



## Summary Report

October –December 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 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 people's 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 process 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 December 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 December 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 **Randi Bretz** at **303-866-5021** or at [randi.bretz@state.co.us](mailto:randi.bretz@state.co.us).



## How Do I Read This Report?

### The Division

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

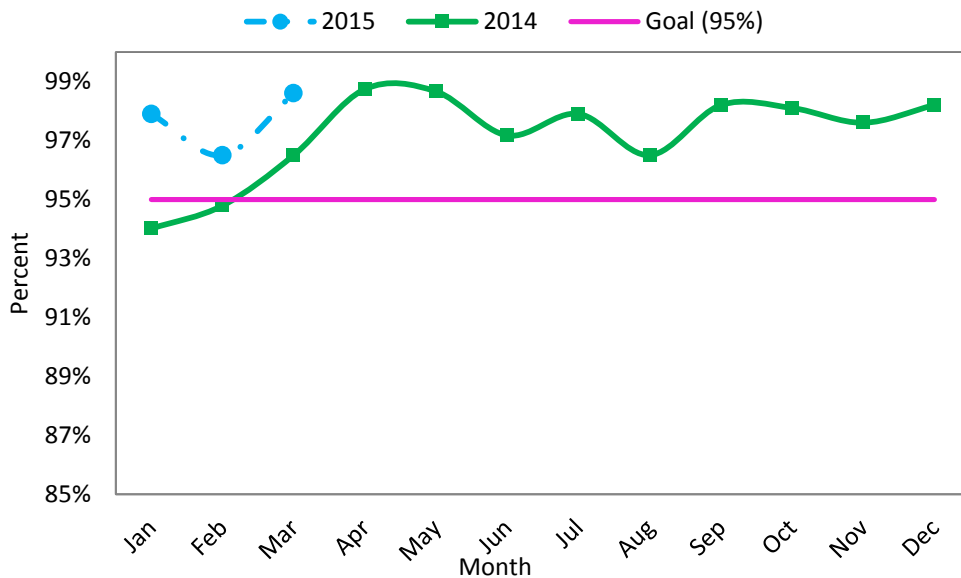
How it is measured: *Numerator:* Describes what is being “counted.”  
*Denominator:* Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; average number of people in a facility per day. These provide an indication of the size of the population.

Why this matters: The impact on Coloradans affected.

Goal: The level and direction at which the Division is aiming to drive performance.

#### SAMPLE GRAPH:

Graphs attempt to capture current data in addition to one year’s prior performance. This allows for both historic and seasonal comparisons. For those graphs with multiple entities (e.g., homes, centers, regions), the x-axis has been extended to capture history and seasonality over time.



Trend: A statement about the pattern the data are demonstrating.

Notes: Any additional information worth noting.



## Office of Behavioral Health

### Description

The Office of Behavioral Health (OBH) is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight for the public behavioral health system in Colorado. OBH consists of the Community Behavioral Health Division (consisting of mental health and substance use disorder community programs), and the Mental Health Institute Division (operation of two Mental Health Institutes at Fort Logan and Pueblo).

Director: Dr. Nancy VanDeMark

Acting Deputy Director: Joscelyn Gay

## 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

Over the past several months, the Colorado Department of Human Services (CDHS) underwent an alignment process. Through this process, CDHS re-evaluated all C-Stat measures to ensure the monitoring of our most critical outcomes. As a part of that process, the following measures were modified in the way they are captured: *Timeliness of Appointments Offered for Outpatient Substance Use Disorder Treatment* and *Mental Health Clients Engaged in Services*.

- *Timeliness of Appointments Offered for Outpatient Substance Use Disorder Treatment*: Timely access to substance use disorder treatment is now measured as being offered an appointment for outpatient substance use disorder treatment in less than seven days from first contact. This measure also has a new goal of 98%. These changes took effect in August 2015.
- *Mental Health Clients Engaged in Services*: Mental health clients engaged in services is now measured as clients who received four qualifying services in 45 days. Before the modification, the qualifying services must have been on four separate days. With the modification, qualifying services do not need to be received on four separate days. These changes took effect in July 2015.
- *Percent of Persons with Reduced Mental Health Symptoms in Mental Health Treatment*: This measure's performance declined to 41.3% in July 2015. Performance for this measure declines in July due to a yearly administrative Colorado Client Assessment Record (CCAR) submission, for administrative purposes. Performance then rebounded to 61.6% in September 2015.

#### 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](#)
- [Timeliness of Crisis Services](#)
- [Percent of Clients with Reduced Suicidality](#)



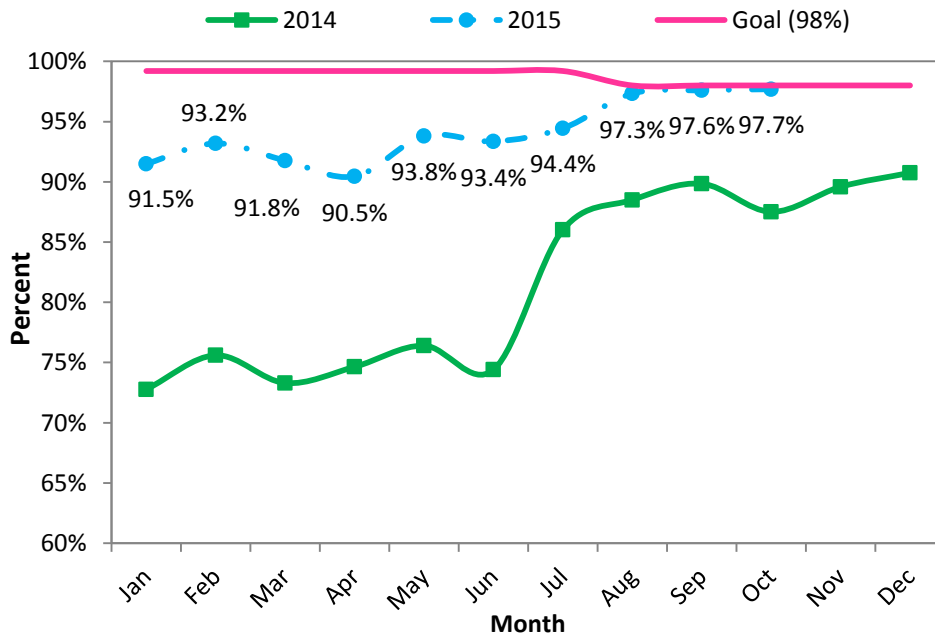
### Community Behavioral Health (CBH)

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 seven days from first contact  
*Denominator:* Number of persons admitted to outpatient substance use disorder treatment; average monthly denominator: 1,107.0

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

Goal: **↑98%**



Trend: Performance in the most recent quarter remained relatively stable, ranging from 97.3% to 97.7%, demonstrating a 0.4% improvement in three months.

Notes: As of August 2015, performance is measured by appointments offered within seven days. The goal also changed to 98.0%.

As of July 2014, performance is measured by the number of days between a client’s first contact date and the date of first appointment offered.





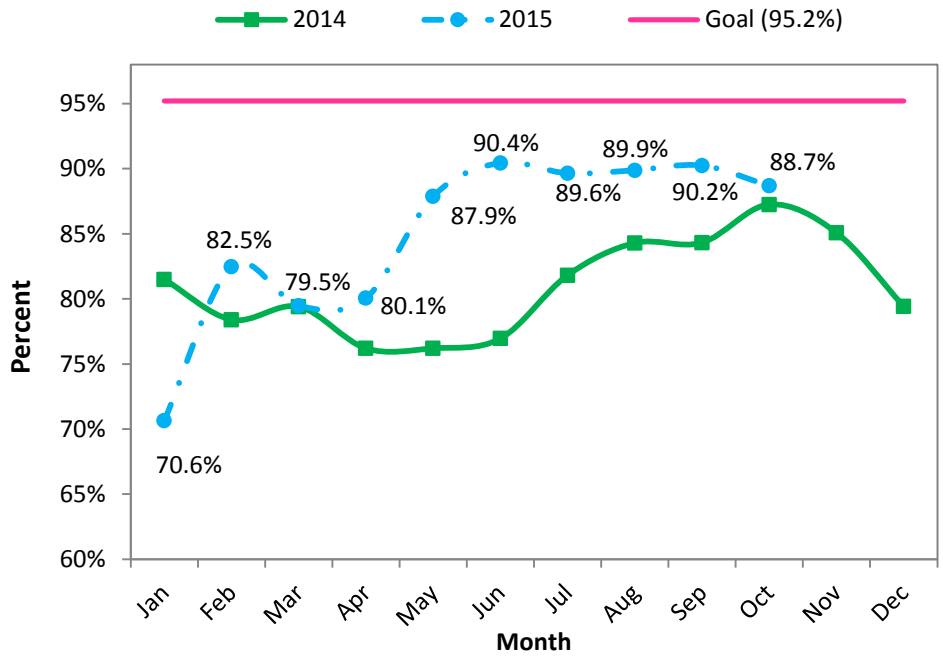
### Community Behavioral Health (CBH)

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: 991.3

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 89.9% to 88.7%, demonstrating a 1.2% decline in three months.



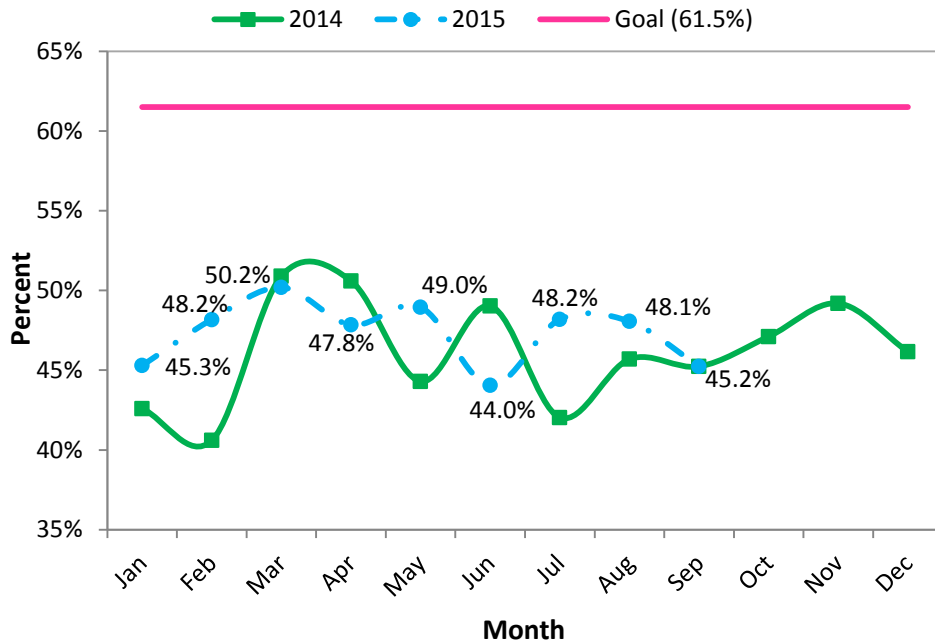
### Community Behavioral Health (CBH)

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

How it is measured: *Numerator:* Percent of clients with a symptom severity of five or above who are engaged (i.e., received four or more services within 45 days of admission)  
*Denominator:* All Admissions; average monthly denominator: 454.3

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 48.2% to 45.2%, demonstrating a 3.0% decline in three months.

Notes: As of July 2015, performance measures percent of clients engaged within 45 days of admit (four qualifying services in 45 days), who also have a symptom severity of five or above on the Colorado Client Assessment Record (CCAR). The qualifying services do not need to be received on four separate days.

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





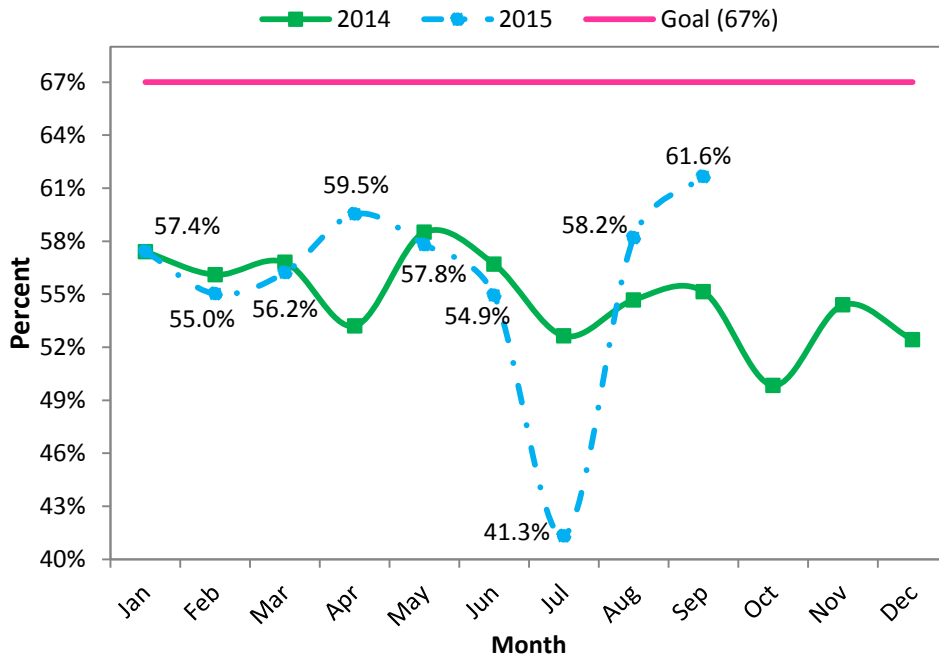
### Community Behavioral Health (CBH)

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: 1,588.3

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 41.3% to 61.6%, demonstrating a 20.3% improvement in three months.

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



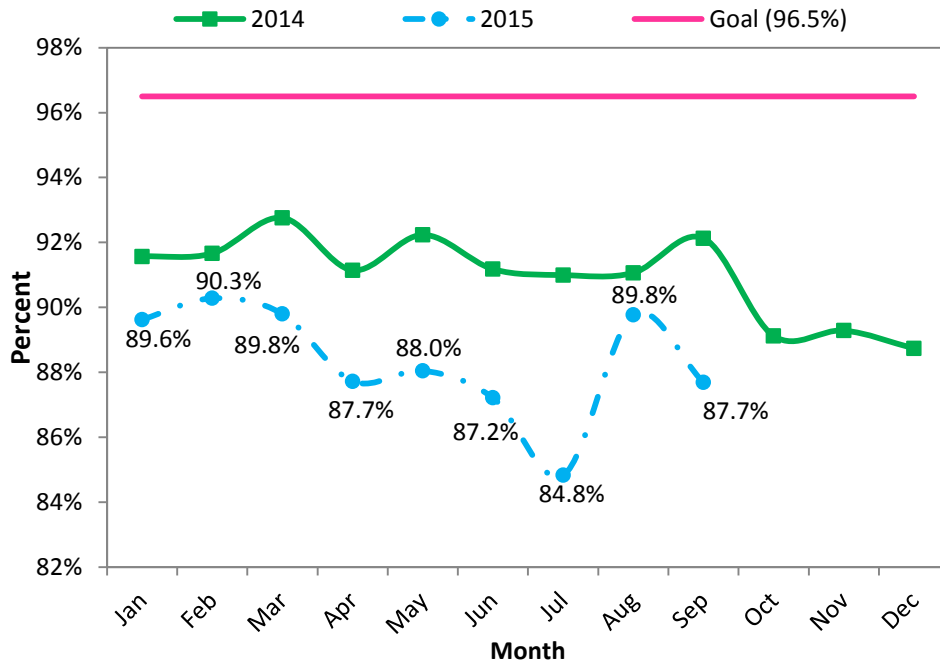
### Community Behavioral Health (CBH)

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: 1,863.67

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 84.8% to 87.7%, demonstrating a 2.9% improvement in three months.

Notes: "Time One" can be an admission or update in the Colorado Client Assessment Record (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)

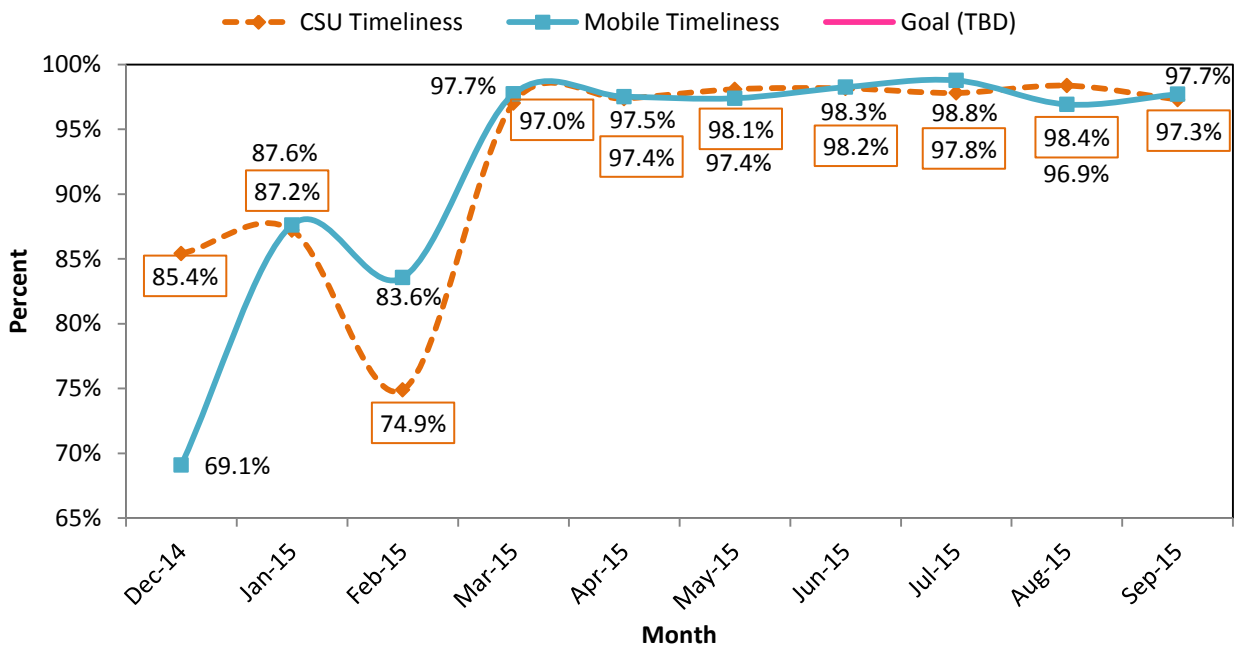
Measure: **Timeliness of crisis services**

How it is measured: *Numerator:* Number of individuals receiving crisis services within allotted time frame (one hour for all Crisis Stabilization Units (CSU), one hour for mobile units in urban settings, two hours for mobile units in rural settings)

*Denominator:* Number of individuals receiving crisis services; average monthly denominator: CSU: 598; Mobile: 2,089

Why this matters: Receiving timely access to crisis services is a best practice.

Goal: **↑ TBD**



Trend: Performance in the most recent quarter remained stable for CSU and Mobile services.



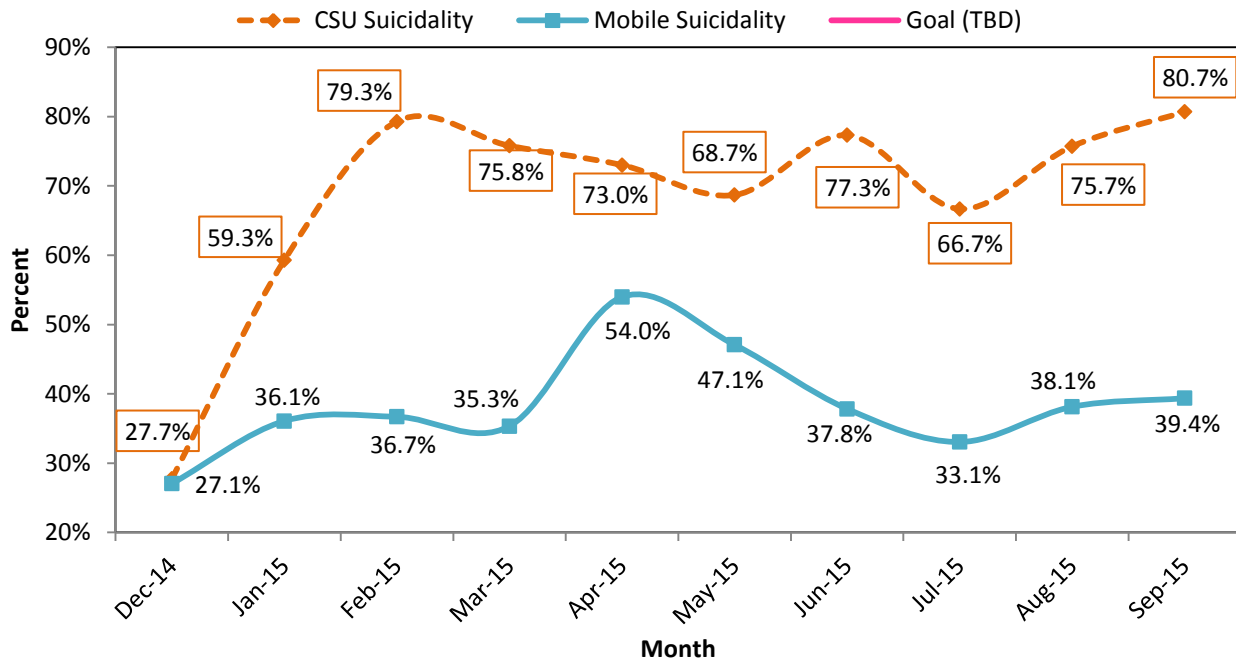
### Community Behavioral Health (CBH)

Measure: **Percent of clients with reduced suicidality**

How it is measured: *Numerator:* Number of people with decreased suicidal risk  
*Denominator:* Number of people presenting for crisis services with suicidal risk; average monthly denominator: Crisis Stabilization Unit (CSU): 271; Mobile: 949

Why this matters: Reduction in suicidality is a primary goal of Colorado Crisis Services.

Goal: **↑ TBD**



Trend: CSU Suicidality (orange line) performance went from 66.7% to 80.7%, demonstrating a 14.0% improvement in the most recent quarter. Mobile Suicidality (blue line) performance went from 33.1% to 39.4%, demonstrating a 6.3% improvement in the most recent quarter.

## Mental Health Institutes (MHI)

### Summary

#### Description

The Mental Health Institute (MHI) Division operates the two state psychiatric hospitals: the Colorado Mental Health Institute at Fort Logan (CMHIFL) and the Colorado Mental Health Institute at Pueblo (CMHIP). CMHIFL and CMHIP work with the Community Mental Health Centers, along with 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:

- *Rates of Seclusion Use: Fort Logan & Pueblo:* The Fort Logan Institute has met the goal for 31 consecutive months. The Pueblo Institute has not met the goal since August 2014, but did see a trend in the right direction in the most recent quarter. An in-depth analysis showed that seven patients used 99% of the restraint hours in September 2015. In October 2015, an analysis showed similar results, with six patients using roughly 99% of the restraint hours.
- *Percent of Civil Patients Ready for Discharge but Have Barriers: Fort Logan & Pueblo:* The Fort Logan Institute achieved its all-time lowest rate of 6.67% in September 2015. The Pueblo Institute trended in the wrong direction throughout the quarter.
- *Percent of 30-Day Readmissions: Fort Logan & Pueblo:* The Fort Logan Institute had three 30-day readmissions in August, two in September, and zero in October 2015. The Pueblo Institute has not seen a 30-day readmission for eleven consecutive months.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo:* The Fort Logan Institute has met the goal for sixteen consecutive months. The Pueblo Institute trended in the wrong direction in the most recent quarter and has not met the goal for five consecutive months.

#### Measures:

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



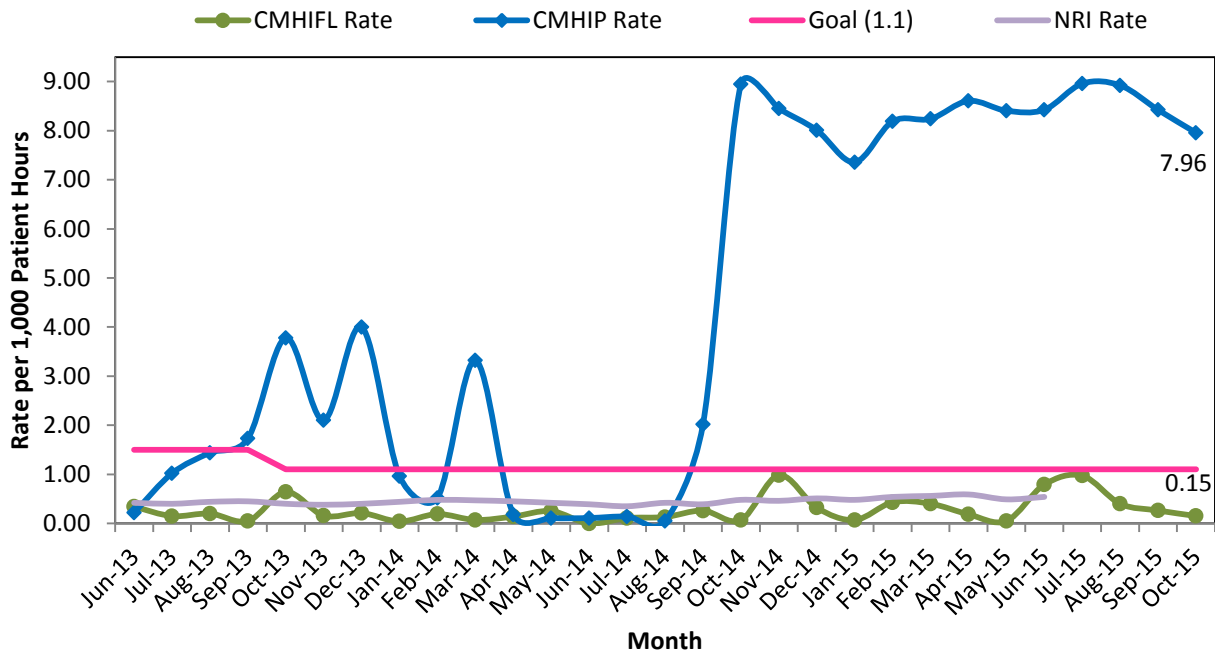
### Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of seclusion  
*Denominator:* Per 1,000 patient hours; average monthly denominator: Fort Logan: 67.59; Pueblo: 283.87

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, along with 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 but trended in the right direction.

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



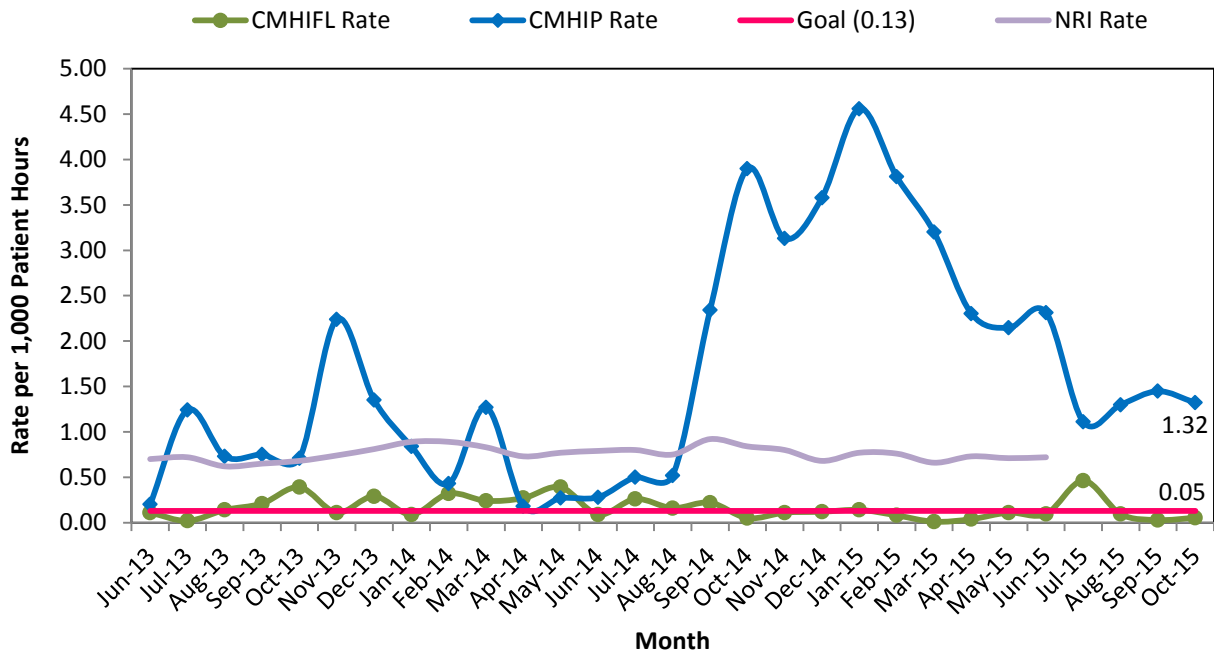
### Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of hours of restraint  
*Denominator:* Per 1,000 patient hours; average monthly denominator: Fort Logan: 67.59; Pueblo: 283.87

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, along with other psychological harm. Restraining a patient is viewed by the Institutes as a treatment failure.

Goal: **↓ 0.13**



Trend: In the most recent quarter, the Fort Logan Institute met the goal, while the Pueblo Institute did not achieve the goal.

Notes: The NRI rate (lavender line) reflects the national average and typically runs several months behind in data reporting because the rate is calculated from data by all hospitals in the country (both private and public).



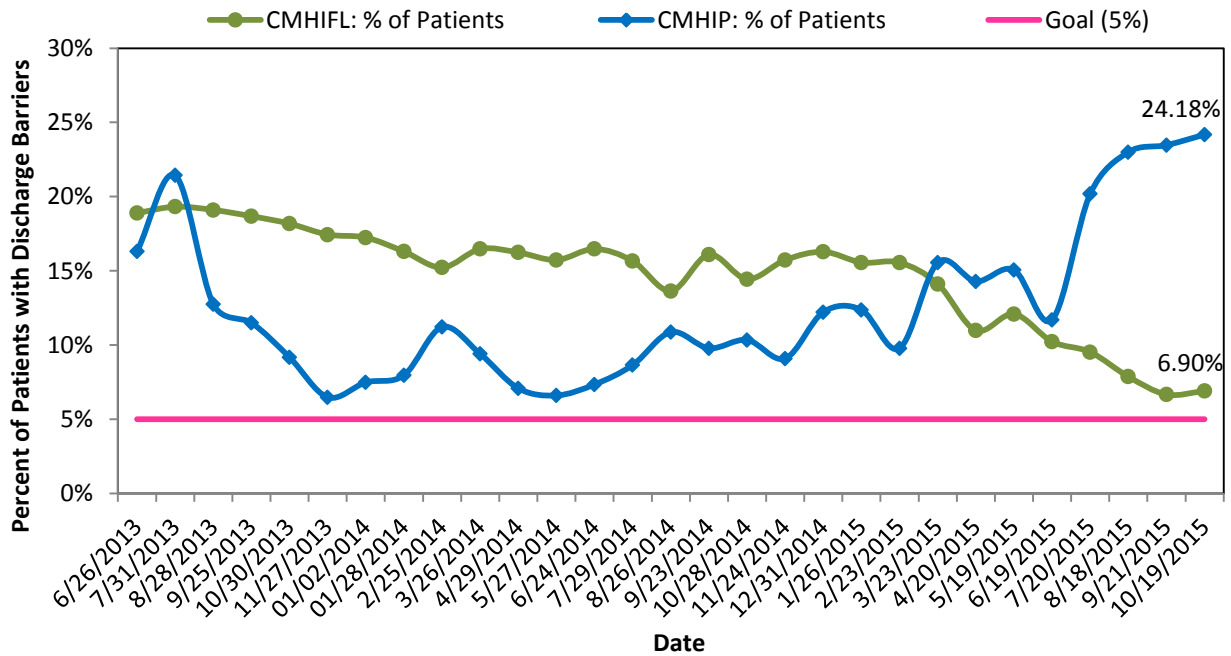
### Mental Health Institutes (MHI)

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; Pueblo: 96

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 worsened by 1.18%.





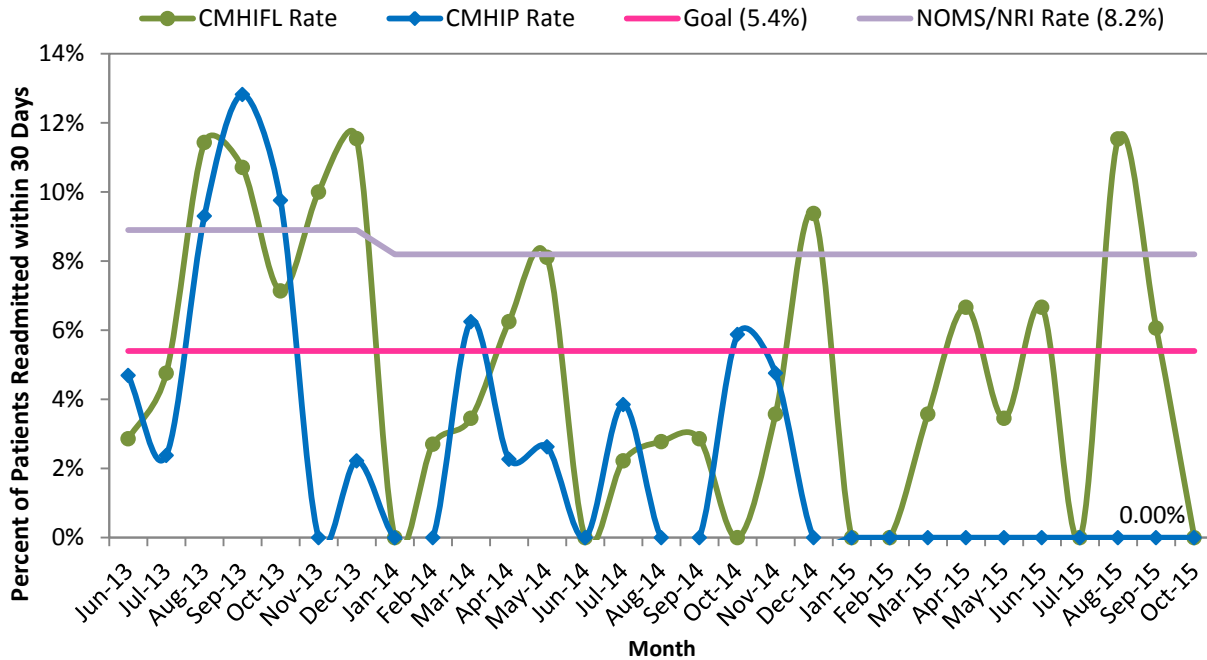
### Mental Health Institutes (MHI)

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: 28.3; Pueblo: 12.0

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 trended in the right direction at the Fort Logan Institute (representing five 30-day readmissions throughout the most recent quarter), while performance at the Pueblo Institute remained steady and consistently met the goal (representing zero 30-day readmissions throughout the most recent quarter).



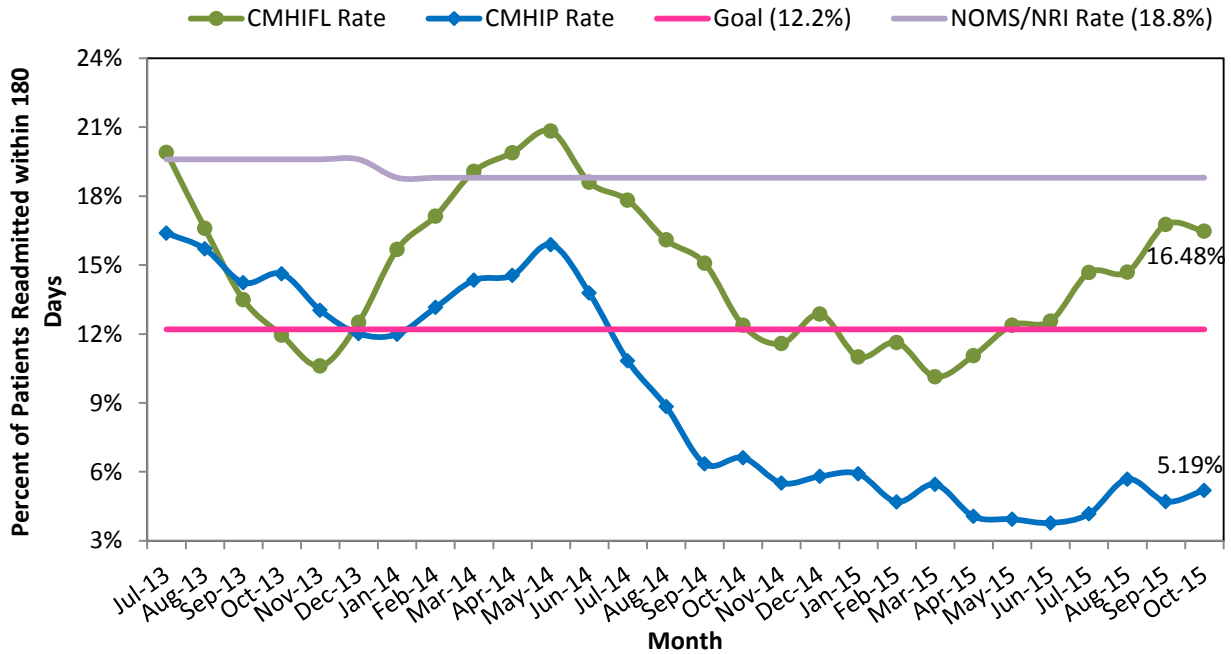
### Mental Health Institutes (MHI)

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

How it is measured: *Numerator:* Number of patients readmitted within 180 days of discharge  
*Denominator:* All patients discharged 180 days prior; average monthly denominator: Fort Logan: 175.3; Pueblo: 83.3

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 trended in the wrong direction at the Fort Logan Institute, while performance at the Pueblo Institute consistently met the goal.



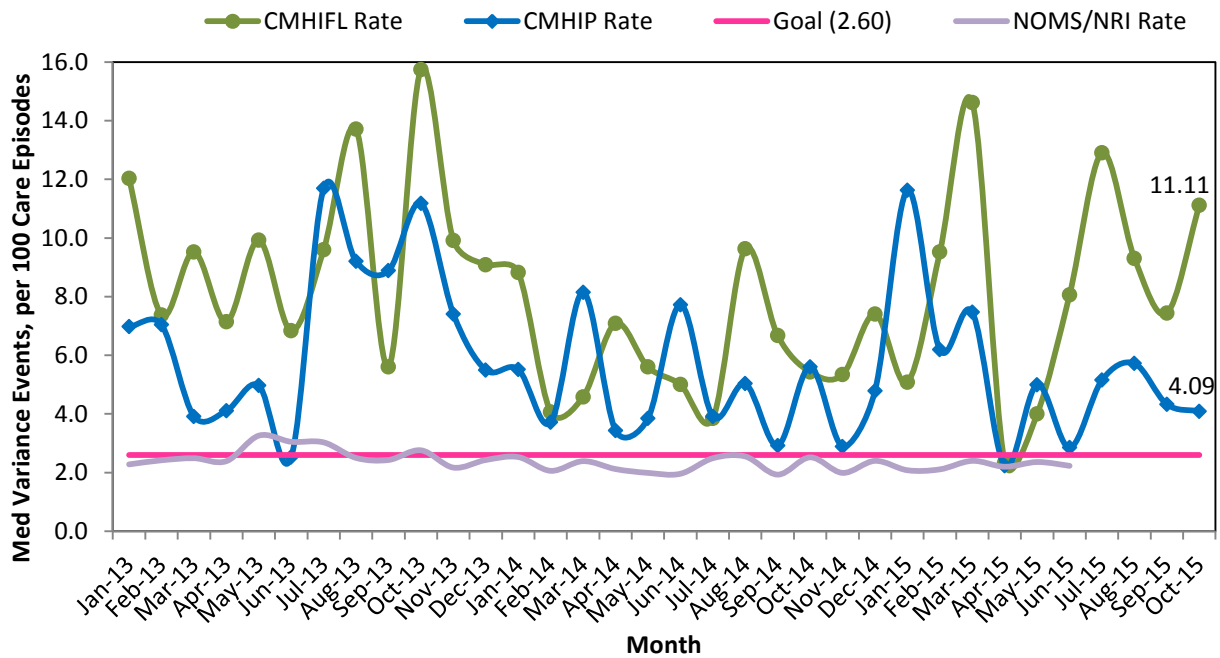
### Mental Health Institutes (MHI)

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: 1.25; Pueblo: 4.39

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

Goal: **↓2.60**



Trend: Performance in the most recent quarter trended in the wrong direction at the Fort Logan Institute, while performance at the Pueblo Institute improved. Neither Institute attained the goal throughout the most recent quarter.



## 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 Coloradans 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 which are paramount in addressing the needs of juvenile offenders.

Director: Robert Werthwein

Deputy Director: Luis Guzman

## 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

- Over the past several months, the Colorado Department of Human Services (CDHS) underwent an alignment process. Through this process, CDHS re-evaluated all C-Stat measures to ensure the monitoring of our most critical outcomes.
  - As a part of that process, the following DCW measures were added to the C-Stat Quarterly Report to better align with the upcoming Federal Child and Family Services Reviews (CFSR): *Maltreatment in Out of Home Care*, *Placement Stability for Children in Out of Home Care*, and *Children Who Re-Enter Care within 12 Months*.
  - The following DCW measures experienced a change in methodology: *Timeliness of Initial Response to Abuse/Neglect Assessments* and *Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure*. These C-Stat measures have been modified so that they align with Results Oriented Management (ROM), which is web-based data management reporting system developed and maintained by Kansas University. As a result, Colorado counties can now view their C-Stat performance in real-time, at the state aggregate and county level by visiting <http://www.cdhsdatamatters.org/>.
  - The following DCW measures will no longer be reported in the C-Stat Quarterly Report: *Safety Assessment Forms Completed Accurately*, *The Number of Children in Congregate Care*, and *Child Welfare Runaways*.
- *Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure*: The Division is continuing to work closely with counties in an effort to prevent the previously experienced decline in performance seen in November-January due to staffing around the holidays. This effort is aimed to assist in mitigating the seasonal decline in performance throughout the winter holiday season.

#### Measures

- [Timeliness of Initial Response to Abuse/Neglect Assessments](#)
- [Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure](#)
- [Maltreatment in Out of Home Care](#)
- [Placement Stability for Children in Out of Home Care](#)
- [Children Who Re-Enter Care within 12 Months](#)
- [Children in Congregate Care](#)



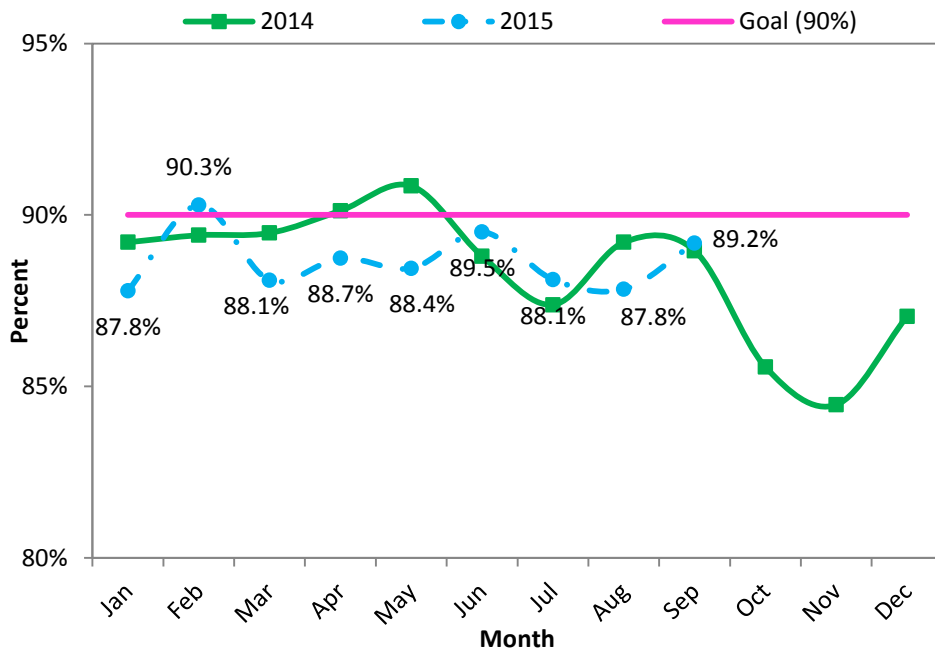
### Division of Child Welfare (DCW)

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 opened in the specified month (both Traditional and Family Assessment Response); average monthly denominator: 4,095

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

Goal: **↑ 90%**



Trend: Performance in the most recent quarter has demonstrated limited variability, ranging from 87.8% to 89.2%. The goal was not met within the most recent quarter.

Notes: This measure includes referrals assigned immediate, 3 calendar day, and 5 business day response times. As part of the CDHS alignment process, the methodology of this measure was modified to match the ROM (Results Oriented Management) methodology. As a result, data from prior C-Stat Quarterly Reports may not match the new revised methodology within the graph presented in this C-Stat Quarterly Report.



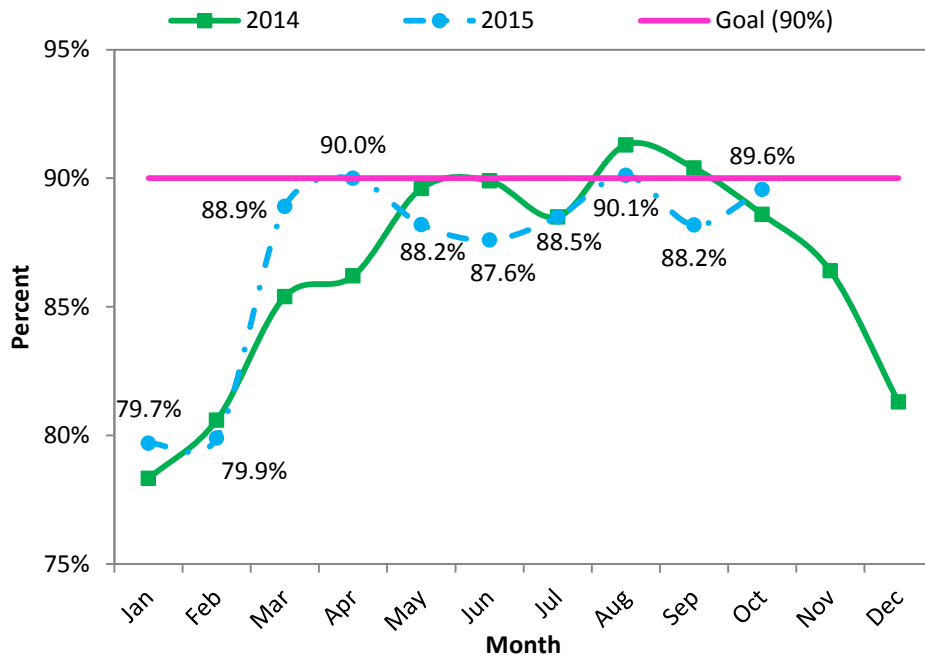
### Division of Child Welfare (DCW)

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:* Total number of child protection assessments due to close during the specified month; average monthly denominator: 2,391

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 demonstrated an increase in both August and October 2015. The goal was attained in August of 2015. Overall, performance has been stable on this measure for the last eight months.

Notes: As part of the CDHS alignment process, the methodology of this measure was modified to match the ROM (Results Oriented Management) methodology. As a result, data from prior C-Stat Quarterly Reports may not match the new revised methodology within the graph presented in this C-Stat Quarterly Report.



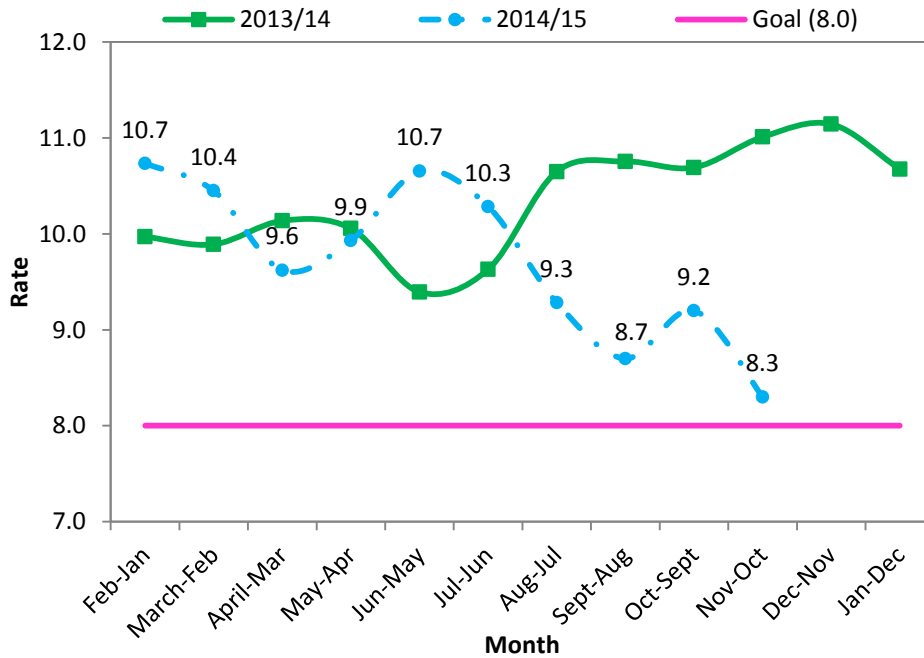
### Division of Child Welfare (DCW)

Measure: **Maltreatment in out of home care (Federal Measure)**

How it is measured: *Numerator:* The total number of substantiated or indicated reports of maltreatment during a foster care episode within a 12-month period  
*Denominator:* Of the children in foster care during a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period; average reporting period denominator: 1,739,491

Why this matters: When children are in out of home care they deserve to be safe and free of maltreatment.

Goal: **↓ 8.0**



Trend: Overall, performance improved throughout the most recent quarter, ending the quarter with the best performance seen to date. The data presented in the most recent quarter is demonstrating improved performance when compared to the same quarter in 2013/14 (green line).

Notes: This measure is on a rolling twelve months. As part of the CDHS alignment process, Maltreatment in Out of Home Care was added to C-Stat. The methodology was designed to match the new federal Child and Family Services Reviews (CFSR) methodology.





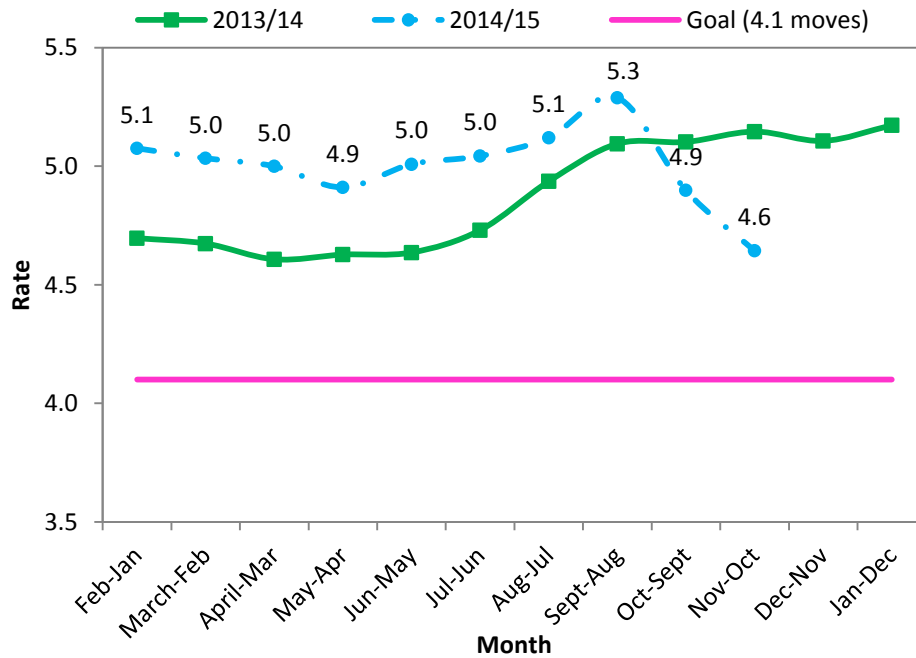
### Division of Child Welfare (DCW)

Measure: **Placement stability for children in out of home care (Federal Measure)**

How it is measured: *Numerator:* Number of placement moves for children in out of home care  
*Denominator:* Total number of placement days, per 1,000, for children in out of home care within a 12 month period; average reporting period denominator: 579,008

Why this matters: Placement stability is important for children to develop health secure relationships and serves to reduce the potential stressors that arise from being displaced multiple times.

Goal: **↓ 4.1 moves**



Trend: Performance improved throughout the most recent quarter, demonstrating improved performance when compared to the previous quarter. The goal has yet to be achieved for this measure.

Notes: This measure is on a rolling twelve months. As part of the CDHS alignment process, Placement Stability was added to C-Stat. The methodology was designed to match the new federal Child and Family Services Reviews (CFSR) methodology.





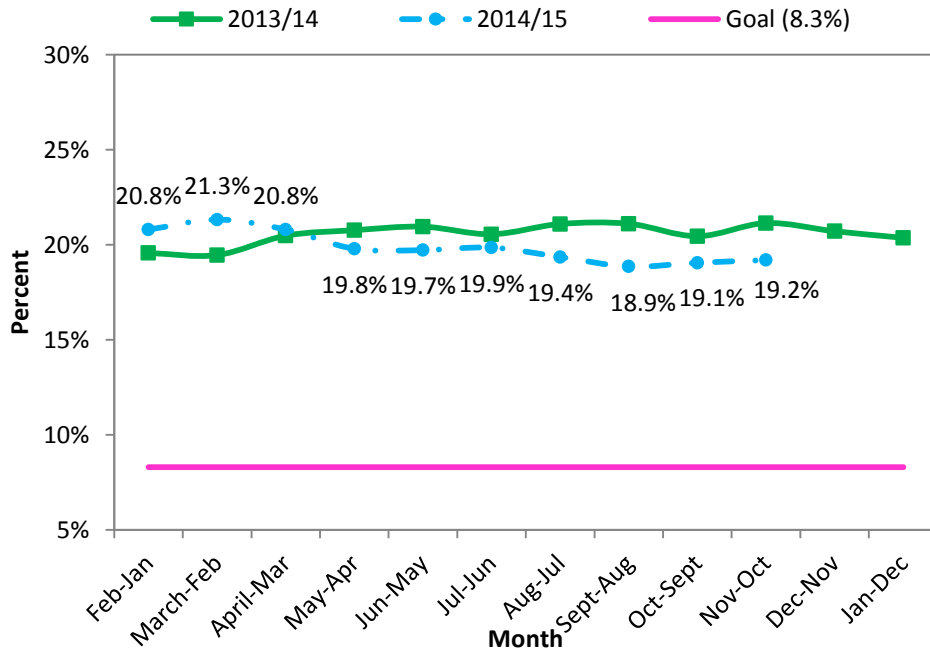
### Division of Child Welfare (DCW)

Measure: **Children who re-enter care within 12 months (Federal Measure)**

How it is measured: *Numerator:* The number of children who re-entered care within 12 months of discharge from out of home care  
*Denominator:* Number of children entering out of home care in a 12 month period; average reporting period denominator: 2,394

Why this matters: Children deserve to remain in a safe and stable environment.

Goal: **↓ 8.3%**



Trend: Performance remained stable throughout the most recent quarter, within overall improved performance when compared to the same quarter in 2013/14. The goal has yet to be achieved for this measure.

Notes: This measure is on a rolling twelve months. As part of the CDHS alignment process, Re-Entry was added to C-Stat. The methodology was designed to match the new federal Child and Family Services Reviews (CFSR) methodology.



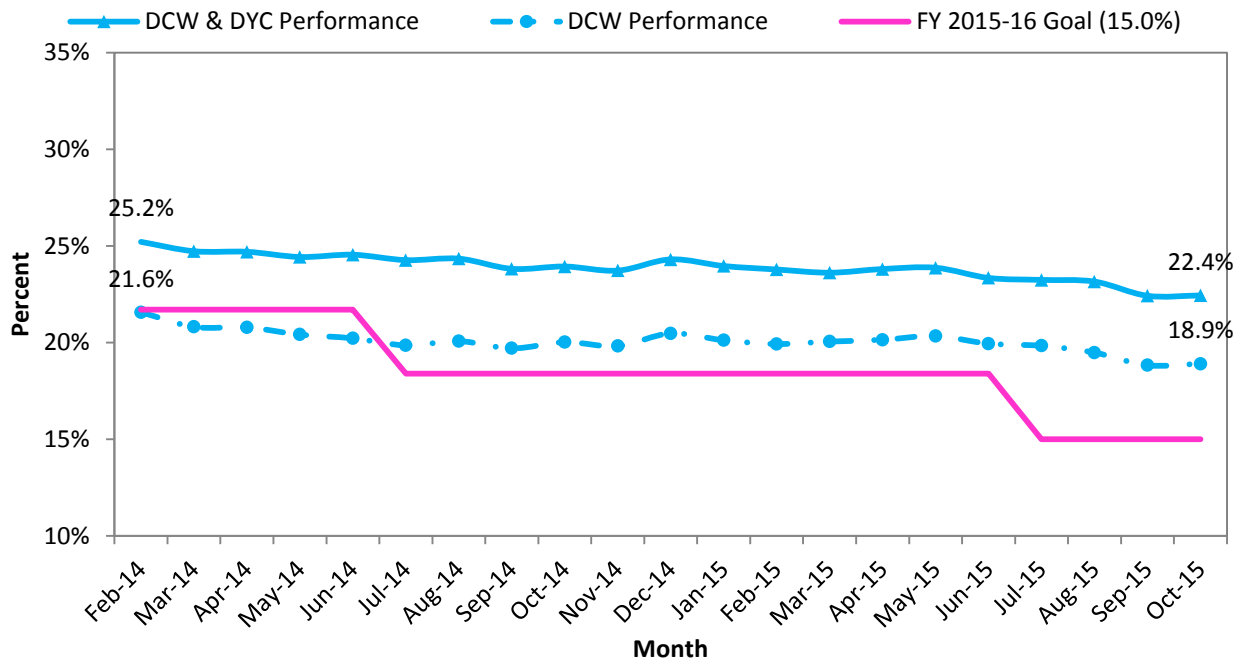
### Division of Child Welfare (DCW)

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- 4,980; DCW & Division of Youth Corrections (DYC)- 5,768

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: ↓ 15.0% (FY 2015-16 Goal); 18.4% (FY 2014-15 Goal)



Trend: The Division’s performance remains steady for both DCW and DCW & DYC Performance throughout the most recent quarter with a slight improvement throughout the past 21 months.

Notes: New measure methodology as of February 2014, therefore, the January 2014 data point is unavailable. The Division of Child Welfare reduced the goal to 18.4% for the State Fiscal Year 2014-15 and again to 15.0% in State Fiscal Year 2015-16.



## 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

- *Timely Initial Placement for Committed Youth*: The Timely Initial Placement measure was removed from the C-Stat Quarterly Report as part of the CDHS alignment process discussed in the last Quarterly Report. The measure was returned this quarter, as performance began to drop after May 2015. The Division continues to review the reasons why a youth is not placed timely. Additionally, DYC is continuing to explore how to better mitigate waitlists at the state-operated facilities.
- *Fights and/or Assaults in DYC State-Secure Facilities*: The Division completed an in-depth analysis reviewing the severity of fights and assaults over time. The analysis revealed that the severity of assaults has not increased, with the most severe assaults maintaining the lowest rate of the occurring assaults. Similarly, the number of fights has also remained steady over the last two years.
- *Family Attendance at Multidisciplinary Team Review (MDT) Meetings*: This is a new measure in which the methodology is continuing to be improved. The measure is still a work-in-progress and expected to experience fluctuations in performance over the next six months as DYC adds to the number of MDT review meetings that are required to be captured in Trails, the data management system used by the Division. A goal of 90% was set in the most recent quarter and performance has already surpassed this goal in a few of the reporting months. DYC has begun to assess performance on this measure by region to better manage to performance fluctuations. The Division will continue to review the definitions and methodology of this measure to ensure that the data captured is meaningful and informative.

#### Measures

- [Committed or Detained Youth Who Escape or Walkaway](#)
- [Timely Initial Placement for Committed Youth](#)
- [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 Attendance at MDT Review Meetings](#)



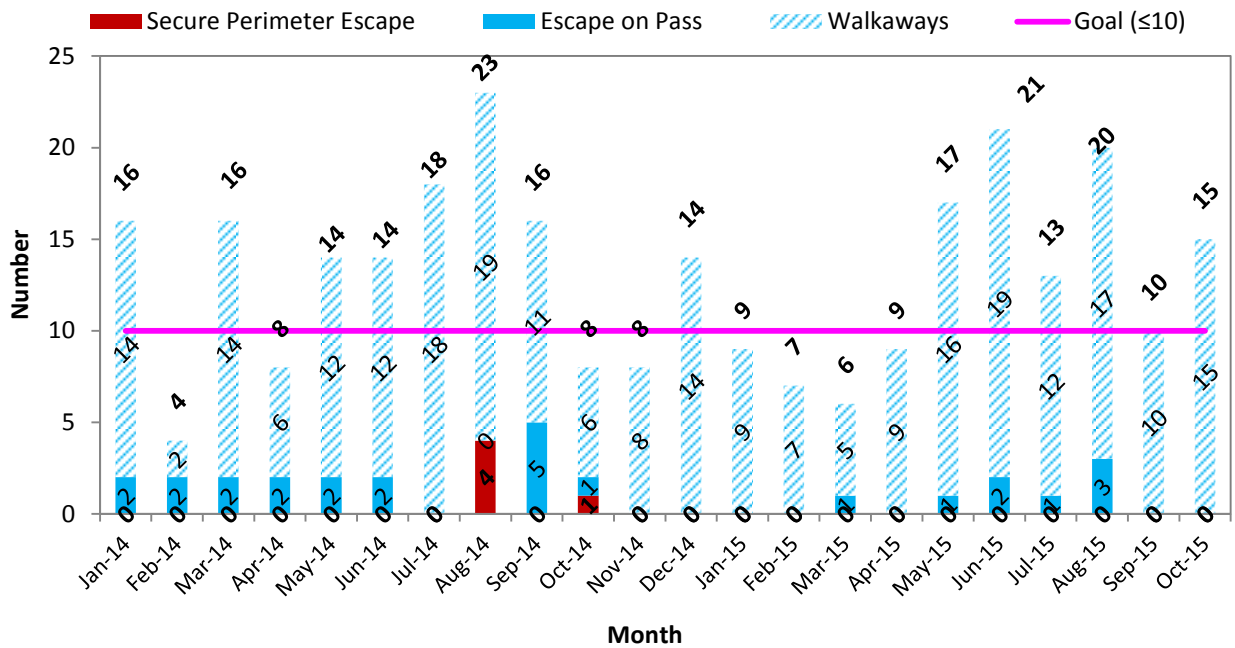
### Division of Youth Corrections (DYC)

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 six 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 six hours; average daily population: 1,000

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

Goal: ↓ ≤10



Trend: The Division experienced an average number of 15 escapes/walkaways in the most recent quarter, compared to 17 in the previous quarter. The number of escapes/walkaways remains above the goal.

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)

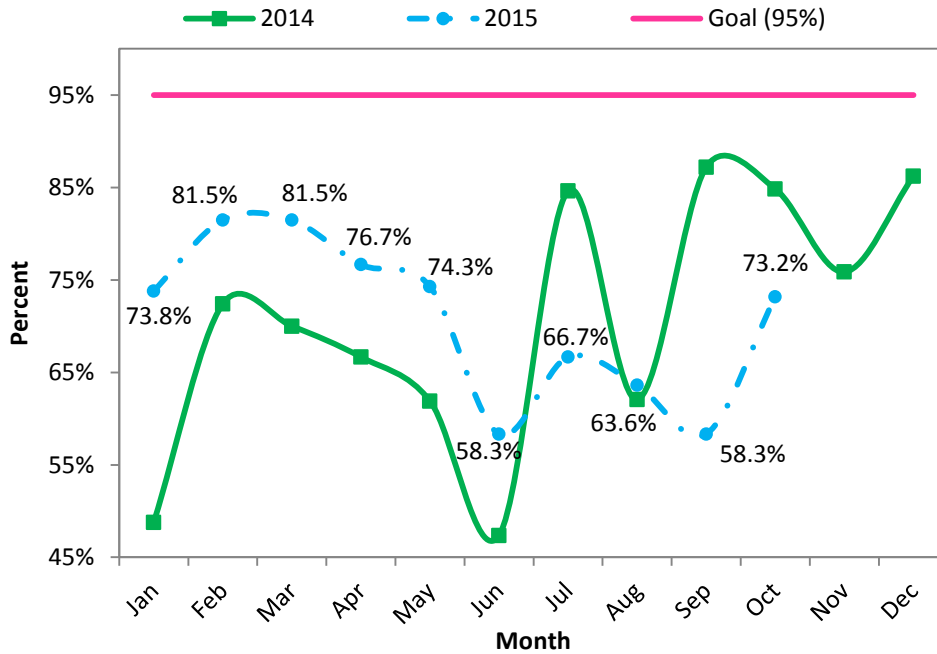
Measure: **Timely initial placement for committed youth**

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: 36

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

Goal: **↑ 95%**



Trend: Performance in the most recent quarter has fluctuated from a low of 58.3% to a high of 73.2%, demonstrating a decline in performance compared to last year’s August-October performance. The goal has yet to be achieved.

Notes: The Timely Initial Placement measure was removed from the C-Stat Quarterly Report as part of the CDHS alignment process. The measure was returned this quarter, as performance began to drop after May 2015.



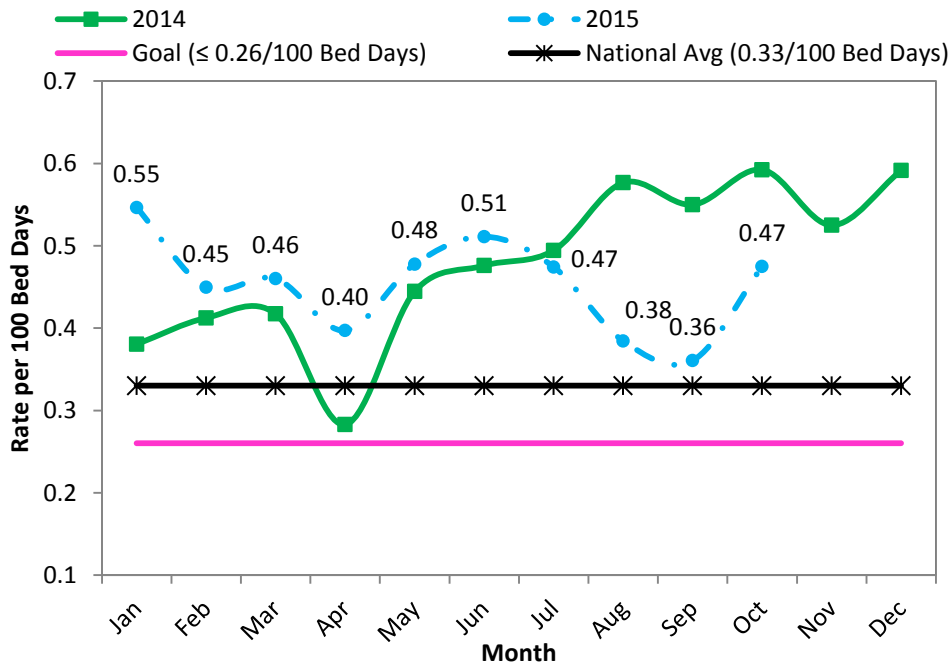
### Division of Youth Corrections (DYC)

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: 18,741.8

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: The rate of fights and/or assaults in state-secure facilities improved at the start of the quarter, but then worsened in October 2015. August-October of 2015 is out performing August-October of 2014.

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.





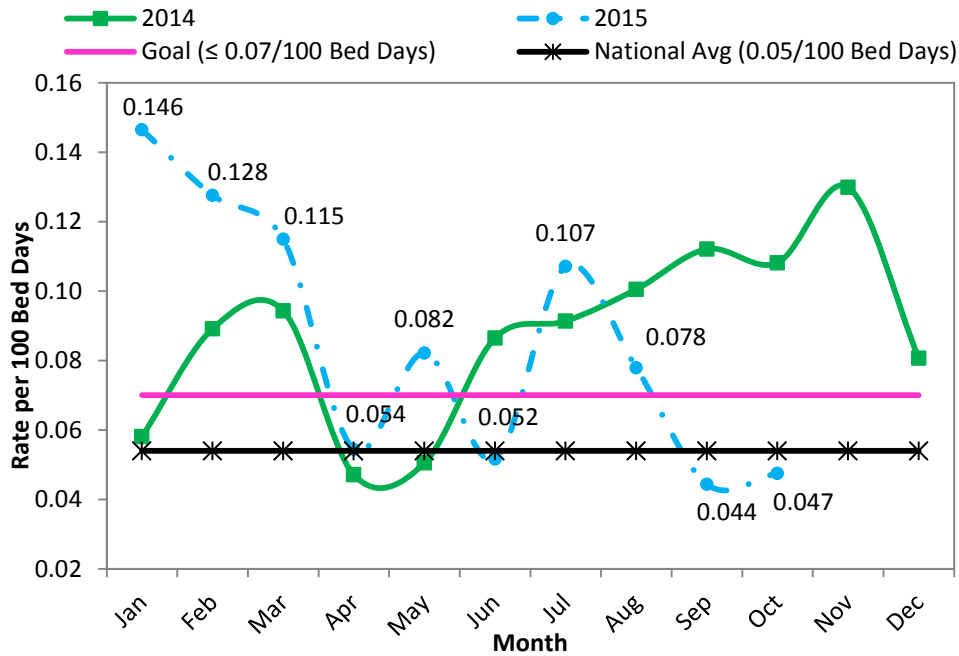
### Division of Youth Corrections (DYC)

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: 18,741.8

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 in the most recent quarter. The goal was attained in both September and October 2015, demonstrating an improvement when compared to August–October of 2014.

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)

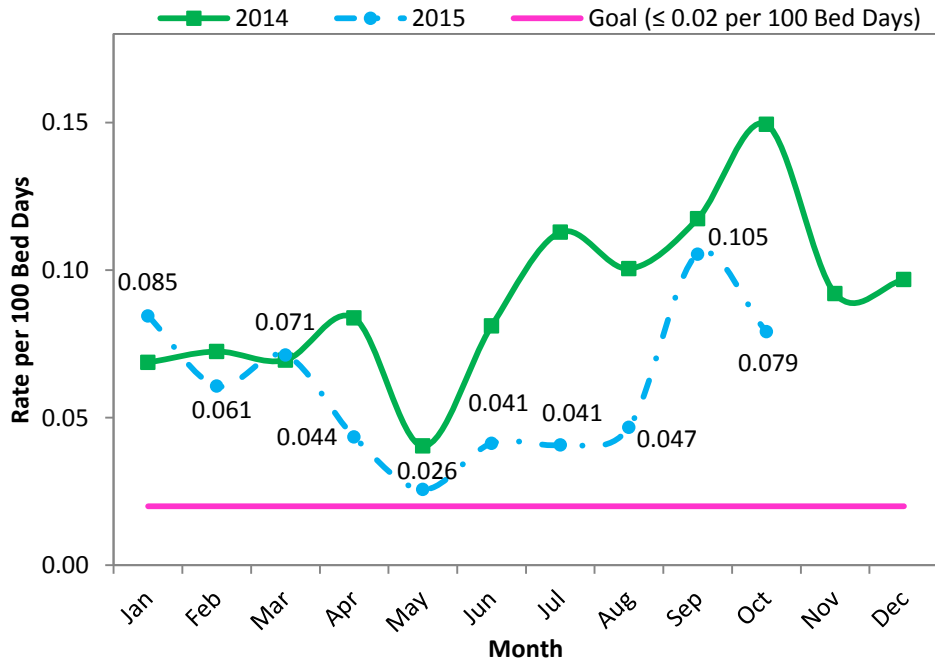
Measure: **Staff injuries on the job as a direct result of youth contact**

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: 18,741.8

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

Goal: **↓ ≤ 0.02 per 100 Bed Days**



Trend: Overall, performance from August-October 2015 increased in the number of staff injuries when compared to May-July 2015. The goal has yet to be achieved.



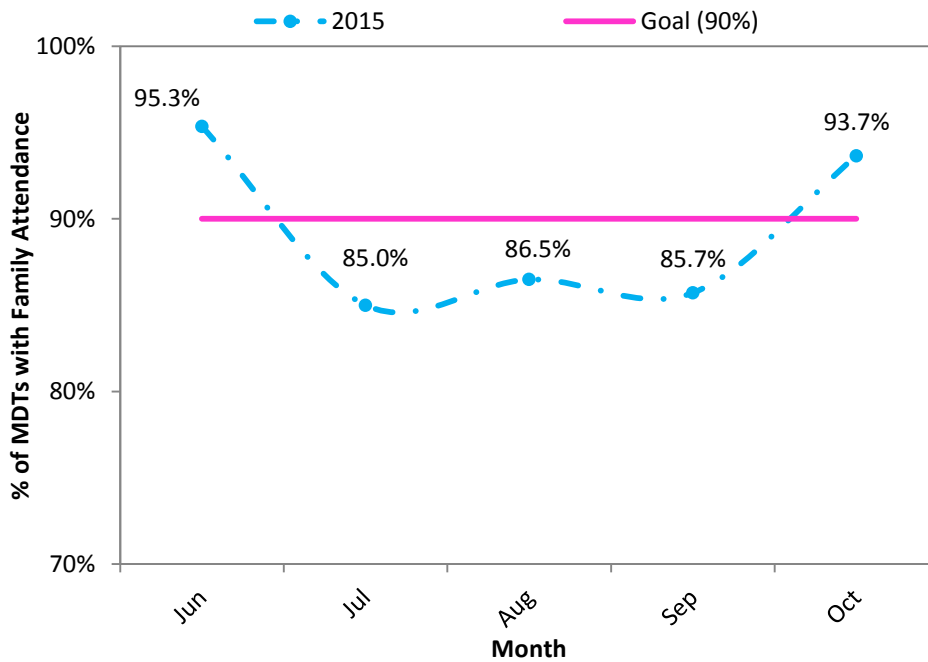
### Division of Youth Corrections (DYC)

Measure: **Family attendance at multidisciplinary team (MDT) review meetings**

How it is measured: *Numerator:* Number of MDT meetings conducted with family attendance  
*Denominator:* Number of MDT meetings conducted during the month; average monthly denominator: 119

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

Goal: **↑ 90%**



Trend: Performance improved throughout the most recent quarter. The goal was attained for the second time in October 2015.

Notes: As a part of CDHS alignment process, DYC has added this measure to assess the involvement of family members at the youth’s Multidisciplinary Team Meetings. This measure is still a work-in-progress and expected to experience fluctuations in performance over the next six months as DYC adds to the number of MDT review meetings that are required to be captured in Trails, the data management system used by the Division.

## 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.

Program Director: Brooke Ely-Milen

#### Executive Summary

- The Domestic Violence Program has implemented a new database in order to more efficiently and effectively collect data. DVP is continuing to offer technical assistance to individual programs relating to implementation of the database.
- *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 assessment tool have been ongoing. These efforts have demonstrated improvements in the timeliness of this measure, particularly for the Specialized Programs, which are now consistently performing above the goal. Given the differences between Specialized and Traditional Programs in their focus and efforts, DVP had originally selected two different goals for the two program types; however, after performance in Specialized Programs significantly improved, DVP elected to pursue the same goal for both program types. 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.

#### Measures

- [Timely Assessment of Client Need and Risk](#)



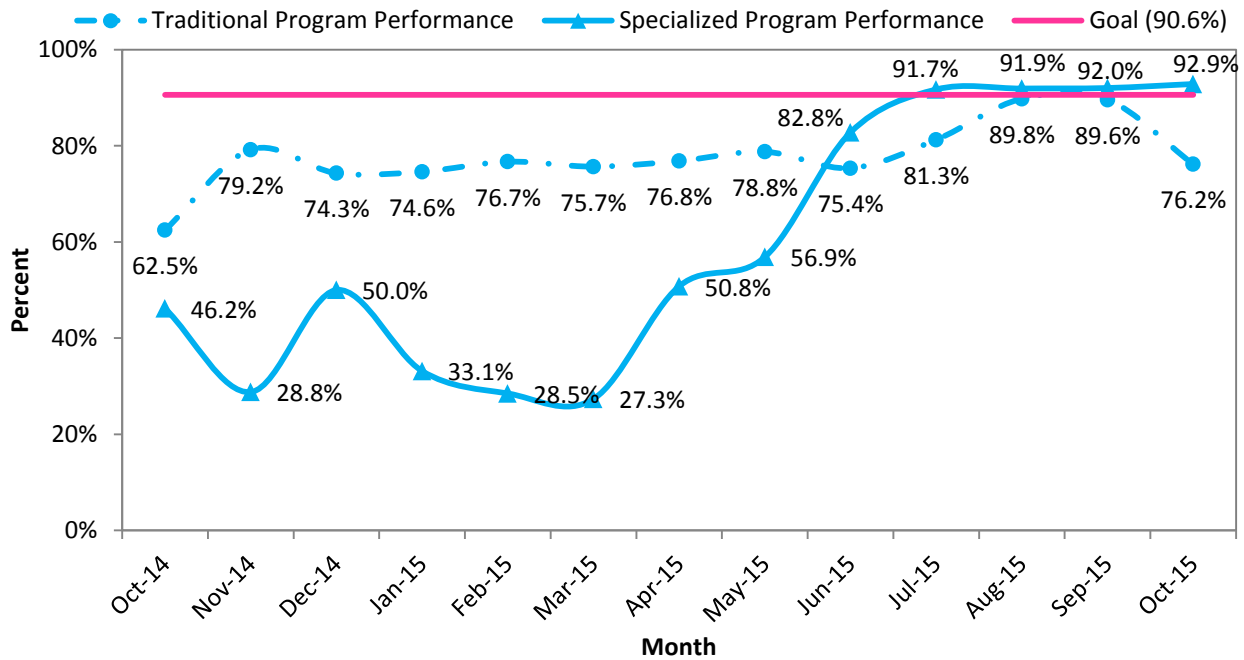
## Domestic Violence Program (DVP)

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- 1,190; Specialized Programs- 305

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

Goal: **↑ 90.6%**



Trend: Traditional Programs started the most recent quarter with improving performance, but then declined in October 2015. Specialized Programs’ performance demonstrated consistent performance above the 90.6% goal.

Notes: Given the differences between Specialized and Traditional Programs in their focus and efforts, DVP had originally selected two different goals for the two program types; however, after performance in Specialized Programs significantly improved, DVP elected to pursue the same goal for both program types.



## **Office of Community Access and Independence**

### Description

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

Director: Mark Wester

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

- *Timeliness of Monthly Contacts:* Adult Protective Services continues to distribute a weekly report for monthly contacts. This effort is intended to assist in prompting counties to enter data prior to the time at which APS runs their monthly performance reports. In addition, APS 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, through multiple platforms, that struggle with the measure to determine if technical assistance can be offered, as well as determine what actions can be taken to increase performance.

#### Measures

- [Timeliness of Monthly Contacts](#)



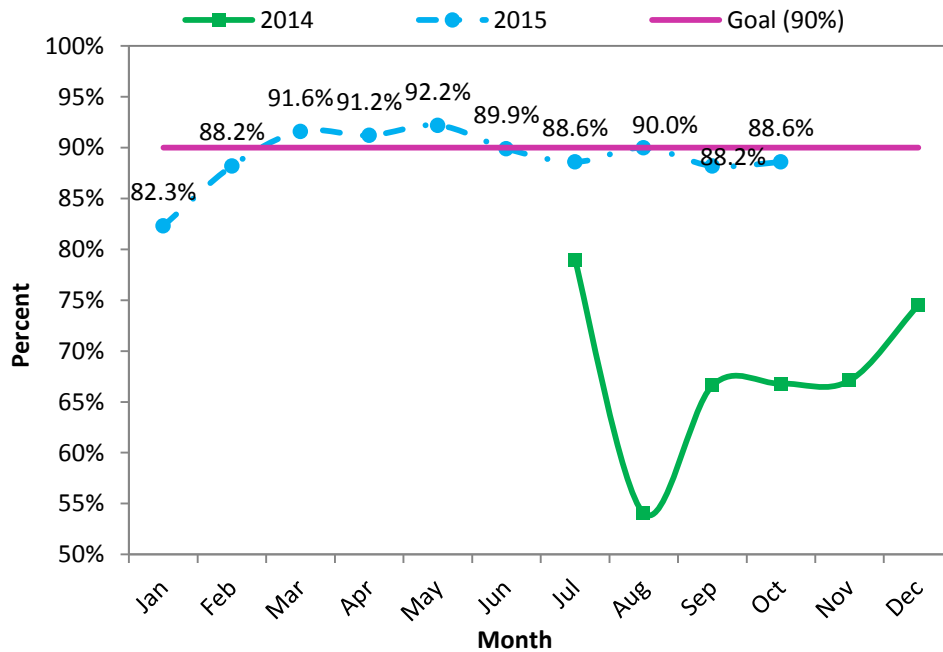
### Aging and Adult Services (AAS)

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: 1,576

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

Goal: **↑90%**



Trend: The most recent quarter has demonstrated a 1.4 % decrease in performance, ranging from 90.0% in August 2015 to the current performance at 88.6% in October 2015. Performance this quarter started above the 90% goal, and is currently not meeting the goal.

## 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:* Within the most recent quarter, performance decreased slightly from 78.4 days in August 2015 to 78.1 days in October 2015. To help mitigate the effect of the recent loss of staff, DDS has received limited assistance in processing cases and will begin hiring and training examiners in the fall of 2015.
- *Percentage of Accurate Initial Eligibility Decisions:* Performance in the most recent quarter increased from 97.0% in August 2015 to 99.1% in October 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](#)
- [Percentage of Accurate Initial Eligibility Decisions](#)



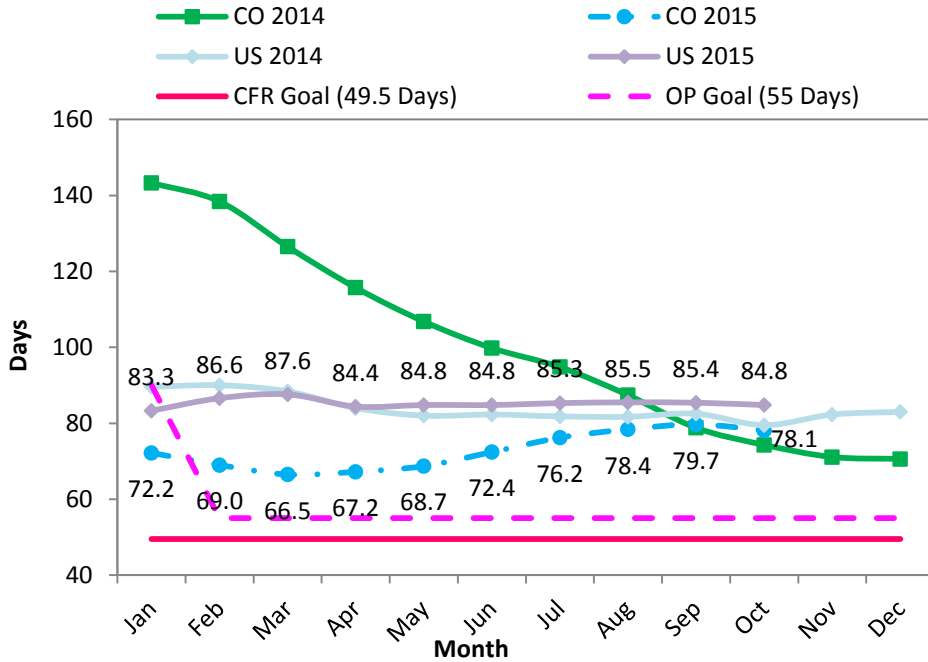
### Disability Determination Services (DDS)

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

How it is measured: *Numerator:* Number of days to process initial eligibility decisions  
*Denominator:* Number of initial applications processed; average monthly denominator: 2,725

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 has remained relatively stable during the most recent quarter (dark blue line), with performance ranging from 79.7 days in September 2015 to the current October 2015 processing time of 78.1 days.

Notes: This measure utilizes data from the SSDI program only. The 49.5 day Federal goal (solid red line) 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 (dashed red line). DDS has added this goal to their measure for tracking purposes.



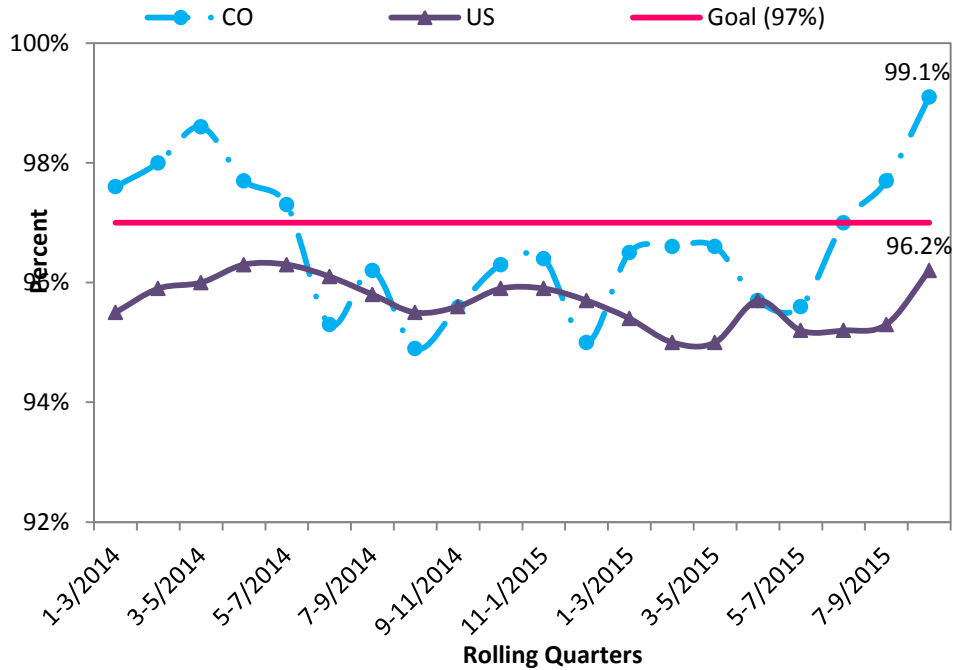
### Disability Determination Services (DDS)

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: 138

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 and has remained above the goal for the last three rolling quarters (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

- *Percent of Residents without Physical Intervention by Regional Center:* Throughout the most recent quarter, reports were 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, worsened during the quarter and currently ranges from 82% in Pueblo to 85% in Grand Junction.

### Measures

- [Percent of Residents without Physical Intervention by Regional Center](#)



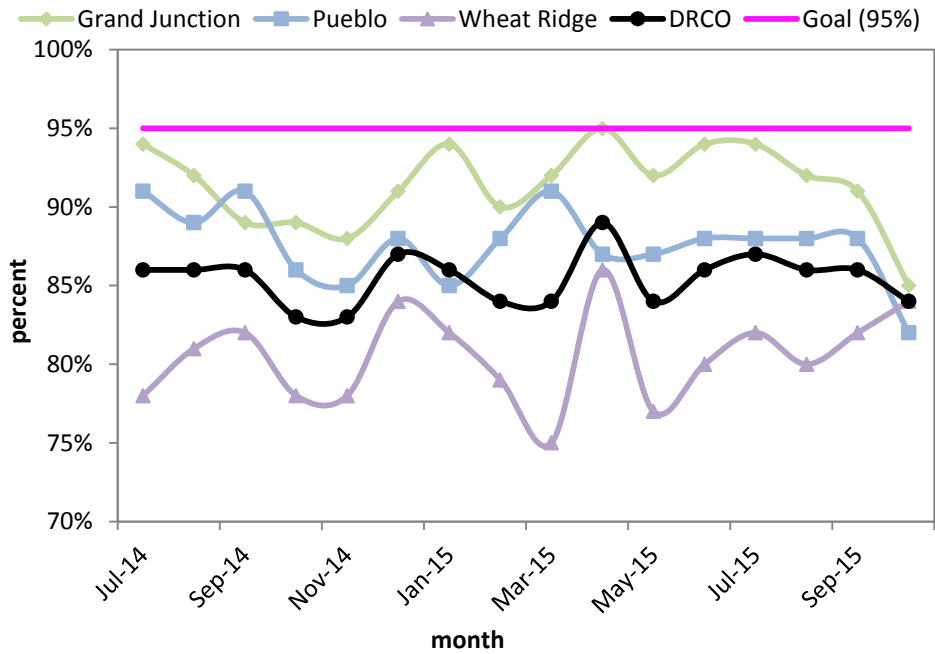
### Division of Regional Center Operations (DRCO)

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- 80, Pueblo- 59, Wheat Ridge- 128, DRCO- 267

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 Wheat Ridge (purple line) demonstrated an increase in performance, while performance at Grand Junction (green line), Pueblo (blue line), and across the Division (black line) declined. Current performance in October 2015 is as follows: Grand Junction at 85%, Pueblo at 82%, Wheat Ridge at 84%, and the Division at 84%, all of which are below the 95% goal.

## 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 the SVCLC in Walsenburg 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: Sarah Aurich

#### Executive Summary

- *Percent of Residents without Anti-Psychotic Medication:* The most recent quarter demonstrated relatively stable performance in Fitzsimmons, Florence, and Homelake, while Rifle trended downward. Veterans Community Living Centers examined the data on this measure by conducting both chart audits and clinical round tables to verify diagnoses for residents and that prescribed anti-psychotic medications were appropriate.
- *Percent of Residents without Falls:* In the most recent quarter, performance varied from month to month and center to center. Florence and Rifle trended upward, while Fitzsimons and Homelake trended downward. Due to the varied performance each month Executive Management reviews the SVCLC's performance for the following topic areas: the location of the fall, the severity of the fall, falls per shift, as well as those residents who had more than one fall during the month. A deeper examination of falls provides a better understanding of the falls, how and why they occurred, and helps to focus future interventions.

#### Measures

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



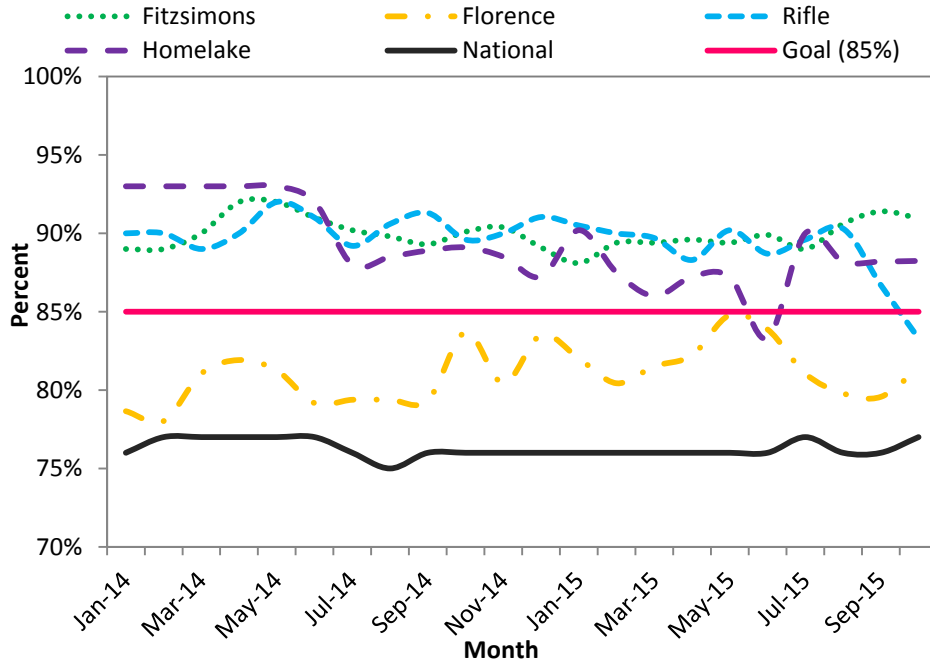
### State Veterans Community Living Centers (SVCLC)

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: 61, Homelake: 51

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, with the exception of Rifle (blue line), over the most recent quarter. In October, 2015, Homelake (purple line) and Fitzsimons (green line) are exceeding the 85% goal while Florence (yellow line) and Rifle are below the goal.



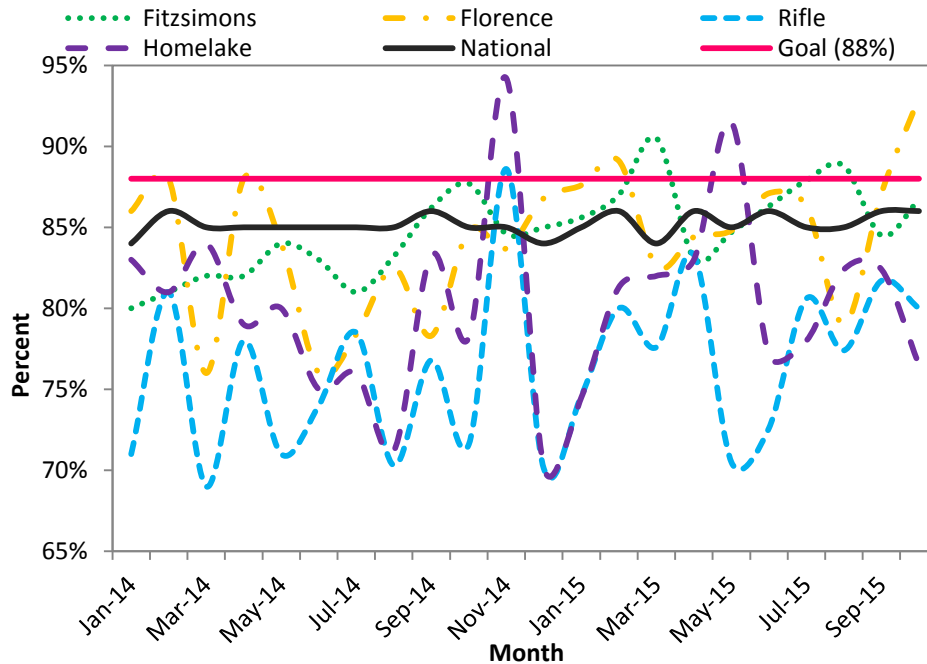
### State Veterans Community Living Centers (SVCLC)

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: 61, Homelake: 51

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. Florence (yellow line) demonstrated a steady increase in performance throughout the quarter. Fitzsimons (green line) and Rifle (blue line) both demonstrated fluctuation in performance throughout the quarter, with Fitzsimons’ performance ending below the prior quarter, while Rifle’s performance was above. Homelake (purple line) demonstrated a steady decrease in performance throughout the quarter. The centers are currently performing below the 88% goal, with the exception of Florence, who exceeded the goal in October, 2015.

## Division of Vocational Rehabilitation

### Summary

#### Description

The Division of Vocational Rehabilitation (DVR) exists to provide assistance to individuals whose disabilities have resulted in a barrier to employment. The DVR provides assistance through an array of rehabilitation services which 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

- As of 2016 DVR will no longer be reporting to the Department of Human Services, and will instead begin reporting to the Department of Labor and Employment. As such, DVR data will no longer be reported in this Quarterly C-Stat Report.
- DVR staff continue to distribute 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 at the office level, 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:* 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 closure. Although the volume of cases successfully closed this quarter greatly increased over the prior quarter, performance fell just below the annual goal of 1,705 successfully closed cases. 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'. Components of Successful Rehabilitation include: employment for greater than 90 days, earnings above minimum wage, client satisfaction with job, and services which were mutually agreed upon between the client and the rehabilitation counselor in the IPE were delivered and completed. Performance continued to improve throughout the quarter and closed the Federal Fiscal Year at 60.9%, above the 55.8% goal.
- *Competitive Employment Wages:* The 2015 Competitive Employment Wages, which is a cumulative measure, has closed the Federal Fiscal Year at \$11.46, which is \$0.29 lower than Federal Fiscal Year 2014 wages.

#### Measures

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



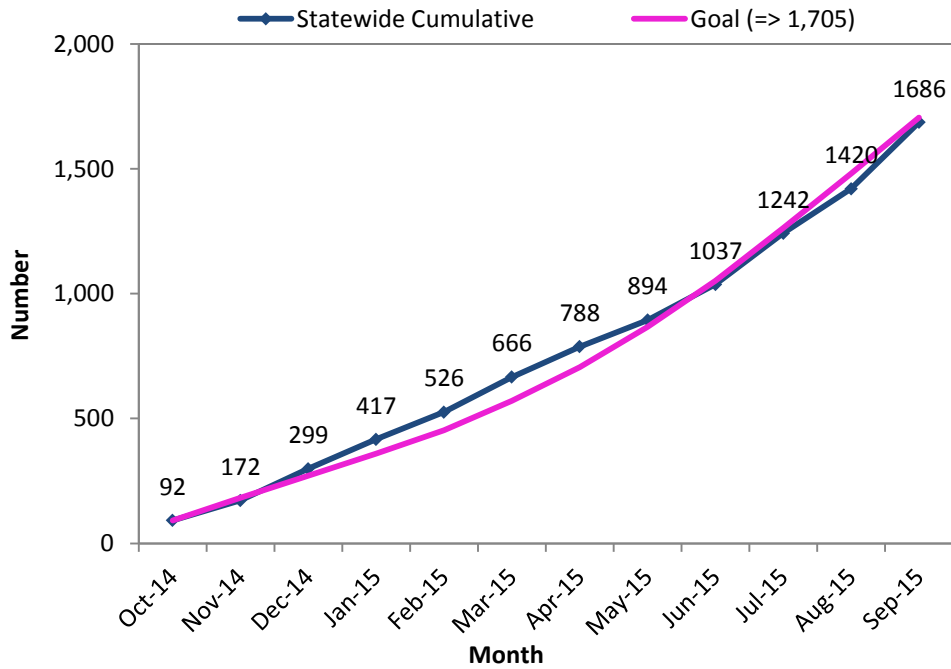
### Division of Vocational Rehabilitation (DVR)

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: **↑1,705**



Trend: In the most recent quarter, successful employment outcomes closely followed the forecasted goal line, with performance just below the Federal goal of 1,705 cases.



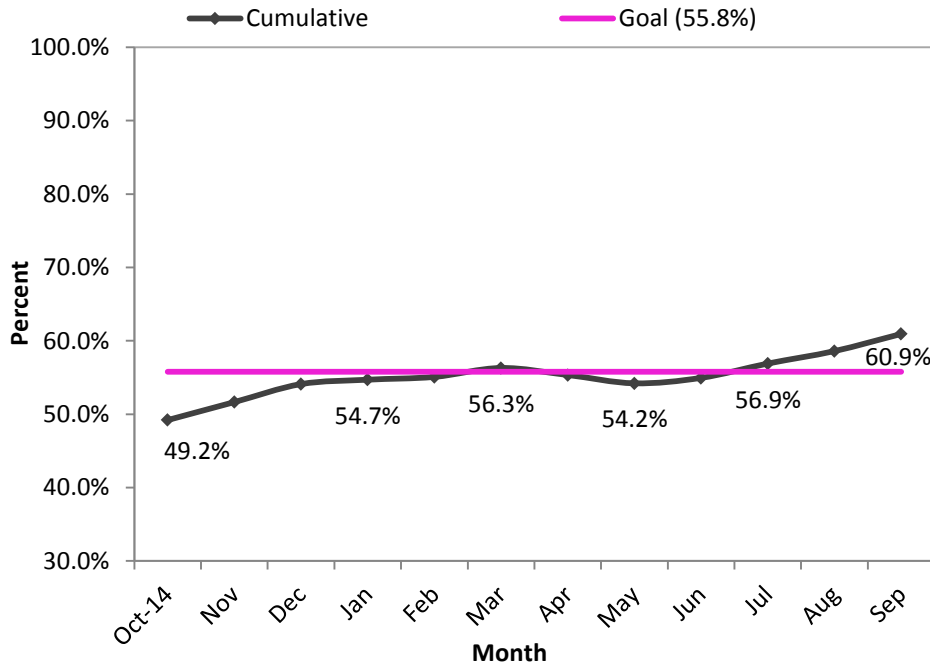
### Division of Vocational Rehabilitation (DVR)

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: 2,767

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 steadily rose above the 55.8% goal to 60.9% in September 2015 and closed out the 2015 Federal Fiscal Year.



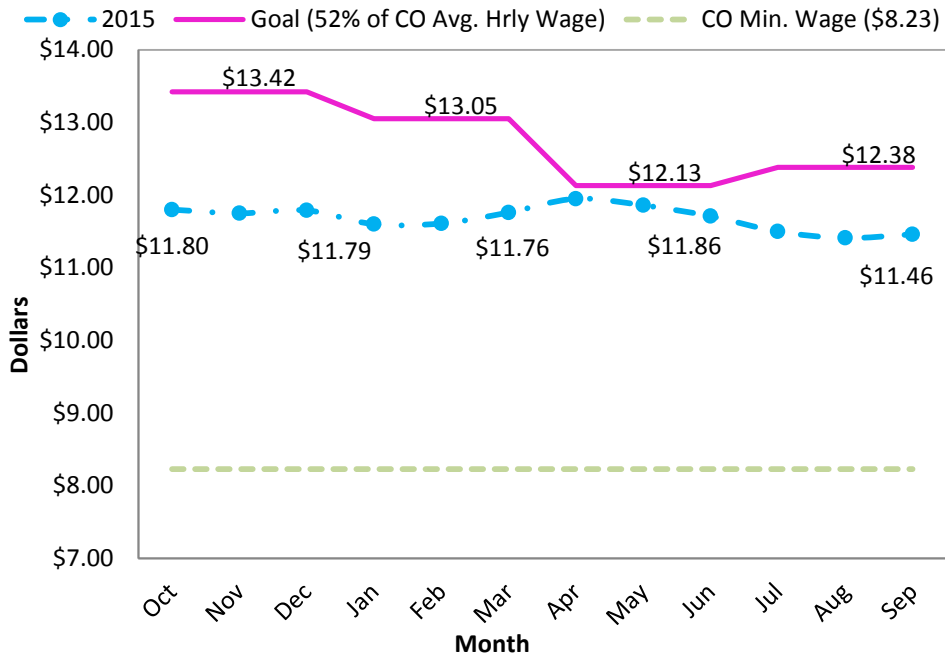
### Division of Vocational Rehabilitation (DVR)

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, with the 2015 Federal Fiscal Year closing at \$11.46.

Notes: As of January 1, 2015, the minimum wage in CO was raised to \$8.23/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 Colorado children are ready for school when entering kindergarten.
- Safe, Stable and Nurturing Environment – All Colorado children develop positive relationships within safe and stable environments free of toxic stress.
- Resilience in Early Childhood – All Colorado 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.

Director: Erin Mewhinney

#### Executive Summary

- *Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities:* In November 2015, OEC provided an overview of their three-pronged approach to manage performance for this measure. The approach consists of 1) targeting five specific Early Childhood Councils (ECCs) that will have the potential to provide the largest return on State staff efforts, 2) customizing ECC goals and strategies to more closely reflect the individualized nuances ECCs experience, and 3) increasing touch (i.e., ramping up its direct outreach and coordination) with each of the five ECCs.
- *Increased Provider Engagement with the Colorado Shines Quality Rating and Improvement System (QRIS):* This is the first time this measure is included in the C-Stat Quarterly Report. In the November 2015 C-Stat meeting, ECL provided three strategies in which they will focus their efforts: 1) work to reengage the lower engaging ECCs, 2) incentivize Financial Merit Awards, and 3) identify performance barriers via an engagement survey.
- *Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy:* This is the first time this measure is included in the quarterly report. Continuity of child care and the security and stability it provides is important to the emotional growth and development of Colorado's children.

#### Measures

- [Children in the Colorado Child Care Assistance Program \(CCCAP\), Under the Age Five, in Top Tier Quality Rated Facilities](#)
- [Increased Provider Engagement with the Colorado Shines Quality Rating and Improvement System \(QRIS\)](#)
- [Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy](#)
- [Child Injuries in Licensed Child Care That Require Emergency Medical Attention or Hospitalization](#)



### Early Care and Learning (ECL)

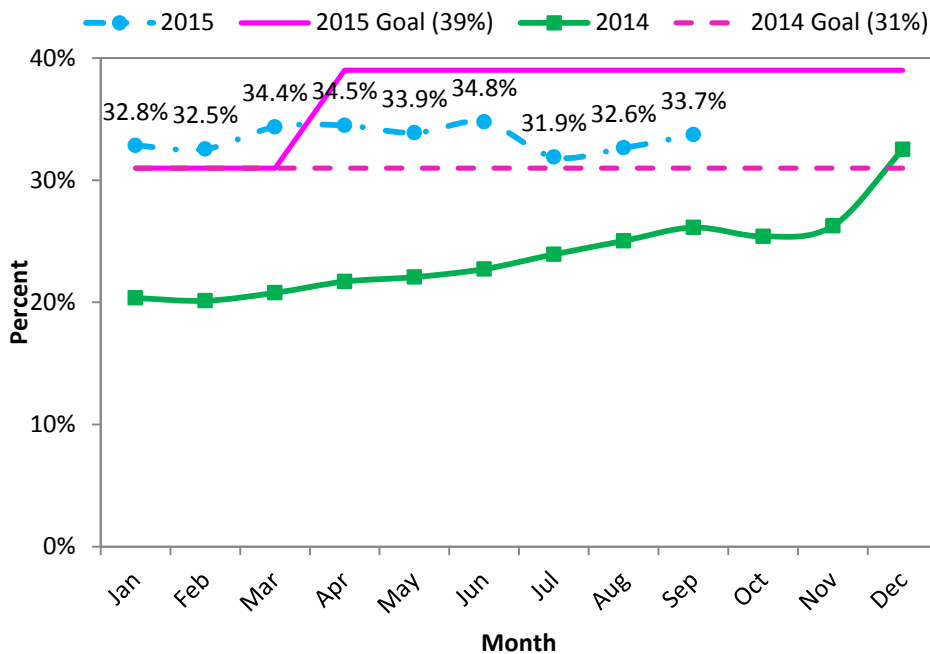
Measure: **Children in the Colorado Child Care Assistance Program (CCCAP), under the age of five, in top tier quality rated facilities**

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: 9,920

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: **↑39%**



Trend: Performance increased slightly, from 31.9% in July 2015 to 33.7% in September 2015. The 39% goal was not achieved.

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





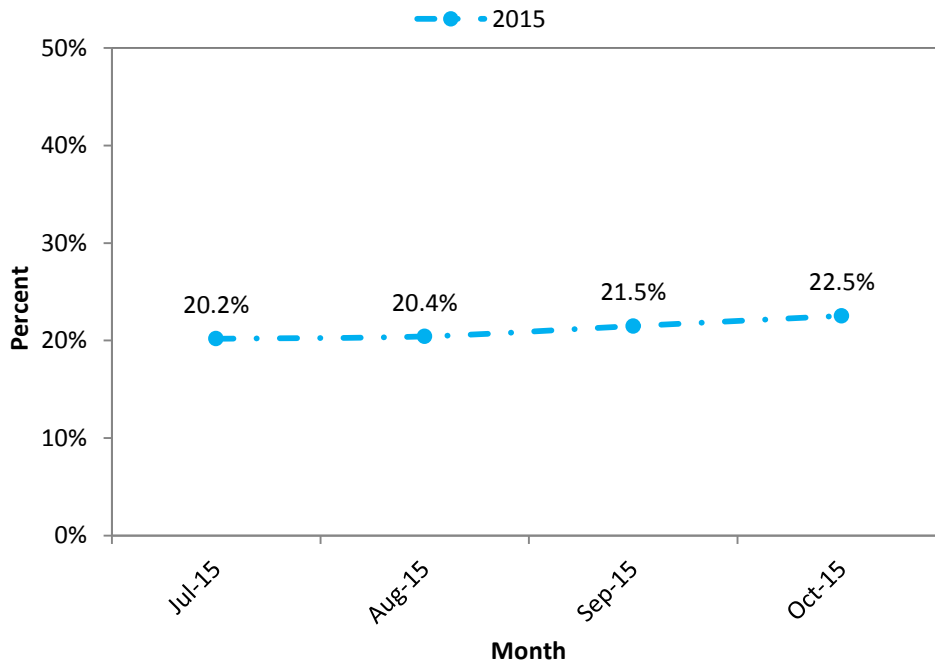
### Early Care and Learning (ECL)

Measure: **Increased provider engagement with the Colorado Shines quality rating and improvement system (QRIS)**

How it is measured: *Numerator:* Licensed facilities eligible for a Colorado Shines rating that have obtained at least a Level Two (2) quality rating  
*Denominator:* Licensed facilities eligible for a Colorado Shines rating; average monthly denominator: 4,457

Why this matters: Expanding the number of providers who are engaged and working with the State to obtain a Colorado Shines high quality rating will provide higher quality care for Colorado's children to access.

Goal: **↑To be determined**



Trend: Performance remains stable. A goal has not yet been determined.

Notes: This measure was added to C-Stat in September 2015 (July 2015 data).



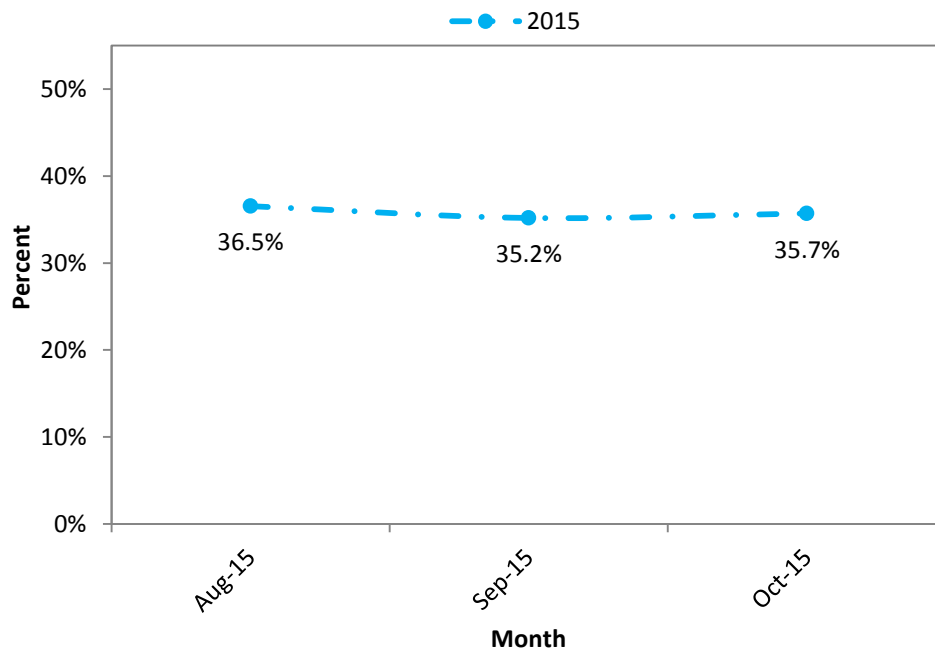
## Early Care and Learning (ECL)

Measure: **Continuity of child care for children utilizing CCCAP child care subsidy**

How it is measured: *Numerator:* All children, under five years old, who utilized CCCAP at least once each month with the same provider for 12 months previous to the current month  
*Denominator:* All children under four years old who utilized CCCAP at least once 12 months prior to the reporting month; average monthly denominator: 7,446

Why this matters: Continuity of child care and the security and stability it provides is important to the emotional growth and development of Colorado's children.

Goal: **↑To be determined**



Trend: Just over one third of children under five receiving CCCAP subsidy experienced continuity of care as defined in this measure. A goal has not yet been established.



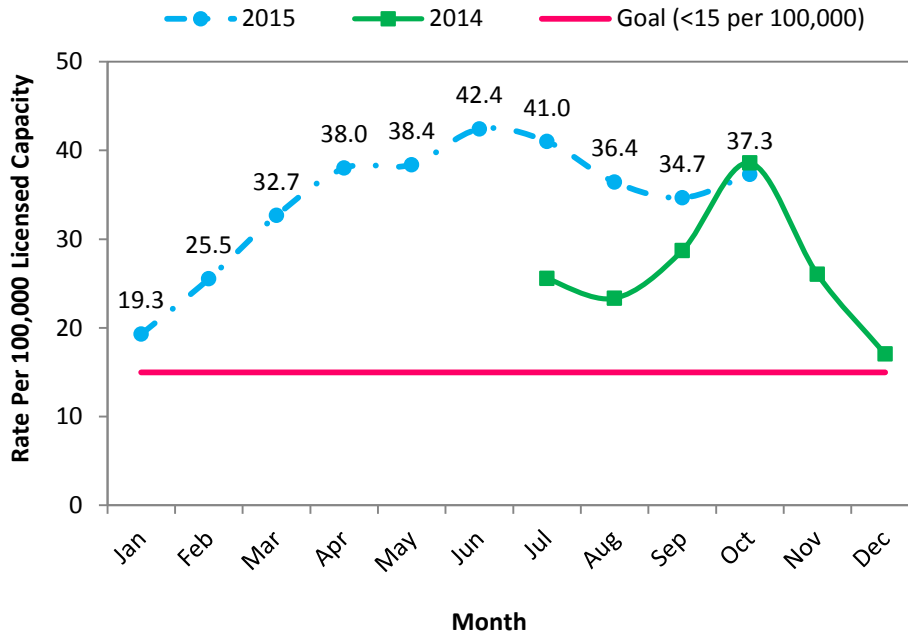
### Early Care and Learning (ECL)

Measure: **Child injuries in licensed child care that require emergency medical attention or hospitalization**

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: 227,828

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

Goal: **↓ 15 per 100,000**



Trend: Performance remained relatively stable in the most current quarter fluctuating between 34.7 in September 2015 and 37.3 in October 2015. The goal of less than 15 injuries per 100,000 aggregate licensed capacity was not achieved.

Notes: 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

- *Child Abuse Protection and Treatment Act (CAPTA) Referrals to Early Intervention who Complete the Eligibility Process:* The Division is continuing to improve parental engagement in the Early Intervention eligibility process. This effort includes working to assist County Case Workers and Community Center Board (CCB) Service Coordinators in effectively engaging families.
- In November 2015, DCFS sent a brief survey to CCBs to investigate the potential struggles with CAPTA referrals and the Early Intervention eligibility process. CCBs reported that they struggle with reaching families, contacting caseworkers for follow-up, and scheduling with families. The Division is working with CCBs and the Office of Child, Youth, and Families on a new referral practice that will work to automate referrals and reduce the burden on CCBs.

#### Measures

- [Child Abuse Protection and Treatment Act \(CAPTA\) Referrals to Early Intervention who Complete the Eligibility Process](#)



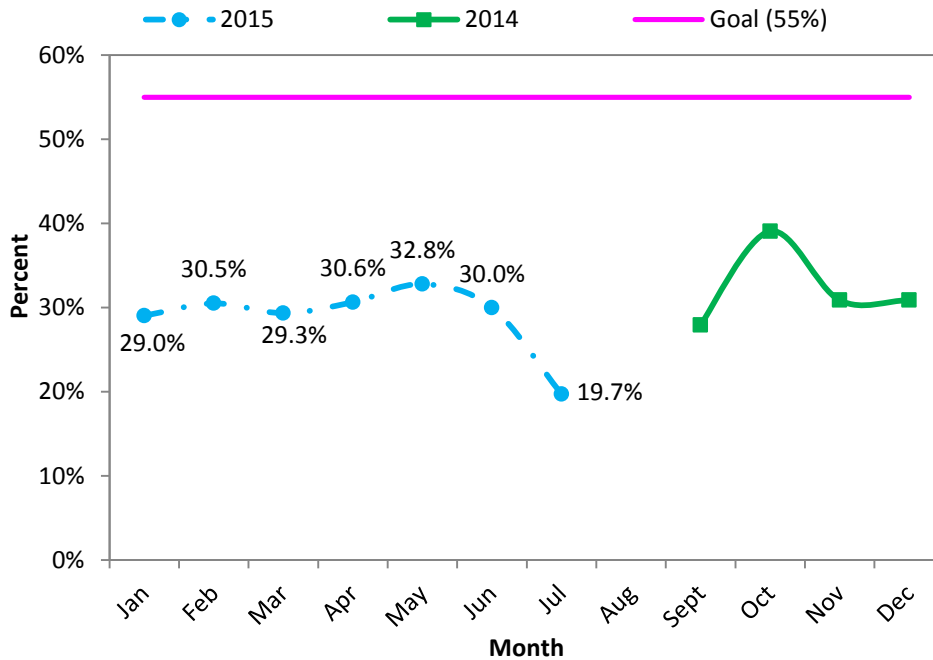
## Community and Family Support (CFS)

Measure: **Child Abuse Protection and Treatment Act (CAPTA) referrals to Early Intervention (EI) 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: 69

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 declined from 32.8% in May 2015 to 19.7% in July 2015. The 55% goal was not achieved.

Notes: The four month lag in reporting is due to an Early Intervention leadership decision 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.

## 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: 1. Child Support Services (CSS), 2. Employment and Benefits Division (EBD) (Colorado Works/Temporary Assistance for Needy Families (TANF), the Colorado Refugee Services Program (CRSP), and Adult Financial Services), and 3. 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

Deputy Director: Barry Pardus

## Child Support Services

### Summary

#### Description

The Division of Child Support Services (CSS) exists to ensure that all children in single-parent households receive financial and medical support from both parents. This is accomplished by locating non-custodial parents, establishing paternity, and when required, establishing child support obligations. Child Support Services enforces the payment of those obligations through the collection of current support and/or arrears payments. Services are provided at the county level to Colorado families.

Director: Larry Desbien

#### Executive Summary

- *Percent of Child Support Collected:* In October 2015 the Division discussed proposed lead measures to help drive performance with counties at the quarterly Taskforce meeting. These include, 1) reduce the number of days from order establishment until the first payment is received, 2) increase the percent of current support paid for newly established orders, and 3) reduce the number of days from application date until order establishment. In November, the Division introduced new lead measures in C-Stat and will begin reviewing data to set measurable goals, establish strategies and actions to achieve the measures, and produce a roll-out plan statewide throughout the coming months, in order to help counties improve business processes.
- *Percent of Child Support Collected:* The County C-Stat Team is working with the CSS Division to develop a Performance and Partnership Exchange (PPE) focusing on *Percent of Child Support Collected*. These efforts will take place throughout the coming months and will detail strategies from counties with consistently strong performance on the measure. A webinar will be held after collecting county strategies so that they can be adopted by all 64 counties throughout the state.
- The Division has continued to expand acceptance of electronic payment options for obligors. 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](#)



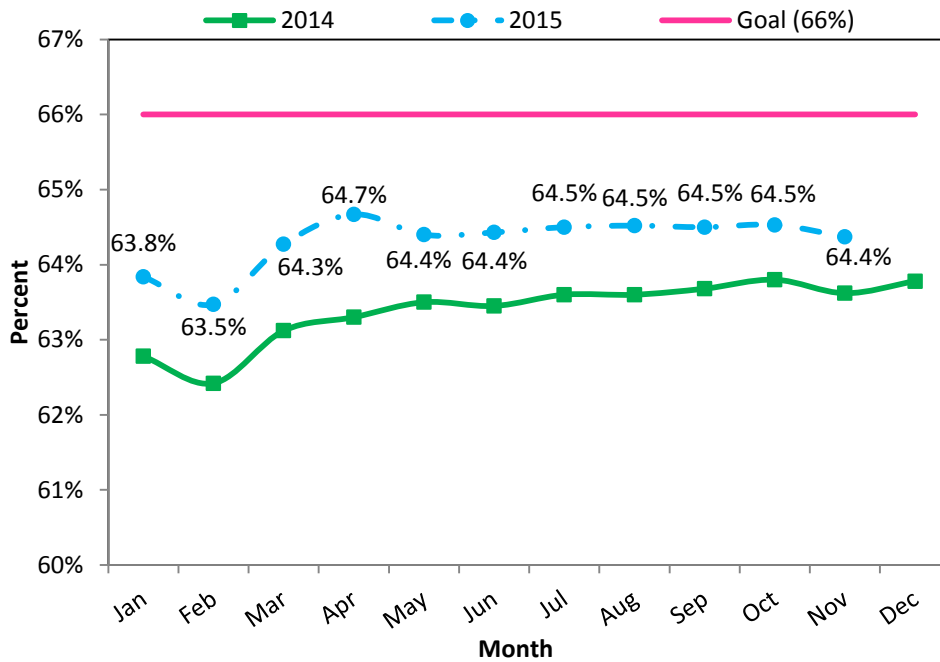
### Child Support Services (CSS)

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 November 2015: \$361,243,493

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

Goal: **↑66%**



Trend: Performance remained stable throughout the most recent quarter. The goal has yet to be achieved for this measure.

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



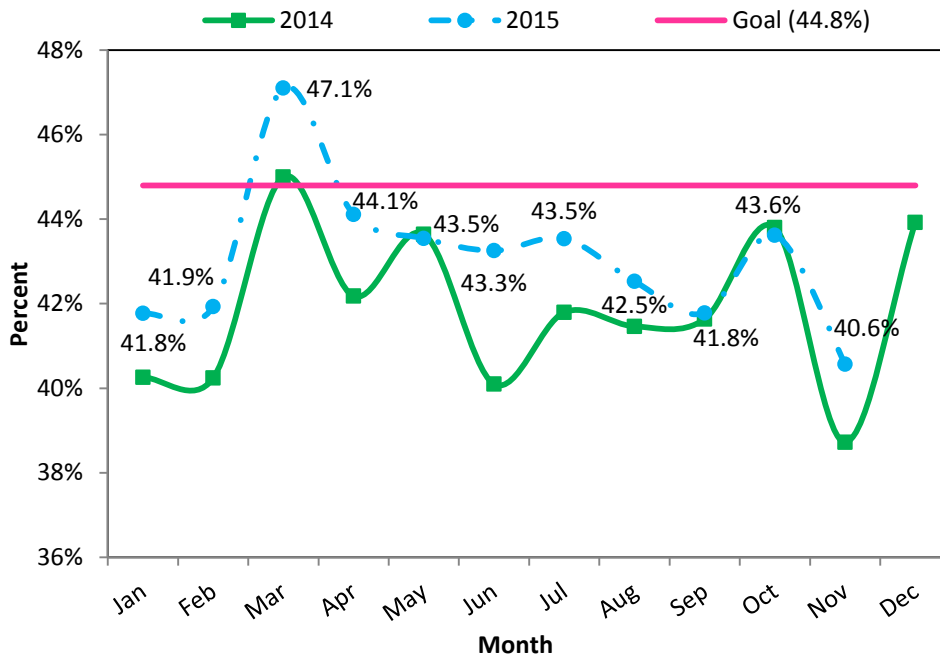
### Child Support Services (CSS)

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: 106,961

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

Goal: **↑44.8%**



Trend: The most recent quarter reflects monthly fluctuation in performance, ranging from 40.6% to 43.6% and is trending downward. November 2015 demonstrated the lowest performance of the 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

- The Office of Economic Security worked with the Office of Performance and Strategic Outcomes (OPSO) to host a Timeliness & Accuracy Summit in November 2015. The event was extended to all 64 counties, and reviewed performance over the past several years. In total, 31 counties were able to attend in person or by phone, and all of the 10-Large counties were in attendance.
  - The Summit also addressed specific strategies counties can utilize to maintain performance despite seasonal challenges seen during the holidays, including fewer working days and less staff availability.
- *Colorado Works Entered Employment* introduced a new methodology in July 2015. The new methodology appears to have little impact on statewide performance, averaging less than 1% difference in the early months of the State Fiscal Year (SFY) calendar.
- The Colorado Refugee Services Program (CRSP) implemented a new database, Geneva, in November 2015 to track employment and services outcomes for refugee populations.
- *Colorado Refugee Service Program Entered Employment*: The goal was attained for the first time and sustained for the last two months within the most recent quarter.

#### Measures

- [Timeliness of Redetermination Adult Financial \(RRR\) Applications](#)
- [Adult Financial Payment Accuracy Rate](#)
- [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](#)



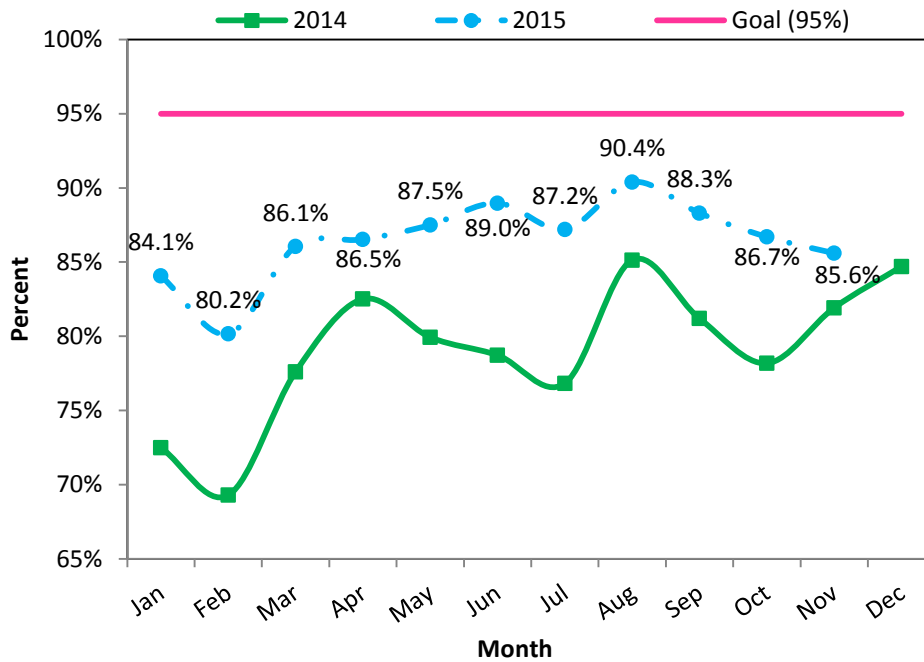
### Employment and Benefits Division: Adult Financial (AF)

Measure: **Timeliness of 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: 1,151

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 declined throughout the most recent quarter, ending at 85.6% which is the lowest performance since February 2015. The 95% goal has yet to be achieved.



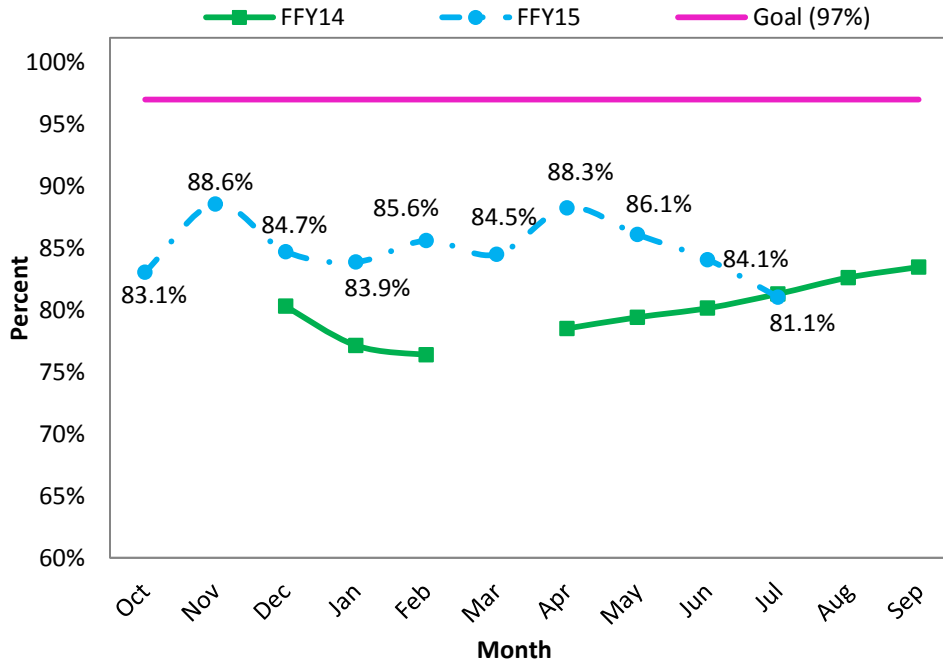
## Employment and Benefits Division: Adult Financial (AF)

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: \$45,981

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

Goal: **↑97%**



Trend: Performance has declined throughout the most recent quarter, with lowest performance of the year in July 2015 at 81.1%.

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



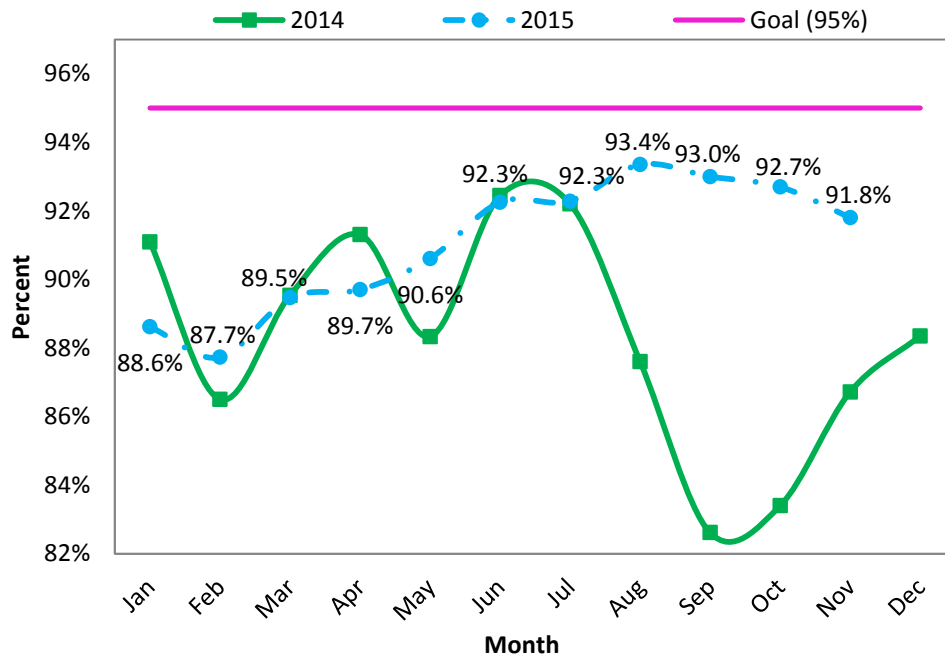
## Employment and Benefits Division: Colorado Works (CW)

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: 1,971

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

Goal: **↑95%**



Trend: Performance declined for each month within the most recent quarter. The goal has yet to be achieved.



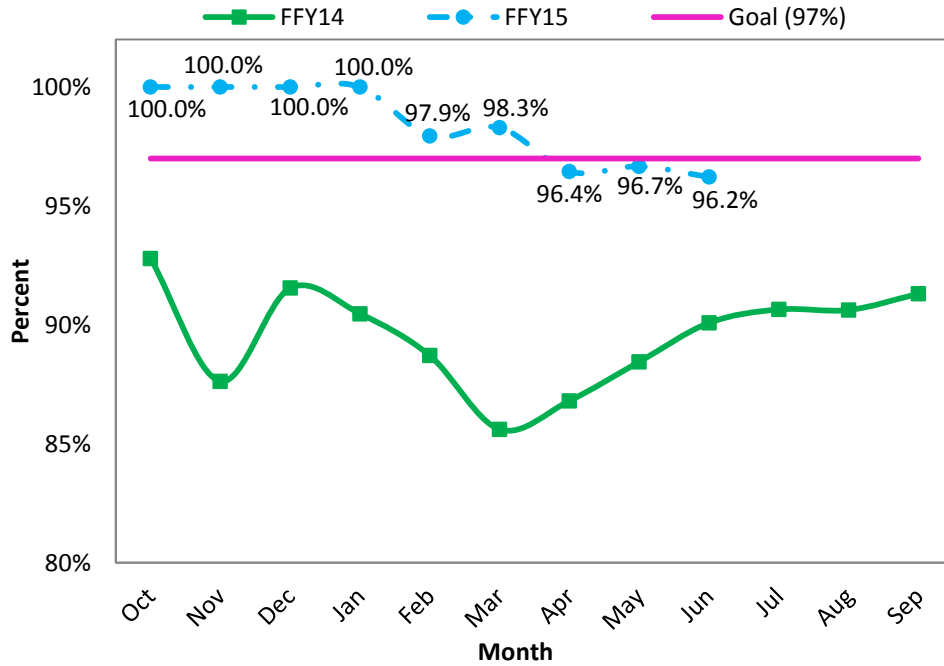
### Employment and Benefits Division: Colorado Works (CW)

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: \$32,668

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

Goal: **↑97%**



Trend: Performance has remained stable throughout the most recent quarter, although demonstrating a decline from the previous quarter’s performance. The goal was not met within the most recent quarter.



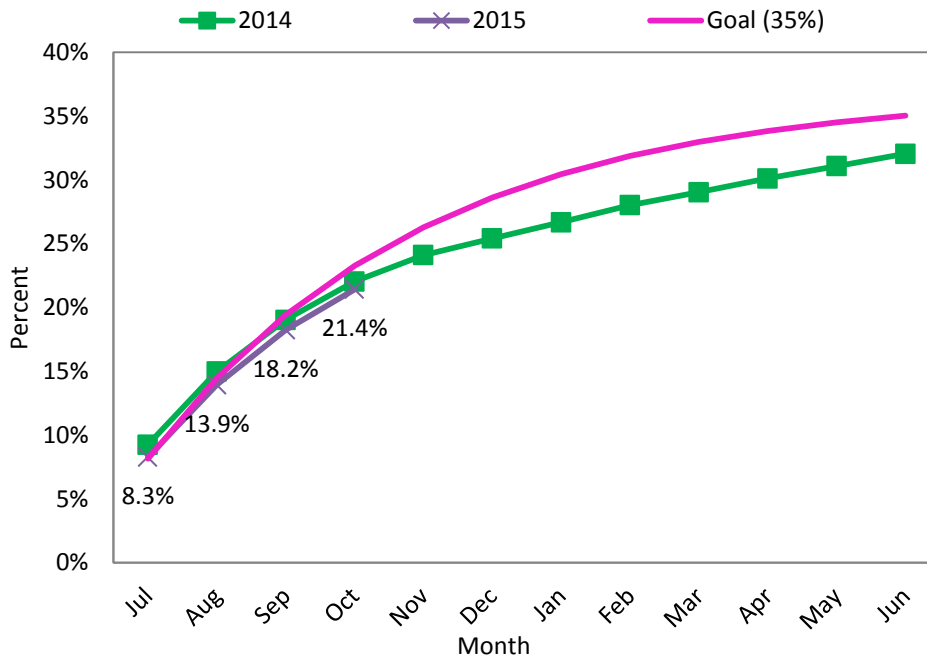
### Employment and Benefits Division: Colorado Works (CW)

Measure: **Colorado Works 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 (July-October 2015): 17,768

Why this matters: Gaining employment enables eligible Coloradans to increase their economic security.

Goal: **↑35%**



Trend: Performance in the most recent quarter increased from 13.9% to 21.4%, demonstrating a 7.5% improvement.

Notes: The goal for this measure was increased to 35% in July 2015 from the previous 25% goal. This measure is cumulative, thus the denominator represents the number of cases for SFY16 from July 2015 through the most recently reported month, October 2015. A new methodology was implemented in July 2015. The new methodology now includes batch file data submissions from counties that were previously excluded from the denominator. This allows for more comprehensive data capturing.



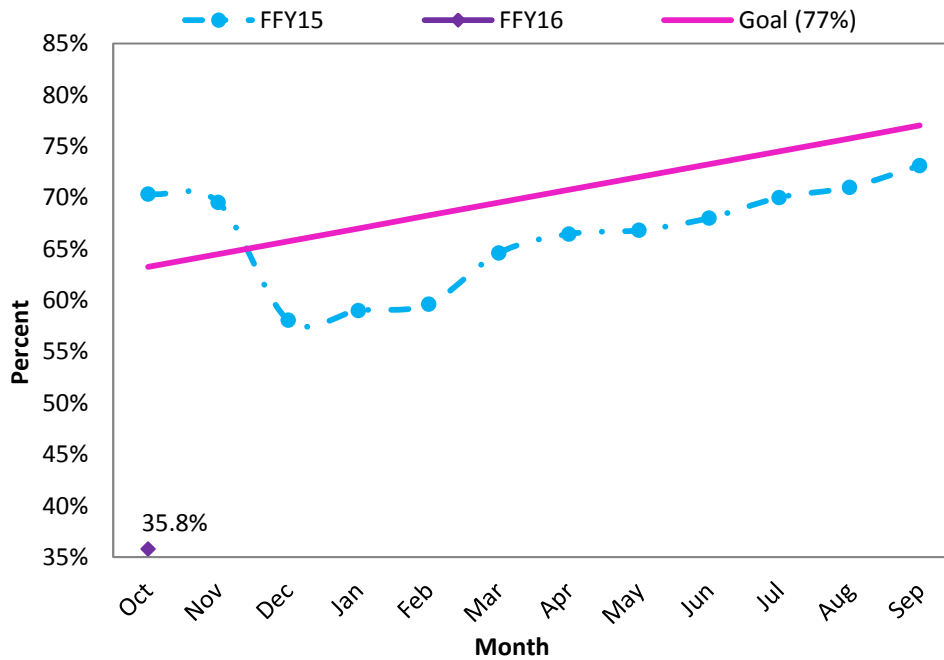
### Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

Measure: **Colorado Refugee Services Program 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 (October 2015): 296

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

Goal: **↑77%**



Trend: Performance closed out the Federal Fiscal Year (FFY) 15 at 73.1%, below the 77% goal. The new fiscal year is starting at 35.8%, well below last year’s performance at 70.3%.

Notes: This measure is cumulative on the FFY calendar, the reported denominator represents the number of cases for the first month in the FFY16 (October 2015).



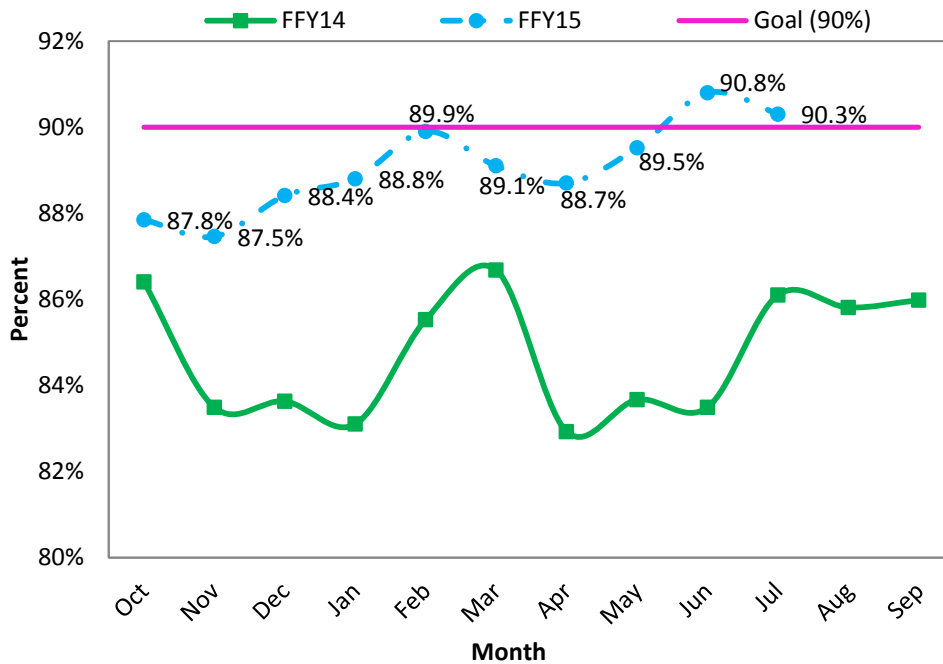
### Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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 denominator (October 2014 – July 2015): 1,243

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

Goal: **↑90%**



Trend: Performance exceeded the 90% goal for the first time in two consecutive months of the most recent quarter.

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

## Food and Energy Assistance

### Summary

#### Description

Food Assistance (FA) is Colorado's nutritional safety net program, federally referred to as the Supplemental Nutrition Assistance Program (SNAP), and formerly known as Food Stamps. Food Assistance exists to administer non-cash food benefits to eligible low-income households to purchase the food needed for a nutritionally adequate diet. In addition to benefits, Food Assistance administers the Employment First program, helping able-bodied adults without dependent children engage in activities that will improve their employability. Food Assistance is a means-tested assistance program, administered through county offices, providing monthly food benefits to eligible Coloradans. This program also houses the Food Distribution Program and the Low Income Energy Assistance Program.

Director: Lena Harris-Wilson

#### Executive Summary

- The Office of Economic Security worked with the Office of Performance and Strategic Outcomes (OPSO) to host a Timeliness & Accuracy Summit in November 2015. The event was extended to all 64 counties, and reviewed performance over the past several years. In total, 31 counties were able to attend in person or by phone, and all of the 10-Large counties were in attendance.
  - The Summit also addressed specific strategies counties can utilize to maintain performance despite seasonal challenges seen during the holidays, including fewer working days and less staff availability.
- *Timeliness of New Food Assistance Applications*: Performance has been above the 95% goal for three consecutive months in the most recent quarter.
- *Timeliness of Expedited Food Assistance Applications*: Performance surpassed the goal for the first time in November 2015.
- *Timeliness of Redetermination (RRR) Food Assistance Applications*: The Division completed an in-depth analysis of the impact of carry-over cases on the timeliness of food assistance RRR applications. The results indicated the timeliness goal can be achieved if carry-over cases are eliminated.
- The Office of Performance and Strategic Outcomes (OPSO) is examining both LEAP measures, *Timeliness of Regular and Expedited LEAP Applications*, through Data Integrity efforts. Specifically, efforts will examine performance, data, and contracts for counties that process applications in-house and through Goodwill.

#### Measures

- [Timeliness of New Food Assistance Applications](#)
- [Timeliness of Expedited Food Assistance Applications](#)
- [Timeliness of Redetermination \(RRR\) Food Assistance Applications](#)
- [Food Assistance Case and Procedural Error Rate](#)
- [Food Assistance Payment Error Rate](#)
- [Timeliness of Regular LEAP Applications](#)
- [Timeliness of Expedited LEAP Applications](#)



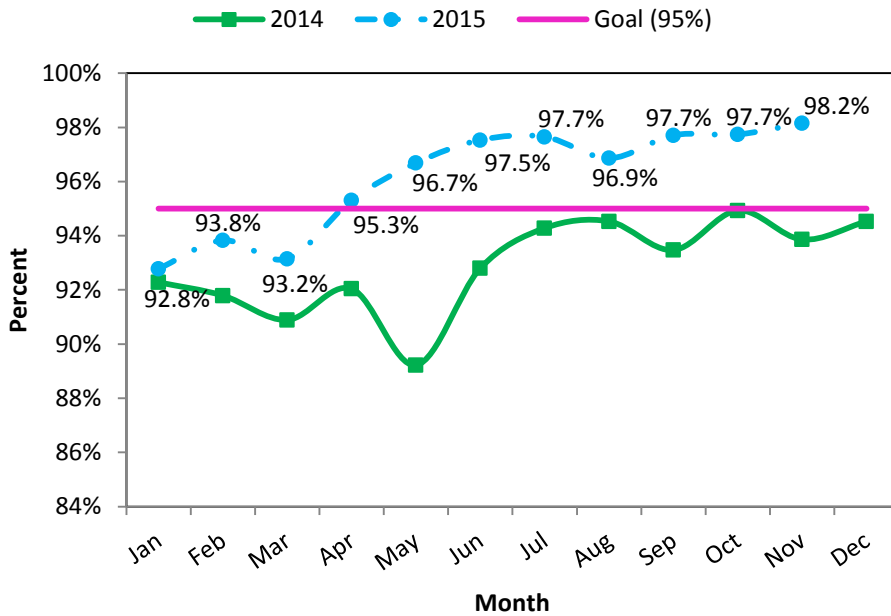
### Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of new Food Assistance applications processed timely  
*Denominator:* Number of new Food Assistance applications processed timely in the month; average monthly denominator: 16,142

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

Goal: **↑95%**



Trend: Performance in the most recent quarter increased from 97.7% to 98.2%, demonstrating a 0.5% improvement. Performance has remained above the 95% goal for eight consecutive months.



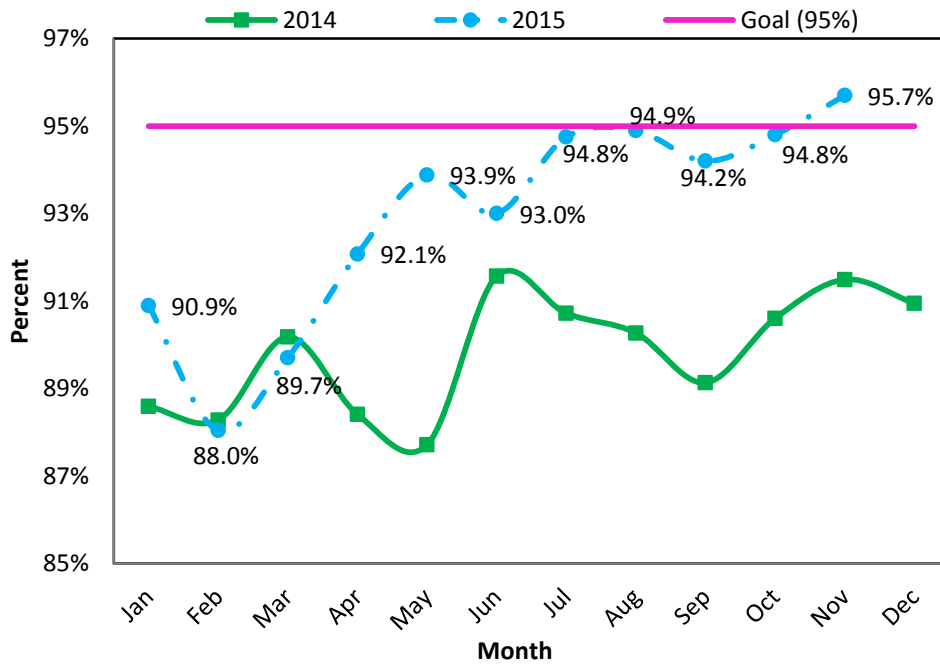
## Food and Energy Assistance: Food Assistance (FA)

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: 9,409

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

Goal: **↑95%**



Trend: Performance in the most recent quarter went from 94.2% to 95.7%, demonstrating a 1.5% increase in performance. Performance in November 2015 met the goal for the first time.



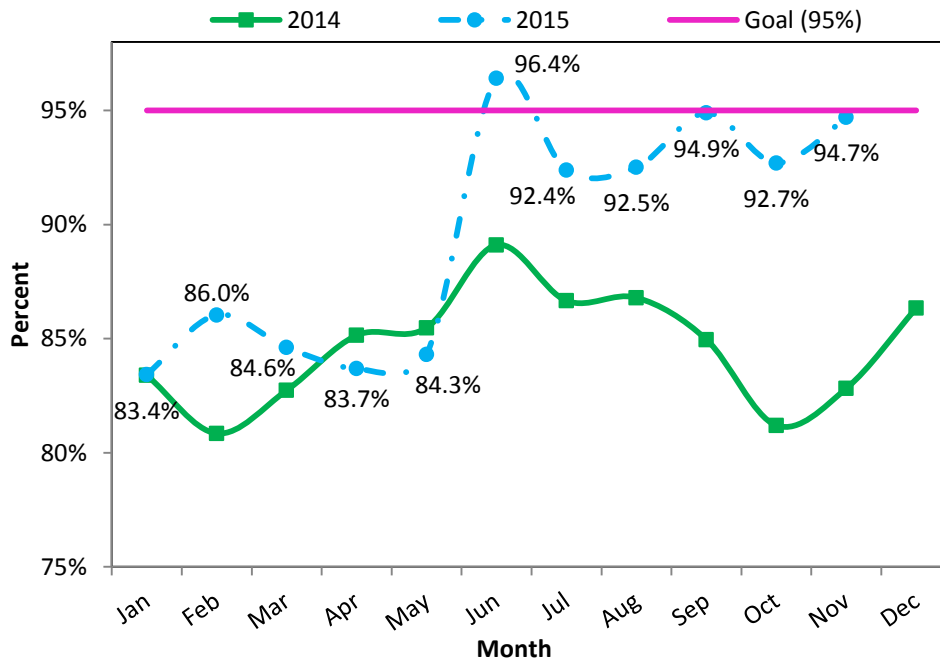
### Food and Energy Assistance: Food Assistance (FA)

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: 18,455

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: Performance fluctuated just below the 95% goal in the most recent quarter, ranging from 92.7% to 94.9%.



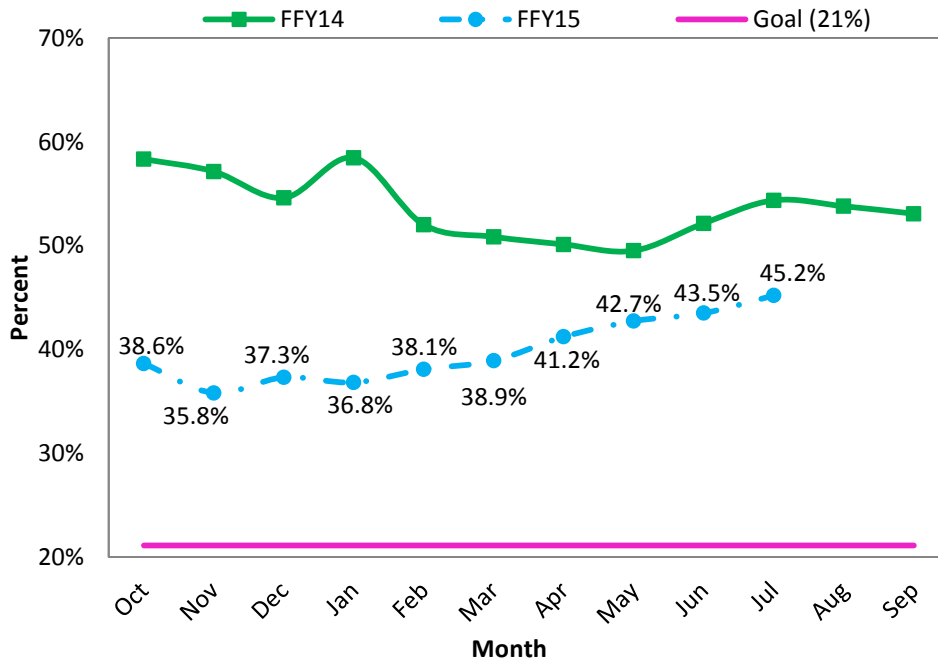
### Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Cumulative number of incorrect negative actions sampled through the month  
*Denominator:* Cumulative number of negative actions sampled year to date; Cumulative denominator (October 2014 - July 2015): 551

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

Goal: **↓ 21%**



Trend: Case and procedural error rates went from 43.5% to 45.2%, demonstrating a 1.7% increase in error rates. Performance has been trending in the wrong direction since November 2014.

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

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



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

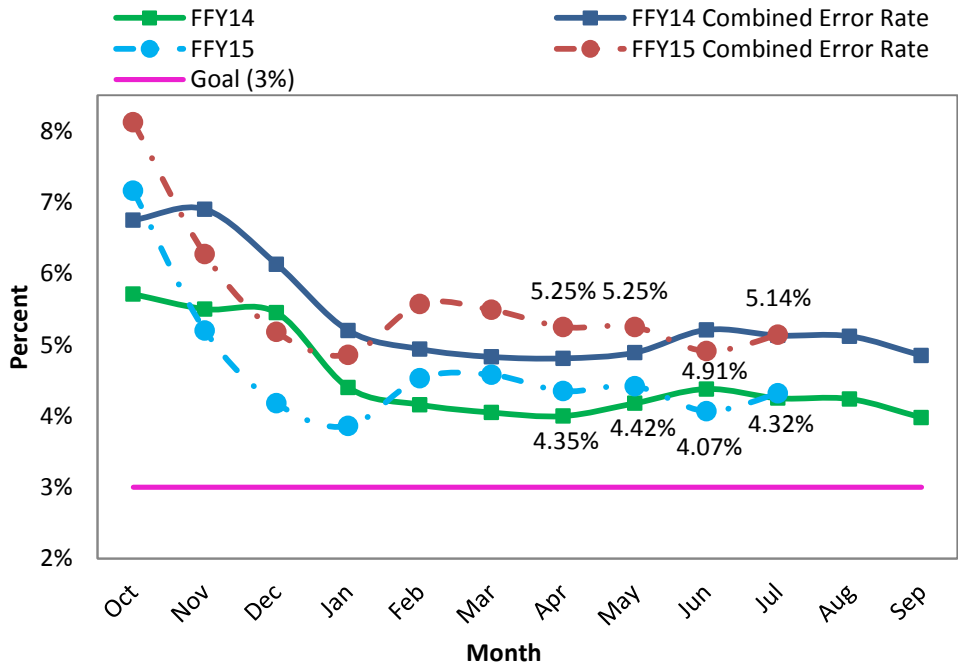
Measure: **Food Assistance payment error rate (Federal Measure)**

How it is measured: *Numerator:* Cumulative dollar amount of incorrectly authorized benefits in the sample year to date

*Denominator:* Cumulative dollar amount of authorized benefits sampled year to date; cumulative denominator (October 2014-July 2015): \$192,651

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

Goal: **↓ 3%**



Trend: Performance in the most recent quarter has demonstrated limited variability. The goal has yet to be attained.

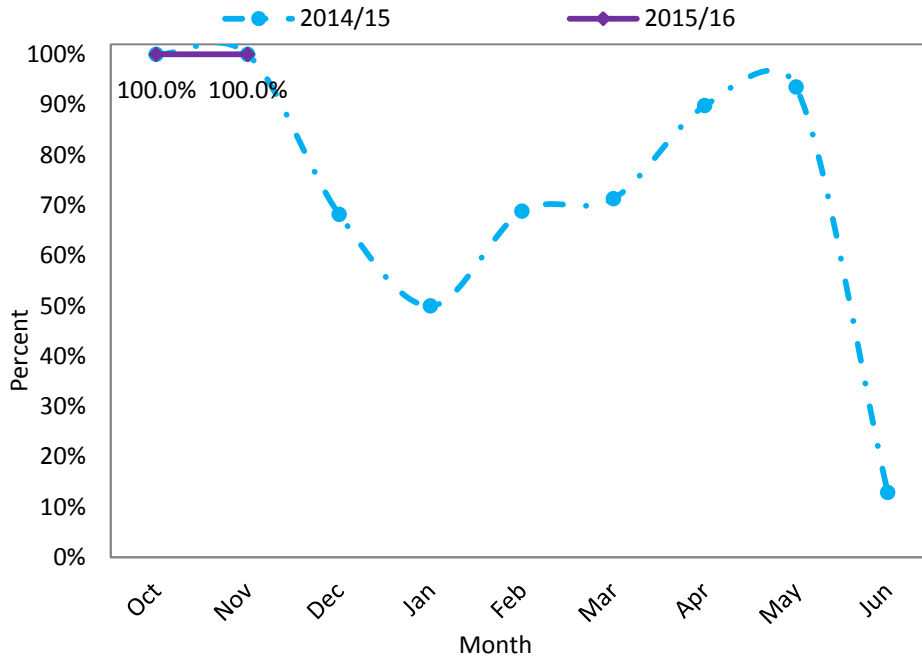
## Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of regular LEAP applications**

How it is measured: *Numerator:* Number of regular applications processed timely  
*Denominator:* Total number of regular LEAP applications processed in the month; Average quarterly denominator: 10,866

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: Timeliness of regular LEAP applications demonstrated steady performance in October and November 2015. It is common to see 100% performance in the first two months of the LEAP season (October and November), with more varied performance throughout the remaining LEAP months (December through June).

Note: Performance for LEAP is now being presented as a percentage, specifically looking at the percentage of cases being processed timely, within 30 days. 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 yet to be established.

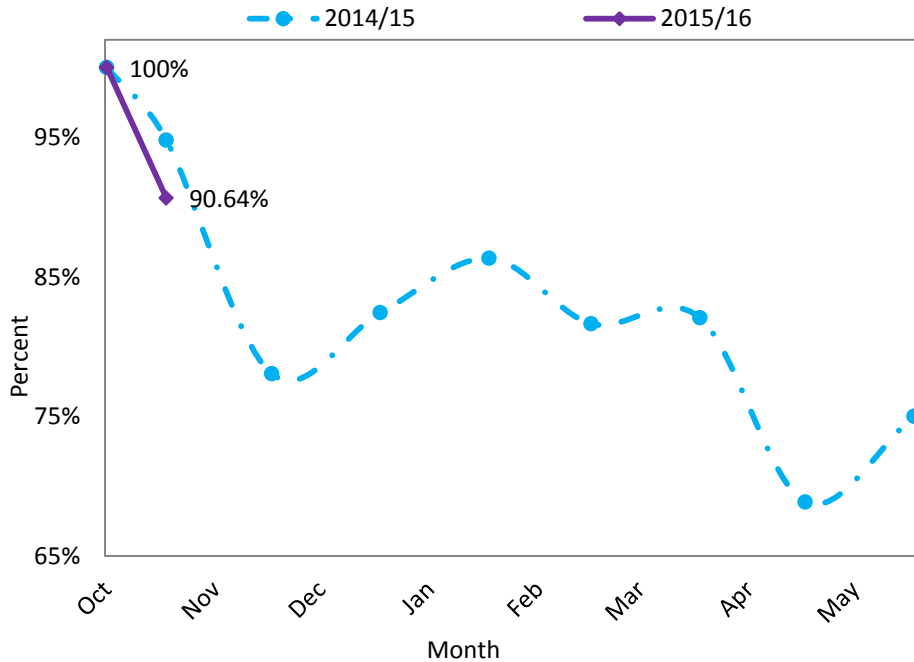
## Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of expedited LEAP applications**

How it is measured: *Numerator:* Number of expedited applications processed timely  
*Denominator:* Total number of expedited new benefit applications processed in the month;  
 Average quarterly denominator: 1,223

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: Performance demonstrated a decline from October to November 2015.

Note: Performance for LEAP is now being presented as a percentage of cases that were processed timely, within 14 days. 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 yet to be established.