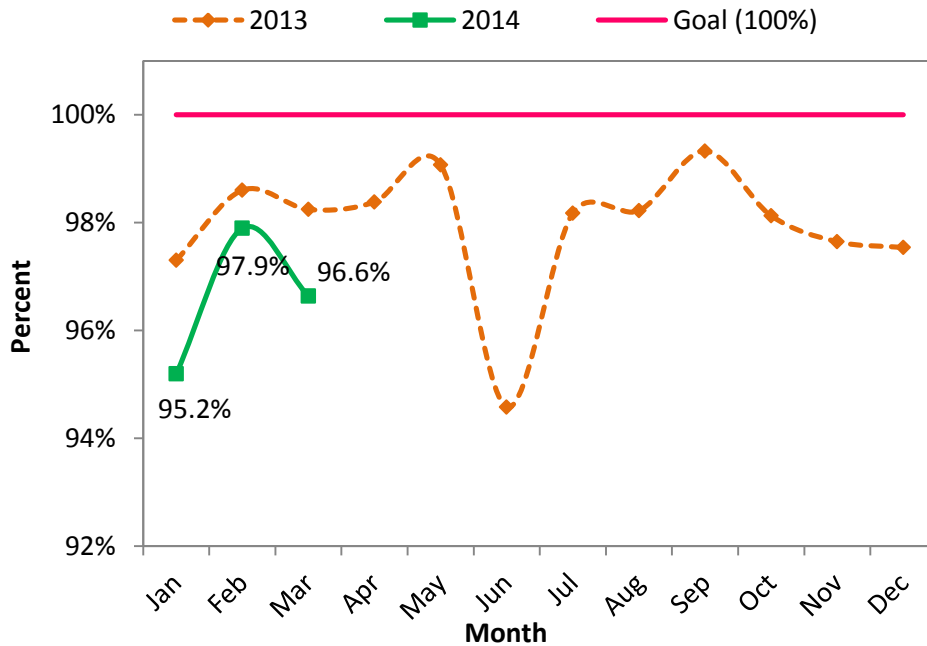
Measure: **Timely services for infants and toddlers eligible for Early Intervention (Federal Measure)**

How it is measured: *Numerator:* Number of infants and toddlers (age birth through age two) eligible for Early Intervention who receive services within 28 days of parental consent

Denominator: Number of infants and toddlers receiving a new service; Average monthly denominator: 1,000

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: This quarter’s performance fluctuated between 95.2% and 97.9%. The 100% goal was not achieved.

Notes: CFS also reports quarterly data by Community Center Board (CCB) for the “Six Large” CCBs, and in aggregate for the remaining 14 CCBs in C-Stat meetings.



Community and Family Supports (CFS)

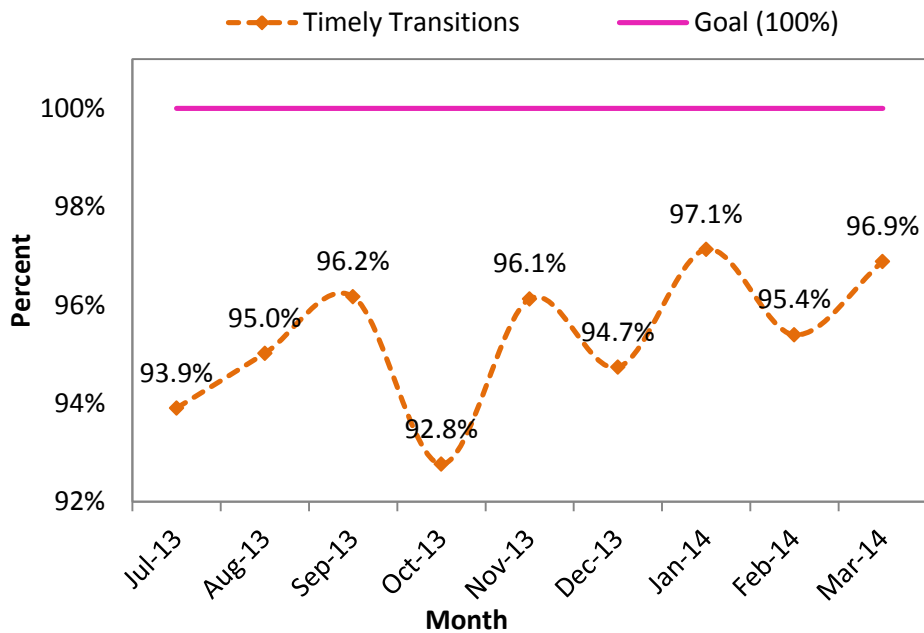
Measure: **Timely transitions for infants and toddlers exiting Early Intervention (Federal Measure)**

How it is measured: *Numerator:* Number of early intervention participants who completed a transition conference prior to age 2 years, 9 months

Denominator: Number of early intervention participants who reached the age of 2 years, 9 months and should have received a transition conference; Average monthly denominator: 313

Why this matters: Timely transition services put a child on a path toward enhanced well-being, as soon as possible.

Goal: **↑100%**



Trend: This quarter’s performance fluctuates between 97.1% and 95.4%; the 100% goal was nearly achieved.

Notes: Children who are not eligible for Part B, as well as children with guardians who opted out of the transition conference, are not included in this measure. Part B of IDEA—the Individuals with Disabilities Education Act - is focused on services to school-aged children with disabilities. This includes preschoolers (ages 3-5) and children in K-12.





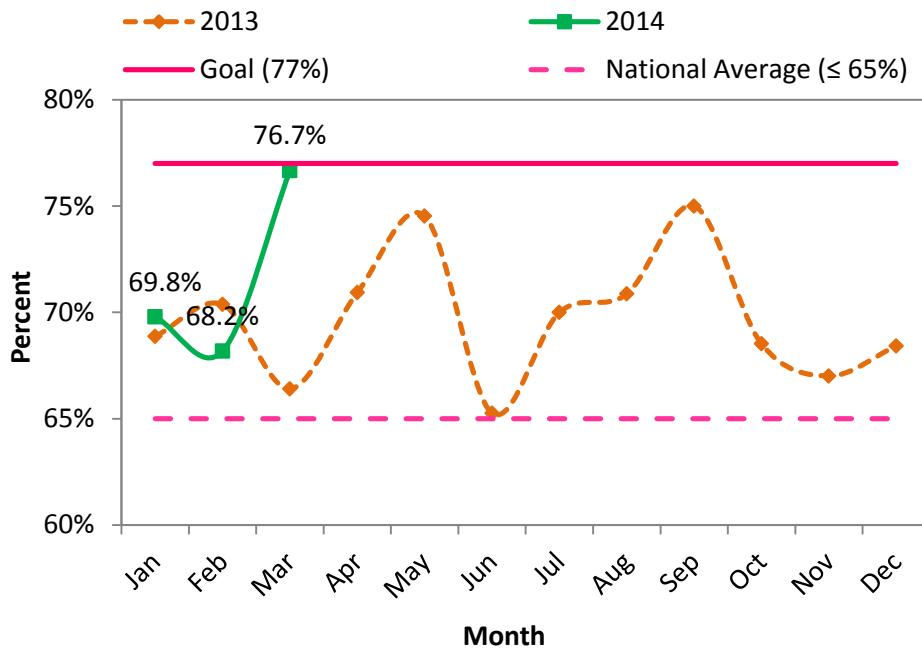
Community and Family Supports (CFS)

Measure: **Early Intervention participants who substantially increase social-emotional functioning (Federal Measure)**

How it is measured: *Numerator:* Number of early intervention participants who demonstrate a substantial increase in social emotional functioning from entry to exit
Denominator: Number of early intervention participants exiting the EI program in a given month, who did not demonstrate age-appropriate social-emotional functioning at entry;
Average monthly denominator: 109

Why this matters: Infants and toddlers who progress early in life have a greater likelihood of long-term success. Appropriate social emotional skills are also linked to decreased school suspensions and expulsions.

Goal: **↑77%**



Trend: This quarter’s performance improved from 69.8% in January 2014 to 76.7% in March 2014; the 77% goal was nearly achieved.

Notes: Social Emotional Functioning is defined as a child’s ability to demonstrate the following age-appropriate behaviors: build and maintain relationships with children and adults; begin to control his or her emotions; understand and follow rules; and communicate wants and needs effectively.



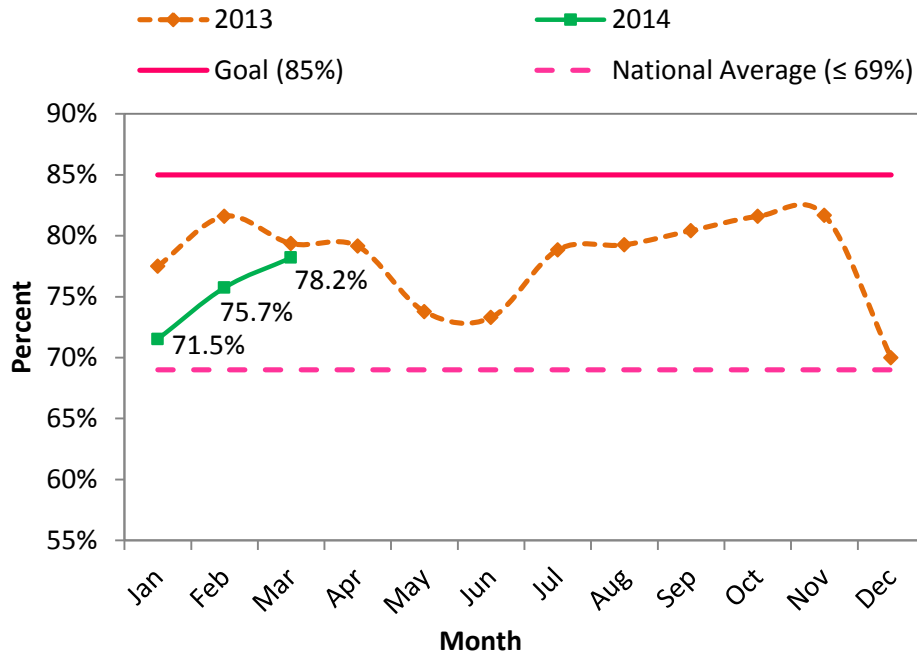
Community and Family Supports (CFS)

Measure: **Early Intervention participants who substantially increase their use of knowledge and skills (Federal Measure)**

How it is measured: *Numerator:* Number of early intervention participants who demonstrate a substantial increase in the use of knowledge and skills from entry to exit
Denominator: Number of early intervention participants exiting the EI program in a given month, who did not demonstrate age-appropriate use of knowledge and skills at entry;
Average monthly denominator: 172

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

Goal: **↑85%**



Trend: This quarter’s performance improved going from 71.5% in January 2014 to 78.2% in March 2014; the 85% goal was not achieved.

Notes: Use of knowledge and skills is defined as a child’s ability to demonstrate the following age-appropriate behaviors: engage in thinking, reasoning, remembering and problem solving; show an eagerness for learning; explore his or her environment and engage in daily learning opportunities; show imagination and creativity in play; and understand and communicate thoughts and ideas.





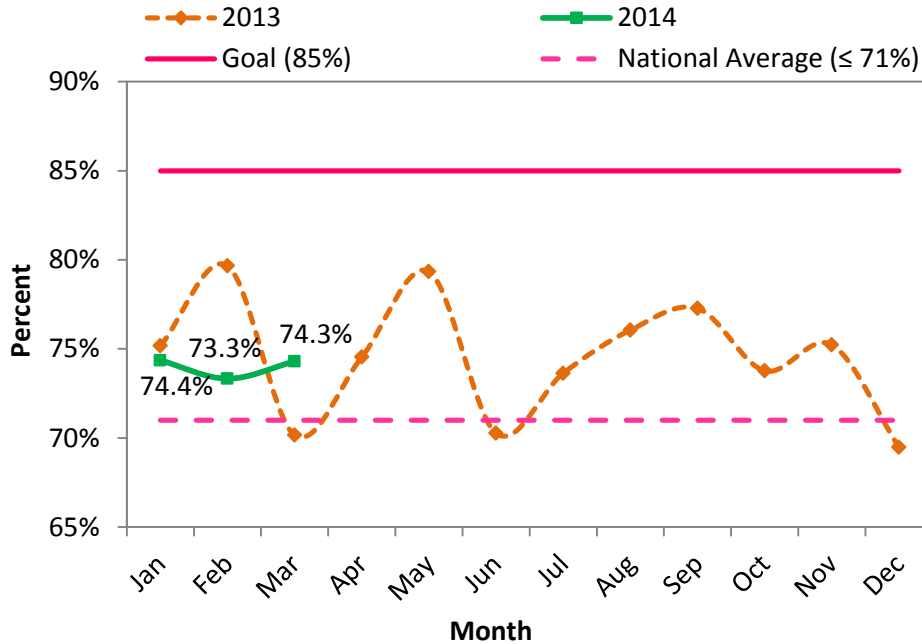
Community and Family Supports (CFS)

Measure: **Early Intervention participants who substantially increased their use of appropriate behaviors to meet their needs (Federal Measure)**

How it is measured: *Numerator:* Number of early intervention participants who demonstrate a substantial increase in the use of appropriate behaviors to meet their needs from entry to exit
Denominator: Number of early intervention participants exiting the EI program in a given month, who did not demonstrate age-appropriate use of appropriate behaviors to meet their needs at entry; Average monthly denominator: 132

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

Goal: **↑85%**



Trend: Performance remained stable; the 85% goal was not achieved.

Notes: Use of Appropriate Behaviors to Meet Needs defined as a child’s ability to demonstrate the following age-appropriate behaviors: build and maintain relationships with children and adults; begin to control his or her emotions; understand and follow rules; and communicate wants and needs effectively.



Office of Economic Security

Description

The Office of Economic Security (OES) houses programs that provide financial, employment, energy and nutritional supports to Coloradans. OES consists of four divisions; Child Support Services (CSS), the Colorado Refugee Services Program (CRSP), Employment and Benefits Division (EBD) (Colorado Works/Temporary Assistance for Needy Families (TANF) and Adult Financial Services), and Food and Energy Assistance (Food Assistance/Supplemental Nutritional Assistance Program (SNAP), the Low-Income Energy Assistance Program (LEAP), and Food Distribution Programs).

Director: Levetta Love

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.

Acting Director: Larry Desbian

Executive Summary

- The Division continues to see record levels of actual dollars collected as well as relatively significant improvement over the *Percent of Support Collected* in 2013. The improvement in the percentage of support collected is due in part to the state being able to increase the numerator of dollars collected at a faster pace than that of the denominator, dollars owed. In fact May 2014 was the first month within two years in which each of the ten large counties and the balance of state exceed the goal of 64.3%.
- Through research of best practices and available state and national data, Child Support Services identified four areas to focus on to increase child support collected.
 - Reducing the number of child support payers who have not made any support payments in recent months.
 - Increasing the use of early interventions when support payers miss a payment or make a smaller than ordered payment. These interventions may be as simple as making a direct phone call rather than sending a letter.
 - Using available technology designed to assist workers in managing case loads and identifying payers who may need additional attention such as CSe Tools and Flashcard.
 - Working with other states to ensure that cases requiring action (with payers residing in identified state, paying support for children residing in Colorado) are being worked effectively.

Measures

- [Percent of Child Support Collected](#)
- [Percent of Cases with an Arrears Payments](#)



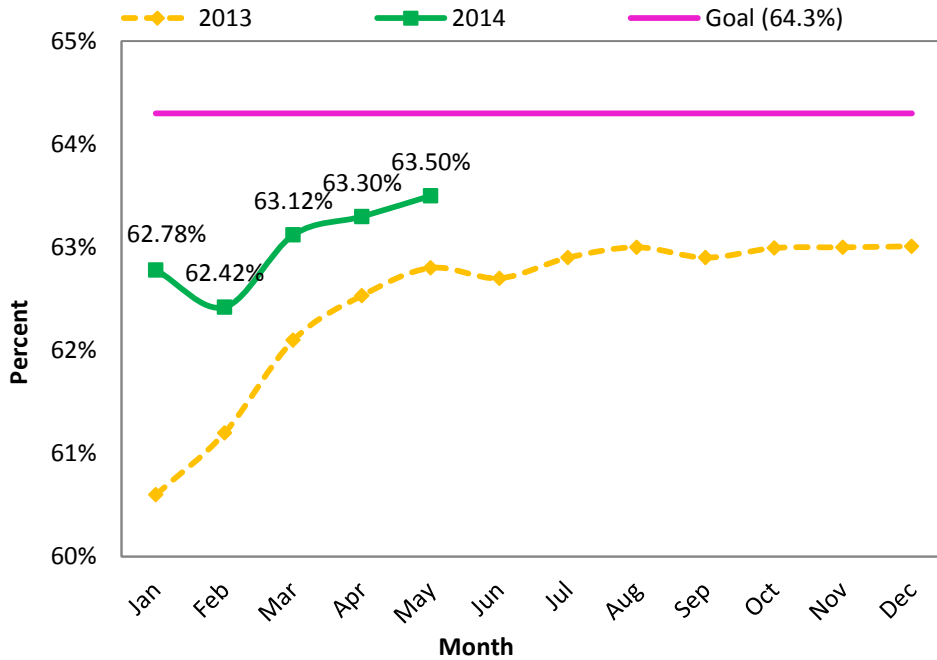
Child Support Services (CSS)

Measure: **Percent of child support collected**

How it is measured: *Numerator:* Cumulative current support dollars collected year to date
Denominator: Cumulative current support dollars owed year to date; Cumulative denominator for monthly support owed through June 2014*: \$102.3m

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

Goal: **↑64.3%**



Trend: Measure is moving steadily toward goal while continuing to collect record dollar amounts.

Notes: *Cumulative dollar amount represents collections from January 1, 2014 through June 30, 2014.
*Federal Measure



Child Support Services (CSS)

Measure: **Percent of cases with an arrears payment**

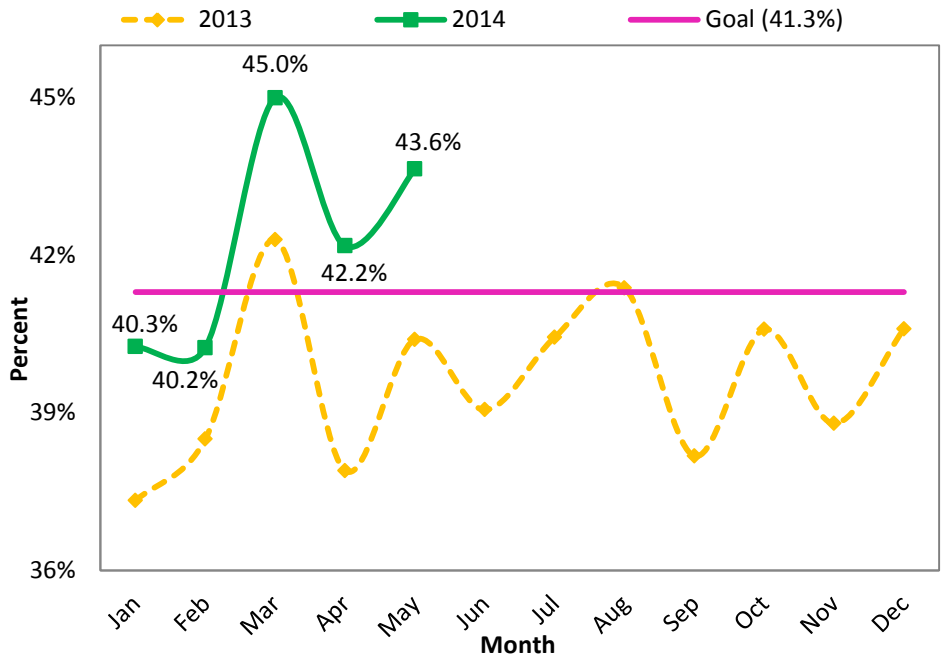
How it is measured: *Numerator:* Cases where an arrears balance was owed and at least some portion of that obligation was paid in the month

Denominator: Number of cases with arrears owed in the month;

Average monthly denominator: 108,222

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

Goal: **↑41.3%**



Trend: The highest results recorded since 2012 have been seen over the last quarter.

Colorado Refugee Services Program

Summary

Description

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

Director: Paul Stein

Executive Summary

- CRSP is seeing continued success in *Entered Employment* with the measure reaching its highest point ever, 73%, in May. This is in contrast to *90-day Employment Retention*, a measure in which performance has been struggling for the entire quarter. The prevailing theories on why employment retention is seeing difficulty mostly surround the improving economy creating unintended consequences.
 - First, those clients who previously would have not been placed in a position due to being rated low on the “MRD” scale (Motivated, Reliable, and Dependable) due to the various circumstances of their resettlement, are now being placed as demand from employers has increased; these clients typically have a harder time retaining employment as they are dealing with potentially significant obstacles.
 - Second, clients higher on the MRD scale, are aware of the improving economy are more likely to seek new employment they deem better based on factors such as hours available, benefits, or reputation within their community.

CRSP is seeking to remedy these situations by both ensuring a good match with a position that fits clients’ situations, and encouraging clients to stay with an employer for six months, which builds skills and shows additional motivation and reliability, potentially helping to improve their subsequent placements.

- Subsequent placements have begun to receive additional focus, and additional measures seeking to quantify how well clients are served throughout the full period they work with volunteer agencies through and beyond the first year are being tested.
- The successes CRSP has seen in multiple areas through the various initiatives CRSP has put in place to improve relations with volunteer agencies, community partners, and clients, coupled with their size and relative agility in making managerial strategy changes, makes them a testing ground for best practices. Many of these initiatives and measures are being examined for scalability and application to the whole of the Office of Economic Security.

Measures

- [Entered Employment](#)
- [90 Day Employment Retention](#)
- [Improved Placements](#)
- [Increase in Hourly Wage](#)
- [Employment Sector](#)



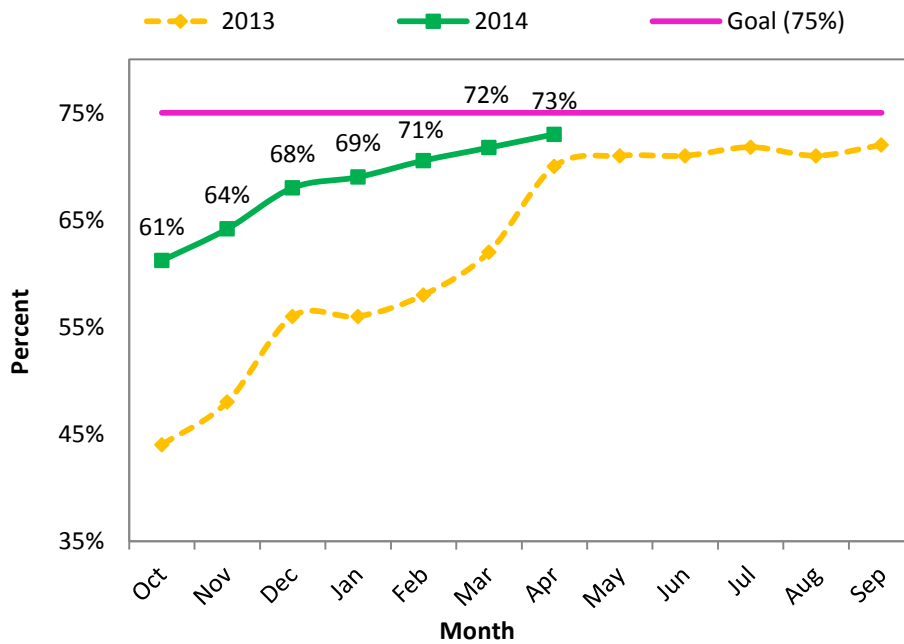
Colorado Refugee Services Program (CRSP)

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: 927

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

Goal: **↑75%**



Trend: *Entered Employment* has seen a steady increase over the past two quarters to the highest result seen since C-Stat measurement began in March 2014.



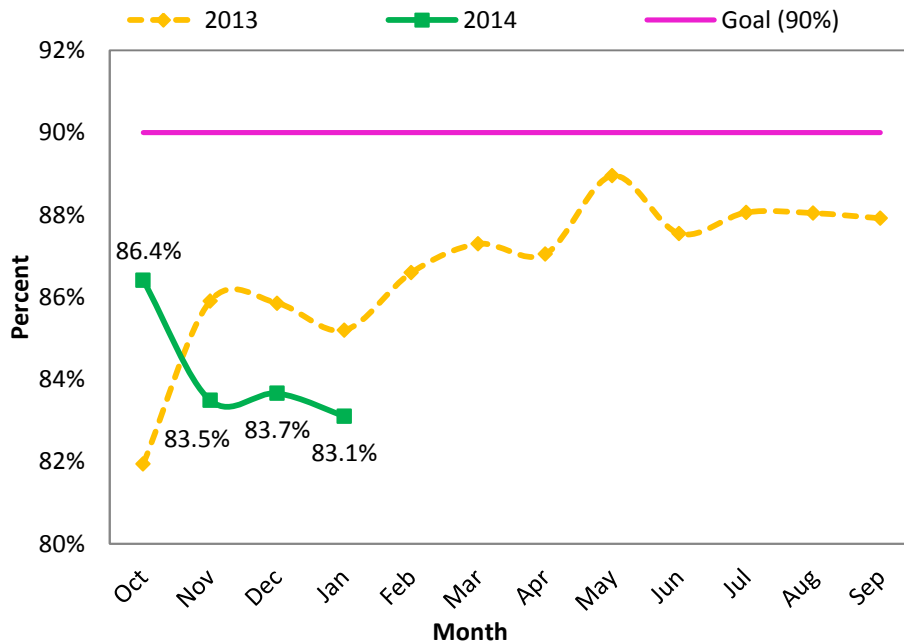
Colorado Refugee Services Program (CRSP)

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: 367

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

Goal: **↑90%**



Trend: *90-day Employment Retention* has struggled over the past quarter seeing results in the low 80% range; with the entire second quarter underperforming the previous year.

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



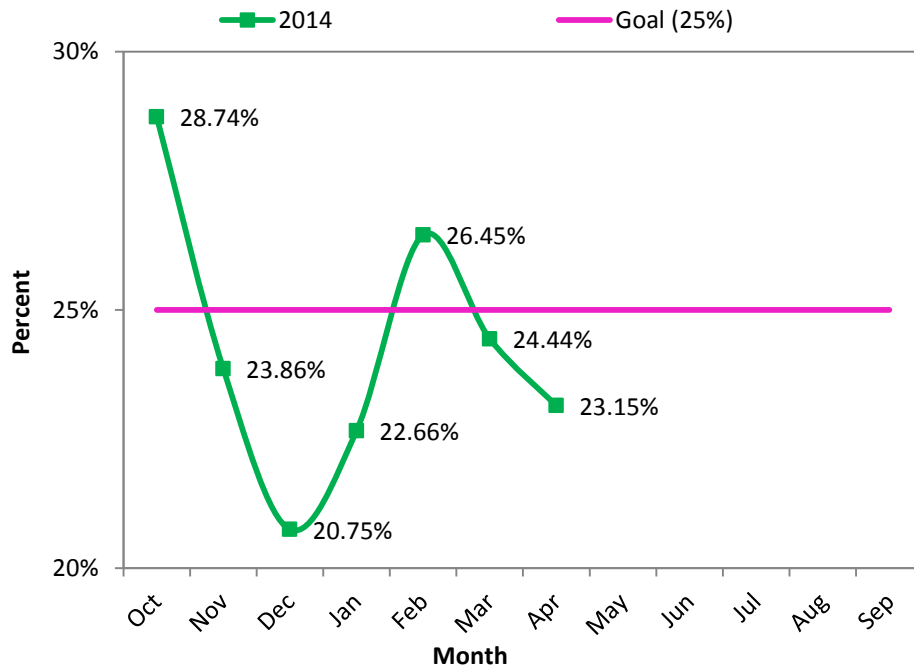
Colorado Refugee Services Program (CRSP)

Measure: **Improved placements**

How it is measured: *Numerator:* Cumulative number of placements which were improved from previous employment based on wage, hours, or benefits
Denominator: Cumulative job placements (both initial and secondary) for the month;
Cumulative monthly denominator: 674

Why this matters: Improved job placement shows continued commitment by volunteer agencies to client’s success as well as an increased likelihood of meaningful employment, and long-term economic security.

Goal: **↑25%***



Trend: This measure has seen a wide range of results over the most recent two quarters, with only one month above the goal since November 2013.

Notes: * The goal was increased to 25% during the second quarter of 2014





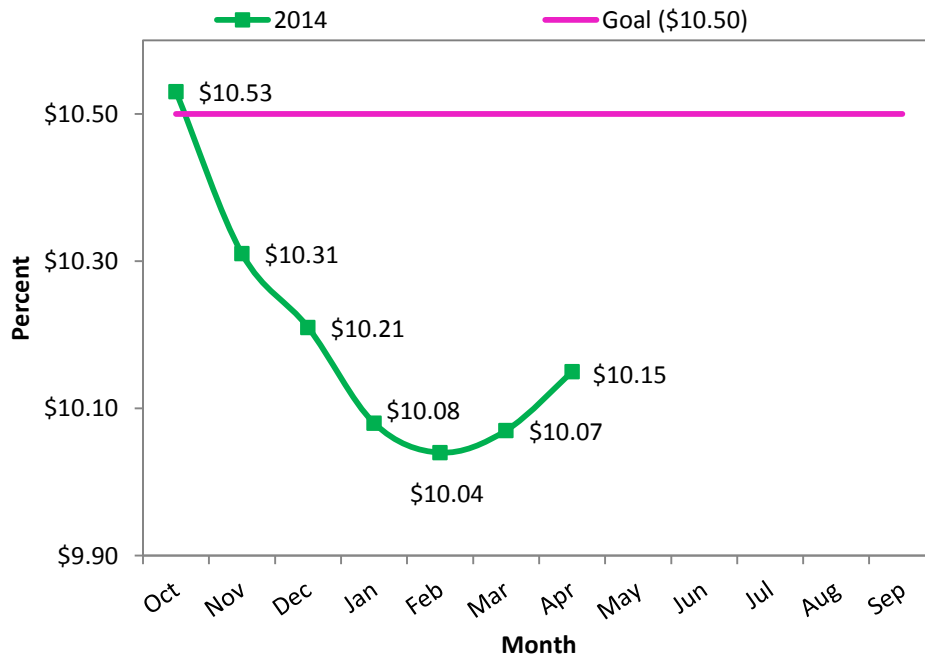
Colorado Refugee Services Program (CRSP)

Measure: **Increase in hourly wage**

How it is measured: Cumulative Average Wage (full time jobs only) each month for refugees as reported by Volunteer Agencies; Cumulative Average Wage: \$10.09

Why this matters: An increased hourly wage represents broad improvements in the earnings potential of refugees increasing the ability of refugees to afford basic needs, education and savings, contributing to long-term economic security.

Goal: **↑\$10.50**



Trend: Hourly wages saw a gain of \$0.11 since February, after four months of declining wages.



Colorado Refugee Services Program (CRSP)

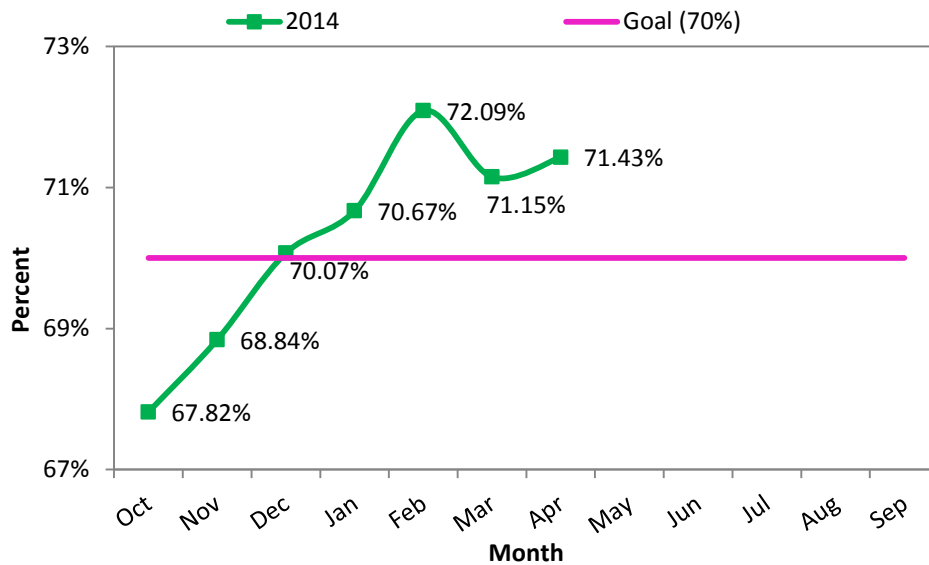
Measure: **Employment sector**

How it is measured: *Numerator:* Cumulative number of placements outside of the meat packing and hotel industries

Denominator: Cumulative total jobs in all industries in the current Federal Fiscal Year;
Cumulative monthly denominator: 770

Why this matters: Employment outside of meat packing and hotel industries is generally safer and more stable allowing refugees the opportunity to grow in a career that will be more likely to lead to long term employment and economic security.

Goal: **↑70%**



Trend: The measure has remained above the goal for five straight months.

Employment and Benefits Division

Summary

Description:

The Employment and Benefits Division (EBD) houses the state's cash assistance programs for families and older adults. One program, Adult Financial (AF), has programs that encompass several types of assistance, which exist to provide financial support for low-income or disabled adults and includes the following programs: Aid to the Needy Disabled (AND) and Aid to the Blind (AB), Old Age Pension (OAP), Home Care Allowance (HCA), Adult Foster Care (AFC), Burial Assistance, and Repatriation. A second program, Colorado Works (CW), is 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 and Adult Financial programs are administered at a local level, through county human service offices across the state.

Acting Director: Katie Griego

Executive Summary

- The Employment and Benefits Division (EBD), as well as Food and Energy Assistance are continuing to implement the Business Process Reengineering (BPR) initiative for eligibility-based programs. As counties have been rolling out the full process, improvements have been seen, but challenges have been observed as well. These challenges include:
 - Counties that have not completely cleared their backlogs of work needing to be completed including applications, change forms, etc. see significant drops in performance for a period before rebounding.
 - Lack of high quality supervision is exposed as the BPR process requires agile and thoughtful management of workloads and personnel. Adjusting to the challenges of the systems designed in the BPR process requires managers and supervisors to be able to quickly adjust staff to meet the demands of the daily workload. Many supervisors have not received specific training to this effect.
 - Workload Management Systems, whether analog or digital, are generally not up to the task of providing real time work management. The information provided by the majority of these systems is dated (at best from the previous day), meaning managers and supervisors do not have access to live information (on applications being submitted, interviews required, number of change forms requiring processing, etc.) to properly make staffing decisions.
- As BPR is a cross-Division approach, OES is working closely with counties to manage these challenges, in order to have every county realize the gains seen when the process is fully in place and supported.

Employment and Benefits Division

Summary, Continued

- Colorado Works continues to see record volumes of redetermination (RRR) applications. Indications are that EBD is better able to capture people prior to leaving the program at the six month, rather than the previous 12 month redetermination mark (average time on CW is seven months). Also, the elimination of client submitted monthly status reports is less burdensome potentially reducing the numbers of individuals leaving the program simply to avoid the hassle. There was concern that this would be burdensome on county agencies, however, performance has remained steady, despite the increased volume.

Measures

- [Timeliness of New Adult Financial Applications](#)
- [Timeliness of Redetermination Adult Financial \(RRR\) Applications](#)
- [Adult Financial Payment Accuracy Rate](#)
- [New Colorado Works Applications Processed in 7 Days or Less](#)
- [Timeliness of Redetermination \(RRR\) Colorado Works Applications](#)
- [Colorado Works Payment Accuracy Rate](#)
- [Entered Employment](#)



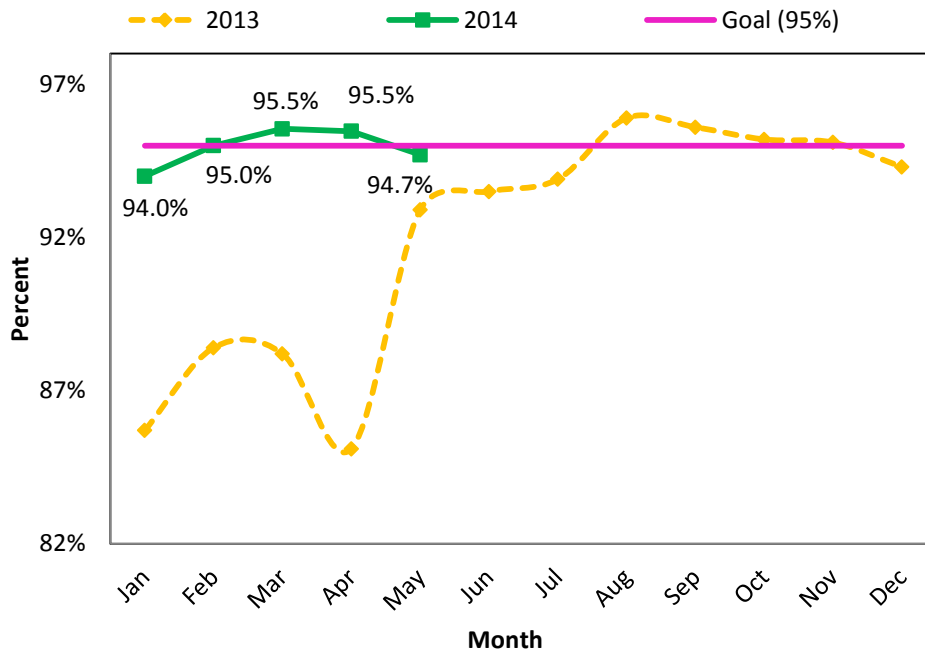
Employment and Benefits Division: Adult Financial

Measure: **Timeliness of new adult financial applications**

How it is measured: *Numerator:* Number of new applications processed timely
Denominator: Number of new applications processed in the month; Average monthly denominator: 2,794

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

Goal: **↑95%**



Trend: The measure has dipped slightly below the goal after three consecutive months at or exceeding the 95% mark.



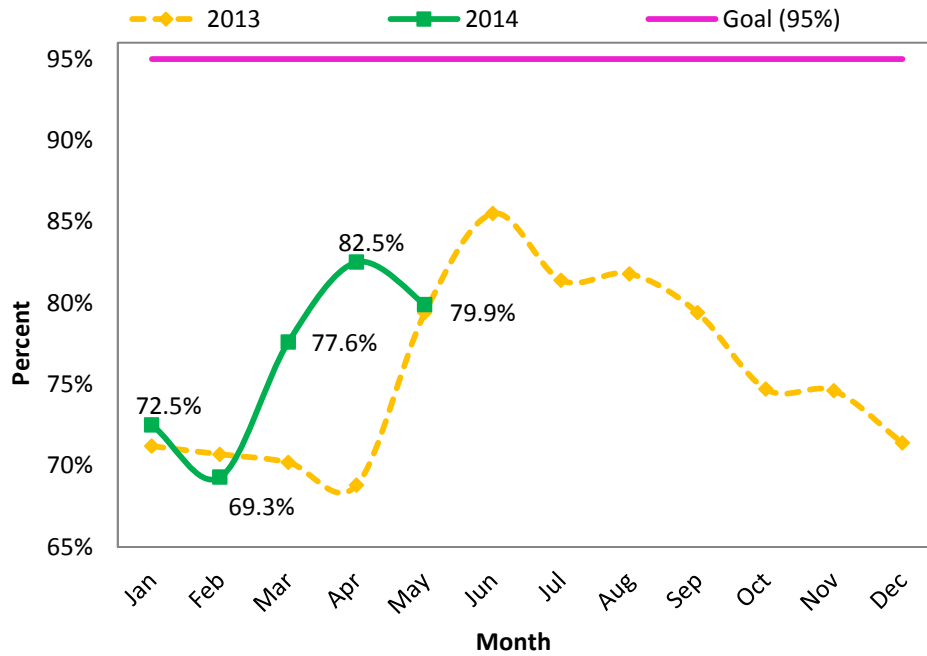
Employment and Benefits Division: Adult Financial

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

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications processed in the month; Average monthly denominator: 1,271

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

Goal: **↑95%**



Trend: Exceeded the previous year’s result in each month of the second quarter.



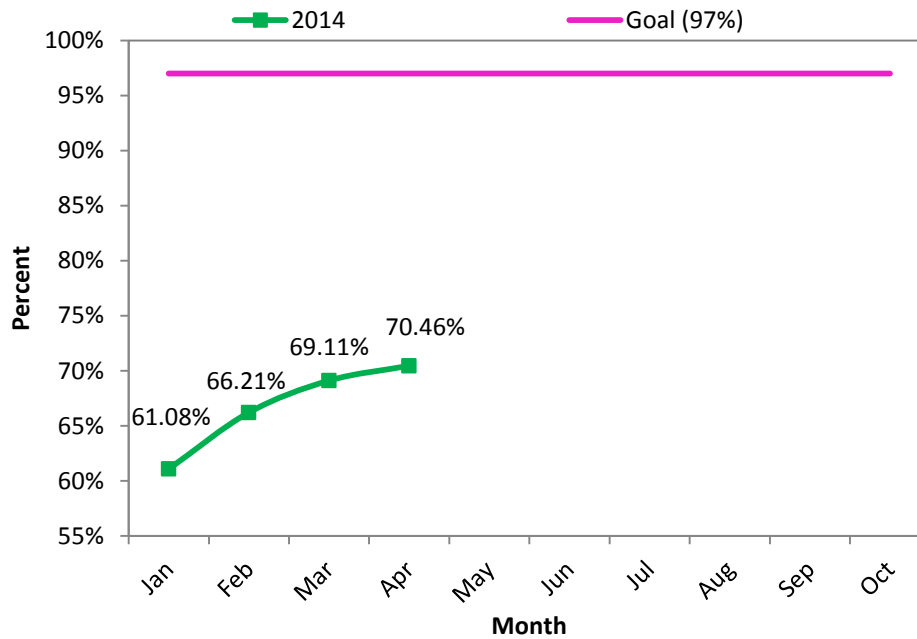
Employment and Benefits Division: Adult Financial

Measure: **Adult financial payment accuracy rate**

How it is measured: *Numerator:* Cumulative amount of accurately authorized dollars in the sample
Denominator: Cumulative amount of authorized dollars in the sample; Cumulative amount of authorized dollars in the sample: \$27,586

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

Goal: **↑97%**



Trend: *Adult Financial Payment Accuracy* has seen a steady increase since C-Stat measurement began in January. However, performance ended the quarter nearly 40% below the goal.



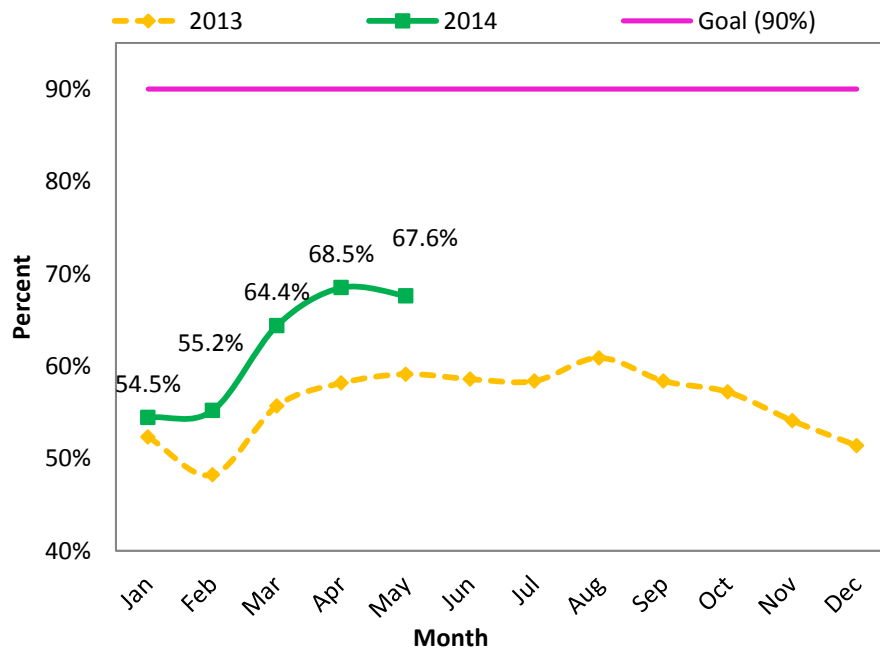
Employment and Benefits Division: Colorado Works

Measure: **Timeliness of new Colorado Works applications processed in 7 days or less**

How it is measured: *Numerator:* Number of new applications processed in 7 days or less
Denominator: Number of new applications processed in the month; Average monthly denominator: 3,065

Why this matters: Processing new applications efficiently ensures eligible Coloradans have access, to needed cash assistance, case management, and employment services that increase their economic security.

Goal: **↑90%**



Trend: Performance exceeded the previous year's result in each month this quarter by at least 8 percentage points.



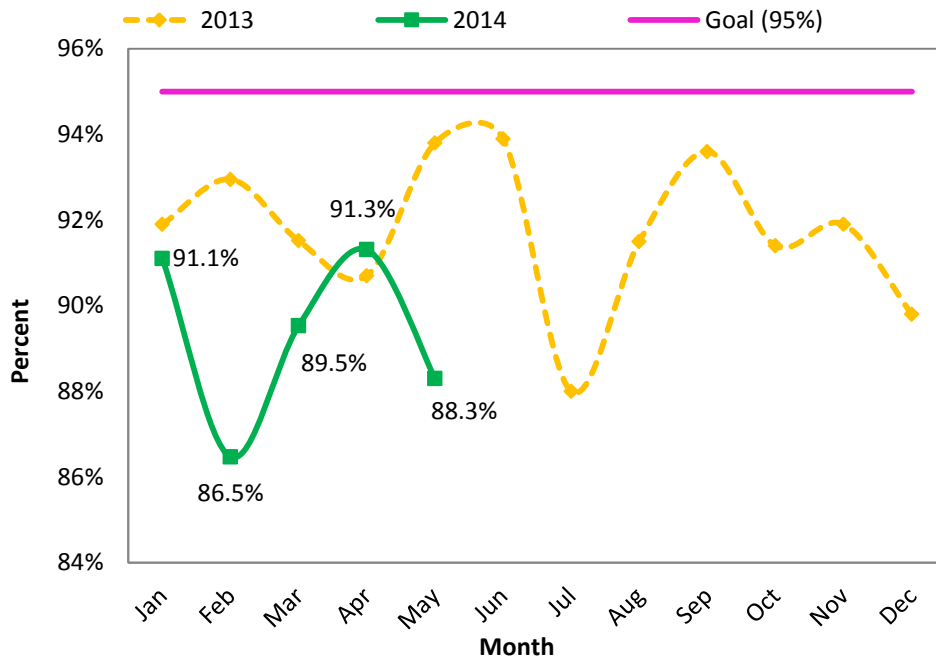
Employment and Benefits Division: Colorado Works

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

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications processed in the month; Average monthly denominator: 1,524

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

Goal: **↑95%**



Trend: While making gains over the lowest recorded result seen in February 2014, performance has struggled to reach what was achieved month over month in the previous year.



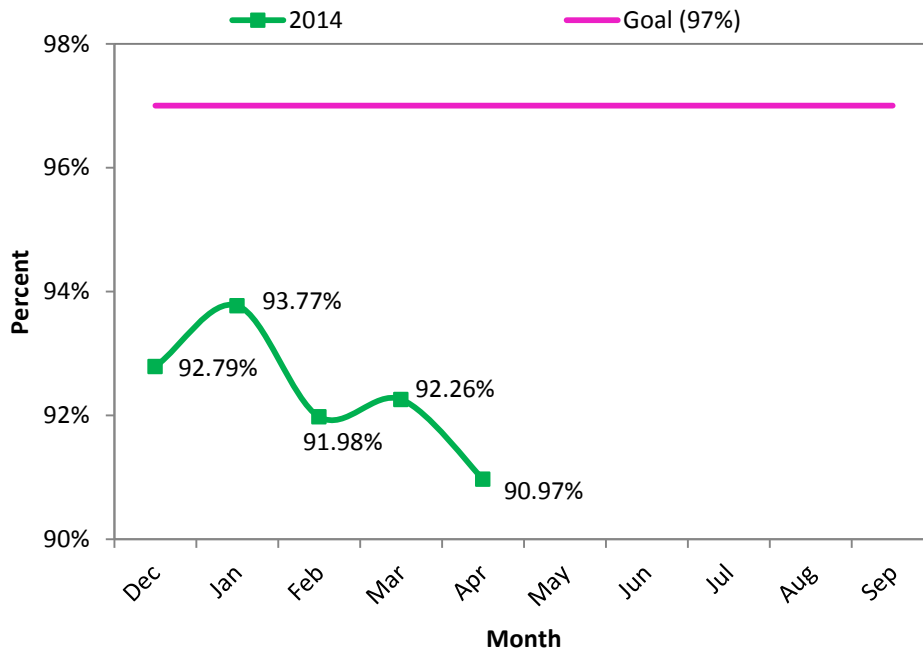
Employment and Benefits Division: Colorado Works

Measure: **Colorado Works payment accuracy rate**

How it is measured: *Numerator:* Cumulative amount of accurately authorized dollars in the sample
Denominator: Cumulative amount of authorized dollars in the sample; Cumulative amount of authorized dollars in the sample: \$20,471

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

Goal: **↑97%**



Trend: *Colorado Works Payment Accuracy* has seen a steady decline since C-Stat measurement began in December 2013. The quarter ended with over 9% of cases having a payment error.



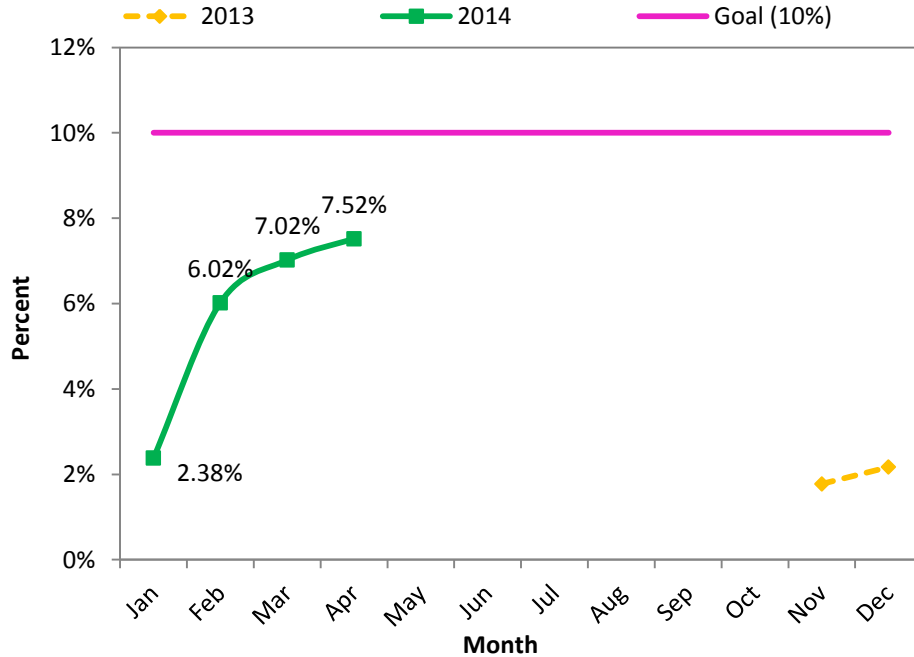
Employment and Benefits Division: Colorado Works

Measure: **Entered employment**

How it is measured: *Numerator:* Number of individuals that have entered employment for the month
Denominator: Total unique individuals enrolled in Workforce Development; Average number of individuals enrolled in Workforce Development: 14,583

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

Goal: **↑10%**



Trend: This measure has steadily improved over the past two quarters, seeing the highest result recorded in April 2014.

Food and Energy Assistance

Summary

Description

Food Assistance (FA) 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. This program also houses the Food Distribution Program and the Low Income Energy Assistance Program.

Acting Director: Todd Jorgensen

Executive Summary

- The Division of Food and Energy Assistance (FEA) as well as Employment and Benefits Division (EBD), continued to see challenges related to the implementation of the Business Process Reengineering (BPR) initiative. As county practices vary widely, how the BPR process affects county performance also varies widely. In one case a county may see a few weeks of tumult as the new process sinks in, followed by stability and improved results in C-Stat measurements quite quickly. In other counties, full elimination of backlogs may not have been possible, creating additional demands on time and resources, which may see their performance in C-Stat measures decline for extended periods of time.
- OES is working closely with counties to manage these challenges, in order to have every county realize the gains seen when the process is fully in place and supported.
- The significant declines in performance are attributable to a handful of counties facing difficulty overcoming the challenges of fall 2013 (including the roll out of the Affordable Care Act, electronic systems issues seen during the Cost of Living Adjustments (COLAs) across multiple programs, and recovery from the flooding seen in Fall 2013), while also needing to process current workloads, and implementing the BPR program. The expectation is that once the initial challenge of BPR is overcome, additional time and resources will be freed, helping to improve performance.
- *Payment Error Rate (PER) and Case and Procedural Error Rate (CAPER):* As accuracy continues to be a focus for FEA, this measure has received additional attention. Changes to CBMS have partially contributed to the reduction in accuracy errors. FA division staff, Performance Management Division (PMD) staff, and SNAP-Quality Assurance (SNAP-QA) staff are working jointly to examine the PER and CAPER, and to find long term sustainable solutions.

Measures

- [Timeliness of New Food Assistance Applications](#)
- [New Food Assistance Applications Processed in 7 Days or Less](#)
- [Timeliness of Expedited Food Assistance Applications](#)
- [Timeliness of Redetermination \(RRR\) Food Assistance Applications](#)
- [Food Assistance Case and Procedural Error Rate](#)
- [Food Assistance Payment Error Rate](#)



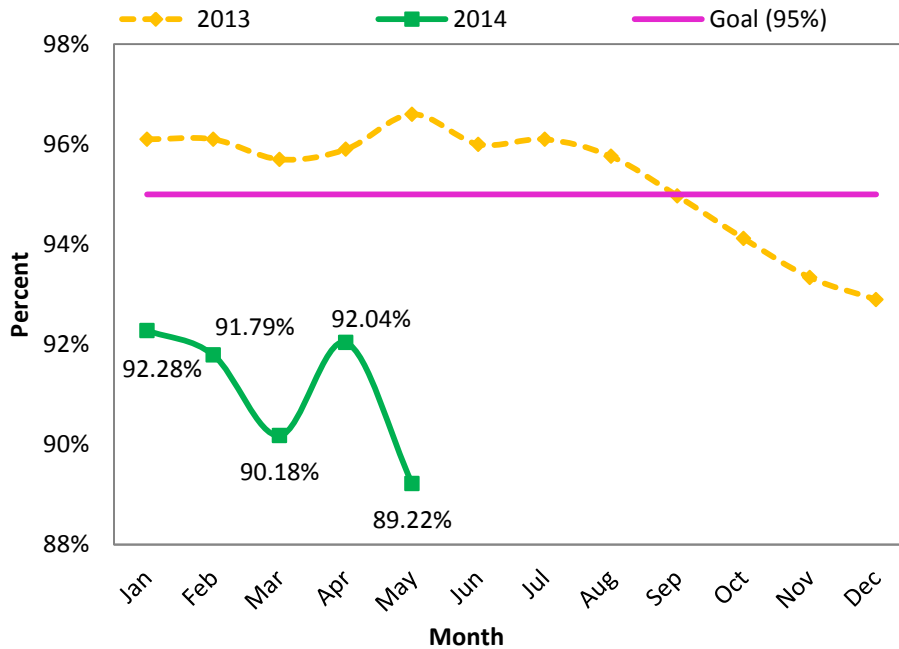
Food and Energy Assistance: Food Assistance (FA)

Measure: **Timeliness of new Food Assistance applications**

How it is measured: *Numerator:* Number of new applications processed timely
Denominator: Number of new applications processed in the month; Average monthly denominator: 24,040

Why this matters: Processing new applications efficiently ensures eligible Coloradans have access to needed financial assistance for food, ultimately reducing the likelihood of Coloradans going hungry.

Goal: **↑90%**



Trend: *Timeliness of New Food Assistance Applications* has seen a steady decline over the past year with performance falling below 90% for the first time in 17 months.



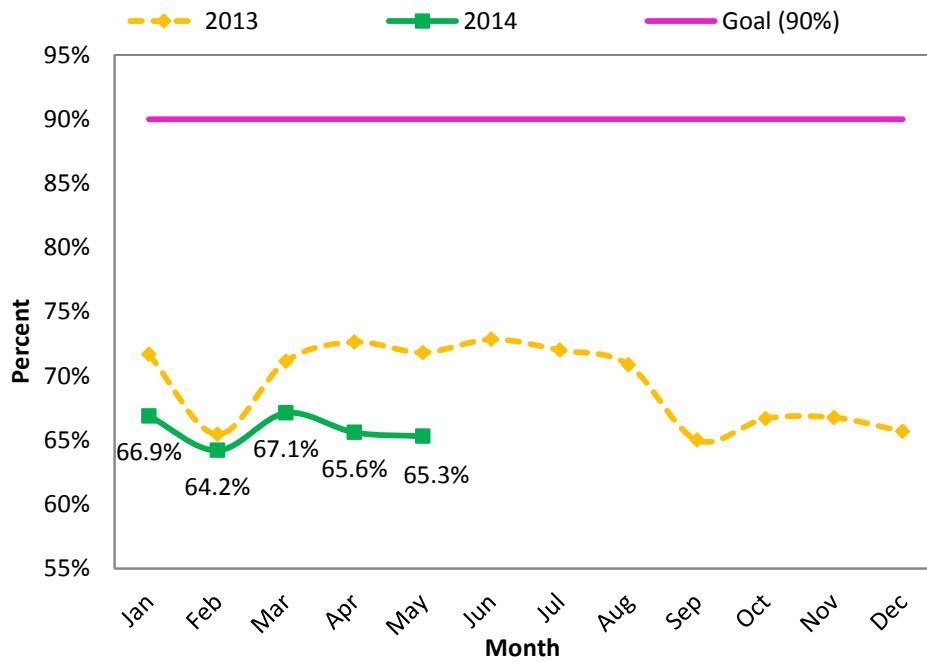
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of new and expedited applications processed in 7 days or less
Denominator: Number of new applications processed in the month; Average monthly denominator: 24,034

Why this matters: Processing new and expedited applications efficiently ensures that eligible Coloradans have access to needed financial assistance for food, ultimately reducing the likelihood of Coloradans going hungry.

Goal: **↑90%**



Trend: Performance has been relatively flat for the year, having seen no significant gains or losses since September 2013.



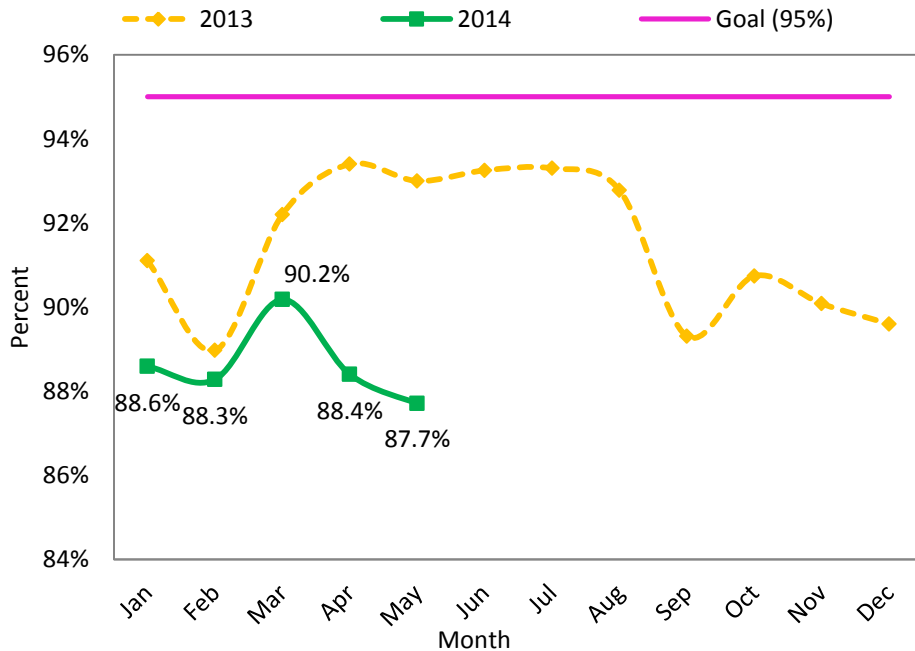
Food and Energy Assistance: Food Assistance (FA)

Measure: **Timeliness of expedited Food Assistance applications**

How it is measured: *Numerator:* Number of expedited applications processed timely
Denominator: Number of expedited applications processed in the month; Average monthly denominator: 10,365

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

Goal: **↑90%**



Trend: Performance has been below 2013 performance ending in May with the lowest result in 17 months.



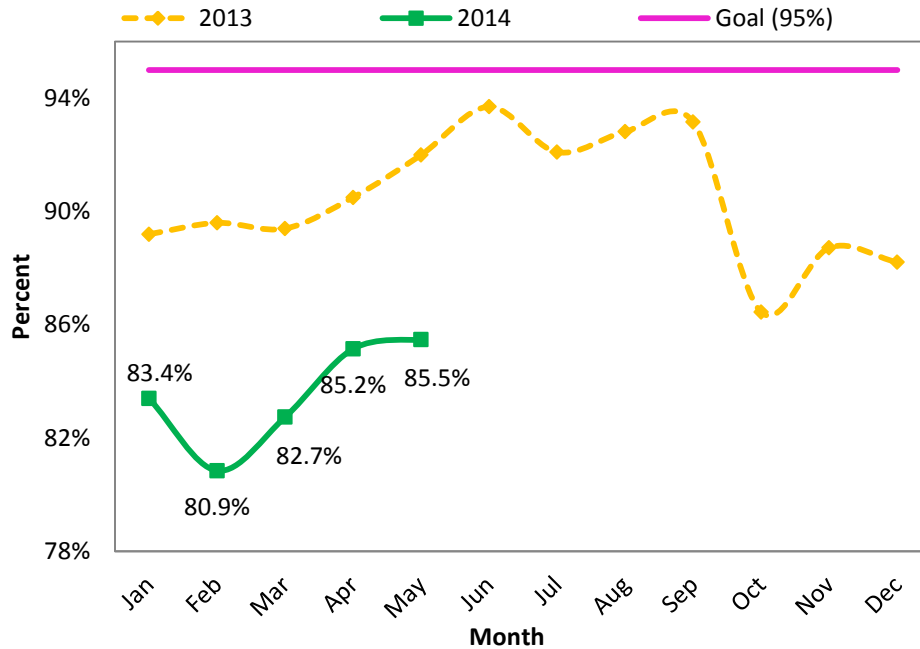
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications processed in the month; Average monthly denominator: 20,937

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

Goal: **↑95%**



Trend: A sustained decline through February 2014 was halted, followed by three months of gains. The measure is still below peak performance ending May 2014 at nearly 10% below the same period last year.



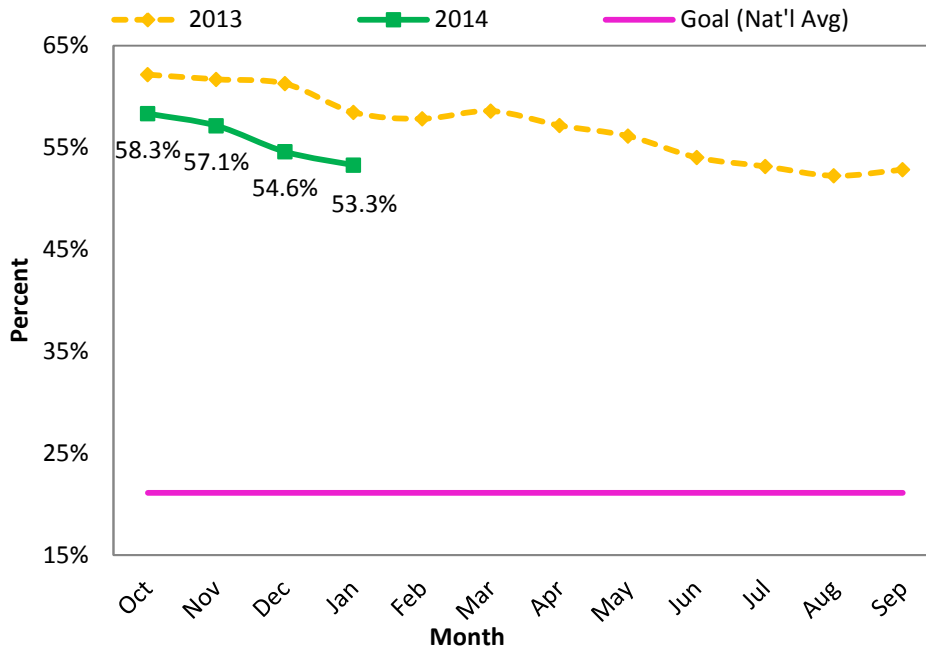
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance case and procedural error rate**

How it is measured: *Numerator:* Cumulative number of incorrect negative actions sampled
Denominator: Cumulative number of negative actions sampled; Cumulative denominator: 244

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: This represents a new sample as of October 1, 2013. The measure begins the new Federal Fiscal Year (October 1, 2013 – September 30, 2014).

Notes: A case or procedural error can occur anytime an adverse action is taken against a participant (e.g. benefits are terminated or denied). Data runs in arrears, as the sample must be taken from completed months, and quality assurance division staff have 115 days to complete necessary review elements before reporting a final decision.). The Federal Fiscal Year begins each year on October 1st, resetting the cumulative measurement.

This is a Federal Measure compiled by SNAP-Quality Assurance (QA) Staff



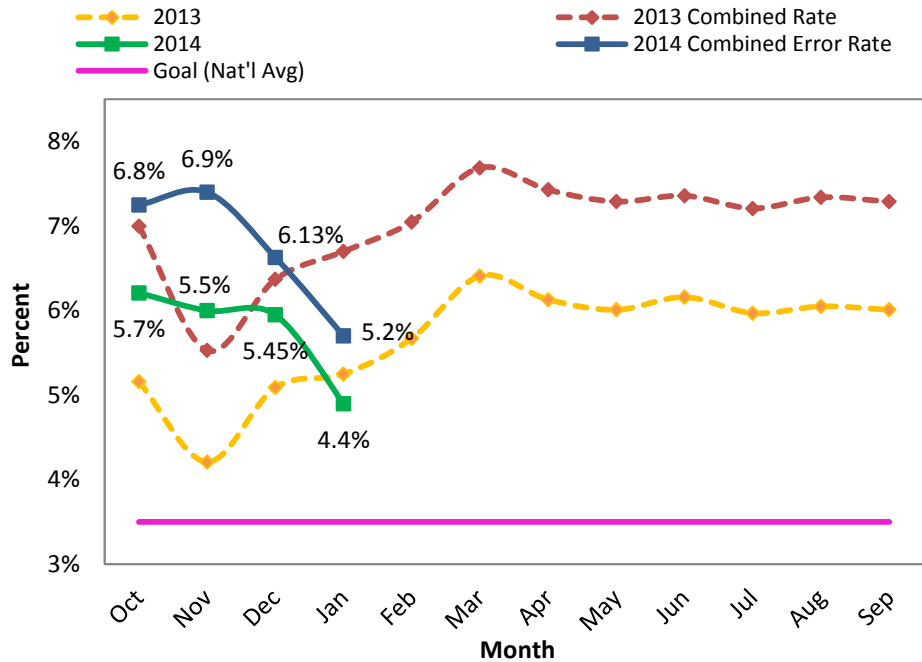
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance payment error rate**

How it is measured: *Numerator:* Cumulative total dollar amount of misauthorized benefits in the sample
Denominator: Cumulative total authorized benefits in the sample; Cumulative denominator: \$23,673

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

Goal: **↓ Below national average**



Trend: *Food Assistance Payment Error Rates* has seen a significant decline to the lowest point in over a year, despite the lowering of the federal threshold to \$37 (retroactive to October 1, 2013).

Notes: Changes in Federal Farm Bill reduced the threshold for payment errors to \$37. For federal purposes, payment errors over \$37 are the only ones counted in the calculation (see gold and green lines for 2013 & 2014). SNAP QA also tracks errors at any dollar threshold, called the “Combined Error Rate” (see red and blue lines). The Federal Fiscal Year begins each year on October 1st, resetting the cumulative measurement.

-Federal Measure

Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

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.

Acting Director: Todd Jorgensen

Program Manager: Aggie Berens

Executive Summary

- LEAP continues to report the average number of days it takes to process both regular and emergency applications overall, as well as for the ten largest counties and the balance of state.
- LEAP season ends annually on April 30th. The volume of applications in May is exclusively work held over from previous months or applications submitted late that will be denied.
- Time frames for processing typically increase due to reductions in temporary staffing and shift in focus to other areas by management.

Measures

- [Timeliness of Regular LEAP Applications](#)
- [Timeliness of Expedited LEAP Applications](#)



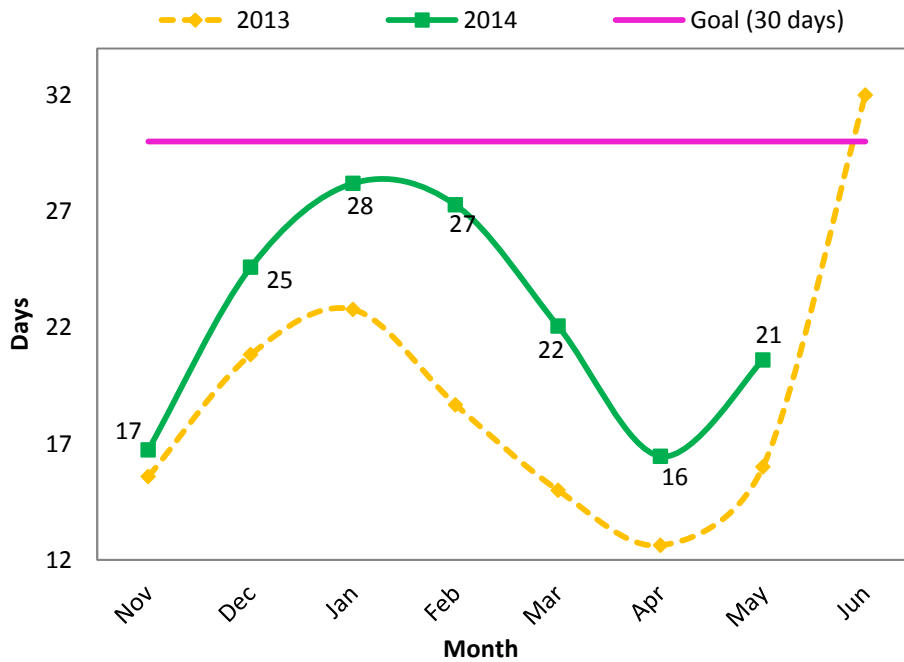
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular LEAP applications**

How it is measured: *Numerator:* Number of days to process regular applications
Denominator: Number of regular applications processed in the month; Average quarterly denominator: 6,245

Why this matters: Processing regular applications efficiently ensures eligible Coloradans have access to needed financial assistance for heating, ultimately increasing the likelihood of Coloradans living safely.

Goal: **↓30 days**



Trend: Performance overall this year has increased over the same periods last year, while remaining below the goal.

Note: LEAP applications are accepted through April 30 each year. Applications received through that date continue to be processed by agencies until all have been completed. Applications received after April 30 each year will be denied.



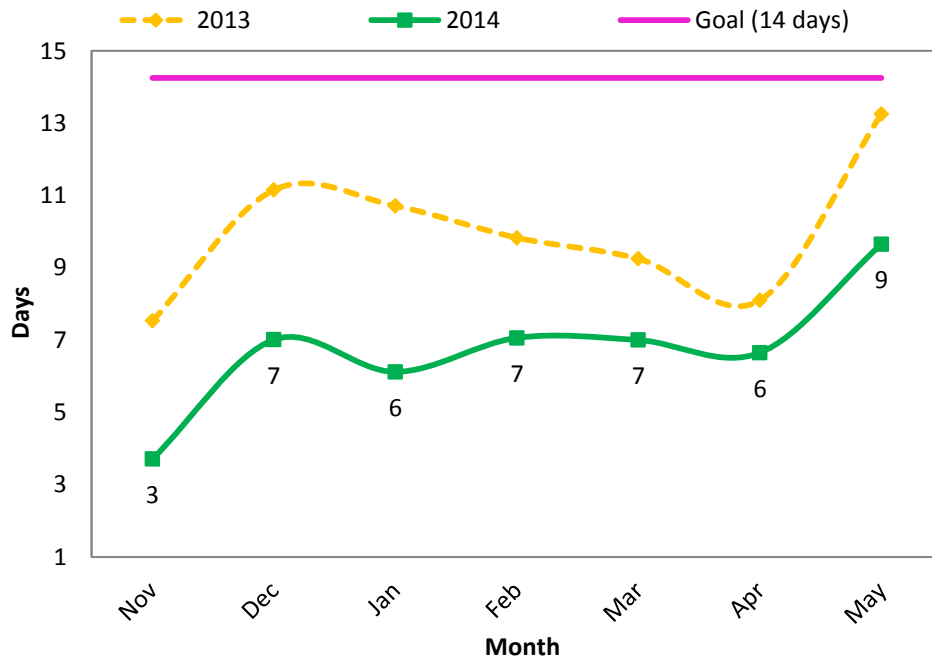
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of expedited LEAP applications**

How it is measured: *Numerator:* Number of days to process expedited applications
Denominator: Number of expedited applications processed in the month; Average quarterly denominator: 1,198

Why this matters: Processing expedited applications efficiently ensures eligible Coloradans have access to needed financial assistance for heating, ultimately increasing the likelihood of Coloradans living safely.

Goal: **↓14 days**



Trend: Average processing times this year continue to be significantly lower than 2013.

Note: LEAP applications are accepted through April 30 each year. Applications received through that date continue to be processed by agencies until all have been completed. Applications received after April 30 each year will be denied.