



Summary Report

January – March 2015

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 March 31, 2015. C-Stat measures, however, remain fluid in nature as progress is made and data refined. C-Stat will continue to evolve to meet the objective of measuring key performance indicators for CDHS.

Each graph reflects the data available and reviewed as of the March 2015 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.”

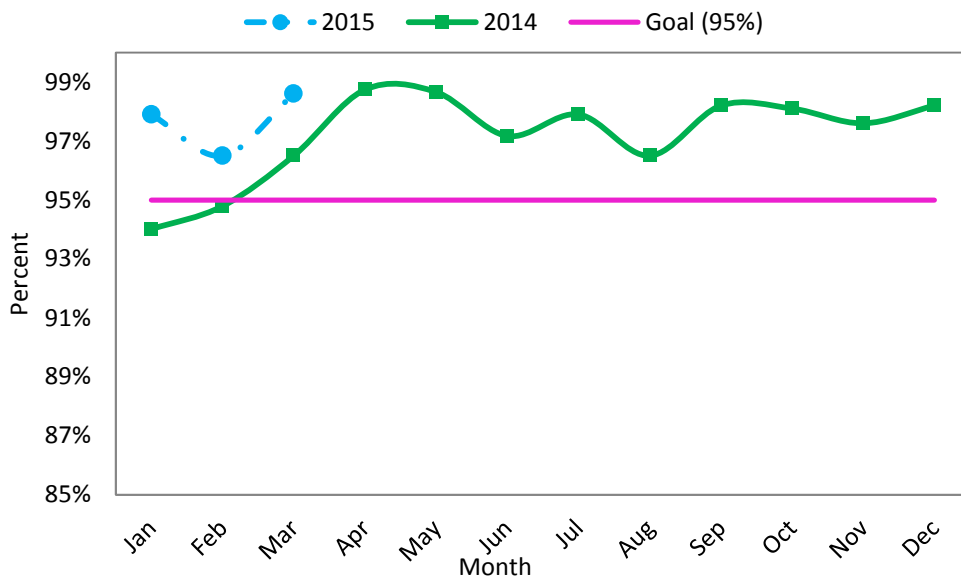
Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; average number of people in a facility per day. These provide an indication 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).

Acting Interim Director: 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 designed to better identify indigent clients, 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 the *Timeliness of Appointments Offered* measure. The success 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 clients’ 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:

- *Persons Reducing the Use of Substance from Admission to Discharge in Substance Use Disorder Treatment:* The January 2015 performance of 91% is the highest performance achieved.
- *Percent of Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment:* January’s rate represents a decline of 23.3% from the previous month’s performance.
- 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*) reflected ongoing performance fluctuation. Rates for the last five months of 2014 were lower than those of the same months in 2013. This pattern is consistent each year since 2012.

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**

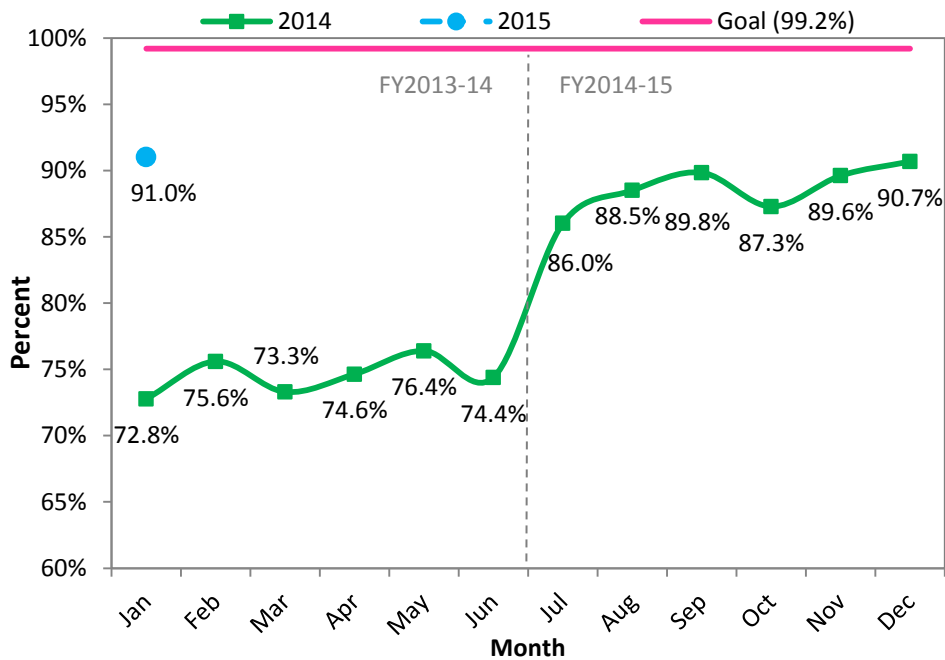
How it is measured: *Numerator:* Number of persons offered an appointment for outpatient substance use disorder treatment in less than three days from first contact

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

Average monthly denominator: 891

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

Goal: **↑99.2%**



Trend: Performance over the past quarter reflects an upward trajectory of 1.7%.

Notes: Methodological changes to this measure include analyzing Special Connections files 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.



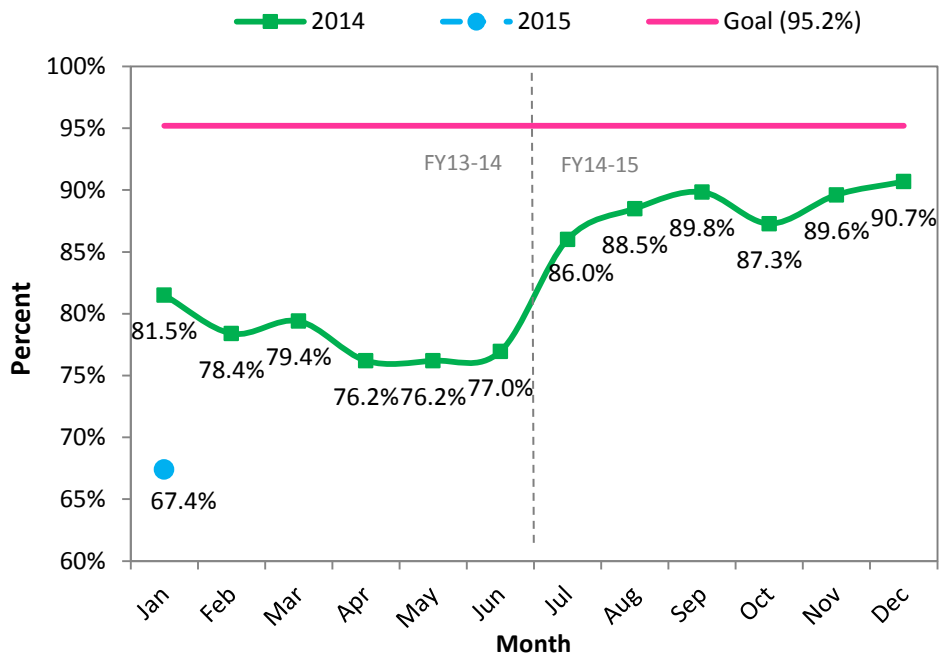
Community Behavioral Health (CBH)

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 in November and December demonstrated an upward trajectory. January’s rate represents a decline of 23.3%, likely due to Boulder County being incorporated into Mental Health Partners.

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



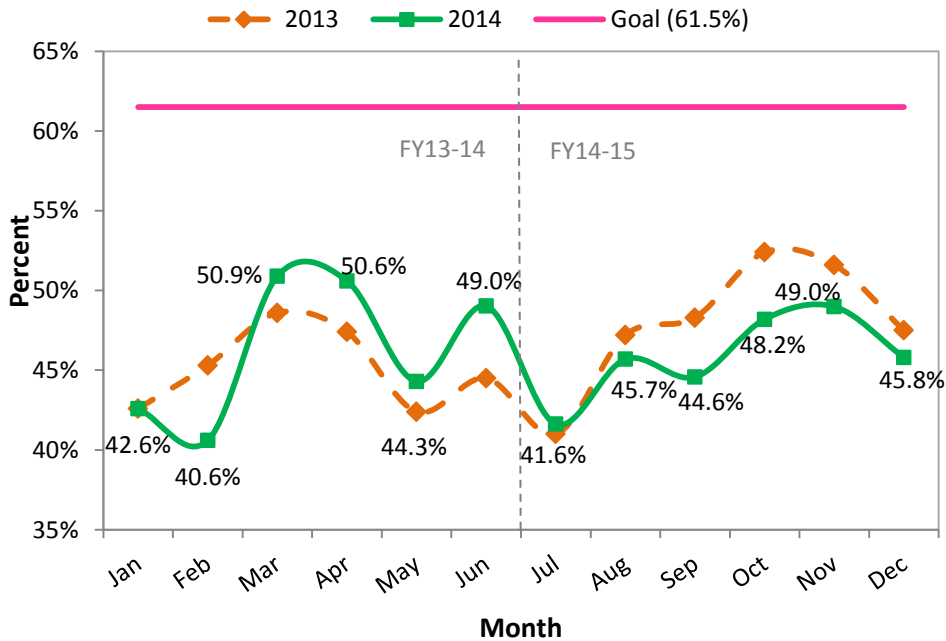
Community Behavioral Health (CBH)

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: 479

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. Seasonal trends continue to be observed.

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.

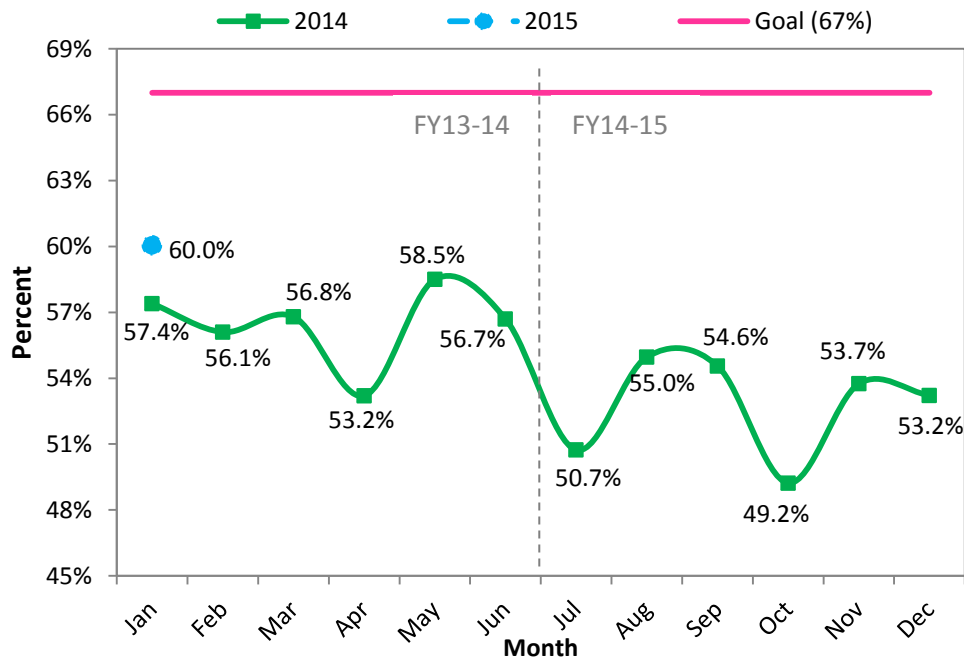
Community Behavioral Health (CBH)

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: 758

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 monthly fluctuation, and rates in 2014 ranged from 49.2% (October) – 58.5% (May).

Notes: One provider, who accounts for 15-20% of the overall volume each month, failed to submit data for January 2015 at the time of this analysis. It is anticipated that the January rate of 60% will change.

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).



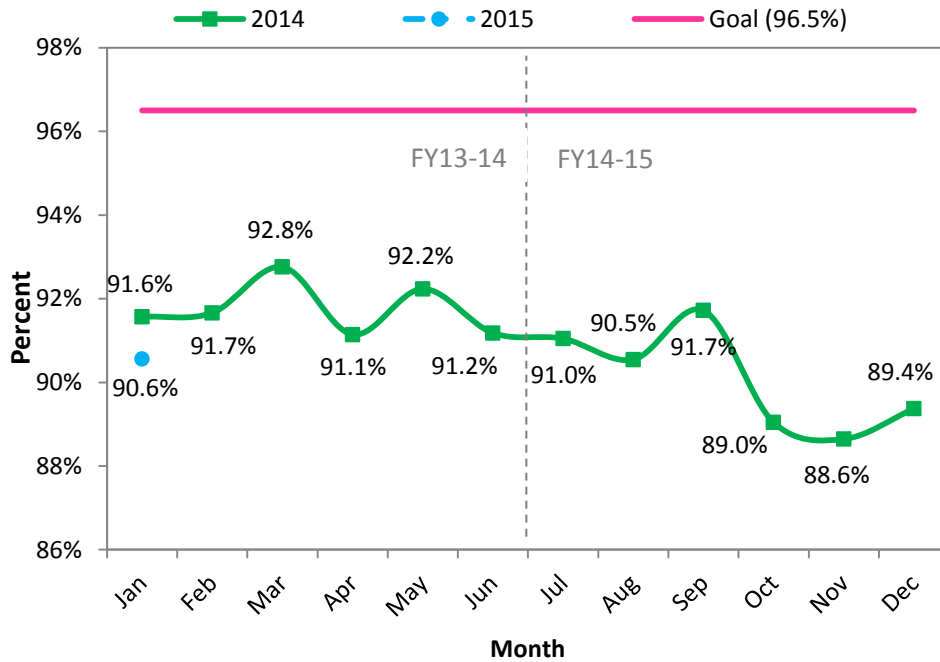
Community Behavioral Health (CBH)

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: 875.3

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 for the most recent quarter (November 2014 – January 2015) shows a three-month upward trend in performance.

Notes: It should be noted that one provider failed to submit data for January 2015 at the time of this analysis. This particular provider typically accounts for 15-20% of the overall data volume each month. It is anticipated that the January rate of 90.6% will change.

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.

Deputy Director for Clinical Services: Dr. Patrick Fox

CMHIFL Hospital Director: Dr. Christopher Burke

CMHIP Hospital Director: Ron Hale

Executive Summary:

- *Rates of Seclusion Use: Fort Logan & Pueblo:* The Fort Logan Institute met the goal, while the Pueblo Institute saw monthly averages above the goal for the duration of the quarter. While above the goal, performance trends at CMHIP reflect a downward trajectory towards the goal.
- *Rates of Restraint Use: Fort Logan & Pueblo:* The Pueblo Institute saw rates increase for each month of the quarter while the Fort Logan Institute remained below the goal each month. To help better understand the increasing rates at CMHIP, the OBH Leadership Team provides in-depth analysis on each of the individuals who utilize the most hours each month for Executive Management.
- *Percent of Civil Patients Ready for Discharge but Have Barriers: Fort Logan & Pueblo:* Both Institutes experienced stagnant performance on this measure for the second quarter.
- *Percent of 30-Day Readmissions: Fort Logan & Pueblo:* The Fort Logan Institute stayed below the goal for two of the three months this quarter. The Pueblo Institute stayed below the goal for the duration of the quarter, and had two consecutive months of zero 30-day readmissions.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo:* Rates at Fort Logan were below the goal for two of the three months this quarter. The Pueblo Institute has stayed below the goal for seven consecutive months.

Measures:

- [Rate of Seclusion Use – Fort Logan & Pueblo](#)
- [Rate of Restraint 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](#)



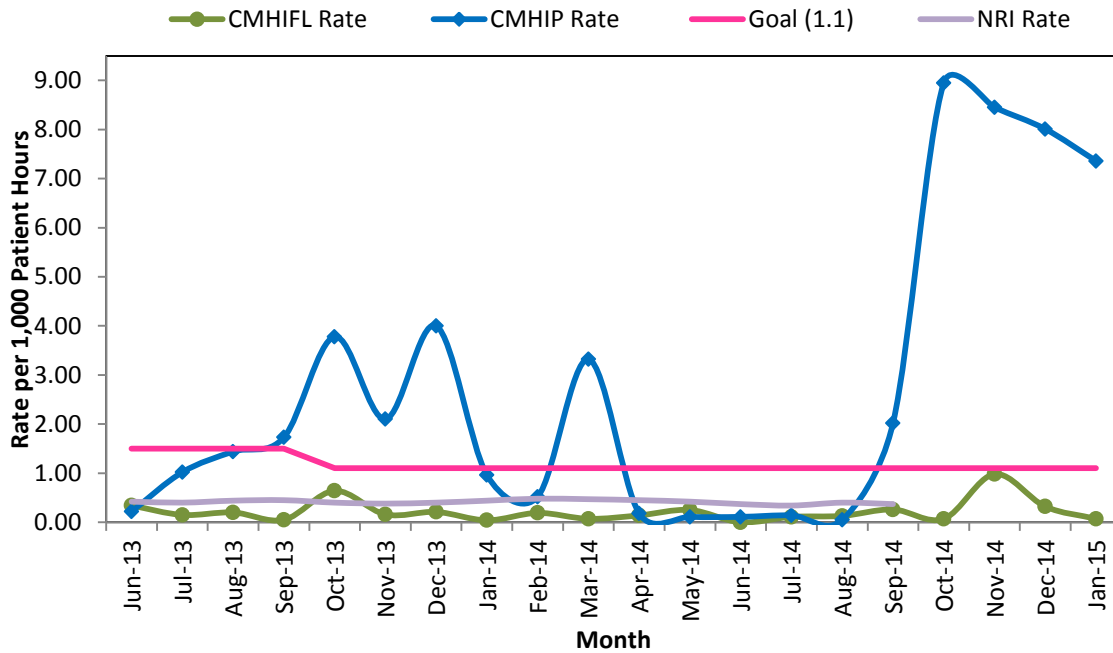
Mental Health Institutes (MHI)

Measure: **Rate of 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: 67.74
Average monthly denominator – Pueblo: 309.98

Why this matters: The use of seclusion creates significant risks for all individuals involved. The risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. Secluding a patient is viewed by the Institutes as a treatment failure.

Goal: **↓ 1.1**



Trend: The Fort Logan Institute has remained below the goal for the duration of the quarter, while CMHIP saw rates stay above the goal, but show a downward trend.

Notes: Both Institutes agreed on the 1.1 goal rate in October 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).



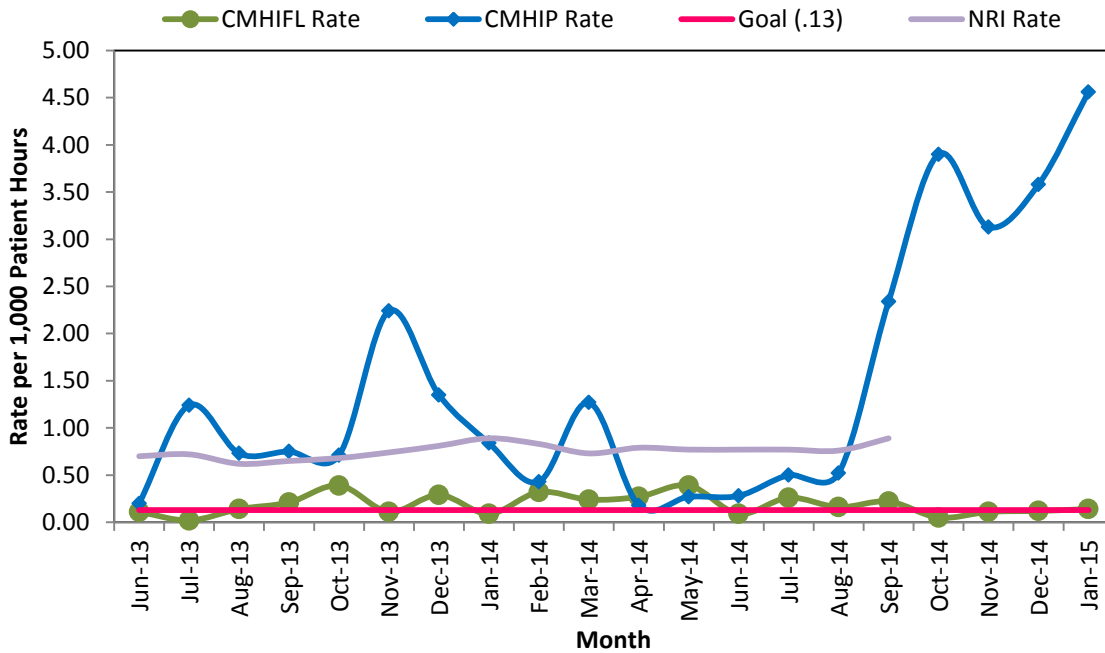
Mental Health Institutes (MHI)

Measure: **Rate of 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: 67.63
Average monthly denominator – Pueblo: 310.09

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: **↓ .13**



Trend: The Fort Logan Institute saw a small increase in restraint use but stayed below the goal for two of the three months. The Pueblo Institute saw three months of upward trajectory.

Notes: Both Institutes agreed on the 0.13 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).



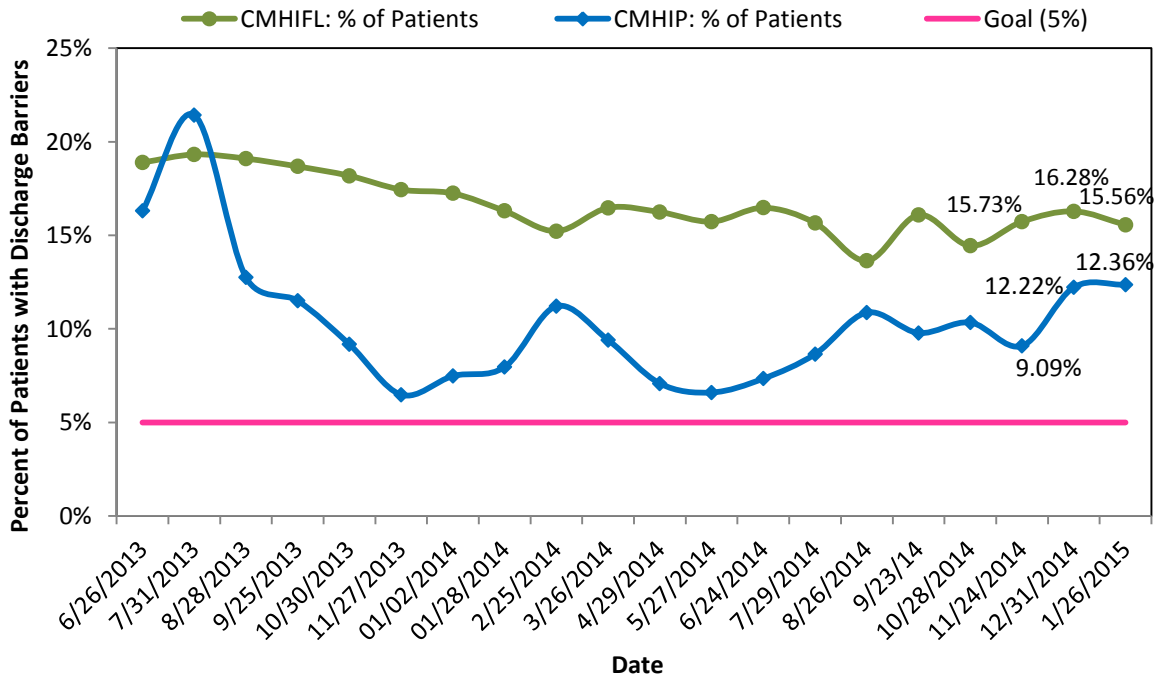
Mental Health Institutes (MHI)

Measure: **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: 89.7
Average monthly denominator – Pueblo: 87.7

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 the Fort Logan Institute demonstrated monthly fluctuation while CMHIP’s performance demonstrated three months of upward trajectory.



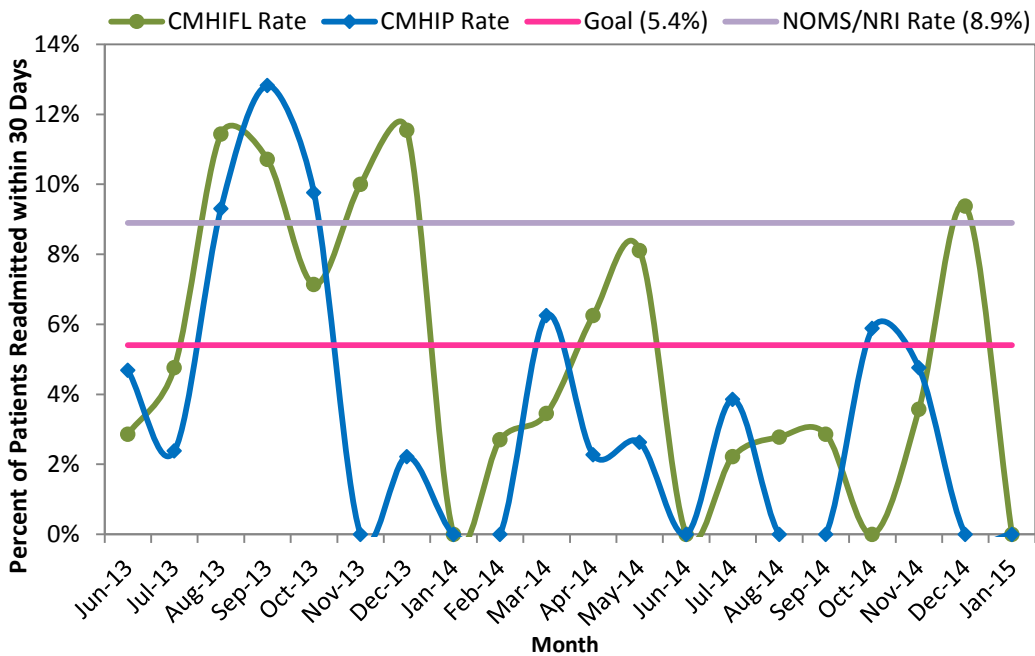
Mental Health Institutes (MHI)

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: 31.33
Average monthly denominator – Pueblo: 14.67

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 Fort Logan stayed below the C-Stat goal for two of the three months. The Pueblo Institute had 0% readmissions in December and January, and stayed below the goal for the duration of the quarter.



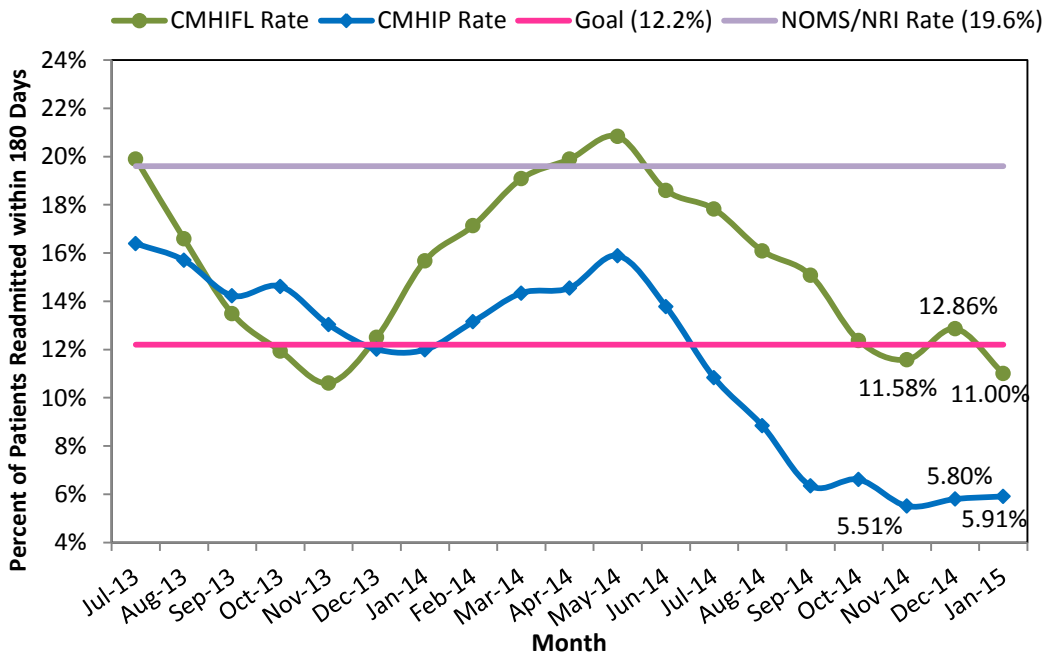
Mental Health Institutes (MHI)

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: 203
Average monthly denominator – Pueblo: 266.7

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 stayed below the goal for two of the three months this quarter. The Pueblo Institute has stayed below the goal since July 2014.

Office of Children, Youth, and Families

Description

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.

Acting 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 the parent.

Director: Ann Rosales

Executive Summary

- *Timeliness of Initial Response to Abuse/Neglect Assessments:* Performance for this measure dropped in December 2014 and January 2015, which continued the seasonal trend that has been demonstrated in this measure for the last three years. When reviewing the 10-Largest counties in Colorado, 40% attained the goal in February 2014, but only 10% attained the goal in February 2015.
 - An in-depth analysis of this measure by the three response times (e.g., Immediate, 3-Day, and 5-Day) illustrated that 5-Days are the least timely of the response times. This led to DCW determining that performance on 5-Day response times are negatively impacted by holidays.
- *Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure:* After attaining the goal in September 2014, both Traditional and Family Assessment Response performance have demonstrated a consistent declining trend.
- *Safety Assessment Forms Completed Accurately:* DCW is in the middle of piloting a new Safety Assessment Form in three counties, a large (Pueblo), medium (Eagle), and small (Garfield) county. Training of the new Safety Assessment tool for all Colorado caseworkers is expected to be completed by December 2015.
- *Maintain Children Safely in Their Home:* DCW altered the methodology of this measure so that more real-time data is pulled. Given that a change in methodology and establishing a goal will take time, DCW has decided to Dashboard this measure for the time being and replace the measure with the *Children Who Do Not Re-Enter Care within 12 Months* measure, which is currently on the Dashboard. These changes will be reflected in the next Quarterly Report.
- *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. As a result, DCW has created a work plan aimed at youth who are statistically less likely to attain permanency.
- *Children in Out of Home Care for 24+ Months:* Due to consistently out-performing the goal, this measure will be dashboarded after this quarter. This measure will no longer be reported in the Quarterly Report.

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](#)



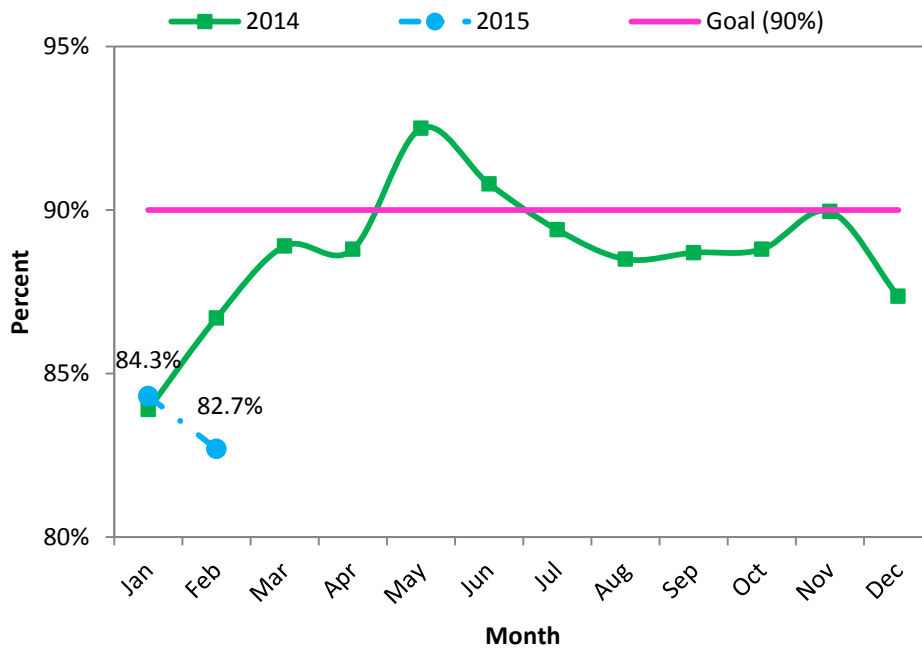
Division of Child Welfare (DCW)

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: 3,215

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 a decrease in each month from December 2014 to February 2015. The 90% goal was not met for any month in the current quarter. Though December 2014 and January 2015 appear to follow the seasonal trends seen in previous years, February 2015’s performance strayed from the trend and decreased to the lowest performance to date.

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



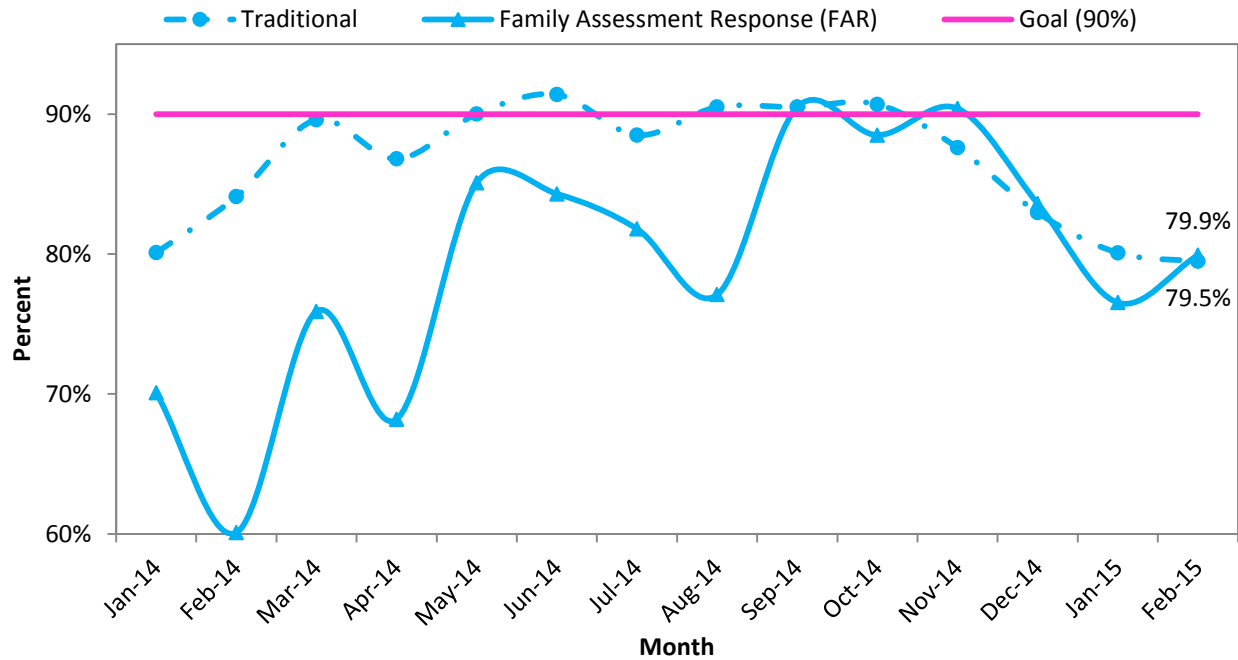
Division of Child Welfare (DCW)

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: 1,733; Family Assessment Response (FAR): 516

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 both Family Assessment Response and Traditional Response demonstrated a decline across the most recent quarter. The goal was not met for either assessment type for any month within this quarter.

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.



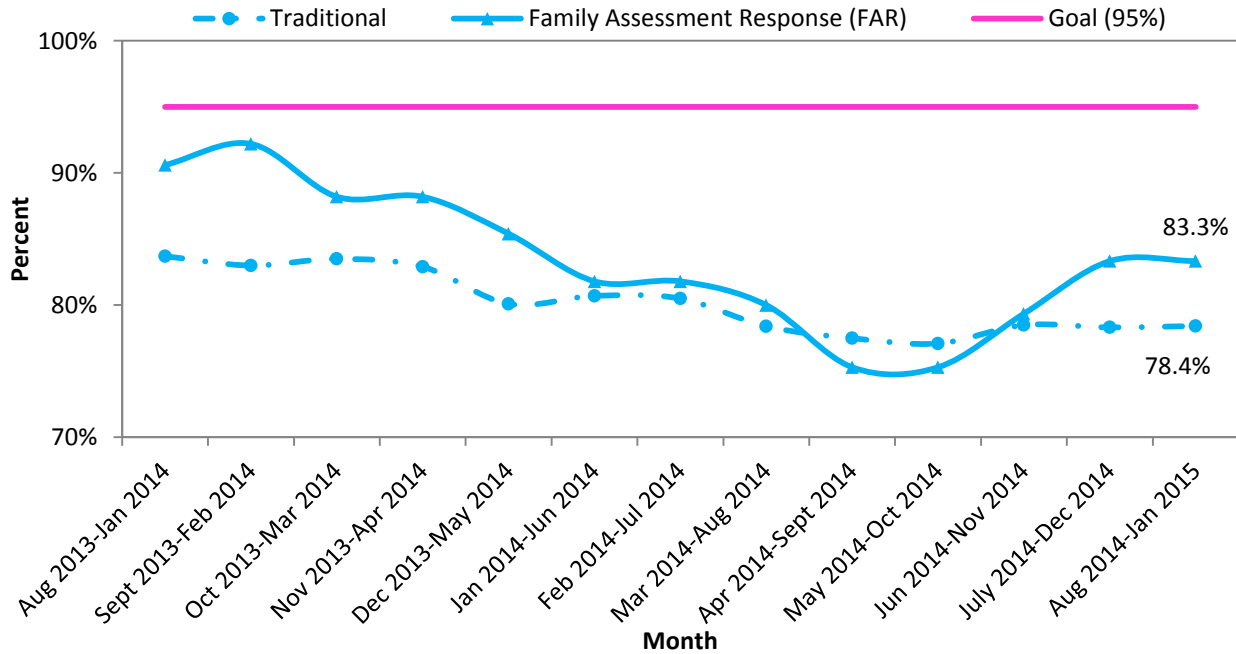
Division of Child Welfare (DCW)

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: 826; Family Assessment Response (FAR): 136

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 remained consistent between 78-79%, while Family Assessment Response improved throughout the quarter. The goal was not met for either assessment type.

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.





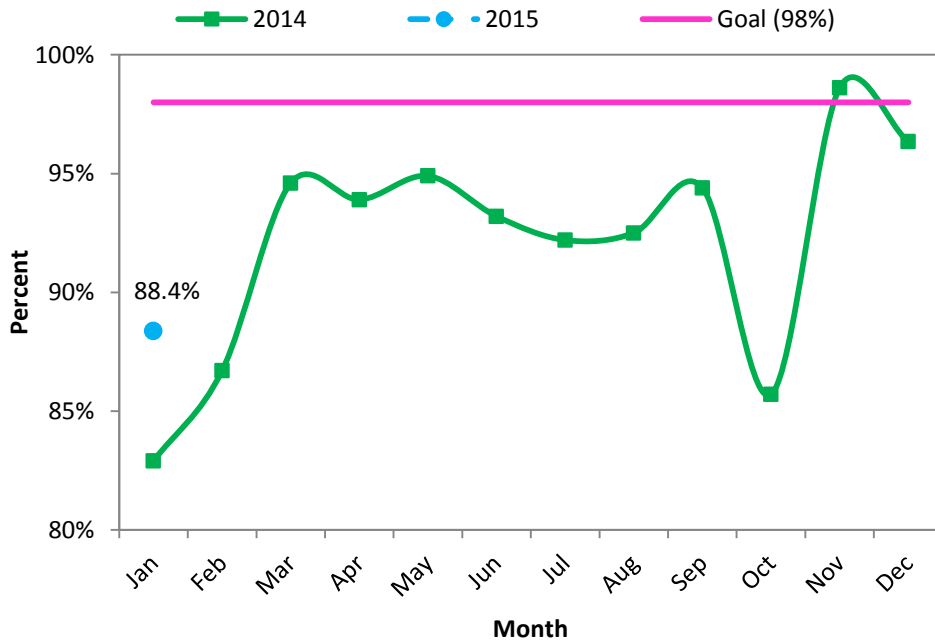
Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of children who were legally free for adoption at the time of discharge who discharged to a permanent home prior to their 18th birthday
Denominator: Number of children who were legally free for adoption at the time of discharge; Average monthly denominator: 90

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, attaining the goal in November 2014, then declining in both the following two months.

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



Division of Child Welfare (DCW)

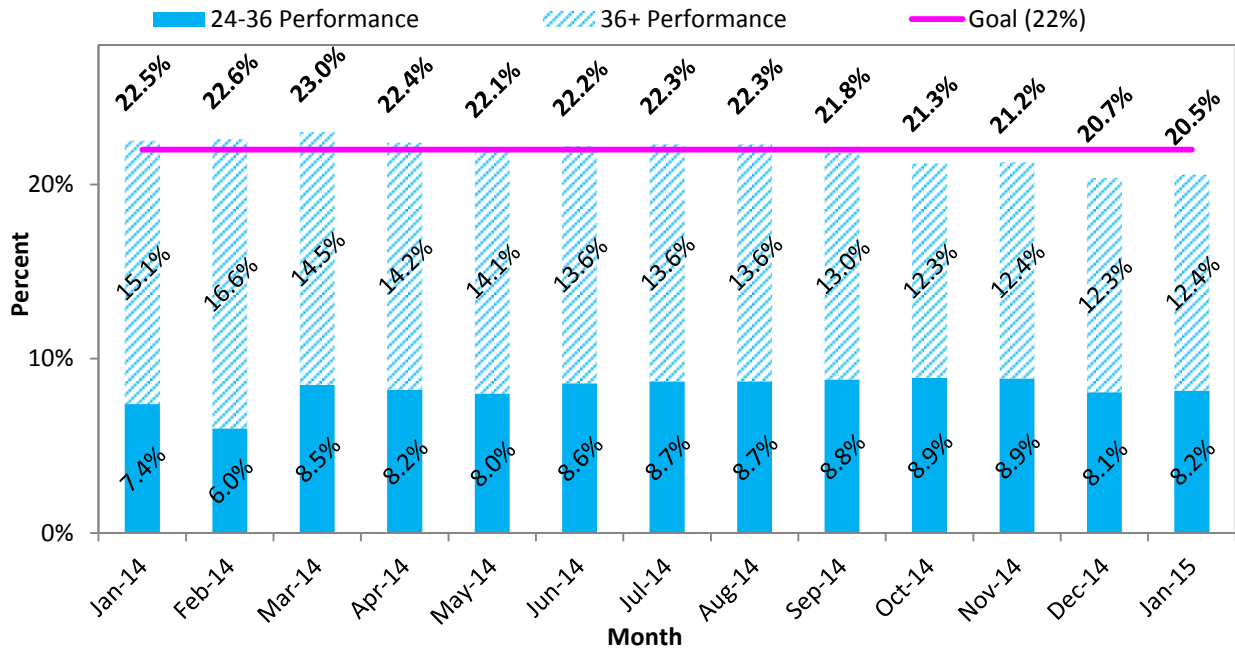
Measure: **Children in out of home care for 24+ months (Federal Measure)**

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: 4,551

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

Goal: **↓ 22%**



Trend: Performance has been steadily trending in the right direction. The goal was attained for 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.





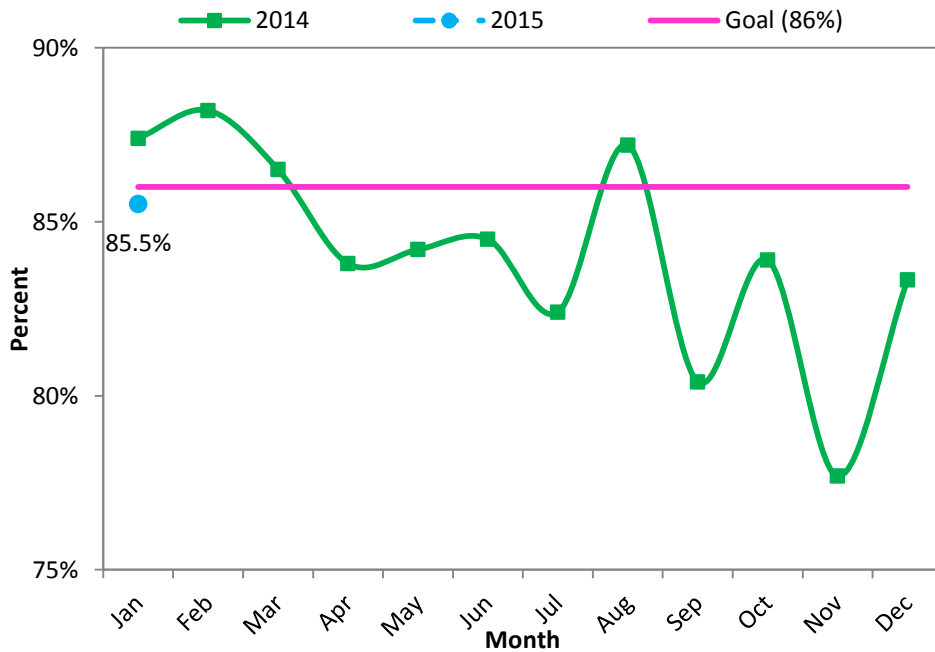
Division of Child Welfare (DCW)

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: 483

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: November’s performance demonstrated a decline, though performance increased for the remaining two months within this quarter. The goal was not attained. Performance in this measure has demonstrated variability over time.



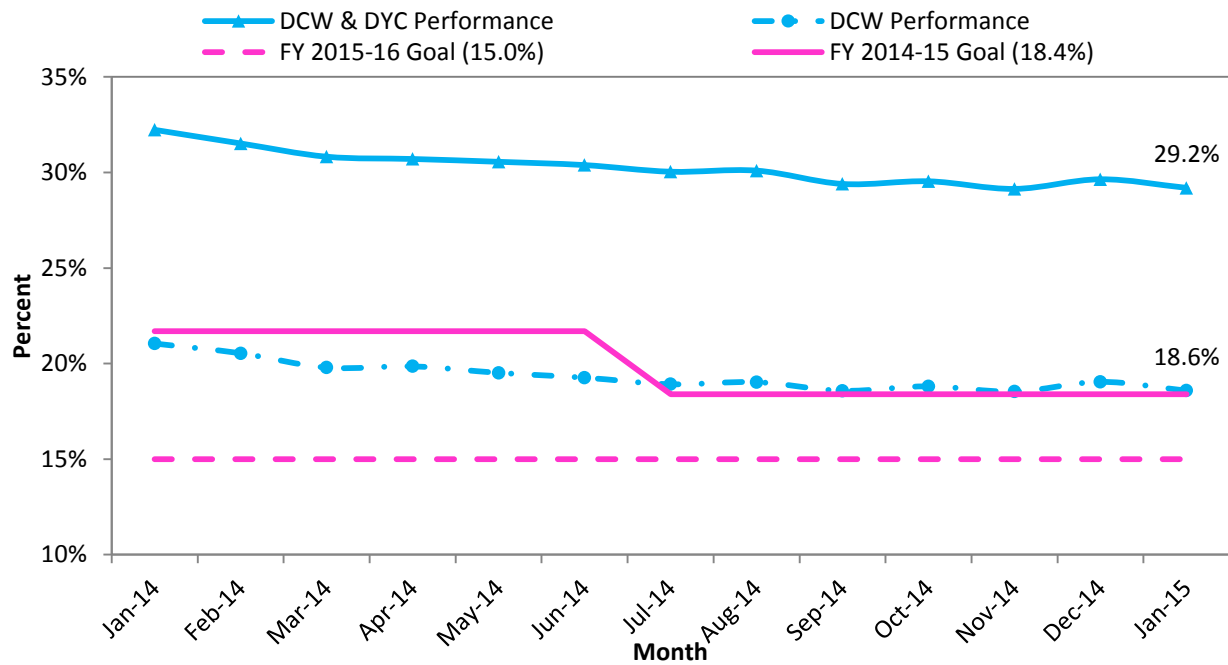
Division of Child Welfare (DCW)

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- 5,351; DCW & Division of Youth Corrections (DYC)- 6,097

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: The Division’s performance has demonstrated a steady, consistent trend between 18-19%, nearing the 18.4% goal. Similarly, performance for DCW & DYC is also demonstrating a steady trend between 29-30%.

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

Division of Child Welfare (DCW)

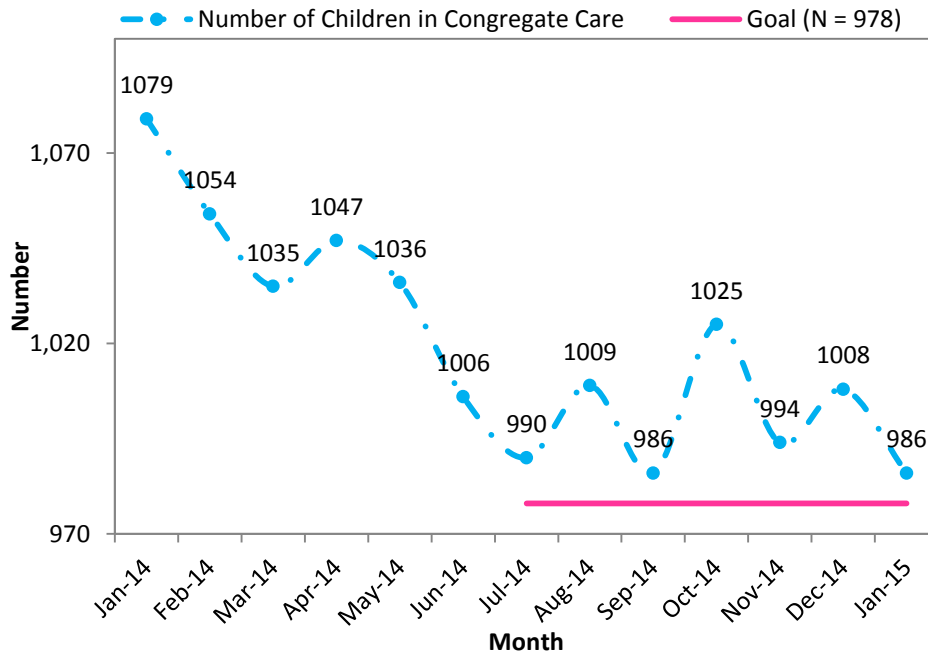
Measure: **Number of children in congregate care: CDHS Wildly Important Goal**

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: 5,321

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 is continuing to demonstrate the variability seen last quarter. Overall, performance improved, nearing the goal of 978.

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

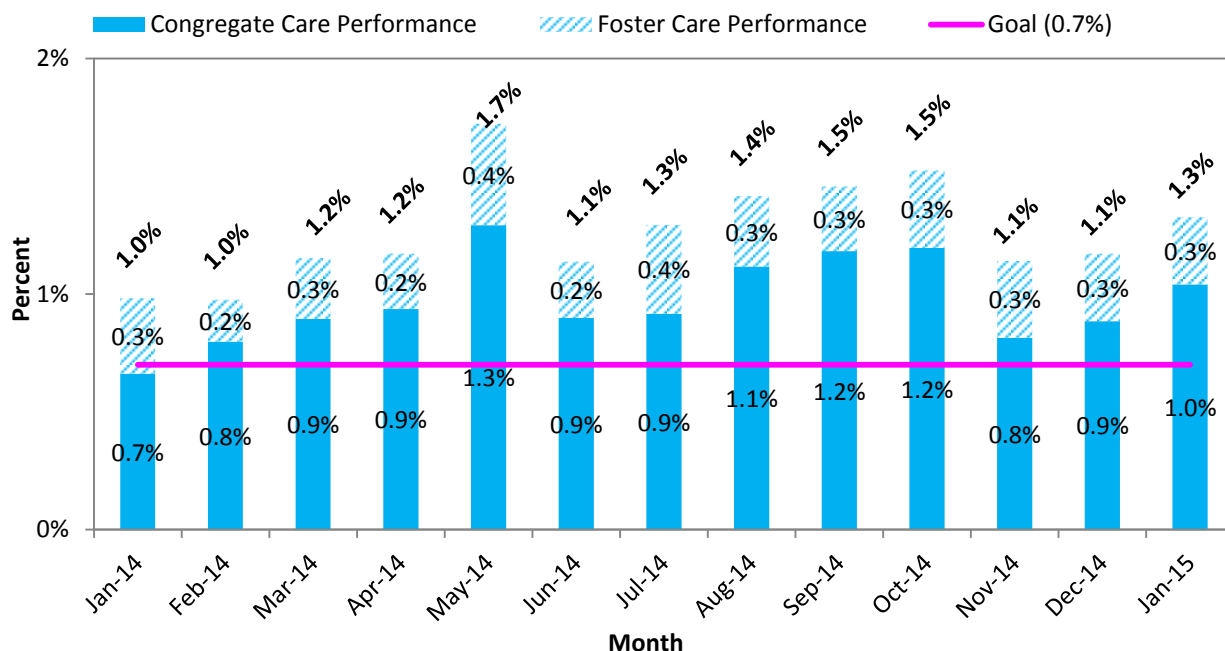
Division of Child Welfare (DCW)

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: 4,234
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: 879

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

Goal: ↓ 0.7%



Trend: Performance improved from October to November 2014, then declined from December 2014 to January 2015.

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:* Due to consistently high performance, this measure will be moved to the dashboard. This measure will no longer be included in the Quarterly Report after this quarter.
- *Committed or Detained Youth Who Escape or Walkaway:* DYC has modified the description of this measure to clarify that all youth who do not return to either a state-operated facility (when out on a pass), a contract staff-supervised placement, or community placement within six hours will be counted as an escape/walkaway. Those youth who do return within 6 hours will not be counted in the measure, but will be documented internally for review. Those youth who escape from the secure perimeter of a state-operated facility are automatically counted. This change allows for youth who are tardy in their return due to weather and/or transportation issues, or who walkaway but return within a few hours.
- *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 continues to show a high rate of fights and assaults within state-operated facilities. After a comprehensive review of youth acuity within the Division, DYC has established that the youth population is experiencing: a) greater levels of aggression, b) proclivity to act out gang dynamics in facilities, and c) greater levels of mental health issues. DYC is offering re-training and standardization of the Positive Behavioral Interventions and Supports approach in an effort to combat the increase in youth acuity.
- *Youth Injuries in DYC State-Secure Facilities:* Further examination into the three types of youth injuries (e.g., physical management, assault/fight, and self-inflicted) has demonstrated an increase in youth injuries as a result of physical management and self-inflicted injuries, while youth injuries as a result of assault/fight have remained consistent.
- *Family Engagement: Residential Youth Contact with Families:* The Division is continuing to investigate 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. For example, in the most recent quarter, 42% of youth who did not make contact entered the facility late in the month or discharged early in the month.



Measures

- [Youth Enrolled in a Full/Part Time Program at Discharge](#)
- [Timely Initial Placement for Committed Youth](#)
- [Committed or Detained Youth Who Escape or Walkaway](#)
- [Fights and/or Assaults in NYC 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](#)



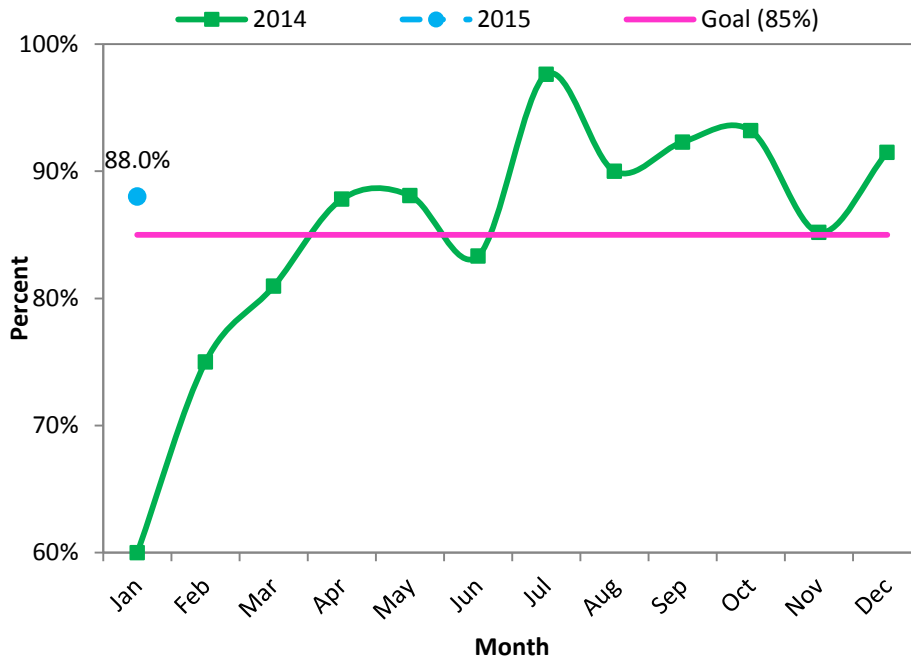
Division of Youth Corrections (DYC)

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: 33

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 maintained above the goal for each month within the current quarter. More importantly performance has been sustained above the goal for seven consecutive months.



Division of Youth Corrections (DYC)

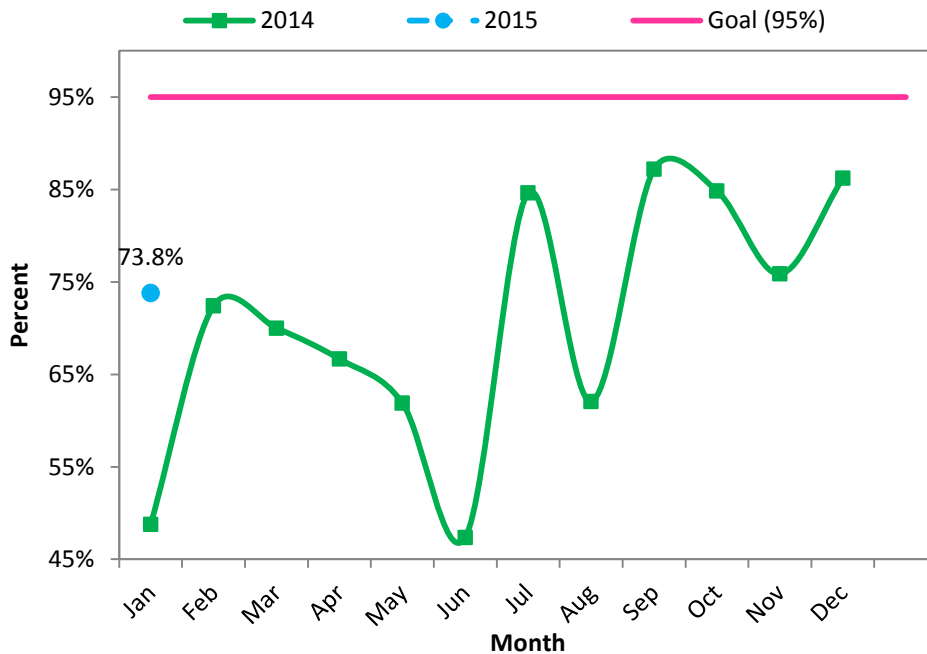
Measure: **Timely initial placement for committed youth**

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: 33

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

Goal: **↑ 95%**



Trend: Performance on this measure consistently varies each month. In the most recent quarter, as a whole, performance declined. The goal has yet to be achieved.

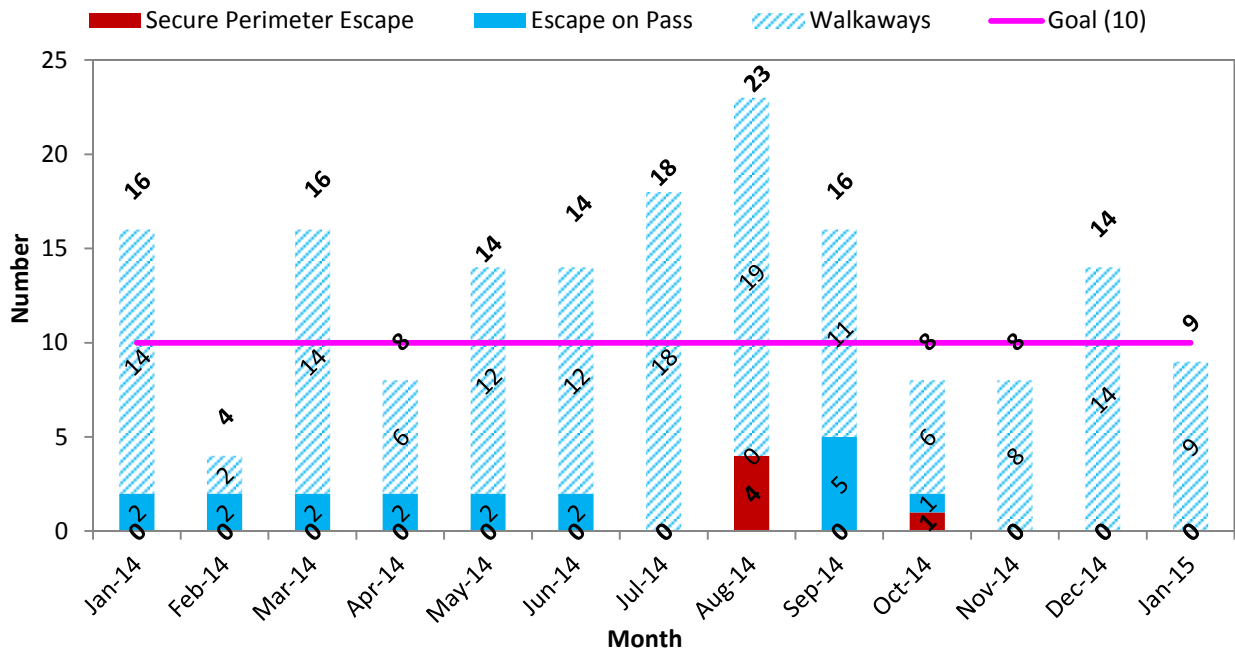
Division of Youth Corrections (DYC)

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 6 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 6 hours**; Average daily population: 1,010

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

Goal: ↓ ≤10



Trend: Overall, performance fluctuated above the goal and then returned to below goal in January. The Division’s performance resulted in zero escapes from state-operated facilities for each month throughout the quarter.

Notes: “Secure Perimeter Escape” was added as a new variable to differentiate between 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 were back-dated to account for the new variable definitions.



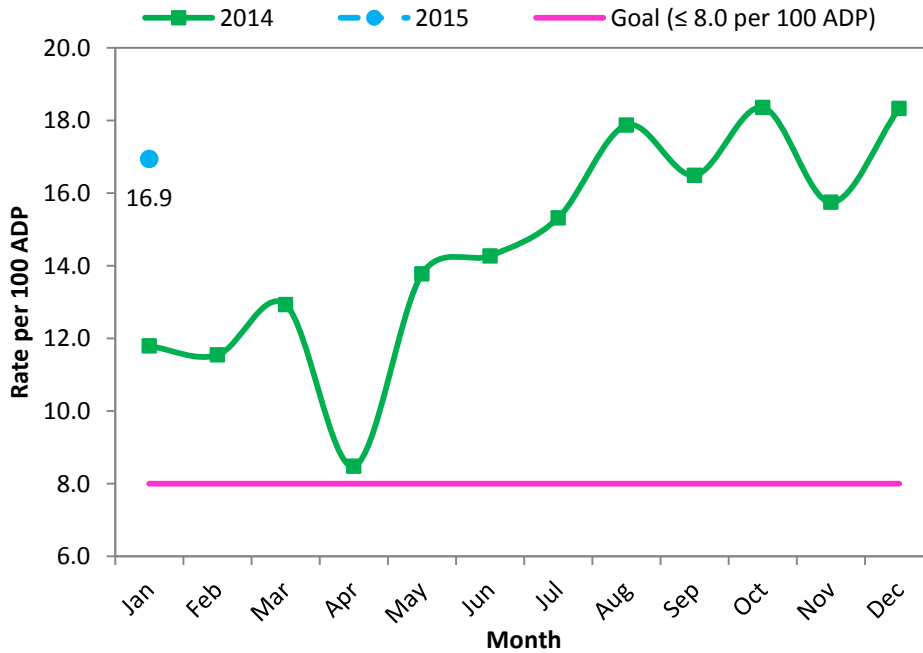
Division of Youth Corrections (DYC)

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: 596.1

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: The rate of fights and/or assaults for the most recent quarter fluctuated between 15.7 and 18.3 per 100 average daily population, far above the goal of 8.0 or less per 100 average daily population.

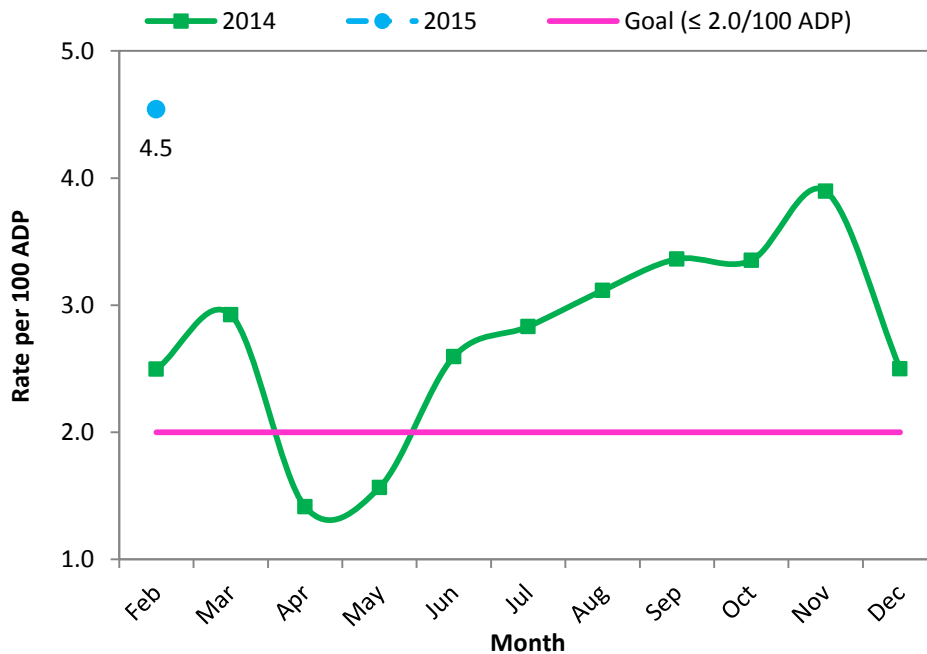
Division of Youth Corrections (DYC)

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: 596.1

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: Overall performance worsened throughout the current quarter, peaking at 4.5 per 100 average daily population in February 2015, which represents the worst performance to date.



Division of Youth Corrections (DYC)

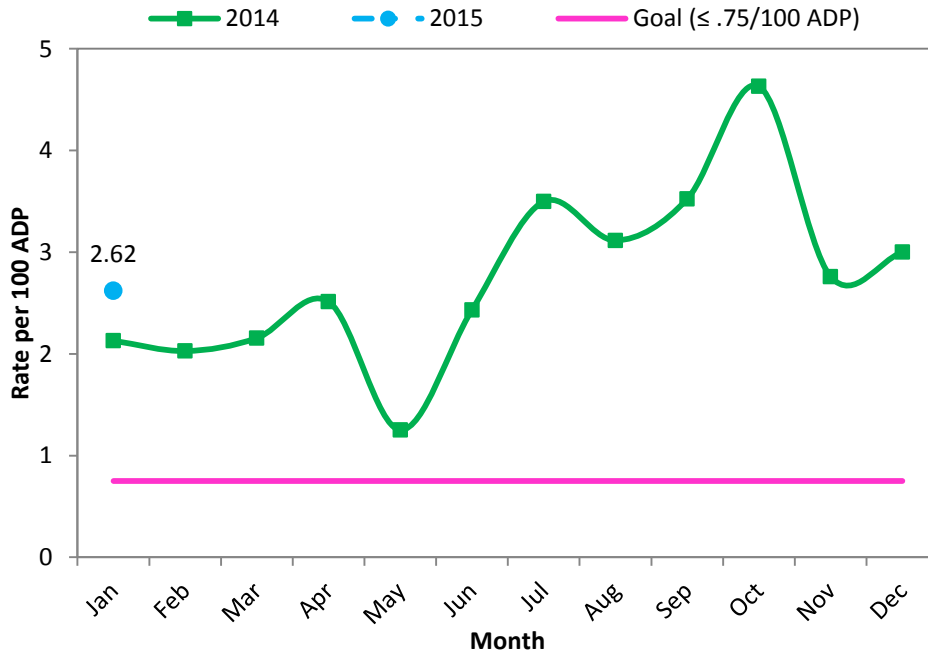
Measure: **Staff injuries on the job as a direct result of youth contact**

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: 596.1

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

Goal: ↓ ≤ 0.75/100 ADP



Trend: Performance improved during the current quarter, demonstrating a decrease in the number of staff injuries from November 2014 to January 2015. The goal is yet to be achieved.



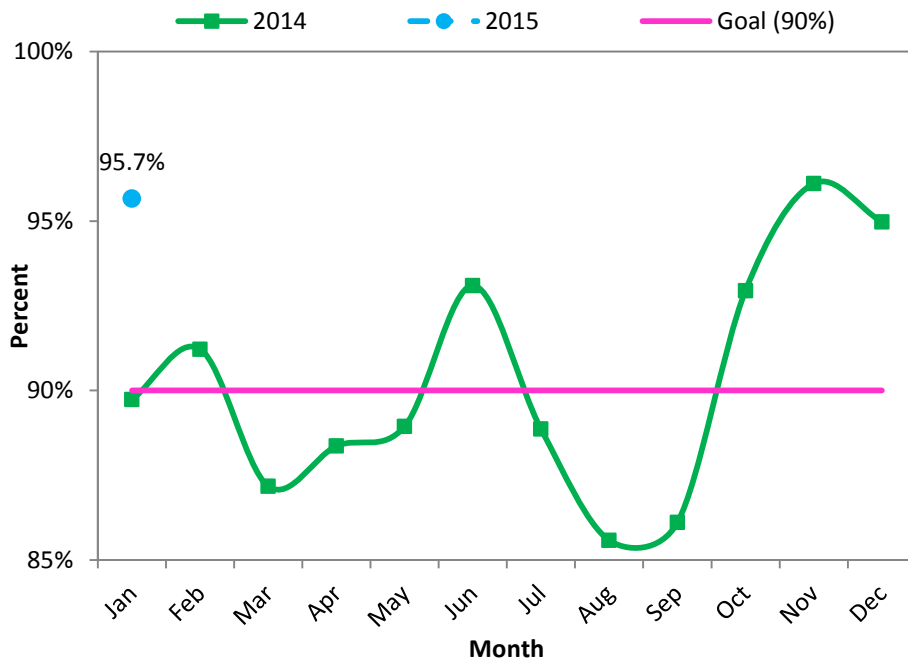
Division of Youth Corrections (DYC)

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: 392

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

Goal: **↑ 90%**



Trend: Performance has remained consistently above the goal for each month within the last quarter.



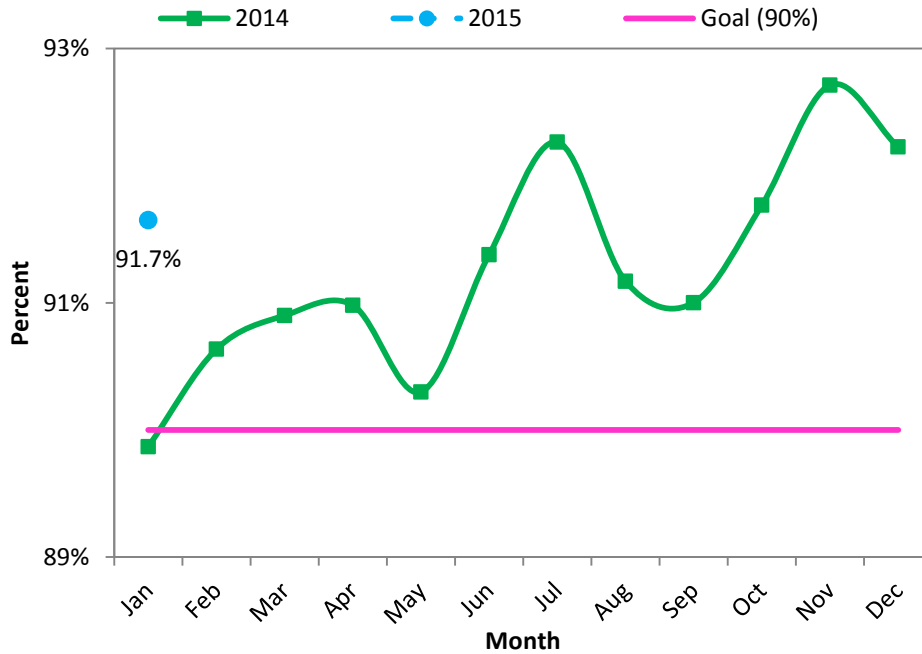
Division of Youth Corrections (DYC)

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: 1,043

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

Goal: **↑ 90%**



Trend: Performance maintained 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

- The Domestic Violent Program has maintained performance above or near the goal for every month within the reporting quarter for each of the three Federal measures: 1) *Shelter services (residential)*, 2) *Advocacy and individual counseling (non-residential)*, and 3) *Support groups (non-residential)*.
- The Domestic Violent Program has implemented a new database in order to more efficiently and effectively collect data. A pilot program utilizing the database is currently being implemented, and many DVP programs are utilizing the database for case management, in addition to data submission.
- The Domestic Violent Program'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 in healthy relationship knowledge and attitudes for children and youth, ages 0-25.
- The Domestic Violent Program created a Request for Proposals for an evaluator, which was released February 2, 2015. The next steps for DVP are to 1) start preliminarily tracking outcomes and 2) incorporate finalized outcome goals into new performance contracting for State Fiscal Year 2015-16.
- *Timely Assessment of Client Need and Risk*: This is the first of the new outcome measures for DVP. Data collection and technical assistance around the new tool have begun. DVP began reporting the performance of the new tool in C-Stat as of October 2014.
 - 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.

Measures

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



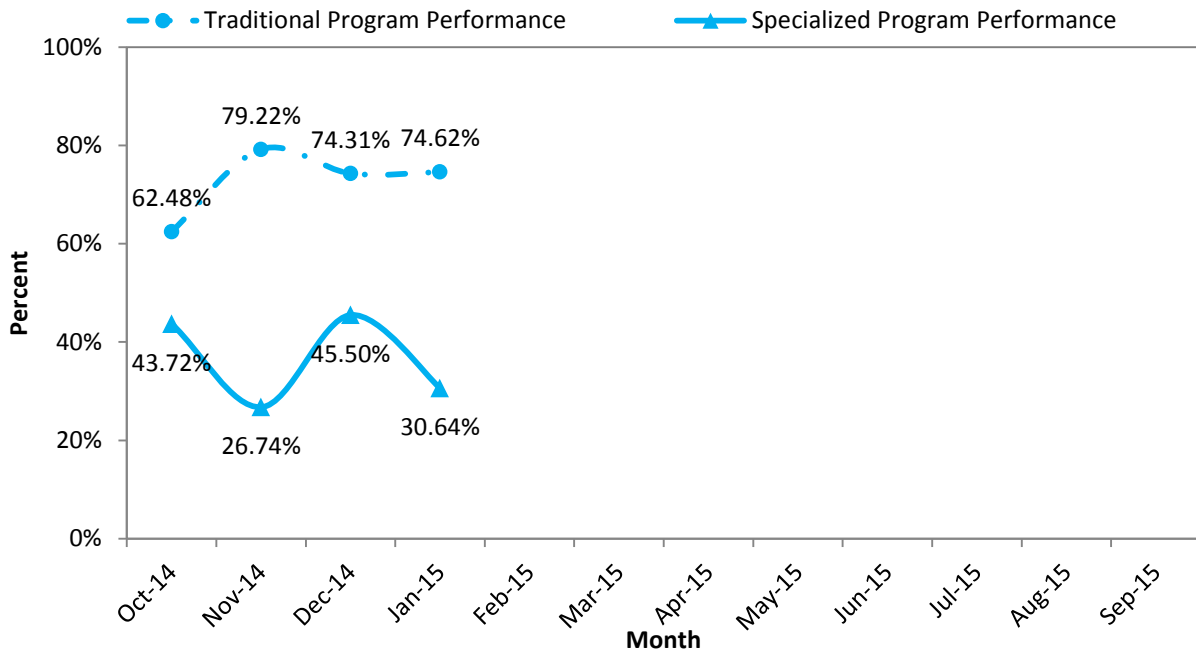
Domestic Violence Program (DVP)

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: Traditional Programs- 1,144; Specialized Programs- 308

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: TBD



Trend: Traditional Program performance remains consistently above Specialized Program performance. Specialized Program performance is more varied compared to Traditional Programs. This would be expected given the smaller sample size.

Notes: This a new measure as of October 2014. A goal is not yet established for this measure.

Domestic Violence Program (DVP)

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

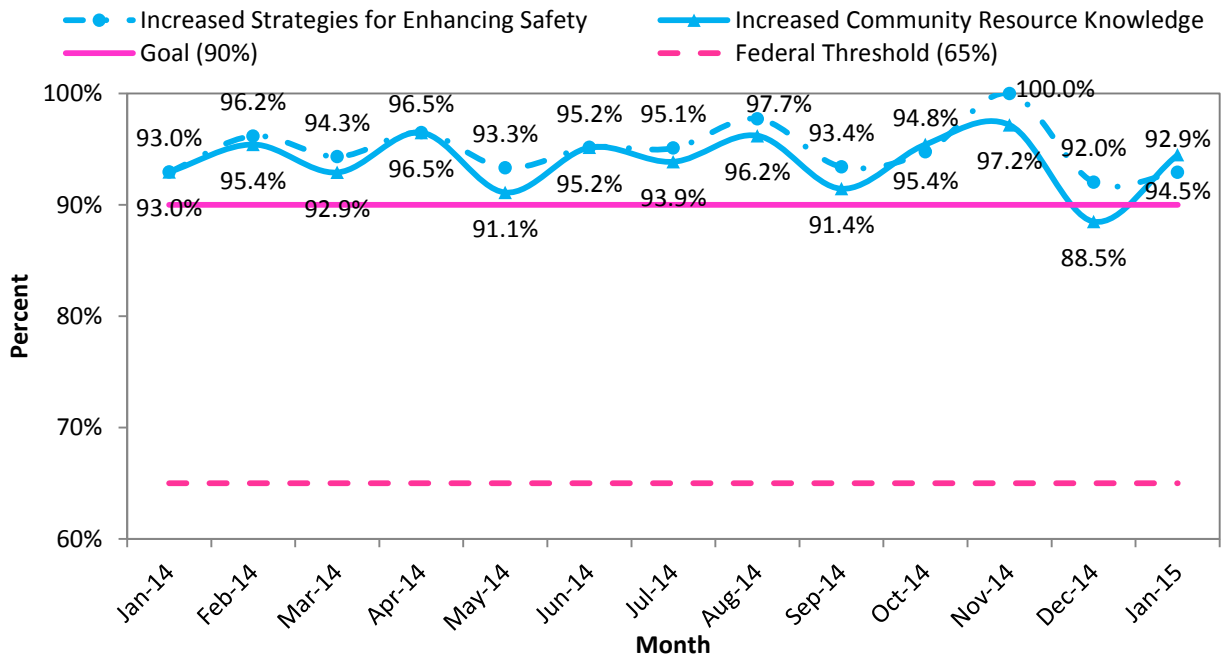
How it is measured: *Numerator:* Number of clients who indicated having achieved the specified outcome because of shelter service received

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

Average monthly denominator: 115.3

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 fluctuated, but remained above or near the goal throughout the current quarter.



Domestic Violence Program (DVP)

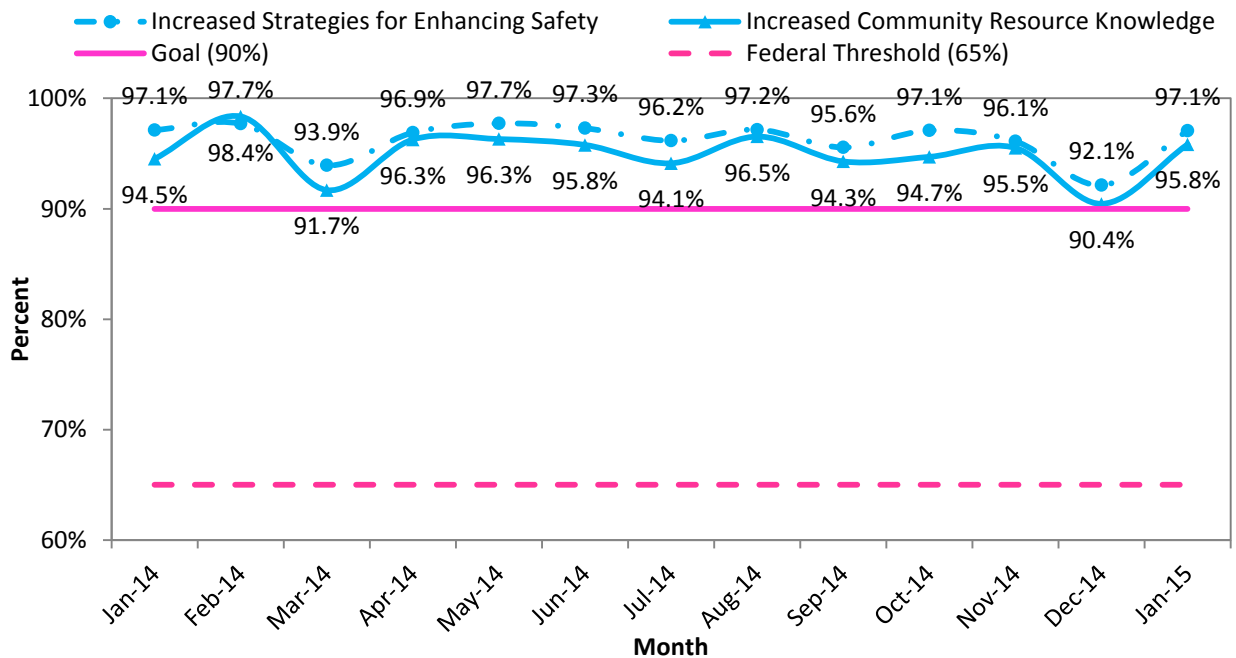
Measure: **Advocacy and individual counseling (non-residential; Federal Measure)**

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: 366.0

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

Domestic Violence Program (DVP)

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

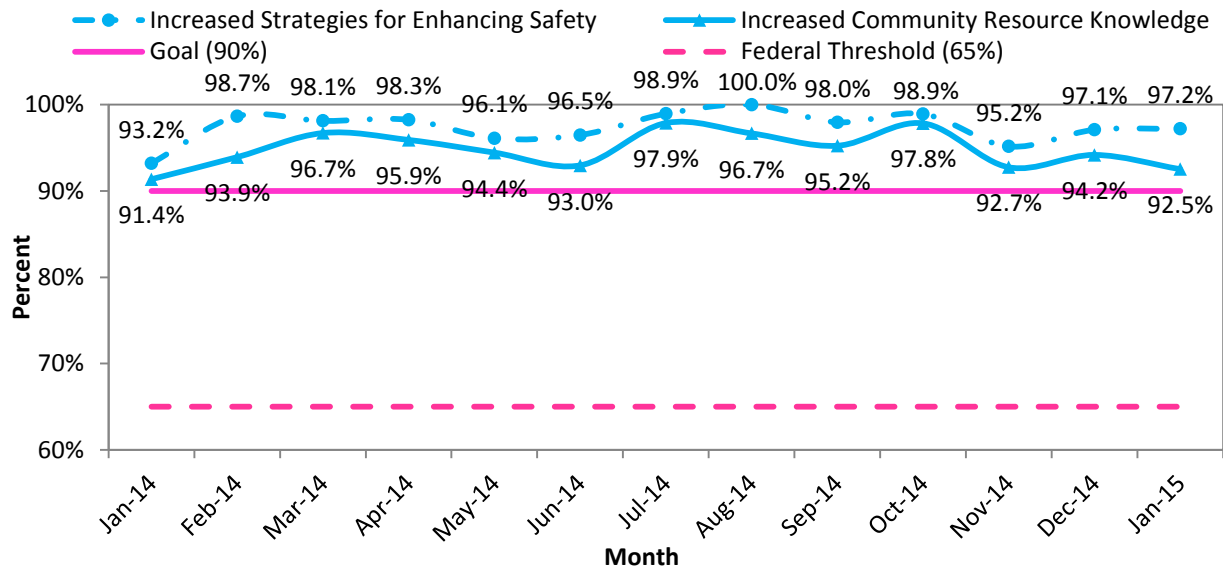
How it is measured: *Numerator:* Number of clients who indicated having achieved the specified outcome because of support group service received

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

Average monthly denominator: 111.3

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.

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 the 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.

Director: Mindy Kemp

Executive Summary

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 Investigations, Timeliness of Assessments, and Timeliness of Monthly Contacts*. This is the first time these measures are appearing in the quarterly report.

- *Timeliness of Initial Response to New Reports:*
 - AAS continues to distribute a biweekly report to counties that alerts them to any initial response to new reports 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.
- *Timeliness of Investigations and Timeliness of Assessments:*
 - Each Monday morning AAS distributes a report to counties that alerts them to any Investigation or Assessments that are due to be completed within the week, in the hopes of prompting counties to enter data prior to the time at which AAS runs its monthly performance reports. APS staff conducted many training sessions throughout the state in November and December 2014, focused on completing Investigations and Assessments in the new CAPS reporting system.
- *Timeliness of Monthly Contacts:*
 - Each Monday morning AAS distributes a weekly report to counties that alerts them to any client contacts that are due to be completed within the week. This is aimed at prompting counties to enter data prior to the time at which AAS runs its monthly performance reports. In addition, AAS examines all untimely contacts, in detail, to determine the validity of the reasons for a late contact and any trends associated with the untimely contacts.

Measures

- [Timeliness of Initial Response to New Reports](#)
- [Timeliness of Investigations](#)
- [Timeliness of Assessments](#)
- [Timeliness of Monthly Contacts](#)

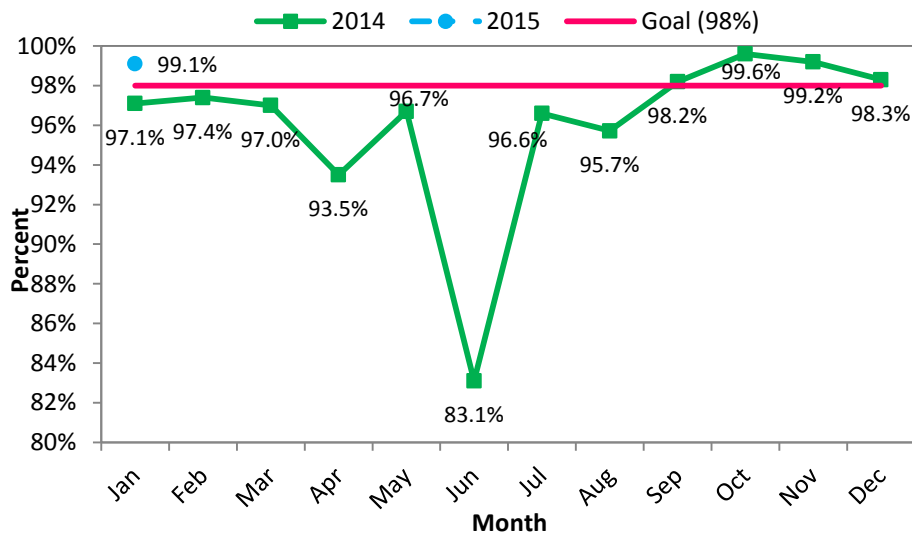
Aging and Adult Services (AAS)

Measure: **Timeliness of initial response to new reports**

How it is measured: *Numerator:* Number of timely responses; timely is based on the assigned response timeframe (Emergency/24 Hour or Non-emergency/3 Business Days)
Denominator: Number of responses; Average monthly denominator: 530

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

Goal: **↑98%**



Trend: During the most recent quarter performance has remained stable, ranging from 98.3% in December to 99.2% in November 2014, with the current performance at 99.1% in January 2015 (blue dot).

Aging and Adult Services (AAS)

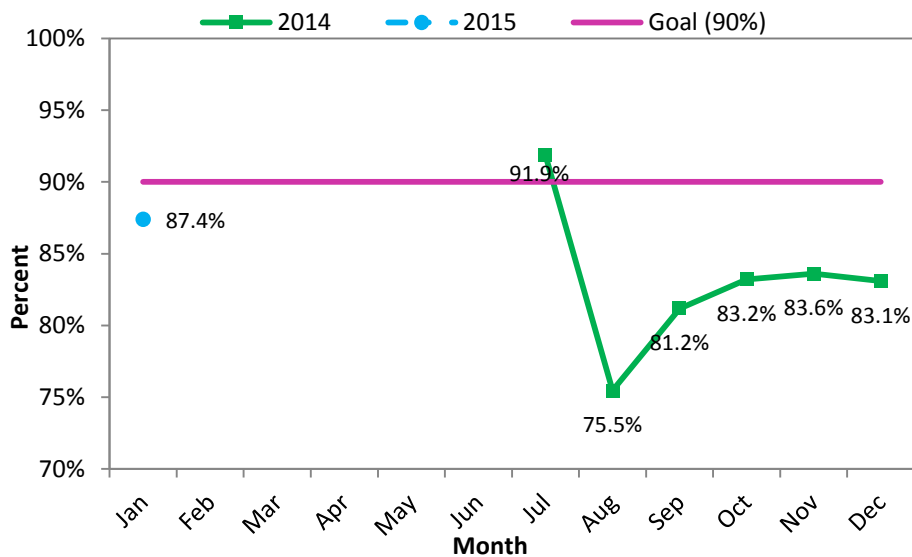
Measure: **Timeliness of investigations**

How it is measured: *Numerator:* Number of timely investigations completed; timely is based on the assigned time frame of 45 days.

Denominator: Number of investigations due in the current month; Average monthly denominator: 606

Why this matters: Timely adult protection investigations increase the safety of vulnerable adults.

Goal: **↑90%**



Trend: The most recent quarter has demonstrated an increase in performance, ranging from 83.1% in December 2014 to the current performance at 87.4% in January 2015 (blue dot). APS staff conducted several training sessions throughout the state in December 2014 which focused on this measure.



Aging and Adult Services (AAS)

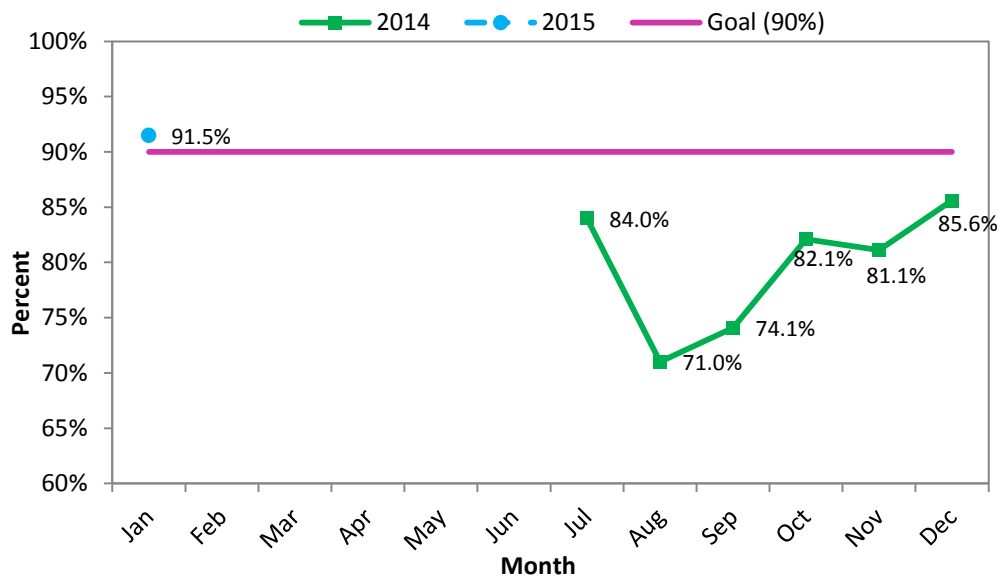
Measure: **Timeliness of assessments**

How it is measured: *Numerator:* Number of timely initial assessments; timely is based on the assigned time frame of 45 days

Denominator: Number of initial assessments due in the report month; Average monthly denominator: 499

Why this matters: Timely adult protection assessments increase the safety of vulnerable adults.

Goal: **↑90%**



Trend: The most recent quarter has demonstrated a 10.4% increase in performance, ranging from 81.1% in November 2014 (green line) to the current performance exceeding the goal for the first time, at 91.5% in January 2015 (blue dot). APS staff conducted several training sessions throughout the state in December 2014 which focused on this measure.

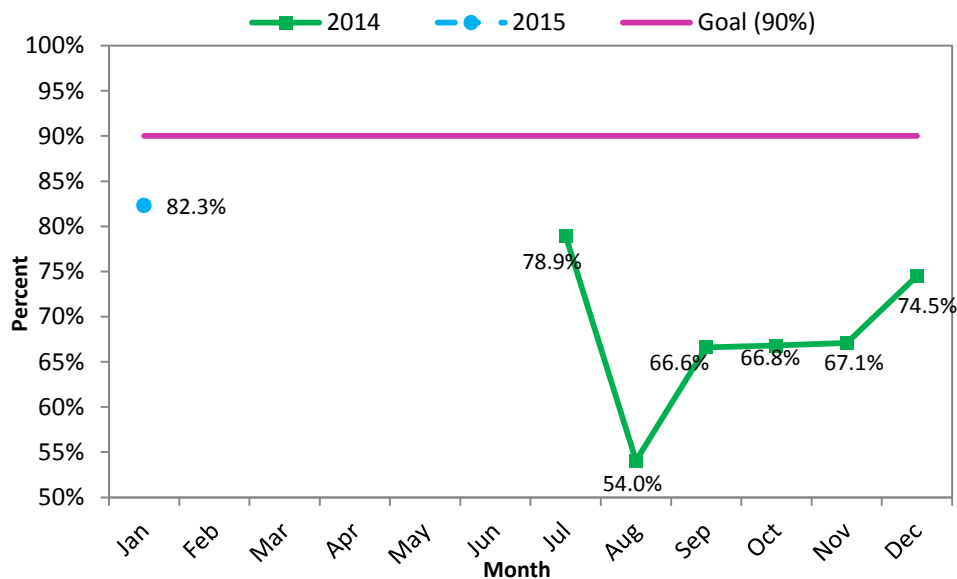
Aging and Adult Services (AAS)

Measure: **Timeliness of monthly contacts**

How it is measured: *Numerator:* Number of cases with a monthly contact in the reporting month
Denominator: Number of cases requiring a monthly contact in the reporting month; Average monthly denominator: 1782

Why this matters: Timely monthly contacts increase the safety of vulnerable adults.

Goal: **↑90%**



Trend: The most recent quarter has demonstrated a 15.2% increase in performance, ranging from 67.1% in November 2014 (green line) to the current performance at 82.3% the highest performance yet, in January 2015 (blue dot). APS staff has begun contacting counties who struggle with this measure to determine if technical assistance can be offered, as well as determine what actions can be taken to increase performance.

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 reduction of 2.1 days in the average number of days, from 74.3 to 72.2 days. As performance has consistently been under the goal, DDS will reduce their internal goal from 90 days to 55 days beginning with February 2015 data.
- *Examiner Processing Time:* Performance this quarter remained stable, ranging from 40.7 days in November 2014 to 39.8 days in January 2015. DDS employees worked limited amounts of overtime in December only and received limited processing assistance from their Federal partners both in Denver as well as Baltimore. In the next quarter they will no longer send cases out to their Federal partners in Denver or Baltimore, and instead will process all cases internally.
- *Percentage of Accurate Initial Eligibility Decisions:* Performance during this quarter increased from 95.6% in November 2014 to 96.4% in January 2015. DDS continues to focus on internal quality assurance reviews in which they conduct a targeted sampling that is statistically based on error trends and body systems. DDS also included goals specific to accuracy in the examiners' annual performance reviews. One additional factor in the increased performance this quarter is likely due to the training of examiners. Due to a large staff turnover last year, four classes of new examiners were hired in 2014. As they continue to gain experience it is likely their accuracy will improve.

Measures

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



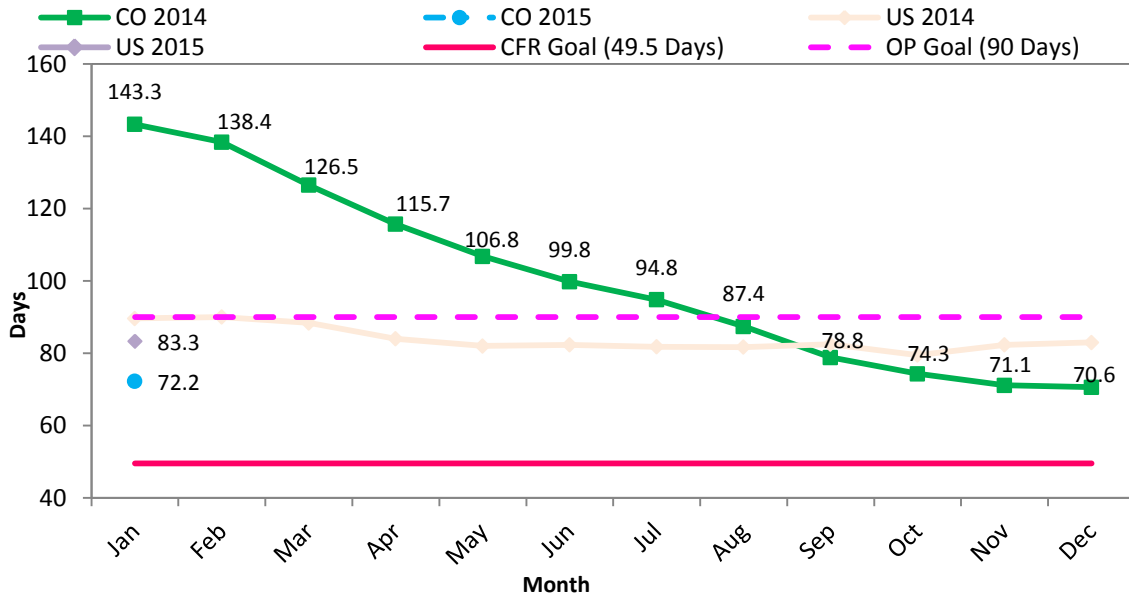
Disability Determination Services (DDS)

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

How it is measured: *Numerator:* Number of days to process initial eligibility decisions
Denominator: Number of initial applications processed; Average monthly denominator: 3,499

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 (green and blue lines) remained relatively stable this quarter, ranging from 70.6 days in December to current January processing time of 72.2 days.

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.



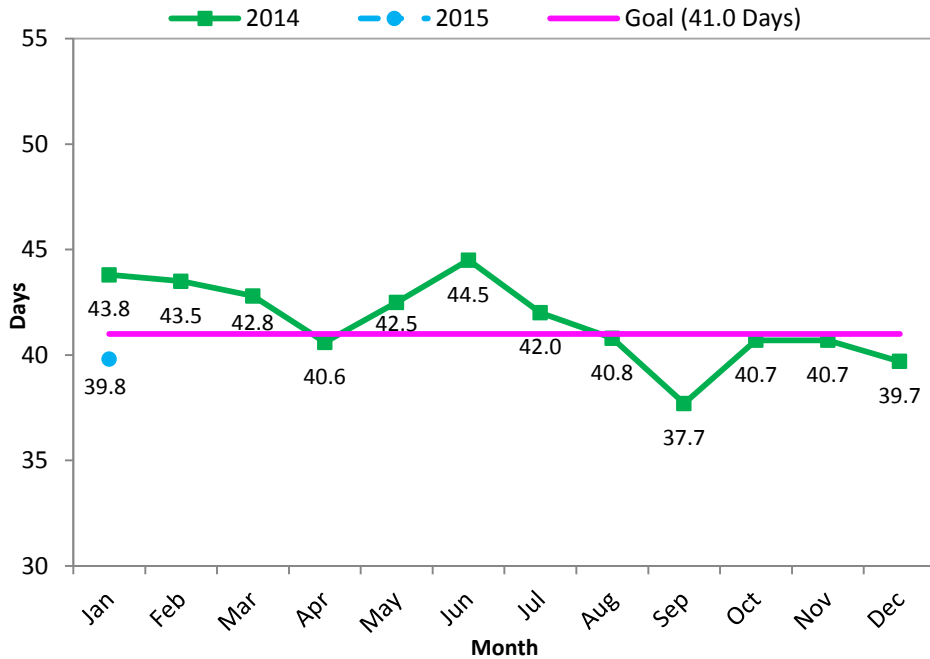
Disability Determination Services (DDS)

Measure: **Examiner processing time**

How it is measured: *Numerator:* Number of days (from assign date to clearance date) to close disability claims
Denominator: Number of disability claims closed; Average monthly denominator: 3,498

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 has remained relatively stable within the quarter ranging from 40.7 days in November to 39.7 days in December, with current January processing time at 39.8 days.

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



Disability Determination Services (DDS)

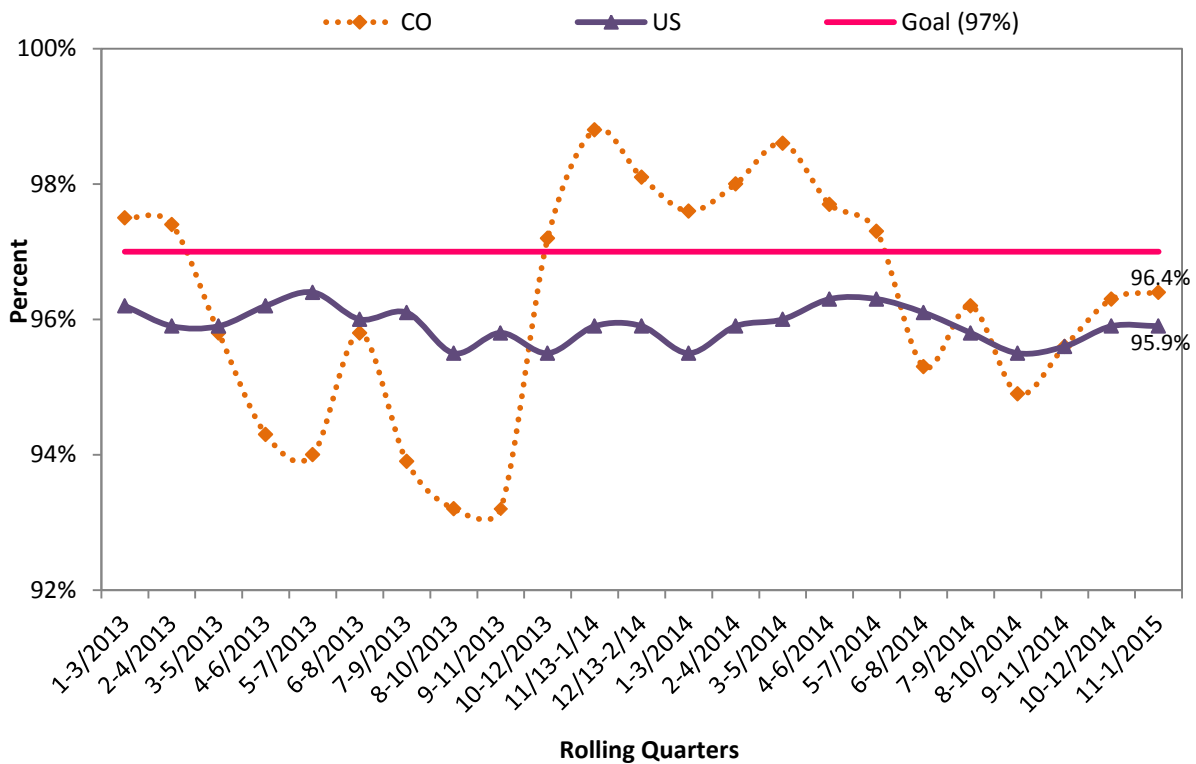
Measure: **Percentage of accurate initial eligibility decisions (Federal Measure)**

How it is measured: *Numerator:* Number of accurate initial eligibility decisions (i.e., no documentation or decisional errors were found)

Denominator: Number of initial eligibility decisions sampled by Social Security Administration-Disability Quality Branch; Average quarterly denominator: 142

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 an increase in performance in the accuracy of initial decisions, although it has remained below the goal for the sixth 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. This is due to the measure having a small sample, approximately 50 cases, which are drawn to examine accuracy each month. This allows for data to be 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 four 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 a targeted review of individuals' clinical readiness was completed at all three regional centers. This led to an increased focus on individual treatment plans and in turn led to an increase in the number of individuals identified as ready. Over the past quarter, six individuals have become ready to transition in the Short-Term Treatment Model. On average, this has taken 265 days, with a goal of 120 days. During this same quarter, three individuals have become ready to transition in the Intensive Treatment Model. This has taken an average of four years and seven months, well above the three year goal. However, two of the three 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, four individuals have transitioned from the Short-Term Treatment Model. On average this has taken 226 days, whereas the goal is 60 days. Within the Intensive Treatment Model there were two individuals who transitioned. On average this took 128 days, just over the 120 day goal. One of the individuals who transitioned was the last remaining Intensive Treatment resident in Grand Junction. Going forward Intensive Treatment will only be offered at Wheat Ridge Regional Center. During this quarter there were no individuals who transitioned from the Long-Term Habilitation Model.
- *Percent of Residents Without Physical Intervention by Regional Center*: This measure was brought back to C-Stat after changes in both documentation and methodology were resolved. Over the course of 2014 there was a focus on training staff in what constitutes a physical intervention and the documentation of the incident. Performance on average increased during the quarter and currently ranges from 82% in Wheat Ridge to 94% in Grand Junction.

Measures

- [Length of time to become ready for transition-Short-term model](#)
- [Length of time to become ready for transition-Intensive model](#)
- [Length of time to transition-Short-term model](#)
- [Length of time to transition-Intensive model](#)
- [Length of time to transition-Long-term model](#)
- [Individuals Clinically Recommended for Transition to a Community Provider](#)
- [Percent of Residents Without Physical Intervention by Regional Center](#)



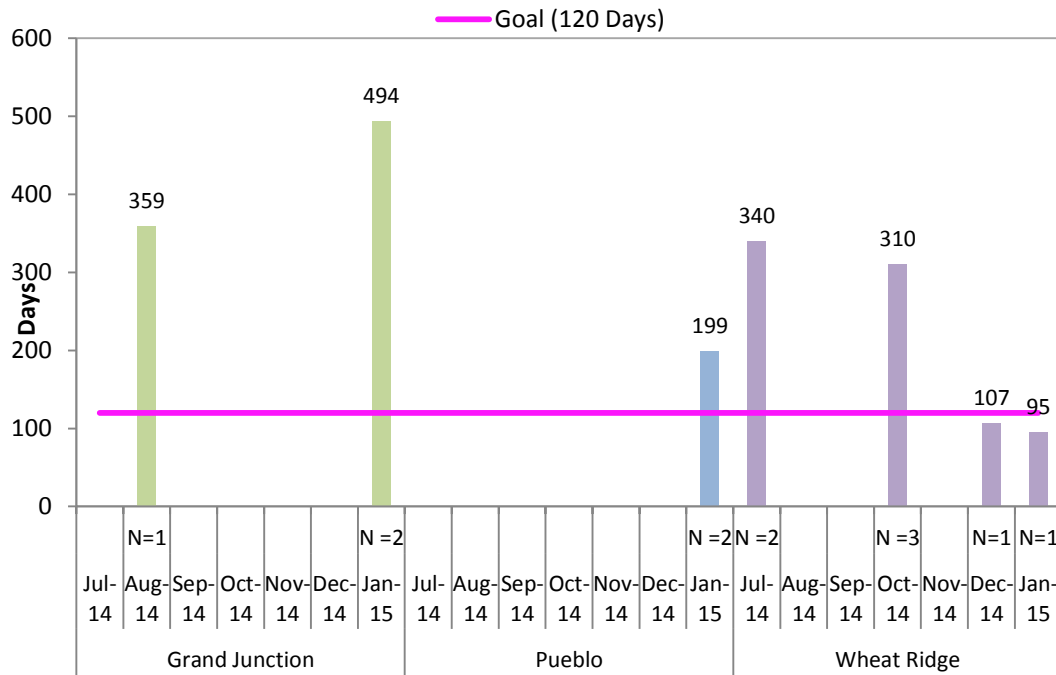
Division of Regional Center Operations (DRCO)

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, Grand Junction and Pueblo both had two individuals who became ready, both of whom exceeded the 120 day goal. Wheat Ridge also had two individuals who became ready for transition this quarter, both of whom met the 120 day goal.

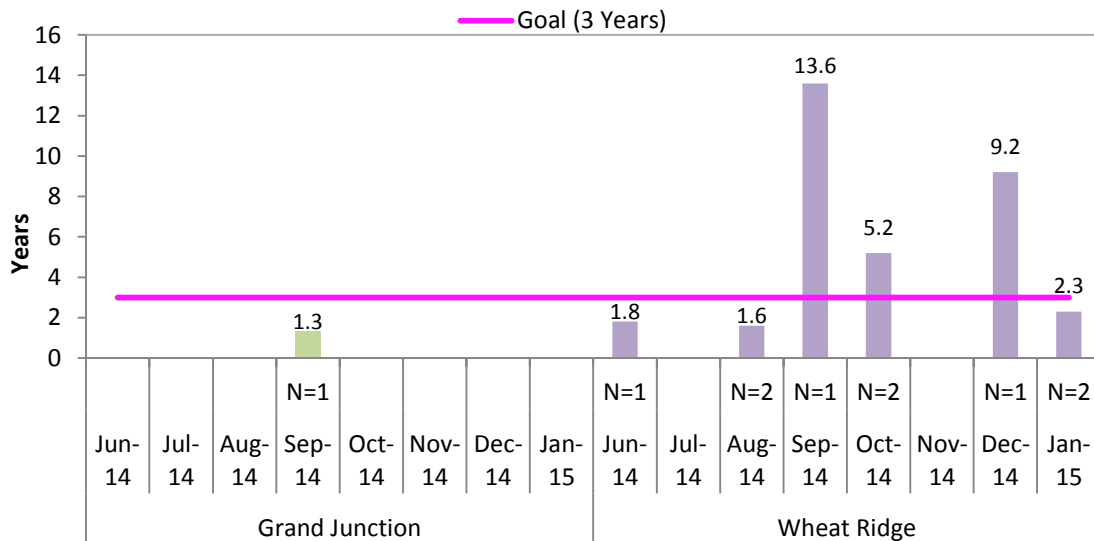
Division of Regional Center Operations (DRCO)

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: Wheat Ridge had three individuals who became ready for transition during the most recent quarter. Of the five individuals who became ready for transition, two individuals were below the three year goal, while one individual exceeded the goal.

Notes: PRC does not offer the Intensive Treatment model. Also of note, in the next quarter Intensive Treatment will no longer be offered in GJRC either, only at WRRC.



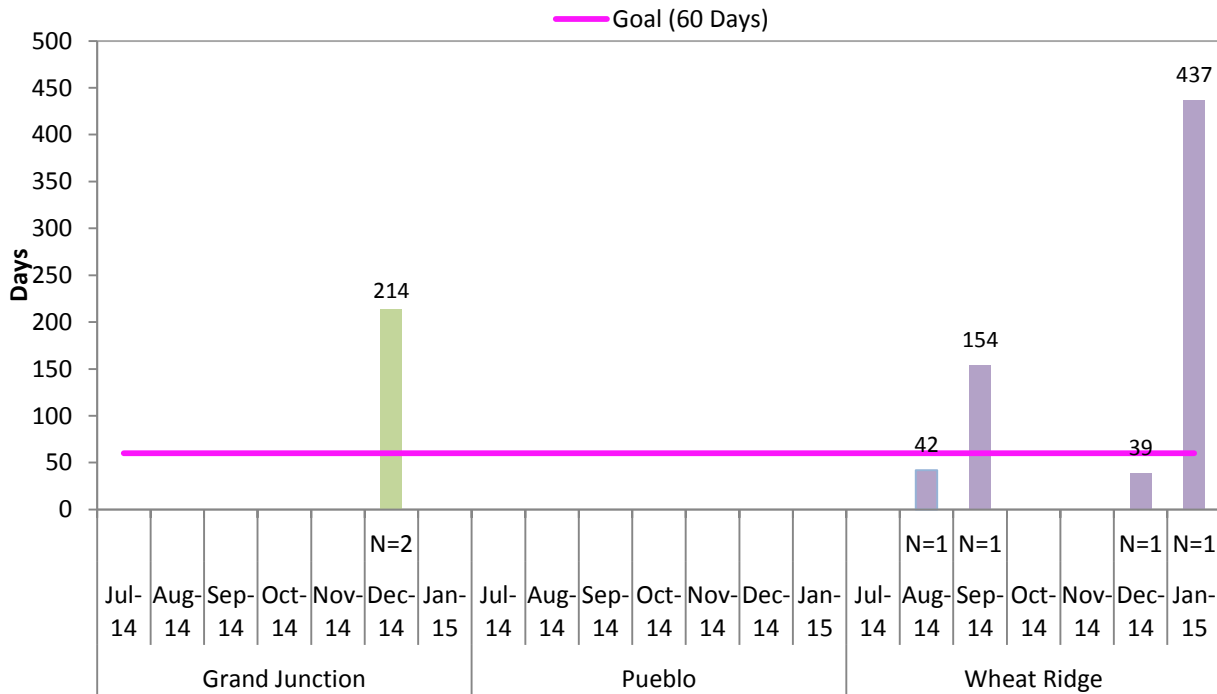
Division of Regional Center Operations (DRCO)

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 Wheat Ridge each transitioned two individuals from the short-term model. The two individuals at Grand Junction did not meet the 60 day goal; Wheat Ridge had one transition that met the 60 day goal, and one that did not achieve the goal. Pueblo had no transitions this quarter in the Short-term model.



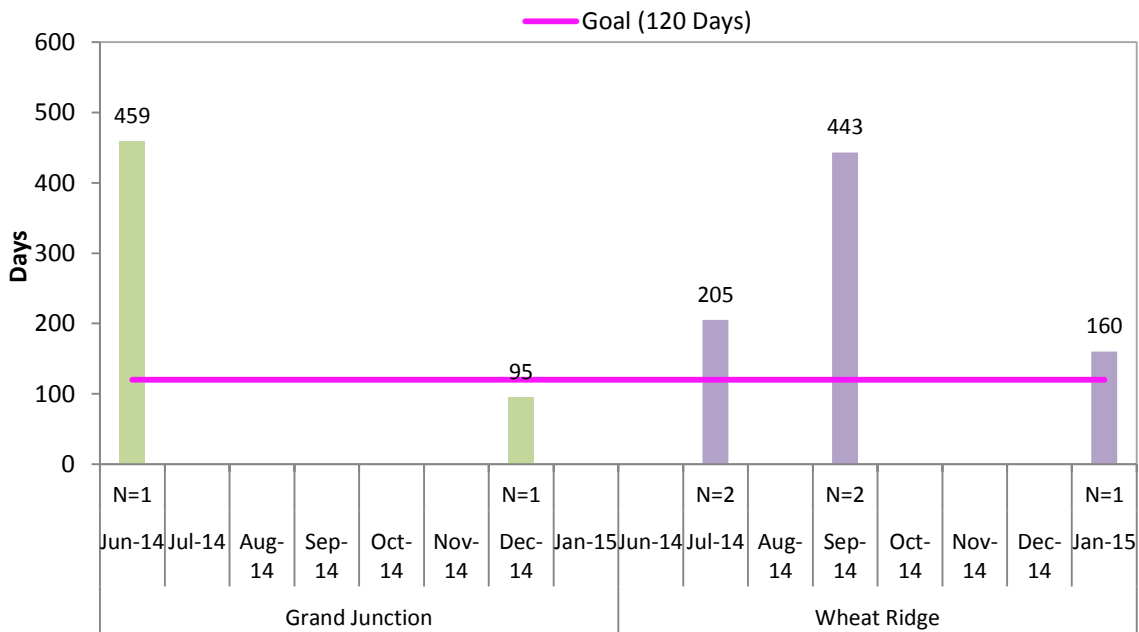
Division of Regional Center Operations (DRCO)

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 was one individual transition from Grand Junction, who met the 120 day goal. Wheat Ridge also transitioned one individual from the Intensive Treatment model to the community, although the agency did not meet the 120 day goal.

Notes: PRC does not offer the Intensive Treatment model. Also of note, in the next quarter Intensive Treatment will no longer be offered in GJRC either, only at WRRRC.



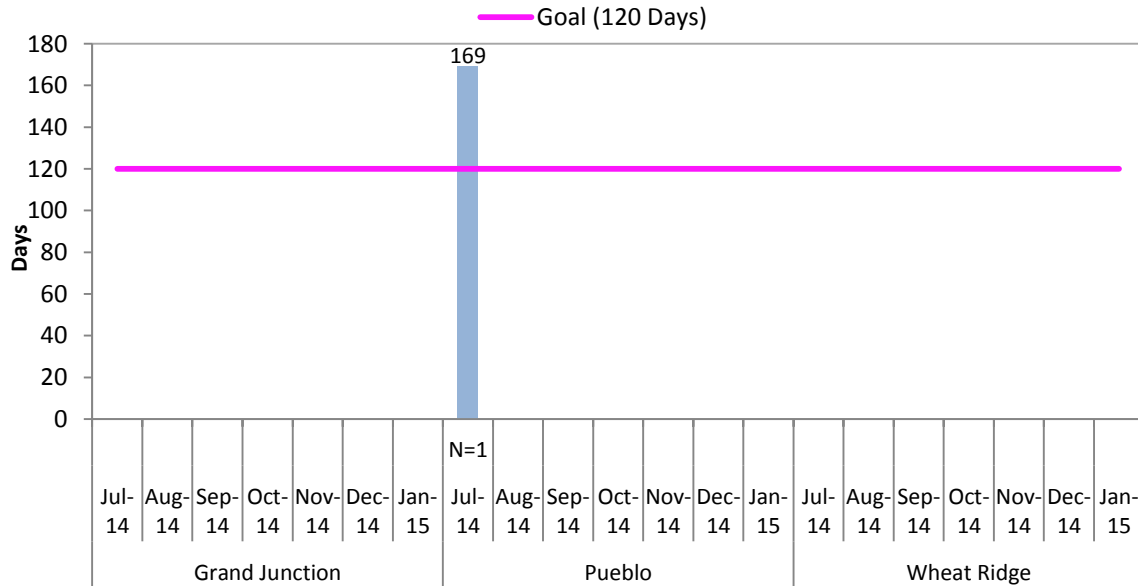
Division of Regional Center Operations (DRCO)

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.



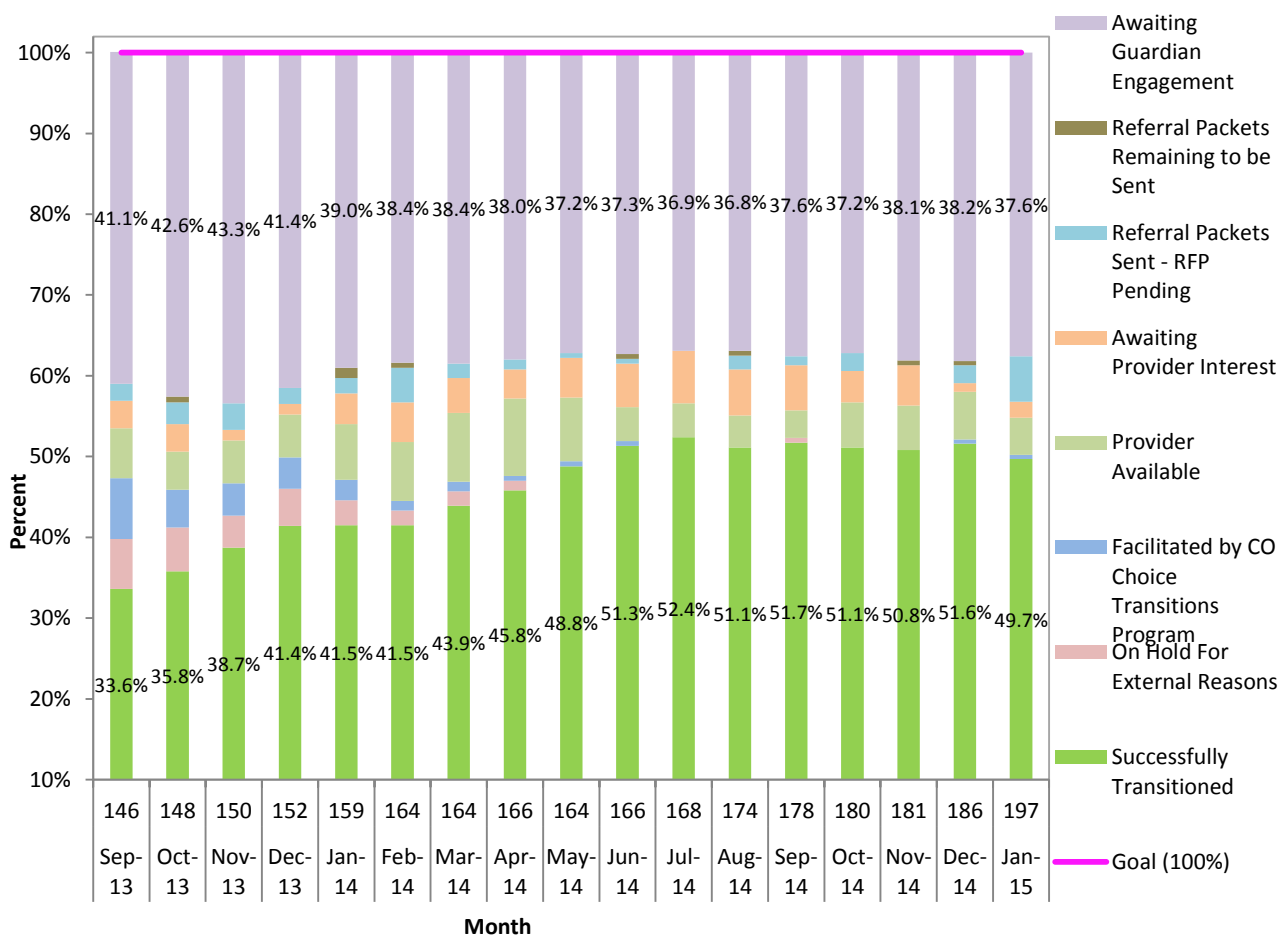
Division of Regional Center Operations (DRCO)

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 decreased slightly from 51.1% to 49.7% over the most recent quarter. This is due to multiple residents who have become ready for transition, but have not yet transitioned to the community.



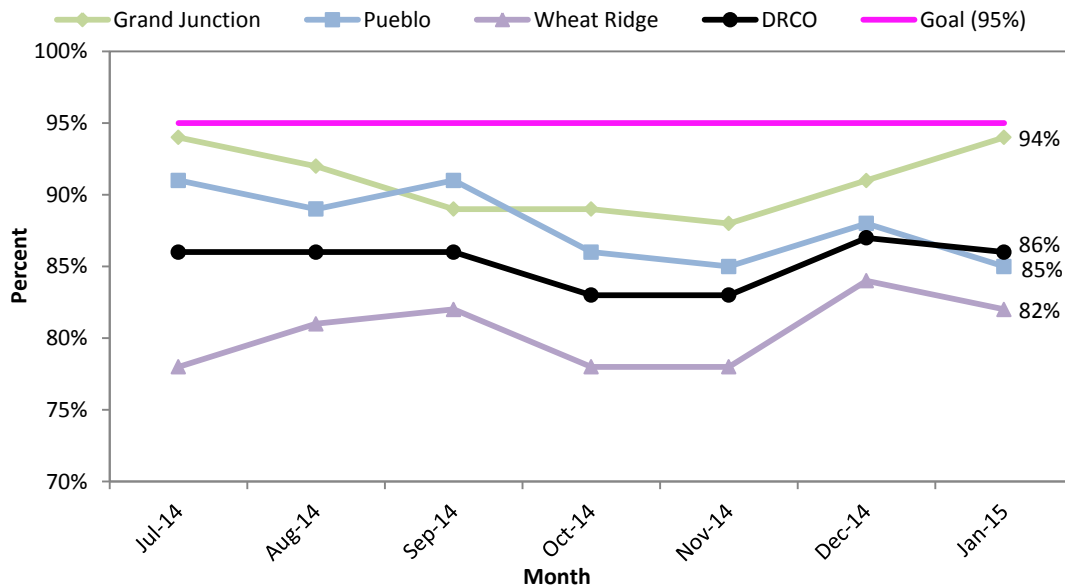
Division of Regional Center Operations (DRCO)

Measure: **Percent of residents without physical intervention by regional center**

How it is measured: *Numerator:* Number of individuals without physical intervention
Denominator: Number of individuals present in the given month; Average monthly denominator: Grand Junction- 81, Pueblo- 65, Wheat Ridge- 124, DRCO- 270

Why this matters: Reducing the use of physical interventions decreases the likelihood of trauma and creates a safer environment overall.

Goal: **↑95%**



Trend: In the most recent quarter Grand Junction saw an increase in performance. Pueblo, Wheat Ridge, and the Division as a whole all followed the same pattern, which includes an improved performance in December followed by a reduction in January 2015.

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:* Due to an overall downward trajectory in performance throughout 2014, 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 book titled, *Four Disciplines of Execution* by McChesney, Covey, and Huling and applied the principles toward the reduction of falls. This methodology was implemented throughout all four centers in October 2014. The first full month after introduction, November 2014, demonstrated a strong increase in performance, and was then followed by a period of stability in Florence and Fitzsimmons, and variability within Rifle and Homelake.

Measures

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



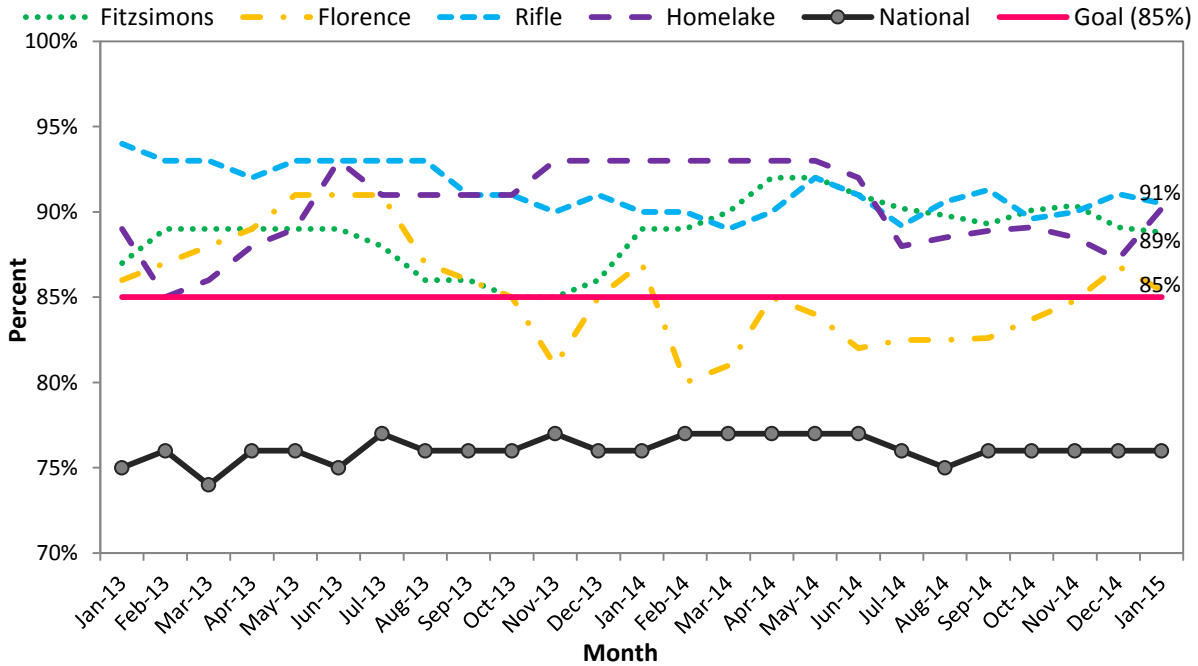
State Veterans Community Living Centers (SVCLC)

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: 154, Florence: 91, Rifle: 67, Homelake: 50

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. All four centers have exceeded the 85% goal throughout the quarter.



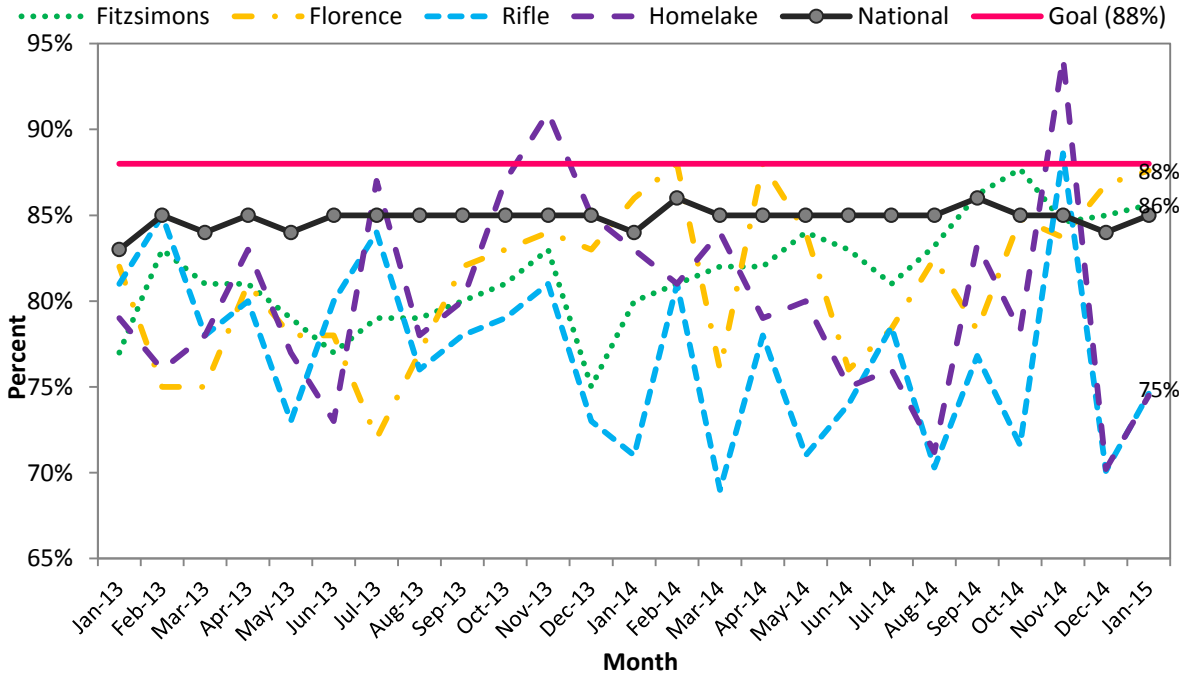
State Veterans Community Living Centers (SVCLC)

Measure: **Percent of residents without falls**

How it is measured: *Numerator:* Number of residents without falls
Denominator: Average Daily Census: Fitzsimons: 154, Florence: 91, Rifle: 67, Homelake: 50

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 varied from month to month and center to center. Homelake (purple line) and Rifle (blue line) both exceeded the 88% goal in November 2014, while Florence (yellow line) met the goal in January 2015.

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

In the last few months DVR staff has developed reports that are able to drill down to varying levels including region, office, and individual caseworker. These reports are sent to supervisors throughout the state on a consistent basis, and enable the supervisors to view performance as a whole as well as on an individual basis in a timely manner. This enables the supervisor to meet with caseworkers who are excelling and look at best practices, as well as offer additional supports to staff who need it.

Also during this quarter the Frequency of Client Contact and Case Closure by Type measures were moved to the Dashboard. The Dashboard is utilized for high performing measures and is distributed along with the monthly C-Stat data and reviewed by Executive Management on a monthly basis. However, Dashboard measures are not reported in the C-Stat Quarterly Report.

- *Successful Employment Outcomes- Federal Indicators 1.1 and 1.2:* In March 2015, *Federal Indicators 1.1 and 1.2* were introduced as DVR performance measures. Prior to their inclusion, Executive Management reviewed their performance in the C-Stat deck as reference slides. As successful employment closures are the main business of DVR adding the increased focus a C-Stat measure brings was determined to be beneficial. While both look at cumulative successful employment outcomes, *Federal Indicator 1.1* requires the number of successful closures to increase over the prior year's performance by at least one. In Federal Fiscal year 2014 there were 1,704 successful closures, which therefore requires 1,705 successful closures in Federal Fiscal year 2015. Whereas *Federal Indicator 1.1* measures volume, *Federal Indicator 1.2* measures the percentage of successful closures. It requires 55.8% of cases with a developed an Individualized Plan for Employment (IPE) close as 'successfully rehabilitated'.
- *Competitive Employment Wages:* The 2015 Competitive Employment Wages, which is a cumulative measure, continues to follow the same pattern as 2014 with current cumulative wages at \$11.60 an hour.

Measures

- [Successful Employment Outcomes- Federal Indicator 1.1](#)
- [Successful Employment Outcomes- Federal Indicator 1.2](#)
- [Competitive Employment Wages](#)



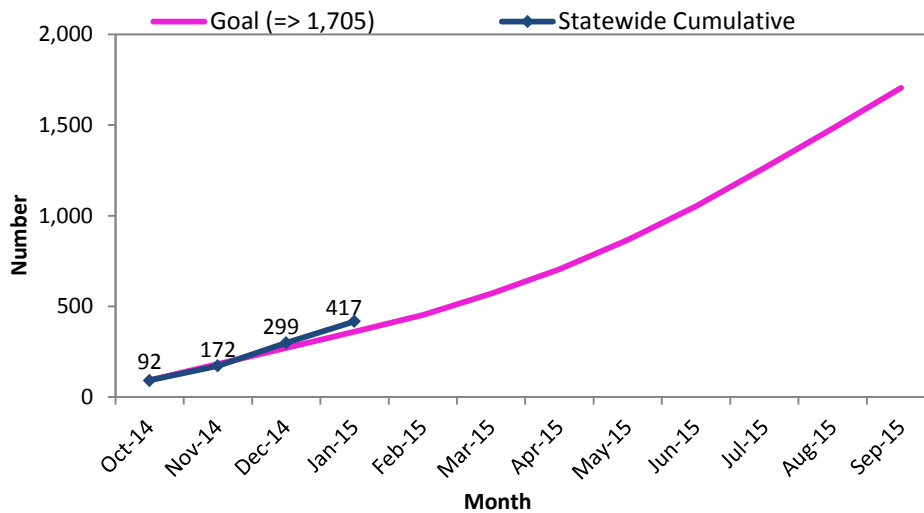
Division of Vocational Rehabilitation (DVR)

Measure: **Successful Employment Outcomes- Federal Indicator 1.1**

How it is measured: *Goal:* Federal Indicator 1.1 requires that DVR close the same number of cases as successfully employed as they did during the previous year (1,704) plus one more successful closure (1,705).

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

Goal: **↑1705**



Trend: In the most recent quarter successful employment outcomes exceeded the forecasted goal line. During each month there was a release of cases from the Order of Selection wait list, thus adding the potential for more successful employment outcomes in the future.



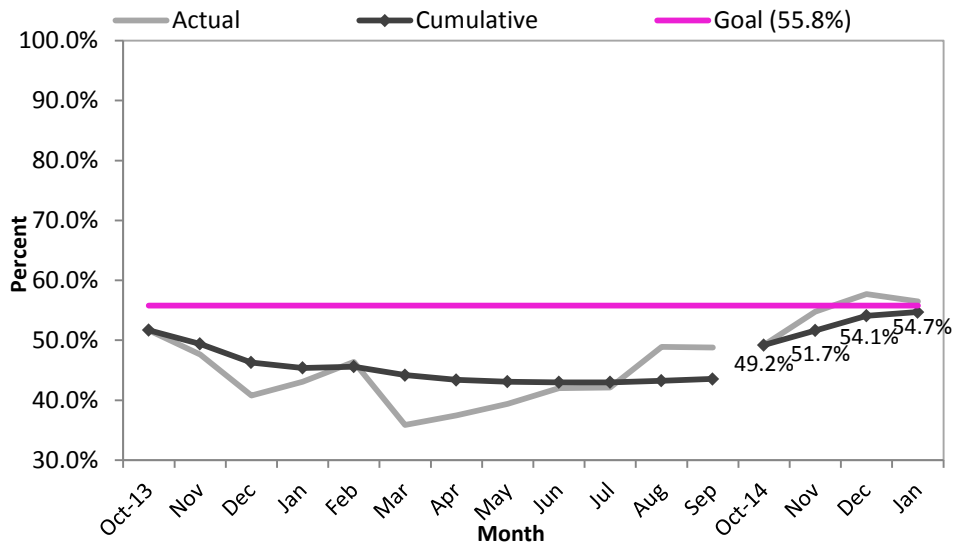
Division of Vocational Rehabilitation (DVR)

Measure: **Successful Employment Outcomes- Federal Indicator 1.2**

How it is measured: *Numerator:* Federal Fiscal Year cumulative number of cases closed as successfully rehabilitated.
Denominator: Federal Fiscal Year cumulative number of cases closed after an IPE (Individualized Plan for Employment) has been established; Average monthly denominator: 584

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

Goal: **↑ 55.8%**



Trend: During the most recent quarter performance, which is cumulative (black line), has risen 3%, to just under the 55.8% goal. Not only has the cumulative performance increased from the prior year, the actual monthly successful closures demonstrates greater success over the same timeframe.



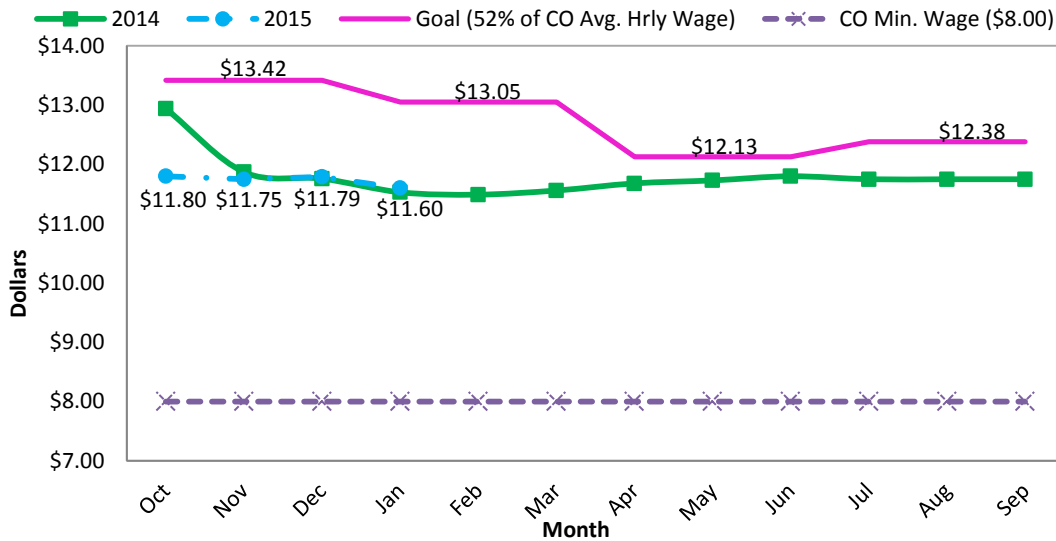
Division of Vocational Rehabilitation (DVR)

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 little variation in the overall cumulative hourly wage earned by participants, very similar this year (\$11.60) to the previous year (\$11.33). The current Federal Fiscal Year began with lower performance than in the previous two years.

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

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 providers, 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. The Division is responsible for the licensing and monitoring of child care facilities, managing the Colorado Child Care Assistance Program (CCCAP) for eligible families, administering child care grants and quality initiatives, and serving as the lead in implementing federal child care programs. The overall goal of the Division of Early Care and Learning is to promote quality, accessible, and affordable child care services for Colorado families.

Director: David Collins

Executive Summary

- *Children in the Colorado Child Care Assistance Program (CCCAP), Under the Age 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 quality rated child care facilities and increase access to quality child care for families utilizing child care subsidy dollars (CCCAP).
 - Through the federal Race to the Top Early Learning Challenge Grant (\$45 million), CDHS implemented Colorado Shines in November 2014. Colorado Shines is a new mandatory quality rating and improvement system used to assess, improve and communicate the level of quality in early care and education programs.
 - Since implementation, the number of high quality child care facilities in Colorado increased from 25.4% in October 2014 to 32.5% in December 2014, exceeding the 31% goal for the first time in December 2014. This sharp increase is largely due to existing Accredited facilities "cross-walking" into the new rating system as a Level Four (of five).
 - The Race to the Top Early Learning Challenge Grant team will continue to execute the identified strategies and will monitor the data on an ongoing basis to ensure these strategies are realizing the expected results.
- *Timeliness of Visits to Facilities Pending Adverse Action:* March 2015 is the first month ECL reported data for this measure. The data suggests that just under three-quarters (73.5%) of visits for this category of child care licensing inspections were on time. The goal for this measure is 96%. Data for this measure will be included in the next quarterly report, once a full quarter of data is available.
- ECL will begin reporting data in C-Stat for *Injuries in Licensed Child Care* in the coming months. This measure will be reported as the rate of children with an injury that occurs while under the supervision of licensed child care that requires emergency medical attention or hospitalization. Baseline data will help determine a goal.

Measures

- [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)

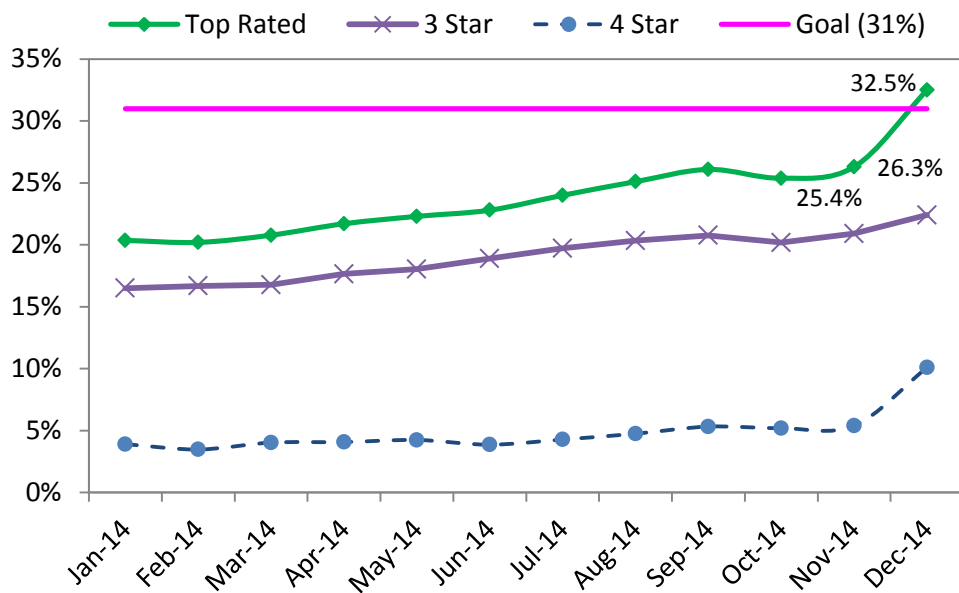
Measure: **Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities**

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: 9,945

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 increased from 25.4% to 32.5% across the most recent quarter, exceeding the 31% goal for the first time in December 2014.

Early Care and Learning (ECL)

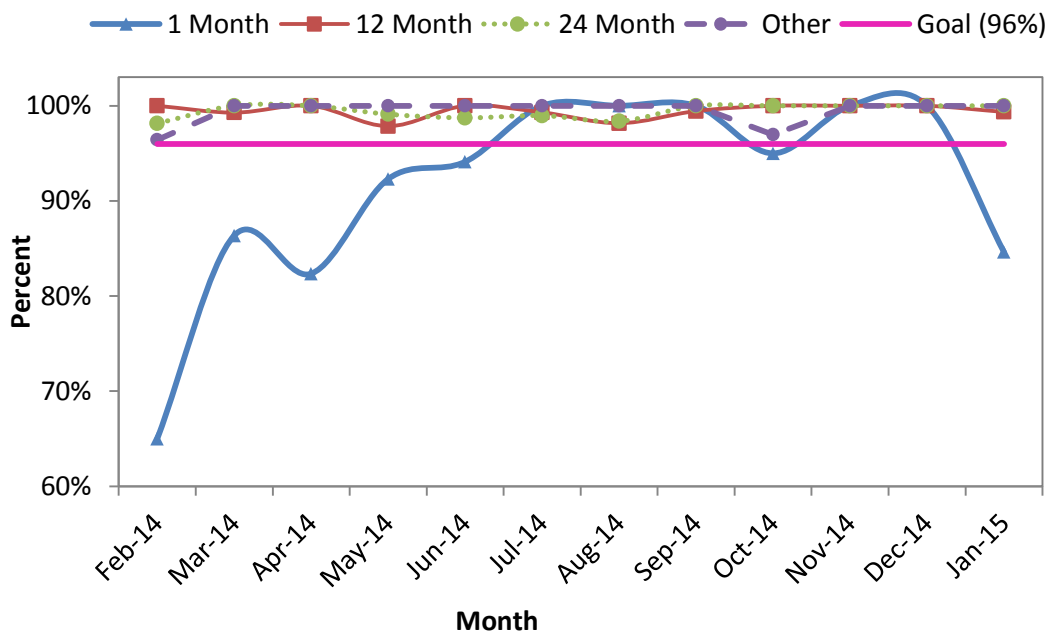
Measure: **Timely supervisory inspections**

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: 15 ; 12-Month: 133; 24-Month: 62; Other: 22; Total: 232

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 for One-Month inspections, going from 100% in December 2014 to 84.6% in January 2015. Performance for the remaining categories remains stable and exceeds the 96% goal.

Note: Small n-sizes make month to month performance extremely volatile – use caution when interpreting performance fluctuations by category.



Early Care and Learning (ECL)

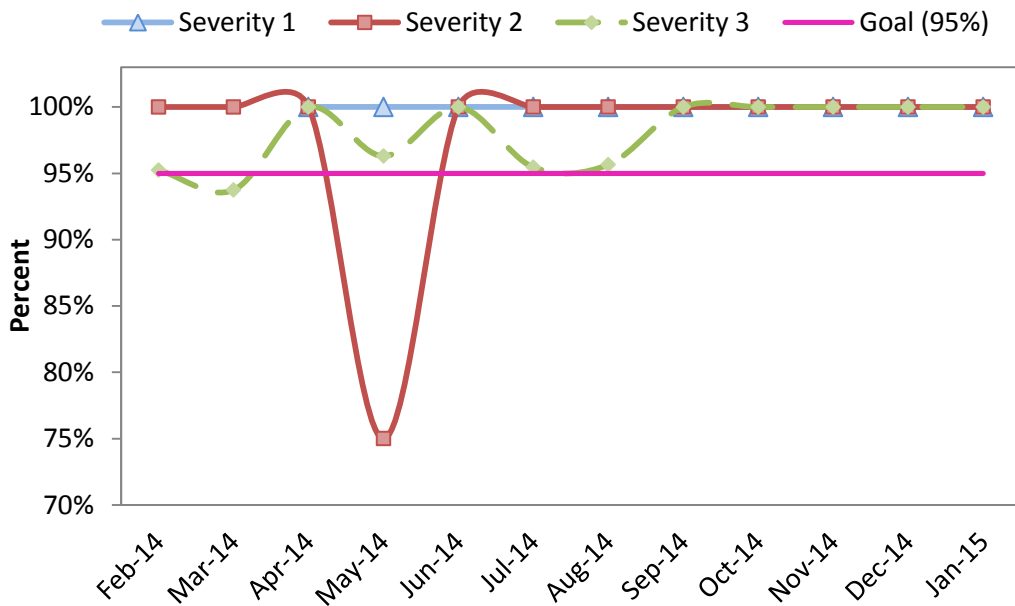
Measure: **Timely response to serious child care center complaints (severity 1-3)**

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: 21

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 remains stable at 100%.

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. The Division 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

- *Child Protection CAPTA Referrals to Early Intervention Who Complete the Eligibility Process:* February 2015 was the first month CFS reported data for this measure. In the two months that data was available, CFS improved from 27.9% to 31.1%. Data for this measure will be included in the quarterly report once a full quarter of data is available.
- *Additional CFS Program Measures:* Despite funding a variety of community and family support programs, there are currently only two with C-Stat measures that are reviewed regularly. Those programs are Early Intervention and Maternal, Infant & Early Childhood Home Visiting (MIECHV).
 - CFS is actively working to develop additional measures so that all funded programs have performance measures reviewed monthly. To date, CFS has developed logic models and action plans for each CFS program to review progress toward that goal.

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)

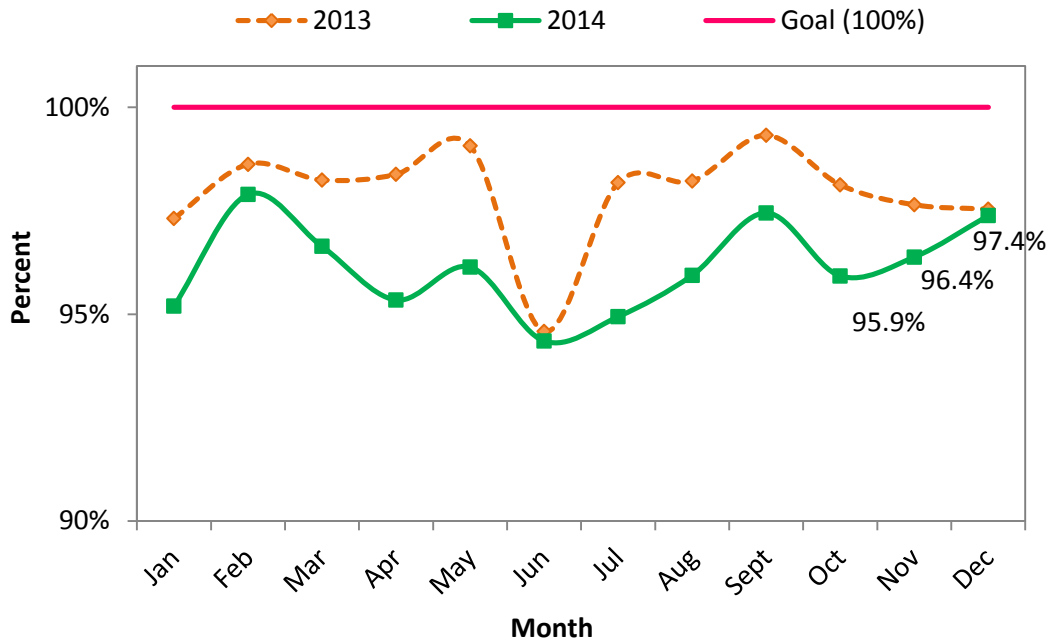
Measure: **Timely services for infants and toddlers eligible for Early Intervention (Federal Measure)**

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: 908

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 increased from 95.9% to 97.4%. The 100% goal was not achieved.



Community and Family Supports (CFS)

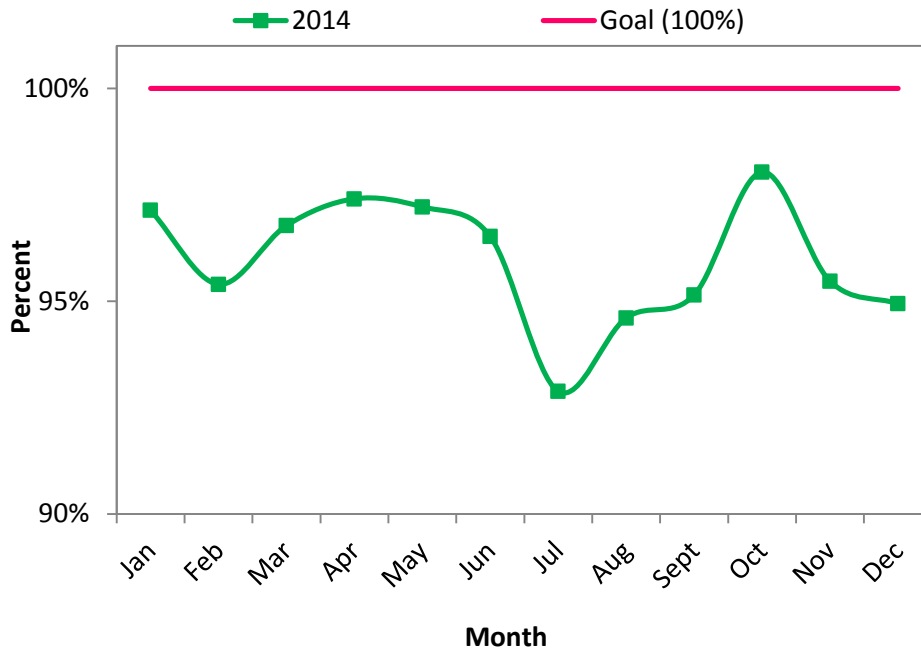
Measure: **Timely transitions for infants and toddlers exiting Early Intervention (Federal Measure)**

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: 318

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

Goal: **↑100%**



Trend: Performance declined from 98% in October 2014 to 95% in December 2014. The 100% goal was not achieved.



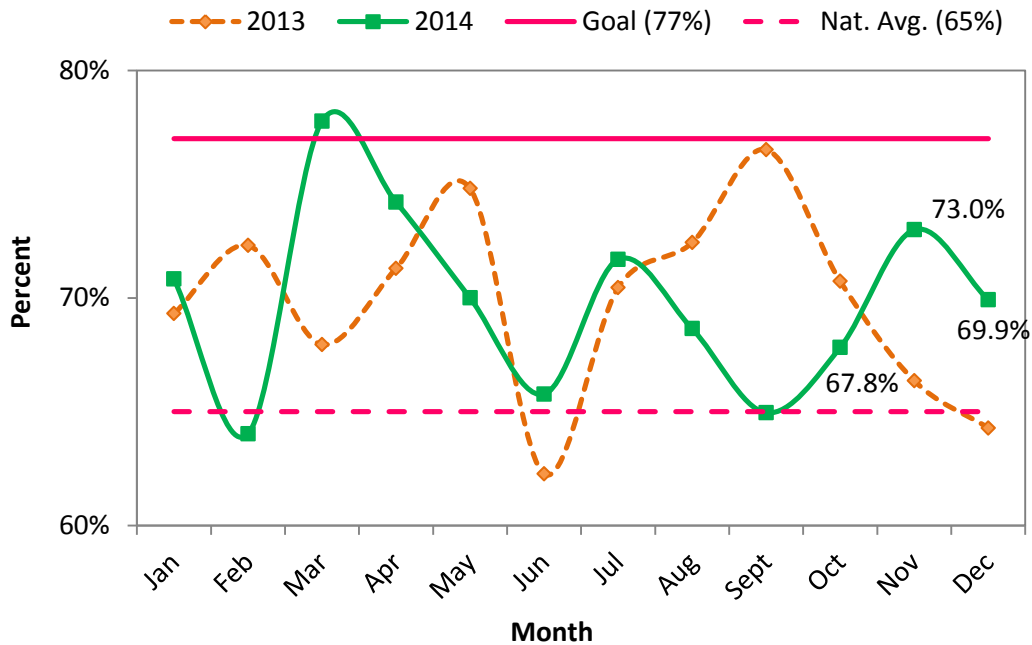
Community and Family Supports (CFS)

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: 113

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 fluctuates between 67.8% and 73.0%. 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.



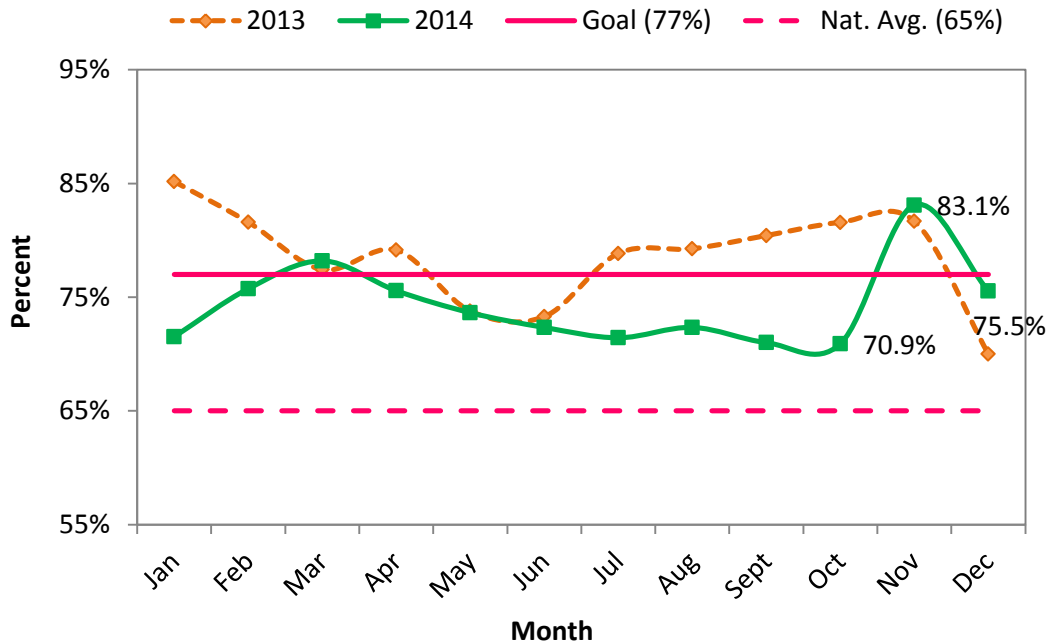
Community and Family Supports (CFS)

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: 172

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

Goal: **↑77%**



Trend: Performance exceeded the 77% goal in November 2014 for the first time in seven months, before declining to 75.5% and falling below the goal for the last month of the quarter.

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.





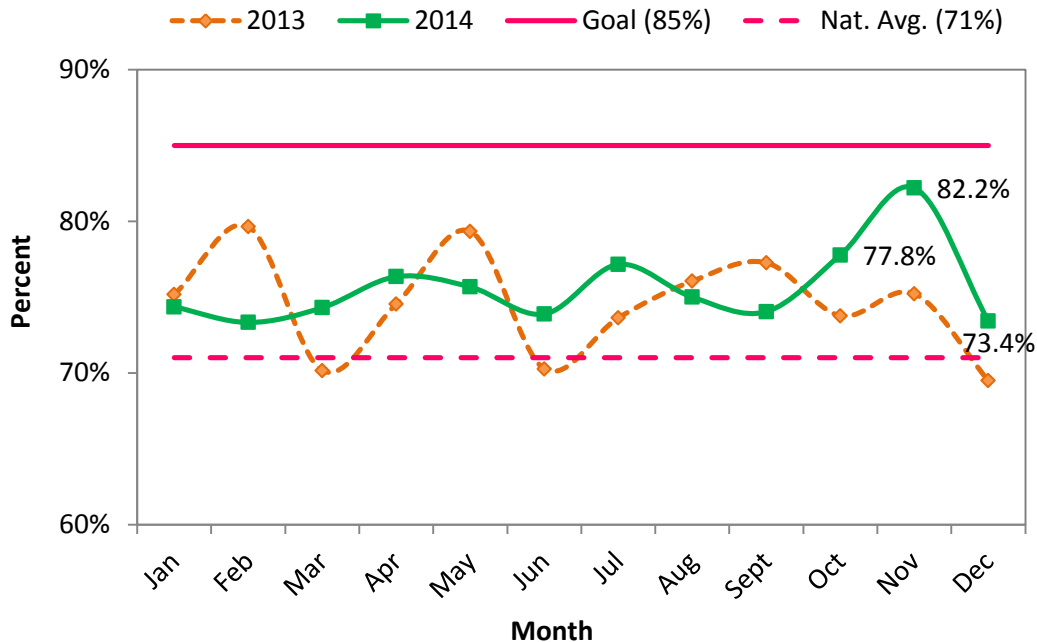
Community and Family Supports (CFS)

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: 132

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

Goal: **↑85%**



Trend: Performance fluctuated between 73.4% and 82.2% in the most recent quarter. 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 three divisions; Child Support Services (CSS), 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 Desbian

Executive Summary

- The Division remains focused on select counties in order to continue improving the performance of *Percentage of Current Support Collected*. Currently the focus is on Adams, El Paso, and Pueblo Counties. The Division has been working with these Counties to update Performance Improvement plans, and to identify areas where efficiencies can be found and capitalized upon.
- The Division has begun work to implement the Four Disciplines of Execution (4DX). The Division, in coordination with internal CSS staff, crafted two Wildly Important Goals (WIGs). The Division held trainings throughout the quarter, supported by Office of Performance and Strategic Outcomes staff, to introduce the concepts of 4DX, to discuss the Division wide WIGs, and to prepare staff to develop their own section specific WIGs and lead measures.
- The Division has continued work to expand acceptance of electronic payment options for obligors. As of March 11, 2015 the Division began accepting payments through a statewide system. The process of training county staff and updating policy and procedures is ongoing.

Measures

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



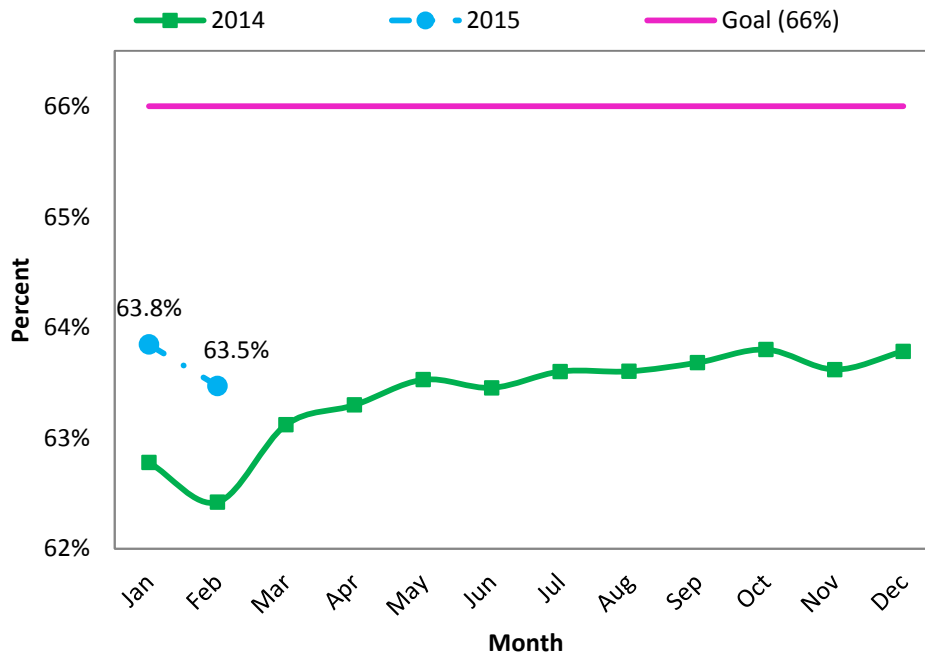
Child Support Services (CSS)

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 February 2015: \$65.0 Million

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

Goal: **↑66%**



Trend: Current support collected continued to increase compared to the previous year performance. While there was a decline in the last month of the quarter (February 2015), it continues to represent large increases in support reaching families.

Note: The goal was increased as of January 1, 2015 to 66%. The previous goal was 64.3%.



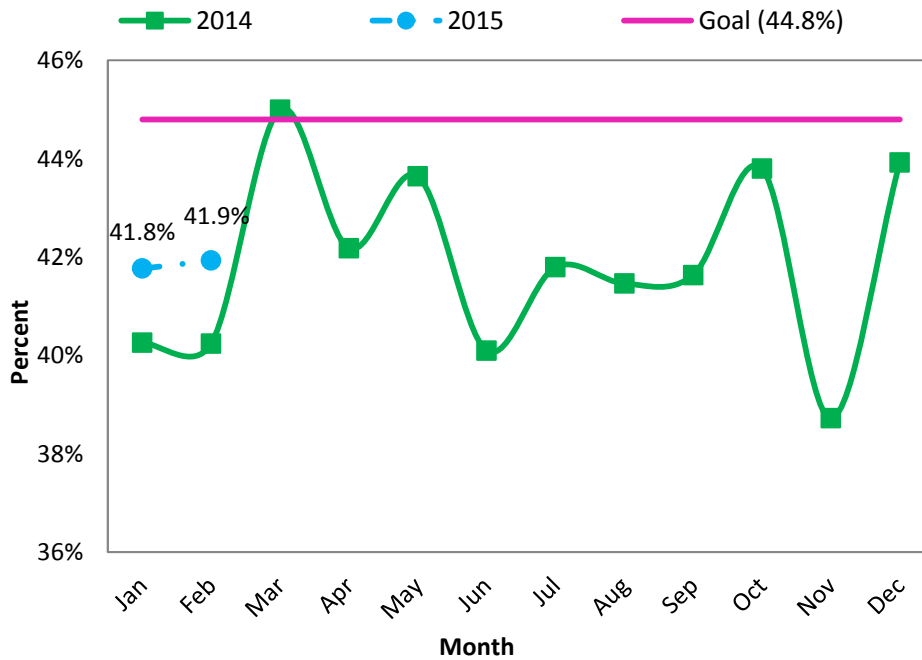
Child Support Services (CSS)

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: 107,965

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

Goal: **↑44.8%**



Trend: Performance in the quarter was somewhat variable with December 2014 being 3% higher than the beginning of 2015. Performance in the last two months of the quarter show notable improvement compared to the same months of 2014.

Employment and Benefits Division

Summary

Description:

The Employment and Benefits Division (EBD) houses the state's cash assistance programs for families and older adults as well as the Colorado Refugee Services Program. 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. The Colorado Refugee Services Program (CRSP) exists to ensure effective resettlement of officially designated refugees and to promote refugee self-sufficiency. CRSP works through local volunteer agencies, and supports an array of activities that include resettlement, education, employment, health, legal/citizenship, financial and housing services.

Director: Katie Griego

Executive Summary

- *Timeliness of New Adult Financial Applications* has maintained performance above the goal since June 2014.
- *Colorado Works' Timeliness of New Applications* has also achieved and maintained the 95% timeliness rate.
- All of the Office of Economic Security redetermination measures struggled throughout the quarter. Division staff attributes much of this to ongoing issues of business processes.
- As a part of the Adult Financial Redetermination Performance and Partnerships Exchange (PPE), the Director of the Employment and Benefits Division and the Director of the Performance Management traveled to the five large counties that were performing below like-sized counties. During these meetings specific practices tied to positive outcomes, such as daily review of the "exceptions report" were identified as not being in place. PPE is an initiative aimed at spreading best practices and lessons learned from high performing counties to their peers.
- As of January 1, the Colorado Refugee Services Program (CRSP) was integrated into the Employment and Benefits Division to align programming. This was aimed at providing CRSP with additional support available within the larger Division since many refugee clients of CRSP also receive Colorado Works benefits.

Measures

- [Timeliness of New Adult Financial Applications](#)
- [Timeliness of Redetermination \(RRR\) Adult Financial 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](#)
- [Colorado Works Entered Employment](#)
- [Colorado Refugee Services Program Entered Employment](#)
- [Colorado Refugee Services Program 90-Day Employment Retention](#)



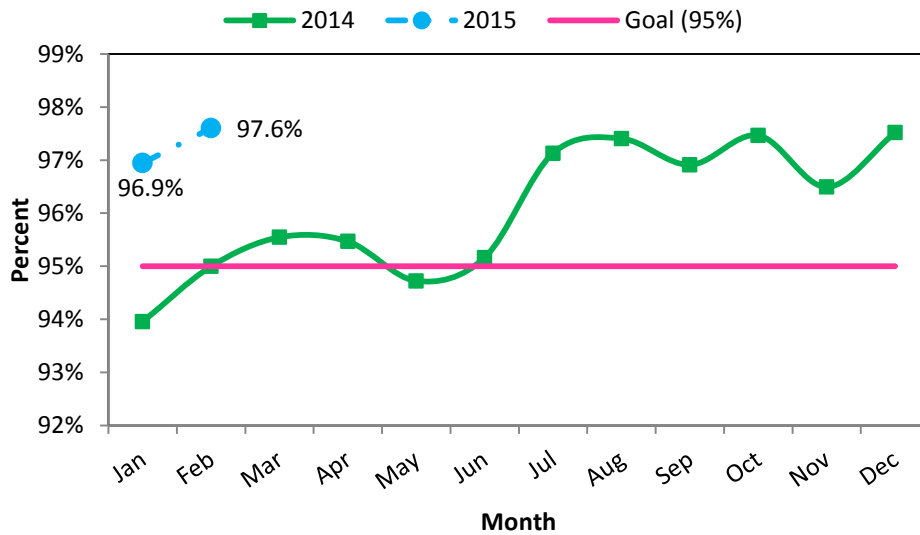
Employment and Benefits Division: Adult Financial (AF)

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: 2,393.6

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: Performance has remained above the goal for the duration of the quarter.



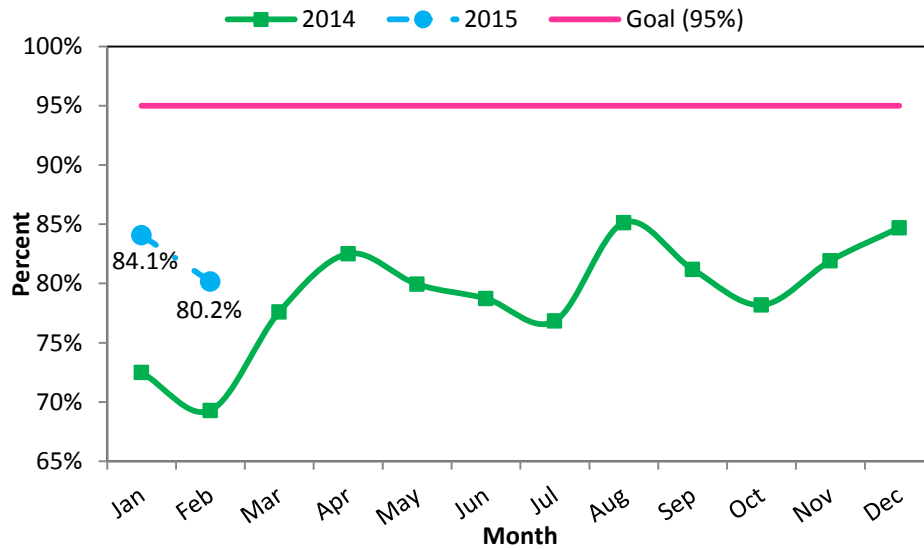
Employment and Benefits Division: Adult Financial (AF)

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: 1,367.3

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

Goal: **↑95%**



Trend: Performance declined for two of the three months.



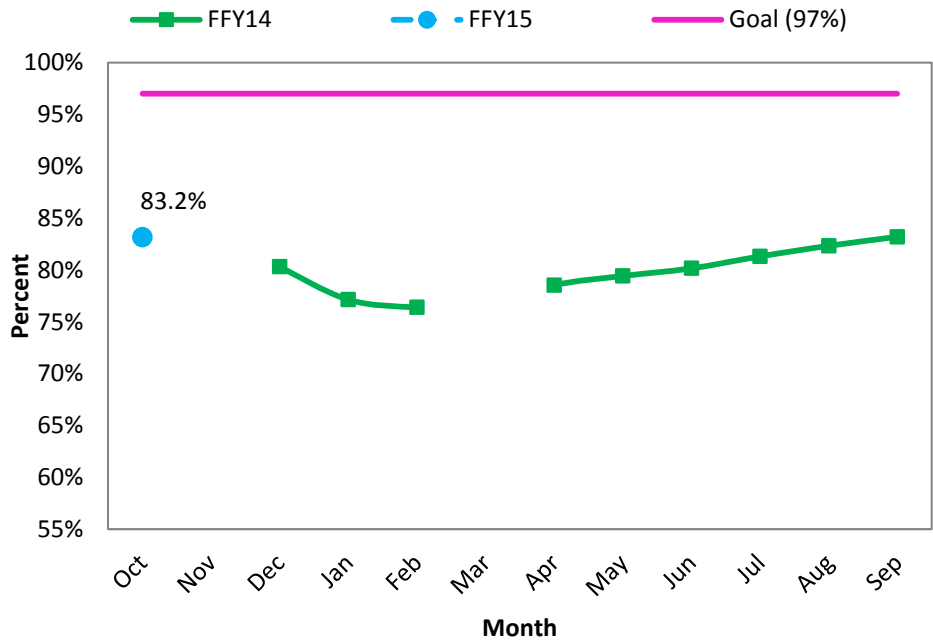
Employment and Benefits Division: Adult Financial (AF)

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 (FFY15): \$2,736

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

Goal: **↑97%**



Trend: Performance continues to climb steadily, though it has not yet met the goal.



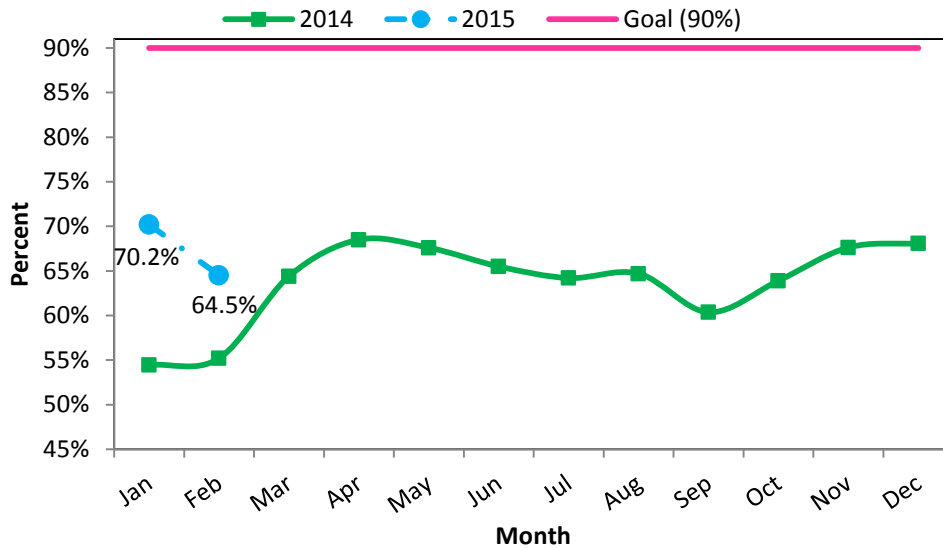
Employment and Benefits Division: Colorado Works (CW)

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: 3,055

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: Gains seen in the previous quarter were countered with a large decline in February 2015.



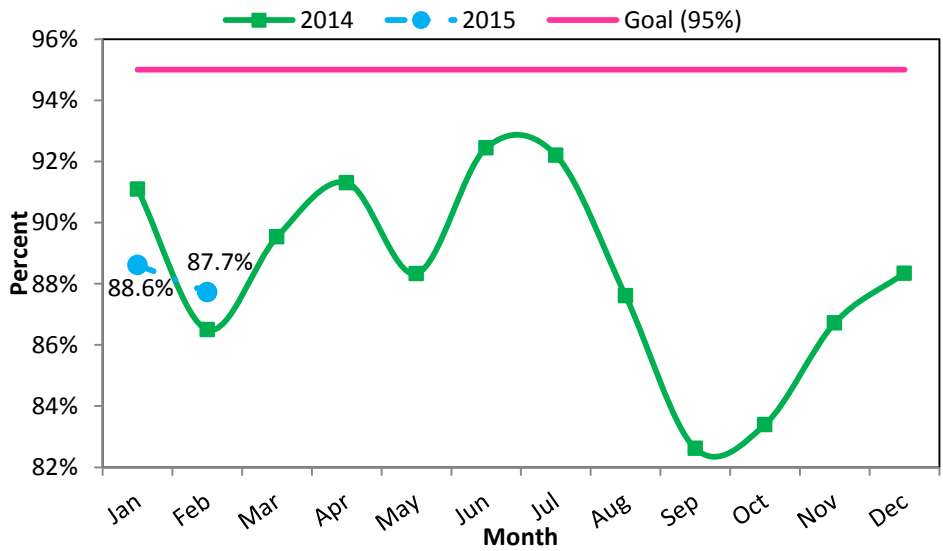
Employment and Benefits Division: Colorado Works (CW)

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:
Average monthly denominator: 2,214

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: Despite a small decline in performance in February 2015, performance in the quarter demonstrates improvement over the previous quarter.



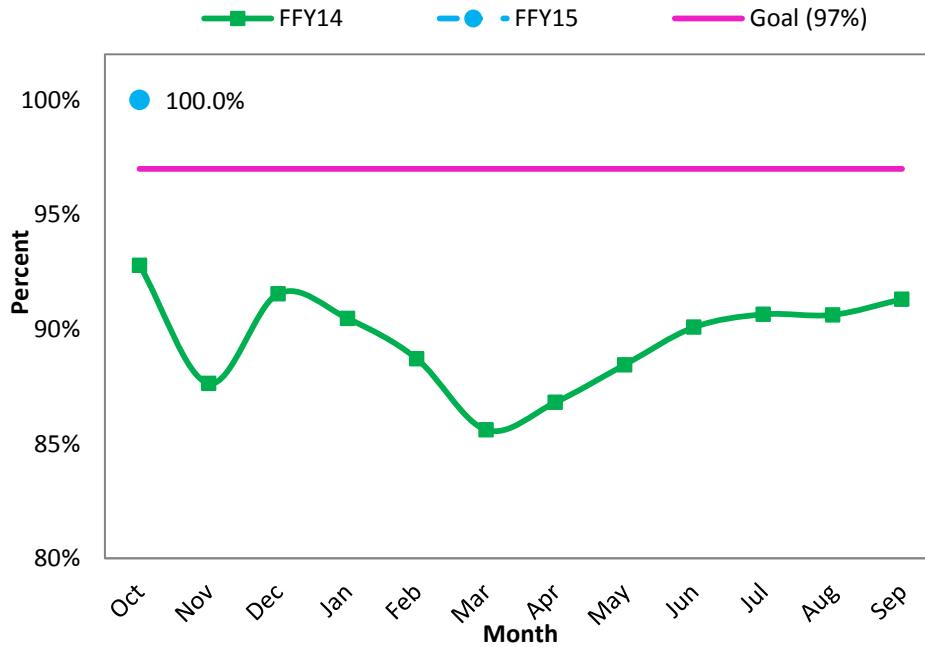
Employment and Benefits Division: Colorado Works (CW)

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: \$9,695

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

Goal: **↑97%**



Trend: Performance this quarter demonstrates an ongoing upward trajectory towards the goal, with an accuracy rate of 100% starting off Federal Fiscal Year 2015.



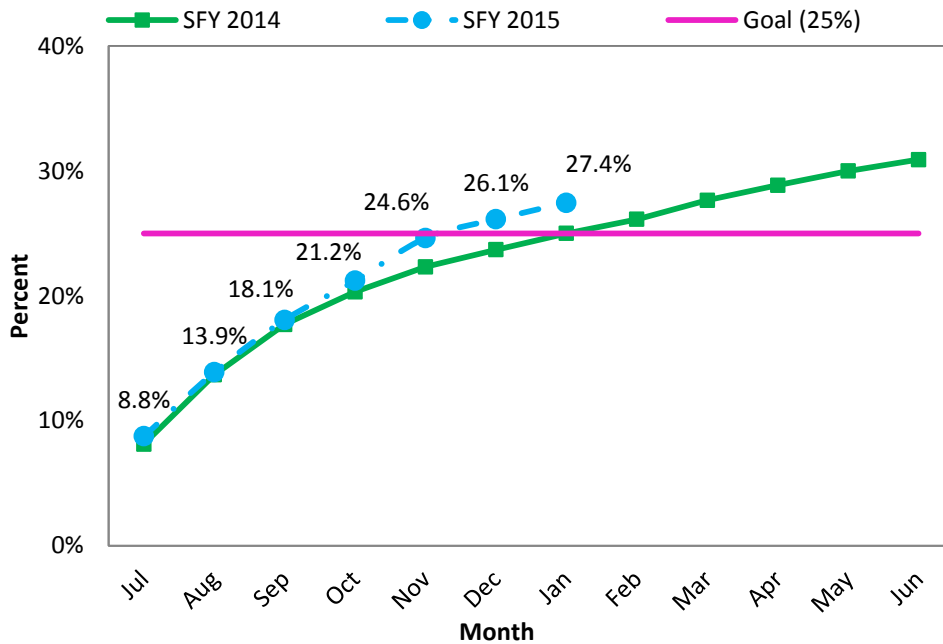
Employment and Benefits Division: Colorado Works (CW)

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 who needed employment year to date: 20,045

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

Goal: **↑25%**



Trend: Performance in the most recent quarter has shown three months of upward trajectory, with the last two months of the quarter (December 2014 and January 2015) performing above the goal.

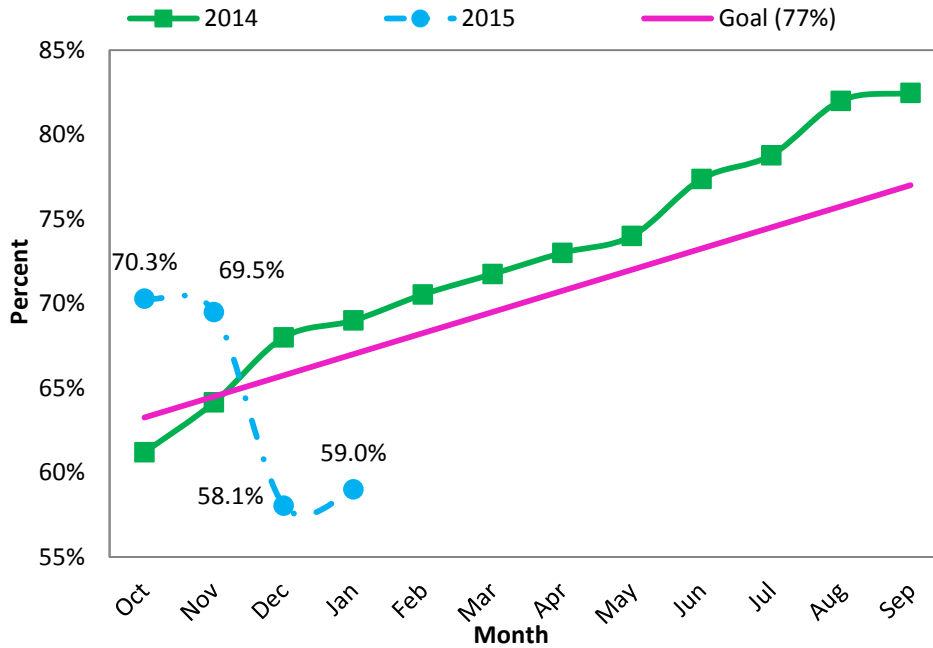
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

Measure: **Refugee services entered employment (Federal Measure)**

How it is measured: *Numerator:* Cumulative number of individuals newly entering employment during the month
Denominator: Cumulative number of individuals receiving employability services through the month; Cumulative denominator: 656

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

Goal: **↑77%**



Trend: A decline of 10.5% is seen in this quarter, bringing performance below the goal. The most recent quarter’s trends do not reflect historical trends.

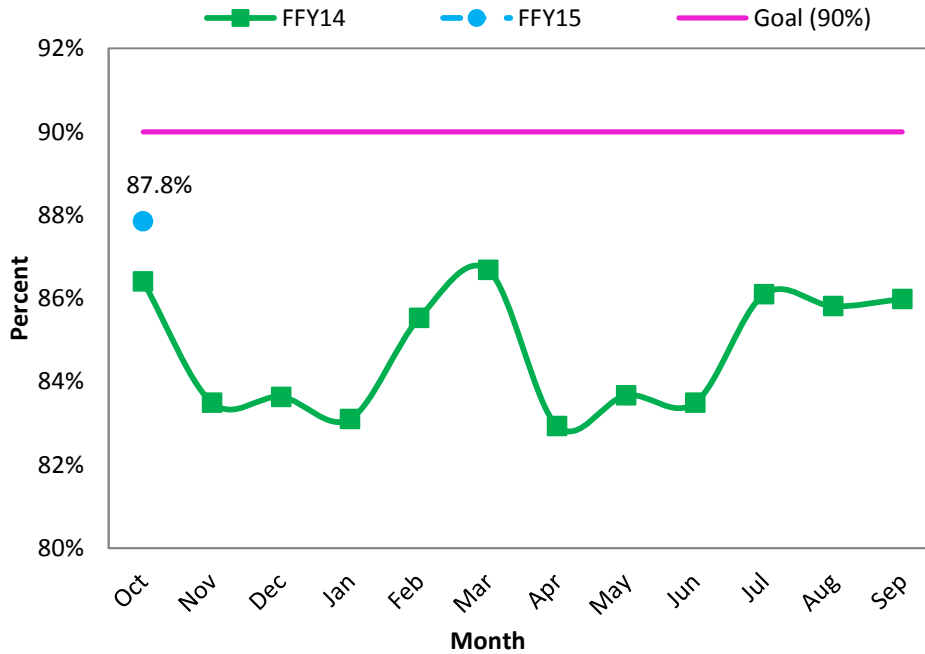
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

Measure: **Refugee services 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: 502

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

Goal: **↑90%**



Trend: The quarter ending in October 2014 shows the highest performance in over a year.

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

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

- The Food Assistance program maintained relatively stagnant performance throughout the quarter.
- In coordination with the Employment and Benefits Division, the Division of Food and Energy Assistance has continued to identify process-related improvements that could create long-term, sustainable performance across the state.
- Counties have identified Work Management Systems (WMS), electronic systems to track application status and the related business processes, as an area in which significant issues exist. Many counties report not having a system that can adequately meet the needs of the programs they support. The Office of Economic Security is working with counties to manage this to find high quality solutions.
- During the Data Integrity Review conducted last year by the Performance Management Division, a change was recommended for how LEAP data should be presented in C-Stat. The previous method used the total number of days required to process all LEAP applications in a month for the numerator and the total number of applications processed for the denominator. This produced an average processing time.
 - This quarter the Division moved to align LEAP with other eligibility based financial assistance programs by measuring LEAP in timeliness of application processing. The rationale is that timeliness better represents the experience of clients and how long they are waiting to receive needed benefits.

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



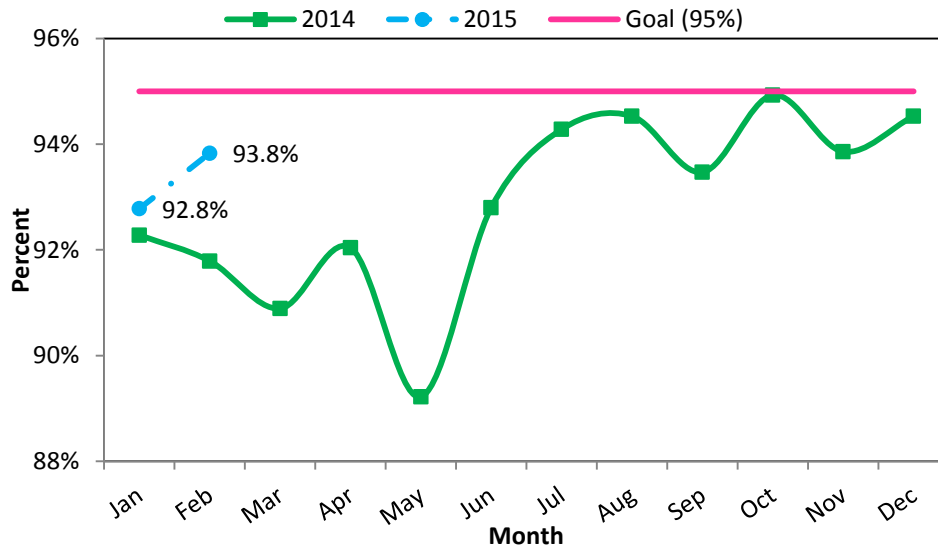
Food and Energy Assistance: Food Assistance (FA)

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 timely in the month;
Average monthly denominator: 14,307

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: Performance in the most recent quarter saw one month of decline from December to January, and then the rate increased from January to February.



Food and Energy Assistance: Food Assistance (FA)

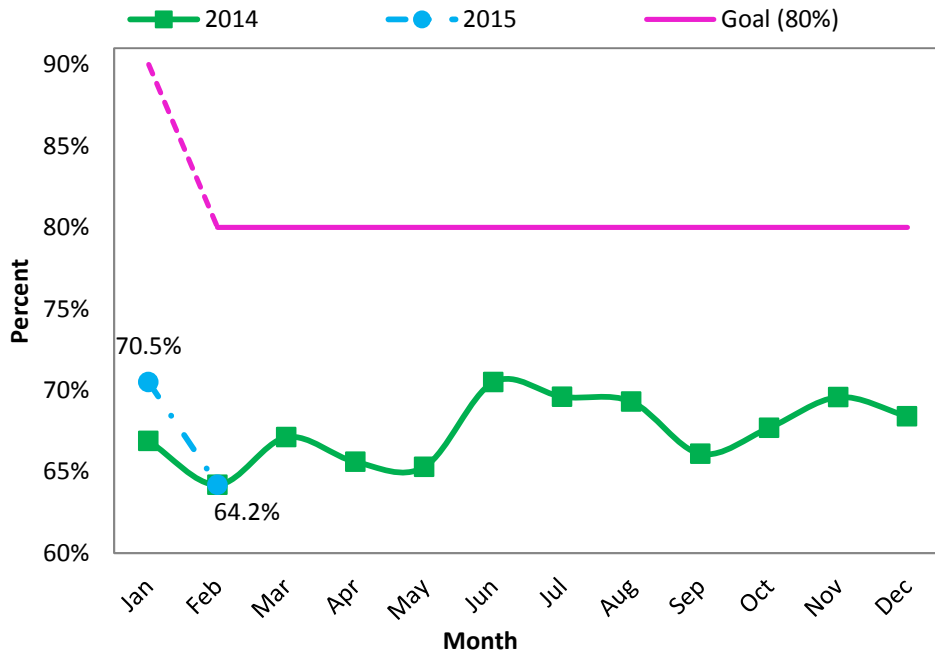
Measure: **New Food Assistance applications processed in 7 days or less**

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: **↑80%**



Trend: Quarterly performance was variable, with January rates seeing the highest performance in over a year at 70.5%, and February’s performance showing a decline of 5.8%.

Note: Goal was decreased as of February 1, 2015 to 80%. The previous goal was 90%



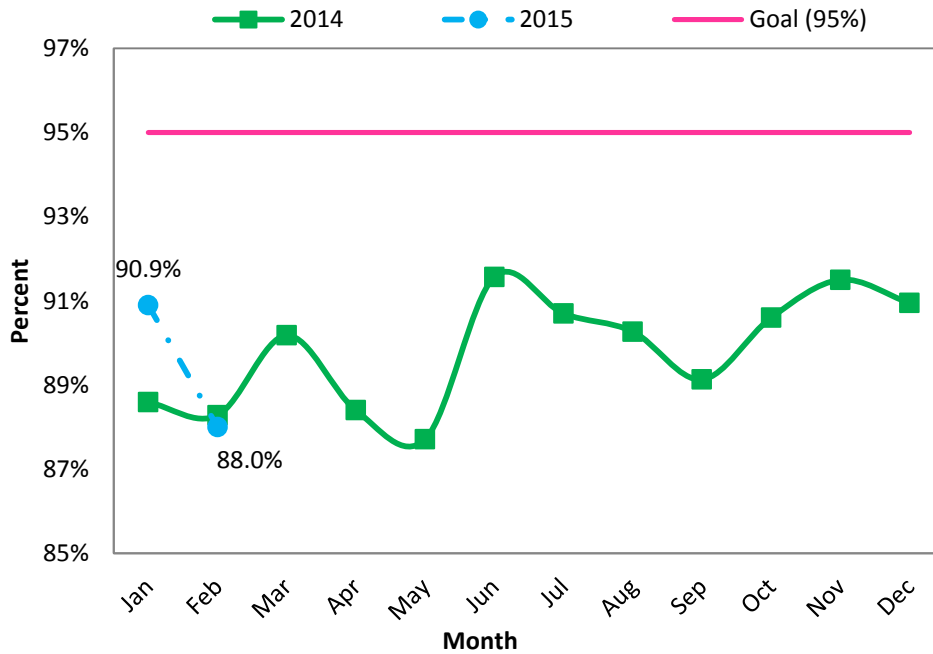
Food and Energy Assistance: Food Assistance (FA)

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: 10,107

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: The quarter saw variability, ending with February 2015 demonstrating the lowest performance seen in eight months.



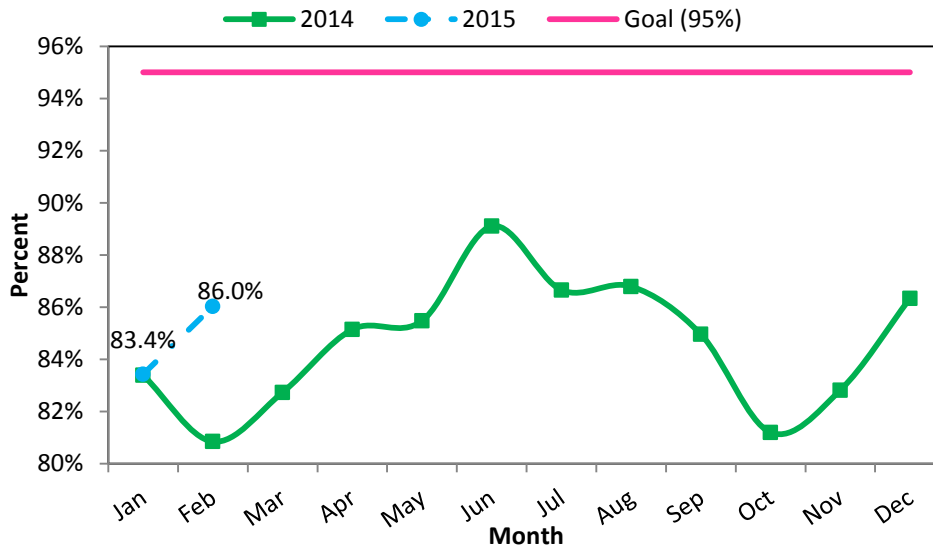
Food and Energy Assistance: Food Assistance (FA)

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: 20,423

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 past quarter reflects monthly fluctuation in performance.



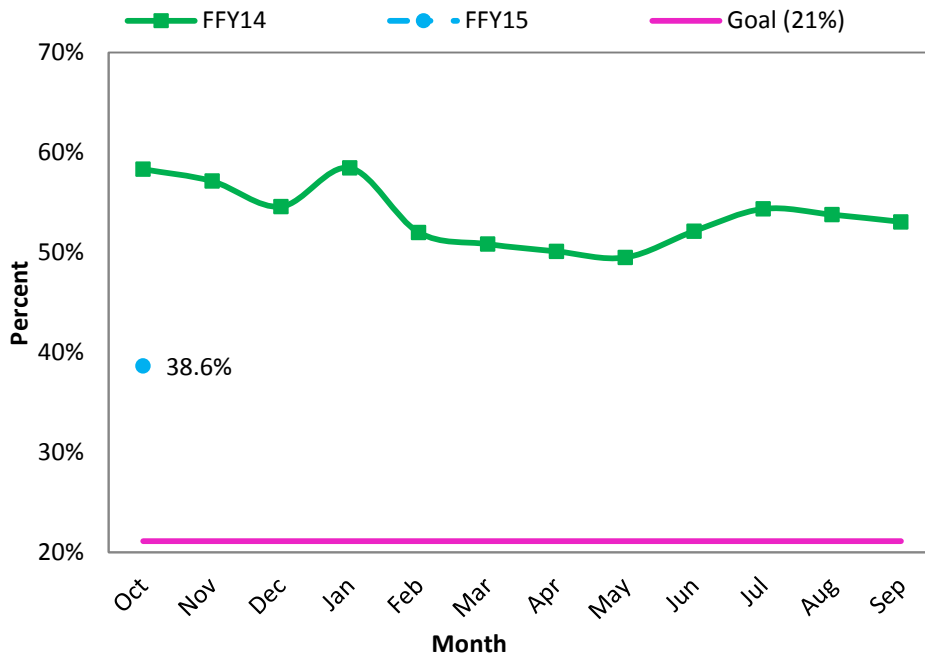
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance case and procedural error rate (Federal Measure)**

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: 44

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: October’s rate of 38.6% is the strongest performance recorded in C-Stat.

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)

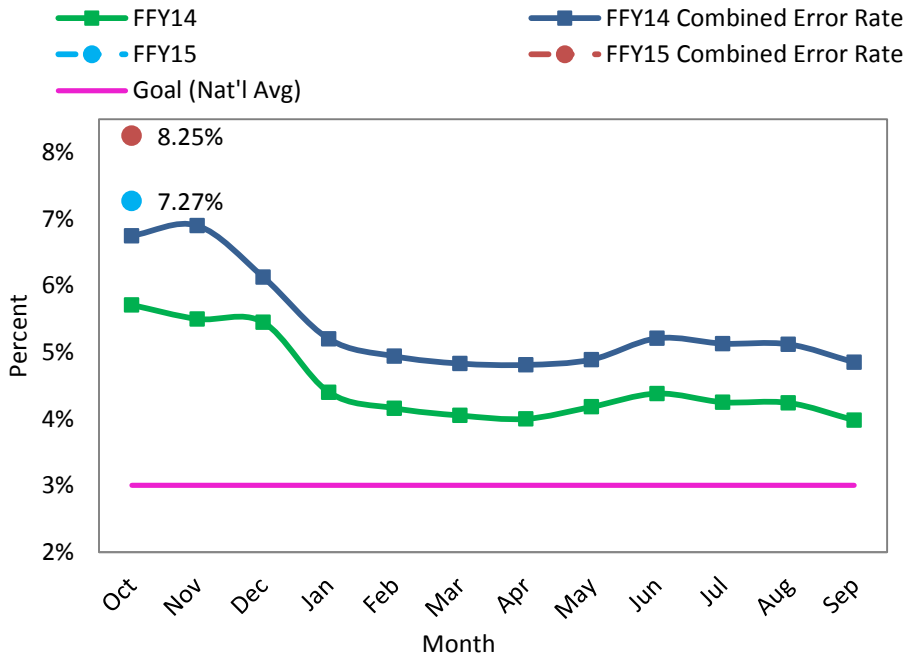
Measure: **Food Assistance payment error rate (Federal Measure)**

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: \$19,187

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

Goal: **↓**Below national average



Trend: Data shows a decline in performance from the previous year. October 2014 demonstrates the highest Payment Error Rate reported in C-Stat.

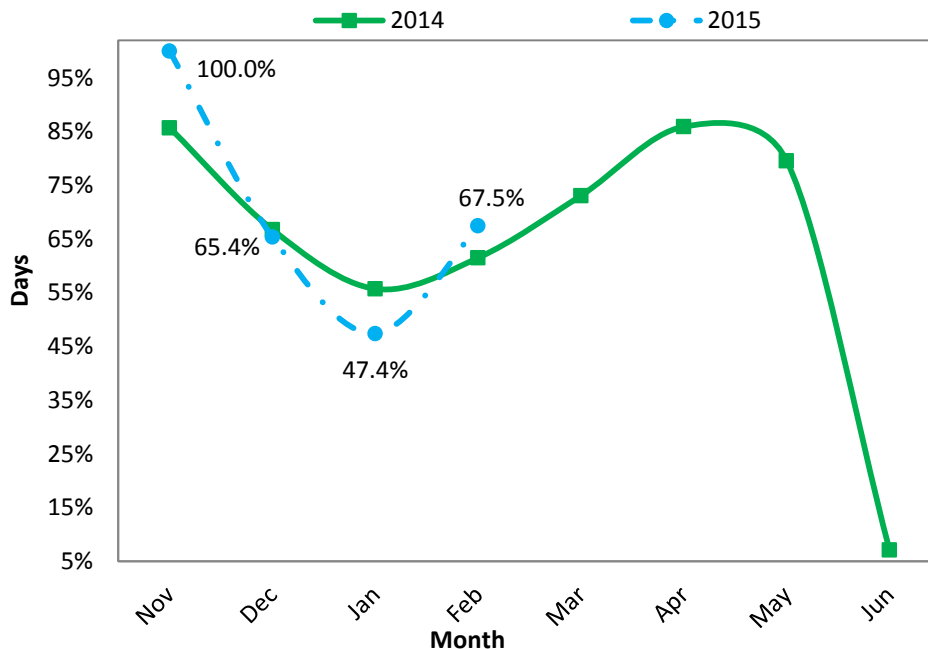
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular LEAP applications**

How it is measured: *Numerator:* Number of days to process regular LEAP applications
Denominator: Total number of regular LEAP applications processed in the month; Average quarterly denominator: 8,551

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

Goal: **↑TBD**



Trend: There was variability in the most recent quarter, ending with an improvement in February 2015 to bring performance back above the previous year.

Note: Performance for LEAP is now being presented as a percentage, specifically looking at the percentage of cases being processed timely. The previous methodology presented the average amount of time it took to process all cases. The new methodology is intended to align with other eligibility based financial assistance programs (Food Assistance, Colorado Works, etc.) and to put focus on outcomes for clients.

A goal using the new methodology has not been established by the publish date of this report.

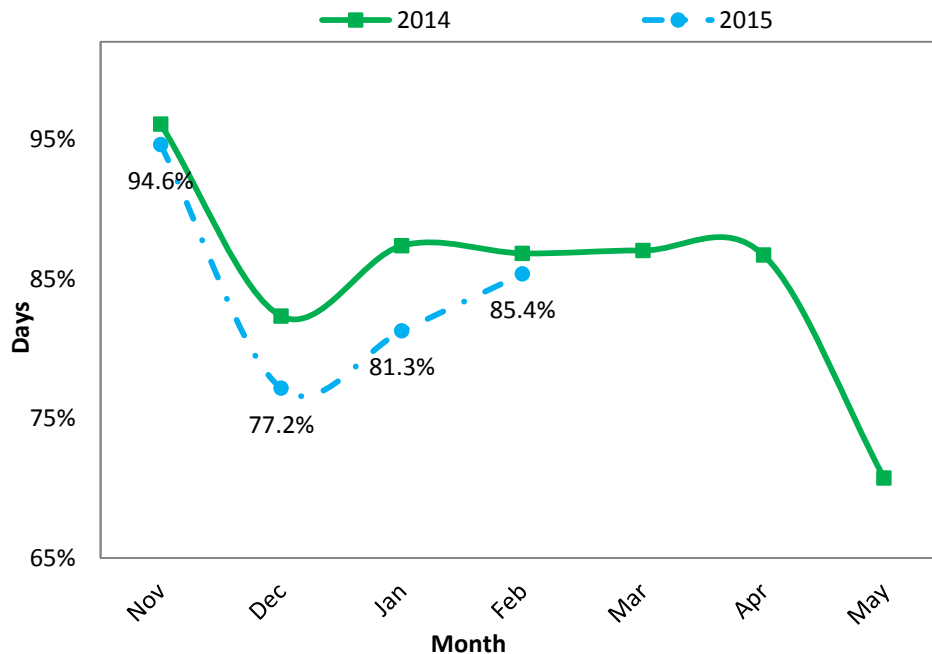
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of expedited LEAP applications**

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

Why this matters: Timely processing of expedited energy assistance applications ensures eligible Coloradans have access, as soon as possible, to needed financial assistance for heating, ultimately increasing the likelihood of Coloradans living safely.

Goal: **↑TBD**



Trend: Steady improvement was achieved over the course of the quarter.

Note: Performance for LEAP is now being presented as a percentage of cases that were processed timely. The previous methodology presented the average amount of time it took to process all cases. The new methodology is intended to align with other eligibility based financial assistance programs (Food Assistance, Colorado Works, etc.) and to put focus on outcomes for clients.

A goal using the new methodology has not been established by the publish date of this report.