



## Summary Report

April – June 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. 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 the Deputy Executive Directors. The Executive Director facilitates the C-Stat meetings, focusing on any of the performance measures and action items.

This past quarter the department underwent an alignment exercise to review all C-Stat measures to determine if they were the most critical measures for the department to focus on. Over the next quarter some new measures will be added and some current measures will be placed on a dashboard. These changes will be reflected in the next quarterly report.

### C-Stat Report

This report reflects the measures identified by CDHS to be tracked on an ongoing basis through the C-Stat process as of June 30, 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 June 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](mailto: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.”

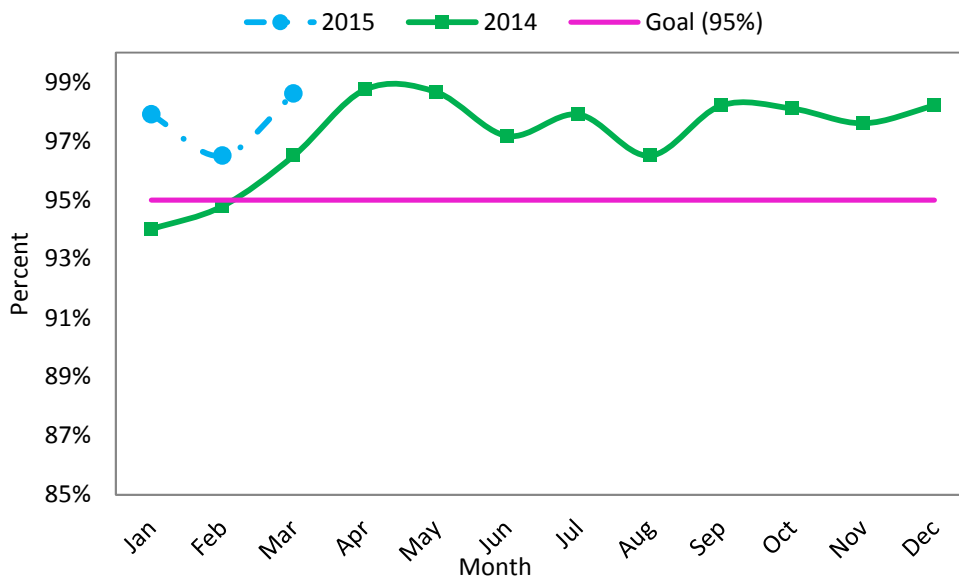
*Denominator:* Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; average number of people in a facility per day. These provide an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

To align with contract data submission deadlines, data were reported one more month in arrears for the *Percent of Persons with Reduced Mental Health Symptoms in Mental Health Treatment* and *Percent of Persons who Obtained/Maintained Housing While Receiving Mental Health Services* measures. Hence, there are only two new data points in this quarterly report for these measures.

Performance in January 2015 for the *Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment* dropped due to the merger of Mental Health Partners and Boulder County. In order to merge the providers, Boulder County had to close all active DACODS files before treatment was complete so that files could be re-opened by Mental Health Partners. The merger took place in December 2014 and affected performance from November 2014 through February 2015.

Additional highlights within Community Behavioral Health include:

- *Timeliness of Appointments Offered for Outpatient Substance Use Disorder Treatment*: This measure achieved its highest performance in February 2015, though this measure continues to be below the goal.
- *Mental Health Clients Engaged in Services*: Performance in the most recent quarter has steadily improved, demonstrating a 4.9% improvement in three months.

#### 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**

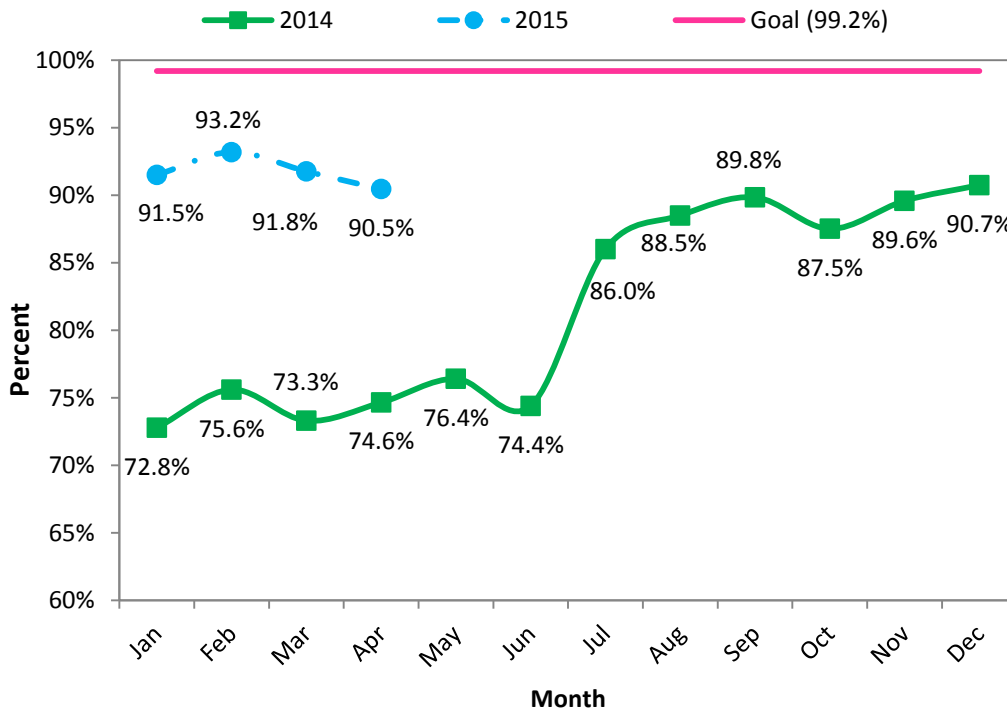
How it is measured: *Numerator:* Number of persons offered an appointment for outpatient substance use disorder treatment in less than three days from first contact

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

Average monthly denominator: 1065.67

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

Goal: **↑99.2%**



Trend: Performance in the most recent quarter went from 93.2% to 90.5%, demonstrating a 2.7% decline in three months.

Notes: As of July 2014, performance measures the number of days between a client’s first contact date and the date of first appointment offered.





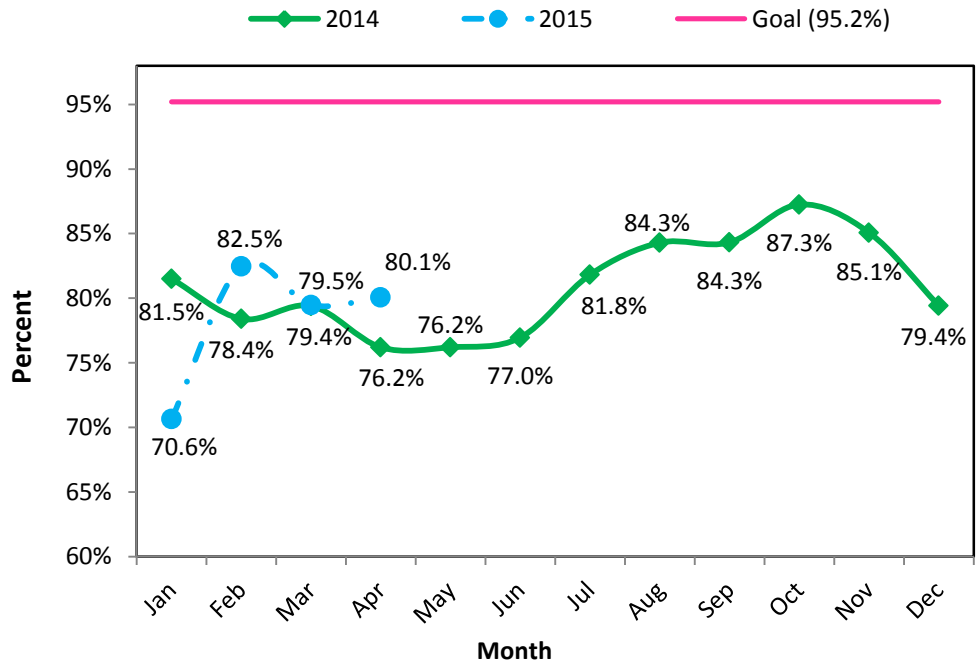
### Community Behavioral Health (CBH)

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: 410.33

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 the most recent quarter went from 82.5% to 80.1%, demonstrating a 2.4% decline in three months.



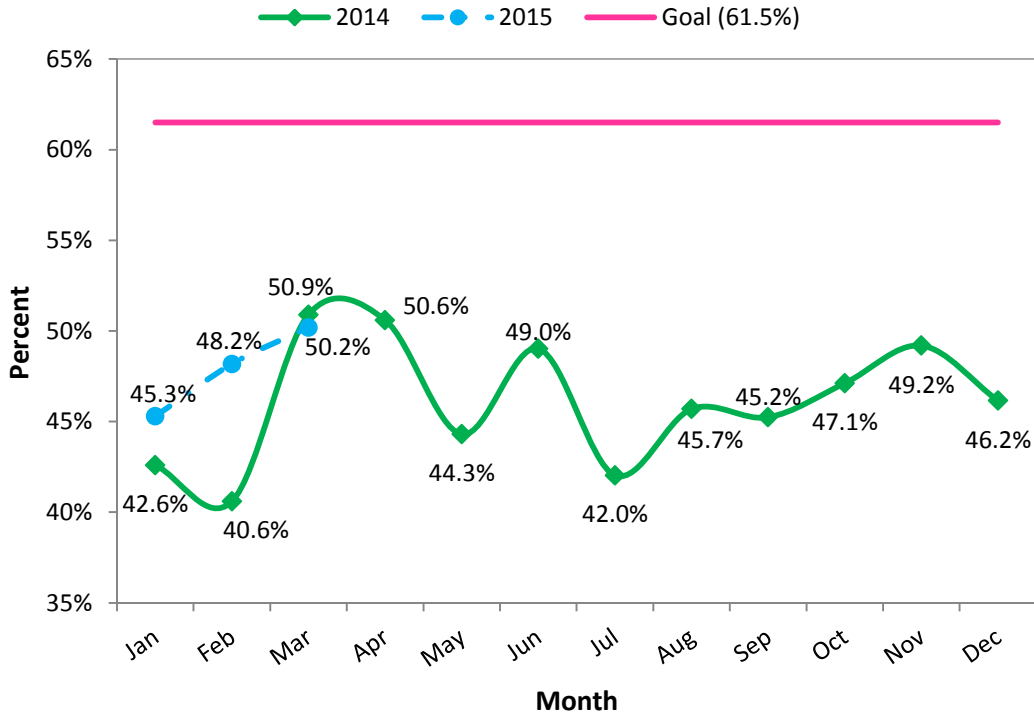
### Community Behavioral Health (CBH)

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: 471.3

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

Goal: **↑61.5%**



Trend: Performance in the most recent quarter went from 45.3% to 50.2%, demonstrating a 4.9% improvement in three months.

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



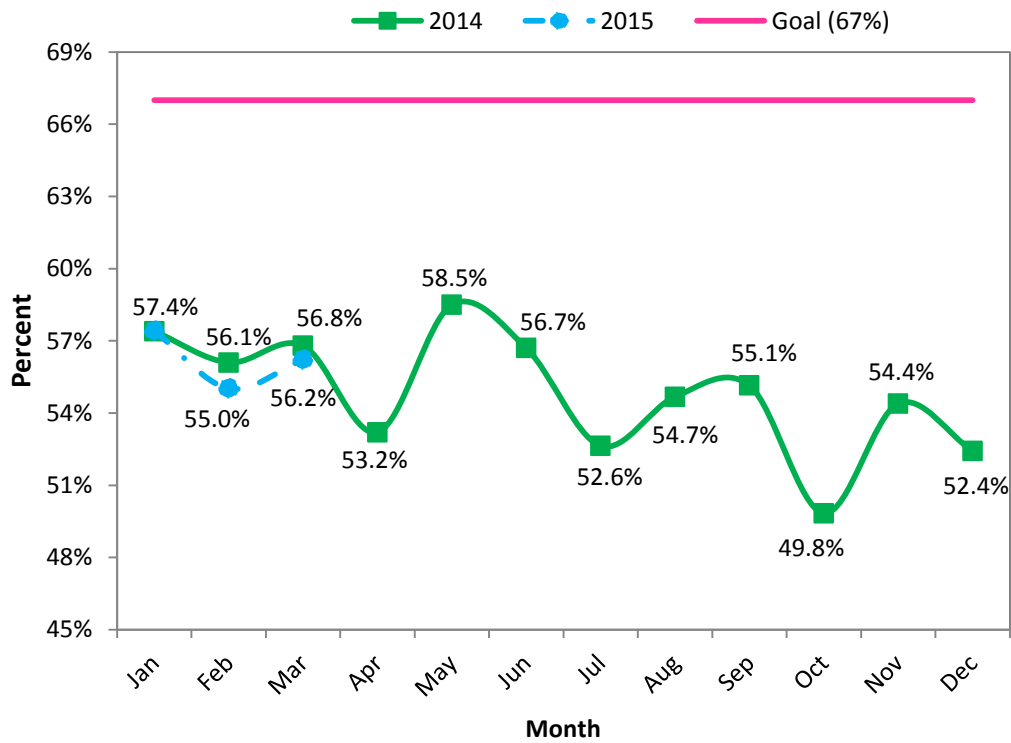
### Community Behavioral Health (CBH)

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: 1013.67

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

Goal: **↑67%**



Trend: Performance in the most recent quarter went from 57.4% to 56.2%, demonstrating a 1.2% decline in three months.

Notes: "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).



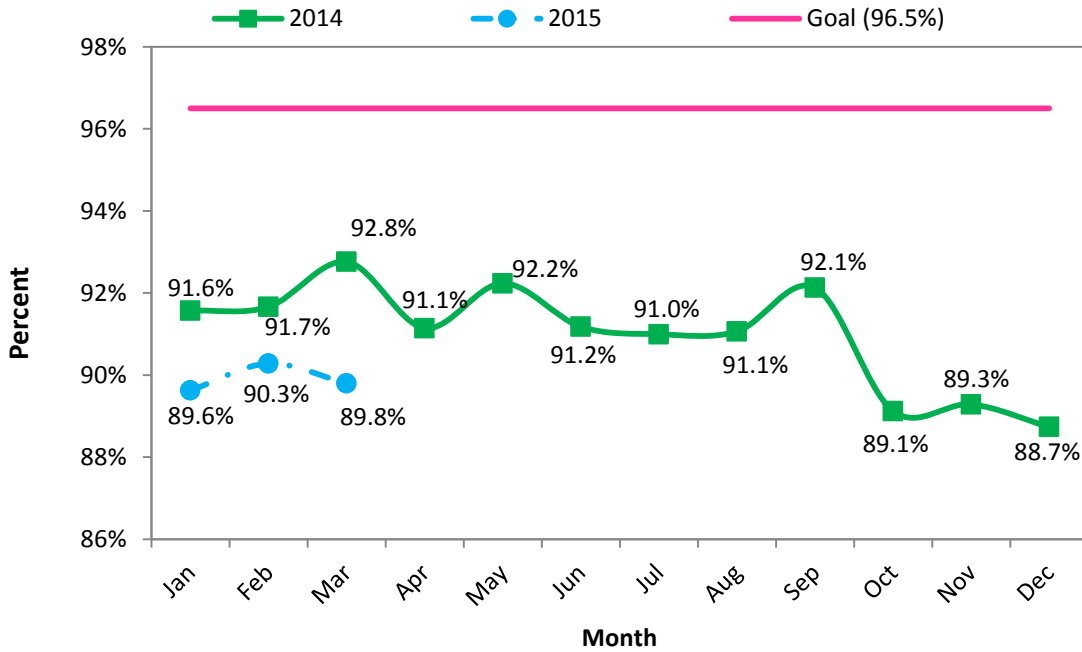
### Community Behavioral Health (CBH)

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 One; Average monthly denominator: 1185.67

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 in the most recent quarter went from 89.6% to 89.8%, remaining relatively stable.

Notes: "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

### Summary

#### Description

The Mental Health Institutes (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.

CMHIFL Hospital Director: Dr. Christopher Burke

CMHIP Superintendent: Ron Hale

#### Executive Summary:

The *Events of Medication Variance: Fort Logan & Pueblo* and *Eloperments: Fort Logan & Pueblo* measures were added to C-Stat in December 2014 and are reported in the Quarterly Report for the first time.

- *Rates of Restraint Use: Fort Logan & Pueblo:* The Fort Logan Institute met the 0.13 goal each month. The Pueblo Institute did not meet the goal throughout this quarter, but is trending in the right direction, starting with a rate of 3.81 in February 2015 and ending at a rate 2.30 in April 2015.
- *Percent of 30-Day Readmissions: Fort Logan & Pueblo:* The Fort Logan Institute met the goal in two of the three months, but is trending in the wrong direction. The Pueblo Institute met the goal for the duration of the quarter, and had four consecutive months of zero 30-day readmissions.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo:* Rates at the Fort Logan and Pueblo Institutes met the goal for the duration of the quarter and are trending in the right direction.
- *Eloperments: Fort Logan & Pueblo:* The Fort Logan Institute did not meet the goal in any month this quarter and is trending in the wrong direction. The Pueblo Institute saw zero elopements in February and March, meeting the goal, but did not meet the goal in April.
  - Please note that an elopement occurs anytime a patient knowingly goes to a different location without permission, even if the resident does not leave the campus. In many cases, elopements were within the line of sight.

#### 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](#)
- [Events of Medication Variance – Fort Logan & Pueblo](#)
- [Eloperments – Fort Logan & Pueblo](#)



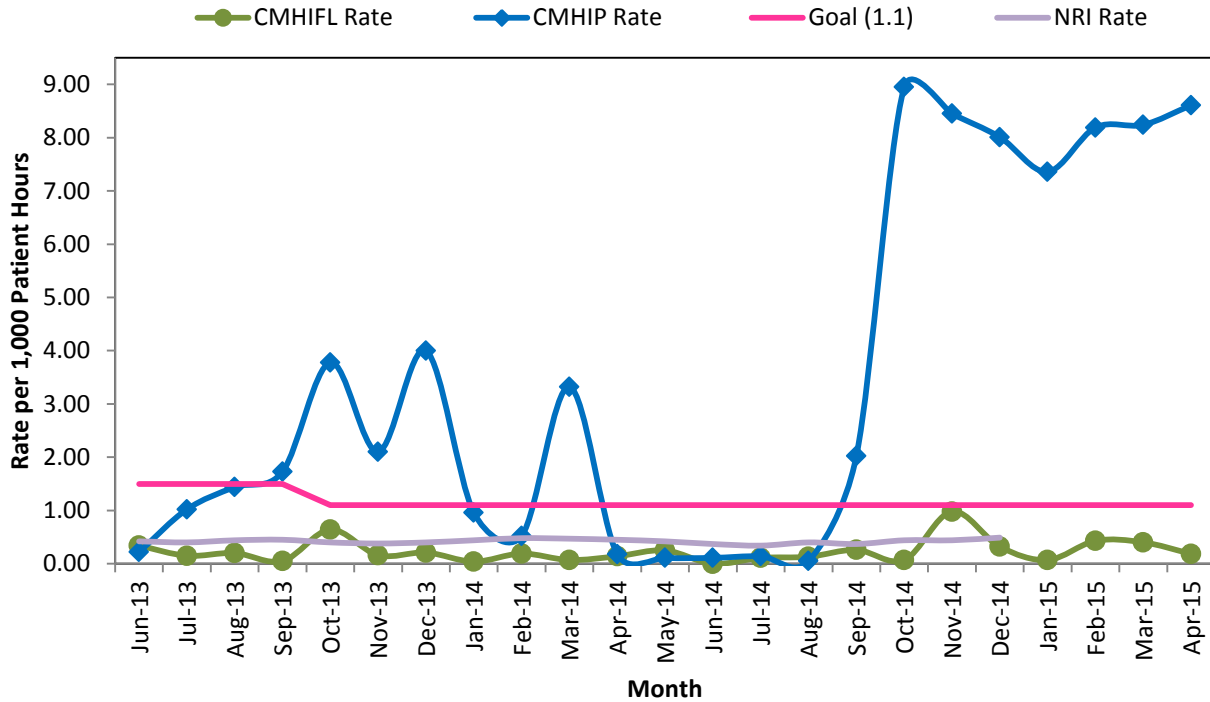
### Mental Health Institutes (MHI)

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: 65.71  
Average monthly denominator – Pueblo: 299.50

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: Performance in the most recent quarter at the Fort Logan Institute achieved the goal, while performance at the Pueblo Institute did not achieve the goal.

Notes: Both Institutes agreed on the 1.1 goal rate in October 2013. The NRI rate (grey line) 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).





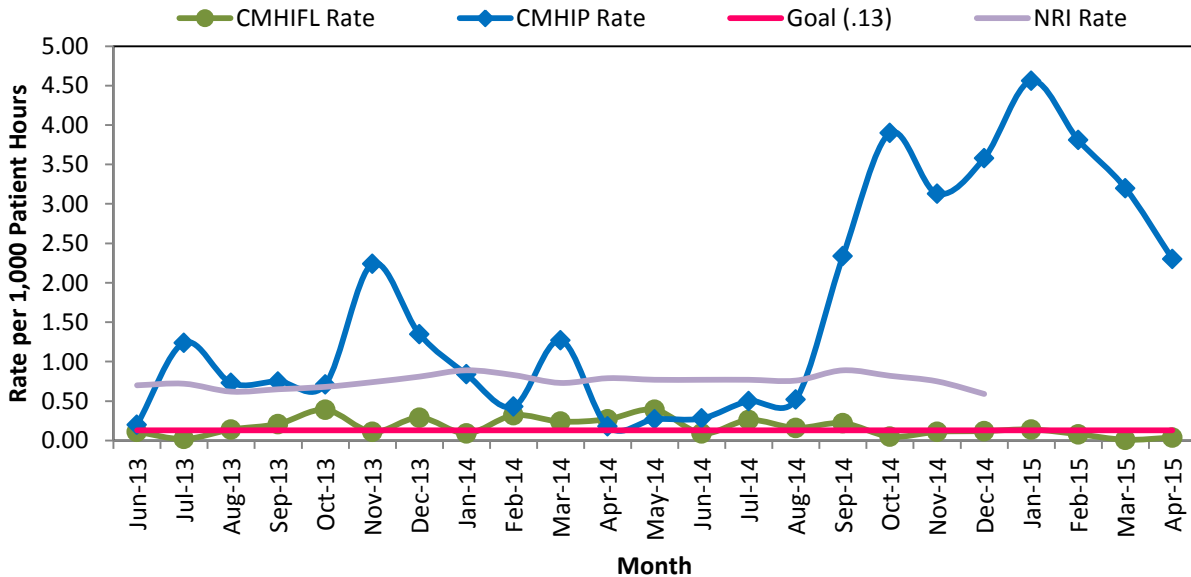
### Mental Health Institutes (MHI)

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: 65.71  
Average monthly denominator – Pueblo: 299.50

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: In the most recent quarter, the Fort Logan Institute continued to achieve the goal, whereas the Pueblo Institute did not achieve the goal but trended in the right direction.

Notes: Both Institutes agreed on the 0.13 goal rate in December 2013. The NRI rate (grey line) 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).



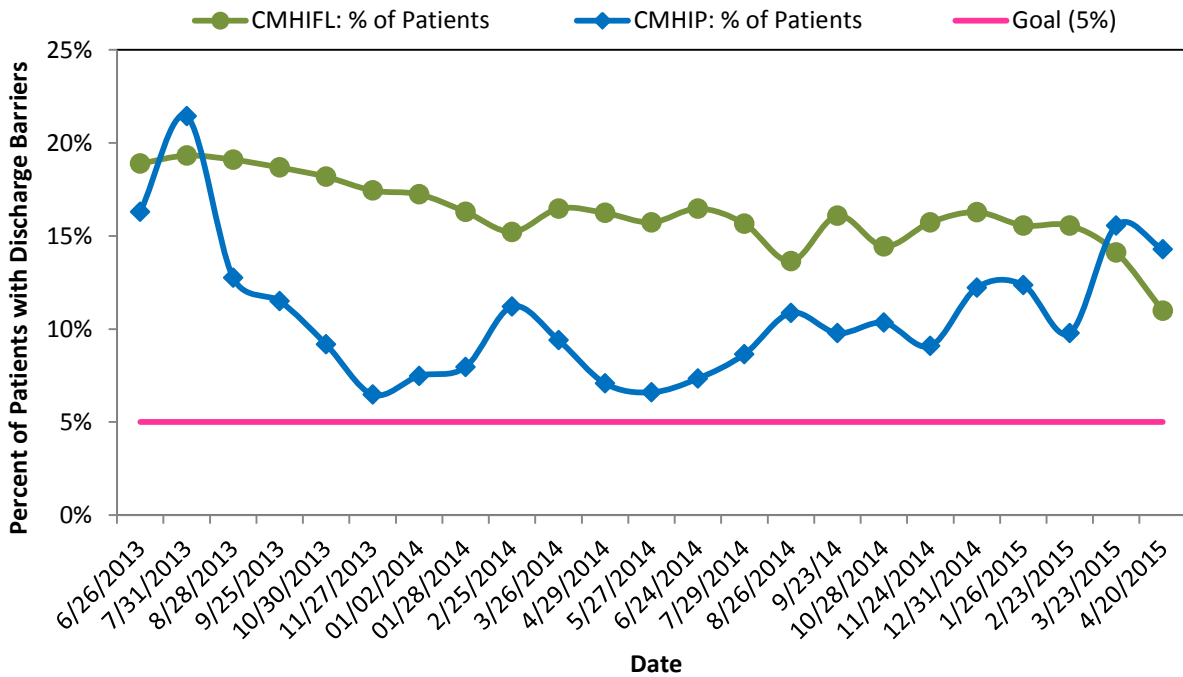
### Mental Health Institutes (MHI)

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  
Average monthly denominator – Pueblo: 91

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

Goal: **↓ 5%**



Trend: Performance in the most recent quarter improved at the Fort Logan Institute, while performance at the Pueblo Institute declined.



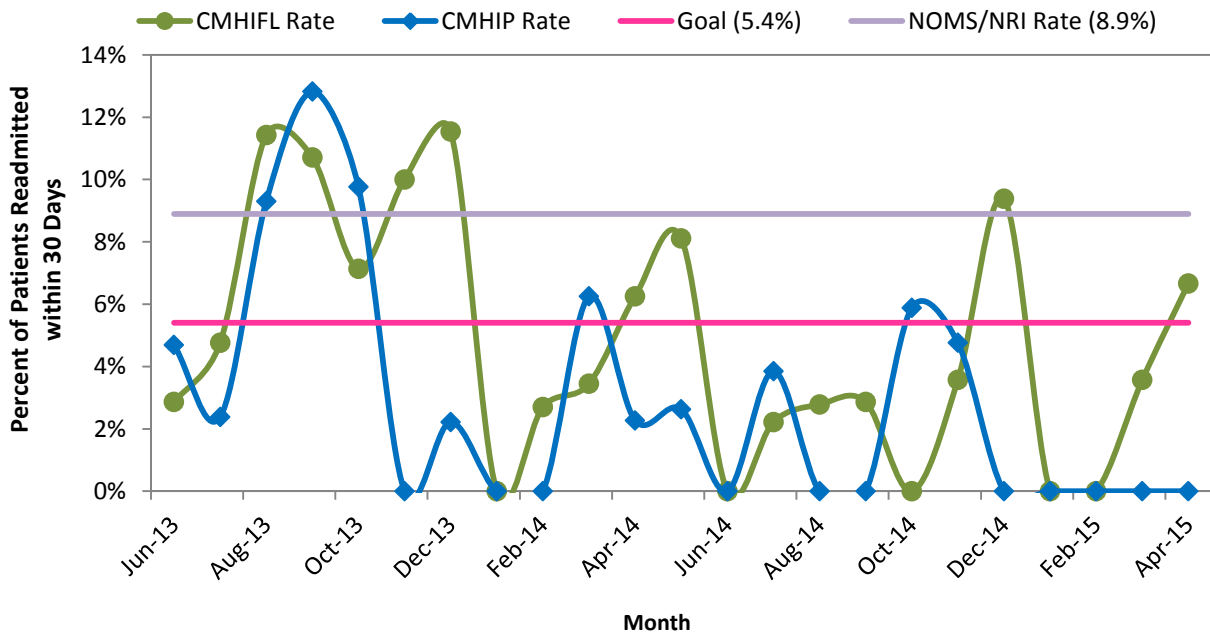
### Mental Health Institutes (MHI)

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: 26.3  
Average monthly denominator – Pueblo: 13.7

Why this matters: A rapid readmission may reflect a failure of continuity of care between the hospital and the community provider, resulting in a patient suffering decomposition and subsequent need for hospitalization.

Goal: **↓5.4%**



Trend: Performance in the most recent quarter declined at the Fort Logan Institute (representing three readmissions within 30 days), while performance at the Pueblo Institute remained steady.



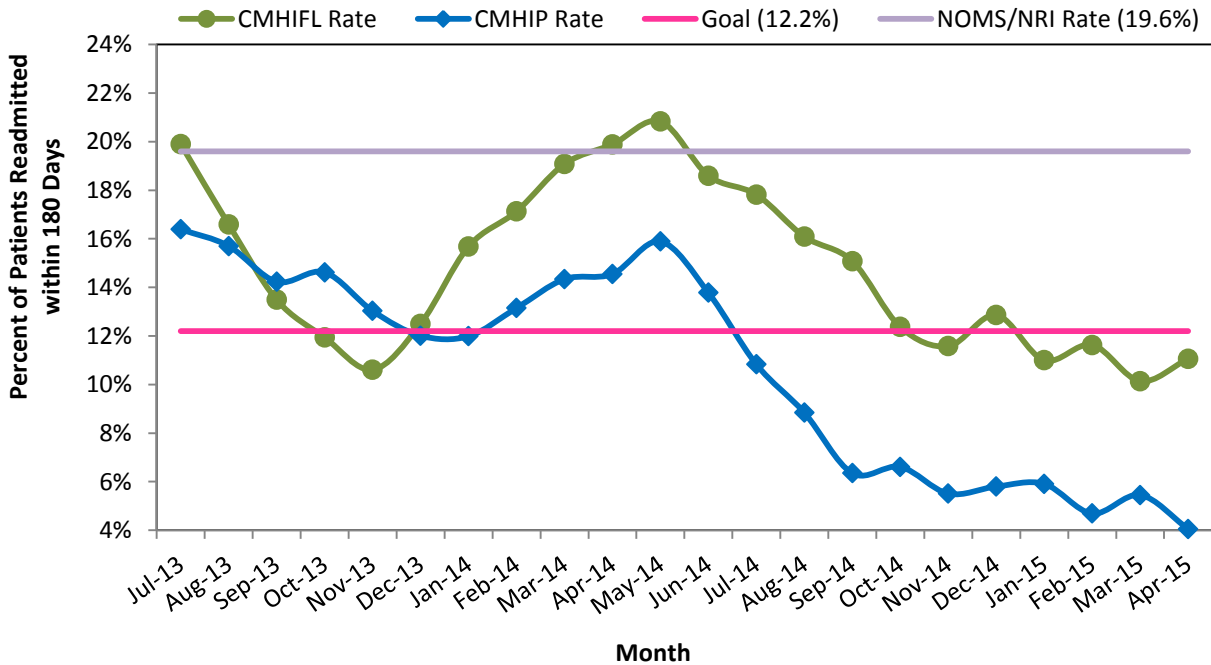
### Mental Health Institutes (MHI)

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: 213.3  
Average monthly denominator – Pueblo: 168.3

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: Performance in the most recent quarter improved at the Fort Logan Institute and at the Pueblo Institute. Both Institutes achieved the goal throughout the quarter.



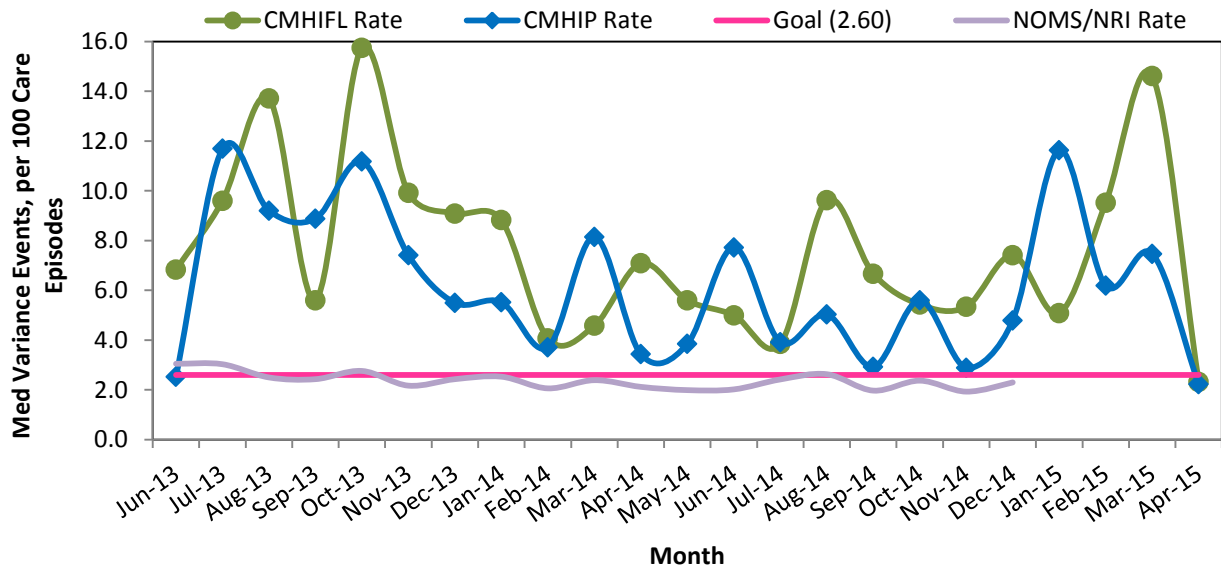
### Mental Health Institutes (MHI)

Measure: **Events of medication variance – Fort Logan & Pueblo**

How it is measured: *Numerator:* The number of medication variance events (the initial errors that reach a patient, counted only once per each medication involved)  
*Denominator:* Per 100 episodes of care (the number of patients enrolled at the end of the previous month, plus the new admissions for the current month);  
Average monthly denominator – Fort Logan: 1.28  
Average monthly denominator – Pueblo: 4.87

Why this matters: Decreasing the number of medication errors reduces potential to cause harm.

Goal: **↓2.6**



Trend: Performance at both Institutes remained variable.

Note: This is a new measure as of December 2014 and is being reported in the quarterly report for the first time.





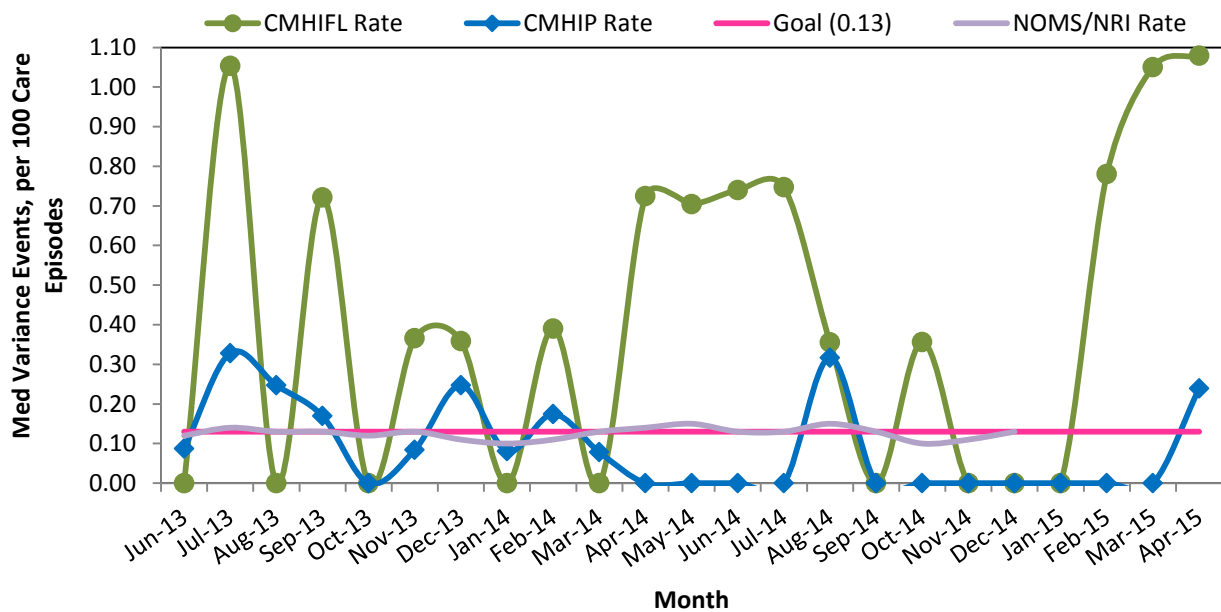
### Mental Health Institutes (MHI)

Measure: **Eloperments – Fort Logan & Pueblo**

How it is measured: *Numerator:* The number elopement incidents  
*Denominator:* Per 1,000 patient days;  
Average monthly denominator – Fort Logan: 2.74  
Average monthly denominator – Pueblo: 12.48

Why this matters: Reducing the number of elopements ensures the safety and well-being of patients, staff and the community.

Goal: ↓0.13



Trend: Performance in the most recent quarter declined at the Fort Logan Institute (representing eight elopements) and at the Pueblo Institute (representing three elopements).

Note: Please note that an elopement occurs anytime a patient knowingly goes to a different location without permission, even if the resident does not leave the campus. In many cases, elopements were within the line of sight.

## 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.

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 increased in the most recent quarter and attained the goal in two of the most recent months (April and May 2015).
  - An in-depth analysis of this measure by the three response times (i.e., Immediate, 3-Day, and 5-Day) illustrated that counties are commonly the least timely on the 5-Day response times. That being said, counties met the 90% goal on all three response times in May 2015.
- *Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure:* The goal for Traditional Assessments was met in both March and April 2015; Family Assessment Response (FAR) Assessments are also demonstrating improvement within each month of the most recent quarter.
  - A review of assessment volume, at the county level, over the last 6 month demonstrated that volume has not significantly increased. This dispels concerns that volume increase has impacted performance.
- *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 begin in State Fiscal Year 2015/16.
- *Legally Freed Children Discharged to Permanency:* The Division 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 strategy to target those children and youth who are statistically less likely to attain permanency in an effort to improve outcomes for those children/youth.
- *Children in Congregate Care:* In an effort to continue to reduce the number of children in congregate care, DCW has completed an in-depth analysis of the average length of stay children experience in congregate care. The analysis demonstrated that 50% of children/youth who are in congregate care have been in placement less than 90 days.

#### 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 Congregate Care](#)
- [Number of Children in Congregate Care](#)
- [Child Welfare Runaways](#)

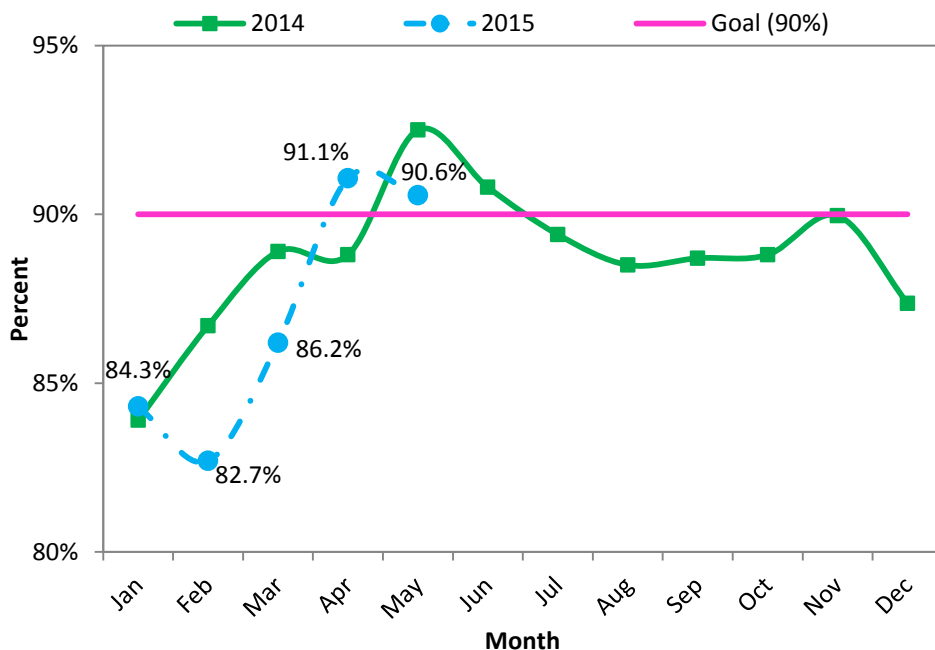
## Division of Child Welfare (DCW)

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: 3,751

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

Goal: **↑ 90%**



Trend: Average performance in the previous quarter 84.8% to an average performance of 89.3% in the most recent quarter, demonstrating a 4.5% improvement. The goal was achieved for the last two most recent months.

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



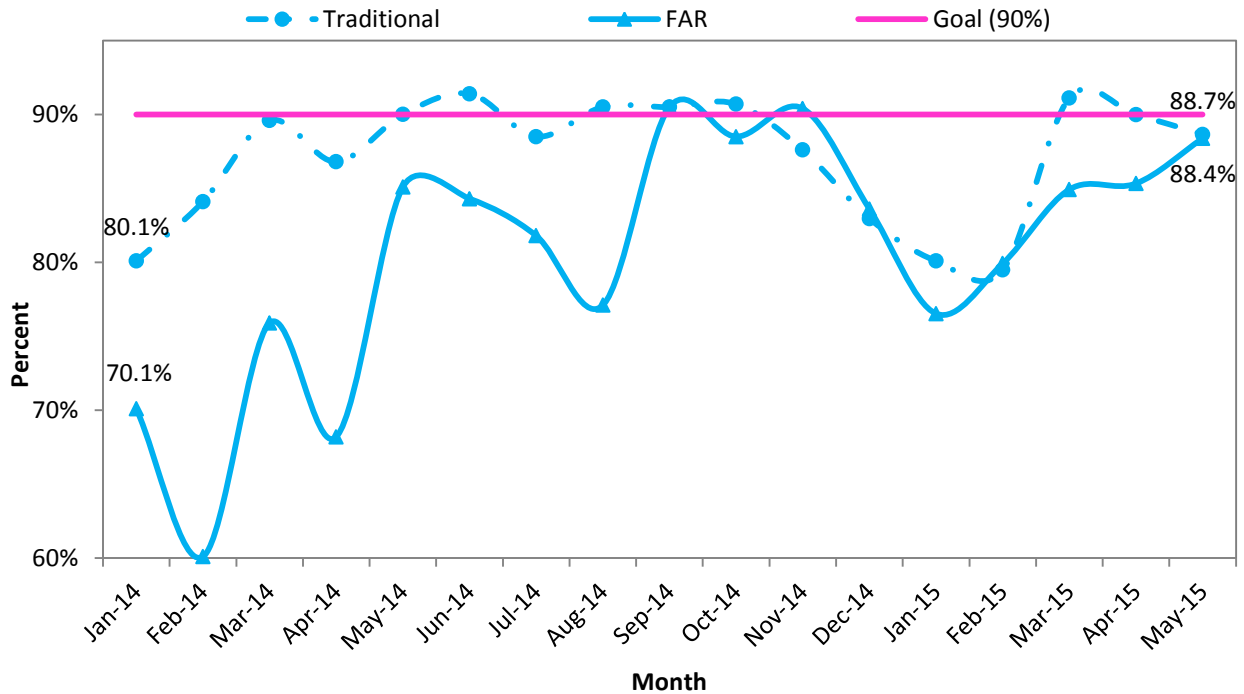
### Division of Child Welfare (DCW)

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: 1,944; Family Assessment Response (FAR): 605

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

Goal: **↑ 90%**



Trend: Performance for Family Assessment Response in the most recent quarter improved, while Traditional Response demonstrated a large improvement in March 2015 and then declined slightly in April and May. The goal was met in March and April 2015 for Traditional Response.

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.





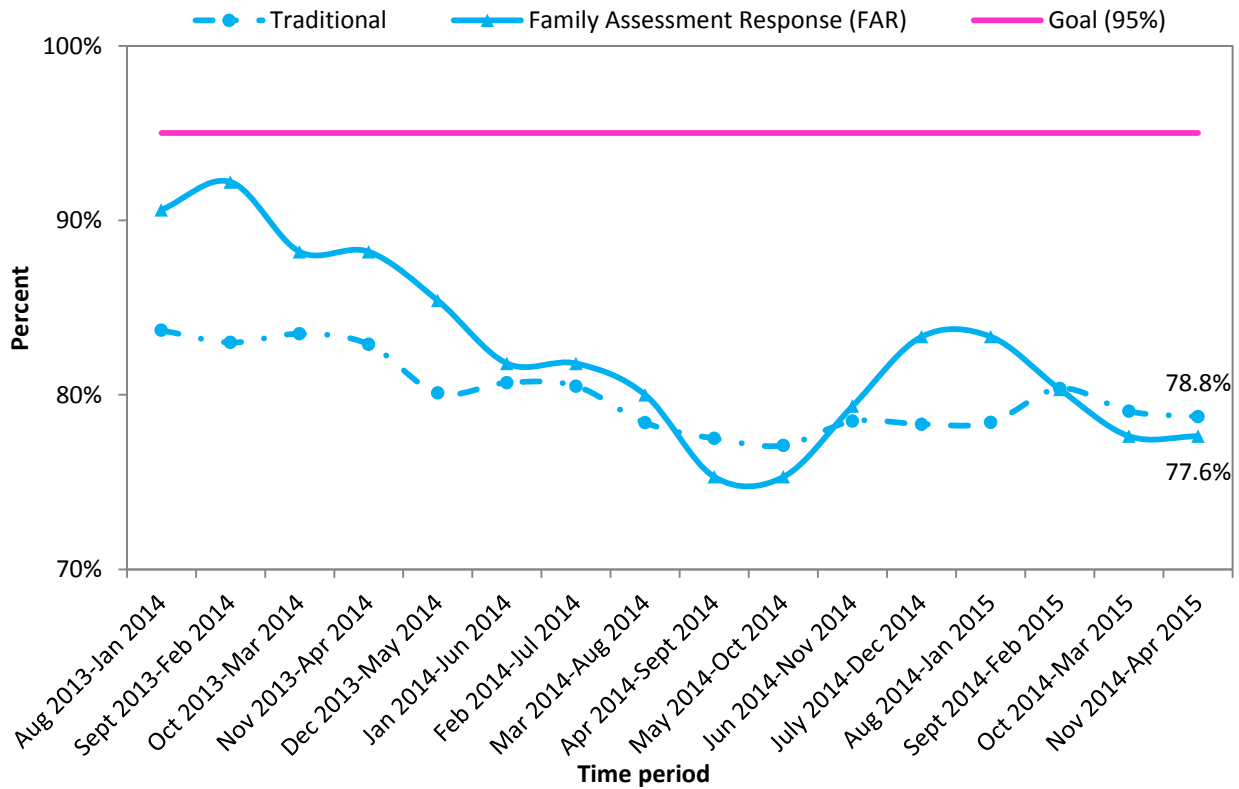
### Division of Child Welfare (DCW)

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 the Administrative Review Division; average monthly denominator: Traditional: 689; Family Assessment Response (FAR): 144

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

Goal: **↑ 95%**



Trend: Performance for both Family Assessment Response and Traditional Response declined throughout the most recent quarter.

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





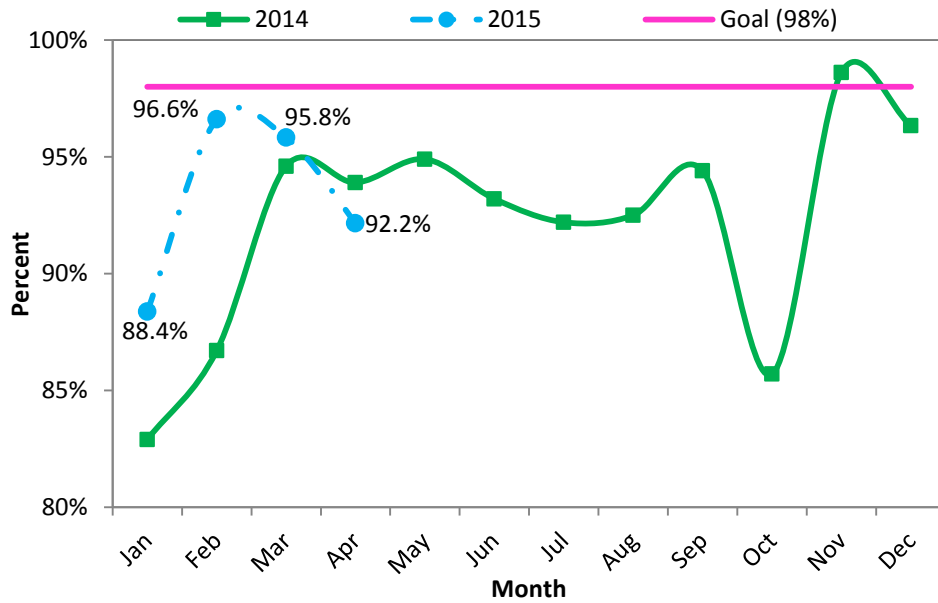
### Division of Child Welfare (DCW)

Measure: **Legally freed children discharged to permanency (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: 53

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 most recent current quarter, then declined in both the following two months.

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



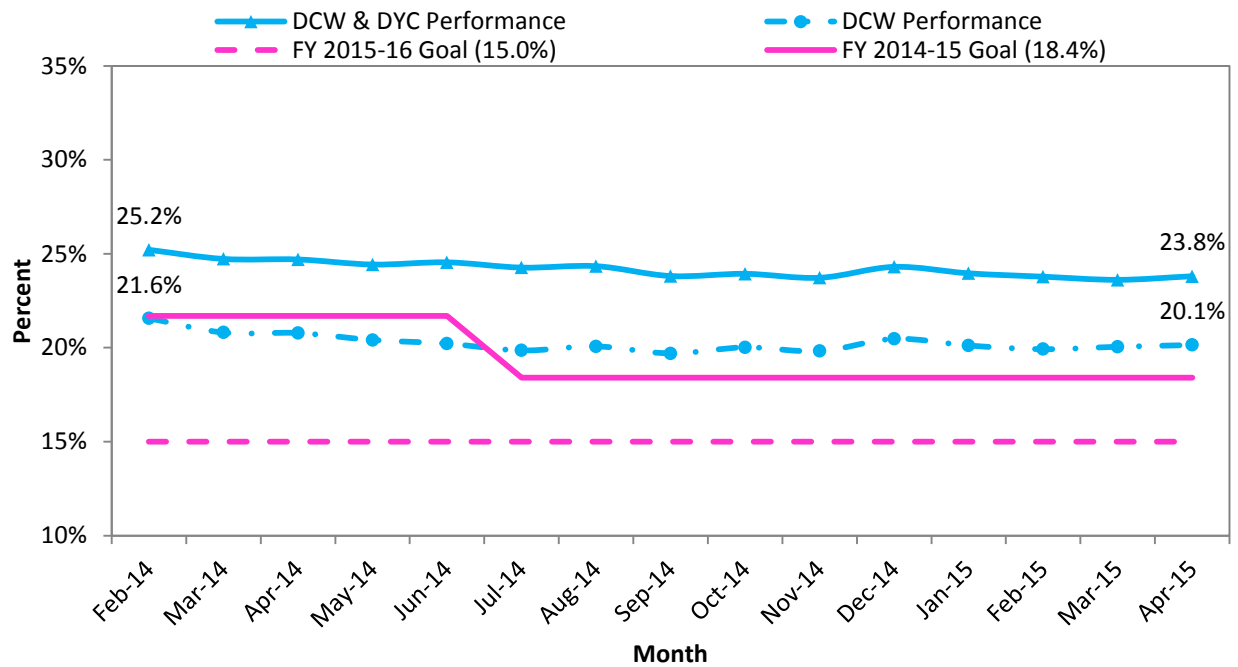
### Division of Child Welfare (DCW)

Measure: **Children in 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- 4,966; DCW & Division of Youth Corrections (DYC)- 5,711

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 22-20%, nearing the 18.4% goal. Similarly, performance for DCW & DYC is also demonstrating a steady trend between 24-25%.

Notes: New measure methodology as of February 2014. 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.





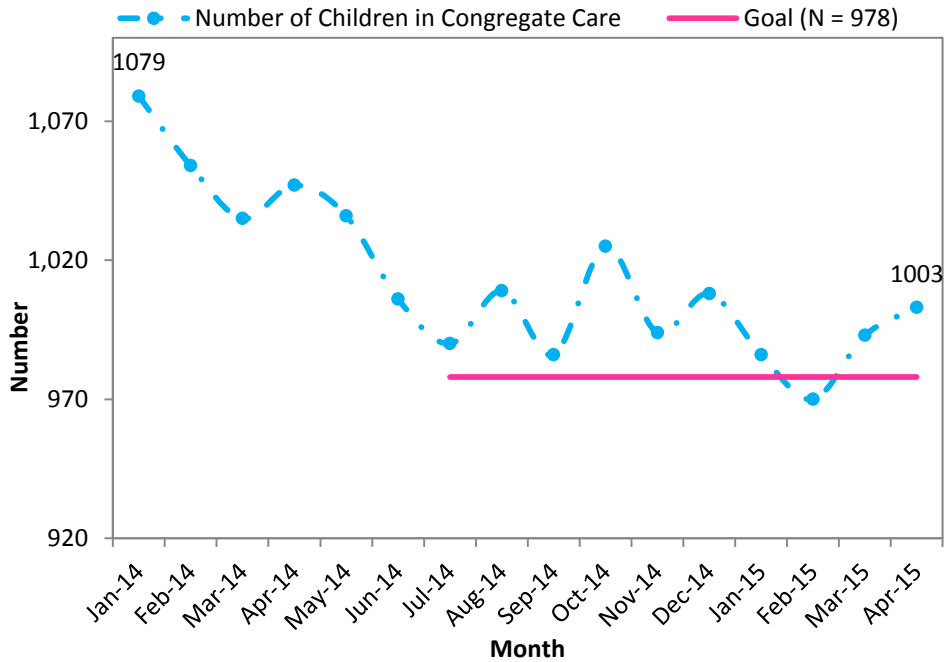
### Division of Child Welfare (DCW)

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 the 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: Performance in the most recent quarter worsened, after meeting the goal for the first time in February 2015.

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





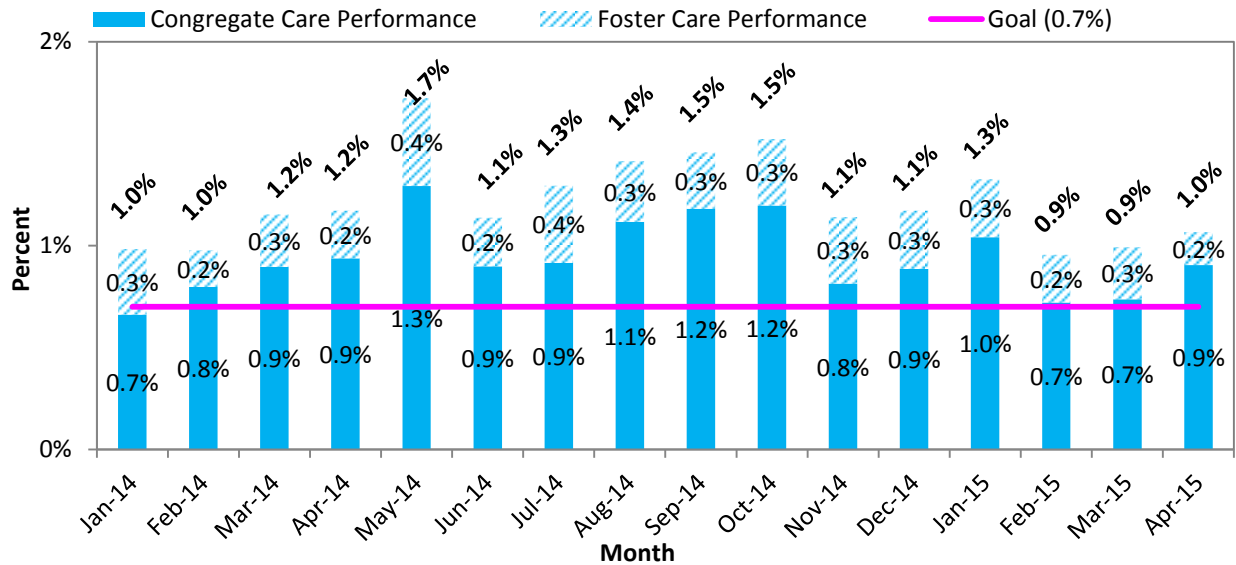
## Division of Child Welfare (DCW)

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: 4,298  
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: 867

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

Goal: ↓ 0.7%



Trend: Performance improved from January to February 2015 and remained relatively steady in the last two months of the most recent quarter.

Notes: The data in this measure is a cumulative frequency, meaning youth 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.

Director: Charles Parkins

#### Executive Summary

- *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.
- *Fights and/or Assaults in DYC State-Secure Facilities, Youth Injuries in DYC State-Secure Facilities, and Staff Injuries on the Job as a Direct Result of Youth Contact*: Performance demonstrated an improvement in each of the three DYC Safety measures.
  - The Division changed the methodology of all three Safety measures from a monthly average daily population rate to a bed days rate. This change allows for DYC to compare their performance to the National Average, thus other states. The bed days rate is calculated by taking the number of youth multiplied by the number of days spent in the facility, then multiplied by 100 (to establish a rate). The National Average changes every 6 months and the C-Stat slide will reflect this change when applicable.
- *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.
  - The Division launched a Statewide Virtual Visitation program on April 28<sup>th</sup>, 2015. All ten facilities and four regional offices now have the ability to facilitate social visitation between youth in placement and their family members through the use of an electronic device. Families have already reported positive feedback from the first phase of implementation.

#### Measures

- [Timely Initial Placement for Committed Youth](#)
- [Committed or Detained Youth Who Escape or Walkaway](#)
- [Fights and/or Assaults in DYC State-Secure Facilities](#)
- [Youth Injuries in State-Secure Facilities](#)
- [Staff Injuries on the Job as a Direct Result of Youth Contact](#)
- [Family Engagement: Residential Client Contact with Families](#)
- [Family Engagement: Client Manager Contact with Families](#)



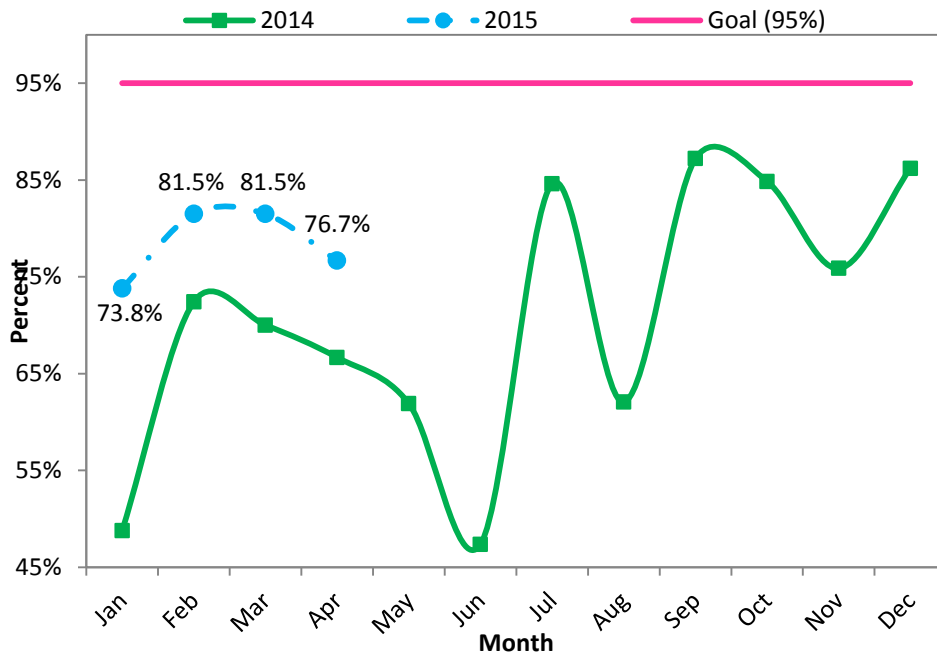
### Division of Youth Corrections (DYC)

Measure: **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: 28

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

Goal: **↑ 95%**



Trend: Performance in the most recent quarter remained between 76-82%. The goal has yet to be achieved.

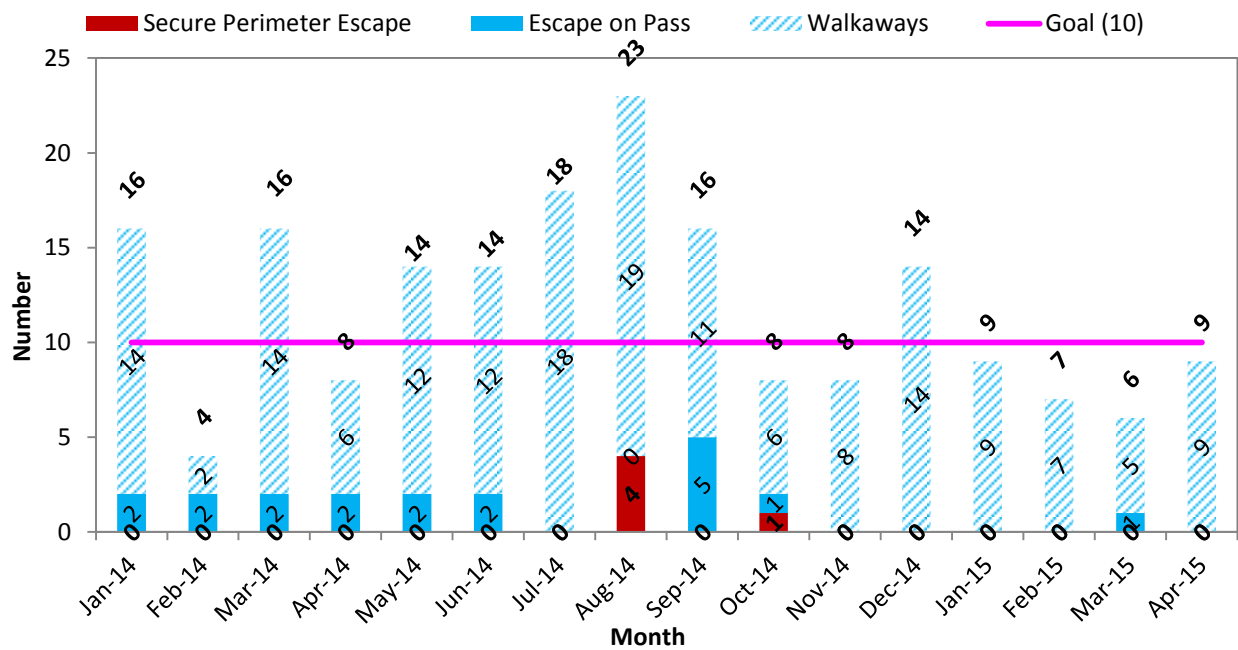
## Division of Youth Corrections (DYC)

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: 994

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

Goal: ↓ ≤10



Trend: The Division’s performance met the goal for each month within the most recent quarter.

Notes: “Secure Perimeter Escape” was added as a new variable to differentiate between youths who escape while in the community 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.



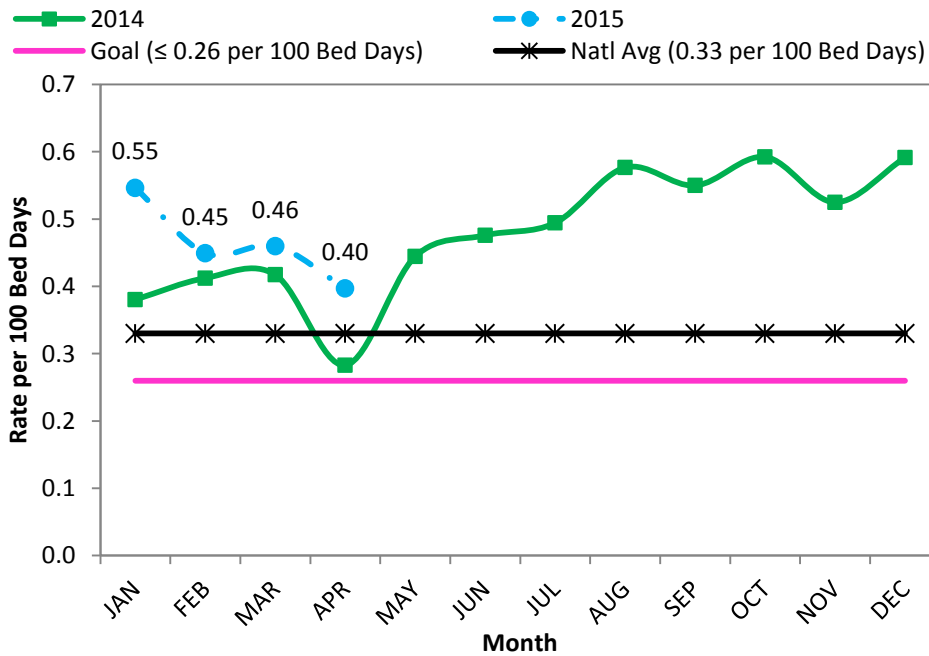
### Division of Youth Corrections (DYC)

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 bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days population: 17,703.4

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: **↓ ≤ .26 per 100 Bed Days**



Trend: Performance of DYC’s rate of fights and/or assaults in state-secure facilities improved each month throughout the most recent quarter.

Notes: The measure’s methodology changed from an “average daily population” to a “per 100 bed days” methodology in April 2015. This change was implemented to better compare DYC’s data to National Average data.



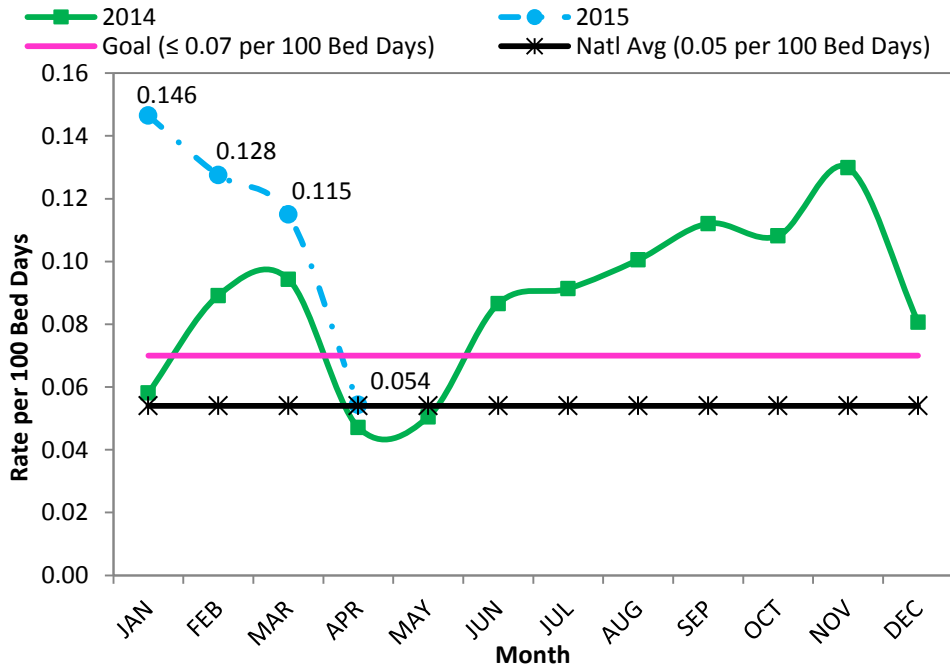
### Division of Youth Corrections (DYC)

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

How it is measured: *Numerator:* Number of youth injuries in state-secure facilities  
*Denominator:* Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days population: 17,703.4

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: **↓ ≤ 0.07 per 100 Bed Days**



Trend: Performance improved for each month within the most recent quarter, concluding with April 2015, where DYC met the goal for the first time in 2015.

Notes: The measure’s methodology changed from an “average daily population” to a “per 100 bed days” methodology in April 2015. This change was implemented to better compare DYC’s data to National Average data.



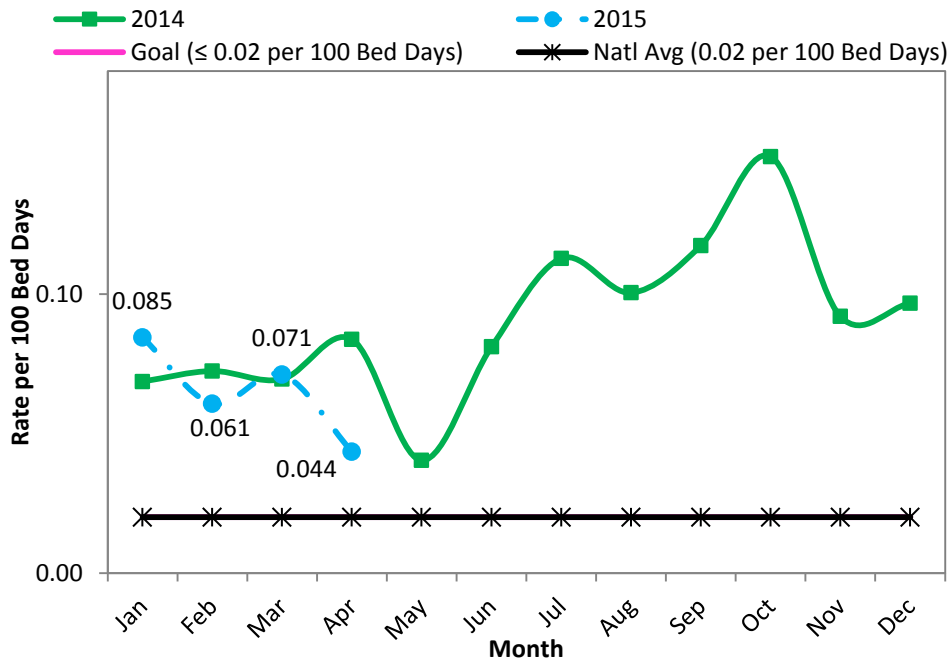
### Division of Youth Corrections (DYC)

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 bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days population: 17,703.4

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

Goal: **↓ ≤ 0.02 per 100 Bed Days**



Trend: Overall, performance in the most recent quarter demonstrated an improvement, decreasing in the number of staff injuries from January to April 2015. The goal is yet to be achieved.

Notes: The goal and national average are both 0.02 per 100 Bed-Day, thus they overlap on the graph. The measure’s methodology changed from an “average daily population” to a “per 100 bed days” methodology in April 2015. This change was implemented to better compare DYC’s data to National Average data.



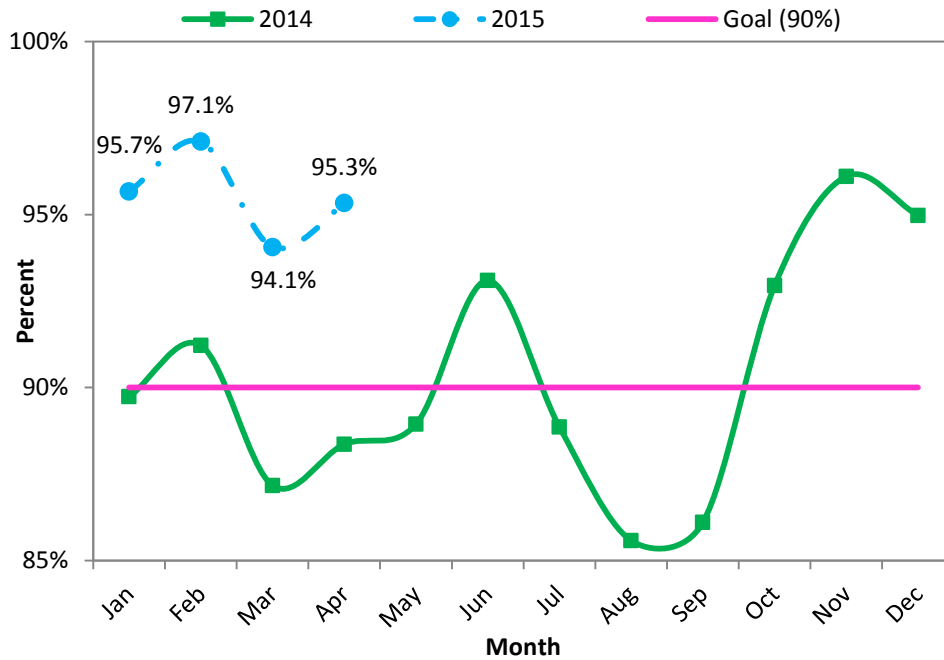
### Division of Youth Corrections (DYC)

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: 391

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 most recent quarter.



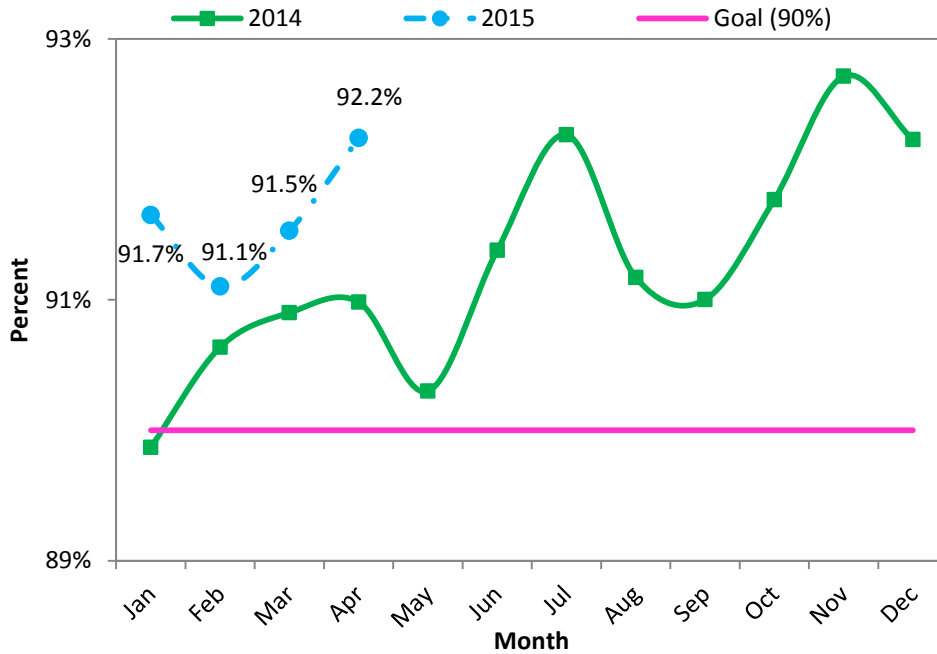
### Division of Youth Corrections (DYC)

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: 1,026

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

Goal: **↑ 90%**



Trend: Performance was maintained above the 90% goal for each month within the most recent 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 Violence Program has maintained performance above the goal for every month within the most recent 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 Violence 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 Violence 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 clients' positive stress management skills and coping strategies, 3) Increase a clients' 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 Violence 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 \(Non-Residential\)](#)



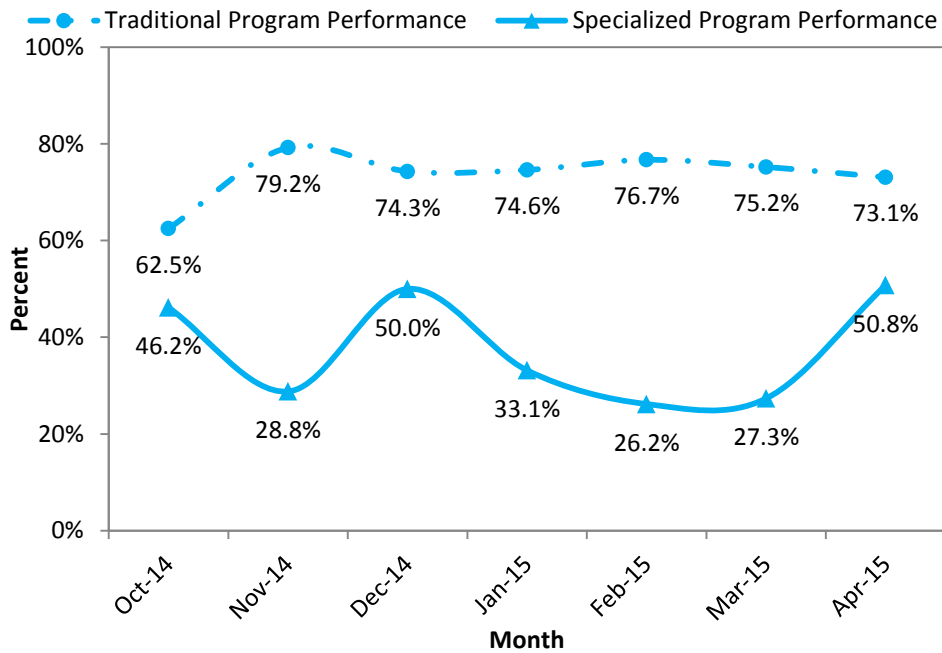
### Domestic Violence Program (DVP)

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- 1,140; Specialized Programs- 374

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.

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



### Domestic Violence Program (DVP)

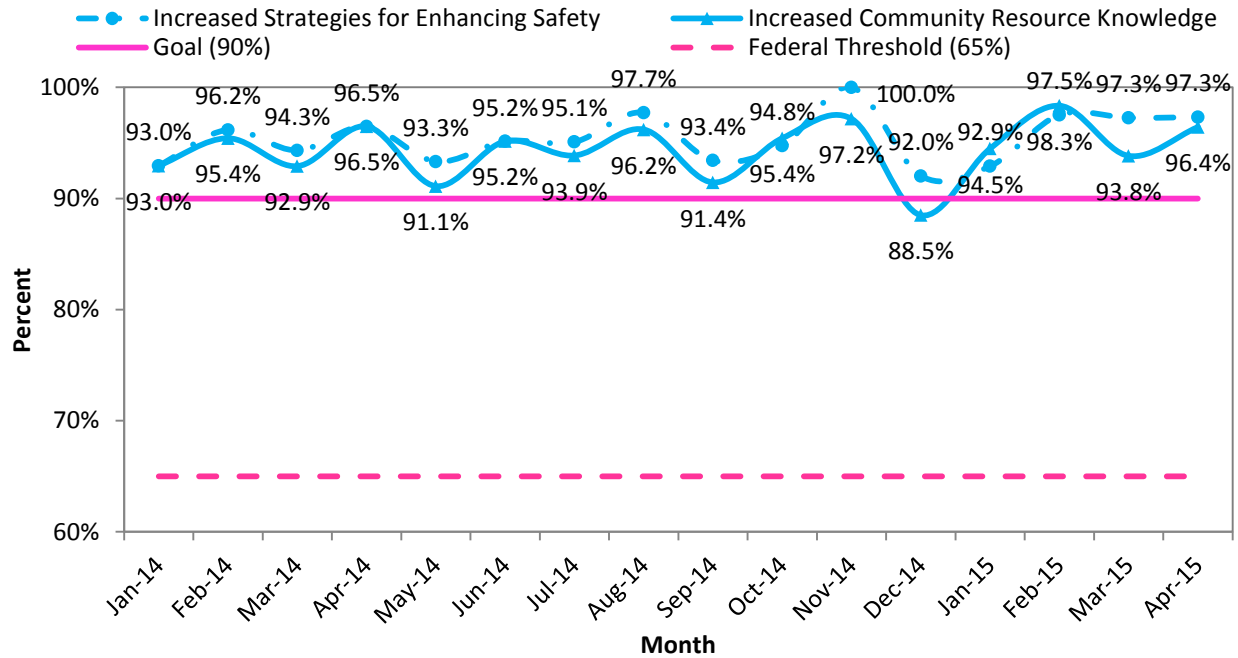
Measure: **Shelter services (residential; Federal Measure)**

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: 126.3

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 the goal throughout the most recent quarter.



### Domestic Violence Program (DVP)

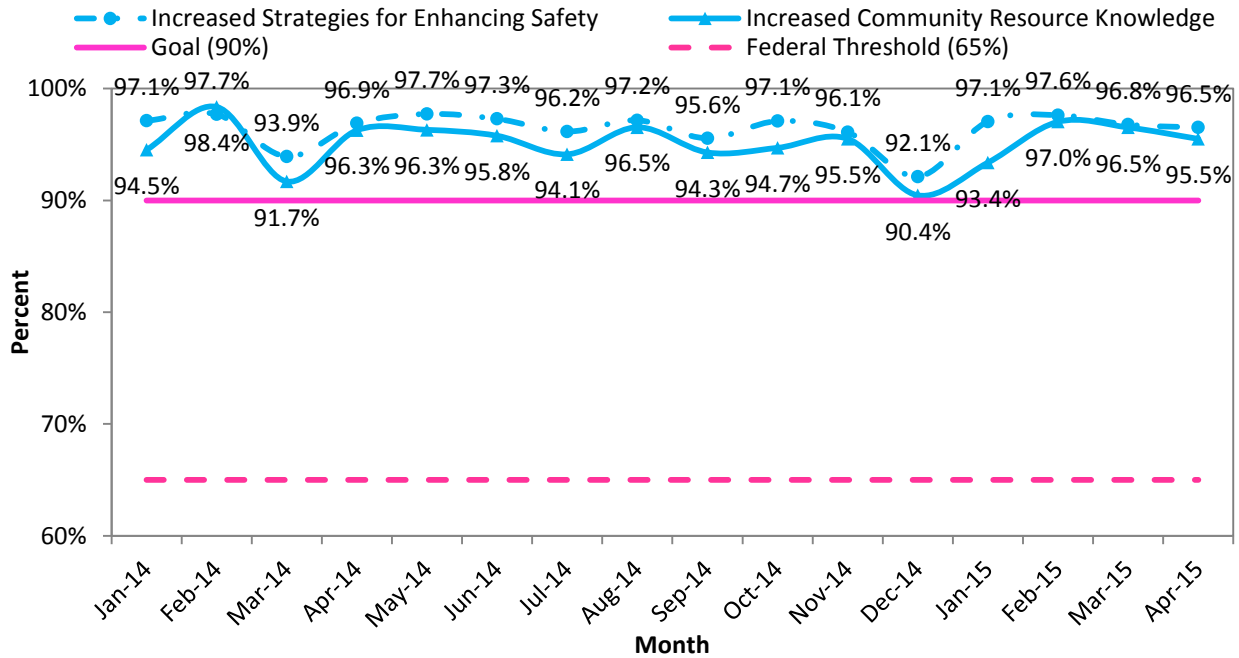
Measure: **Advocacy and individual counseling (non-residential; Federal Measure)**

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: 409.7

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

Goal: **↑ 65% (Federal); 90% (DVP)**



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



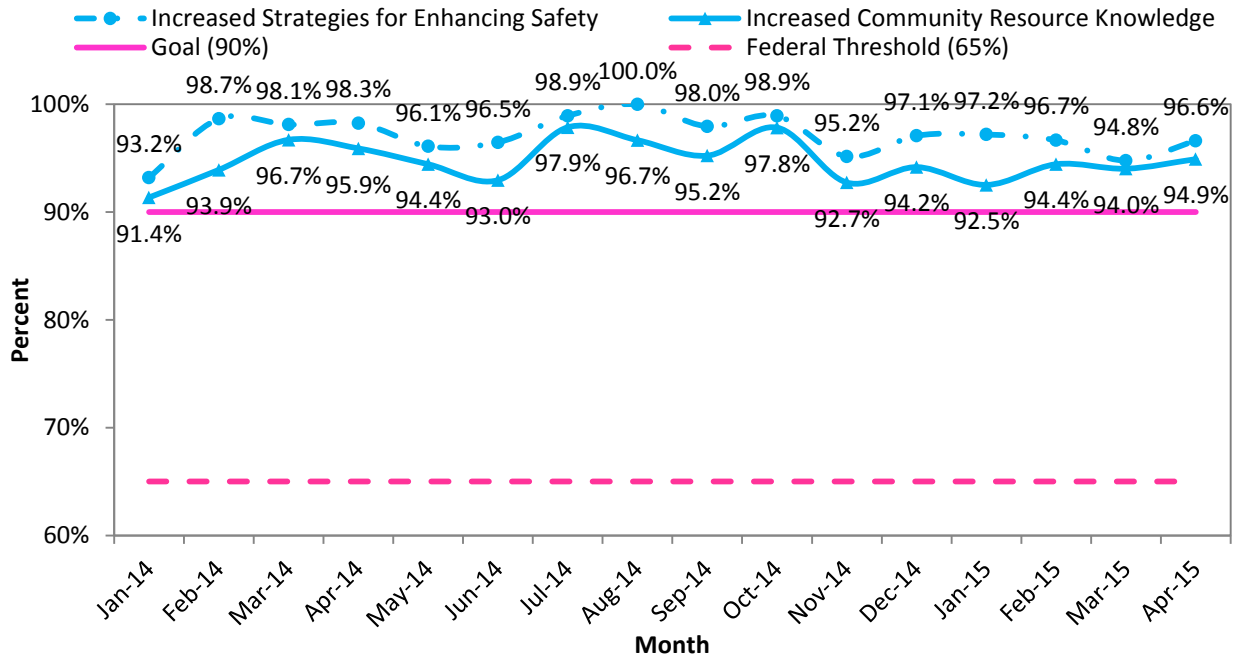
### Domestic Violence Program (DVP)

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: 114.0

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 most recent 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*.
  - During the most recent quarter, performance on these measures has increased so much so that they are now all above their established goals. This is likely to have been achieved by increased familiarity with the new system, trainings throughout the state provided by APS staff, as well as extensive technical assistance provided by APS staff when trends indicated a need for such.
- Aging and Adult Services continues to distribute a weekly report for investigations, assessments, and monthly contacts. Additionally, AAS continues to distribute biweekly reports to counties alerting them to any initial response to new reports that have the potential of being late. These efforts are intended to assist in 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. As needed APS staff are also contacting counties who struggle with the measures to determine if technical assistance can be offered, as well as determine what actions can be taken to increase performance.

#### Measures

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



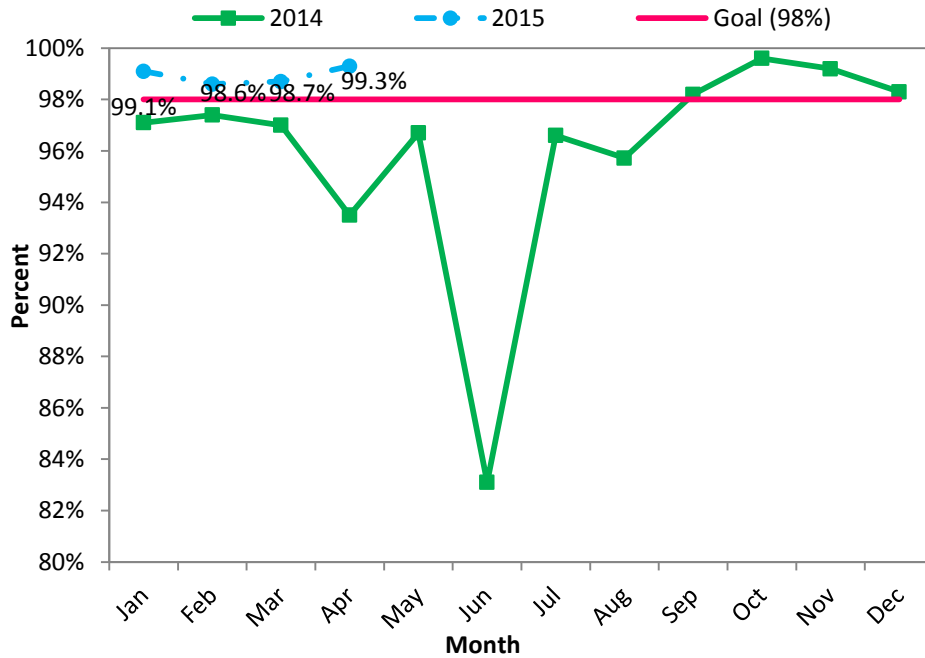
### Aging and Adult Services (AAS)

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: 599

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 98.6% in February to current performance at 99.3% in April (blue line).



### Aging and Adult Services (AAS)

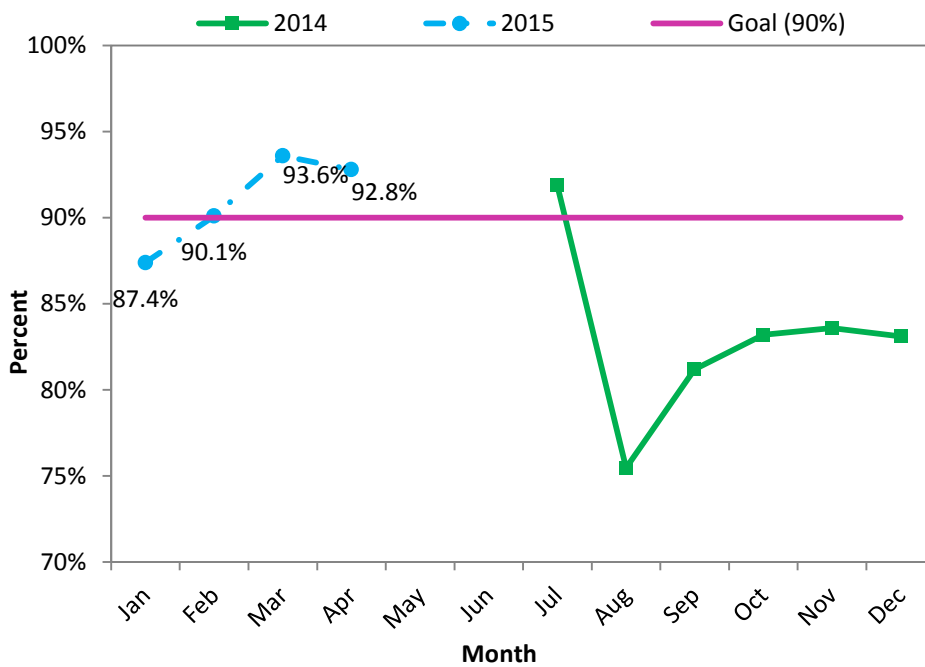
Measure: **Timeliness of investigations**

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: 554

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 90.1% in February 2015 to the current performance at 92.8% in April 2015.



### Aging and Adult Services (AAS)

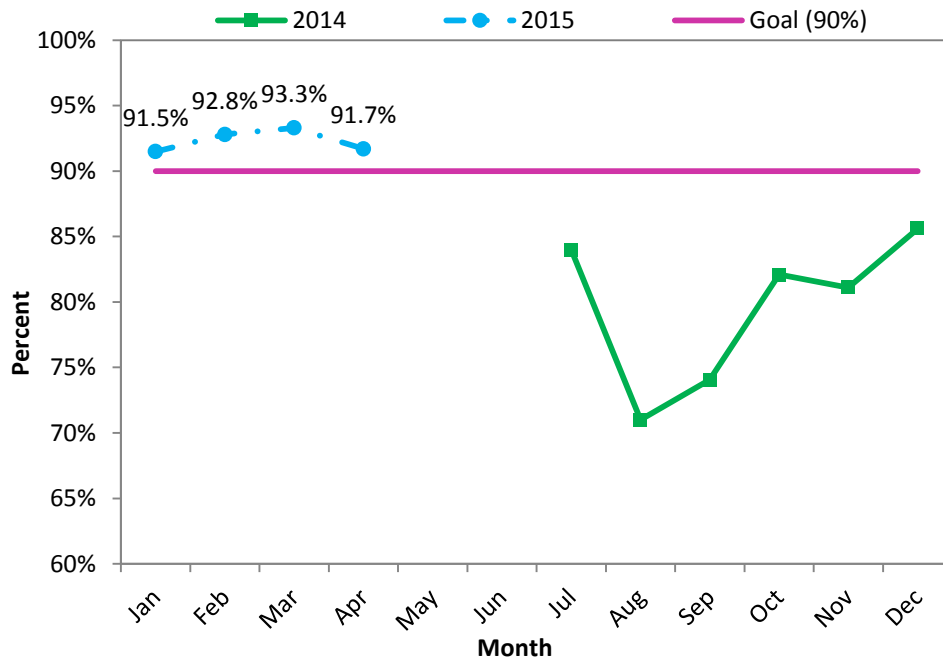
Measure: **Timeliness of assessments**

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: 448

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

Goal: **↑90%**



Trend: The most recent quarter has remained relatively stable with performance at 92.8% in February 2015 to 91.7% in April 2015. This is the first quarter since the measure was implemented that all three months were above the 90% goal.



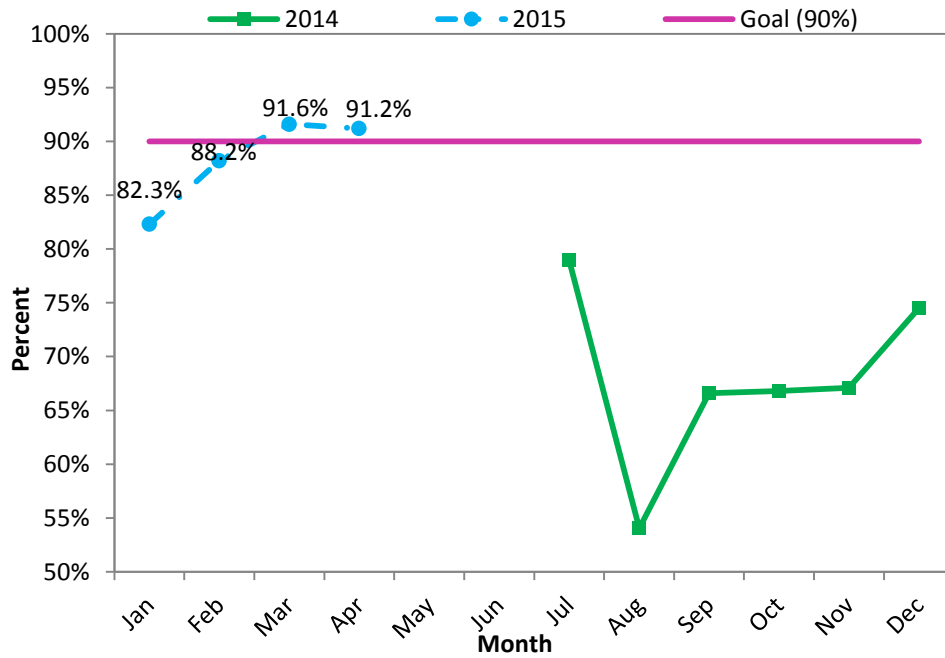
### Aging and Adult Services (AAS)

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: 1563

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

Goal: **↑90%**



Trend: The most recent quarter has demonstrated a 3% increase in performance, ranging from 88.2% in February 2015 to the current performance at 91.2% in April 2015. This is the first time since the implementation of the measure that the goal was not only met, but exceeded.

## 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 1.8 days from 69 to 67.2 days. As performance has consistently been under the goal, DDS has reduced their internal goal from 90 days to 55 days beginning with February 2015 data.
- *Examiner Processing Time:* Performance in the most recent quarter demonstrated a reduction of 3.5 days in the average examiner processing time, ranging from 44.8 days in February to 41.3 days in April. During this quarter DDS no longer utilized assistance from their Federal partners in Denver or Baltimore and instead processed all cases internally.
- *Percentage of Accurate Initial Eligibility Decisions:* Performance during this quarter increased from 95.0% in February 2015 to 96.6% in April 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.

#### Measures

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



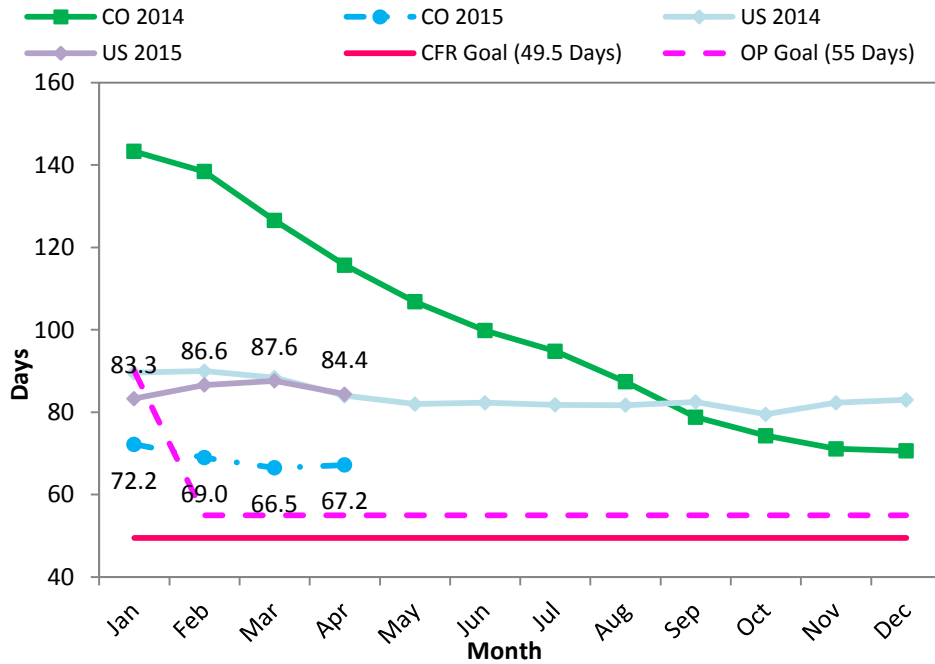
### Disability Determination Services (DDS)

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: 3,172

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 remained relatively stable this quarter, ranging from 69.0 days in February 2015 to current April 2015 processing time of 67.2 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). The Social Security Administration (SSA) consolidated Operating Plan (OP) contains a mean processing time goal of 55 days. DDS has added this goal to their measure for tracking purposes.



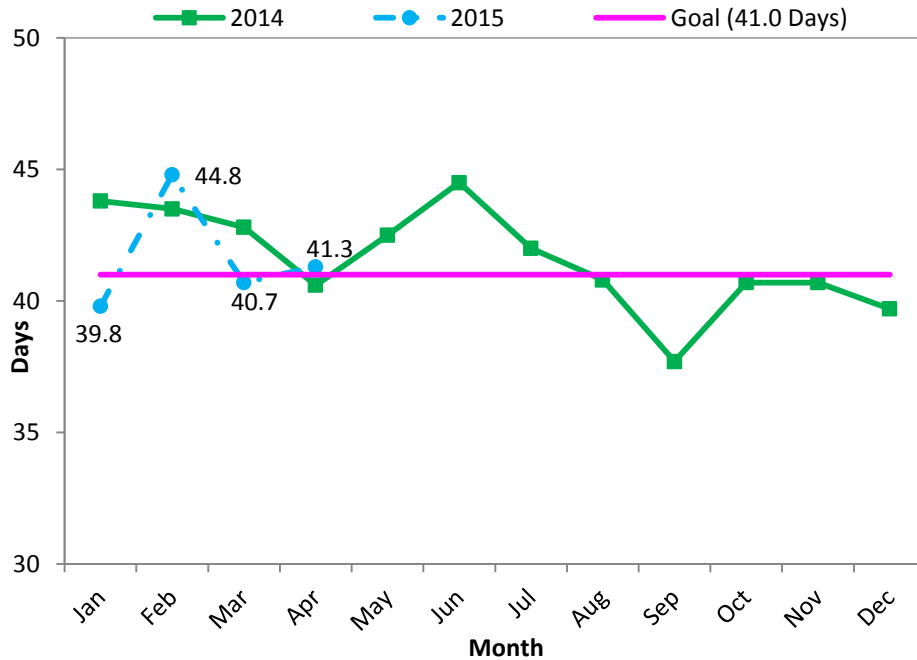
### Disability Determination Services (DDS)

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: 3,172

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: There was a slight increase in processing time at the start of the most recent quarter with processing time of 44.8 days in February 2015, which was quickly followed by a return to previous processing levels at 41.3 days in April 2015.

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



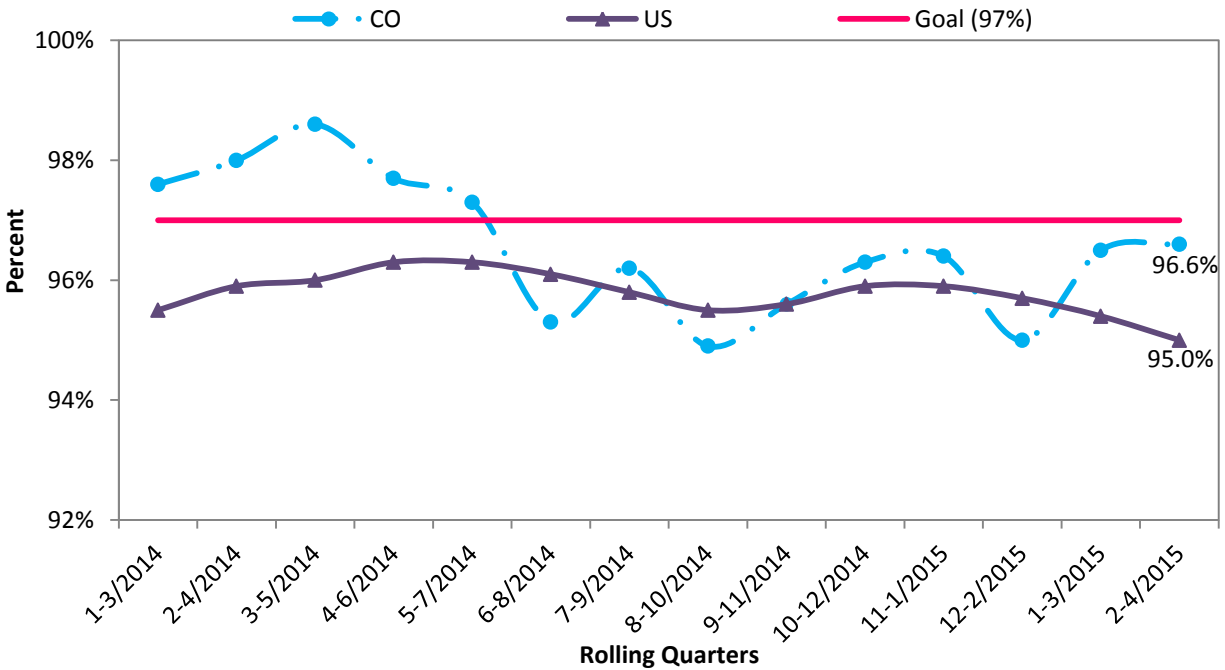
### Disability Determination Services (DDS)

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: 168

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 most recent quarter demonstrated an increase in performance in the accuracy of initial decisions, although it has remained below the goal for the ninth consecutive rolling quarter (blue 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 (WRRRC), that provide a number of services including 24-hour supervision, residential, day programming, habilitation, medical, training and behavioral intervention, and short-term emergency/crisis support to the community system.

Director: Tracy Myszak

#### Executive Summary

- The Division of Regional Center Operations 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. Where applicable, data is displayed by Regional Center.
- *Length of Time Towards Achieving Recommended Progress*: This measure is examined for both the Short-Term Treatment and Stabilization model and the Intensive Treatment model. Over the most recent quarter a targeted review of individuals' clinical readiness was completed at all three regional centers. During this time, eight individuals have achieved recommended progress in the Short-Term Treatment Model. On average, this has taken 267 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 two years and eight months, below the three year goal.
- *Length of Time to Transition*: This measure is examined for all models, Short-Term Treatment and Stabilization, Intensive Treatment and Long-Term Habilitation. Over the past quarter, six individuals have transitioned from the Short-Term Treatment Model. On average, this has taken 146 days, whereas the goal is 60 days. Within the Intensive Treatment Model there were three individuals who transitioned. On average, this took 150 days, which is above the 120 day goal. During this quarter, there were no individuals who transitioned from the Long-Term Habilitation Model.
- *Percent of Residents without Physical Intervention by Regional Center*: Throughout the most recent quarter, there was a focus on training staff in what constitutes a physical intervention and the documentation of the incident. Reports are analyzed by an interdisciplinary team at each center to determine what preceded the incident and what interventions may be implemented to reduce future physical interventions. Performance, on average, improved during the quarter and currently ranges from 86% in Wheat Ridge to 95% in Grand Junction.

#### Measures

- [Length of Time Toward Achieving Recommended Progress-Short-term model](#)
- [Length of Time Toward Achieving Recommended Progress-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](#)



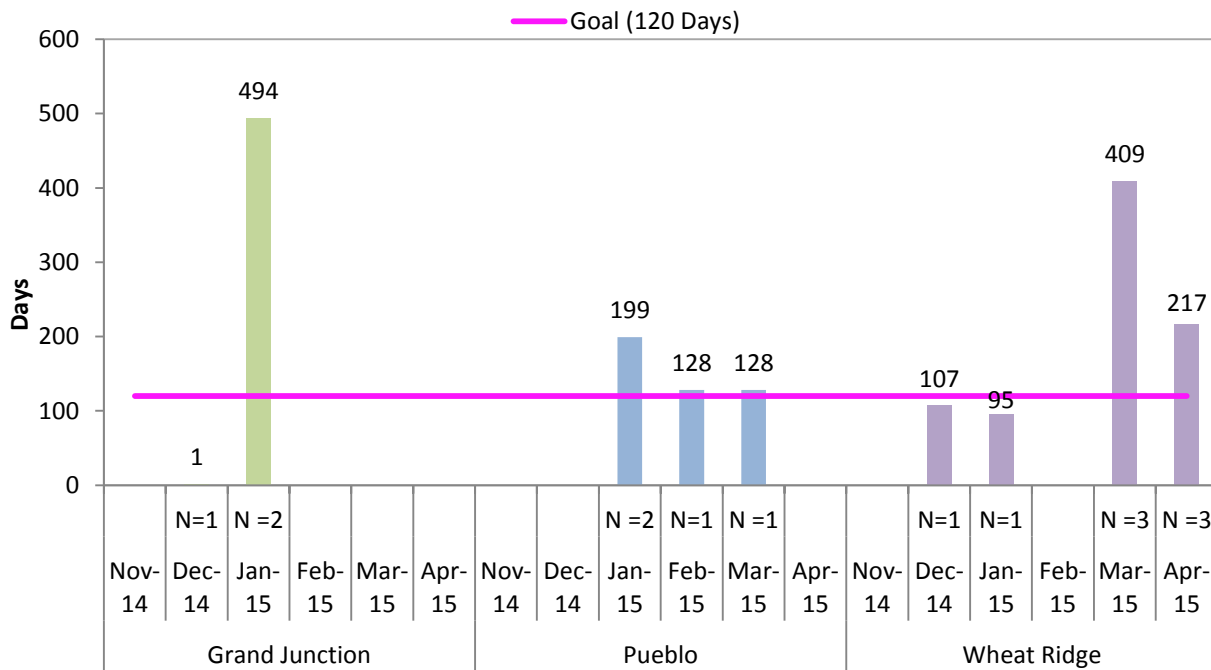
## Division of Regional Center Operations (DRCO)

Measure: **Length of time towards achieving recommended progress-Short-term model**

How it is measured: *Numerator:* Number of days from RC admission date to date achieved recommended progress  
*Denominator:* Number of individuals who achieved recommended progress in the month; see graph for monthly denominator

Why this matters: Reducing the length of time to achieve recommended progress keeps individuals from lingering in care and more quickly enhances their well-being.

Goal: **↓120 Days**



Trend: In the most recent quarter, Pueblo had two individuals who achieved their recommended progress, both of whom exceeded the 120 day goal. Wheat Ridge had six individuals who achieved their recommended progress this quarter, all of whom exceeded the 120 day goal. Grand Junction did not have any individuals who achieved recommended progress during the most recent quarter.



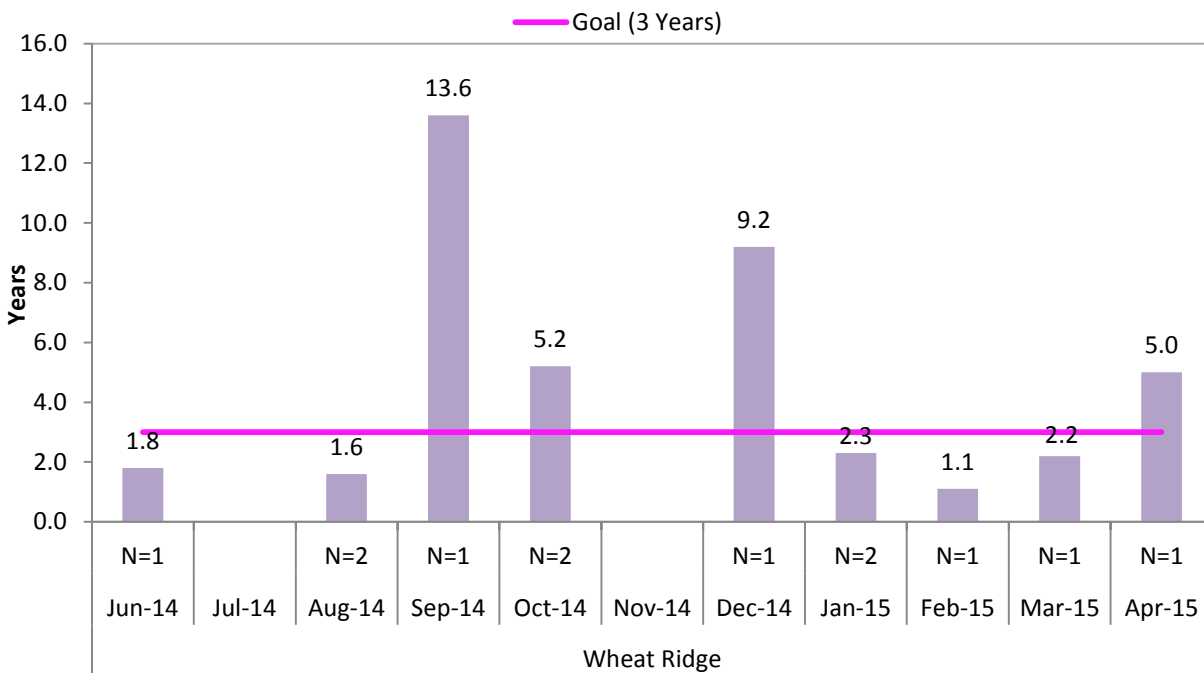
### Division of Regional Center Operations (DRCO)

Measure: **Length of time towards achieving recommended progress-Intensive model**

How it is measured: *Numerator:* Number of years from RC admission date to date achieved recommended progress  
*Denominator:* Number of individuals who achieved recommended progress in the month; see graph for monthly denominator

Why this matters: Reducing the length of time to achieve recommended progress keeps individuals from lingering in care and more quickly enhances their well-being.

Goal: **↓3 Years**



Trend: Wheat Ridge had three individuals who achieved their recommended progress during the most recent quarter. Of the three individuals who achieved their recommended progress, two individuals were below the three year goal, while one individual exceeded the goal.

Notes: The GJRC and PRC do not offer the Intensive Treatment model. This treatment model is only offered at WRRC.





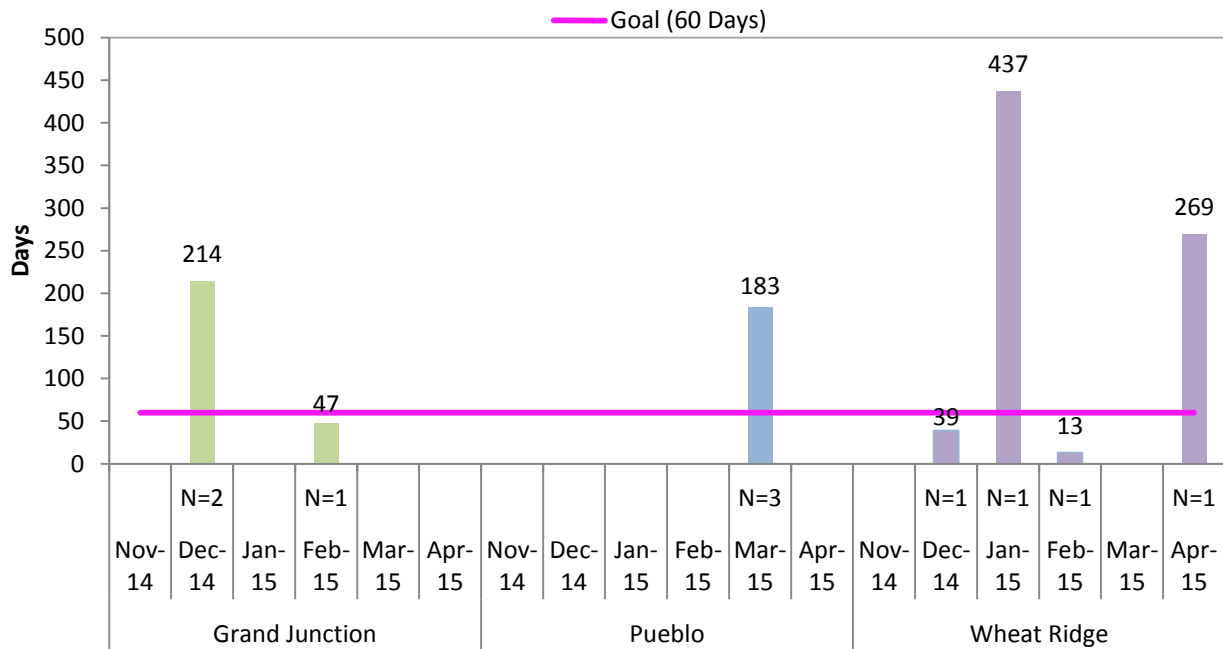
### Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of days from date achieved recommended progress 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, there were six individuals who transitioned from the short term model. The one individual at Grand Junction met the 60 day goal, Pueblo transitioned three individuals, all of whom did not transition within 60 days, and Wheat Ridge had one individual who successfully transitioned within 60 days, and one that did not achieve the goal. In total there were two individuals who transitioned before the 60 day goal, and four who did not.

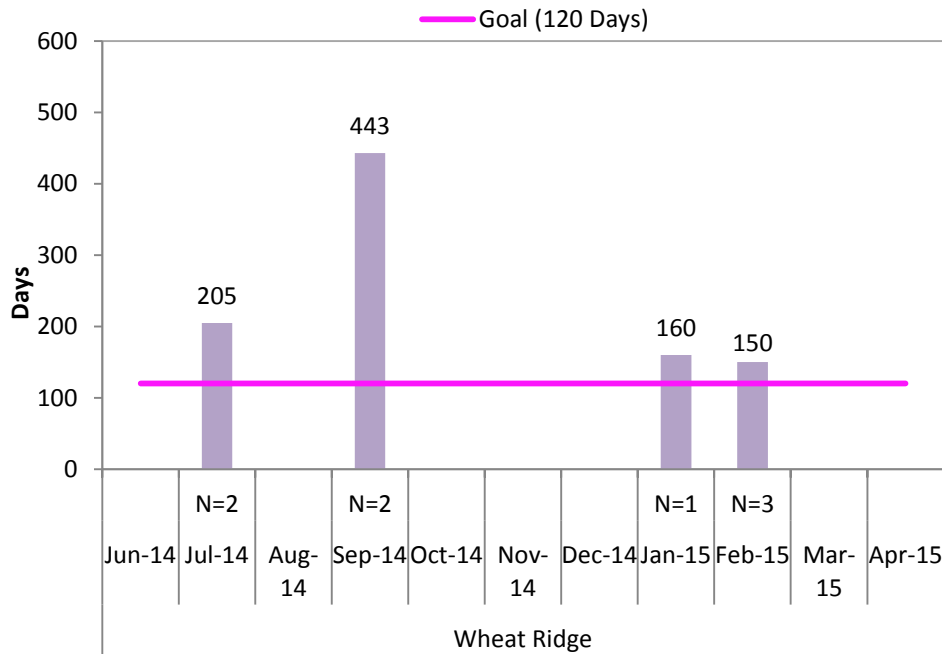
## Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of days from date achieved recommended progress 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 three individuals who transitioned from Wheat Ridge, although they did not do so within the 120 day transition goal.

Notes: GJRC and PRC do not offer the Intensive Treatment model. This treatment model is only offered at WRRC.



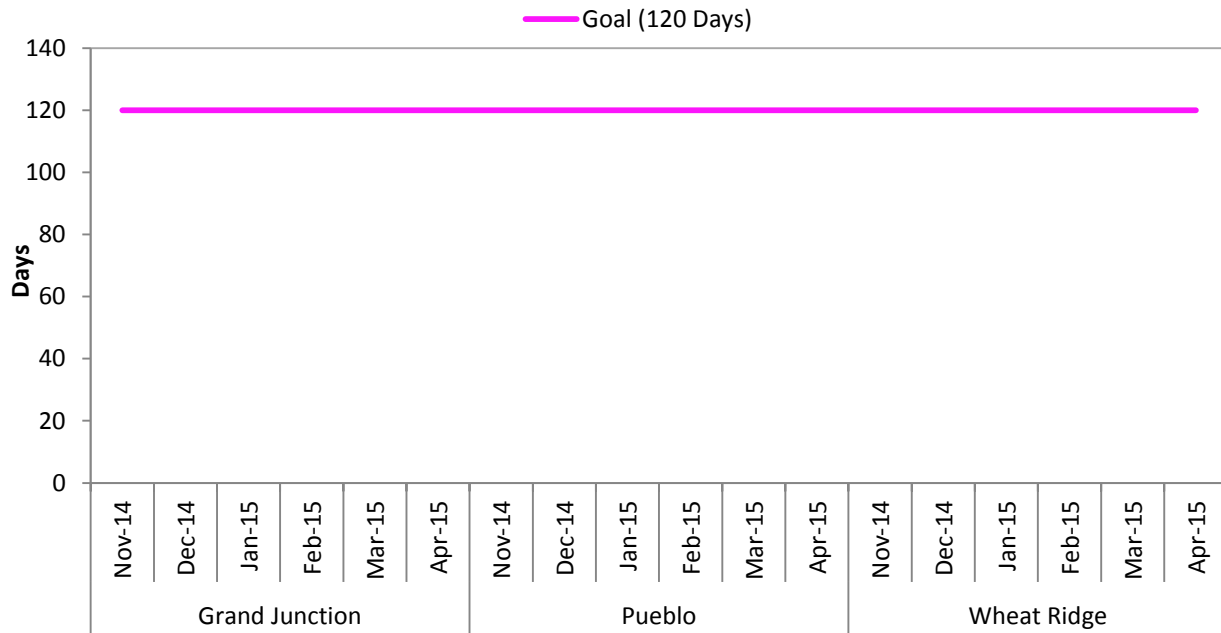
### Division of Regional Center Operations (DRCO)

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

How it is measured: *Numerator:* Number of days from date achieved recommended progress 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: Since July 2014 there have been no transitions from the Long-term model at any of the three regional centers.

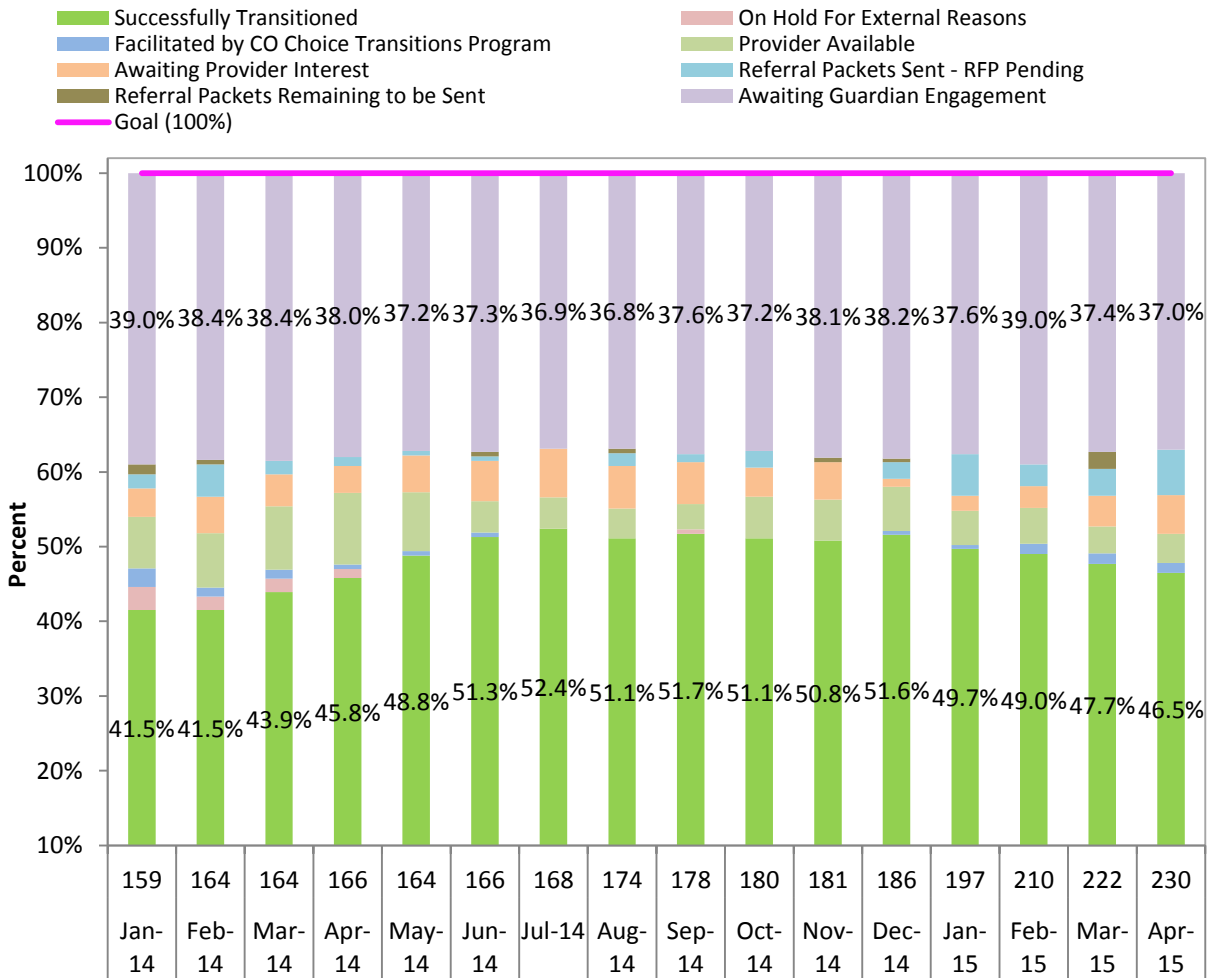
## Division of Regional Center Operations (DRCO)

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 49.0% to 46.5% over the most recent quarter. This is due to multiple residents who have achieved recommended progress, but have not yet transitioned to the community.



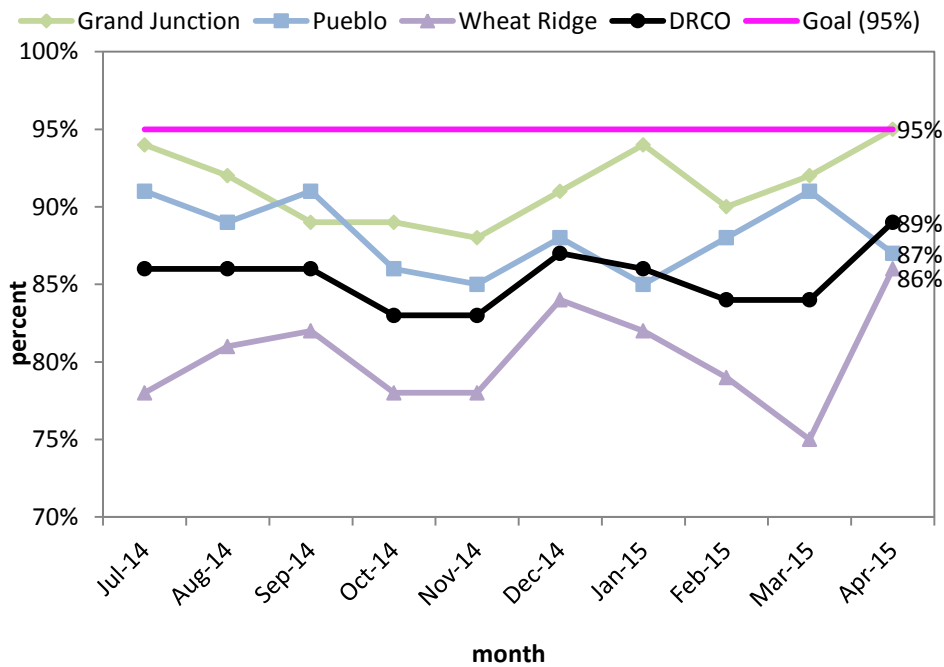
### Division of Regional Center Operations (DRCO)

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- 79, Pueblo- 63, Wheat Ridge- 123, DRCO- 265

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 (green line), Wheat Ridge (purple line), and the Division (black line) saw an increase in performance, with Grand Junction meeting the 95% goal for the first time. While Pueblo (blue line) demonstrated an increase in performance for the first two months of the quarter, their performance decreased in April to 87%.

## 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:* During the most recent quarter the Office and Division collaborated with the Chief Medical Officer to examine those individuals who were prescribed an Anti-Psychotic medication by their primary diagnosis. Executive Management will review the performance in the C-Stat deck as a reference slide on a monthly basis. Chart reviews will also be conducted and reviewed on a quarterly basis by the Chief Medical Officer. This will be completed in an effort to ensure the appropriateness of the medication. This will begin in the July C-Stat meeting.
- *Percent of Residents without Falls:* Due to an overall downward trajectory in performance throughout the quarter, the Office and Division collaborated with the Chief Medical Officer to begin further exploration into the nature of the falls that occur. Each month Executive Management will review their performance in the C-Stat deck as a reference slide the location of the fall, the severity of the fall, as well as those who had more than one fall during the month. A more focused look at falls will provide a better understanding of the falls, how and why they occurred, and help to focus future interventions. This deeper look will begin in the July C-Stat meeting.

#### Measures

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



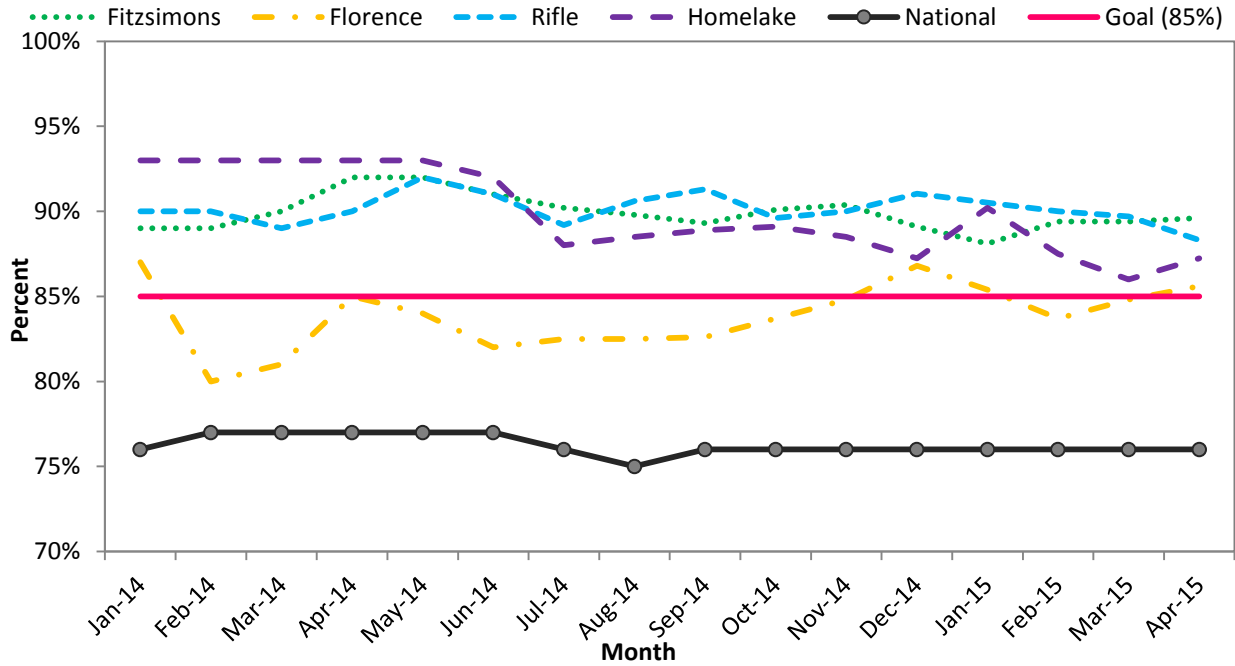
## State Veterans Community Living Centers (SVCLC)

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: 170, Florence: 91, Rifle: 59, Homelake: 48

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. Three of the four centers have exceeded the 85% goal throughout the quarter.



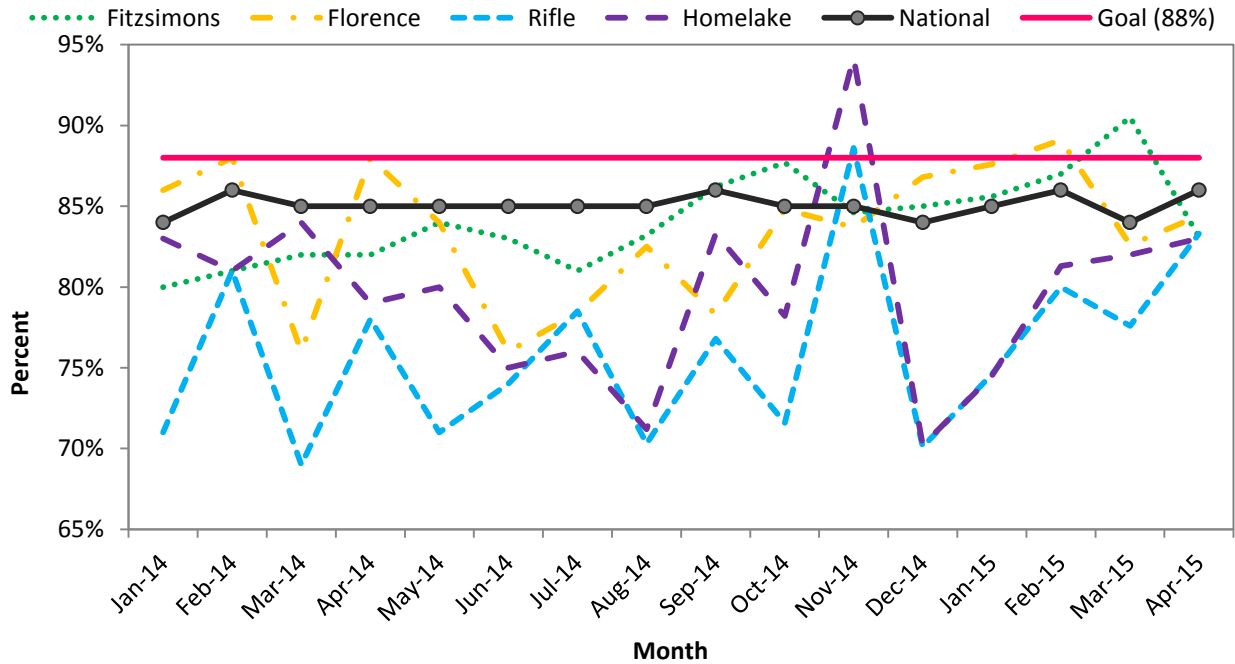
### State Veterans Community Living Centers (SVCLC)

Measure: **Percent of residents without falls**

How it is measured: *Numerator:* Number of residents without falls  
*Denominator:* Average Daily Census: Fitzsimons: 170, Florence: 91, Rifle: 59, Homelake: 48

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 demonstrated an increase in performance throughout the quarter, while Florence (yellow line) and Fitzsimons (green line) both demonstrated a decrease in performance. Although Fitzsimons exceeded the goal in March 2015, all four centers are currently performing below the 88% goal.

## 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. The 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. The 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 and begun distributing reports that 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 identify promising practices, as well as offer additional supports to staff who need it.
- *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, this became a C-Stat measure, thus adding an increase in focus. 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 Individualized Plan for Employment (IPE) close as 'successfully rehabilitated'.
- *Competitive Employment Wages*: The 2015 Competitive Employment Wages, which is a cumulative measure, continues to trend higher than in 2014, with current cumulative wages at \$11.95 an hour.

#### Measures

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



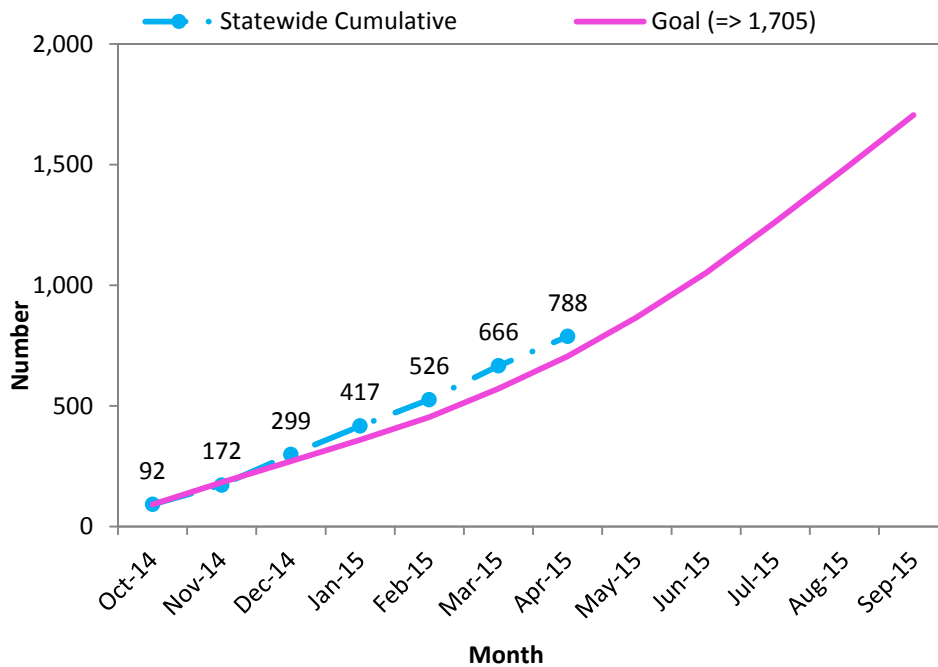
### Division of Vocational Rehabilitation (DVR)

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.



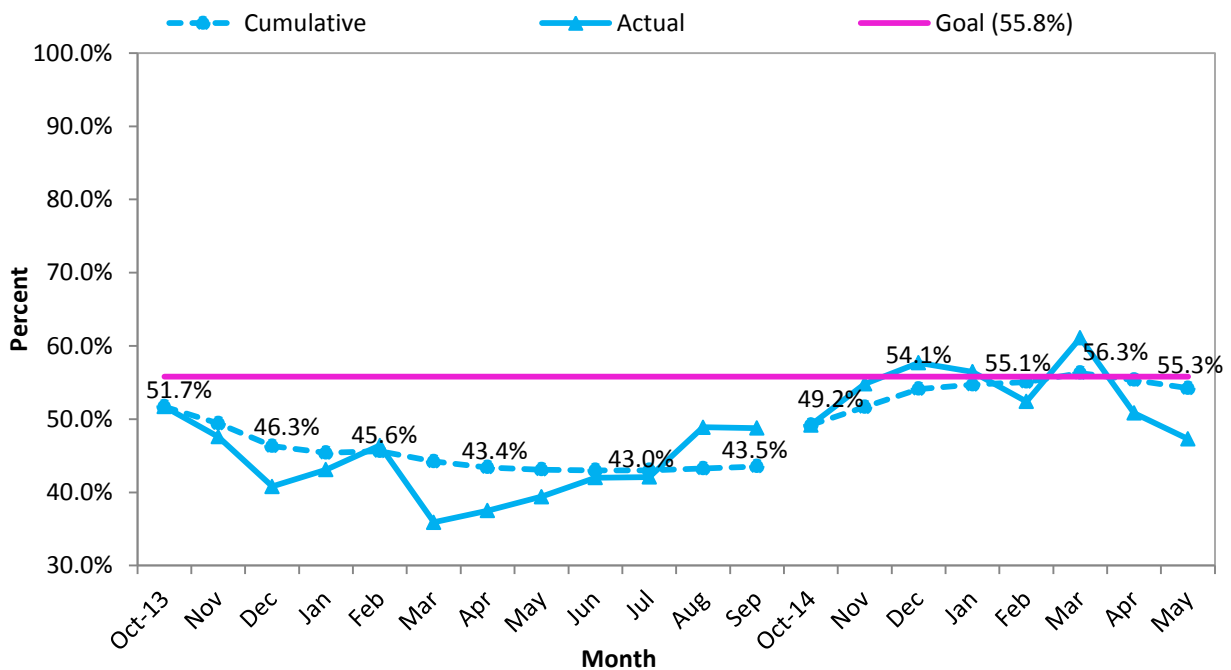
### Division of Vocational Rehabilitation (DVR)

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; current cumulative denominator: 1,424

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 (dash line), has remained relatively stable, 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.



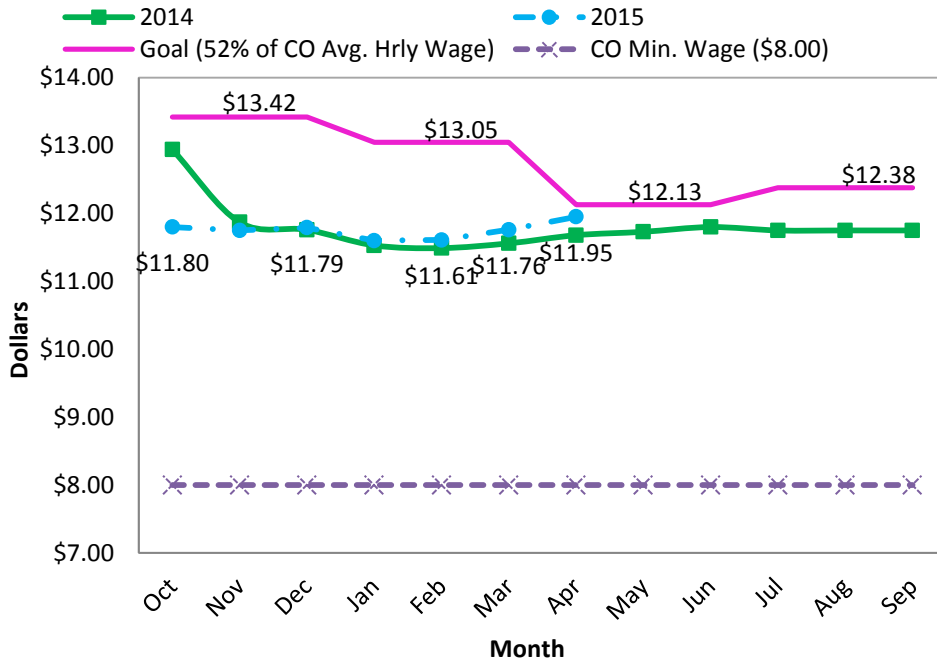
### Division of Vocational Rehabilitation (DVR)

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 (\$11.95) to the previous year (\$11.68).

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 (DECL) and the Division of Community and Family Support (DCFS).

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.

OEC provides collaborative leadership to align resources for children, families, and early childhood professionals to best prepare Coloradans for future success, through access to coordinated and quality early childhood programs and family supports.

The Office of Early Childhood identified three outcomes to align all operations and efforts:

- School Readiness – All CO children are ready for school when entering kindergarten.
- Safe, Stable and Nurturing Environment – All CO children develop positive relationships within safe and stable environments free of toxic stress.
- Resilience in Early Childhood – All CO children have the tools necessary to successfully adapt and overcome challenging situations and/or stressful environments.

Director: Mary Anne Snyder

Deputy Director: Brian Conly

## Early Care and Learning

### Summary

#### Description

The Division of Early Care and Learning (DECL), 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.

Interim Director: Brian Conly

#### Executive Summary

- *Children in the Colorado Child Care Assistance Program (CCCAP), Under the Age Five, in Top Tier Quality Rated Facilities:* Progress on this measure is the result of the recent implementation of the Colorado Shines Quality Rating and Improvement System (QRIS), which was implemented in November 2014. Colorado Shines QRIS standards are based on an accumulation of points within five standard categories. Points must be gained within each of the five areas with a specified minimum number of points for each quality rating level.
- The Division of Early Care and Learning's Licensing Unit received C-Stat Awards for two measures in June 2015: Timely Supervisory Inspections and Timely Response to Serious Complaints (Severity 1-3). These measures will move to the Dashboard effective July 2015 and will no longer be included in the Quarterly Report.
- *Timely Supervisory Inspections:* The time period of timely inspections was changed to be more stringent in May 2013, which increases the likelihood of child safety. The 96% goal was achieved in November 2013, and continues to exceed the goal to date.
- *Timely Response to Serious Complaints (Severity 1-3):* In the three years since C-Stat was implemented, performance improved, going from 84.6% in January 2012 to 100% in January 2015. Performance first exceeded the 95% goal in August 2013, and has continued to exceed the goal for 16 of the most recent 18 months.
- There are two new DECL measures in this C-Stat Quarterly Report: Timely Monitoring Visits for Child Care Facilities Pending Adverse Action and Child Care Injuries.
- *Timely Monitoring Visits for Child Care Facilities Pending Adverse Action:* This measure captures child care facilities that were not previously captured in the data. Since these facilities are pending a sanctioning decision, the visit code is not updated in the data system. Including this as a C-Stat measure ensures child safety.
- *Child Injuries in Licensed Care:* DECL implemented a new online injury reporting system for child care providers in July 2014. Prior to the new system, providers submitted manual paper copies of injury reports resulting in delayed reporting that often included errors.

#### 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 \(Severity 1-3\)](#)
- [Timely Monitoring Visits for Child Care Facilities Pending Adverse Action](#)
- [Child Injuries in Licensed Care](#)

## Early Care and Learning (ECL)

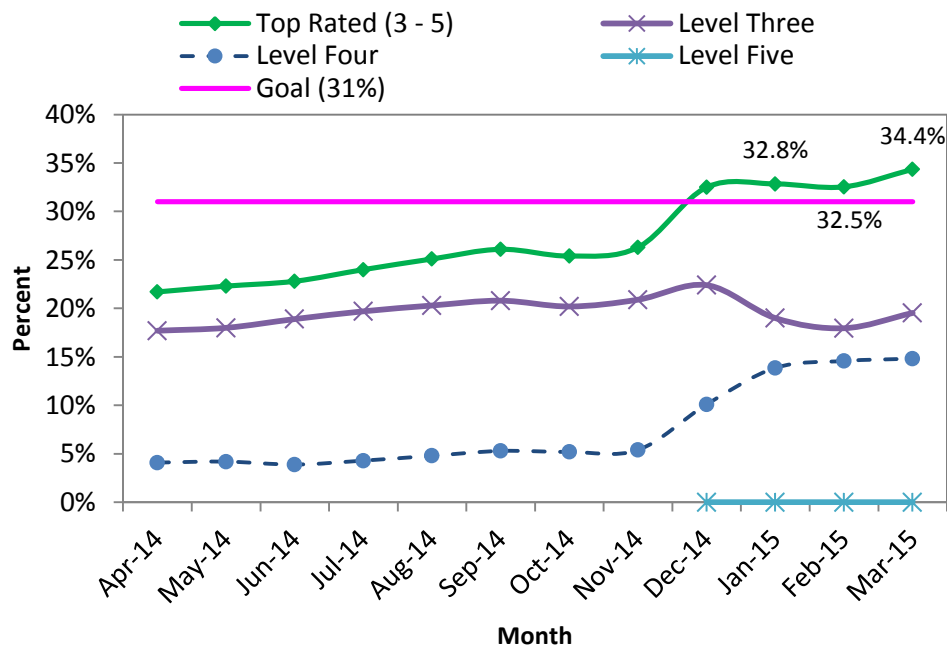
Measure: **Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities**

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 three levels 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: 9,790

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 exceeded the goal for the first time in December 2014 and continues to exceed the goal. The increase between November 2014 and December 2014 is due to the Alternative Pathways crosswalk upon implementation of Colorado Shines. The decline in Level Three rated providers between December 2014 and January 2015 is due to an increase in Level Four rated providers.

Notes: Two things drive performance for this measure: the number of quality rated facilities and the number of CCCAP kids served. The lever OEC is focused on is increasing the number of high quality facilities, but CCCAP utilization also influences performance.



### Early Care and Learning (ECL)

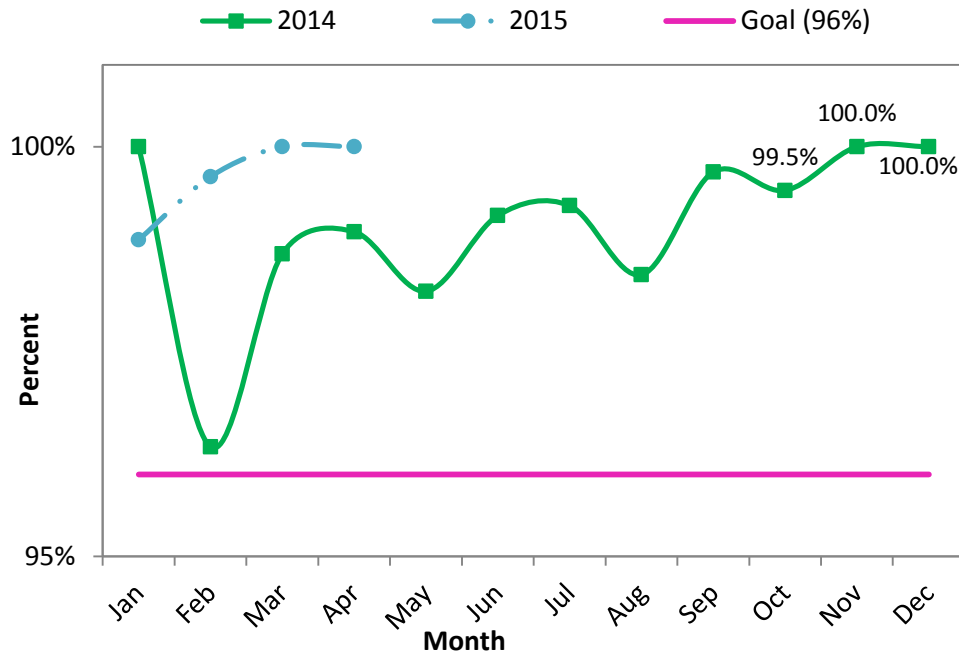
Measure: **Timely supervisory inspections**

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: 275

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 in the most recent quarter improved and remains stable. The 96% goal was achieved for all three months.

Note: DECL received a C-Stat Award for exemplary performance on this measure in June 2015. Please see the Executive Summary for details.





### Early Care and Learning (ECL)

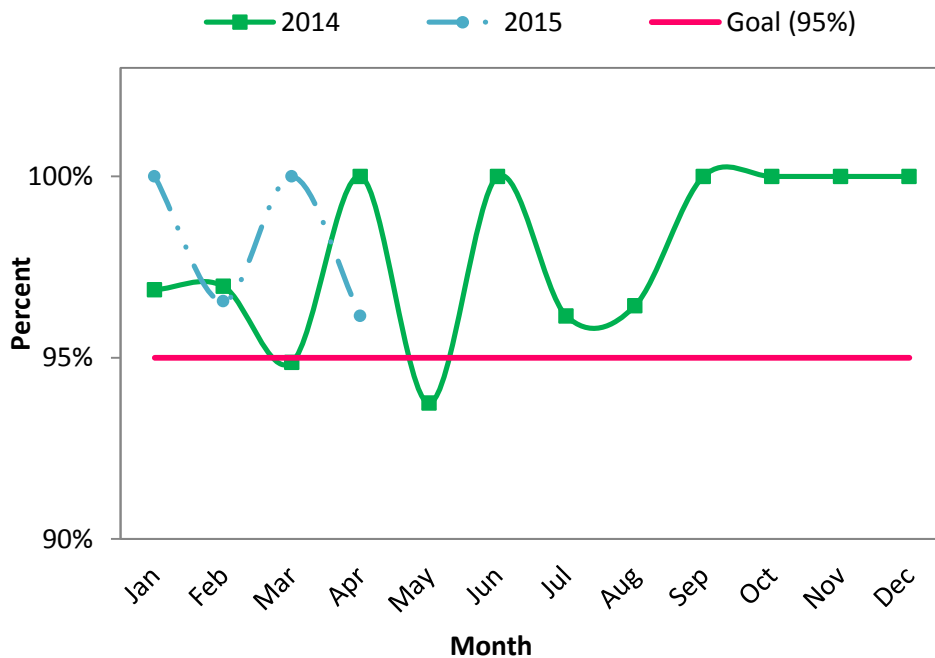
Measure: **Timely response to serious child care center complaints (severity 1-3)**

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: 32

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 in the most recent quarter fluctuated between 96.2% and 100%. The 95% goal was achieved in each of the three months in the most recent quarter.

Note: DECL received a C-Stat Award for exemplary performance on this measure in June 2015. Please see the Executive Summary for details.



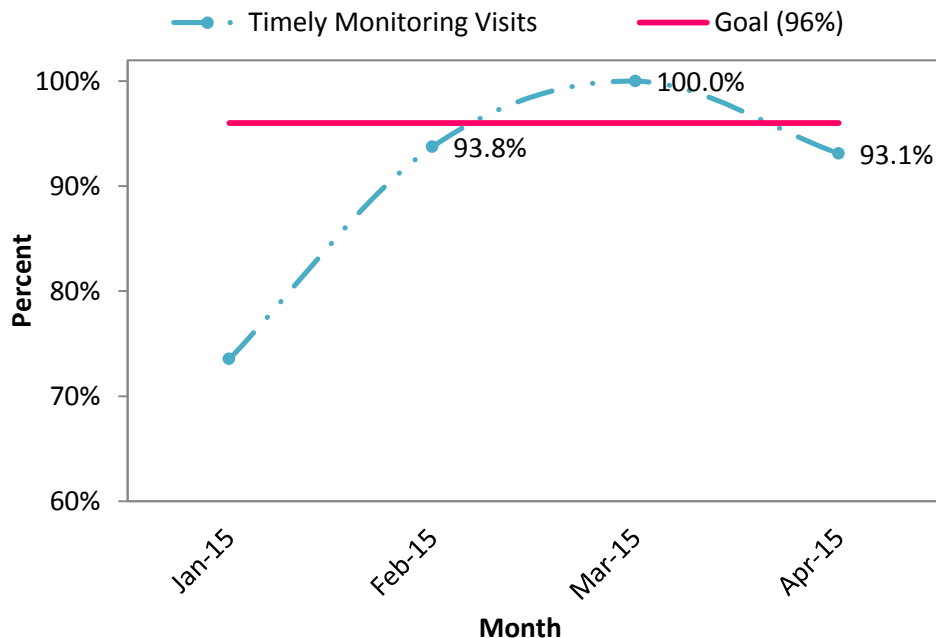
## Early Care and Learning (ECL)

Measure: **Timely monitoring visits for child care facilities pending adverse action**

How it is measured: *Numerator:* Number of visits to child care facilities pending adverse licensing actions that occurred in the specified month within 30 or fewer days of the previous visit  
*Denominator:* Total number of child care facility visits pending adverse action that had contact with a licensing contact in a given month; average monthly denominator: 35

Why this matters: Child care licensing ensures the health and safety of children in care and establishes minimum standards for child care center operations. All centers are inspected regularly, however, child care centers that have had complaints, are pending adverse action, or have been found to be out of compliance with licensing are inspected more frequently.

Goal: **↑96%**



Trend: Performance fluctuated between 93.1% and 100% in the most recent quarter. The 96% goal was achieved in one of the three months.

Note: This measure was included for the first time in the June 2015 C-Stat Quarterly Report.

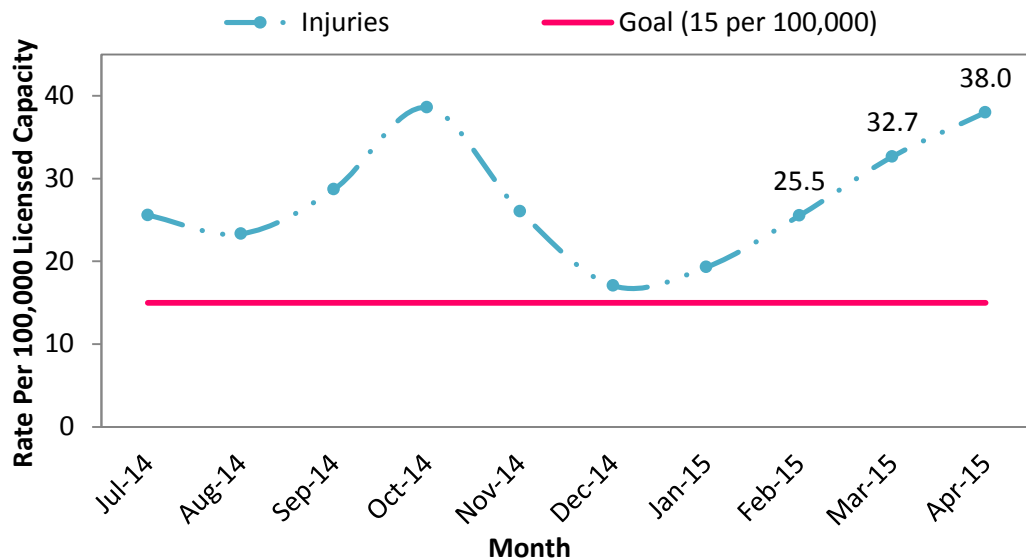
## Early Care and Learning (ECL)

Measure: **Child injuries in licensed care**

How it is measured: *Numerator:* Number of children with an injury requiring emergency medical attention or hospitalization that occurred in licensed care in a given month  
*Denominator:* Aggregate licensed capacity for facilities with an open license in a given month; average monthly denominator: 223,472

Why this matters: Monitoring incidence and location of child injuries in child care facilities ensures child safety.

Goal: ↓ 15 per 100,000



Trend: Performance in the most recent quarter declined, going from 25.5 per 100,000 licensed capacity in February 2015 to 38.0 in April 2015. The goal of less than 15 injuries per 100,000 licensed capacity was not achieved.

Notes: This measure was included for the first time in the June 2015 C-Stat Quarterly Report.

The online child care injury reporting system was implemented in July 2014. Data are self-reported by child care providers.

## Community and Family Support

### Summary

#### Description

The Division of Community and Family Support (DCFS) 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 DCFS 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

- *CAPTA Referrals to Early Intervention who Complete the Eligibility Process*: County child protection and Early Intervention staff collaborated to implement systemic changes and improve the referral process. County child protection is no longer responsible for sending referrals directly to the Community Centered Boards (CCBs). Early Intervention staff now pull all referrals, verify with county child protection, and then refer to the CCBs. This modification resulted in an increase in referrals from county child protection. Previously, only about two-thirds of CAPTA eligible cases were getting to the CCBs
- *Colorado Community Response (CCR)*: OEC has plans to use CCR as a pilot to identify ways to meaningfully incorporate substantiated cases of abuse and neglect into OEC C-Stat measures. The proposed measurement is percentage of CCR clients who complete services and have a substantiation in the following six months.
- *SafeCare®* is new to the Division of Community and Family Support. SafeCare® is a nationally recognized, evidence-based, in-home parent education program that provides direct skills training to caregivers in the areas of parenting, home safety, and child health. In Colorado, SafeCare® is being implemented as a voluntary service for families in an effort to prevent entry or re-entry to the child welfare system. The program is designed for high-risk families with children ages zero to five years. SafeCare® typically takes 16-19 weekly sessions to complete (about 4-6 months) and each session lasts 1 to 1.5 hours. SafeCare® Colorado is delivered in the home by trained home visitors.

#### Measures

- [Child Abuse Protection and Treatment Act \(CAPTA\) Referrals to Early Intervention who Complete the Eligibility Process](#)
- [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 \(Federal Measure\)](#)
- [Maternal Infant Early Childhood Home Visiting \(MIECHV\) Caregivers who Demonstrate Increased Knowledge of their Child's Development](#)



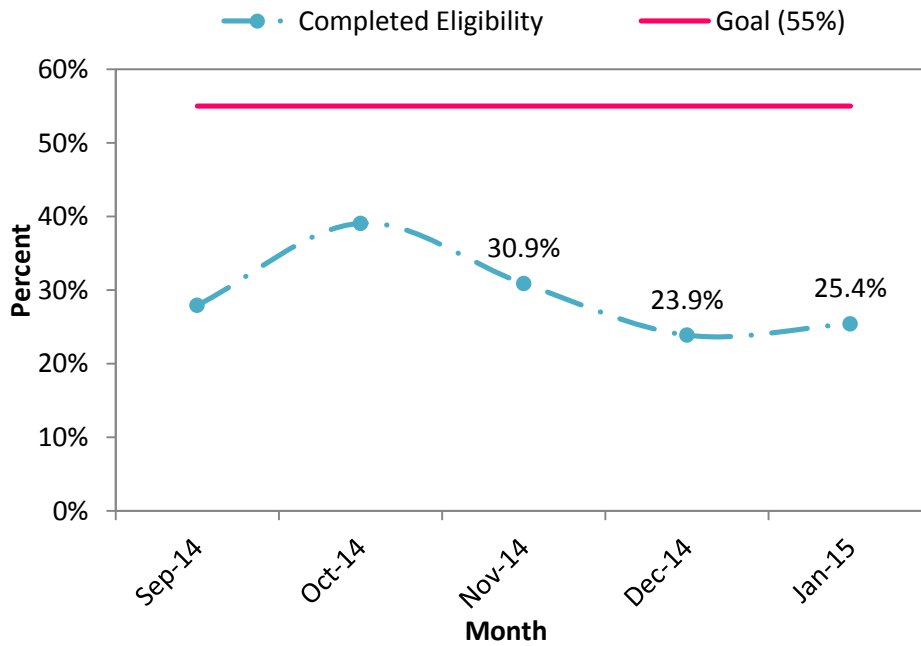
### Community and Family Support (CFS)

Measure: **Child Abuse Protection and Treatment Act (CAPTA) referrals to Early Intervention who complete the eligibility process**

How it is measured: *Numerator:* Number of CAPTA referrals to EI who complete the EI eligibility process  
*Denominator:* Number of CAPTA referrals received by EI. "Pending" statuses removed;  
Average monthly denominator: 71

Why this matters: Research shows that children who are abused or neglected often experience physical, cognitive, emotional, behavioral, and social problems, including attachment disorders, cognitive delays, and altered brain development. Providing early intervention services to support the healthy development of young children can have positive effects that last throughout childhood and into adulthood.

Goal: **↑55%**



Trend: Performance in the most recent quarter declined, going from 30.9% in November 2014 to 25.4% in January 2015. The 55% goal was not achieved.

Notes: June 2015 is the first time this measure is included in the C-Stat Quarterly Report. The four month lag in reporting is due to Early Intervention wanting to give a reasonable amount of time for children and families to get through the eligibility process. The CAPTA statute requires that all children under the age of three with a substantiated case of abuse or neglect be referred to the Early Intervention Program for developmental screening.



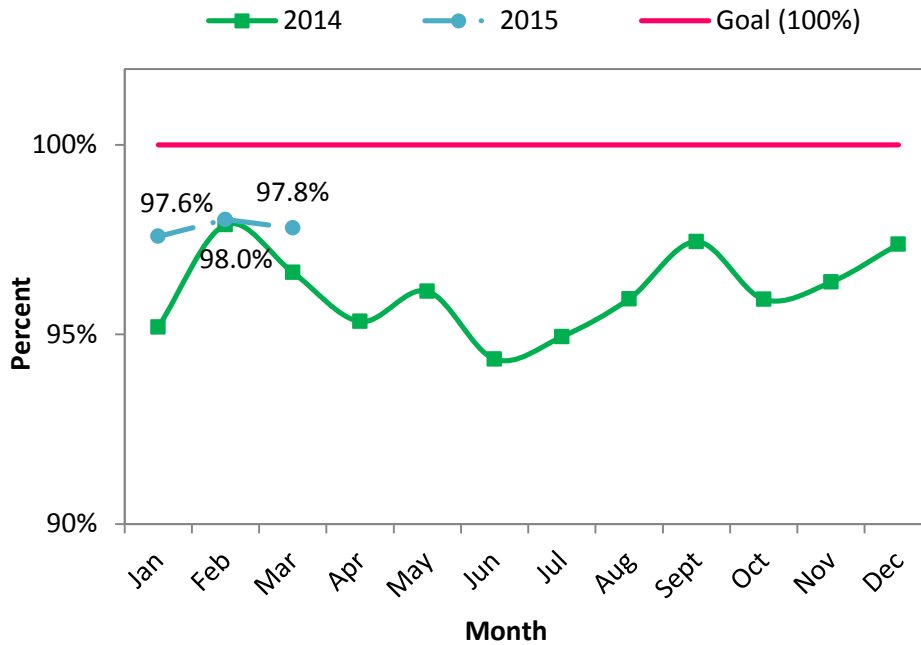
### Community and Family Support (CFS)

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: 991

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 in the most recent quarter remains stable. The 100% goal was not achieved.

Notes: Children can have multiple services, but if one service does not occur within 28 days of the referral, it is counted as “late” for the purposes of this measure.



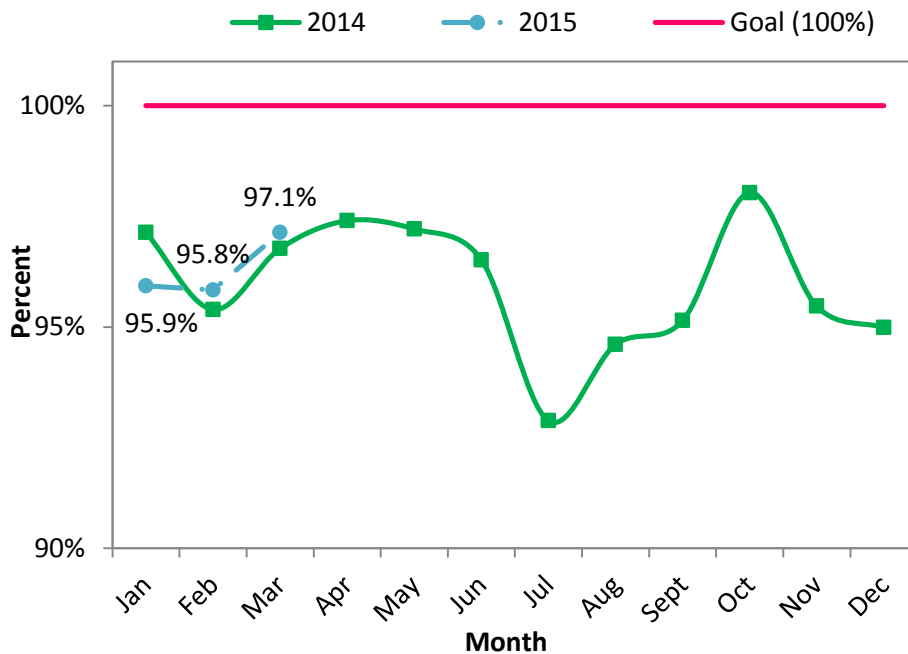
### Community and Family Support (CFS)

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 two years, nine months  
*Denominator:* Number of early intervention participants who reached the age of two years, nine months and should have received a transition conference; average monthly denominator: 327

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

Goal: **↑100%**



Trend: Performance in the most recent quarter improved, going from 95.9% in January 2015 to 97.1% in March 2015. The 100% goal was not achieved.

Notes: The transition refers to a child transitioning from Part C Early Intervention services to Part B Special Education services. Transition conferences cannot occur sooner than two years and three months, but must be held by two years and nine months.



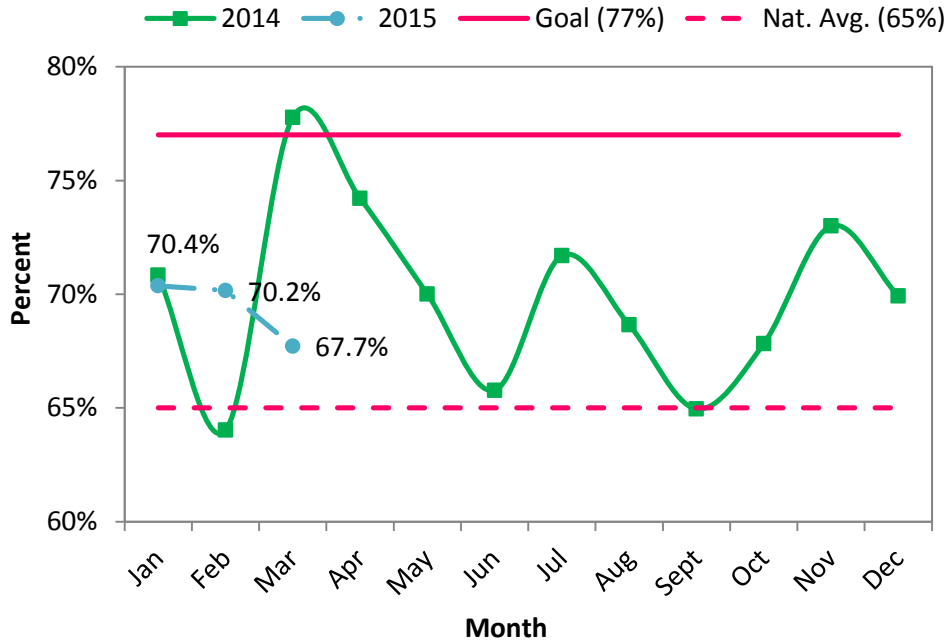
### Community and Family Support (CFS)

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: 129

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 in the most recent quarter declined, going from 70.4% in January 2015 to 67.7% in March 2015. 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.



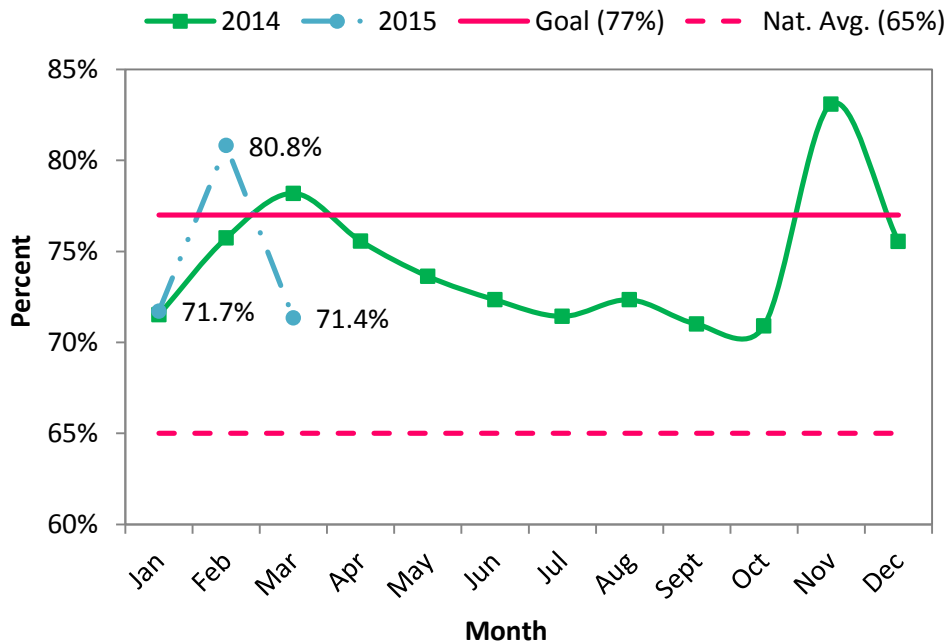
### Community and Family Support (CFS)

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: 162

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

Goal: **↑77%**



Trend: Performance in the most recent quarter fluctuated between 71.4% and 80.8%. The 77% goal was achieved in one of the most recent three months.

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.





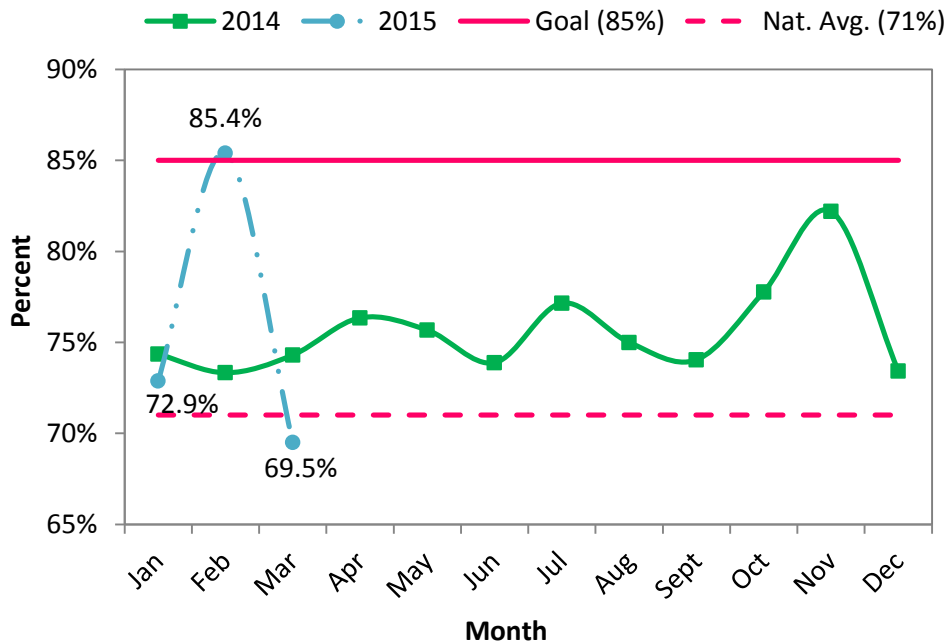
### Community and Family Support (CFS)

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: 159

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

Goal: **↑85%**



Trend: Performance in the most recent quarter fluctuated between 69.5% and 85.4%. The 85% goal was achieved for one of the most recent three months.



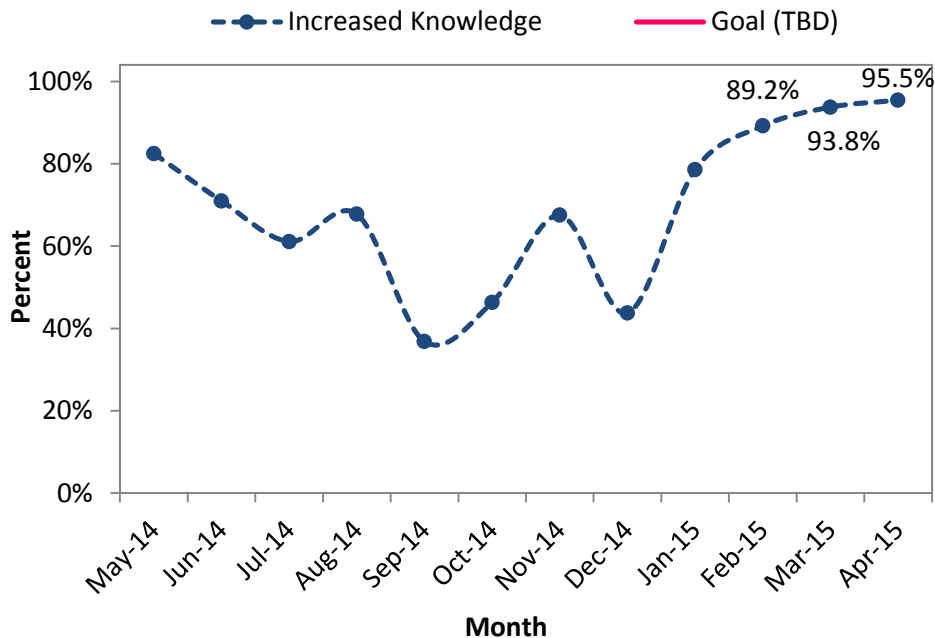
### Community and Family Support (CFS)

Measure: **Maternal Infant Early Childhood Home Visiting (MIECHV) Caregivers who demonstrate increased knowledge of their child’s developmental progress**

How it is measured: *Numerator:* Number of caregivers who report increased knowledge of appropriate child development after one year in MIECHV funded home visiting services  
*Denominator:* Number of caregivers who have completed one year of MIECHV funded home visiting services; average monthly denominator: 30

Why this matters: Accurate information about child development and appropriate expectations for a child’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development.

Goal: **↑TBD**



Trend: Performance in the most recent quarter improved, going from 89.2% in February 2015 to 95.5% in April 2015. A goal has not yet been established.

Notes: This measure only includes performance for two of the five MIECHV home visiting models: Healthy Steps and Parents as Teachers. Parents as Teachers (PAT) historically measured using a pre-post, but changed the measurement methodology effective in January 2015 to measure retrospectively, which is the reason for the jump between December 2014 and February 2015. The number of clients served in the Healthy Steps model are low due to new sites with clients that have not yet completed services.

## 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), the Colorado Refugee Services Program (CRSP), 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 is in the process of implementing and monitoring the Lead Measures identified under the Four Disciplines of Execution (4DX) framework. Efforts to increase the number of Early Intervention Alerts and Verified Employment are tracked and reported in C-Stat as reference material each month.
  - The Division held internal division trainings throughout the quarter, supported by Office of Performance and Strategic Outcomes staff, to introduce the concepts of 4DX, discuss the Division-wide Wildly Important Goals (WIGs), and prepare staff to develop their own section-specific WIGs and lead measures.
- *Percent of Child Support Collected Monthly* is the identified WIG, and the Office has managed to improve performance over the previous year, but has not yet reached the goal set forth this year.
- The Division has continued working 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](#)



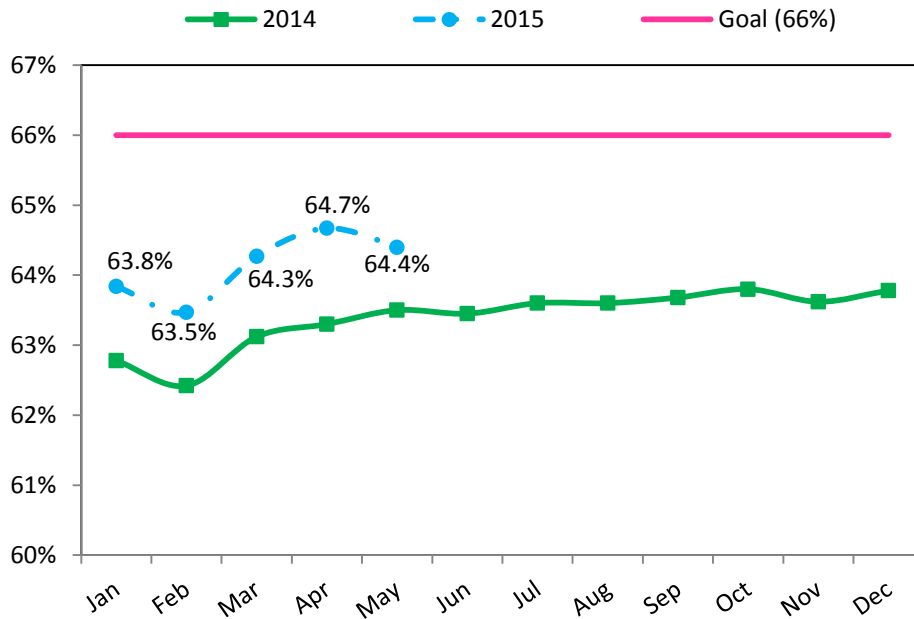
### Child Support Services (CSS)

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: \$163.3 million

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

Goal: **↑66%**



Trend: Performance improved over the previous quarter, but demonstrated monthly fluctuation. Rates in 2015 have been above those achieved in 2014.

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**

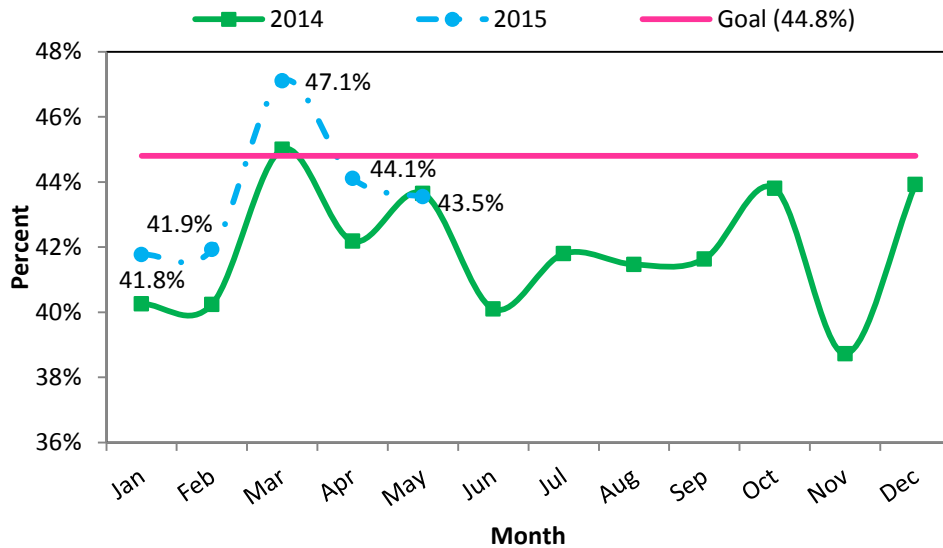
How it is measured: *Numerator:* Cases where an arrears balance was owed and at least some portion of that obligation was paid in the month

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

Average monthly denominator: 106,049

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

Goal: **↑44.8%**



Trend: Performance has demonstrated improvement over the previous quarter, surpassing the goal in March 2015. Rates declined in the following months, but remain higher than those achieved in the start of the calendar year.

## 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

- Data for the numerator, denominator, and reported monthly average changed for a number of months as a result of corrected data. Therefore, graphs presented in this Quarterly Report may not exactly match those seen in previous reports.
- *Timeliness of New Adult Financial Applications* has maintained performance above the goal since June 2014.
- *Timeliness of Redetermination (RRR) Adult Financial Applications* has not yet reached the goal, but has demonstrated performance above that achieved in 2014.
- Monthly fluctuation continues to be the trend for the *Adult Financial Payment Accuracy Rate*, *CRSP Entered Employment*, and *New Colorado Works Applications Processed in 7 Days or Less* measures.
- As of January 1, the Colorado Refugee Services Program (CRSP) was integrated into the Employment and Benefits Division to align programming.

#### Measures

- [Timeliness of New Adult Financial Applications](#)
- [Timeliness of Redetermination Adult Financial \(RRR\) Applications](#)
- [Adult Financial Payment Accuracy Rate](#)
- [New Colorado Works Applications Processed in 7 Days or Less](#)
- [Timeliness of Redetermination \(RRR\) Colorado Works Applications](#)
- [Colorado Works Payment Accuracy Rate](#)
- [Colorado Works Entered Employment](#)
- [Colorado Refugee Service Program Entered Employment](#)
- [Colorado Refugee Service Program 90 Day Employment Retention](#)



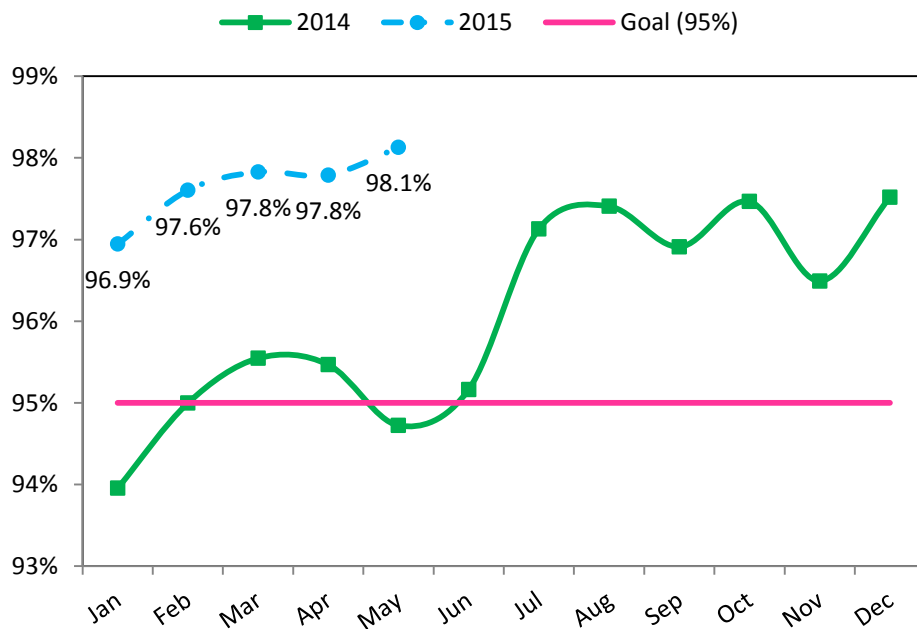
### Employment and Benefits Division: Adult Financial (AF)

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: 2,617

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 stayed above the 95% goal for 12 consecutive months.

Note: Data for the numerator, denominator, and reported monthly average changed for a number of months as a result of the corrected data.



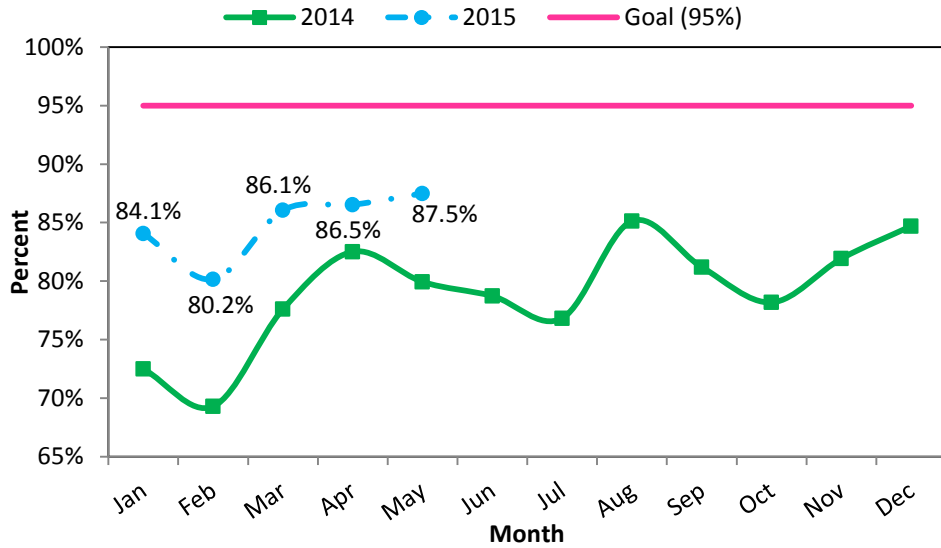
### Employment and Benefits Division: Adult Financial (AF)

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: 1,357

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

Goal: **↑95%**



Trend: Performance has demonstrated an improvement of 1.4% during the most recent quarter. Rates continue to be above those achieved in 2014.

Note: Data for the numerator, denominator, and reported monthly average changed for a number of months as a result of the corrected data.



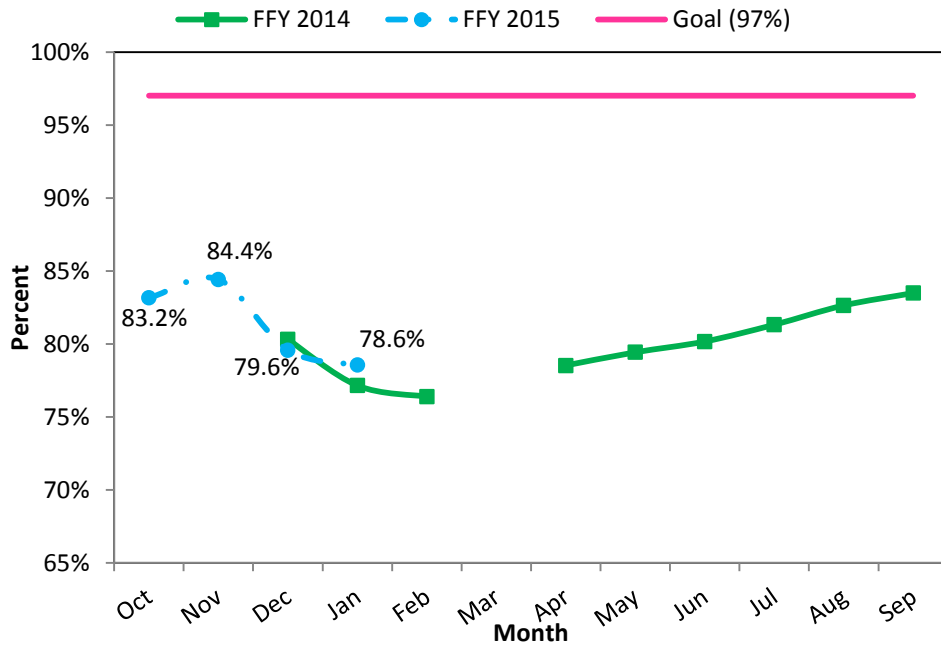
## Employment and Benefits Division: Adult Financial (AF)

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; (FFY15): \$11,870

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

Goal: **↑97%**



Trend: Monthly fluctuation was seen in the past quarter, with November demonstrating the highest performance achieved, and January then reflecting the lowest performance to date.

Notes: March 2014 does not have a data point, as no cases were reviewed.



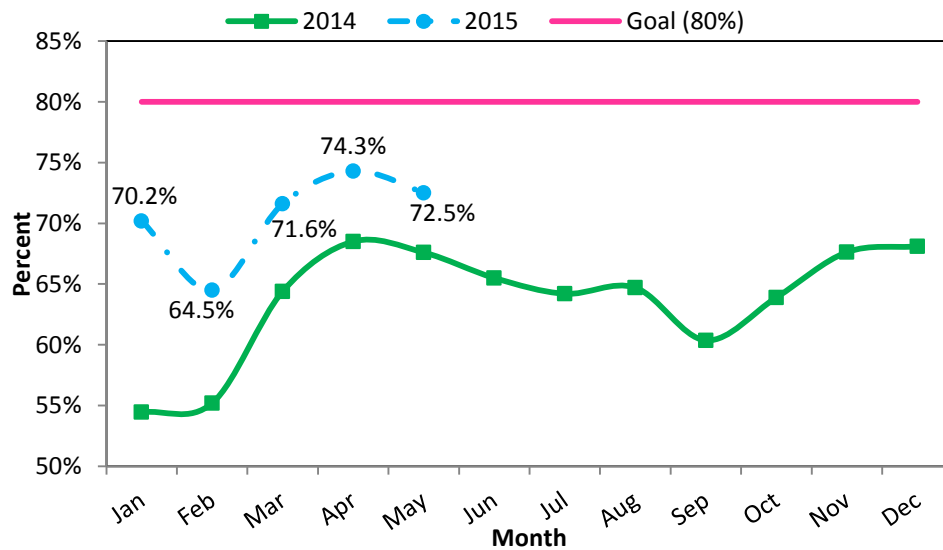
### Employment and Benefits Division: Colorado Works (CW)

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: 3,215

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: **↑80%**



Trend: Monthly performance continues to fluctuate, but has also improved over the previous quarters.

Notes: The goal was reduced to 80% in January 2015. The previous goal was 90%.

Data for the numerator, denominator, and reported monthly average changed for a number of months as a result of the corrected data.



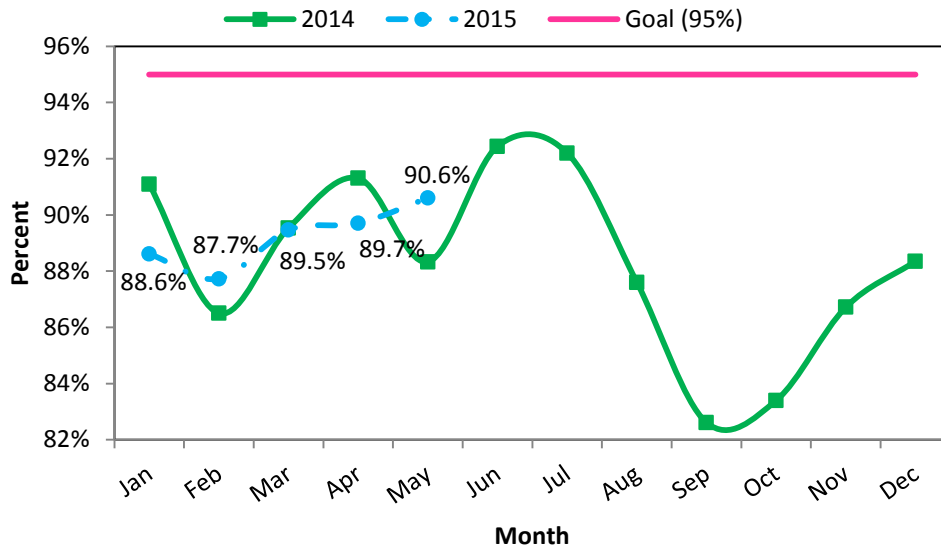
### Employment and Benefits Division: Colorado Works (CW)

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

How it is measured: *Numerator:* Number of redetermination applications processed timely (60 days)  
*Denominator* The total number of Colorado Works RRR Applications (timely and untimely);  
Average monthly denominator: 2,125

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: The past quarter reflects three months of upward trajectory.

Notes: Data for the numerator, denominator, and reported monthly average changed for a number of months as a result of the corrected data.



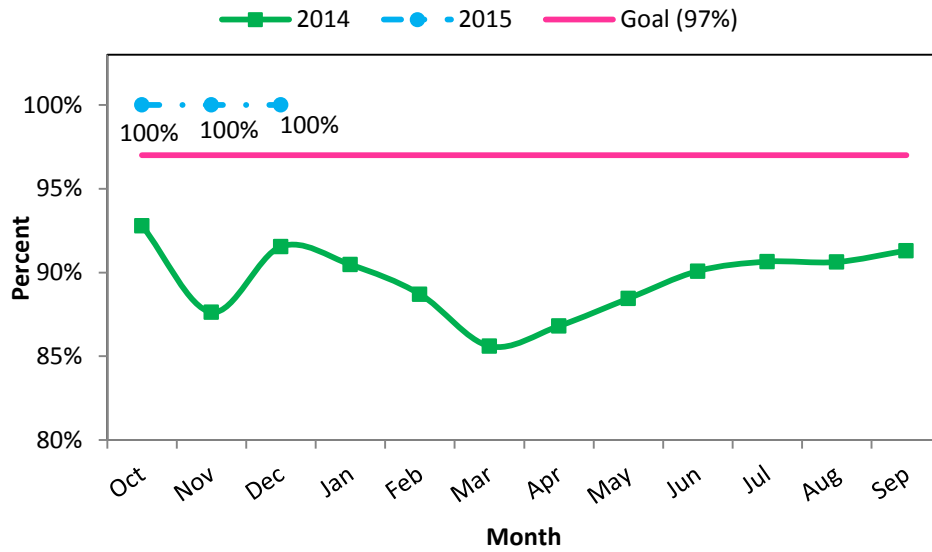
## Employment and Benefits Division: Colorado Works (CW)

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; \$56,720

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

Goal: **↑97%**



Trend: The quarter shows ongoing performance at 100%.



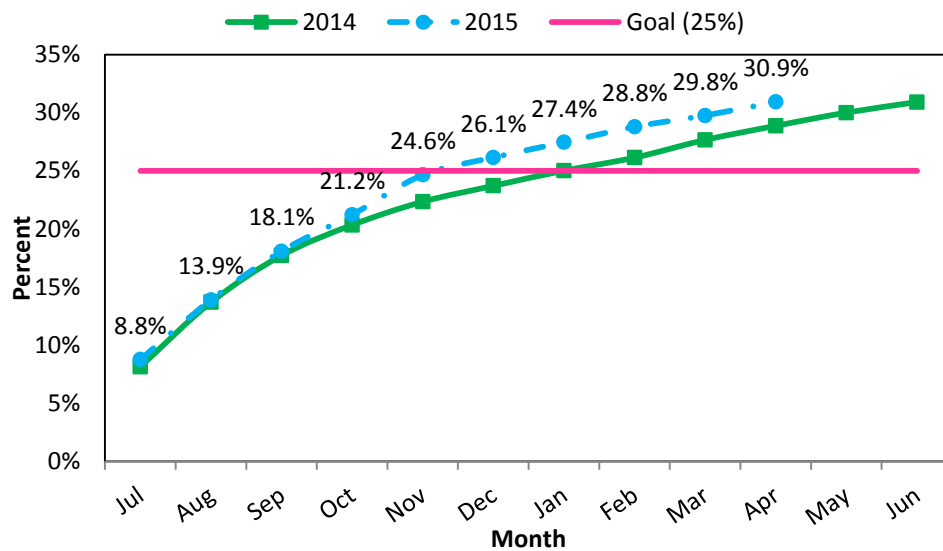
### Employment and Benefits Division: Colorado Works (CW)

Measure: **Entered employment**

How it is measured: *Numerator:* Number of individuals who gained employment in the year to date  
*Denominator:* Number of individuals enrolled in Workforce Development year to date who are not in the same employment activity continuously throughout the reporting month (i.e., not already employed); Cumulative number of individuals entering employment year to date: 24,139

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

Goal: **↑25%**



Trend: Performance has continued its upward trajectory since July 2014.

Notes: The goal for this measure will increase to 35% in July (the start of FFY 2016). This change will be reflected in the next Quarterly Report.

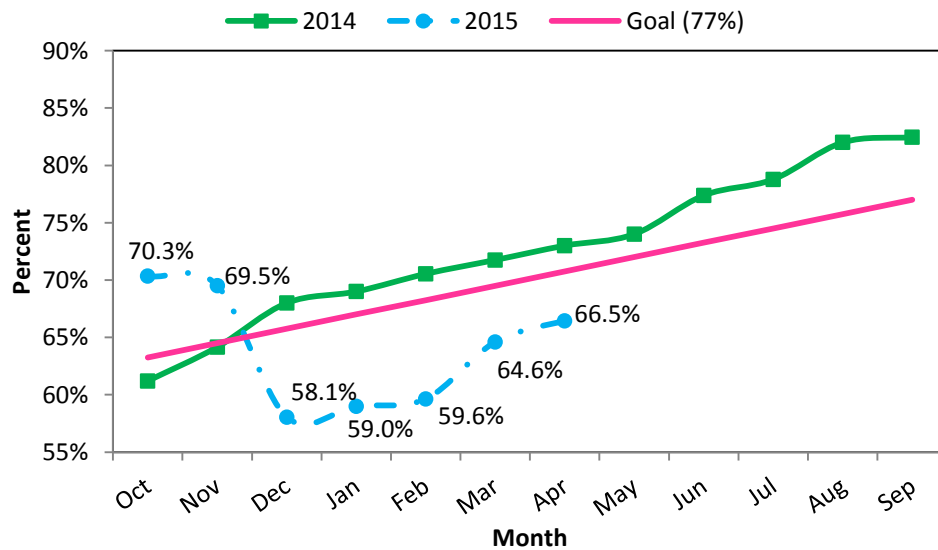
## Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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

How it is measured: *Numerator:* Cumulative number of refugees newly entering employment during the month  
*Denominator:* Cumulative number of persons receiving employment services through the month; Cumulative denominator: 1,109

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

Goal: **↑77%**



Trend: Performance improved 6.9% over the past quarter.

Notes: Efforts to validate data integrity and accuracy resulted in dropped performance in December 2014.

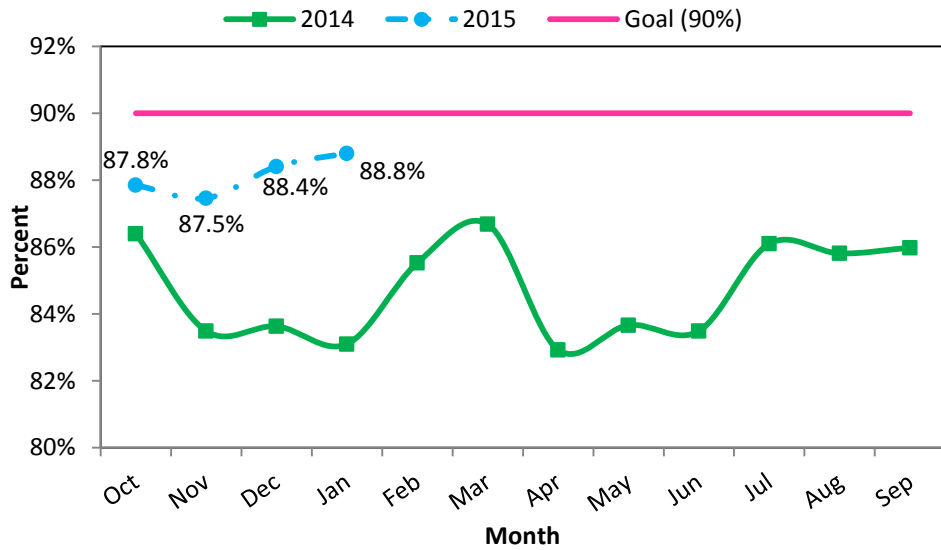
## Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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

How it is measured: *Numerator:* Cumulative number of individuals who have retained employment for 90 days after initial employment placement  
*Denominator:* Cumulative number of individuals who have entered employment year to date;  
Cumulative monthly denominator: 776

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

Goal: **↑90%**



Trend: The last quarter demonstrated two months of improved performance, and the highest rates seen to-date.

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

- Data for the numerators, denominators, and reported monthly averages changed for every month as a result of corrected data. Therefore, graphs presented in this Quarterly Report may not match those seen in previous reports.
- The Office hosted a Timeliness & Accuracy Summit, in which counties gathered to review performance data, discuss strengths and barriers to improved performance. All counties received data that reflected statewide performance, as well as individualized county performance. The data also used analysis to demonstrate how each county would need to perform in order to positively contribute to the state reaching overall goals.
- Counties have identified Work Management Systems (WMS), electronic systems to track application status and the related business processes, as an area in which improvement is needed. Many counties report not having a system that can adequately meet the needs of the programs they support.
- *Timeliness of New Food Assistance Applications* demonstrated two months above the goal during the most recent quarter.
- *Timeliness of Expedited Applications* shows three months of performance on an upward trajectory, and two months with the highest performance seen to date in C-Stat.

#### 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](#)



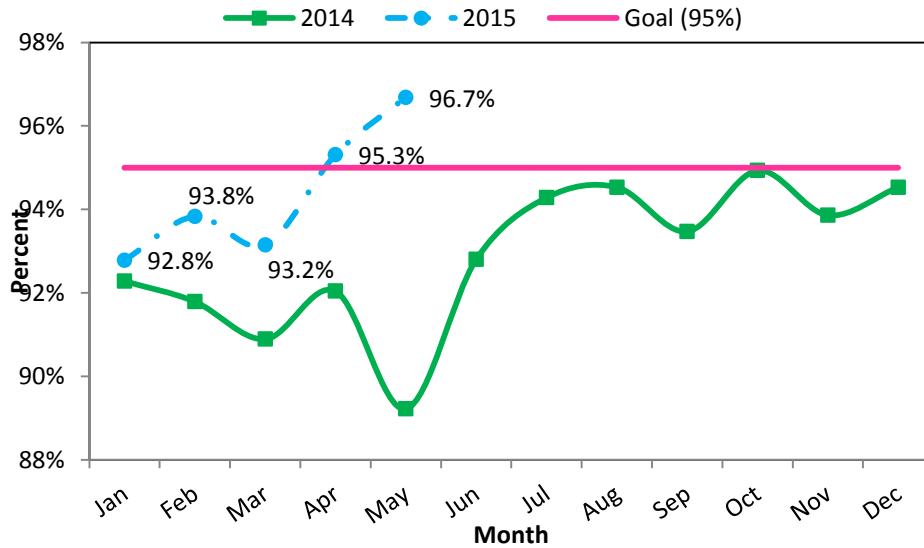
### Food and Energy Assistance: Food Assistance (FA)

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 in the month; Average monthly denominator: 14,018

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 improved for two of the three months in the most recent quarter. Performance also surpassed the 95% goal for the first time in May, and this performance was maintained in June.

Notes: Data for the numerators, denominators, and reported monthly averages changed for every month as a result of corrected data.



### Food and Energy Assistance: Food Assistance (FA)

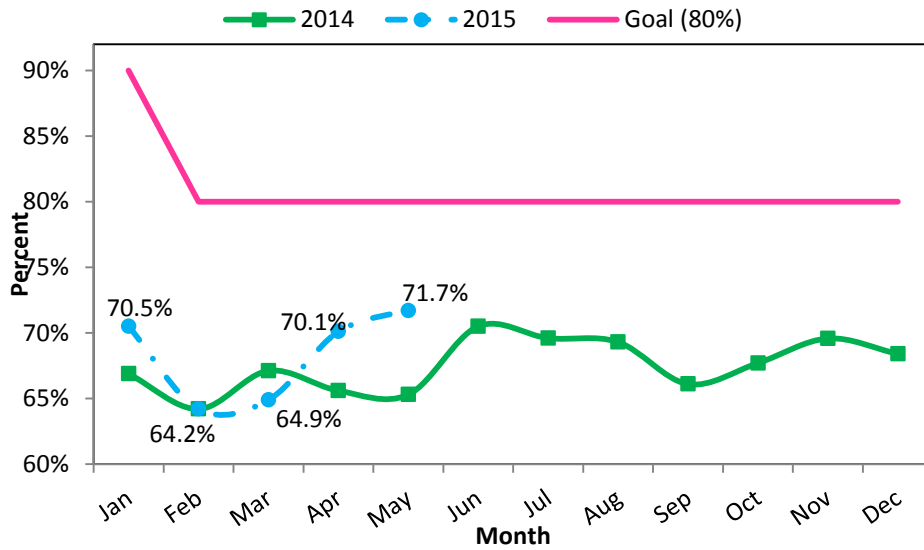
Measure: **New Food Assistance applications processed in 7 days or less**

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

*Denominator:* Total number of applications processed in the month; Average monthly denominator: 21,702

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 highly 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%



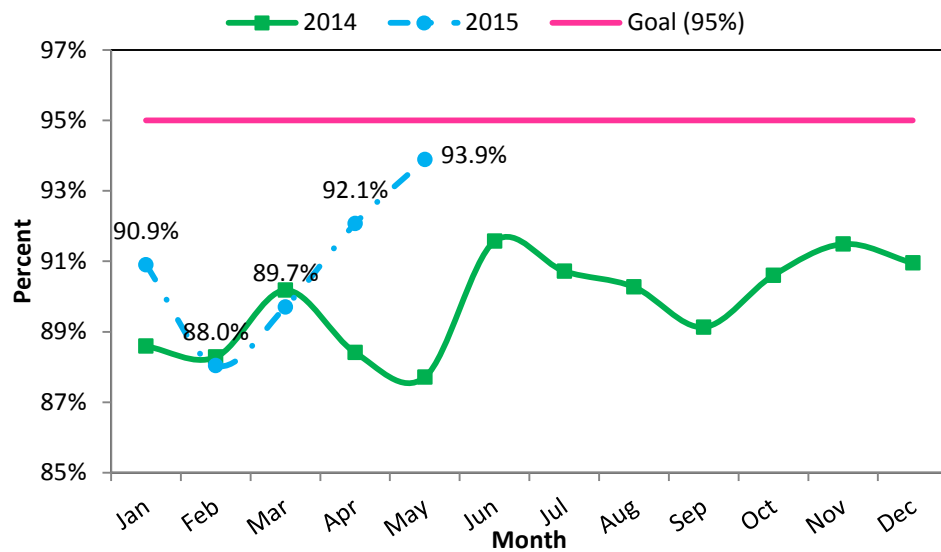
### Food and Energy Assistance: Food Assistance (FA)

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: 7,684

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 past quarter reflects three months of ongoing improvement in performance.

Notes: Data for the numerators, denominators, and reported monthly averages changed for every month as a result of corrected data.



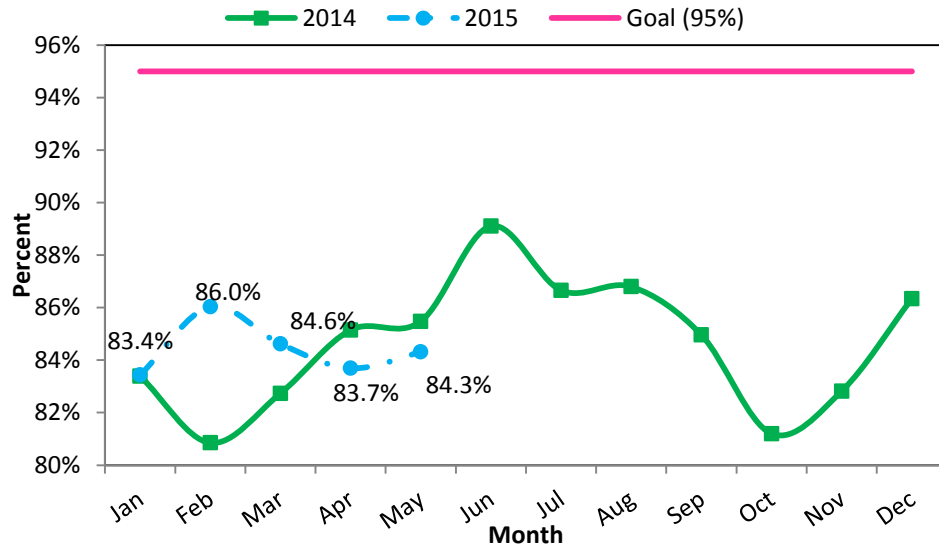
### Food and Energy Assistance: Food Assistance (FA)

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: 14,446

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 ongoing monthly fluctuation.

Notes: Data for the numerators, denominators, and reported monthly averages changed for every month as a result of corrected data..



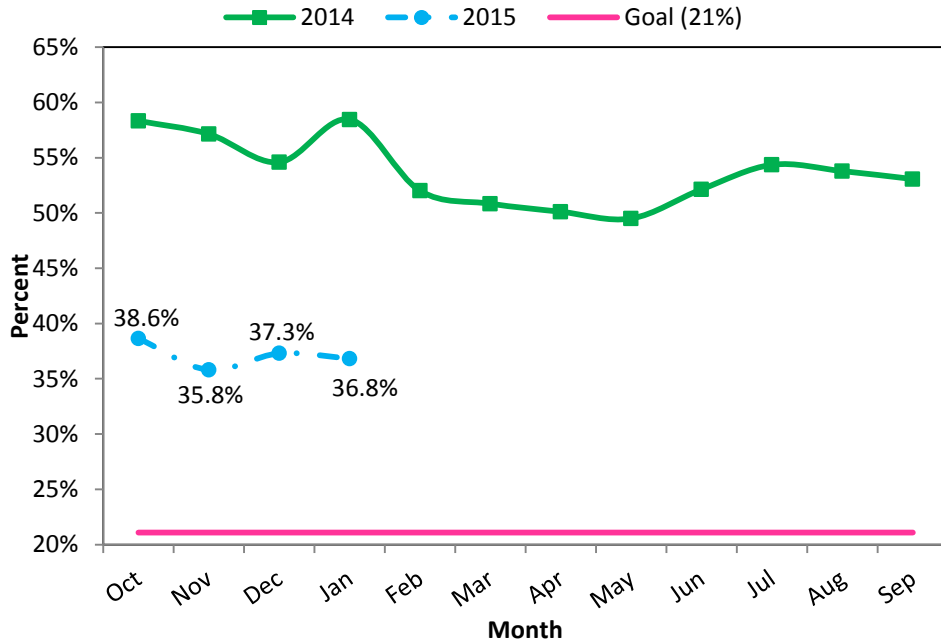
### Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Cumulative number of incorrect negative actions sampled through the month  
*Denominator:* Cumulative number of negative actions sampled year to date; Cumulative denominator: 163

Why this matters: Processing applications accurately ensures that Coloradans receive the level of benefits for which they are eligible.

Goal: **↓Below national average (Federal Goal)**



Trend: Performance over this quarter has remained steady, though significantly lower than the previous year.

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

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



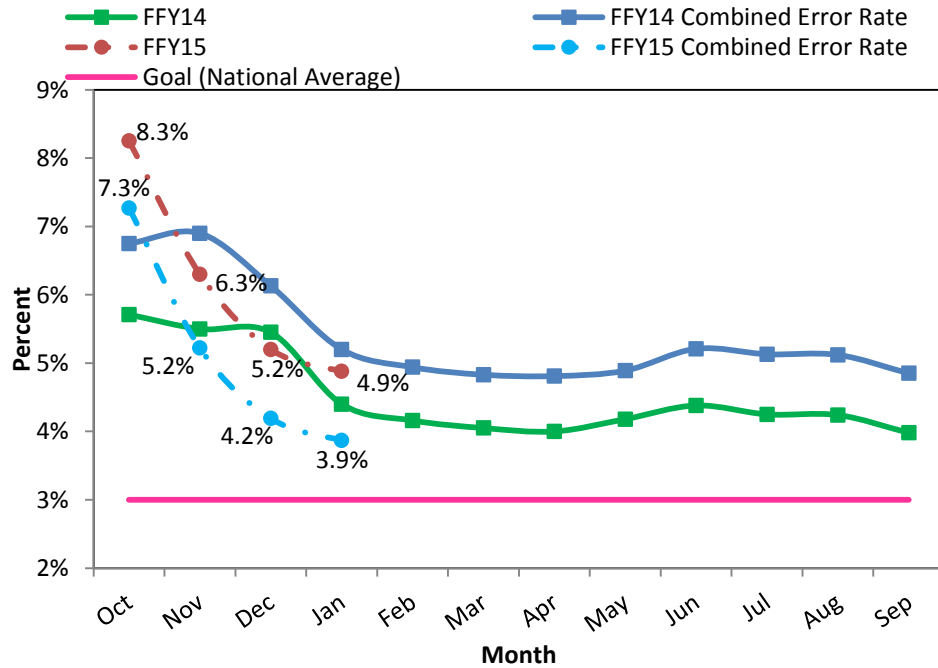
### Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance payment error rate**

How it is measured: *Numerator:* Cumulative dollar amount of incorrectly authorized benefits in the sample through the month  
*Denominator:* Cumulative dollar amount of authorized benefits sampled year to date;  
Cumulative denominator: \$79,282

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

Goal: **↓Below national average**



Trend: The most recent quarter shows an ongoing (positive) decline in rates.

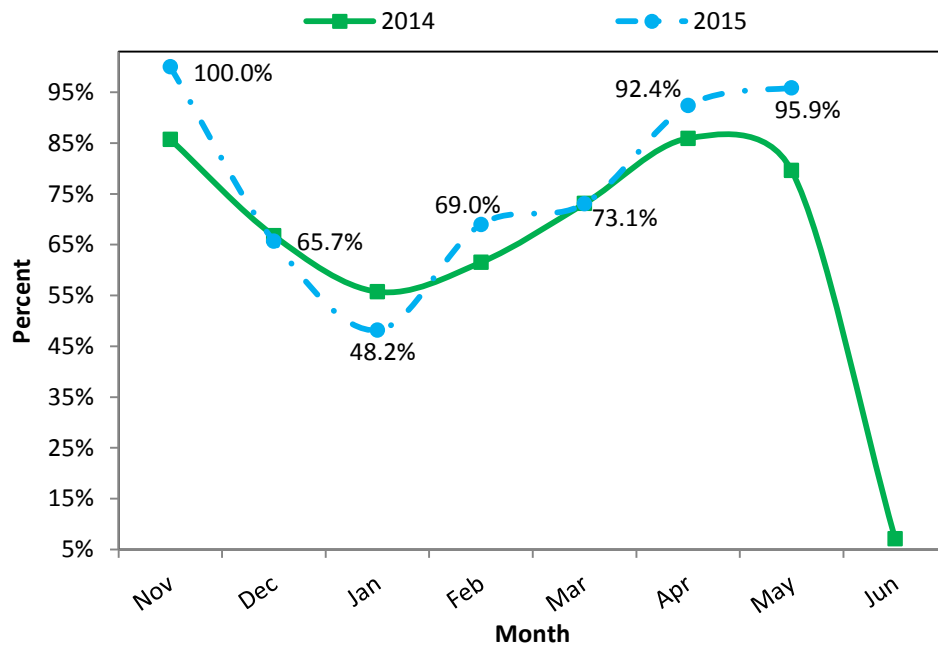
## Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

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: 5,463

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: The most recent quarter reflects three continuous months of improved performance.

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 used 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.

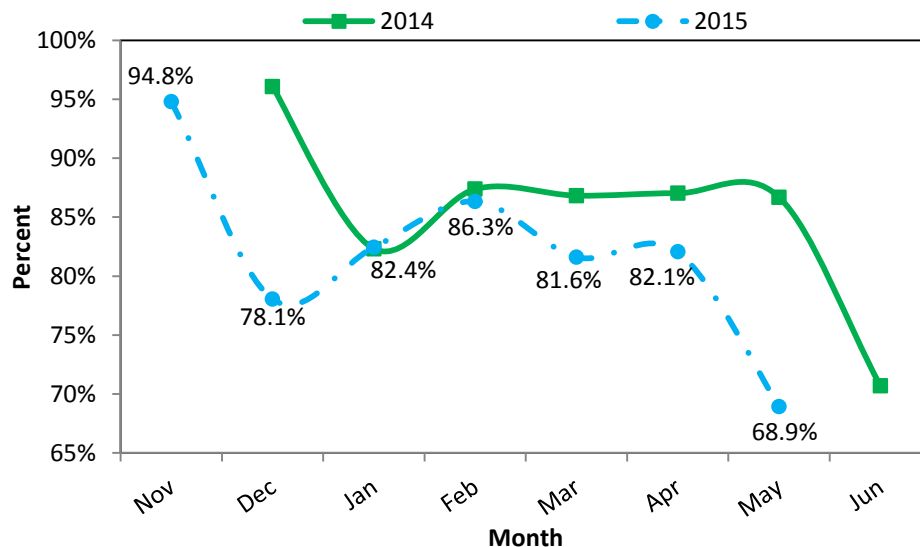
## Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

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: 1,514

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: A decline in performance in the last month of the most recent quarter.

Note: Performance for LEAP has is now being presented as a percentage of cases that were processed timely. The previous methodology presented the average amount of time used 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.

This graph previously reported data for the months of November – May. The other LEAP measure (Timeliness of Regular LEAP Applications) reported data through June. This graph was updated to reflect consistent reporting periods. Additionally, it was learned through a data validation process that 2014 data were reported correctly in terms of value (%), but were assigned to the wrong months. In previous Quarterly Reports, November 2014 data was reported as December’s data, creating a domino effect of data being reported one month off for the duration of the year.