



Summary Report

October – December 2014

Prepared by:

Performance Management



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 the Office of Behavioral Health; Children, Youth, and Families; Community Access and Independence; Early Childhood; and Economic Security each month. In October 2014 the Office of Children, Youth, and Families meeting was not held and the Office of Community Access and Independence meeting was not held in November 2014. 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 December 31, 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 December 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. The data in this report was accurate at the time of publication. Please note data are subject to change over time.

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.”

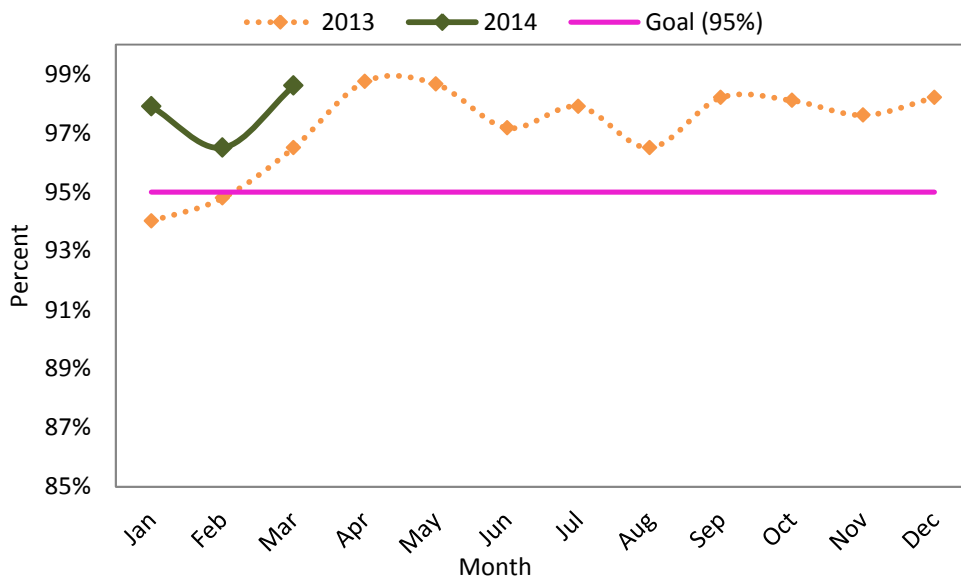
Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; average number of people in a facility per day. These provide an indication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

Director: Dr. Lisa Clements

Deputy Director for Clinical Services: Dr. Patrick Fox

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

Methodological changes to the C-Stat measures were incorporated into contracts held with various providers across the state, and became part of the data collection and analyses processes in July 2014 (the start of State Fiscal Year (SFY) 2014-15). For the mental health measures, the changes reflect updated special studies codes aimed at better identifying indigent populations, thereby filtering out Medicaid clients. Substance use disorder measures continue to include both indigent and Medicaid clients in the denominator.

The new methodological parameters are denoted with a grey dashed line marking the end of SFY 2013-14 and the start of SFY 2014-15. Within the “Notes” section of each CBH measure, additional methodological changes are identified for reference.

During the most recent quarter, CBH demonstrated performance improvement on both Substance Use Disorder measures (*Timeliness of Appointments Offered* and *Overall Reduction in Use*). The *Timeliness of Appointments Offered* measure demonstrated success that can, in part, be linked to Provider agencies now receiving credit for offering clients appointments within three days of initial contact. This approach aimed to eliminate the issue of clients not being seen within three days due to the client’s various limitations (such as transportation, work schedule, personal preference, etc.). Historical data reviewed with the new methodology suggested a performance increase of ~8% across the state as a result of the revised methodology.

Additional highlights within Community Behavioral Health include:

- *Percent of Persons Reducing the Use of Substance from Admission to Discharge in Substance Use Disorder Treatment*: The October 2014 performance of 87.5% is the highest rate seen during the past 20 months.
- Mental Health measures (*Mental Health Clients Engaged in Services*, *Percent of Persons with Reduced Mental Health Symptoms*, and *Percent of Persons who Obtained /Maintained Housing*) demonstrated a decline in quarterly performance.

Measures

- [Timeliness of Appointments Offered for 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 Obtained / Maintained Housing while Receiving Mental Health Services](#)



Community Behavioral Health (CBH)

Measure: **Timeliness of appointments offered for outpatient substance use disorder treatment**

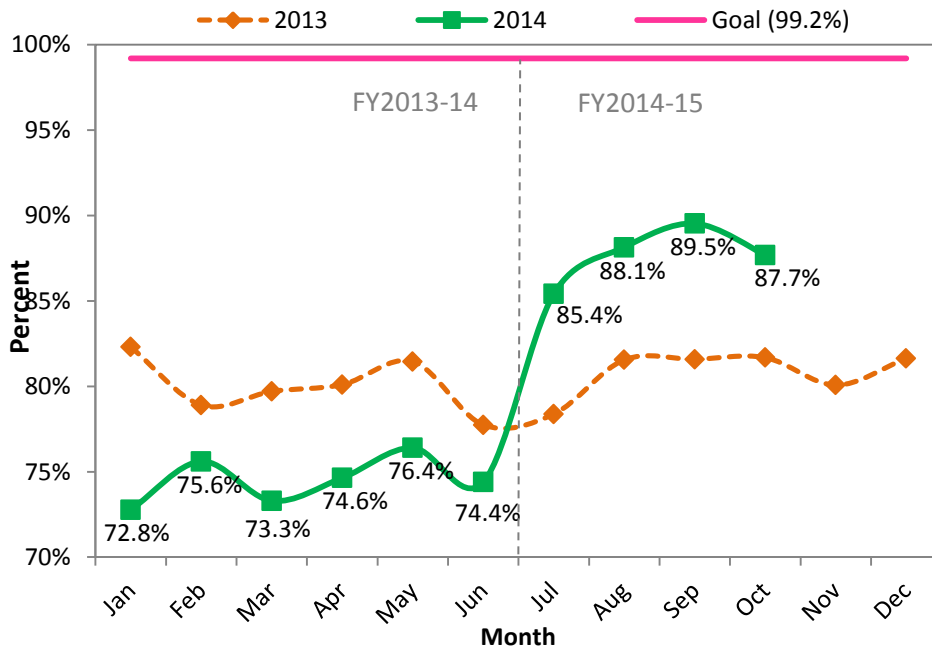
How it is measured: *Numerator:* Number of persons offered an appointment for outpatient substance use disorder treatment in less than three days from first contact

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

Average monthly denominator: 923.0

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

Goal: **↑99.2%**



Trend: The trend over the past three months demonstrates an average percent of 88.5.

Notes: Methodological changes to this measure include: Analyzing Special Connections clients submitted by providers directly. The denominator captures Medicaid and indigent clients. Performance now measures the number of days between a client’s first contact date and the date of first appointment offered.





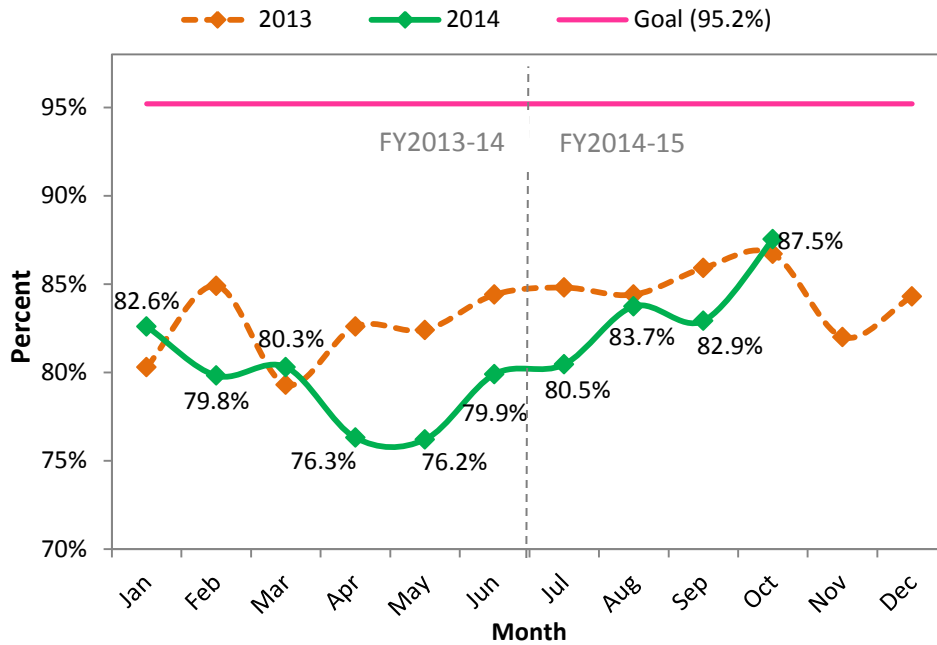
Community Behavioral Health (CBH)

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: 402.0

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

Goal: **↑95.2%**



Trend: Performance on this measure has demonstrated an upward trajectory since May. The October performance of 87.5% is the highest seen since February 2013.

Notes: Methodological changes to this measure include: Analyzing Special Connections clients submitted by providers directly. The denominator captures Medicaid and indigent clients.





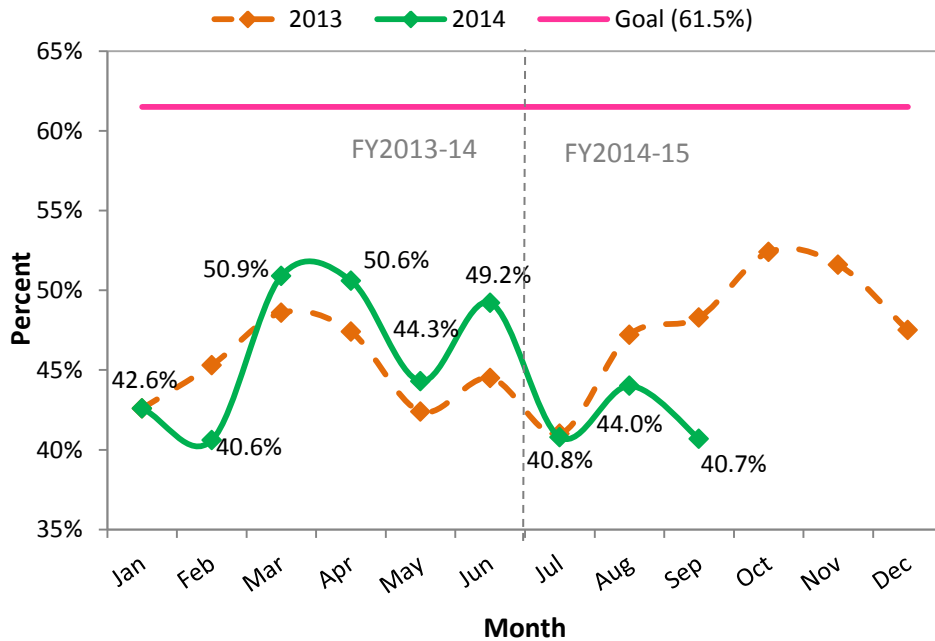
Community Behavioral Health (CBH)

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

How it is measured: *Numerator:* Percent of clients with a symptom severity of 5 or above who are engaged (i.e., received 4 or more services within 45 days of admission)
Denominator: All Admissions; Average monthly denominator: 370.3

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

Goal: **↑61.5%**



Trend: Engagement rates fluctuated month-to-month during the past quarter. Engagement rates of indigent clients (who have a symptom severity of 5 or above) followed seasonal trends but reached the lowest performance over the past two years.

Notes: Methodological changes to this measure include: Using the Colorado Client Assessment Record (CCAR) and Encounters data for Special Studies Codes (to better filter out Medicaid clients), and filtering out clients with a symptom severity rating of 1-4 on the CCAR .

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





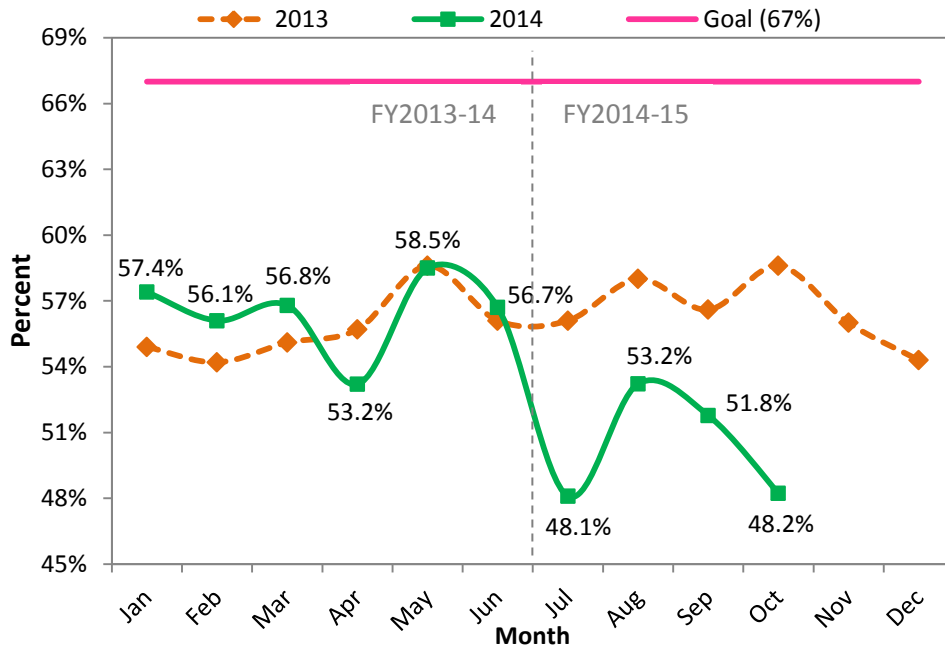
Community Behavioral Health (CBH)

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: 989

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: The past quarter’s performance reflects a downward trajectory of 5% over three months.

Notes: Methodological changes to this measure include: Using Colorado Client Assessment Record (CCAR) and Encounters data for Special Studies Codes (to better filter out Medicaid clients), and filtering out clients with a symptom severity rating of 1-4 on the CCAR , and medication-only clients are now included in the denominator.

“Time One” can be an admission or update in the CCAR. An admission CCAR is the first time in which a client is seen by a provider. An update CCAR is completed when there is a change or major life event (e.g., a change in housing status).

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.





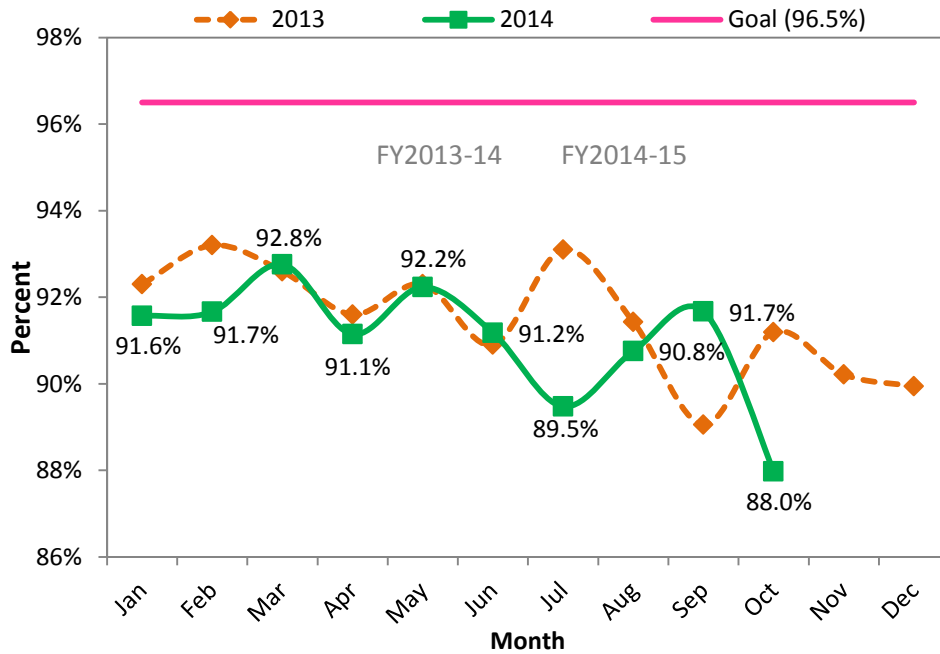
Community Behavioral Health (CBH)

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

How it is measured: *Numerator:* Number of persons who obtained / maintained housing
Denominator: Number of persons who discharged or had an updated CCAR in the month that were receiving mental health services at Time 1; Average monthly denominator: 1,167.3

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: Performance reflects a slow downward trajectory, and October’s rate of 88% is the lowest monthly performance to date.

Notes: Methodological changes to this measure include: Using the Colorado Client Assessment Record (CCAR) and Encounters data for Special Studies Codes (to better filter out Medicaid clients).

“Time One” can be an admission or update in the CCAR. An admission CCAR is the first time in which a client is seen by a provider. An update CCAR is completed when there is a change or major life event (e.g., a change in housing status).



Mental Health Institutes (MHI)

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.

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

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.

Interim CMHIP Hospital Director: Dr. Birgit Fisher

CMHIFL Hospital Director: Dr. Christopher Burke

Executive Summary:

- *Rates of Restraint Use: Fort Logan & Pueblo:* The Fort Logan Institute met the goal for restraint use in October, but saw rates just above the goal for the other months of the quarter. The Pueblo Institute saw monthly averages above the goal for the duration of the quarter. Pareto analyses indicated that a small number of individuals (between 5-8 people) make up roughly 90% of restraint hours each month.
- *Rates of Seclusion Use: Fort Logan & Pueblo:* The Fort Logan Institute has met the established goal for nineteen consecutive months. CMHIP also saw rates well-below the established C-Stat goal for August, at which point overall rates increased due to the same patients.
- *Percent of Civil Patients Ready for Discharge but Have Barriers: Fort Logan & Pueblo:* Both Institutes saw stagnant performance and have consistently not met goal on this measure. The Fort Logan Institute saw their rate fluctuate 1.65% over the quarter, whereas the Pueblo Institute saw a range of 1.25%. The Institutes conducted a more in-depth analysis clarifying the barriers facing each individual on the wait list, as well as making plans to utilize resources from the Money Follows the Individual (MFI) program. This program will create an oversight committee that helps facilitate engagement and conversation between communities and providers.
- *Percent of 30-Day Readmissions: Fort Logan & Pueblo:* The Fort Logan Institute stayed below the goal for the duration of the quarter, while the Pueblo Institute saw their rate increase to slightly above the goal in October. That increase in October represents 1 individual being readmitted during that month.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo:* Both Institutes continued their downward and improved trends on this measure, and the Pueblo Institute reached its all-time lowest rate of 6.35% in September.

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](#)



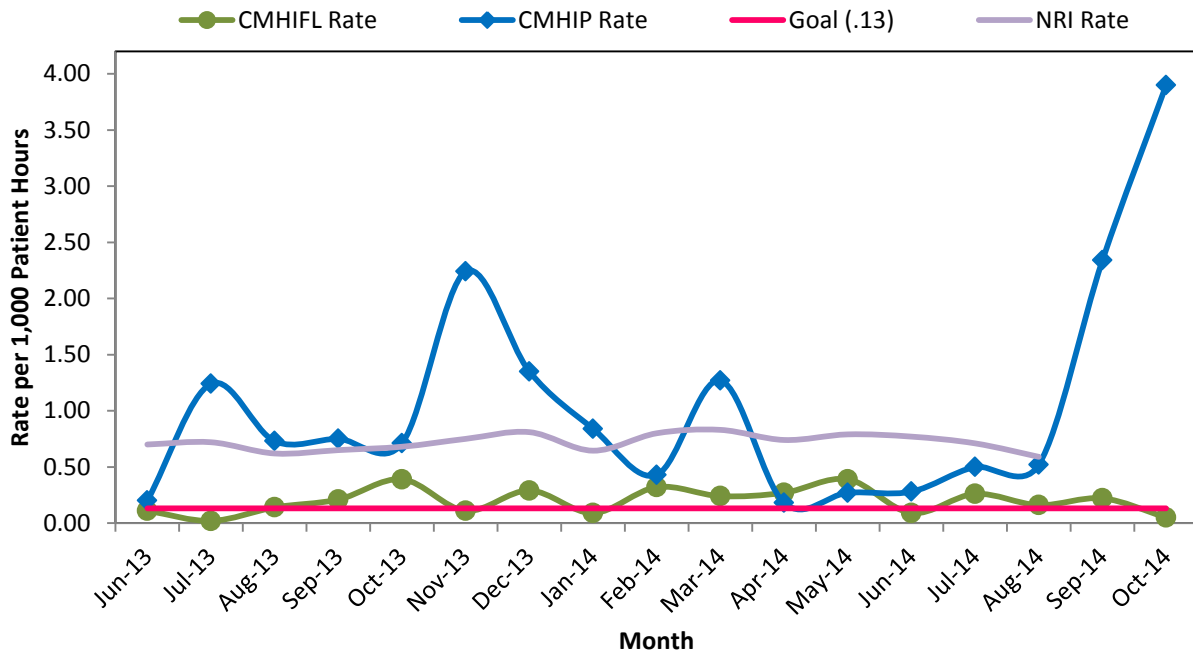
Mental Health Institutes (MHI)

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: 66.91
Average monthly denominator – Pueblo: 304.22

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: The Fort Logan Institute reached the goal for the month of October, with a quarterly average of 0.14 hours. The Pueblo Institute was above the goal for the duration of the quarter.

Notes: Both Institutes agreed on the .13 goal rate in December 2013. The NRI rate reflects the national average and typically runs several months behind in data reporting because its rate is calculated from data by all hospitals in the country (both private and public).





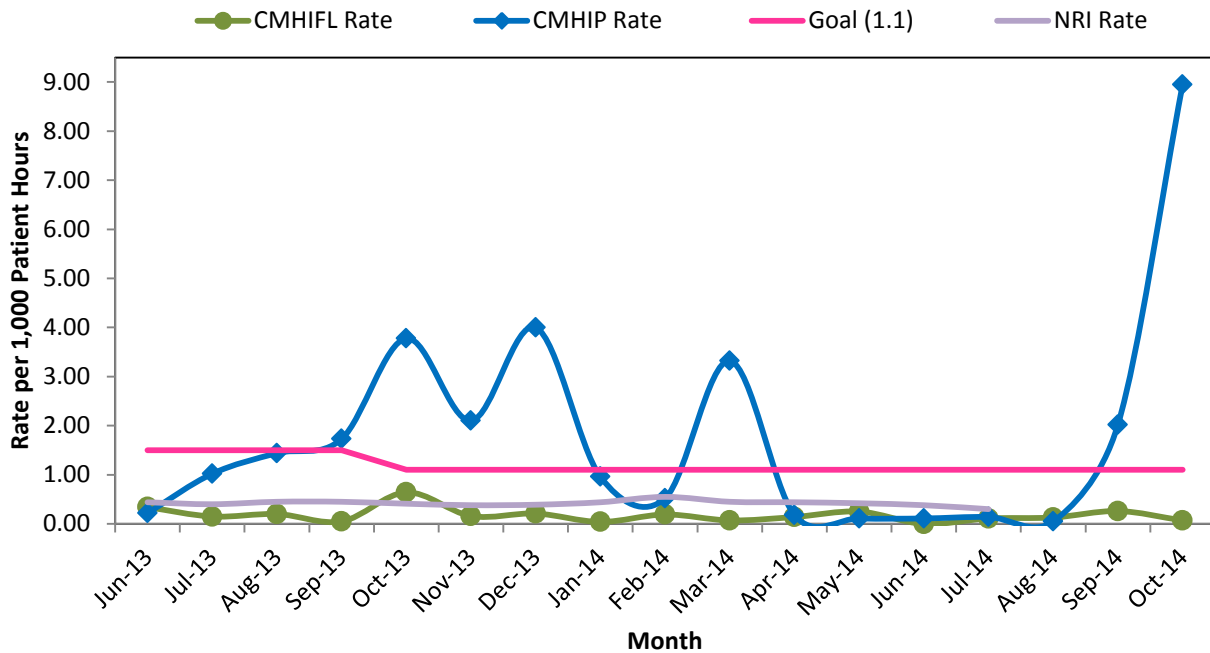
Mental Health Institutes (MHI)

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: 66.91
Average monthly denominator – Pueblo: 304.22

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: As of October 2014, the Fort Logan Institute stayed below the established C-Stat goal for 19 consecutive months. The Pueblo Institute was below the goal in August, but increased the overall use of seclusion the last two months of the quarter.

Notes: Both Institutes agreed on the 1.1 goal rate in December 2013. The NRI rate reflects the national average and typically runs several months behind in data reporting because its rate is calculated from data by all hospitals in the country (both private and public).





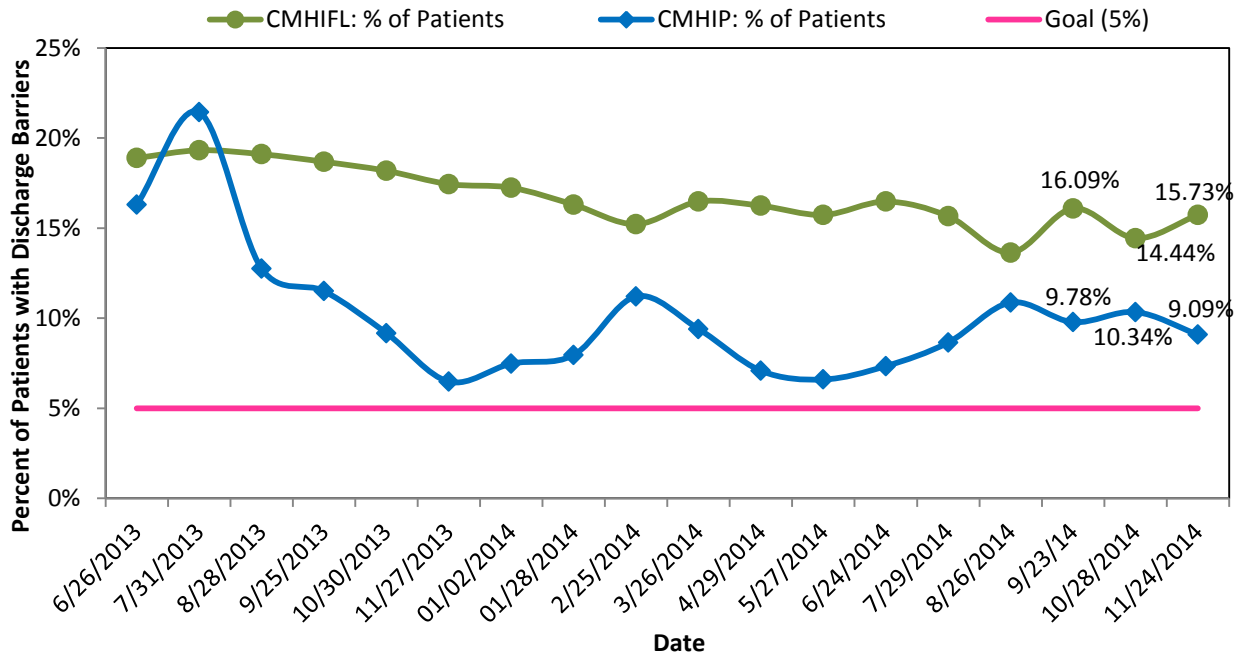
Mental Health Institutes (MHI)

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: 266
Average monthly denominator – Pueblo: 267

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

Goal: **↓ 5%**



Trend: Rates at both Institutes demonstrated monthly fluctuation.



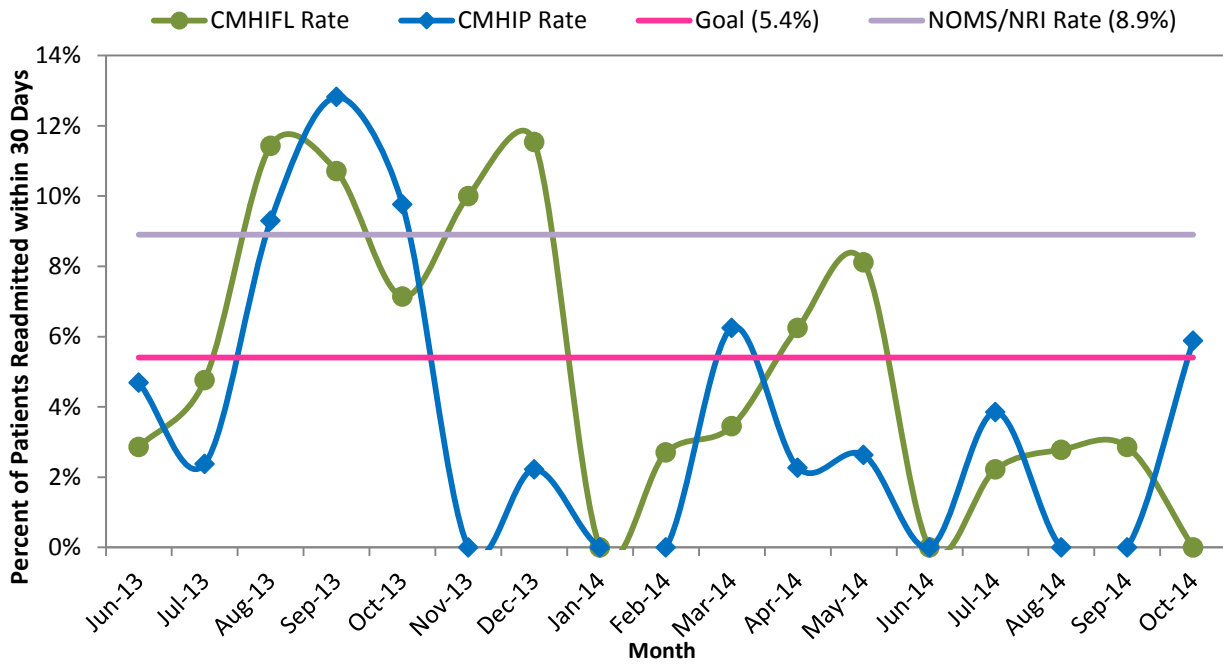
Mental Health Institutes (MHI)

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: 35.0
Average monthly denominator – Pueblo: 20.7

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 Mental Health Institute at Fort Logan has stayed below the C-Stat goal for four consecutive months. The Pueblo Institute had 0% readmissions in August and September, and the increase in October represents a single civil readmission.





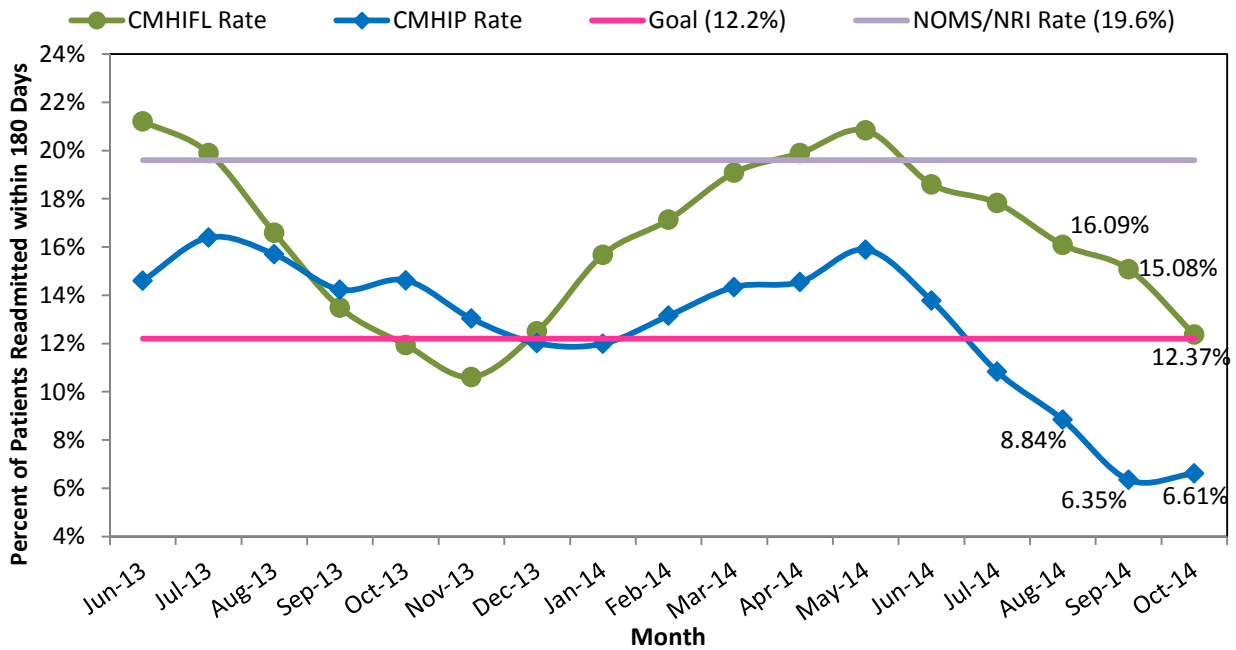
Mental Health Institutes (MHI)

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: 179.7
Average monthly denominator – Pueblo: 247.7

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: The Fort Logan Institute has maintained a downward trajectory since May 2014, and just missed the goal in October. The Pueblo Institute has stayed below the C-Stat goal for four consecutive months, demonstrating its best performance to date at 6.35% in September.



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

Deputy Director: Robert Werthwein

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.

Director: Ann Rosales

Executive Summary

- *Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure:* Both Traditional and Family Assessment Response performance attained the 90% goal in two of the three months within the current quarter. Two of Colorado's 10 large counties, Weld and El Paso, have maintained performance above the goal for each month in the last 12 months. The remaining 8 large counties have improved on this measure over the last twelve months, attaining the goal at least once in the last four months.
- *Safety Assessment Forms Completed Accurately:* DCW has begun piloting a new Safety Assessment Form in three counties. A large (Pueblo), medium (Eagle), and small (Garfield) county are included in the pilot program. The new form is expected to improve the caseworker's process of assessing safety. Colorado State University (CSU), along with DCW and the Administrative Review Division, are evaluating the efficacy and utility of the new form. CSU reports that 88% of participating case workers agreed the new form is "easy" or "very easy" to complete.
- *Legally Freed Children Discharged to Permanency:* DCW completed a comprehensive predictive analytic assessment of the factors that affect the likelihood of a legally free child or youth achieving permanency. The results demonstrated that children and youth in different age groups are affected by different factors. That being said, some factors were found to affect children and youth of all ages. These factors include: a) those with an Other Planned Permanent Living Arrangement (OPPLA) goal were 95% less likely to attain permanency, b) a one year increase in age that a child or youth became legally free resulted in the child or youth being 2% less likely to attain permanency, c) each additional placement experienced resulted in the child or youth being 4% less likely to achieve permanency, d) each additional involvement in the Child Welfare system resulted in the child or youth being 12% less likely to attain permanency, and e) compared to Caucasian children, African American children were 27% less likely to attain permanency.
 - Based on the findings, DCW has created a new work plan aimed at those youth who are statistically less likely to attain permanency.
 - Additionally, an annual review of the number of children with an OPPLA goal revealed that the use of OPPLA goals for legally freed children has reduced from 82% in January 2013 to 59% in October 2014.
- *Children in Out of Home Care for 24+ Months:* The 22% goal was achieved for the first time in September 2014. The goal was met again in October 2014.
- *Number of Children in Congregate Care:* This is a Colorado Department of Human Services strategic plan goal. Each month within the current quarter, DCW has completed several analyses to thoroughly examine the break-down of children in congregate care. These efforts include: a) review of congregate care and out of home care use in individual counties and b) assessing the number of children in congregate care by different units of analysis, such as point-in-time and average daily population. DCW is also partnering with Annie E. Casey on these efforts.



Measures

- [Timeliness of Initial Response to Abuse/Neglect Assessments](#)
- [Compliance with the Statutory Requirement Related to 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](#)
- [Children in Congregate Care](#)
- [Number of Children in Congregate Care](#)
- [Child Welfare Runaways](#)



Division of Child Welfare (DCW)

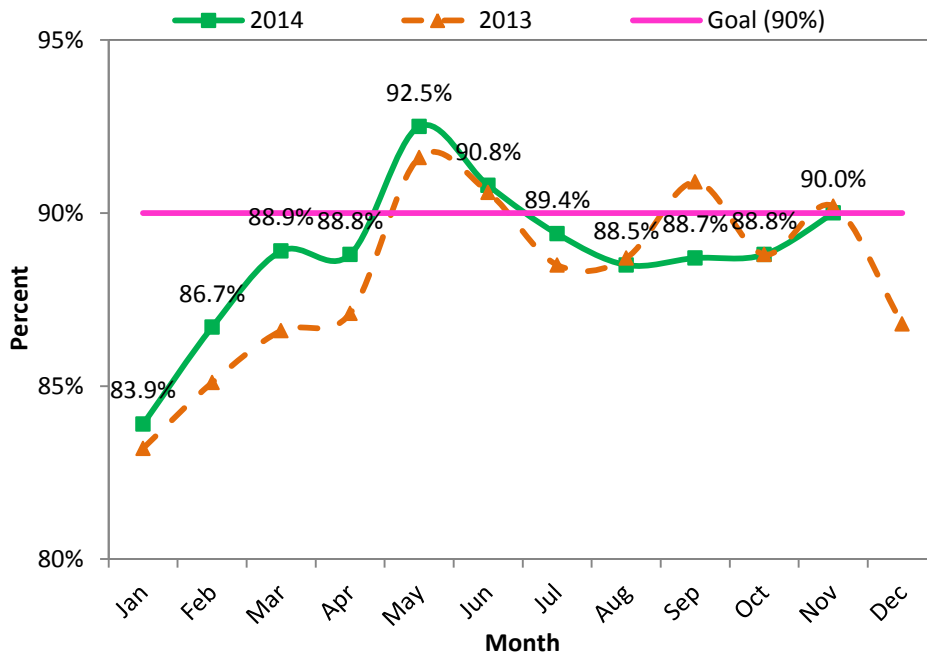
Measure: **Timeliness of initial response to abuse/neglect assessments**

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 (Immediate, 3-Day, 5-Day)

Denominator: Number of child protection assessments closed in the specified month (both Traditional and Family Assessment Response); Average monthly denominator: 3,251

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

Goal: **↑ 90%**



Trend: This quarter's performance has demonstrated an increase from September to November 2014. The 90% goal was attained in November 2014. Performance demonstrates heavy overlap from year to year.

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





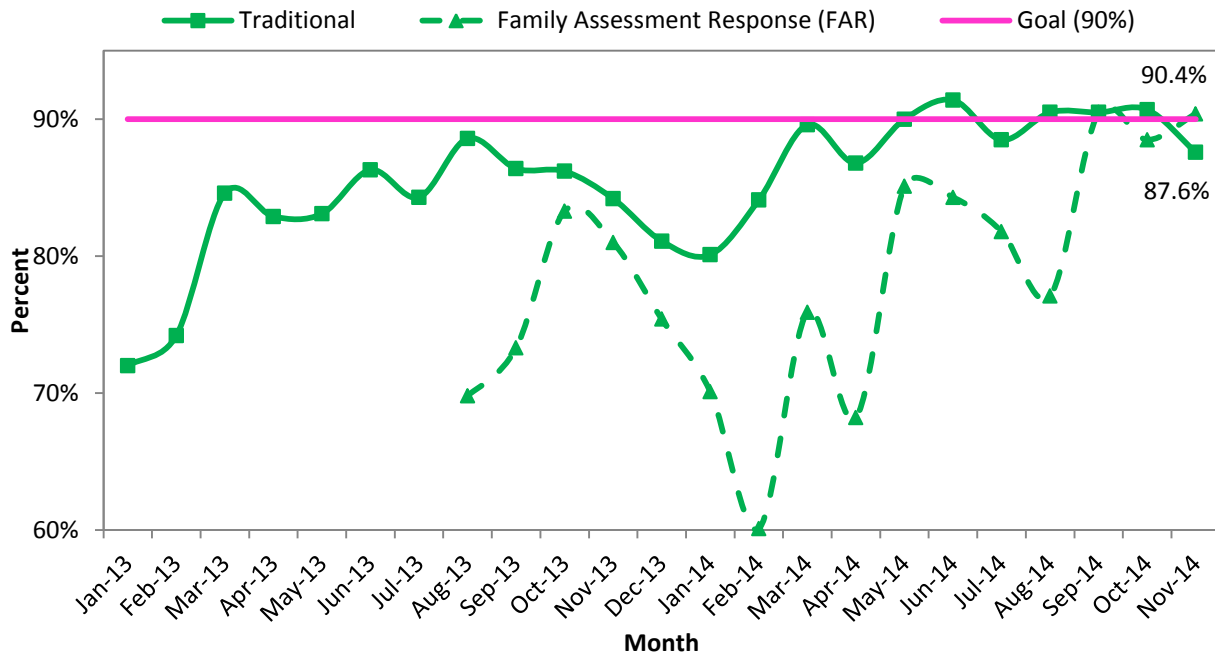
Division of Child Welfare (DCW)

Measure: **Compliance with the statutory requirement related to 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 specified month; Average monthly denominator: Traditional: 1,801; Family Assessment Response (FAR): 457

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 improved, attaining the 90% goal two out of the three months this quarter. Performance for Traditional Response hit the goal in September and October of 2014 before declining slightly in November 2014.

Notes: Family Assessment Response (FAR) is one track for responding to a child welfare referral, while Traditional is another track for responding to a child welfare referral.



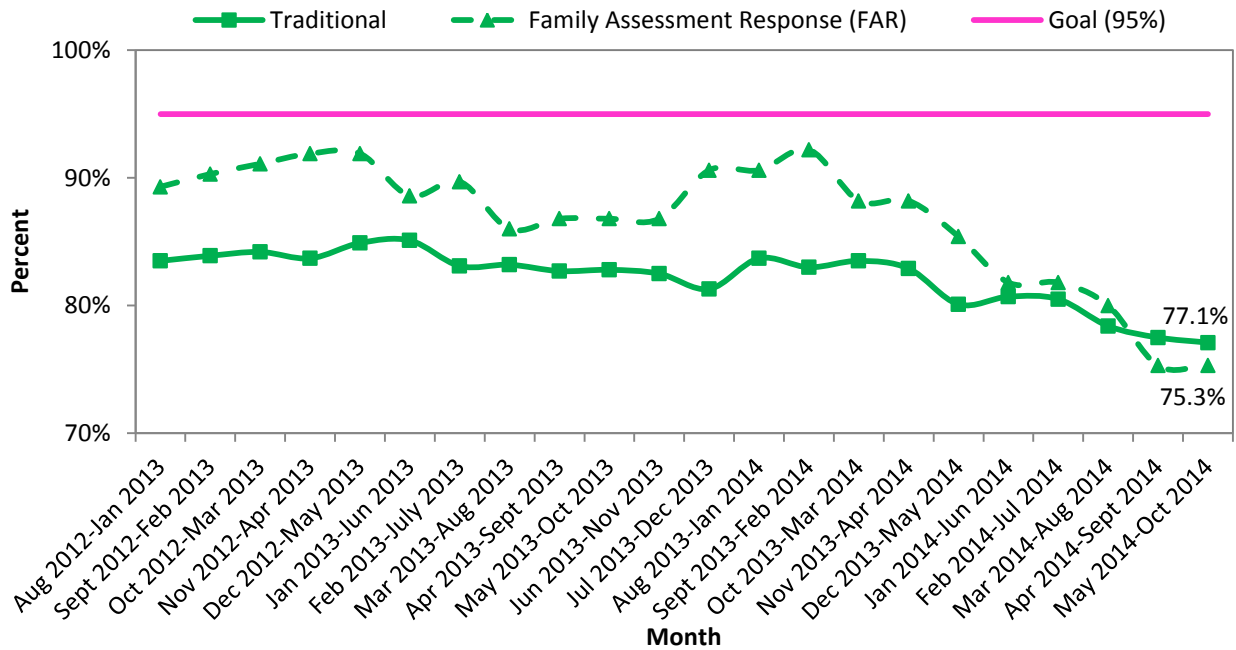
Division of Child Welfare (DCW)

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: 938; Family Assessment Response (FAR): 164

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

Goal: **↑ 95%**



Trend: This quarter’s performance for Traditional Response and Family Assessment Response declined when compared to last quarter.

Notes: Family Assessment Response is one track for responding to a child welfare referral, while Traditional is another track for responding to a child welfare referral.





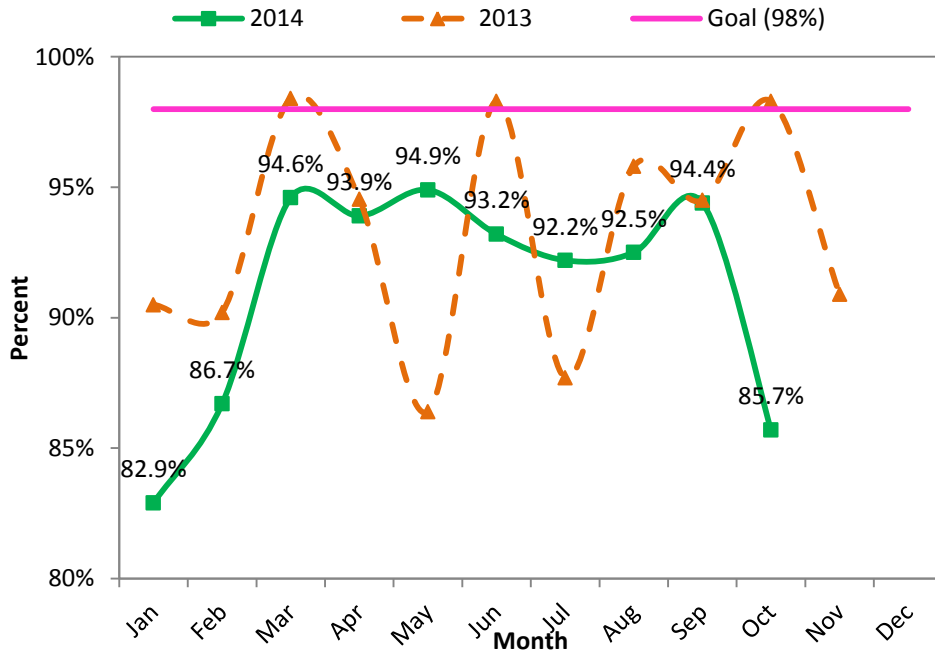
Division of Child Welfare (DCW)

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: 55

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 at the start of the current quarter, then declined in October 2014. The 98% goal has not been achieved since November 2013.

Notes: Legally freed children discharged to permanency is a Federal Measure.





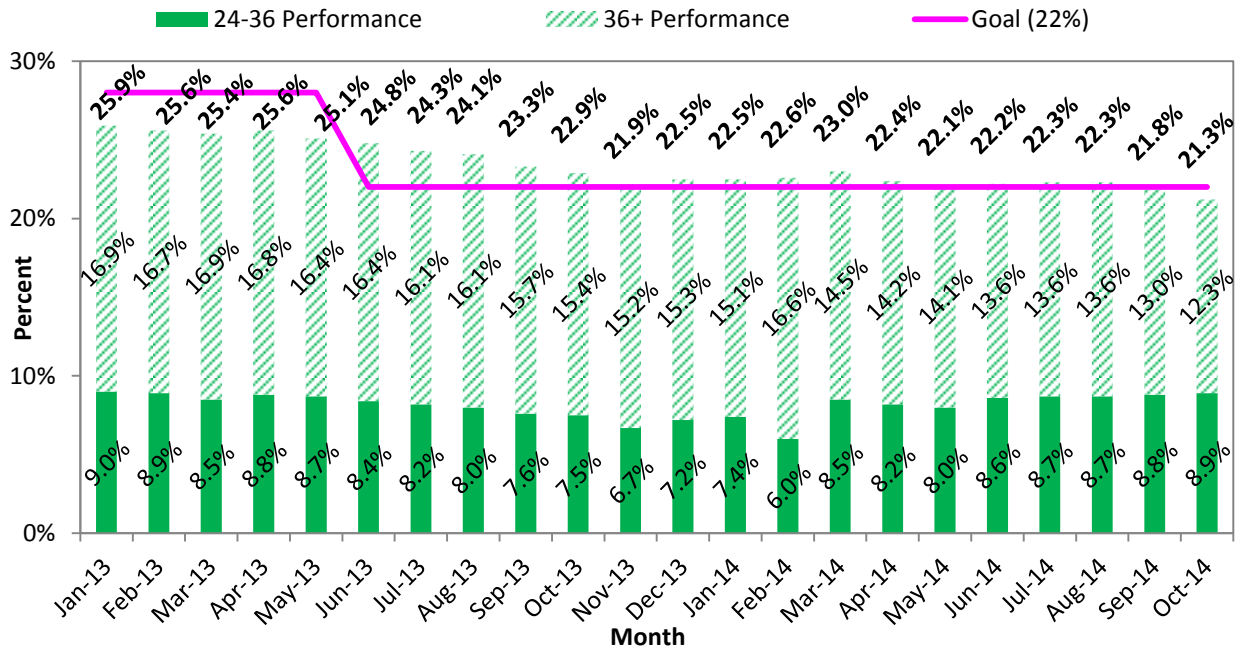
Division of Child Welfare (DCW)

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: 4,641

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: The goal was attained for the first time in 2014 in September. The goal had not been attained since November 2013. Performance improved each month within the current quarter.

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





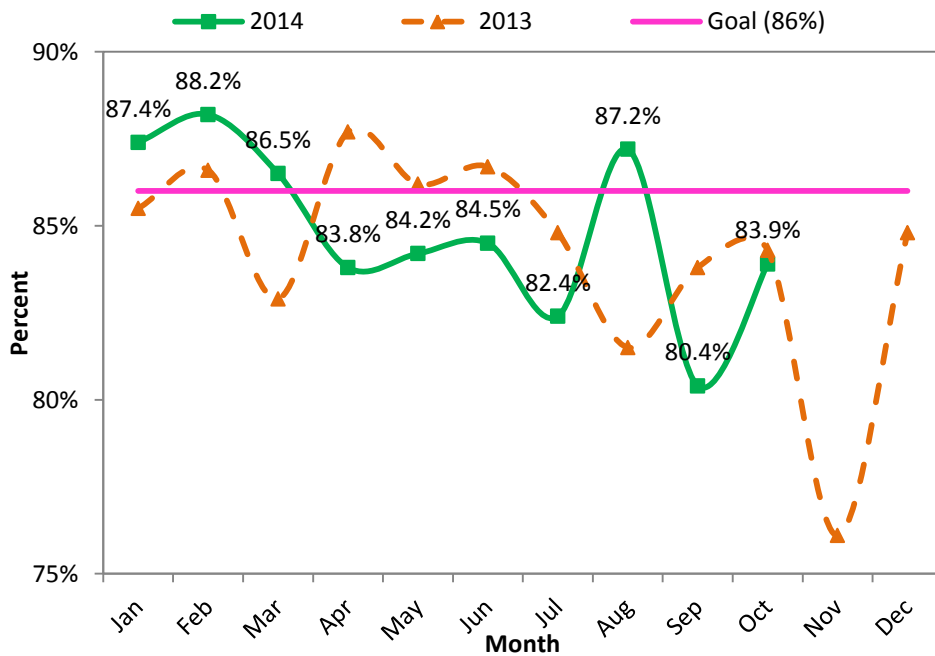
Division of Child Welfare (DCW)

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: 480

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 for this measure was attained in August 2014. Performance then decreased in September and improved in October 2014. Performance in this measure has demonstrated variability over time.





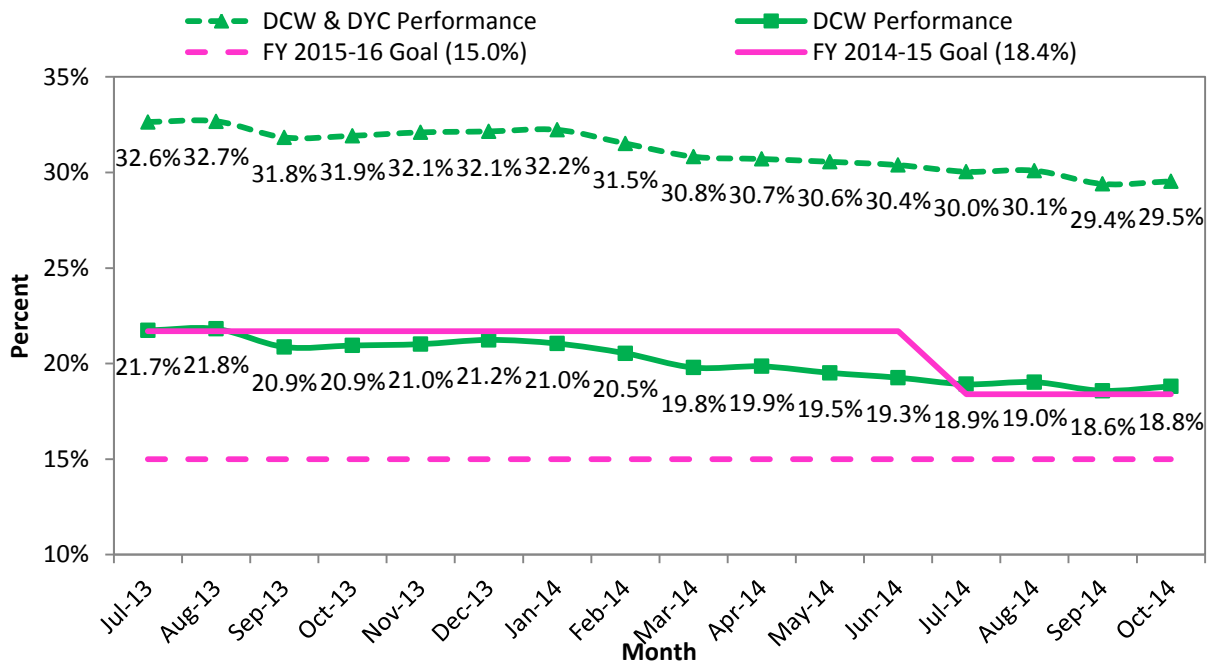
Division of Child Welfare (DCW)

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- 5,354; DCW & Division of Youth Corrections (DYC)- 6,155

Why this matters: All children deserve to achieve permanency in a home to lessen the disruption and trauma out of home care can cause. Additionally, children deserve to reside in family-like settings, as opposed to institutional settings. Reducing congregate care use contributes to these efforts.

Goal: **↓ 15% (FY 2015-16 Goal); 18.4% (FY 2014-15 Goal)**



Trend: Overall, performance has continued to improve throughout this quarter as compared to last quarter. September 2014 marked the best performance to date, only 0.2% from the 18.4% goal. Performance for DCW & DYC is also continuing to demonstrate steady improvement each month within this quarter.

Notes: New measure as of July 2013. The Division of Child Welfare reduced the goal to 18.4% for the Fiscal Year 2014-15 and will do so again to 15.0% in Fiscal Year 2015-16.





Division of Child Welfare (DCW)

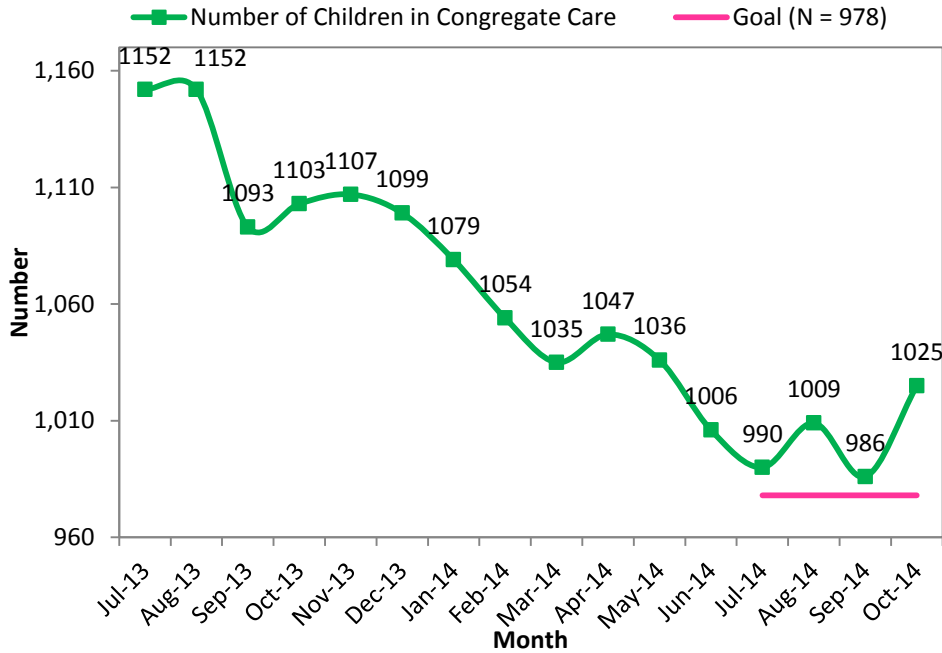
Measure: **Number of children in congregate care: CDHS Wildly Important Goal**

How it is measured: *Numerator:* Number of children and youth who experience any congregate care placement during a given period

Denominator: Average daily population of children and youth served in out of home care during with reporting month; Average monthly denominator: 5,354

Why this matters: All children deserve to achieve permanency in a home to lessen the disruption and trauma out of home care can cause. Additionally, children deserve to reside in family-like settings, as opposed to institutional settings. Reducing congregate care use contributes to these efforts.

Goal: **↓ 978**



Trend: This quarter’s performance demonstrated more variability compared to other quarters. Overall, performance declined, moving further from the goal of 978.

Notes: New measure as of June 2014, thus the goal line started in June 2014.





Division of Child Welfare (DCW)

Measure: **Child welfare runaways**

How it is measured: Foster Care Runaways: *Numerator:* Average daily population of youth with a runaway service authorization

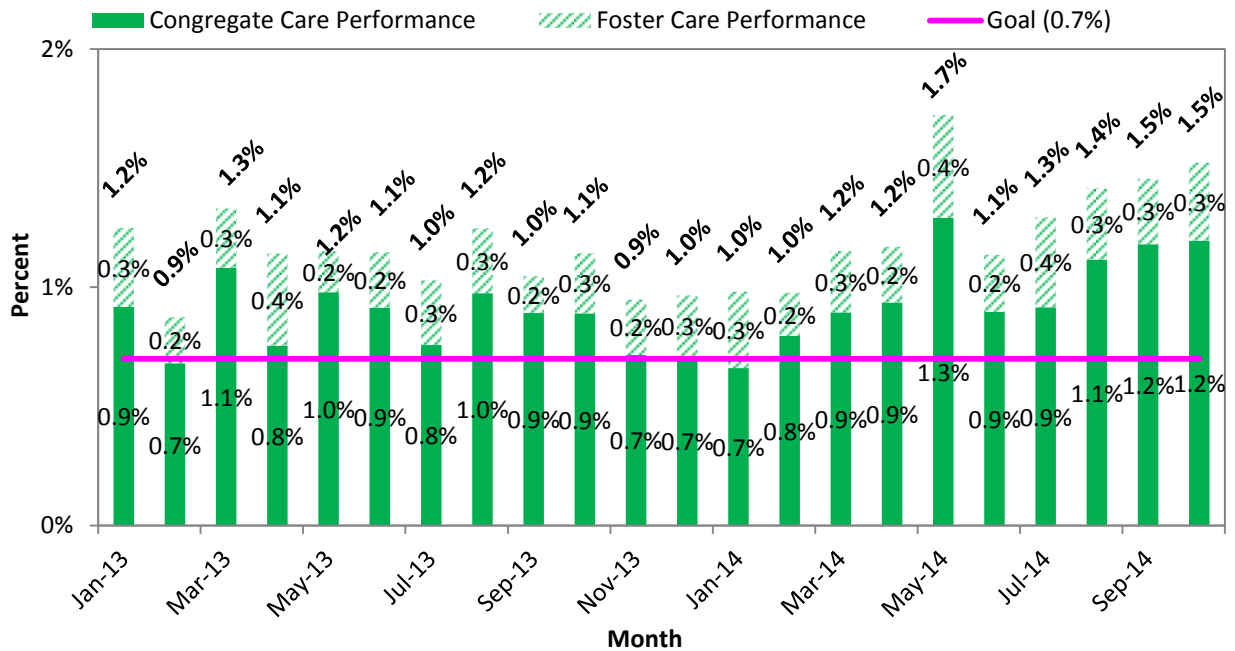
Denominator: Average daily population of youth with an out of home placement; Average monthly denominator: 4,246

Congregate Care Runaways: *Numerator:* Average daily population of youth in congregate care with a runaway service authorization

Denominator: Average daily population of youth in Congregate Care with an out of home placement; Average monthly denominator: 848

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

Goal: **↓ 0.7%**



Trend: Performance worsened each month throughout this quarter.

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

Acting Director: Robert Werthwein

Executive Summary

- *Youth Enrolled in a Full/Part Time Program at Discharge:* DYC's performance on this measure has been above the 85% goal for four consecutive months.
- *Committed or Detained Youth Who Escape or Walkaway:* DYC has altered the variables within this measure to include the variable "Secure Perimeter Escape." The variable was added in an effort to differentiate between those youth who escape while in the community on a pass and those who escape from a secure facility. By making this modification to the way the data is presented, DYC and the Executive Management of CDHS will be more equipped to determine the safety risk of committed youth and the greater community.
 - Additionally, DYC conducted an in-depth comparison analysis of escape/walkaway occurrences in State Fiscal Year (SFY) 2012-13 and 2013-14. The analysis demonstrated an increase in the number of contract programs without a single walkway from SFY 2012-13 (7 programs with 0 walkaways) to SFY 2013-14 (17 programs with 0 walkaways). More so, twenty-one DYC contract programs reported fewer walkaways in SFY 2013-14 compared to SFY 2012-13; whereas only 10 contract programs reported an increase in walkaways in the same time frame.
- *Timely Initial Placement for Committed Youth:* DYC continues to face waitlists at both state-secure facilities and community placements.
- *Fights and/or Assaults in DYC State-Secure Facilities:* Performance on this measure worsened, reaching an all-time high in the rate of fights and/or assaults per average daily population in October. DYC is continuing to employ strategies to lower the rate of fights/assaults. These strategies include: a) examine each incident in detail, b) utilize comprehensive field training program with newly hired staff, and c) increase the number of deployable staff in facilities statewide through continued hiring efforts.
- *Family Engagement: Residential Youth Contact with Families:* DYC has begun examining those youth who do not make contact within a month to explore any trends in the data. Thus far, DYC has identified many youth who do not make contact are primarily due to leaving a state-operated facility within the first few days of a month or arriving at a facility during the last few days of the month.

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](#)
- [Fights and/or Assaults in DYC State-Secure Facilities](#)
- [Youth Injuries in State-Secure 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](#)



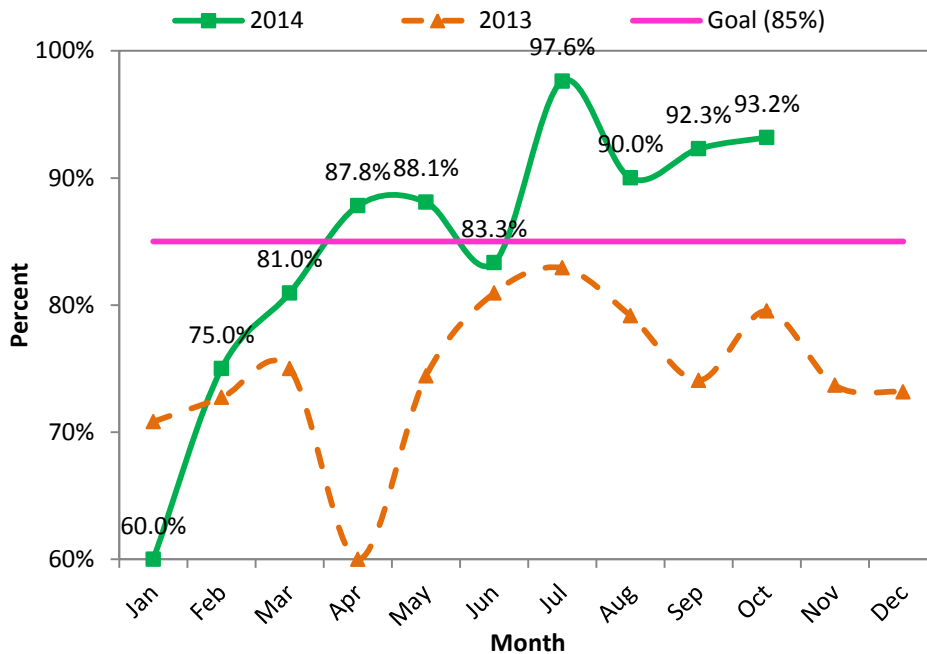
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of eligible youth 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 youth who discharge in a specified month; Average monthly denominator: 30

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 remained above the goal for each month within the current quarter.





Division of Youth Corrections (DYC)

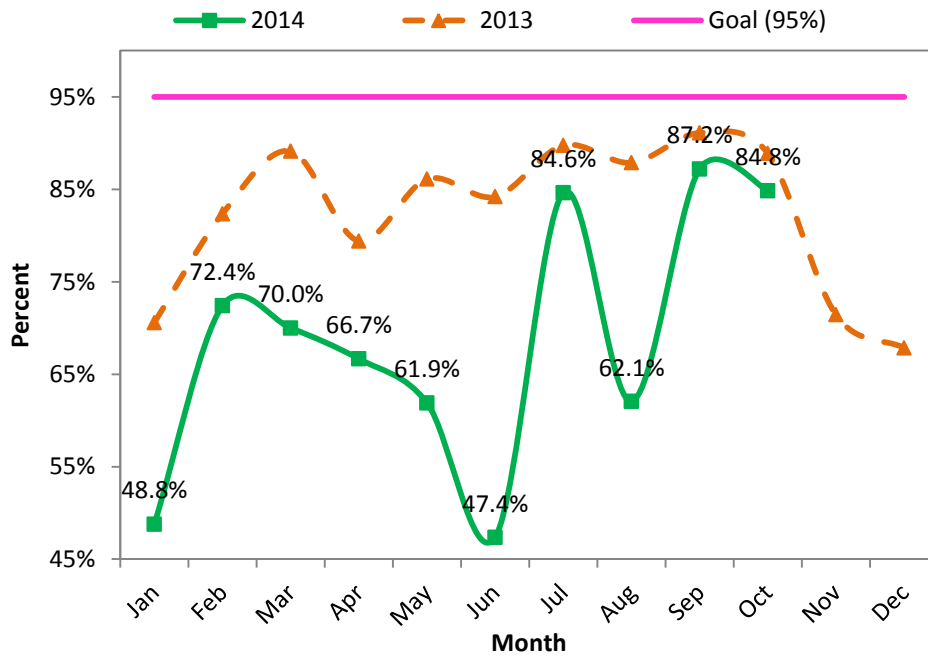
Measure: **Timely initial placement for committed youth**

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 August 2014. September’s performance improved and then slightly declined again in October. The goal has yet to be achieved.





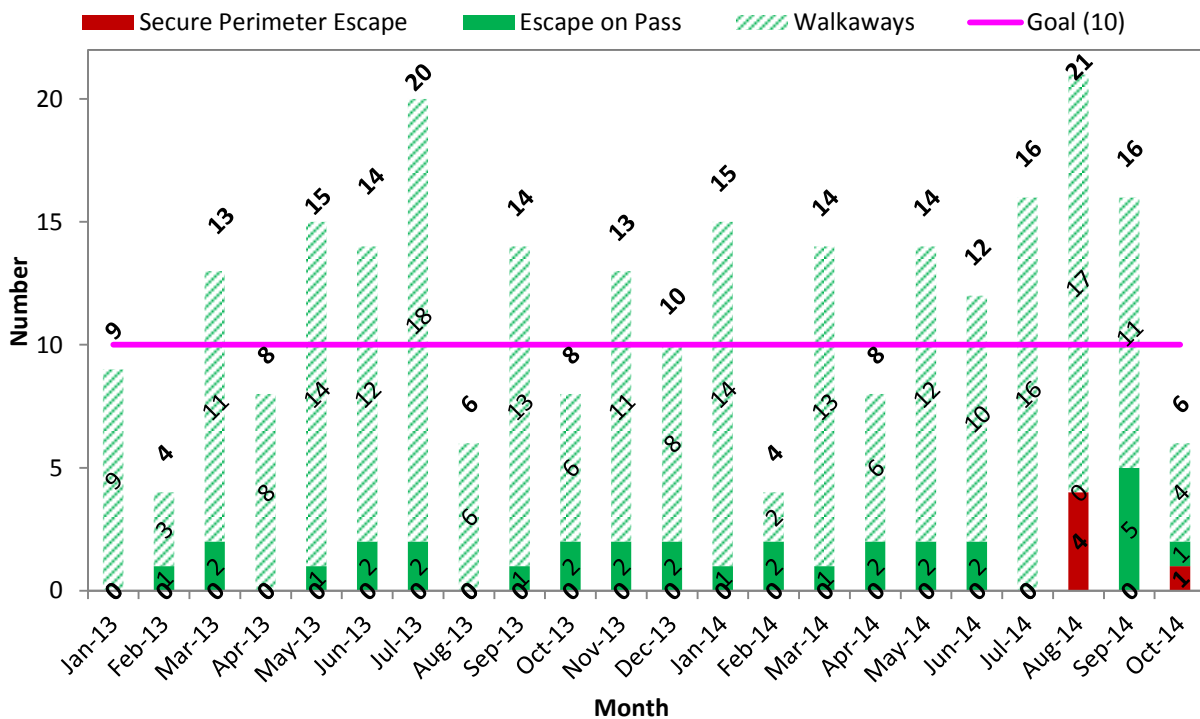
Division of Youth Corrections (DYC)

Measure: **Committed or detained youth who escape or walkaway**

How it is measured: The number of escapes from state-secure facilities in which a youth a) breaches the secure perimeter of the facility or b) does not return from approved pass after 24 hours. Also included are the number of youth who walk away from a contract staff-supervised or community placement in which youth does not return within 24 hours; Average daily population: 1,055

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

Goal: ↓ ≤10



Trend: Performance worsened in August 2014 as escapes/walkaways reached an all-time high. Performance improved in September 2014 and again in October 2014. The current quarter’s performance demonstrated more escapes from a secure perimeter than any other quarter since the start of 2013.

Notes: “Secure Perimeter Escape” was added as a new variable this quarter to differentiate from youths who escape while in the community, while on pass, and those who escape from the walls of a state-secure facility. The data illustrated above was back-dated to account for the new variable definitions.





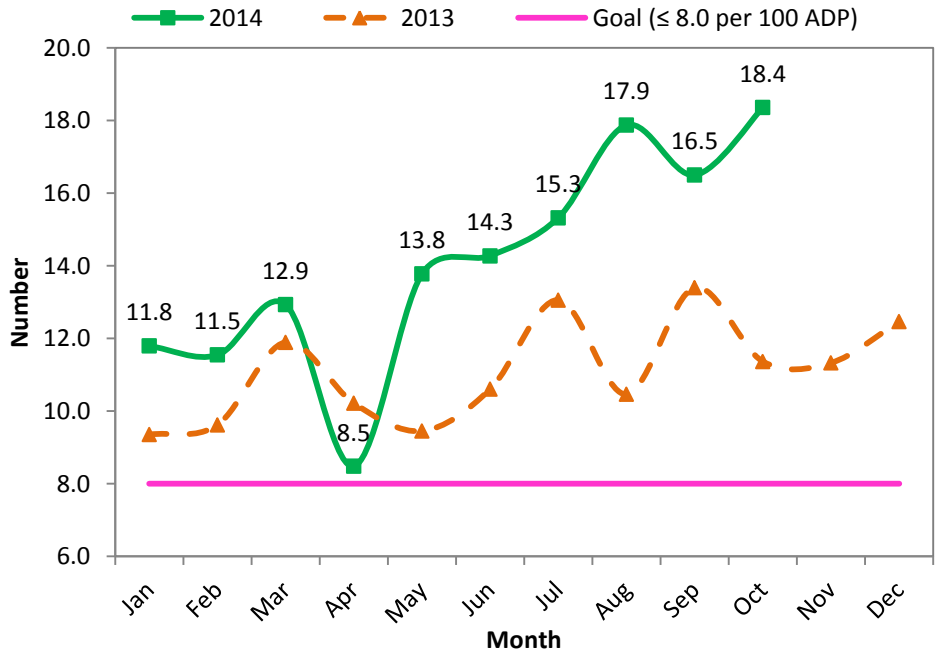
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Fights and assaults occurring in DYC state-secure facilities
Denominator: Monthly secure average daily population (ADP; state-secure detention, assessment and commitment); Average daily population: 620.2

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 has worsened this quarter, concluding in October 2014's performance of 18.4 fights and/or assaults per monthly average daily population, which is the worst performance to date.



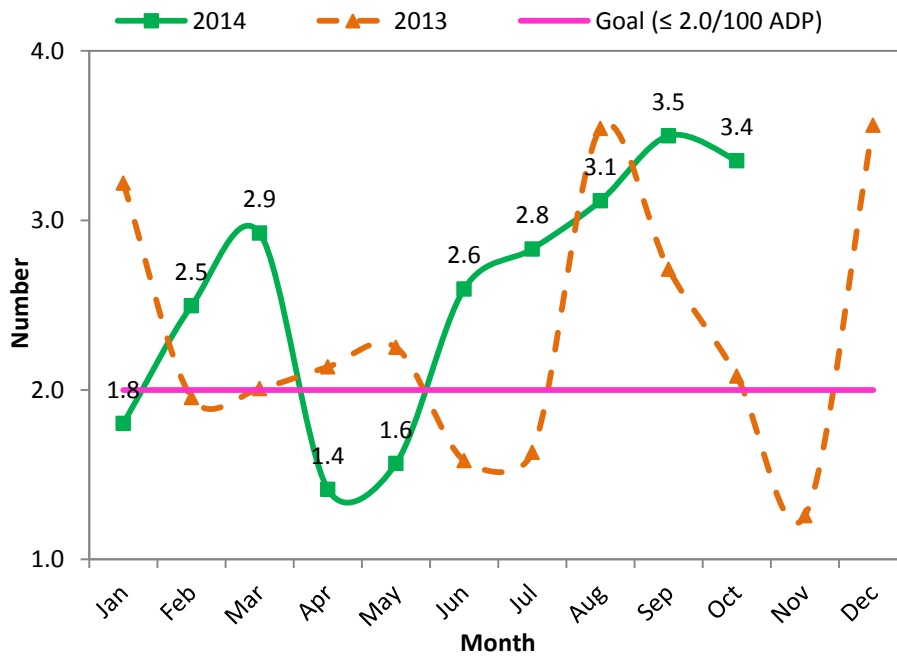
Division of Youth Corrections (DYC)

Measure: **Youth injuries in DYC state-secure facilities**

How it is measured: *Numerator:* Number of youth injuries in state-secure facilities
Denominator: Monthly secure average daily population (ADP; state-secure detention, assessment, and commitment); Average daily population: 620.2

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: **↓ ≤ 2.0/100 ADP**



Trend: Performance worsened throughout the current quarter, peaking at 3.5 youth injuries per monthly average daily population in September, which represents the worst performance to date.



Division of Youth Corrections (DYC)

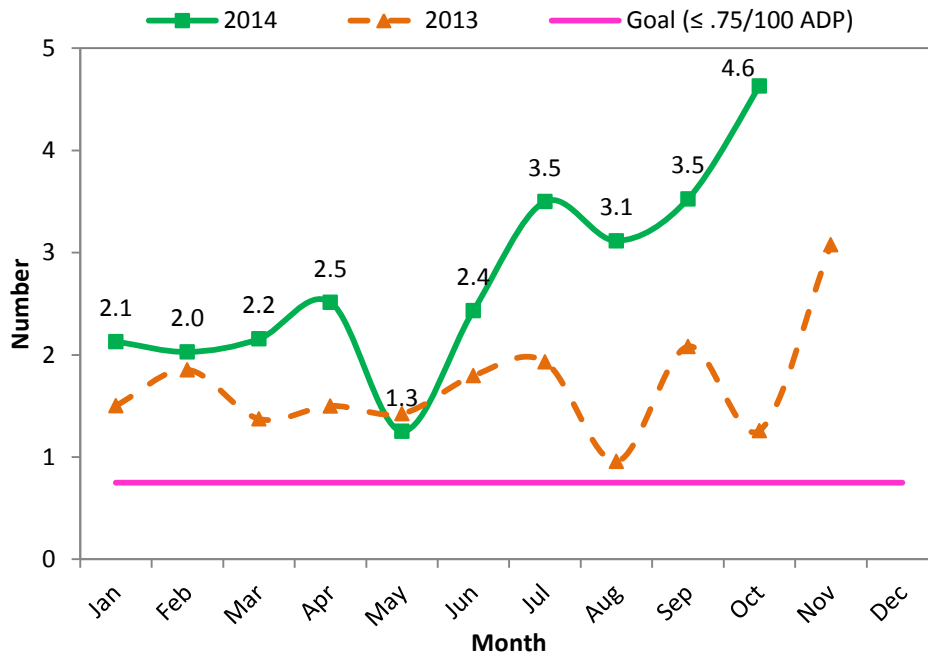
Measure: **Staff injuries on the job as a direct result of youth contact**

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-secure detention, assessment, and commitment); Average daily population: 620.2

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

Goal: ↓ ≤ 0.75/100 ADP



Trend: Performance worsened during the current quarter, demonstrating an increase in the number of staff injuries from May to July 2014. October’s performance of 4.6 reached an all-time high of the most staff injuries per average daily population in a month. The goal is yet to be achieved.





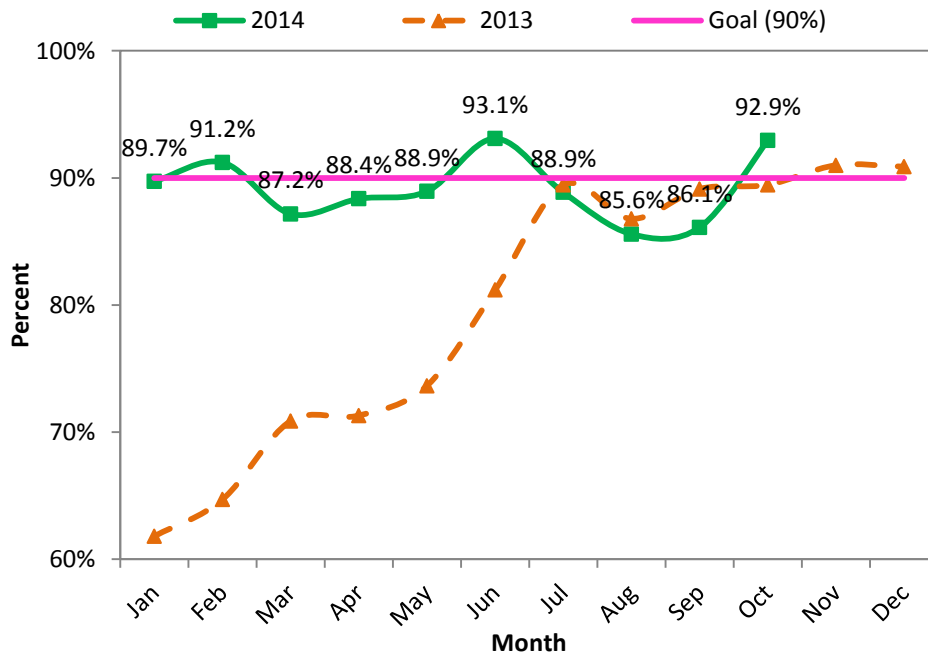
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of committed youth in state-secure facilities who have at least one face to face or phone contact with their families during a given month
Denominator: Number of committed youth in state-secure facilities; Average monthly denominator: 410

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

Goal: **↑ 90%**



Trend: In August and September 2014 performance declined below the previously attained goal. At the end of the current quarter, October 2014 performance improved, once again attaining the 90% goal.





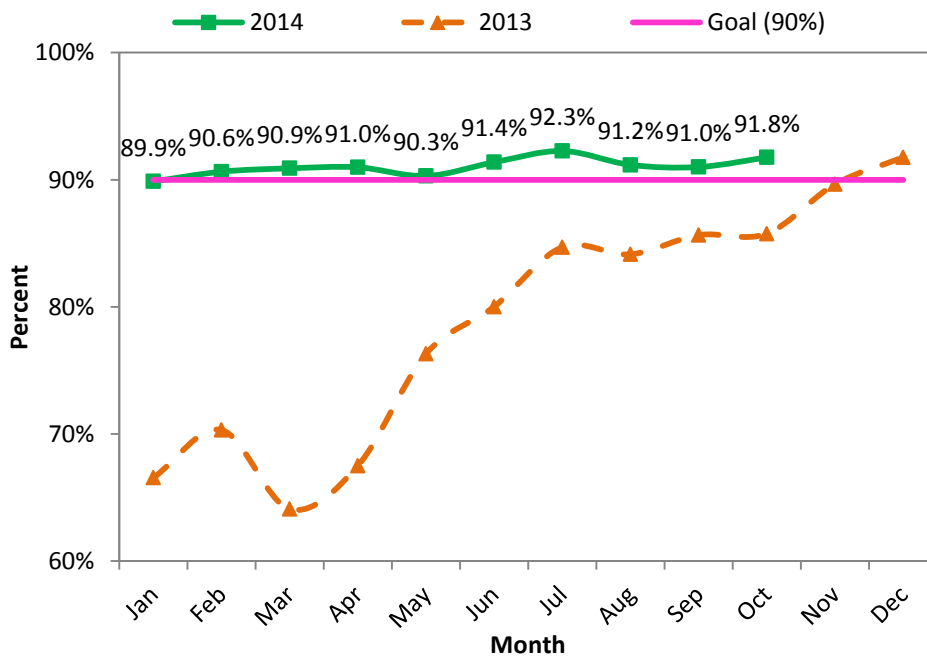
Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of youth in residential placement or parole whose client manager contacted the youth’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 youth, both residential and parole; Average monthly denominator: 1,074

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

Goal: **↑ 90%**



Trend: Performance remained above the 90% goal for each month within the current quarter.

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

- DVP has maintained performance above the goal for every month within the reporting quarter for each of the three Federal measures.
- DVP has implemented a new database in order to more efficiently and effectively collect data. The database is complete and a pilot program utilizing the database is currently being implemented. Many DVP programs are utilizing the database for case management, in addition to data submission.
- DVP's Outcomes Task Force has established outcomes that are meaningful and relevant to DVP, in addition to the Federal measures. Five outcomes were selected: 1) Identify clients' immediate needs and provide information, 2) Increase client's positive stress management skills and coping strategies, 3) Increase client access to community resources, 4) Strengthen two-generation relationship skills, and 5) Increase healthy relationship knowledge and attitudes for children and youth 0-25. These outcomes were deliberated and tools to capture the outcomes were discussed at the June DVP Program Forum Meeting. DVP's next steps are to: 1) create a Request for Proposals for an evaluator and 2) start preliminarily tracking outcomes.
- DVP's first new outcome monitored in C-Stat is *Timely Assessment of Client Need and Risk*.
 - The new measure assesses the number of client need and risk assessments that were completed within the first week of client contact with the program. More than a third of DVP programs utilize the client assessment recommended by DVP. The remaining programs utilize a client assessment that is equal to or more detailed than DVP's client assessment. All client assessments have been approved by DVP.
 - Data collection began in October of 2014.

Measures

- [Timely Assessment of Client Need and Risk](#)
- [Shelter Services \(Residential\)](#)
- [Advocacy and Individual Counseling \(Non-Residential\)](#)
- [Support Group \(Non-Residential\)](#)



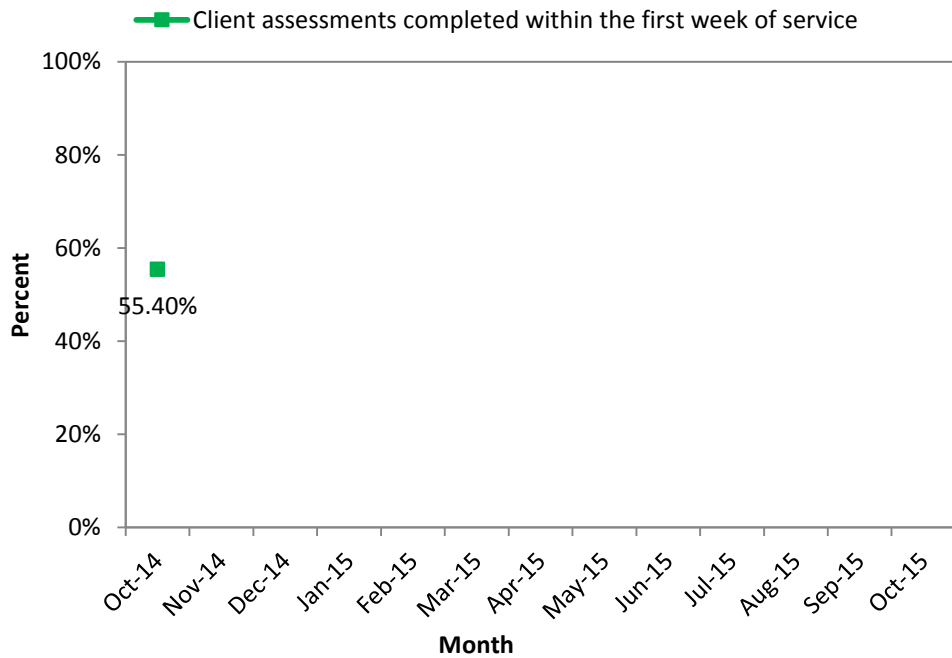
Domestic Violence Program (DVP)

Measure: **Timely assessment of client need and risk**

How it is measured: *Numerator:* Number of client assessments completed within the first week of service
Denominator: The number of new clients in the reporting month;
Average monthly denominator: 2946

Why this matters: By timely assessing the needs and risks of Domestic Violence Program clients, programs are more able to help clients attain the services best suited to fit their needs.

Goal: None at this time



Trend: This measure is a brand new outcome for DVP. Therefore, there are not yet trends in the data to report.



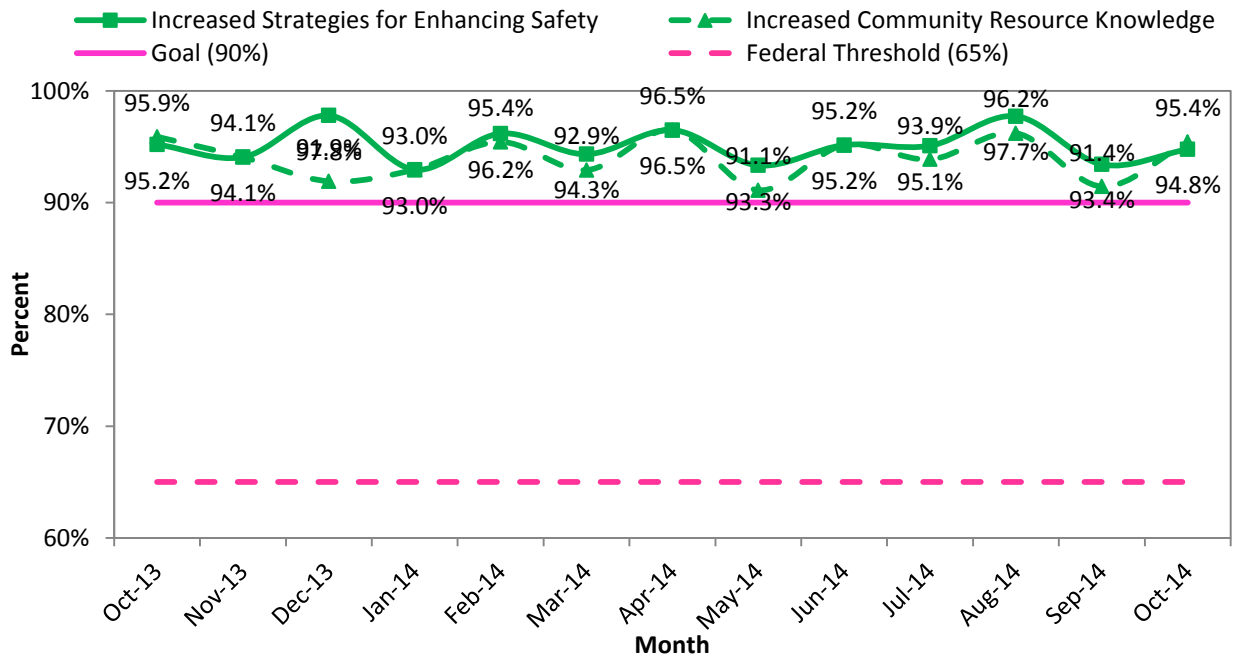
Domestic Violence Program (DVP)

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: 145.7

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 was above the goal for each month within the current quarter.





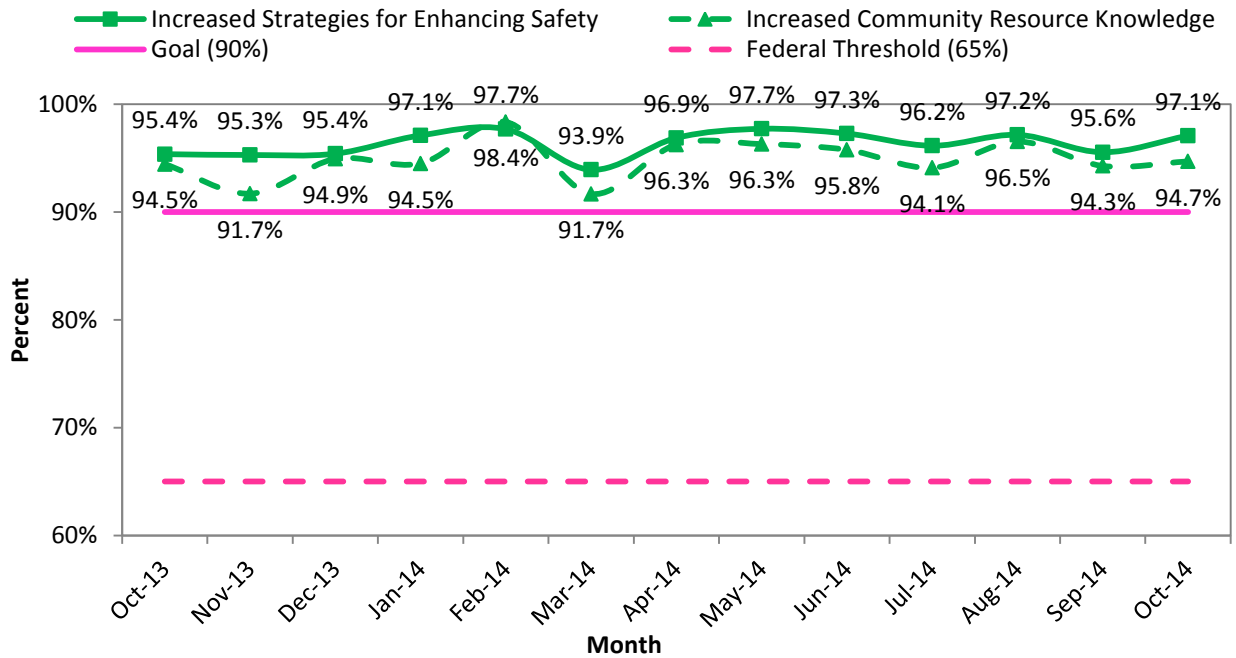
Domestic Violence Program (DVP)

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: 402.3

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 was above the goal for each month within the current quarter.





Domestic Violence Program (DVP)

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

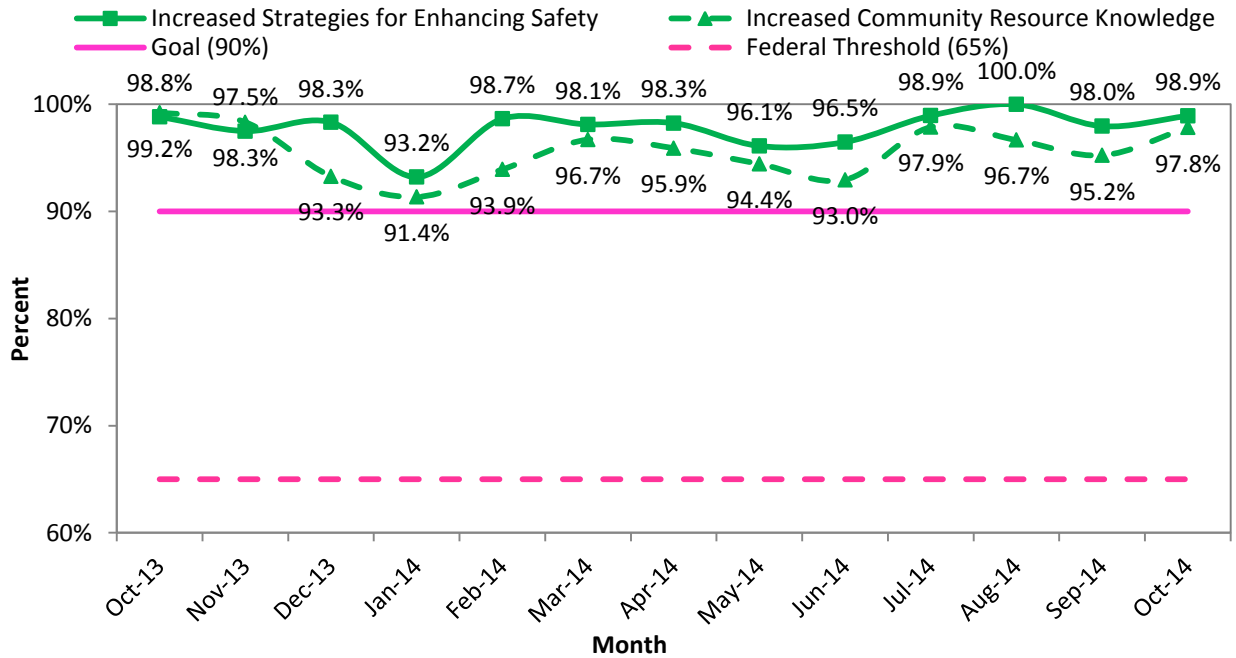
How it is measured: *Numerator:* Number of clients who indicated having achieved the specified outcome because of support group service received

Denominator: The number of surveys returned by clients receiving support group services;

Average monthly denominator: 150.7

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 was above the goal for each month within the current quarter.





Office of Community Access and Independence

Description

The Office of Community Access and Independence (OCAI) houses programs that provide in-home supports for aging populations, 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

Deputy Director: Sarah Aurich

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, and 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.
 - In July 2014, APS implemented a new case management system called CAPS (Colorado Adult Protective Services). APS staff trained county employees on documentation and casework in CAPS throughout the month of June 2014. Data is now available for real-time reporting in the new system, as opposed to the 60 day delay previously available with Colorado Benefits Management System (CBMS), thus allowing the APS staff timely data for analysis.
 - 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.
 - With the implementation of the new case management system AAS has more casework- specific data available for analysis. With this in mind APS began reporting on the following new measures in the September C-Stat slide deck: *Timeliness of Initial Assessments, Timeliness of Investigations, Timeliness of Monthly Contacts, and Safety Improvement*. Due to the recent implementation of the measures and the limited data available these measures will be included in the next Quarterly Report.

Measures

- [Timeliness of Adult Protection Inquiries](#)



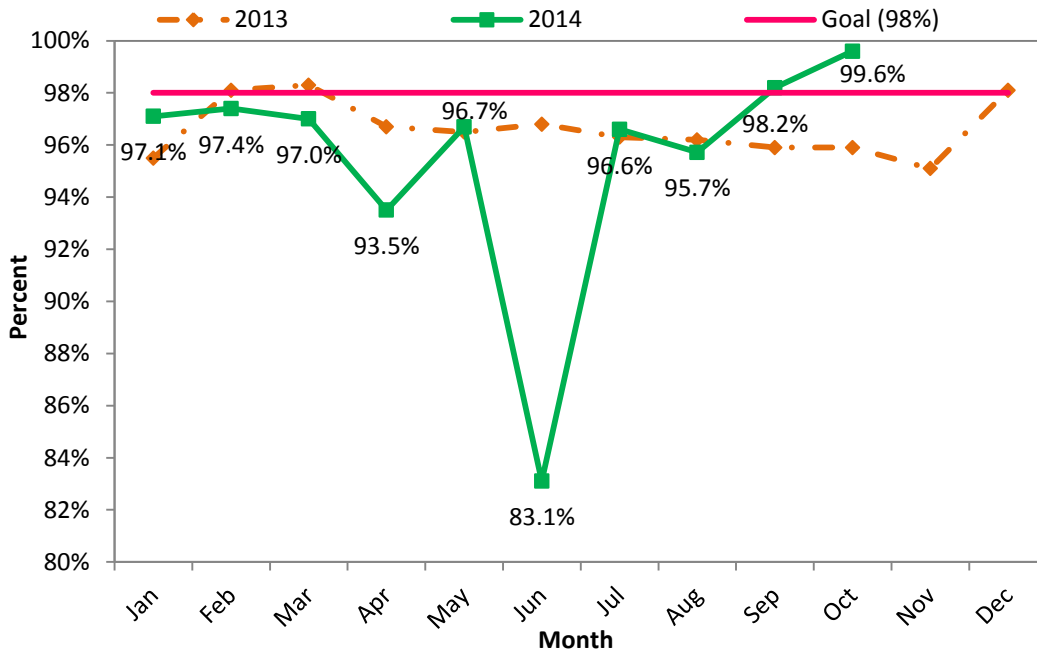
Aging and Adult Services (AAS)

Measure: **Timeliness of adult protection inquiries**

How it is measured: *Numerator:* Number of timely responses; timely is based on the assigned response time frame (Emergency/24 Hour or Non-emergency/3 Business Days)
Denominator: Number of responses; Average monthly denominator: 678

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

Goal: **↑98%**



Trend: On July 1, 2014 Adult Protective Services migrated to a new case management system, which contributed to the drop in June 2014 performance. Performance, since that time, has rebounded reaching 99.6% in October 2014.

Disability Determination Services

Summary

Description

The Division of Disability Determination Services (DDS) makes disability decisions for Social Security. The DDS staff gather medical information from the sources listed by clients and any new sources discovered in that process. The DDS staff evaluate 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 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 94.8 to 74.3 (i.e., 21 days).
- *Examiner Processing Time:* This quarter showed greater variability, with a decrease in processing time during the first two months and then an increase in October. Additionally, DDS employees continue to work overtime and receive processing assistance from their Federal partners both in Denver as well as Baltimore.
- *Percentage of Accurate Initial Eligibility Decisions:* Due to small Federal Social Security Administration (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. The essence of the 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](#)



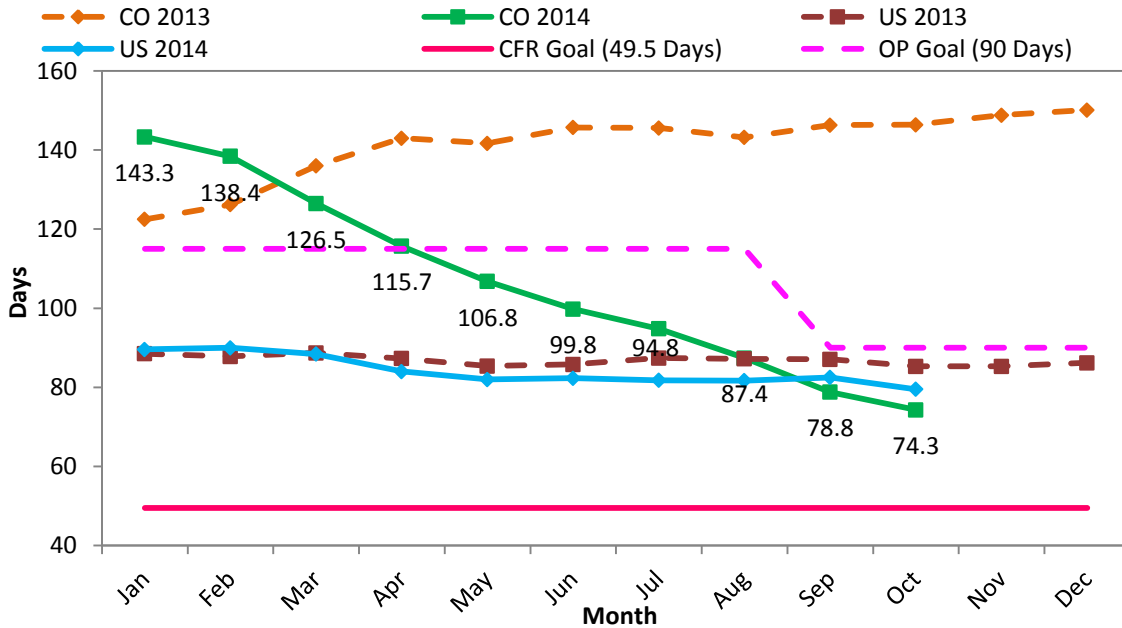
Disability Determination Services (DDS)

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: 4,073

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

Goal: **↓49.5 days (Federal Goal)**



Trend: Performance in 2014 continues to improve, with a three week reduction in processing time during the recent quarter (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 Social Security Administration (SSA) consolidated Operating Plan (OP) contains a mean processing time goal of 90 days. DDS has added this goal to their measure for tracking purposes.

During this quarter the Operating Plan (OP) goal was reduced from 115 days to 90 days.



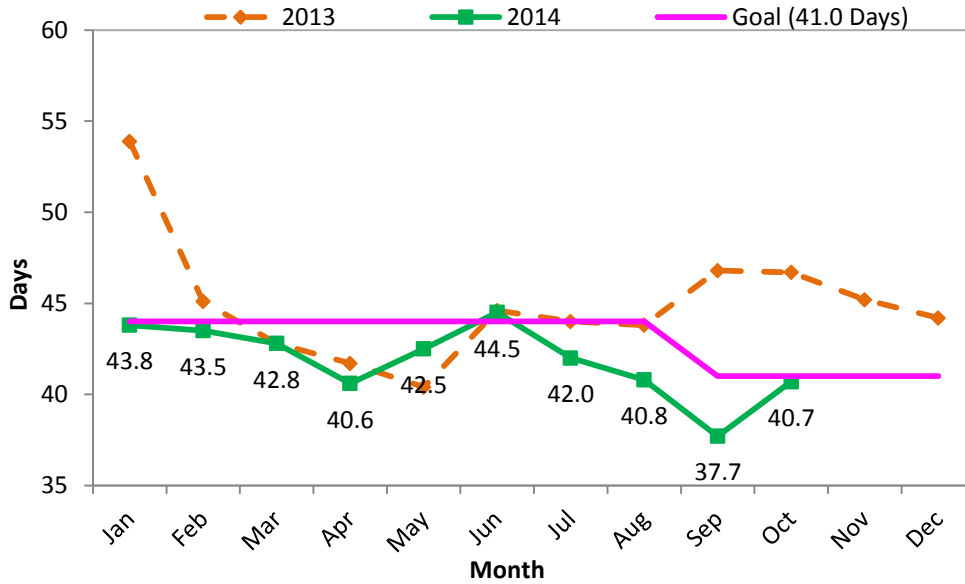
Disability Determination Services (DDS)

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: 4,084

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

Goal: **↓41.0 days**



Trend: Processing time declined significantly in September, reaching its lowest point on record, and has since rebounded to 40.7 days in October 2014.

Notes: This measure utilizes data from both the SSDI program and the SSI program.
During this quarter the processing goal was reduced from 44 days to 41 days.



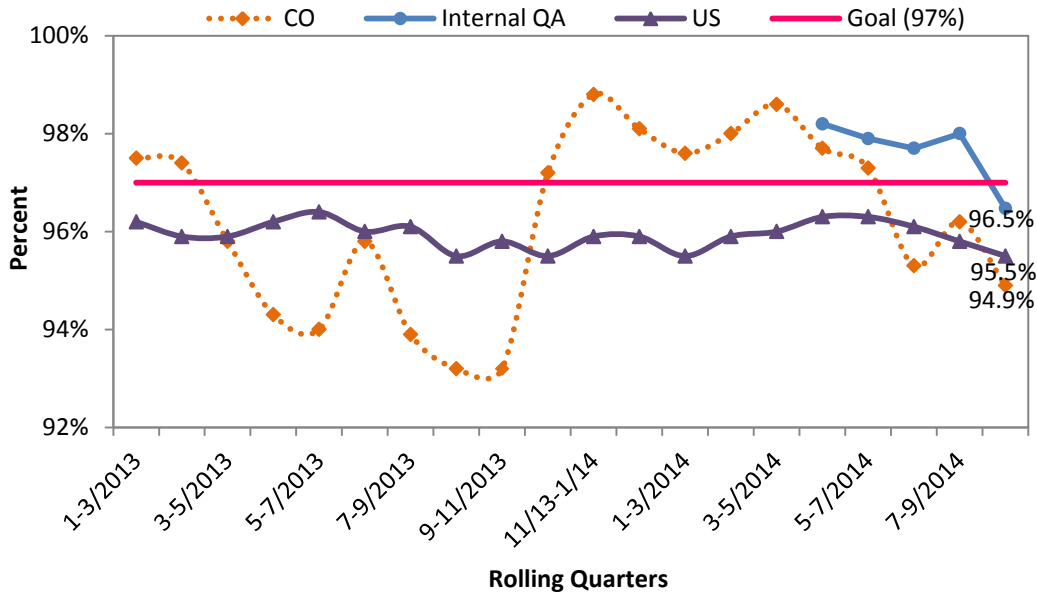
Disability Determination Services (DDS)

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: 133 Average Internal QA denominator: 2578

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

Goal: **↑97% (Federal Goal)**



Trend: The past quarter demonstrated a decrease in performance in the accuracy of initial decisions, and has remained below the goal for the third consecutive rolling quarter (dotted orange line).

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.

Director: Tracy Myszak

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, three individuals have become ready to transition in the Short-Term Treatment Model. On average this has taken 244 days, whereas the goal is 120 days. During this same quarter, six individuals have become ready to transition in the Intensive Treatment Model. This has taken on average four years and nine months, well above the three year goal. However, four of the six individuals were able to become ready within 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, two individuals have transitioned from the Short-Term Treatment Model. On average this has taken 98 days, whereas the goal is 60 days. Within the Intensive Treatment Model there were two individuals who transitioned. On average this took 443 days, whereas the goal is 120 days. During this quarter there were no individuals who transitioned from the Long-Term Habilitation Model.

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](#)



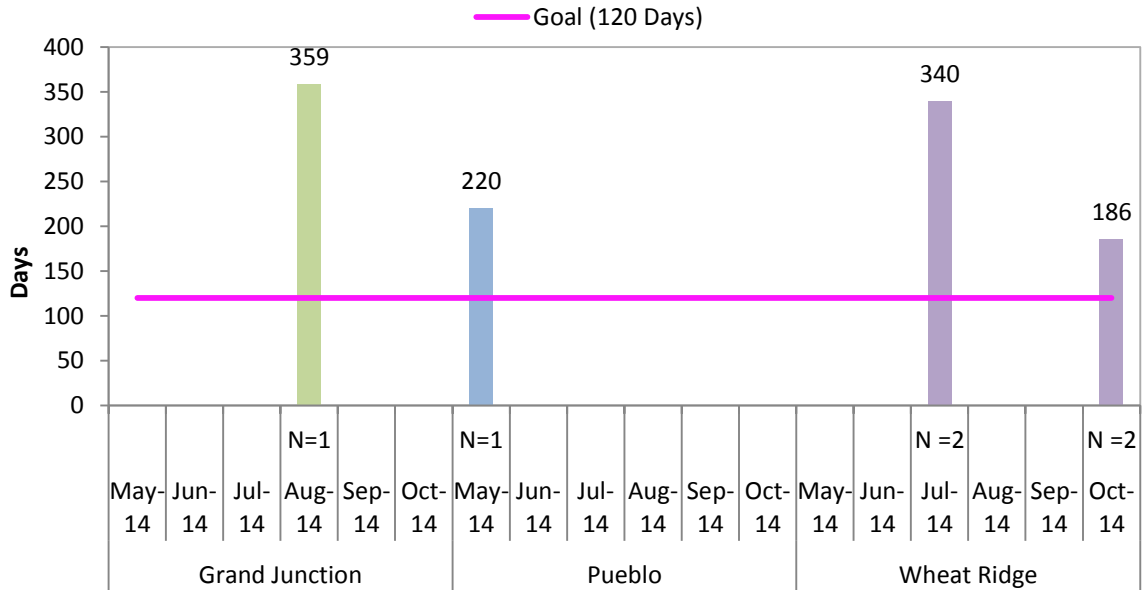
Division of Regional Center Operations (DRCO)

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 denominator.

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 two individuals at Wheat Ridge who became ready for transition this quarter exceeded the 120 day goal.



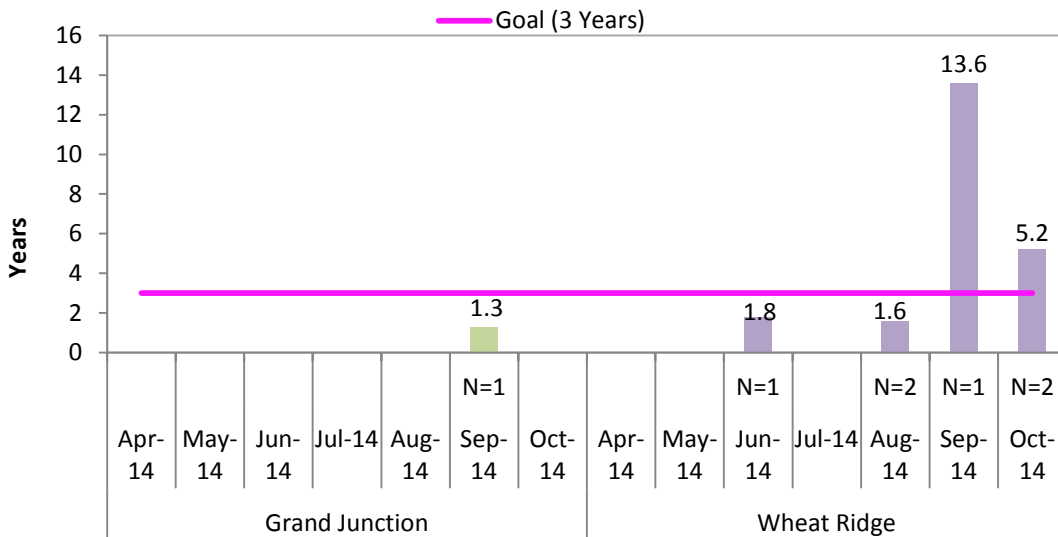
Division of Regional Center Operations (DRCO)

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 denominator.

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: Grand Junction had one individual who met the three year goal to become ready for transition from the Intensive model. Wheat Ridge had five individuals who became ready for transition during the most recent quarter. Of the five individuals who became ready for transition, three individuals were below the three year goal, while two individuals exceeded the goal.

Notes: PRC does not offer the Intensive Treatment model.



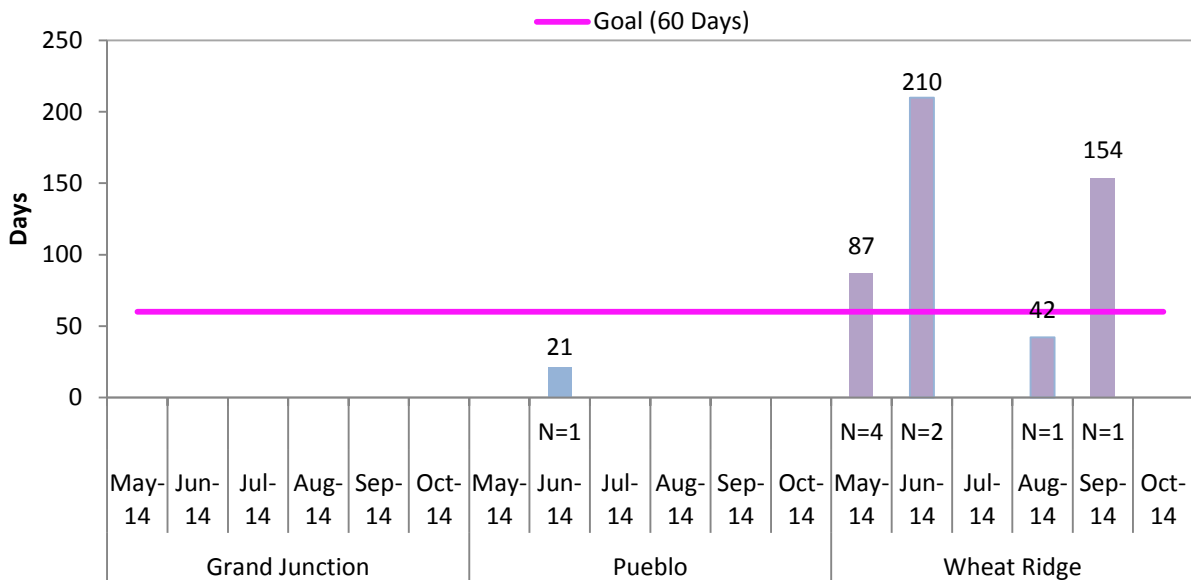
Division of Regional Center Operations (DRCO)

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 denominator.

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 had one transition that met the 60 day goal, and one that did not achieve the goal.



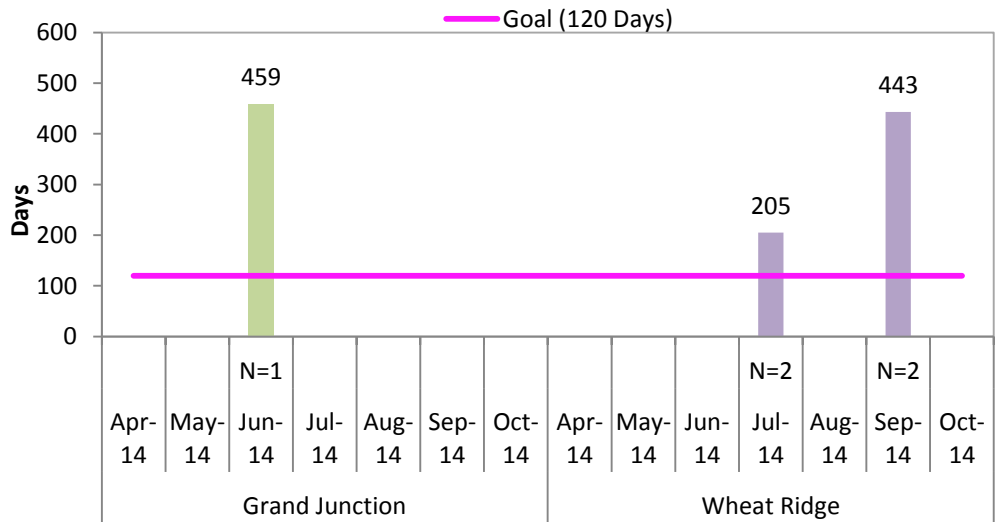
Division of Regional Center Operations (DRCO)

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 denominator.

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 there were no transitions from Grand Junction. Wheat Ridge transitioned two individuals from the Intensive Treatment model to the community, although they did not meet the 120 day goal.

Notes: PRC does not offer the Intensive Treatment model.



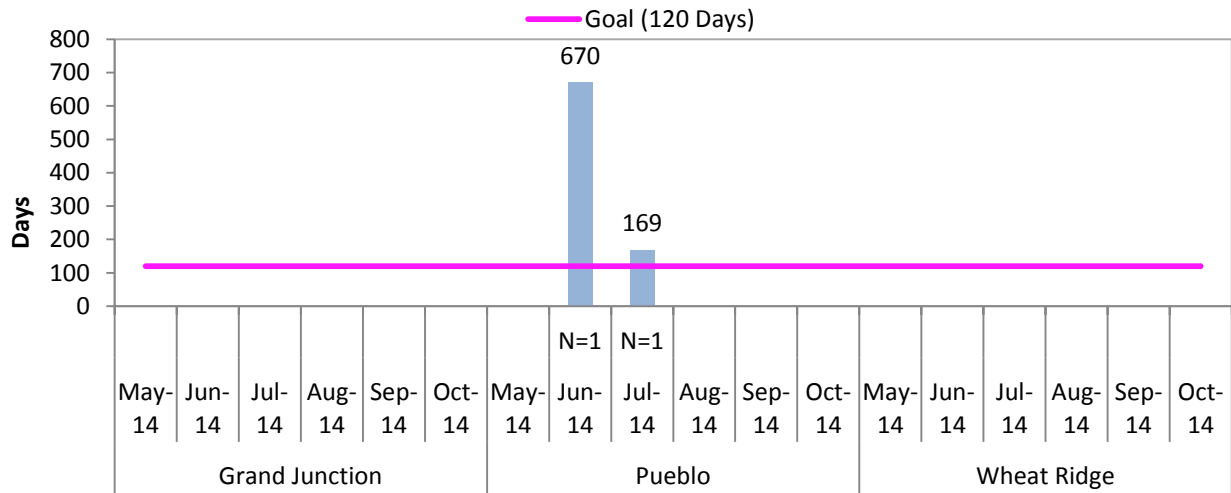
Division of Regional Center Operations (DRCO)

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 denominator.

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 there were no transitions from the Long-term model at any of the three regional centers.

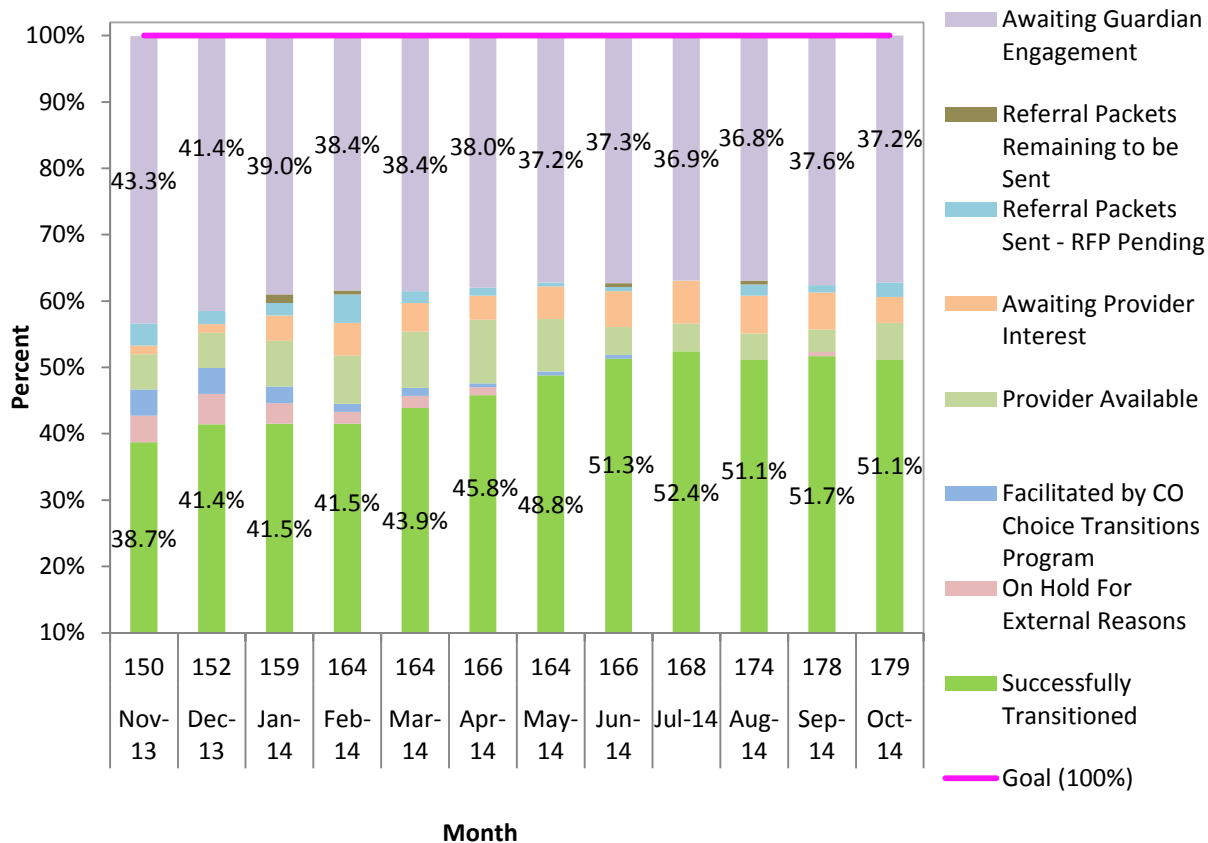
Division of Regional Center Operations (DRCO)

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 denominator.

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 decreased slightly from 52.4% to 51.1% over the most recent quarter due to multiple residents who have become ready for transition, but have not yet transitioned to the community.

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.

Acting Director: Viki Manley

Executive Summary

- *Percent of Residents without Anti-Psychotic Medication:* For the quarter being 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 were 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 a downward trajectory. The Division began further exploration into the practice at each Community Living Center in order to understand the occurrences (location, type, and severity) as well as how to anticipate and reduce falls in the future. The Division studied the Four Disciplines of Execution and determined they would apply the principles of the program toward the reduction of falls. This methodology was implemented throughout all four centers in October 2014.

Measures

- [Percent of Residents without Anti-Psychotic Medication](#)
- [Percent of Residents without Falls](#)



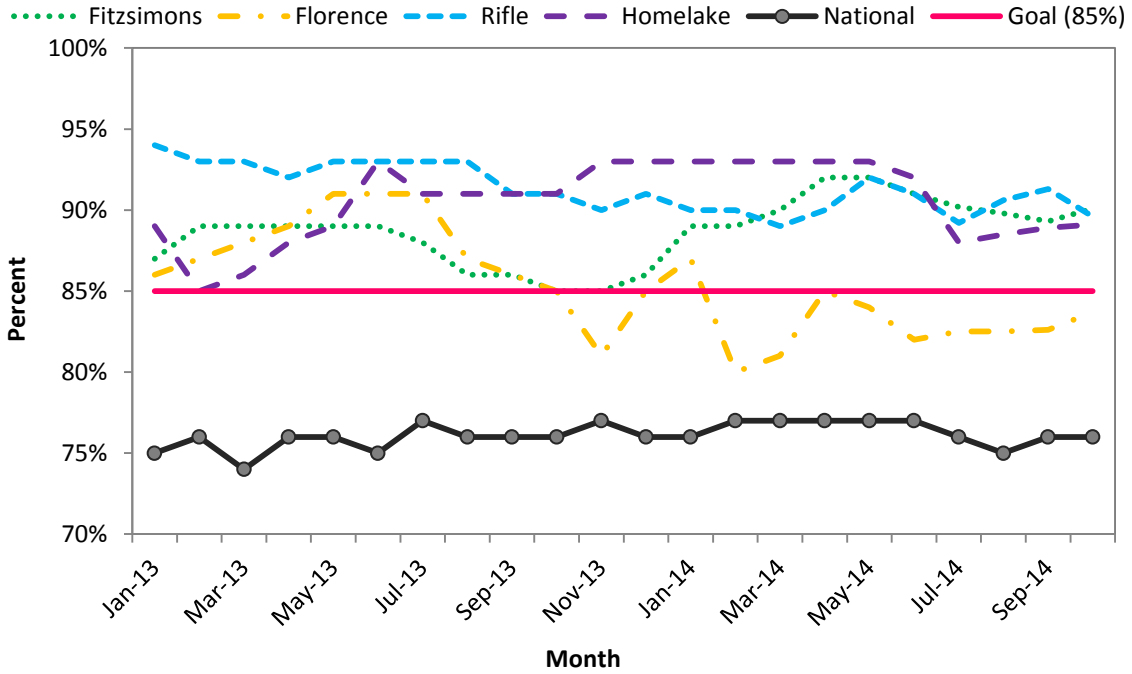
State Veterans Community Living Centers (SVCLC)

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: 163, Florence: 94, Rifle: 67, Homelake: 54

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: **↑85%**



Trend: Performance has remained relatively stable among all Community Living Centers over the most recent quarter. Fitzsimons, Homelake, and Rifle have all exceeded the 85% goal throughout the quarter, whereas Florence has not.





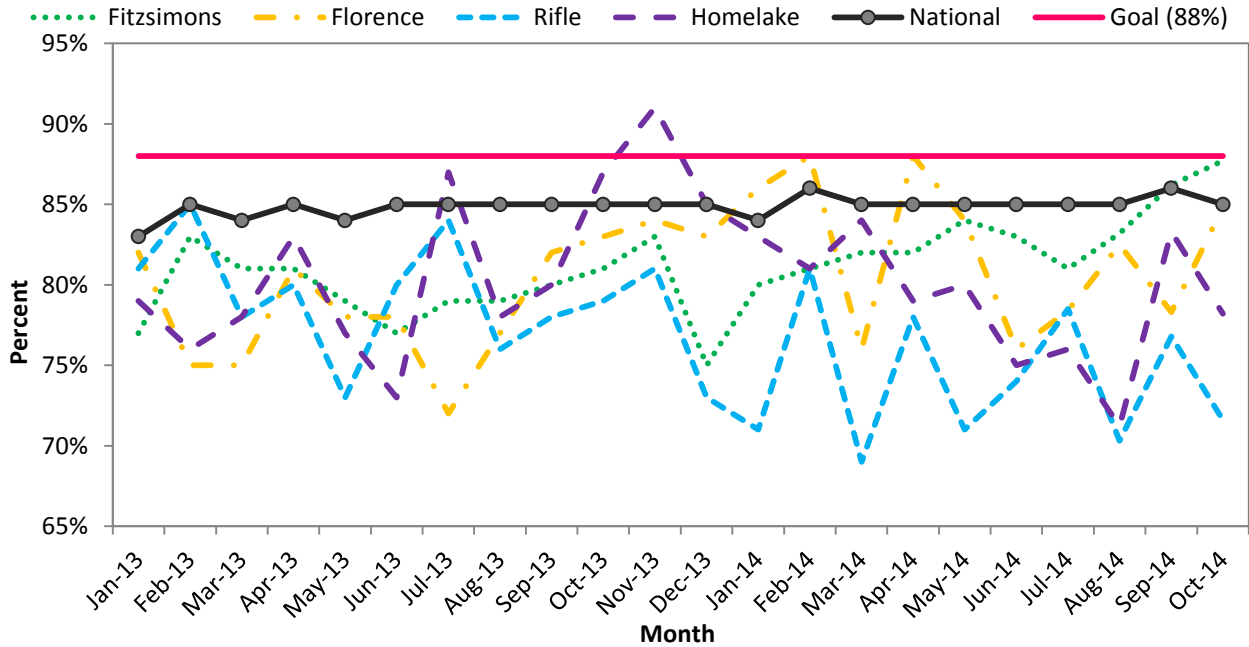
State Veterans Community Living Centers (SVCLC)

Measure: **Percent of residents without falls**

How it is measured: *Numerator:* Number of residents without falls
Denominator: Average Daily Census: Fitzsimons: 163, Florence: 94, Rifle: 67, Homelake: 54

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.

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.

Interim Director: Steve Anton

Executive Summary

- *Case Closure by Type*: Successful closures have a slight downward trajectory this quarter moving from 20% to 15%.
 - DVR completed a quality assurance review of all cases in June 2014. DVR underwent 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 were closed, particularly those without client contact for long periods of time, many closed unsuccessfully and are represented in both Order of Selection (OOS) and “Before Plan” closures. DVR also continues to release individuals from the Most Significant Disability category from the waiting list.
 - As a client is removed from the waiting list and begins to work with their Rehabilitation Counselor they sometimes find that the client has different life or health circumstances now as opposed to at the time of the eligibility determination. This could mean the client is currently unable to work in the way they had previously supposed.
- *Competitive Employment Wages*: The 2014 Federal Fiscal year, which is a cumulative measure, closed at \$11.75, seven cents higher than Federal Fiscal year 2013. The 2015 Federal Fiscal year opened, with only October earnings reported at \$11.80, almost one dollar lower than previous year’s performance in October.
- *Frequency of Client Contact*: In January 2014, *Frequency of 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. In the month of October there was a change in the case note categories that would be included in the calculation of the measure, resulting in the elimination of several case note categories that did not demonstrate meaningful individual contact. Due to this change, October performance shows a decrease from September.

Measures

- [Case Closure by Type](#)
- [Competitive Employment Wages](#)
- [Frequency of Client Contact](#)



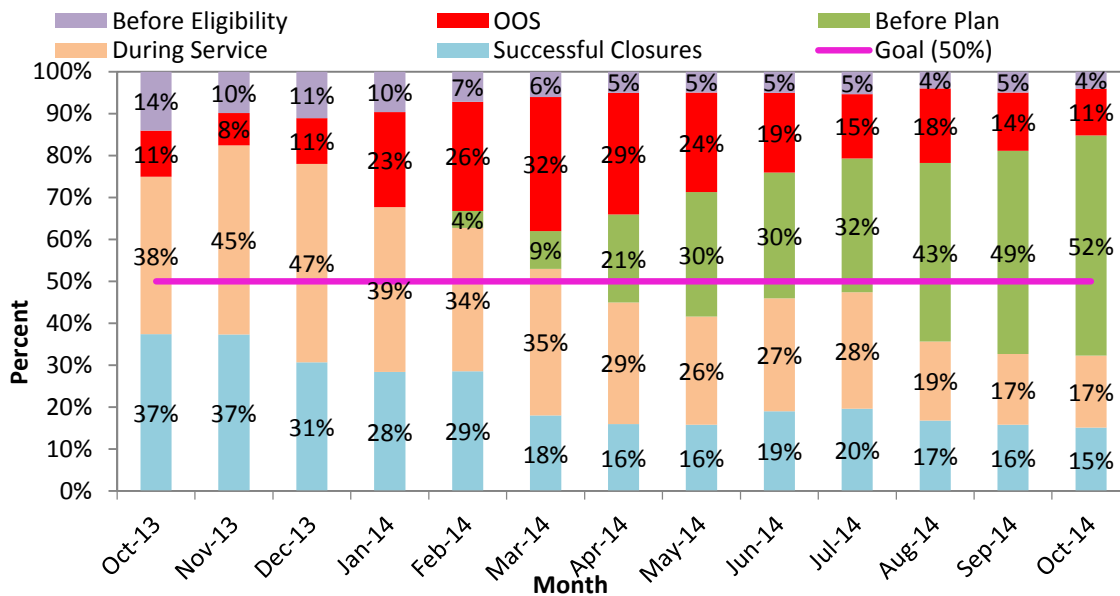
Division of Vocational Rehabilitation (DVR)

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: 584

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) decreased for three consecutive months during the past quarter (17% to 15%).

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 waiting list. In its place, a new cohort of closures was introduced which demonstrates those individuals who formally withdrew from the waiting list before beginning program participation.





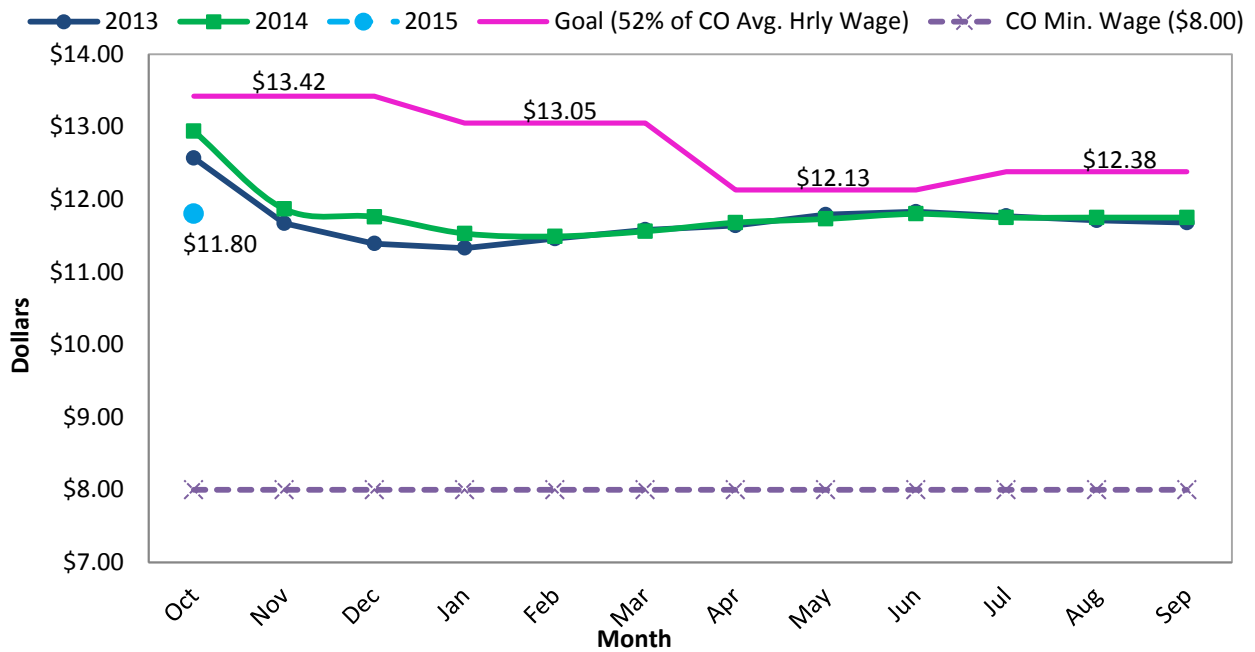
Division of Vocational Rehabilitation (DVR)

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 plateau in the overall cumulative hourly wage earned by participants, almost identical to the previous year. The current Federal Fiscal Year began lower than performance in the previous two years.

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



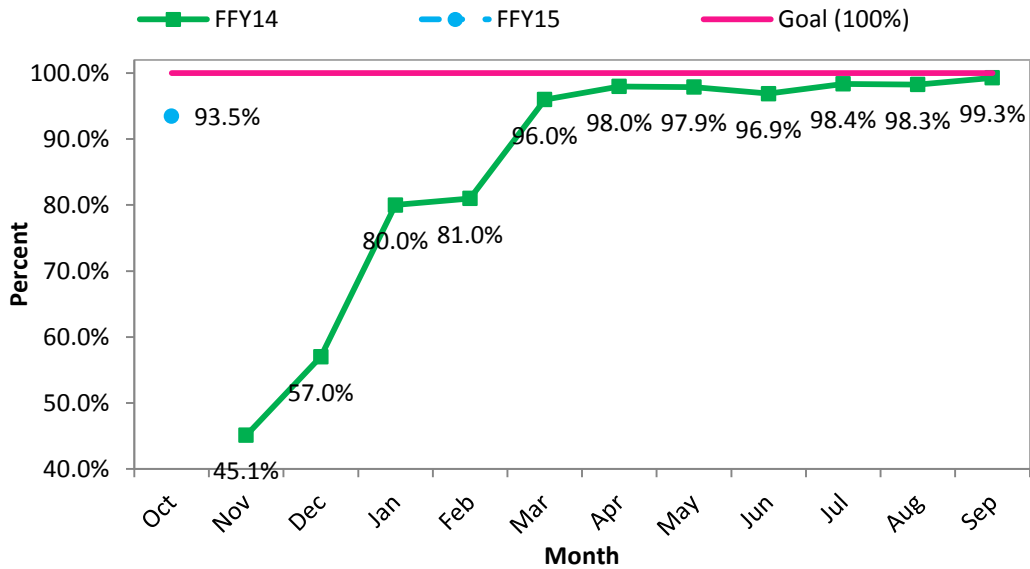
Division of Vocational Rehabilitation (DVR)

Measure: **Frequency of 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: 9,738

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

Goal: **↑100%**



Trend: This quarter of data shows a greater range in performance, starting at 98.3% and decreasing to 93.5%. The decrease in performance is due to the elimination of several contact types when calculating the report, and the training of staff around the change in documentation.

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 Centered 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

- *Accurate Child Care Reimbursement:* Over the past three years, manual CCCAP payments decreased nearly 20%, going from just over 21% in January 2011 to below three percent. Performance stabilized in February 2014 and has remained below the three percent goal. As a result of this consistent improved performance, this measure will no longer be reported in the C-Stat Quarterly Report. It will be reported exclusively on the C-Stat Dashboard, effective January 2015 (November 2014 data), rather than being included in the monthly C-Stat slides.
- *Children in the Colorado Child Care Assistance Program (CCCAP), Under the Age Five, in Top Tier Quality Rated Facilities:* In line with one of the SFY 15-16 CDHS Strategic Plan goals, ECL continues to expand the number of child care facilities that have a quality rating and increase the number of low-income children receiving high-quality child care.
 - Through the federal Race to the Top Early Learning Challenge Grant (\$45 million), CDHS is working to implement Colorado's next generation Quality Rating and Improvement System (QRIS) also known as "Colorado Shines."
 - As of December 2014, 26% of children receiving child care subsidy who are under the age of five were served in high quality child care settings. To achieve the goal, ECL developed three primary strategies to enhance performance:
 1. Alternative Pathways: Child Care sites with accreditations that allow programs to cross-walk into high quality ratings in the new Colorado Shines System.
 2. Large CCCAP Priority Sites: Child Care programs that serve at least 37.3 CCCAP children per month, on average.
 3. Medium CCCAP Priority Sites: Child Care programs that serve between 13 and 37.3 CCCAP children per month, on average.

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 Facility Complaints \(Severity 1-3\)](#)

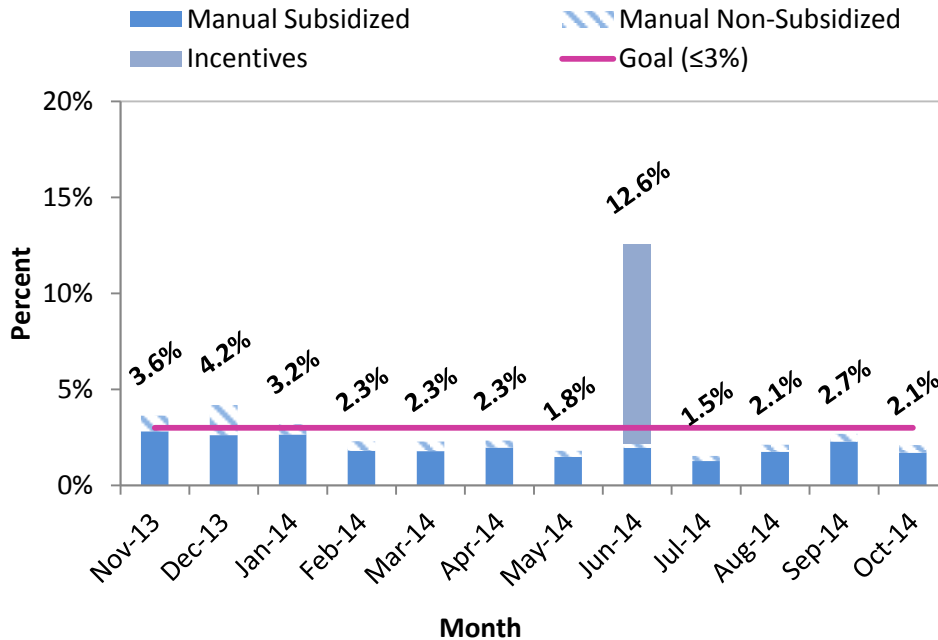
Early Care and Learning (ECL)

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: \$5,633,458

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: Performance remains stable, and remains below the three percent threshold.

Notes: This measure will be reported exclusively on the C-Stat Dashboard, effective January 2015 (November 2014 data).

Early Care and Learning (ECL)

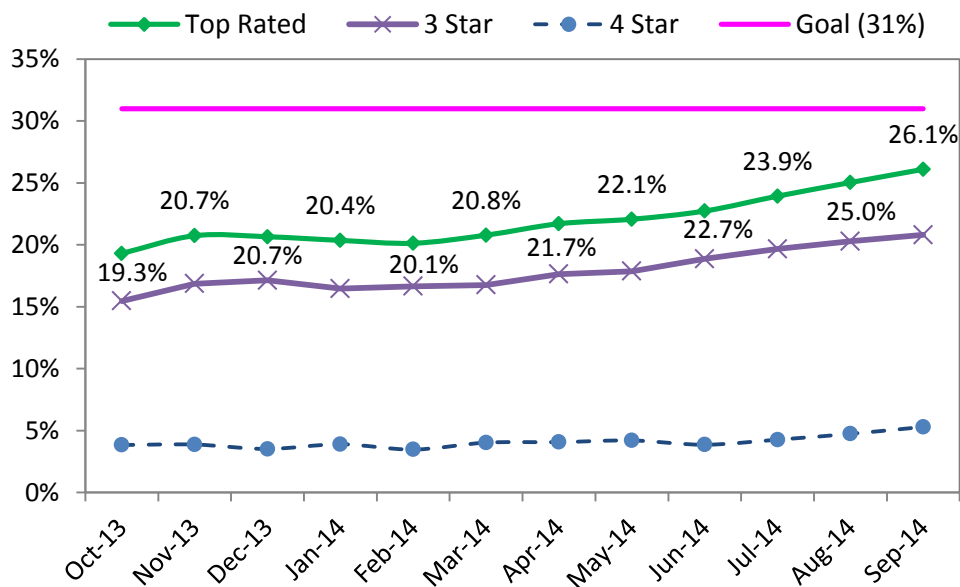
Measure: **Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities**

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: 9,650

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: **↑31%**



Trend: Performance continues to improve, going from 23.9% in July 2014 to 26.1% in September 2014. The 31% goal has not yet been achieved.

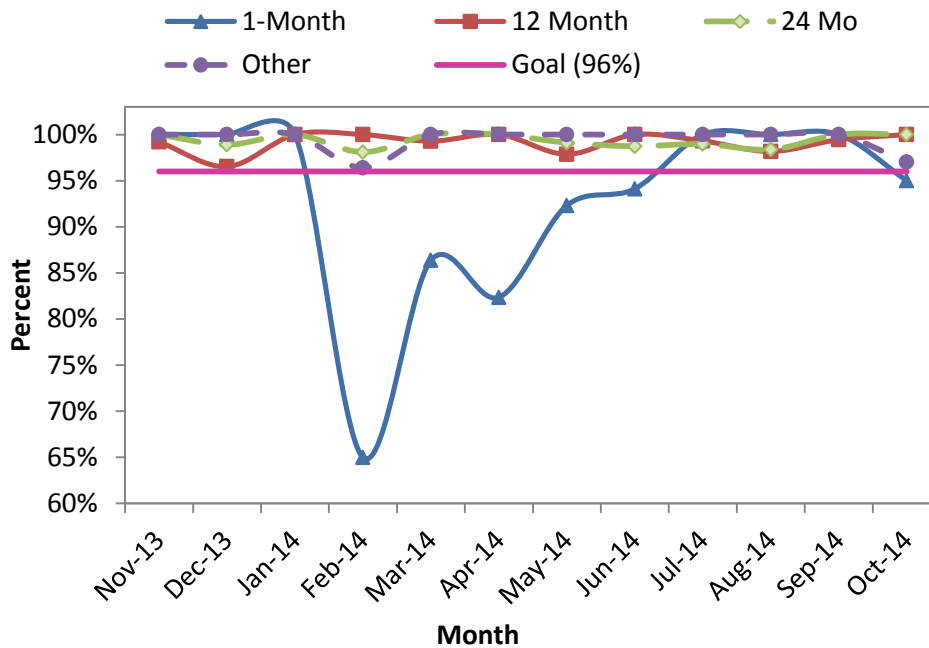
Early Care and Learning (ECL)

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: 19 ; 12-Month: 193; 24-Month: 104; Other: 24; Total: 340

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 declined slightly for both One-Month and Other Supervisory inspections. One-Month inspections fell slightly below the goal in October 2014.



Early Care and Learning (ECL)

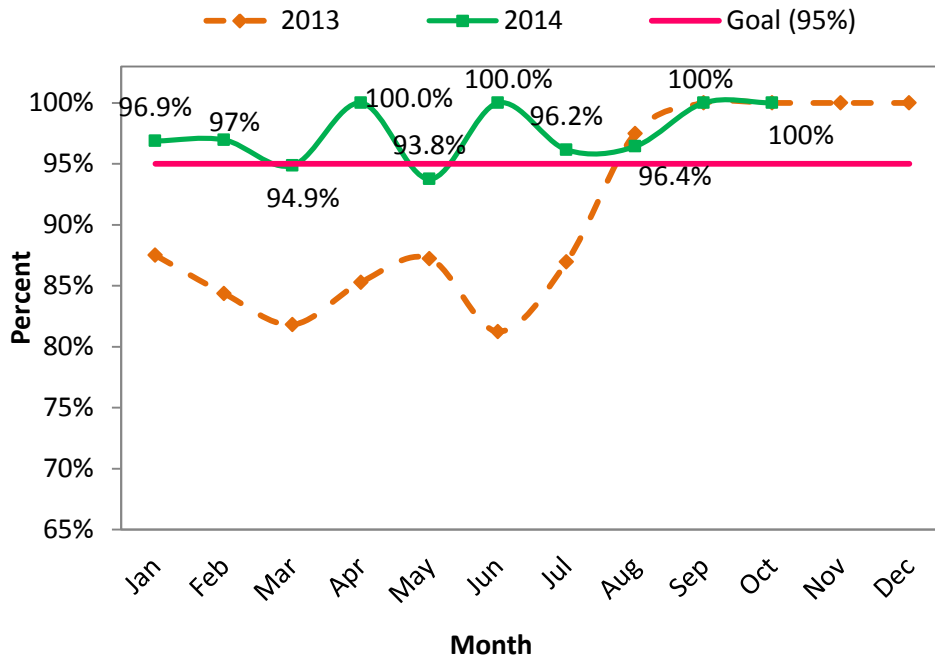
Measure: **Timely response to serious child care center complaints (severity 1-3)**

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

Denominator: Total number of serious child care facility complaint visits required in a given month (severity 1-3); Average monthly denominator: 30

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 improved over the most recent quarter, going from 96.4% in August 2014 to 100% in October 2014; performance exceeds the 95% goal.

Notes: Data only include complaints categorized as Severity levels 1-3; the full range is 0-5, with zero being the most serious and five being the least. County Child Protection staff is responsible for responding to Severity Level 0 complaints (imminent and specific danger).



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: Mary Martin

Executive Summary

- *Timely services for infants and toddlers eligible for Early Intervention:* In response to growing caseloads in Colorado, Early Intervention completed an analysis of caseload growth in other states. The results concluded that, when compared to states with similar eligibility criteria, Colorado has the second fastest growing case load in terms of both number of clients and percent of kids under three years old receiving services despite a decrease in the population of children under three.
- *Additional CFS Program Measures:* Early Intervention is currently the only CFS program tracking outcomes in C-Stat, however, there is an active effort to develop a plan to create measures for the remaining CFS programs. To do this, CFS is creating logic models for each of the CFS programs in an effort to align services and outcomes.

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)

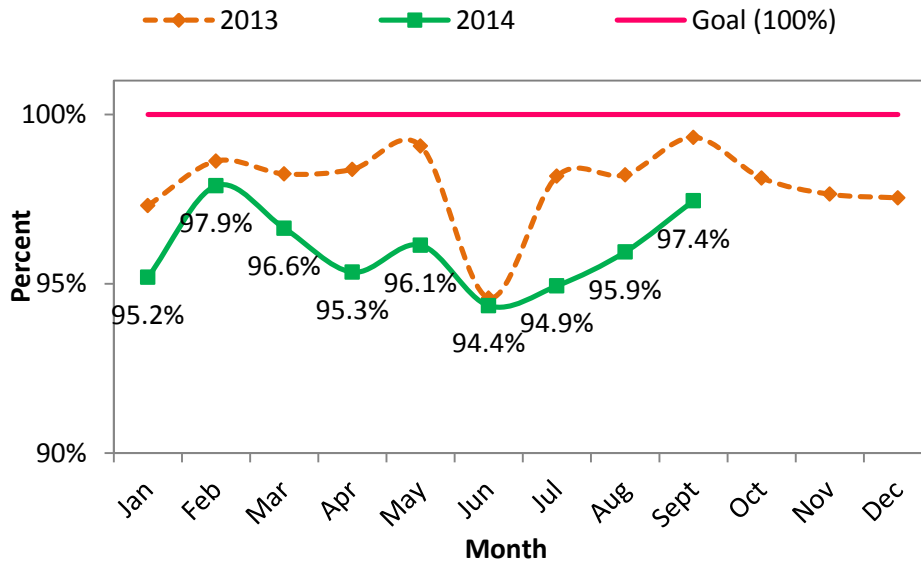
Measure: **Timely services for infants and toddlers eligible for Early Intervention (Federal Measure)**

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: 1,011

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: Performance continues to improve, going from 94.4% in June 2014 to 97.4% in September 2014. The 100% goal was not achieved.



Community and Family Supports (CFS)

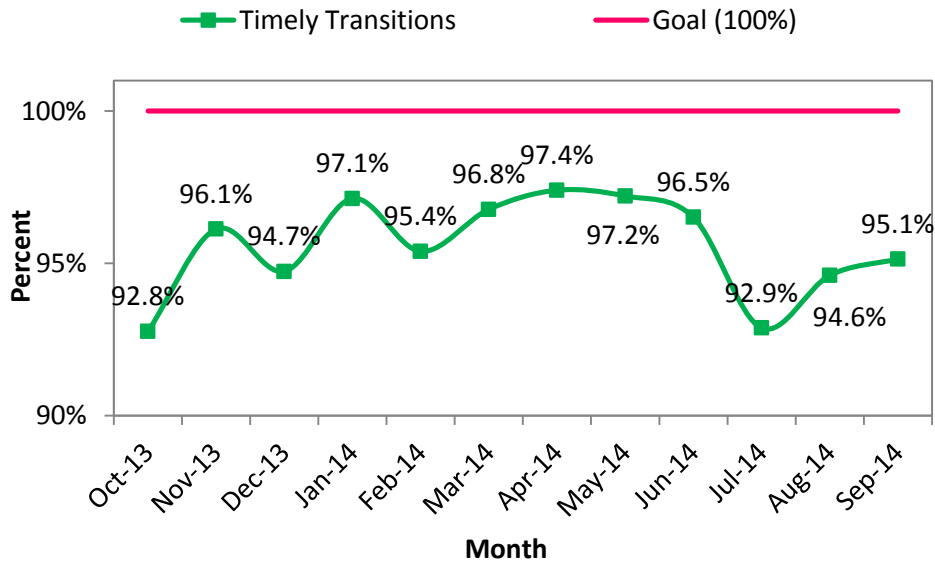
Measure: **Timely transitions for infants and toddlers exiting Early Intervention (Federal Measure)**

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: 299

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

Goal: **↑100%**



Trend: After declining between June and July 2014, performance improved in the last quarter, going from 92.9% in July 2014 to 95.1% in September 2014. The 100% goal remains unmet.



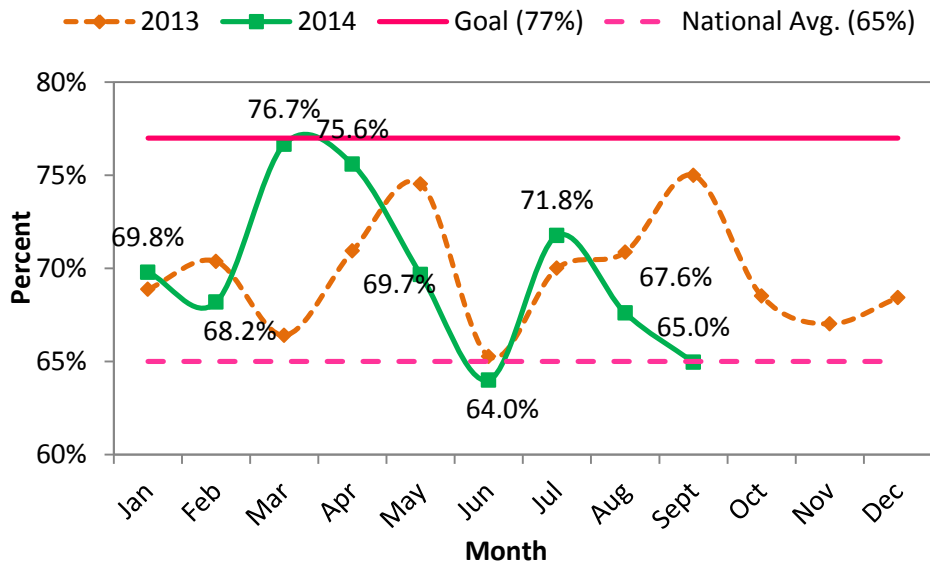
Community and Family Supports (CFS)

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: 130

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: Performance declined, going from 71.8% in July 2014 to 65% in September 2014. The 77% goal was not 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.





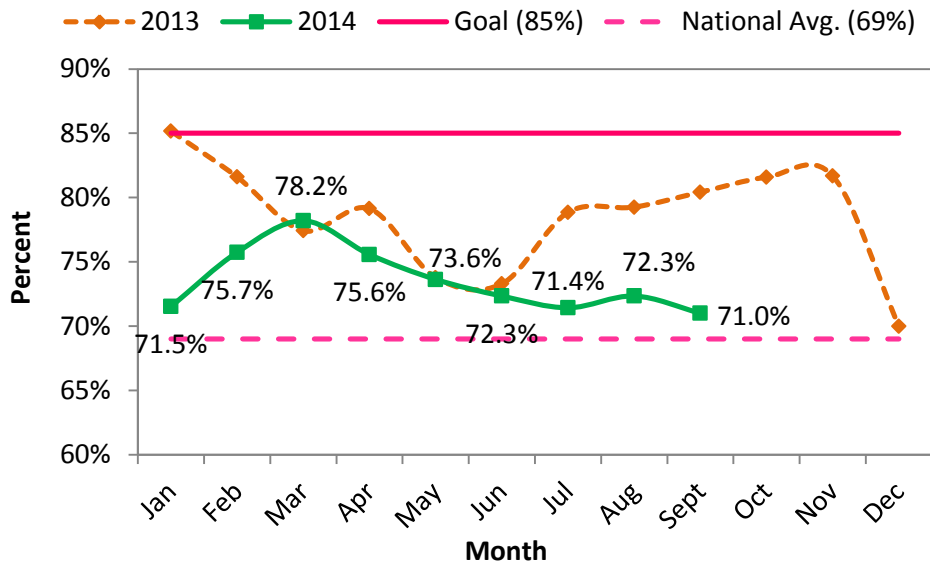
Community and Family Supports (CFS)

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: 184

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

Goal: **↑85%**



Trend: Performance over the most recent quarter remains relatively stable, fluctuating between 71% (September 2014) and 72.3% (August 2014). The 85% goal was not achieved.

Notes: This measure is a CDHS Strategic Plan Measure. 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.





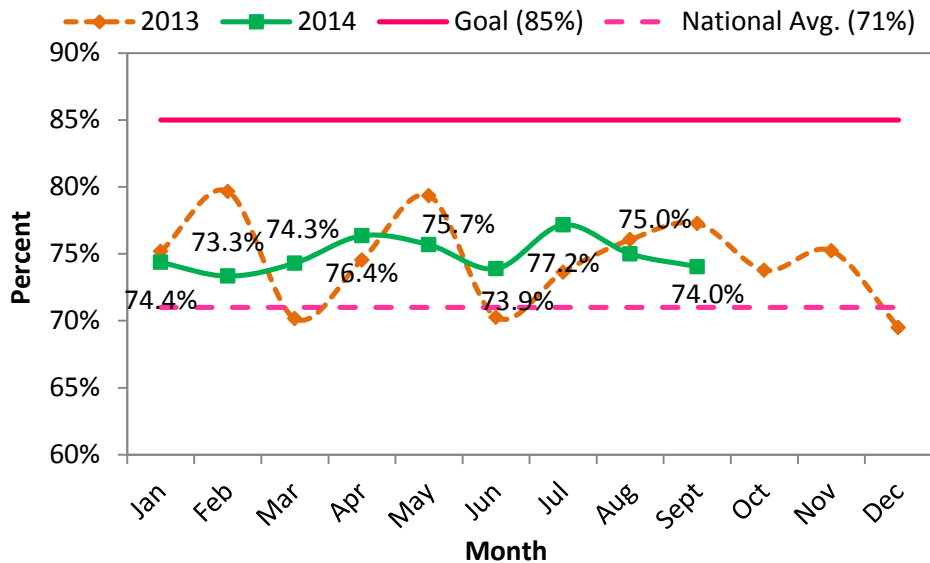
Community and Family Supports (CFS)

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: 148

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

Goal: **↑85%**



Trend: Performance declined slightly, going from 77.2% in July 2014 to 74.0% in September 2014. The 85% goal was not achieved.

Notes: Use of Appropriate Behaviors to Meet Needs 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.

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.

Director: Larry Desbien

Executive Summary

- The Division continues to focus efforts on improving the performance in *Percentage of Current Support Collected* with four highlighted counties (Denver, El Paso, Mesa and Pueblo). Each of the four counties met their monthly goals in two of three months (September and October) in the quarter, with monthly performance demonstrating a significant decline statewide in November. Because the measure as depicted in this report is cumulative, the month-to-month performance decline in November is muted.
- The Division attributes the decline in November to a number of factors including a reduced number of business days, the final two days of the month falling on a weekend, and the final weekend falling immediately after the Thanksgiving holiday. Some payments require a manual intervention by a technician in order for a payment to be released to the custodial parent or guardian. While many counties have technicians working on weekends, the effect remains as not all cases can be touched in the time allowed. To reduce the need for manual interventions, the Division is pursuing strategies to increase the number of electronic payments made, which are not affected by business hours.
- A specialist has been hired to focus on increasing the number of electronic payments submitted. This individual will be tasked with improving outreach to employers to enroll in electronic submission of income withholdings, as well as outreach to non-custodial payers to increase automatic payments by debit or credit cards.
- The Division convened an Intergovernmental Support Summit attended by state staff and county partners. The purpose was to examine practices that lead to positive performance in collections of Intergovernmental support. Counties (such as Boulder, who lead in this area) shared practices that have shown success in gaining response from “Responding” states. These practices will be tested in coming months for efficacy, and a statewide model may be determined from these results.

Measures

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



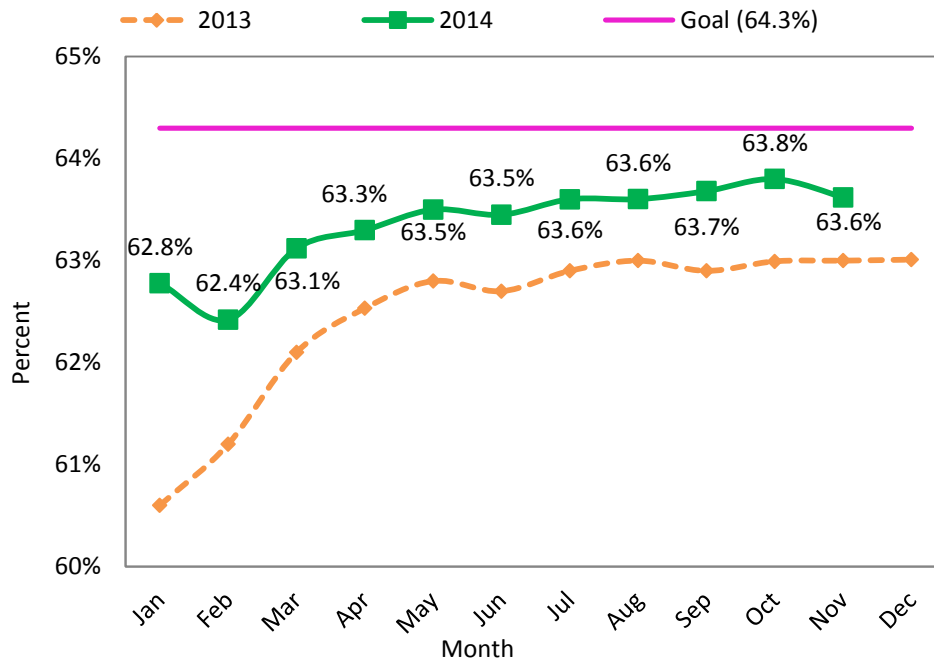
Child Support Services (CSS)

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

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 August 2014: \$355.5.m

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

Goal: **↑64.3%**



Trend: Performance at the end of the quarter was .5% percentage points above the same month in 2013. Performance in the quarter achieved the highest percent of Current Support ever measured in C-Stat.





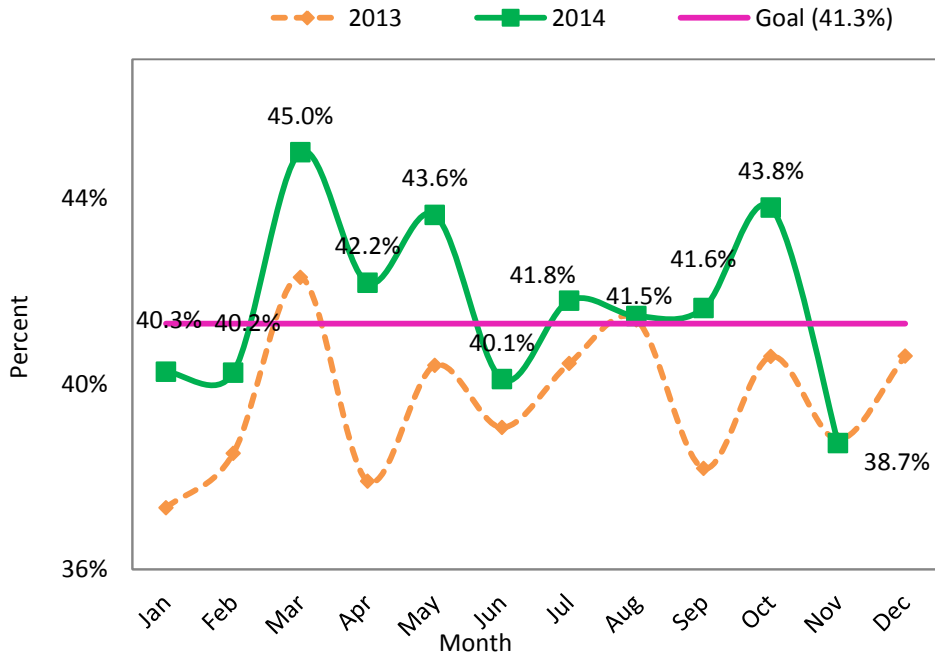
Child Support Services (CSS)

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: 108,066

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

Goal: **↑41.3%**



Trend: Performance remained above the goal for two months of this quarter, with a sharp decline in November (see Executive Summary).

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.

State Refugee Coordinator: Kit Taintor

Executive Summary

- *Entered Employment* ended the year achieving the highest results ever seen. There continues to be a focus on building relationships with employers and skill development for clients, which the Division attributes to continuing success. There is an acknowledgement by the Division that the improving economy is a positive factor in the performance of this measure.
- The program is working with Volunteer Agencies (Volags) to put in place processes that may better withstand economic downturns. As they continue to develop their “Colorado Employment Model”, the intent is to establish and maintain practices that will help to ensure clients can be placed in employment opportunities during difficult economic periods.
- The program continues to examine performance seen in *90 Day Employment Retention*, which has not been able to meet or exceed the performance of last year. The Division is examining a number of factors including the client’s reasoning for leaving/moving jobs, number of placements for individual clients and the measure’s methodology and timeframe for counting.
- Further this is a Federal measure the program is required to report to the U.S. Office of Refugee Resettlement. While reporting to federal authorities will not cease, program staff are evaluating whether it meets the intent of the Department and of C-Stat, meaning it positively affects the outcomes of clients.

Measures

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



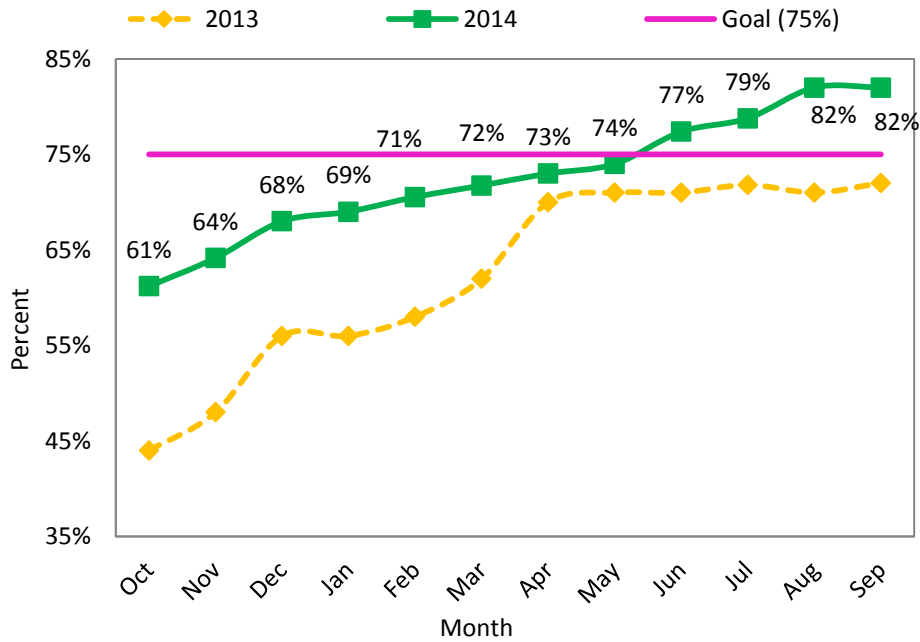
Colorado Refugee Services Program (CRSP)

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: 1494

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

Goal: **↑75%**



Trend: Measure exceeded the goal for the final four months of Federal Fiscal Year 2014.



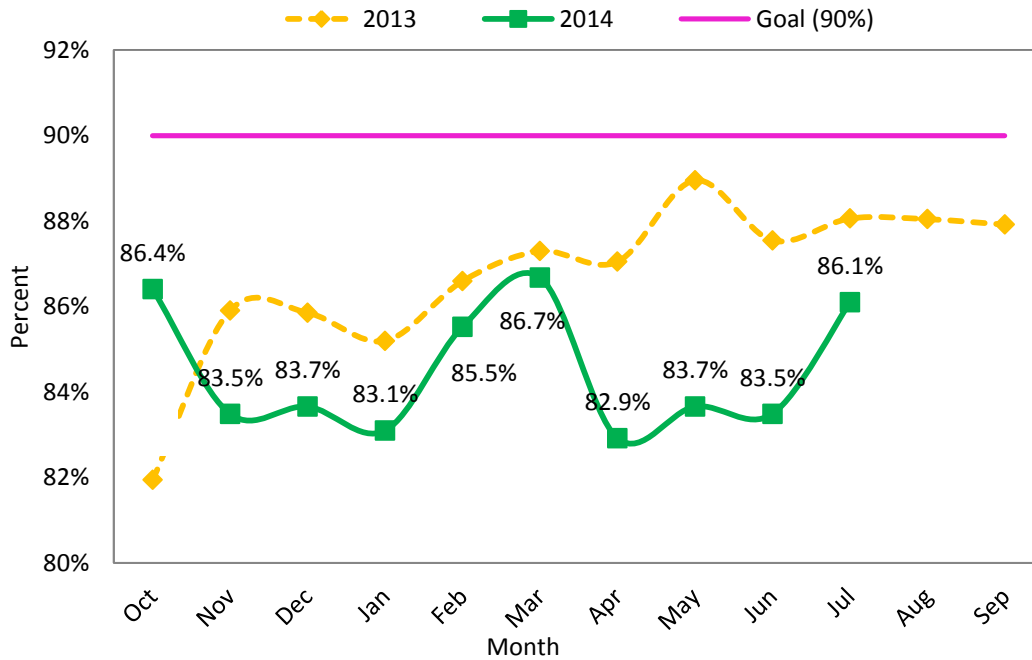
Colorado Refugee Services Program (CRSP)

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 year to date;
Cumulative monthly denominator: 1029

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

Goal: **↑90%**



Trend: Performance improved in the last month of the quarter.

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.



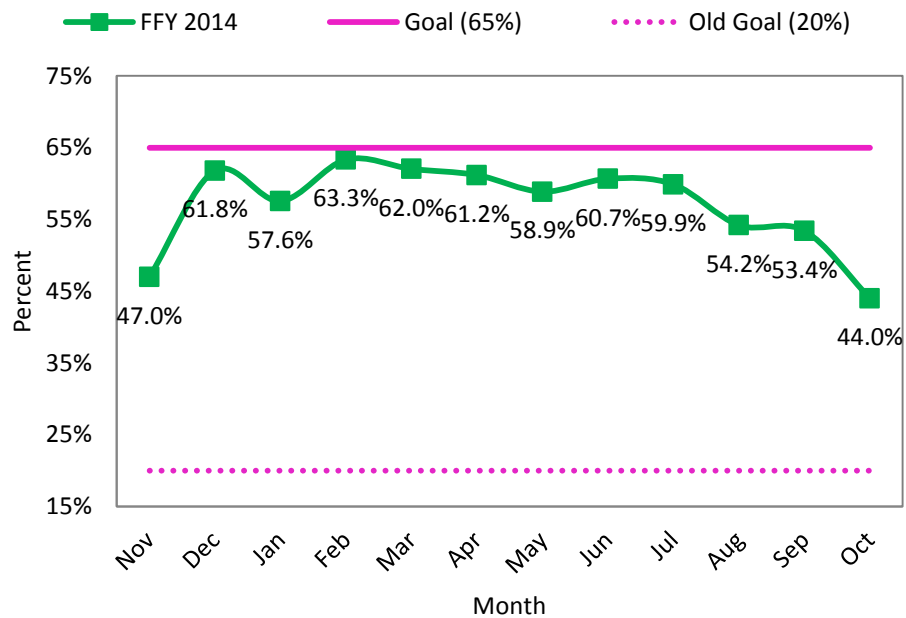
Colorado Refugee Services Program (CRSP)

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: 984

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: **↑65%***



Trend: A downward trend has been in place since February. October’s performance was nearly 20 percentage points below February.

Notes: * The methodology was adjusted during the 4th quarter of the Federal Fiscal Year. The denominator now only includes secondary placements, whereas it previously included all placements. The goal (set for FFY 2015) has been adjusted to reflect this change. (It was previously 20% and is now set at 65%).





Colorado Refugee Services Program (CRSP)

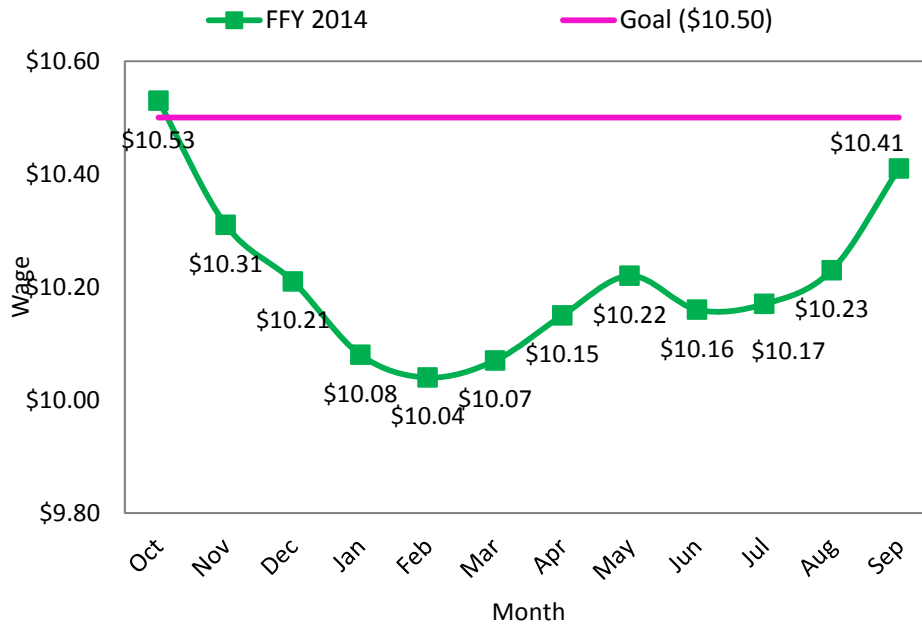
Measure: **Increase in hourly wage**

How it is measured: *Numerator:* Sum of reported hourly wage for each placement as reported by VOLAGS year to date

Denominator: Number of full time placements year to date; Cumulative Average Wage: \$10.41

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: Performance improved in the quarter, increasing by \$0.24 over July.

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 and 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.

Director: Katie Griego

Executive Summary

- *Timeliness of New Adult Financial Applications* has maintained performance above the goal the duration of the quarter. The Division is examining performance in this area, in order to gain insight on what may be effective strategies for other measures within the program.
- The Division is examining the requirements of redetermination applications for the Adult Financial program, looking especially at policy and procedures related to the Med-9 form required for the Aid to Needy Disabled (AND) program. The Med-9 form requires a physician certify the client's medical condition to ensure that they continue to be affected by a qualifying condition. Acquiring this certification can at times be onerous for clients, so efforts such as including them in the earliest possible correspondence have been identified by some counties as "best practices".
- As a part of the Performance and Partnerships Exchange (PPE), an initiative that compiles successful strategies in place in county agencies, county leaders chose Adult Financial Program C-Stat measures to be examined. A number of high performing counties were identified and their practices leading to timely processing of Adult Financial applications were captured, compiled, and published. Also, a webinar lead by county program managers was held for the benefit of other counties to learn about effective practices from their peers. The webinar and additional information is available online:
<https://sites.google.com/a/state.co.us/performance-management/performance-partnerships-exchange>
- The Division continues to see success with new applications (Timeliness of New Colorado Works Applications has been above 95% for more than two years), while also continuing to find challenges with redeterminations.

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](#)



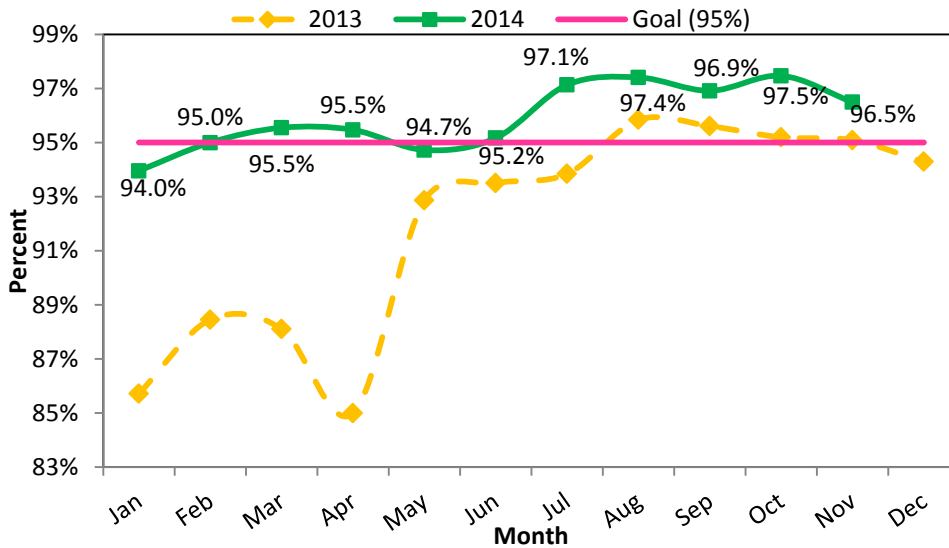
Employment and Benefits Division: Adult Financial (AF)

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

How it is measured: *Numerator:* Number of new applications processed timely (45 days for OAP and 60 days for AND)
Denominator: Number of new applications processed in the month;
Average monthly denominator: 2,675

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 measures remained above the goal for the duration of the quarter.



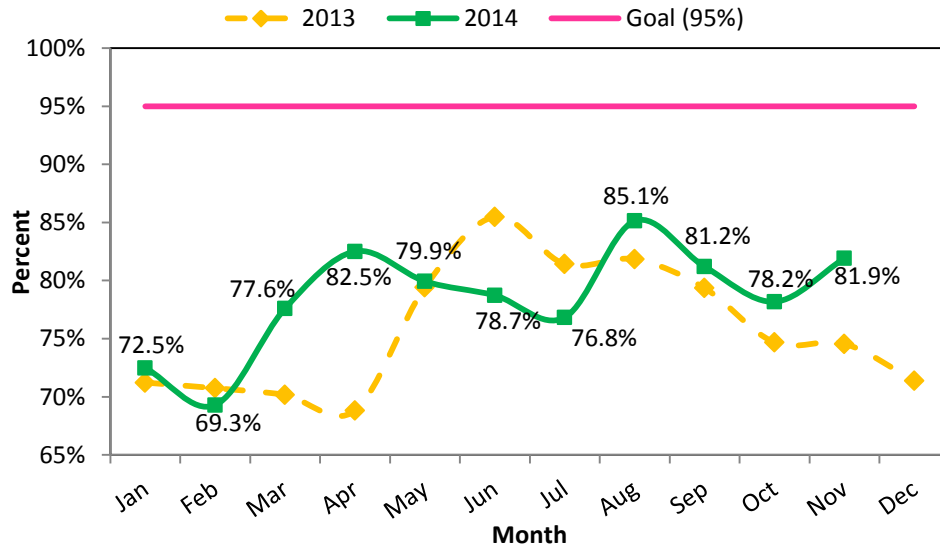
Employment and Benefits Division: Adult Financial (AF)

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

How it is measured: *Numerator:* Number of redetermination Adult Financial applications processed timely
Denominator: Number of redetermination Adult Financial applications processed in the month; Average monthly denominator: 1,243

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

Goal: **↑95%**



Trend: Performance showed two months of upward trajectory towards the goal.



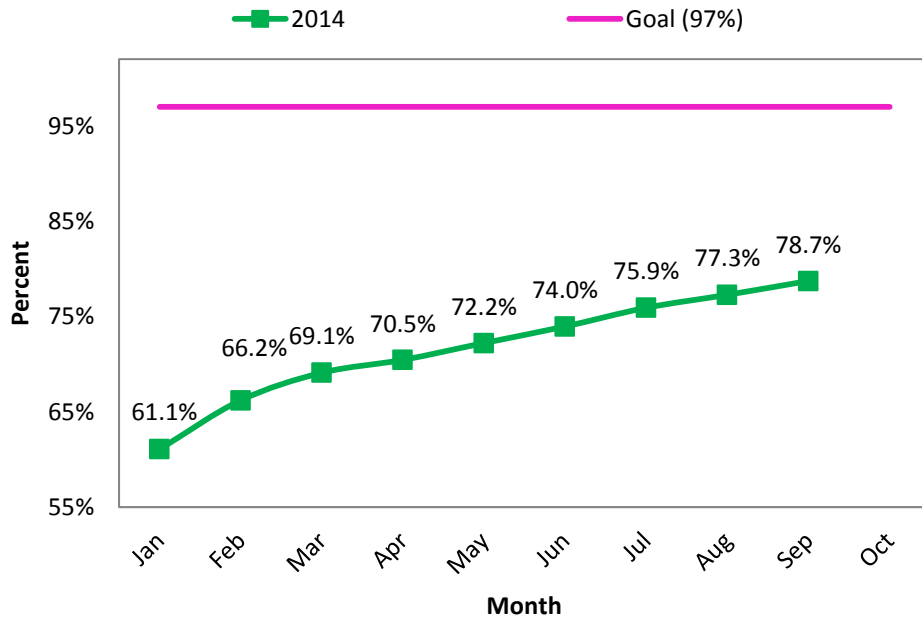
Employment and Benefits Division: Adult Financial (AF)

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: \$40,922

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 in performance since January, increasing by nearly 18 percentage points.



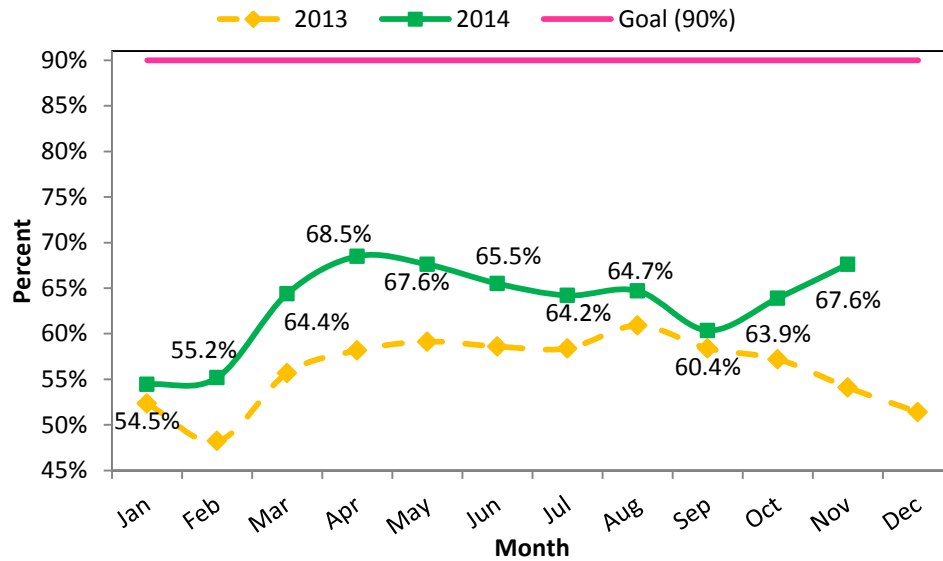
Employment and Benefits Division: Colorado Works (CW)

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: 3,345.3

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: The duration of this quarter marked two months of improved performance and an upward trajectory.



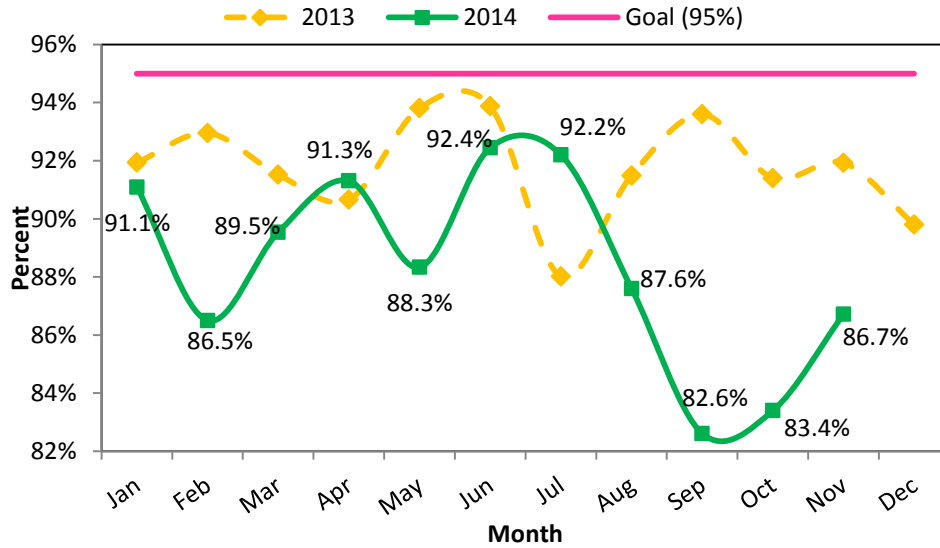
Employment and Benefits Division: Colorado Works (CW)

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

How it is measured: *Numerator:* Number of redetermination applications processed timely (60 days)
Denominator: Number of redetermination applications processed timely in the month: 2067.3

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: Performance has demonstrated two months of improved rates during the most recent quarter.



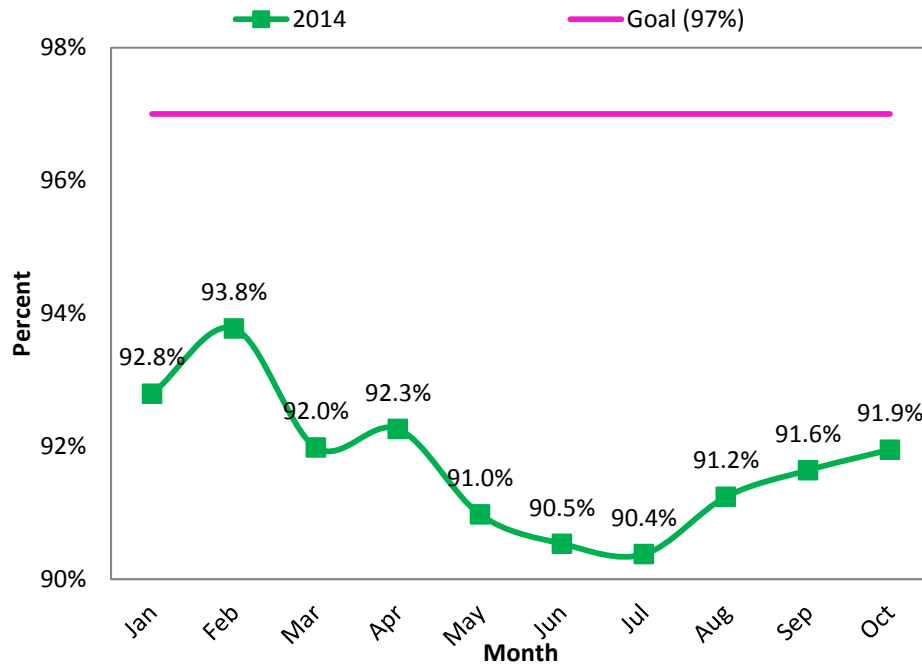
Employment and Benefits Division: Colorado Works (CW)

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: \$52,306

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

Goal: **↑97%**



Trend: *Colorado Works Payment Accuracy* saw a steady decline since C-Stat measurement began in January through July of 2014. In this quarter, performance has improved steadily, gaining 1.5% over July.



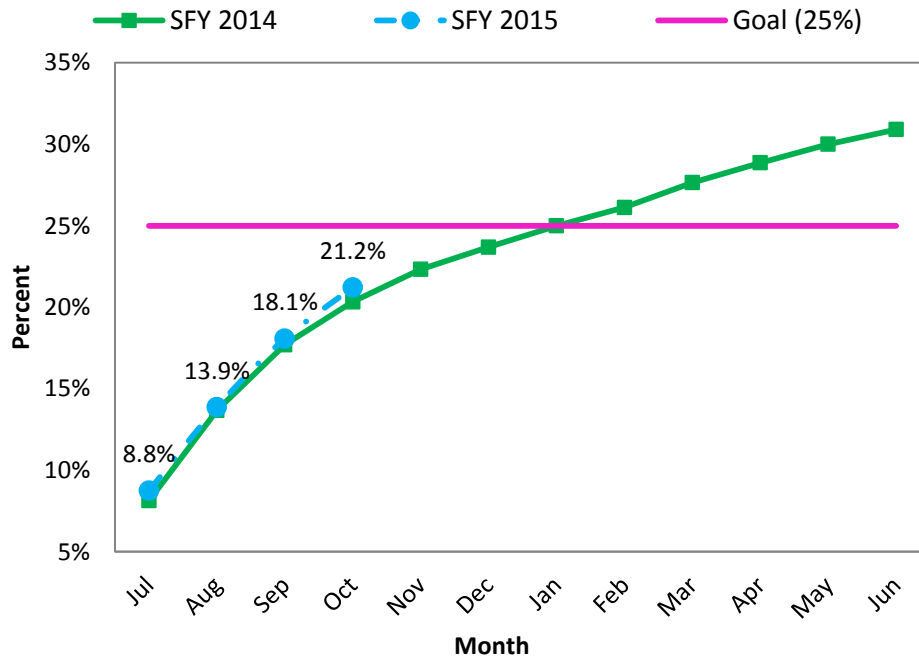
Employment and Benefits Division: Colorado Works (CW)

Measure: **Entered employment**

How it is measured: *Numerator:* Number of individuals who gained employment in the year to date
Denominator: Number of individuals enrolled in Workforce Development year to date who are not in the same employment activity continuously throughout the reporting month (i.e., not already employed; Cumulative number of individuals entering employment year to date: 14,730

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

Goal: **↑25%***



Trend: Performance is slightly outpacing last year, with October of State Fiscal Year 2015 being nearly 1% above the same period of 2014.

Note: *Methodology has been updated since the last report. The Division continues to refine which individuals are included in the denominator to ensure only those who are in a position to seek employment are counted. The measure was also aligned with the state fiscal year and the goal reflects the Department wide strategic plan which set it at 25%.

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.

Director: Lena Harris-Wilson

Executive Summary

- While all the Food Assistance timeliness of applications measures did not reach their respective goals, some lessons were learned. First, the Division reports improvements in county performance for those counties fully utilizing and adhering to the Business Process Reengineering (BPR) plans they developed with the Change and Innovation Agency (CIA).
- Second, the Division has received feedback from CIA and various counties regarding the use of Work Management Systems (WMS). WMSs are used to manage the work load of applications and case updates. Each individual county was allowed to build, or buy, a WMS. CIA indicates that due to various circumstances, not all WMSs are meeting the needs of counties. The Division of Food and Energy Assistance (in conjunction with the Employment and Benefits Division and Office of Economic Security leadership) is working with counties to find WMS solutions that meet programmatic needs and are compatible with county priorities.
- The Division has identified worker and supervisor training as an area of focus. Division staff has begun hosting weekly webinars, titled “SNAP-Chats,” touching on various policies and procedures in the Food Assistance application process. Many of these topics have been identified either through reviews by the Division of Quality Assurance and Quality Improvement or through areas identified by county partners. The webinars are intended to fill in gaps of training or understanding of policy across the state. Counties are asked to identify themselves when signing in. This allows the Division to monitor who is actively participating.

Measures

- [Timeliness of New Food Assistance Applications](#)
- [New Food Assistance Applications Process 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](#)



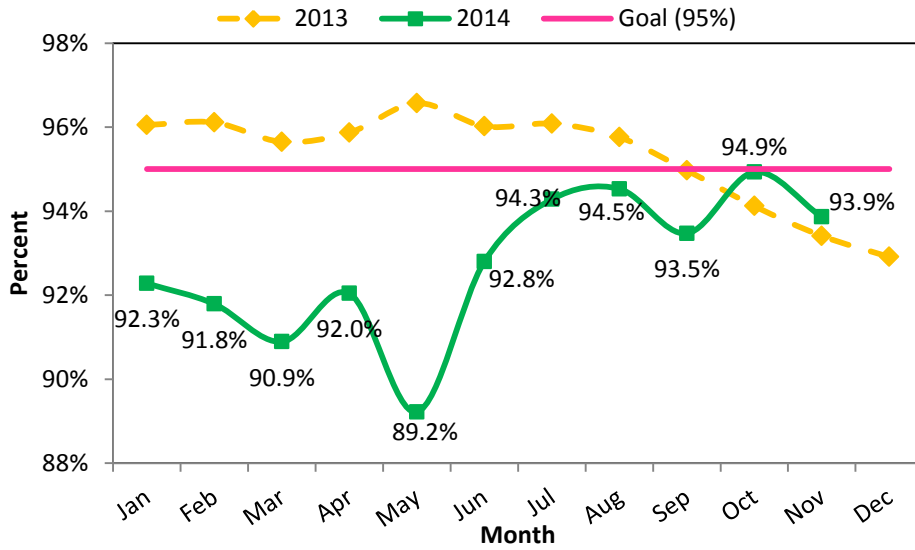
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of new Food Assistance applications processed timely
Denominator: Number of new Food Assistance applications processed in the month; Average monthly denominator: 12,994.7

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: **↑95%**



Trend: The past quarter showed monthly fluctuation in performance.



Food and Energy Assistance: Food Assistance (FA)

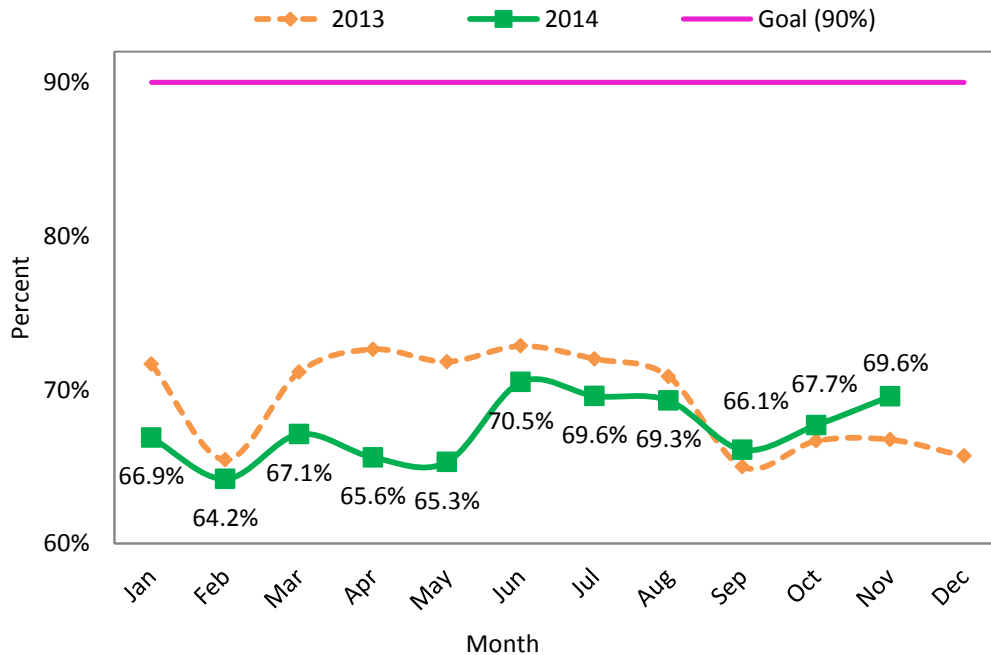
Measure: **New Food Assistance applications processed in 7 days or less**

How it is measured: *Numerator:* Number of new and expedited Food Assistance applications processed in 7 days or less

Denominator: Number of applications processed in the month; Average monthly denominator: 24,787

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 remained relatively steady for almost 2 years. This was however the first quarter that outperformed 2013.



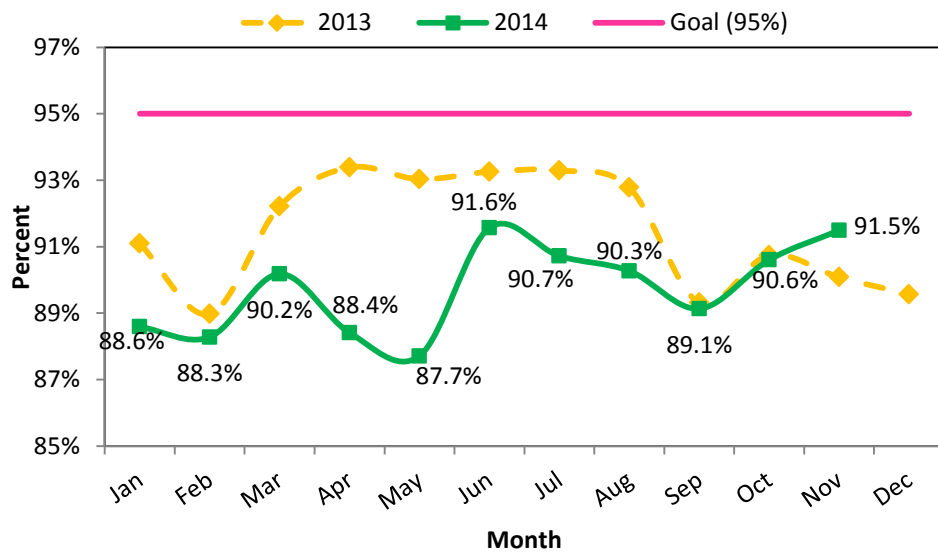
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of expedited Food Assistance applications processed timely
Denominator: Number of expedited Food Assistance applications processed in the month;
Average monthly denominator: 10,842.3

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: **↑95%**



Trend: Performance in the most recent quarter reflects two months of upward trajectory.



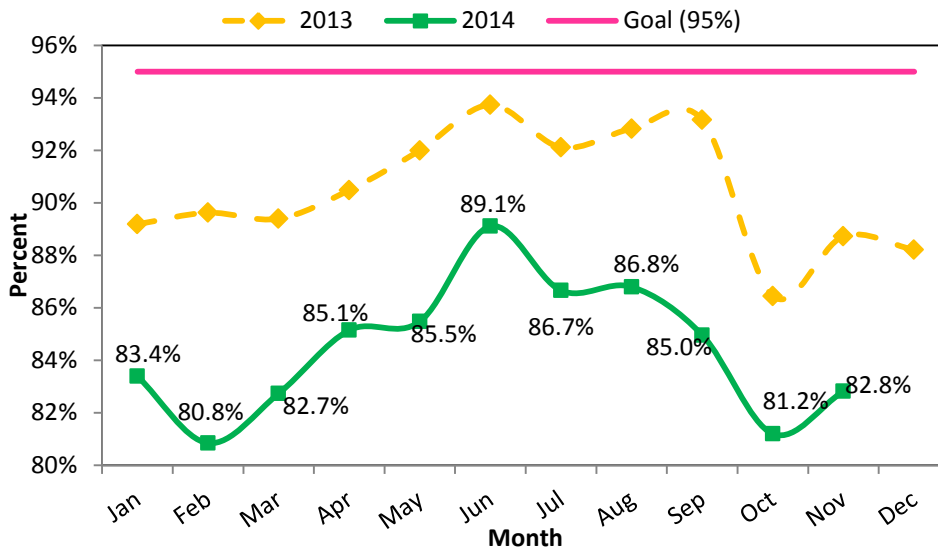
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of redetermination (RRR) Food Assistance applications processed timely
Denominator: Number of redetermination (RRR) Food Assistance applications processed in the month; Average monthly denominator: 19,483.3

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: The most recent quarter reflects two months of declined performance, with an uptick in November.



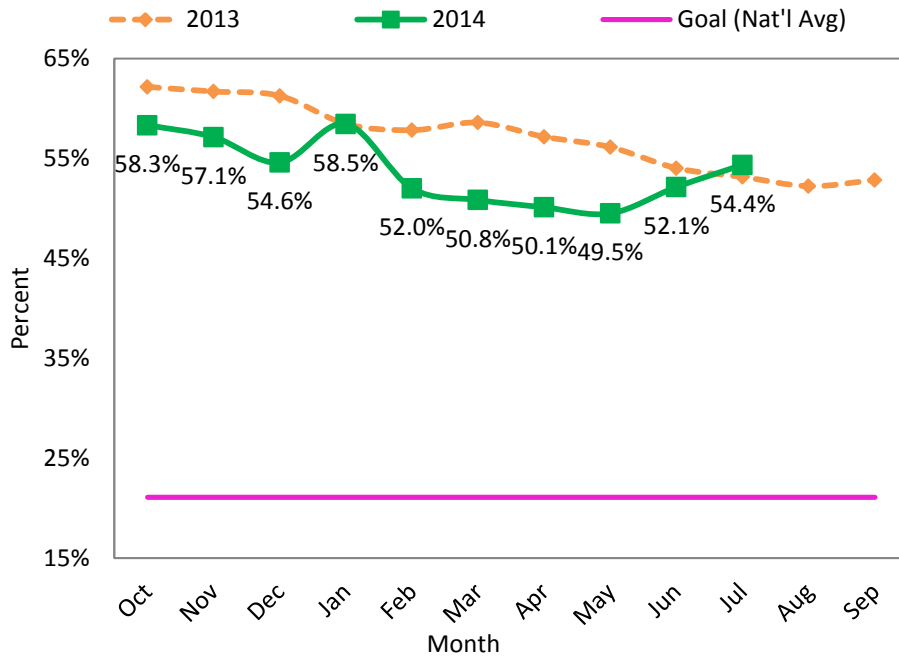
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Cumulative number of incorrect negative actions sampled through the month
Denominator: Cumulative number of negative actions sampled year to date; Cumulative denominator: 631

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: Performance declined in the last two months, moving from below 50% (May) to the highest point in seven months (July).

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 has 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



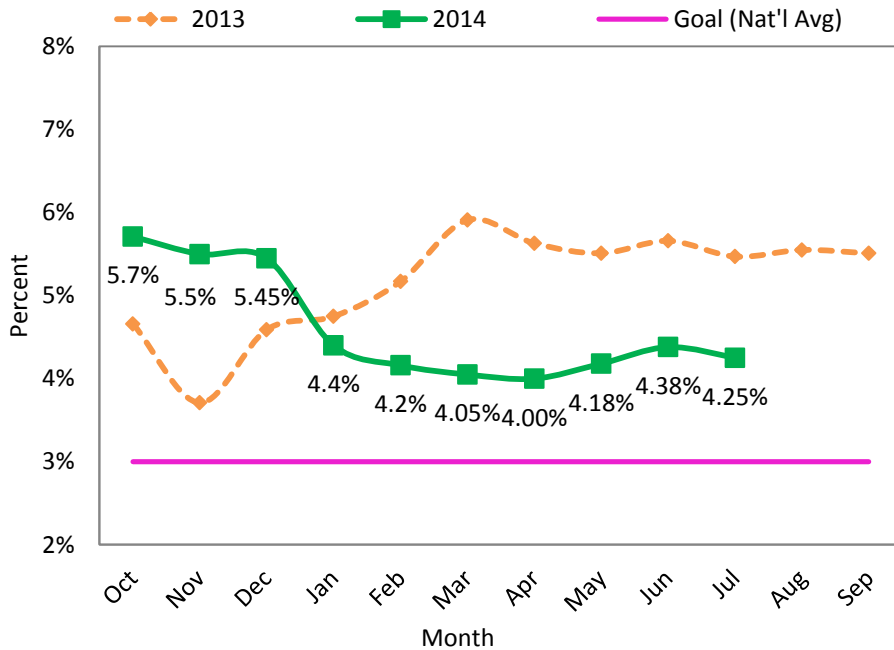
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance payment error rate**

How it is measured: *Numerator:* Cumulative dollar amount of misauthorized benefits in the sample through the month
Denominator: Cumulative dollar amount of authorized benefits sampled year to date;
Cumulative denominator: \$215,071

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

Goal: **↓**Below national average



Trend: Performance has remained relatively steady since January, falling between 4% and 4.4%.