



Summary Report

January – March 2016

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.

C-Stat Report

This report reflects the measures identified by CDHS to be tracked on an ongoing basis through the C-Stat process as of March 31, 2016. C-Stat measures, however, remain fluid in nature as progress is made and data refined. C-Stat will continue to evolve to meet the objective of measuring key performance indicators for CDHS.

Each graph reflects the data available and reviewed as of the March 2016 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.

How Do I Read This Report?

The Division

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

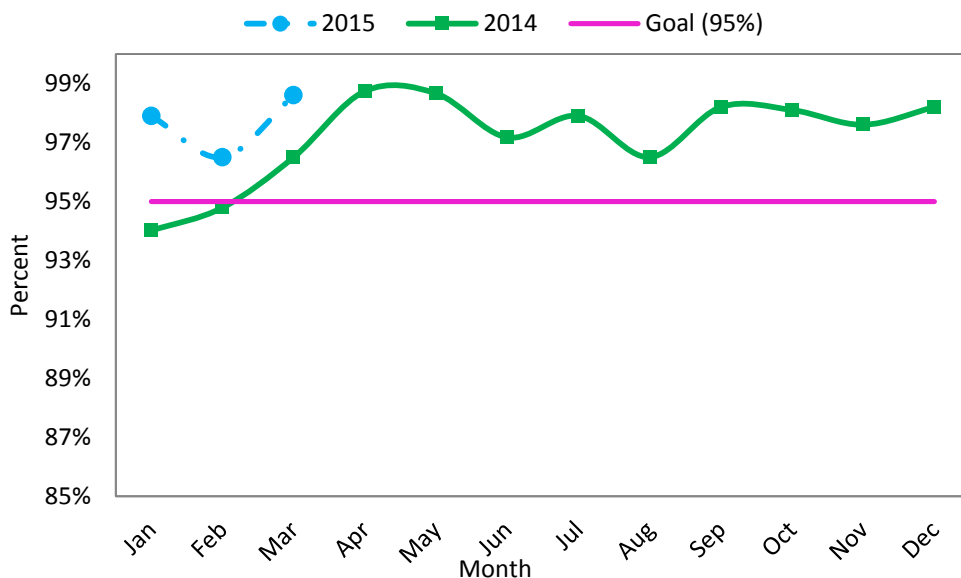
How it is measured: *Numerator:* Describes what is being “counted.”
Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; 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

- *Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment:* CBH has yet to meet the goal on this measure, though performance has improved since 2012 with CBH achieving its highest performance in December 2015. An in-depth analysis of client data showed that the primary drug of abuse for clients who did and did not reduce use was alcohol. However, the referral source differed. For clients who did reduce their use of alcohol, their primary referral source was Non-DUI Criminal Justice. For those who did not reduce their use of alcohol, the most common referral source was the individual.
- *Mental Health Clients Engaged in Services:* In late 2015, CBH reviewed engagement data and met with the Colorado Department of Health Care Policy and Financing and providers in order to identify strategies to improve performance. Due to this effort, Community Behavioral Health implemented a methodology change in October 2015, which resulted in an 18.2% improvement in performance in October 2015.
- *Percent of Persons who Obtained / Maintained Housing while Receiving Mental Health Services:* CBH conducted an analysis of the individuals who had improved and worsened housing outcomes. CBH identified 30% of sampled clients were offered services, but the client failed to follow-up on scheduling subsequent appointments. CBH also found that 23% of sampled clients did obtain housing, but the data reported for those clients in C-Stat did not reflect that update.
- *Timeliness of Crisis Services:* Community Behavioral Health established goals for Crisis Stabilization Unit (CSU) and Mobile in January 2016. CSU's goal is 99.0% and Mobile's goal is 97.0%.

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)

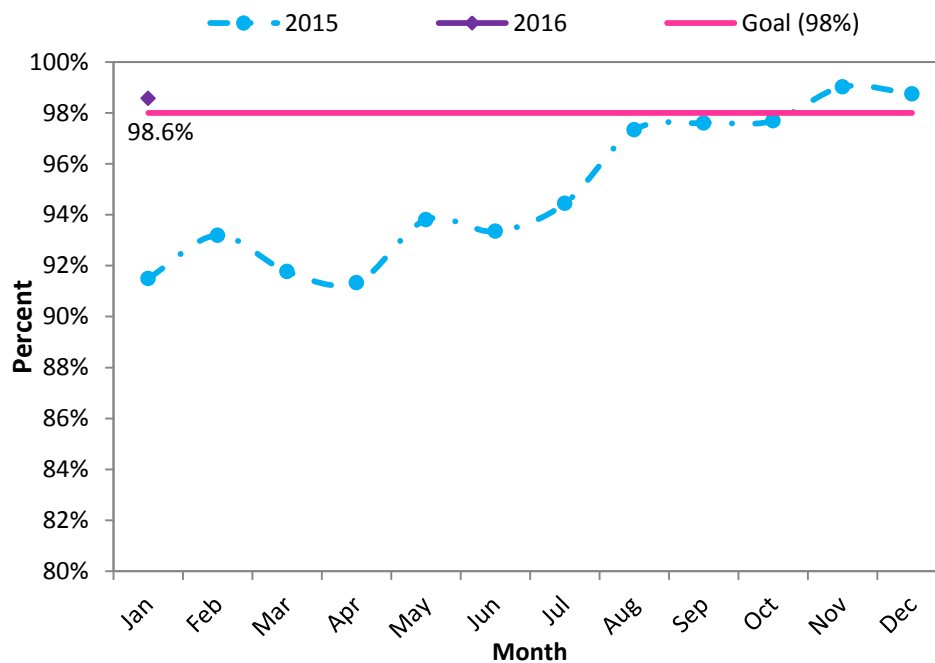
Measure: **Timeliness of Appointments Offered for Outpatient Substance Use Disorder Treatment**

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: 1,017.3

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 ranged from 99.0% (high) to 98.6% (low). The goal was attained each month this quarter, and for the first time in November 2015.

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



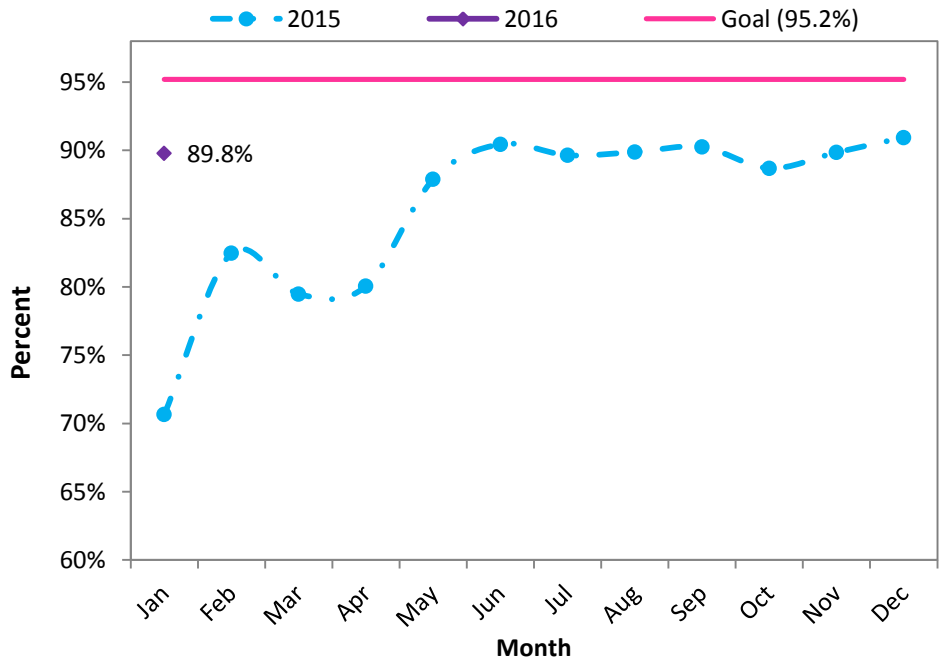
Community Behavioral Health (CBH)

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: 895.7

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 ranged from 90.9% (high) to 89.8% (low). The goal was not attained, though Community Behavioral Health achieved its highest performance in December 2015 (90.9%).



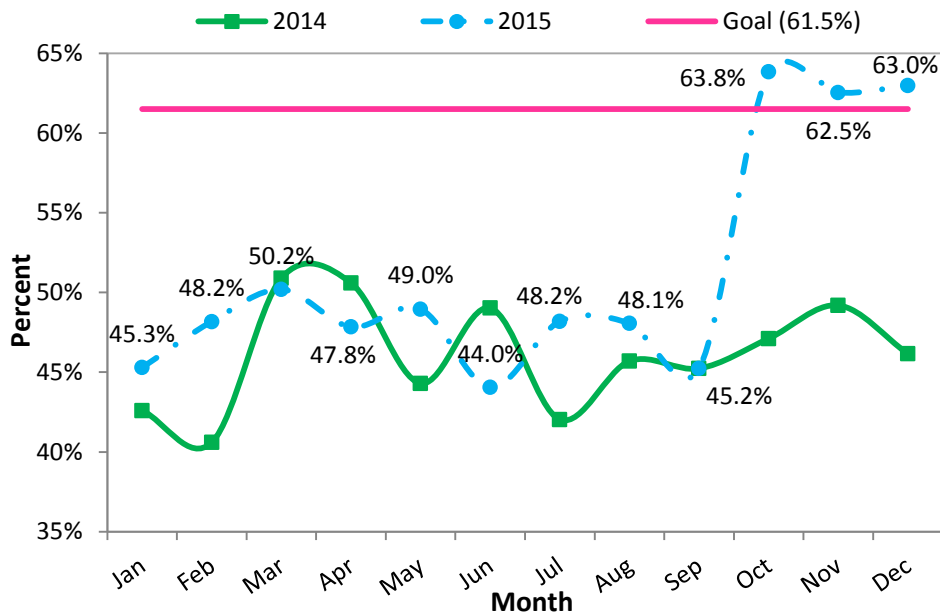
Community Behavioral Health (CBH)

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: 305.7

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

Goal: **↑61.5%**



Trend: Performance in the most recent quarter ranged from 63.8% (high) to 62.5% (low). The goal was attained each month this quarter.

Notes: In October 2015, Community Behavioral Health made an update to the Data Dictionary and began excluding data submitted incorrectly. This methodology change resulted in an 18.2% improvement in performance in October 2015. Community Behavioral Health achieved the 61.5% goal for the first time in October 2015 due to this methodology change.

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.

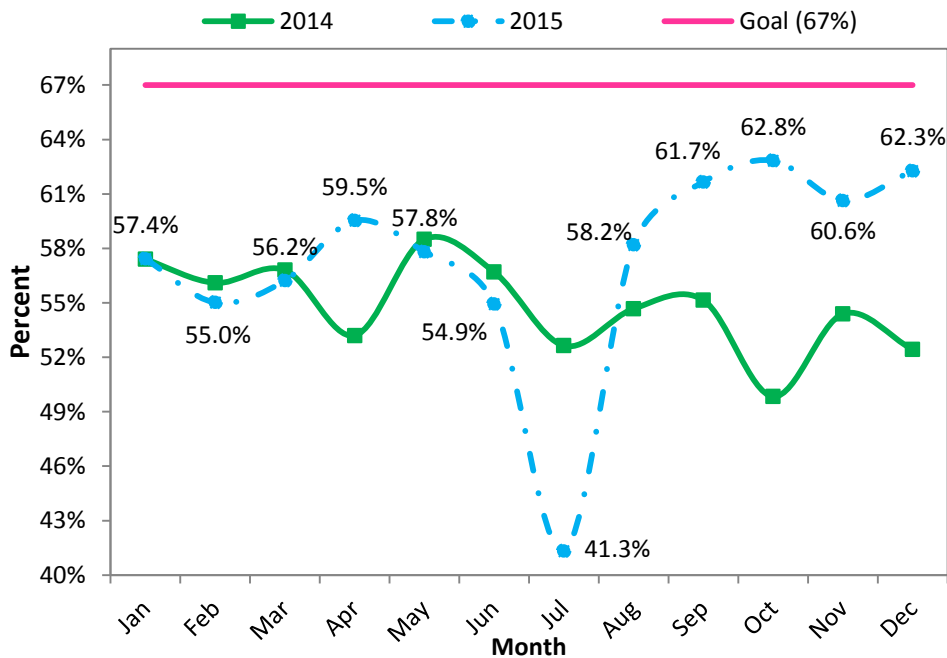
Community Behavioral Health (CBH)

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: 787.3

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 ranged from 62.8% (high) to 60.6% (low). The goal was not attained this quarter, though Community Behavioral Health achieved its highest performance in October 2015 (62.8%).

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).



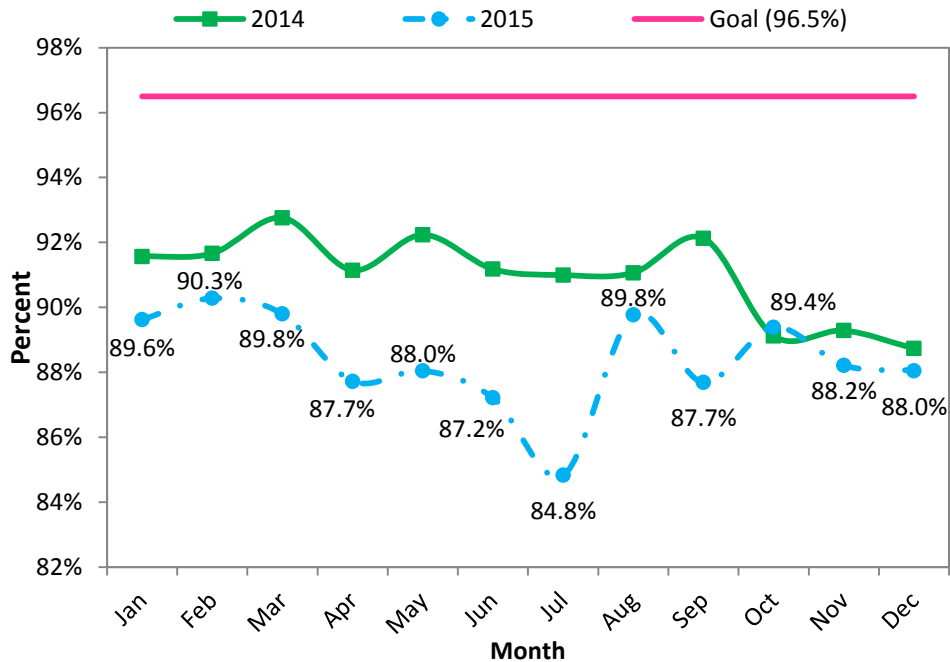
Community Behavioral Health (CBH)

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 and housing instability.

Goal: **↑96.5%**



Trend: Performance in the most recent quarter ranged from 89.4% (high) to 88.0% (low). Community Behavioral Health demonstrated a decline in performance and the goal was not attained this quarter.

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).



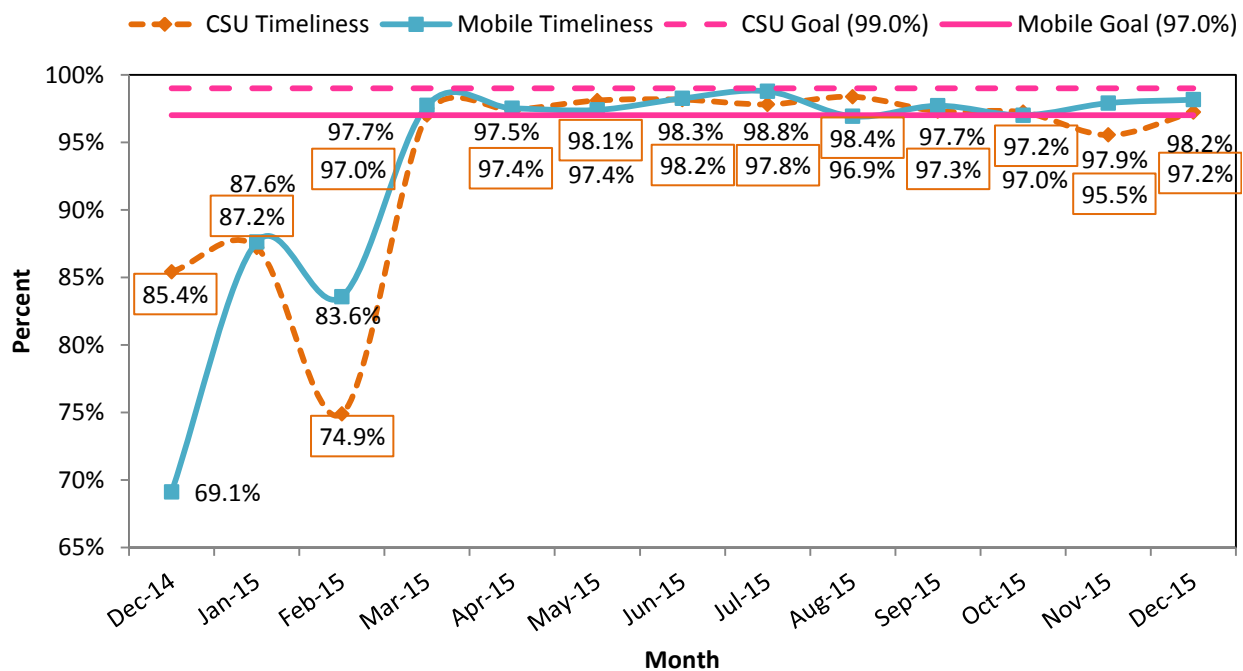
Community Behavioral Health (CBH)

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: 619; Mobile: 1,716

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

Goal: **↑CSU 99%, Mobile 97%**



Trend: CSU performance (orange line) in the most recent quarter ranged from 97.2% (high) to 95.5% (low). The goal was not attained this quarter. Mobile performance (blue line) in the most recent quarter ranged from 98.2% (high) to 97.0% (low). The goal was attained each month this quarter.

Notes: In January 2016, Community Behavioral Health established goals for the Timeliness of Crisis Services measure. The goal for CSU is 99.0% and the goal for Mobile is 97.0%.

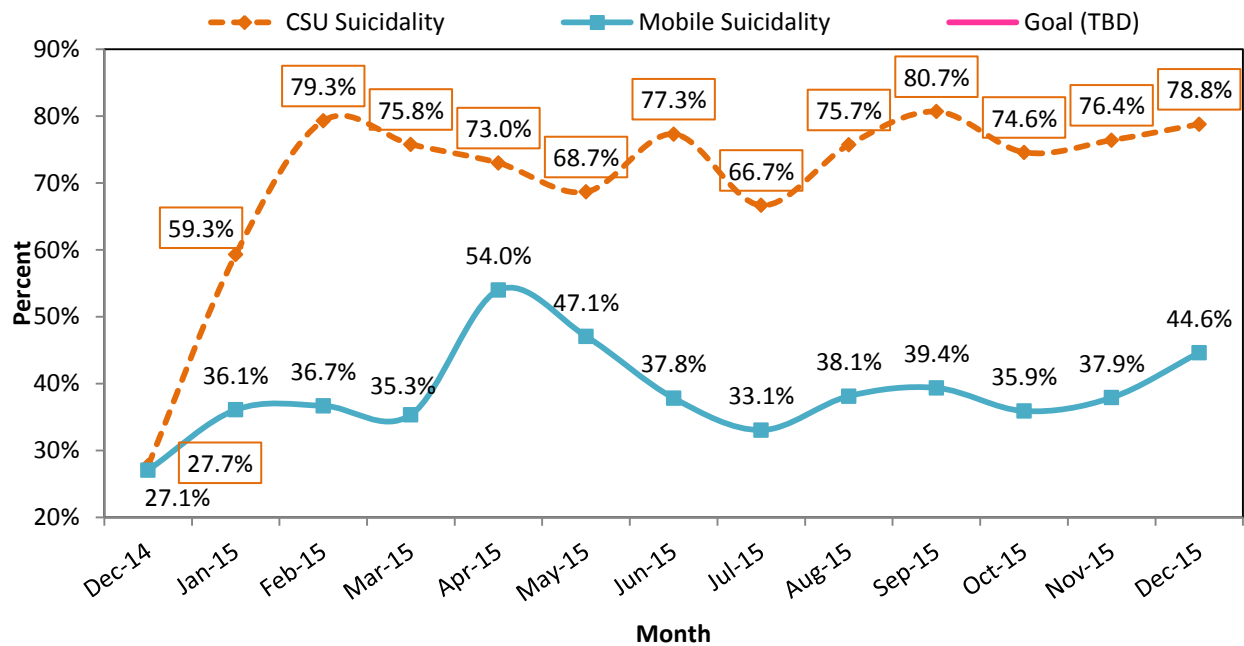
Community Behavioral Health (CBH)

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): 281; Mobile: 822

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

Goal: **↑ TBD**



Trend: CSU performance (orange line) in the most recent quarter ranged from 78.8% (high) to 74.6% (low). Mobile performance (blue line) in the most recent quarter ranged from 44.6% (high) to 35.9% (low). Community Behavioral Health demonstrated an improvement in performance throughout the quarter for CSU and Mobile.

Mental Health Institutes (MHI)

Summary

Description

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

- Over the past several months, the Colorado Department of Human Services (CDHS) engaged in a planning process to review all C-Stat measures and assure alignment with the most critical business functions of the department. As a part of that process, the following measure was modified in the way it is captured: *Percent of Civil Patients Ready for Discharge but Have Barriers*.
- *Rates of Seclusion Use: Pueblo*: An in-depth analysis showed that five patients used 95.07% of the seclusion hours at CMHIP in January 2016.
- *Rates of Restraint Use: Pueblo*: An in-depth analysis showed that six patients used 91.32% of the restraint hours at CMHIP in January 2016.
- *Percent of Civil Patients Ready for Discharge but Have Barriers: Pueblo*: In November 2015, the Office of Behavioral Health implemented a methodology change for CMHIP's performance only. CMHIP's denominator no longer includes Adolescent and Circle patients.
- *Percent of 30-Day Readmissions: Fort Logan & Pueblo*: The Fort Logan Institute had one 30-day readmission in November 2015, zero in December 2015, and one in January 2016. The Pueblo Institute saw its first 30-day readmission in January 2016, after thirteen consecutive months with zero 30-day readmissions.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo*: The Pueblo Institute has met the goal for nineteen consecutive months. The Fort Logan Institute has been trending in the right direction since October 2015 but has not met the goal since April 2015.

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](#)

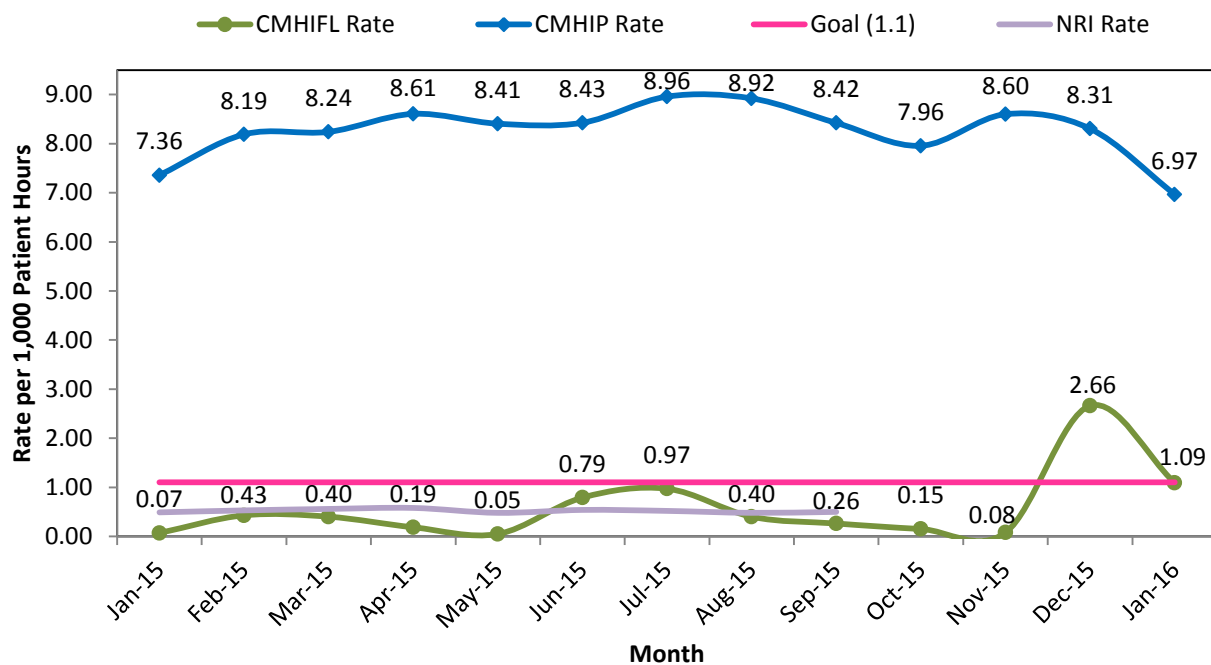
Mental Health Institutes (MHI)

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: 67.04; Pueblo: 287.46

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: CMHIFL’s performance (green line) in the most recent quarter ranged from 2.66 (high) to 0.08 (low). CMHIFL met the goal in two out of three months this quarter. CMHIP’s performance (blue line) in the most recent quarter ranged from 8.6 (high) to 6.97 (low). The goal was not attained, though CMHIP achieved its best performance since September 2014 in January 2016.

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).

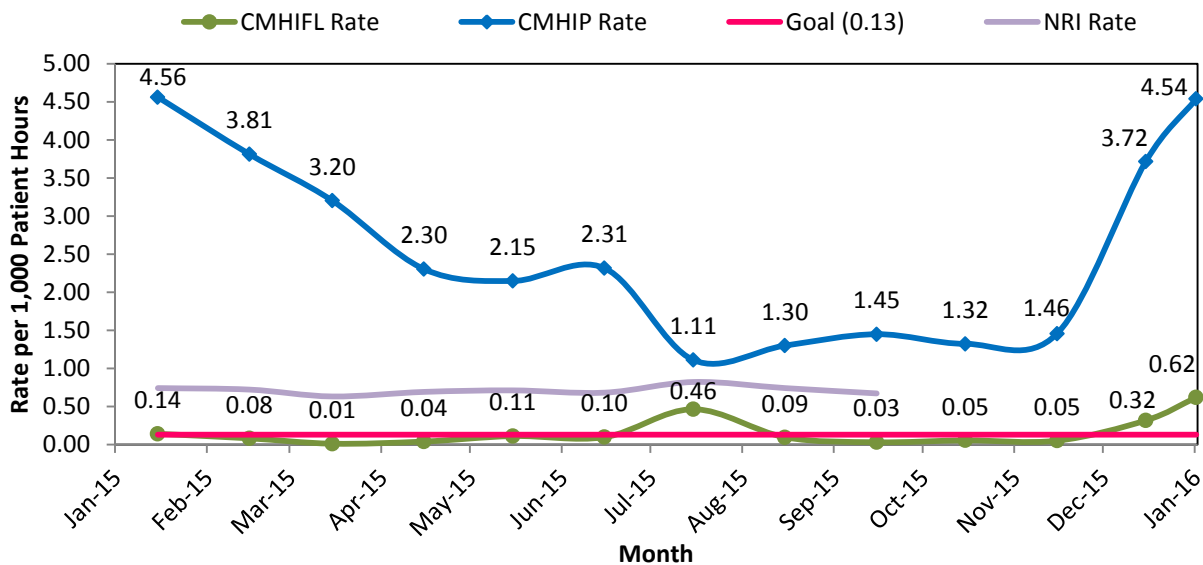
Mental Health Institutes (MHI)

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: 67.04; Pueblo: 287.46

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: CMHIFL's performance (green line) in the most recent quarter ranged from 0.62 (high) to 0.05 (low). CMHIFL met the goal in one out of three months this quarter. CMHIP's performance (blue line) in the most recent quarter ranged from 4.54 (high) to 1.46 (low). The goal was not attained. Both Institutes demonstrated a decline in performance throughout the quarter.

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).

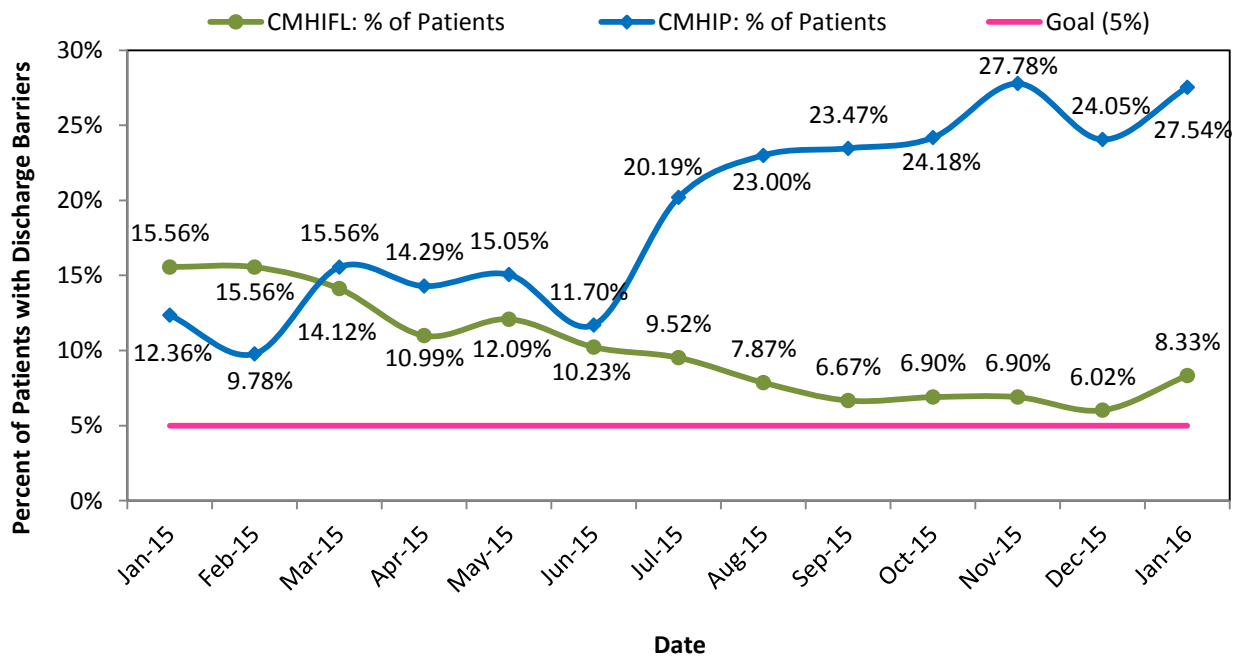
Mental Health Institutes (MHI)

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: 85; Pueblo: 74

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

Goal: ↓ 5%



Trend: CMHIFL’s performance (green line) in the most recent quarter ranged from 8.33% (high) to 6.02% (low). CMHIP’s performance (blue line) in the most recent quarter ranged from 27.78% (high) to 24.05% (low). The goal was not met by either Institute throughout the quarter.

Notes: As of November 2015, CMHIP’s denominator no longer includes Adolescent and Circle patients, as they do not face barriers to discharge. CMHIFL does not serve Adolescent or Circle patients. CMHIP also began monitoring this measure’s performance specific to patients who were not formerly forensic (i.e., excluded formerly forensic patients from the denominator) on a month to month basis.



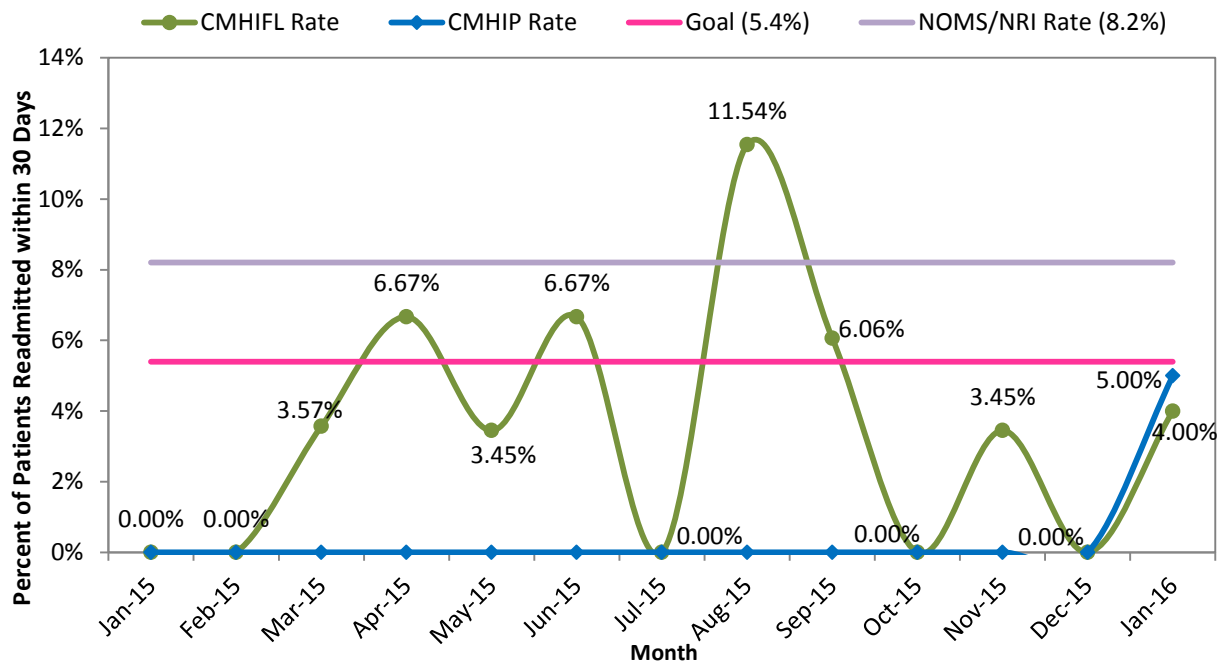
Mental Health Institutes (MHI)

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: 25.7; Pueblo: 16.3

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: **↓5.4%**



Trend: CMHIFL’s performance (green line) in the most recent quarter ranged from 4.00% (high) to 0.00% (low). CMHIP’s performance (blue line) in the most recent quarter ranged from 5.00% (high) to 0.00% (low). The goal was met in every month by both Institutes this quarter.



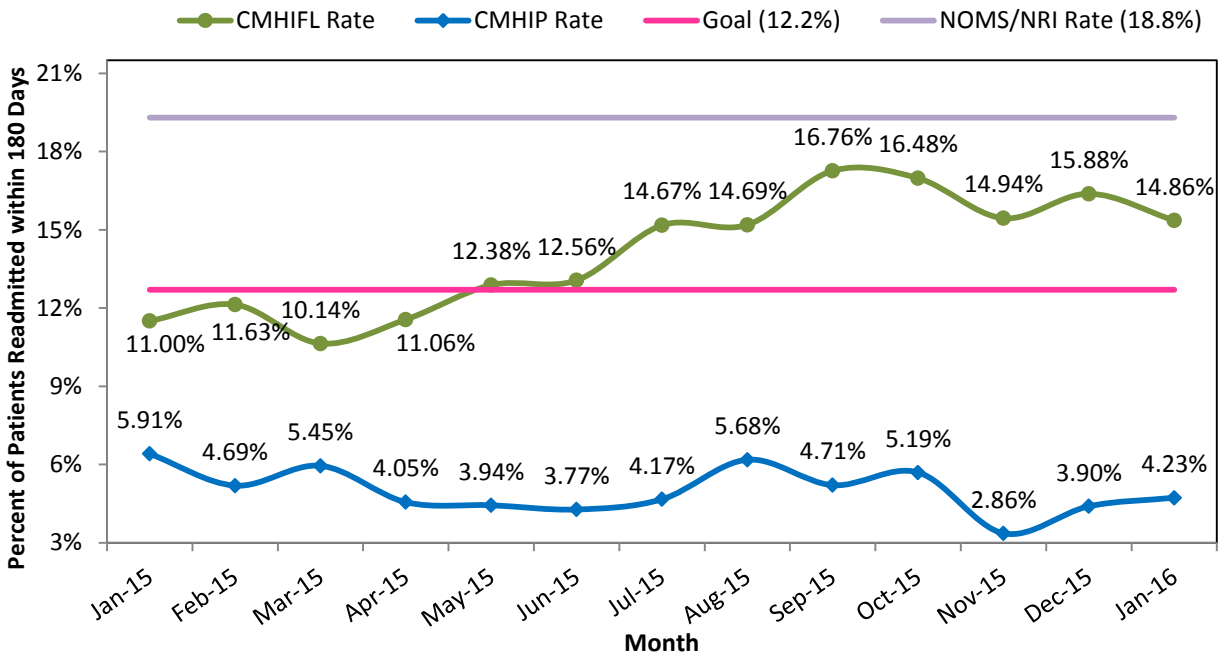
Mental Health Institutes (MHI)

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: 173.0; Pueblo: 72.7

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

Goal: **↓12.2%**



Trend: CMHIFL’s performance (green line) in the most recent quarter ranged from 15.88% (high) to 14.86% (low). CMHIFL has not achieved the goal since April 2015. CMHIP’s performance (blue line) in the most recent quarter ranged from 4.23% (high) to 2.86% (low). The goal was met by CMHIP in every month since January 2015.



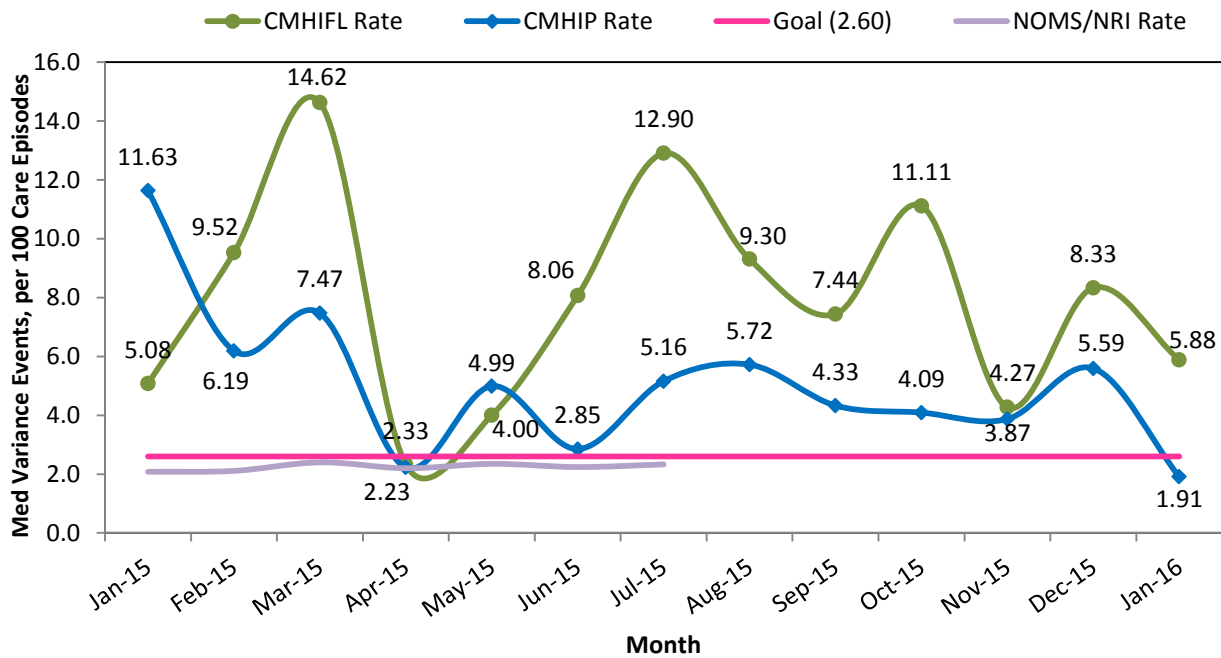
Mental Health Institutes (MHI)

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: 1.19; Pueblo: 4.52

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

Goal: ↓2.60



Trend: CMHIFL’s performance (green line) in the most recent quarter ranged from 8.33 (high) to 4.27 (low). CMHIFL has not achieved the goal since April 2015. CMHIP’s performance (blue line) in the most recent quarter ranged from 5.59 (high) to 1.91 (low). CMHIP met the goal in January 2016.



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

- The following DCW measures reflect data that is collected via Results Oriented Management (ROM), which is a web-based data management reporting system developed and maintained by Kansas University. As a result, Colorado counties can view their C-Stat performance in real-time, at the state aggregate and county level by visiting <http://www.cdhsdatamatters.org/>.
 - Measures that utilize ROM include: *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*, and *Children Who Re-Enter Care within 12 Months*.
- *Timeliness of Initial Response to Abuse/Neglect Assessments*: After completing an in-depth review, DCW identified 1) worker missed timeframe and 2) a documentation issue in which the worker entered contact in the referral note are the two most common reasons for untimely face to face contacts. The Division is utilizing their Continuous Quality Improvement (CQI) Workgroup to assess and work to improve documentation of face to face contacts.
- *Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure*: Performance on this measure experienced the same seasonal decline in the most recent December and January as seen in the last three years. The Division is continuing to work with counties to improve staffing during the winter holiday season.
- *Children Who Re-Enter Care within 12 Months*: The Division has begun a multiple month research assessment of the factors that contribute to a child re-entering care. They identified that the median length of time for a child to re-enter care after returning home is 7 months.
- *Children in Congregate Care*: After seeking county feedback from the DCW CQI workgroup, Practice Advancement Group, and SubPAC the Division has decided to amend the Congregate Care methodology. This modification to the methodology is expected to allow for more accurate comparisons between counties. A goal for the new methodology is yet to be determined.

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)

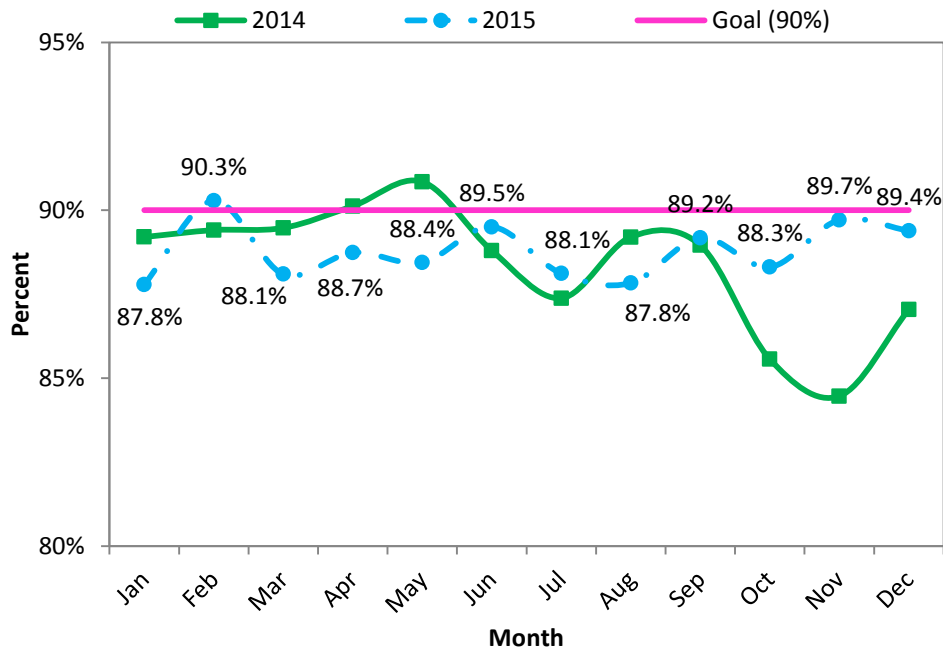
Measure: **Timeliness of Initial Response to Abuse/Neglect Assessments**

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 alleged victims with a child protection assessment opened in the specified month (both Traditional and Family Assessment Response); average monthly denominator: 4,057

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 ranged from 88.3%-89.7%. The Division demonstrated improvement in the most recent quarter when compared to this same quarter in 2014. The goal has not been met since February of 2015.

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

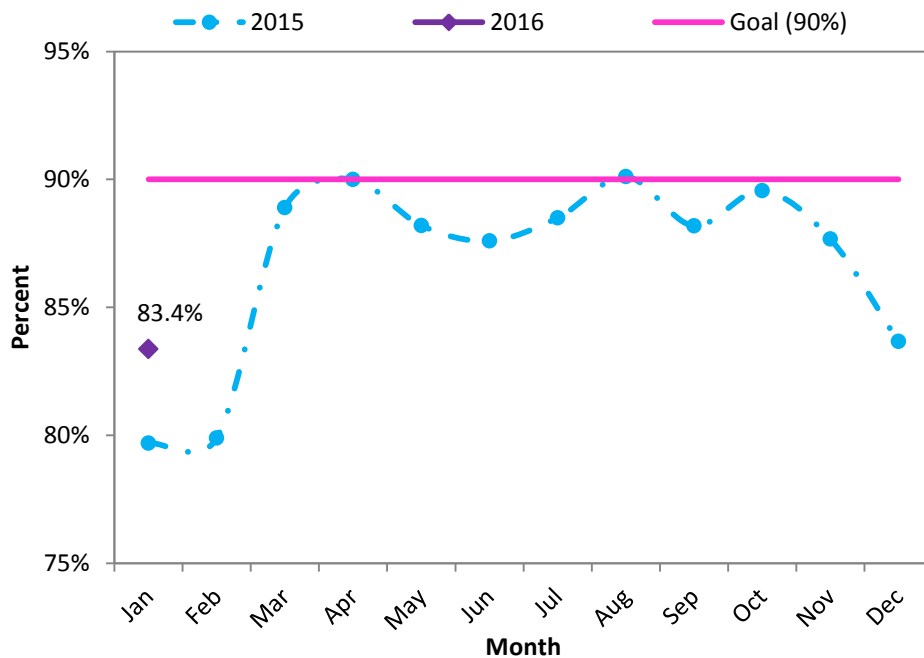
Division of Child Welfare (DCW)

Measure: **Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure**

How it is measured: *Numerator:* Number of child protection assessments closed within 60 days of referral
Denominator: Number of child protection assessments due to close during the specified month (both Traditional and Family Assessment Response); average monthly denominator: 2,799

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: The Division of Child Welfare’s Performance has continued to demonstrate a seasonal decline in December and January, as seen in past years. The goal has not been attained since August of 2015.



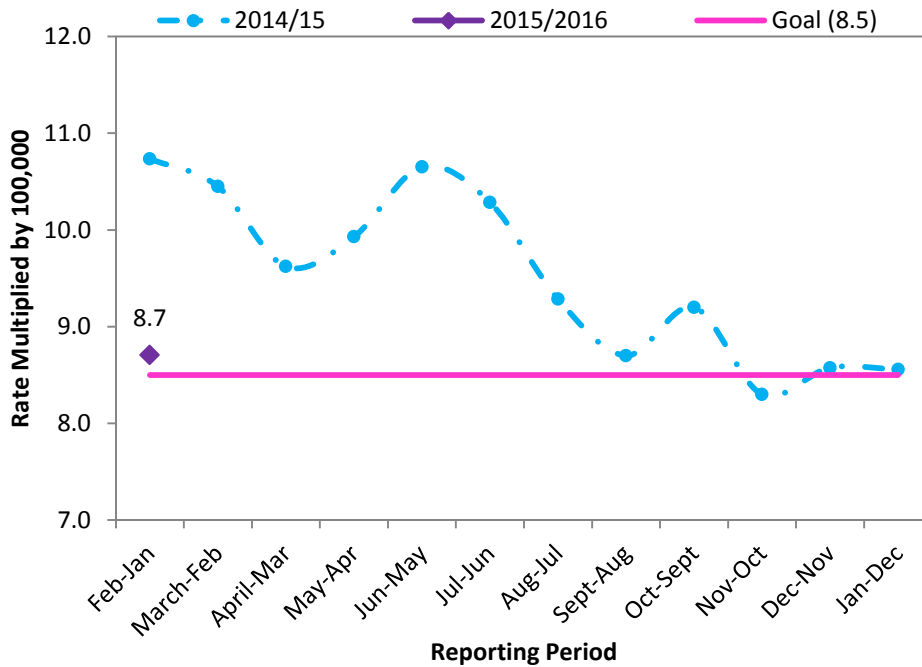
Division of Child Welfare (DCW)

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: 1,695,075

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

Goal: **↓ 8.5**



Trend: Overall, this measure has continued to improve over the last year. The goal was met for the first time last quarter. The goal was not met within the most recent quarter.

Notes: Please note the rate is multiplied by 100,000.



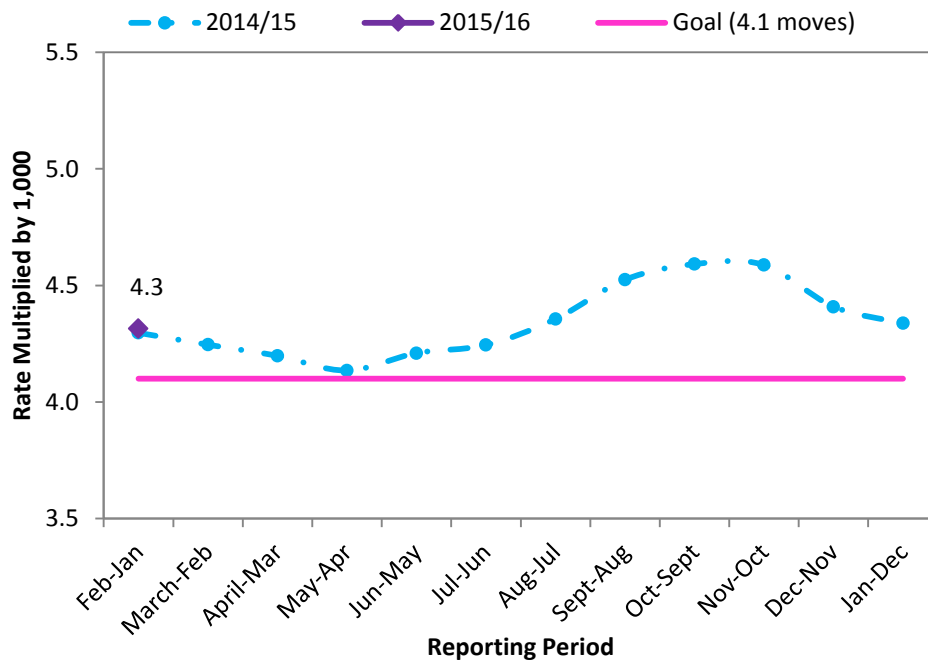
Division of Child Welfare (DCW)

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 out of home days for children in out of home care within a 12 month period; average reporting period denominator: 590,607

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

Goal: **↓ 4.1 moves**



Trend: The Division's performance improved throughout the most recent quarter. The goal has yet to be achieved for this measure.

Notes: Please note the rate is multiplied by 1,000.



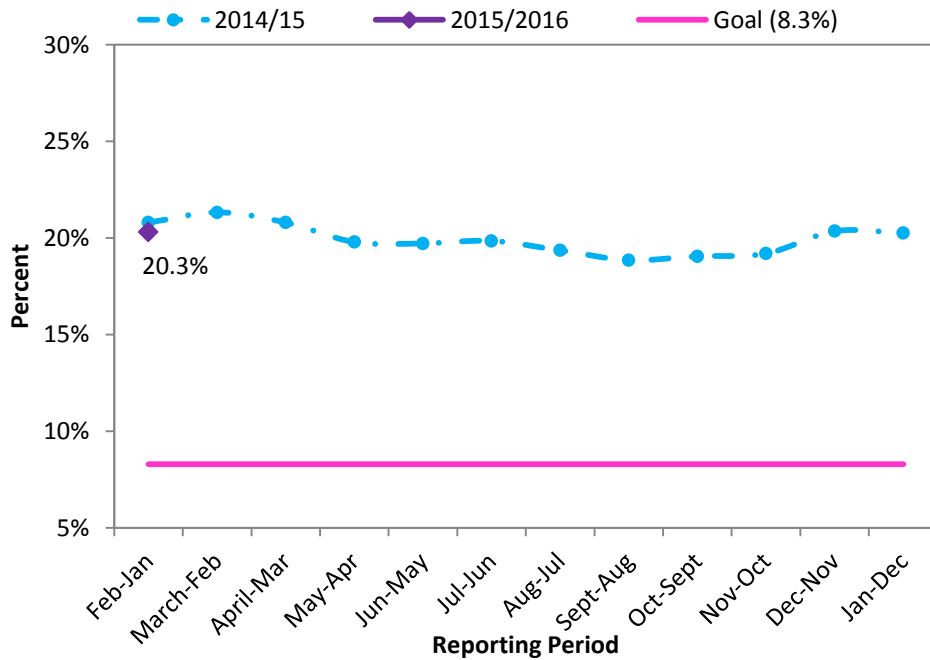
Division of Child Welfare (DCW)

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: 2,293

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

Goal: **↓ 8.3%**



Trend: Performance remained stable throughout the last year, with very little fluctuation. The goal has yet to be achieved for this measure.

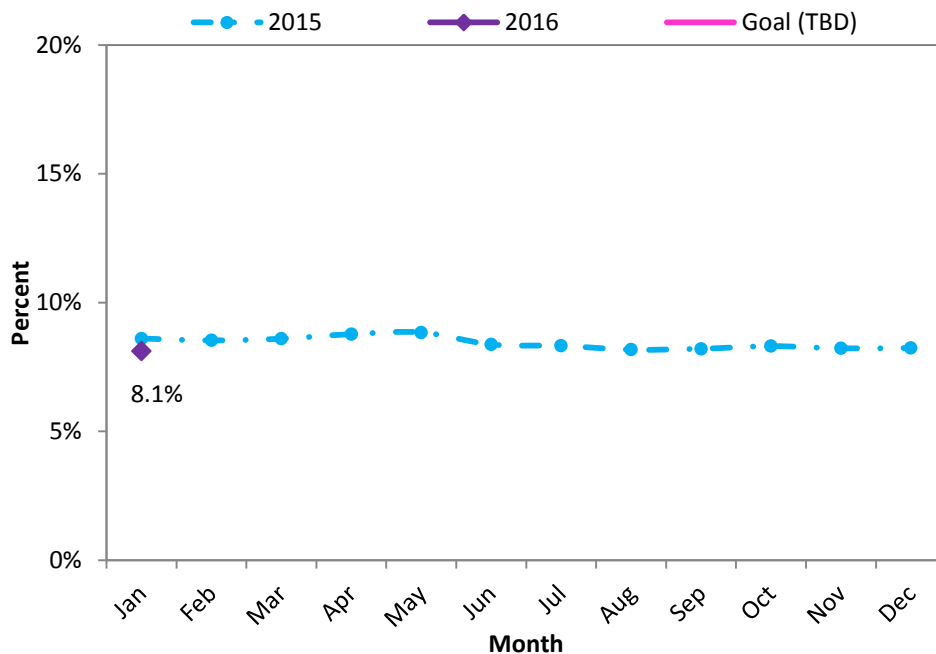
Division of Child Welfare (DCW)

Measure: **Children in Congregate Care**

How it is measured: *Numerator:* Average daily population in congregate care
Denominator: Average daily population served by child welfare (in-home and out-of-home); average monthly denominator: 10,614

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: ↓ To be determined



Trend: The Division's performance remains steady throughout the most recent quarter with a slight improvement throughout the past 13 months.

Note: The methodology of this measure has changed from the number of children in out of home care over the total out of home care population to a percent of the average daily population over total child welfare population. A goal is to be determined.

Division of Youth Corrections

Summary

Description

The Division of Youth Corrections (DYC) provides juvenile detention, commitment, and parole services to protect, restore, and improve public safety. DYC provides supervision for juvenile offenders, promotes offender accountability to victims and communities, and builds the skills and competencies of youth to become responsible citizens.

Director: Charles Parkins

Executive Summary

- *Committed or Detained Youth Who Escape or Walkaway*: The Division reviewed the historical performance of both the walkaways and escapes. DYC determined that over time, the number of walkaways has increased, while the number of escapes has decreased. The Division is working to engage contract providers through the DYC Provider Workgroup to explore opportunities to reduce walkaways.
- *Timely Initial Placement for Committed Youth*: 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.
- *Staff Injuries on the Job as a Direct Result of Youth Contact*: The Division took a historical look at the use of physical response/management across the last four years, as it relates to staff injuries. Overall trends demonstrate a slight increase in physical response/management across the timespan. The Division is continuing to assess how physical response/management might be related to staff injuries. After a review of the types of staff injuries that occur resulting from circumstances surrounding staff physical response/management, DYC determined: 53% of staff injuries were accidental/unintentional in the course of a physical response/management with youth, 29% occurred as the result of youth resistance, and 18% were the result of spontaneous and intentional youth to staff assault.
- *Family Attendance at Multidisciplinary Team Review (MDT) Meetings*: This is a new measure in which the methodology is continuing to be refined. Fluctuations in performance over the next six months are expected 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. The Division will continue to review the definitions and methodology of this measure to ensure that the captured data 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 Multidisciplinary Team Review \(MDT\) Review Meetings](#)



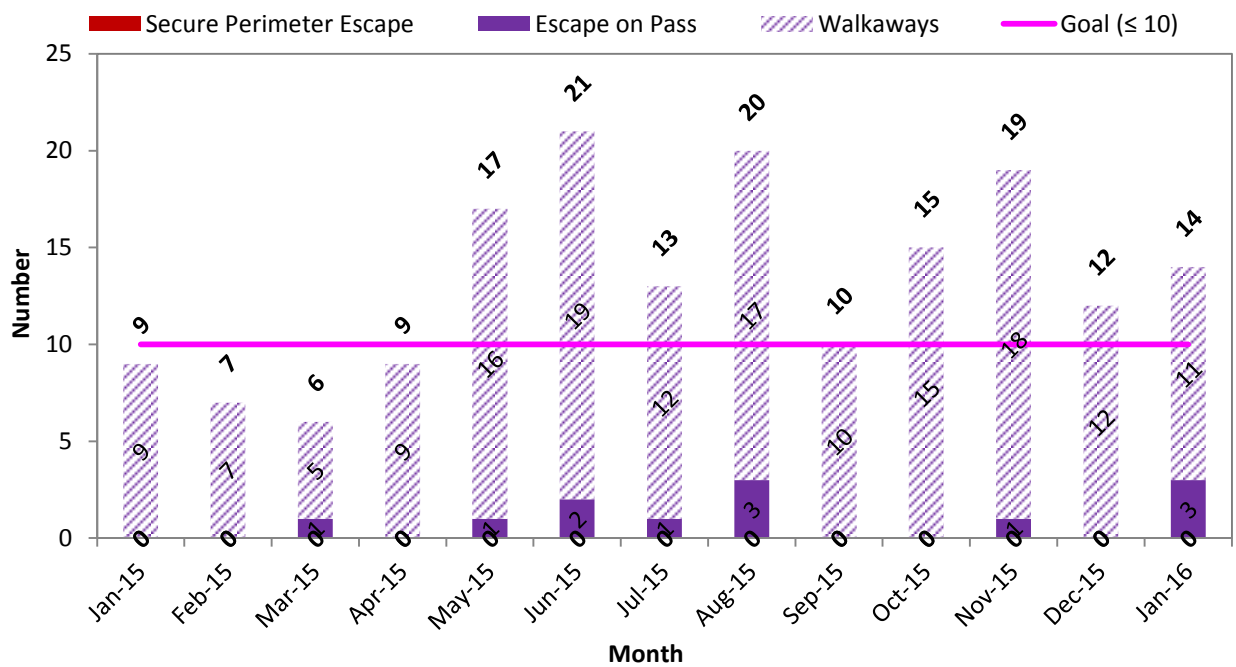
Division of Youth Corrections (DYC)

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: 951.6

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, which is the same number of average escapes/walkaways demonstrated in last quarter. The number of escapes/walkaways did not meet the goal in the most recent quarter.

Notes: "Secure Perimeter Escape" was added to differentiate between youths who escape while in the community on pass, and those who escape from the walls of a state-secure facility.



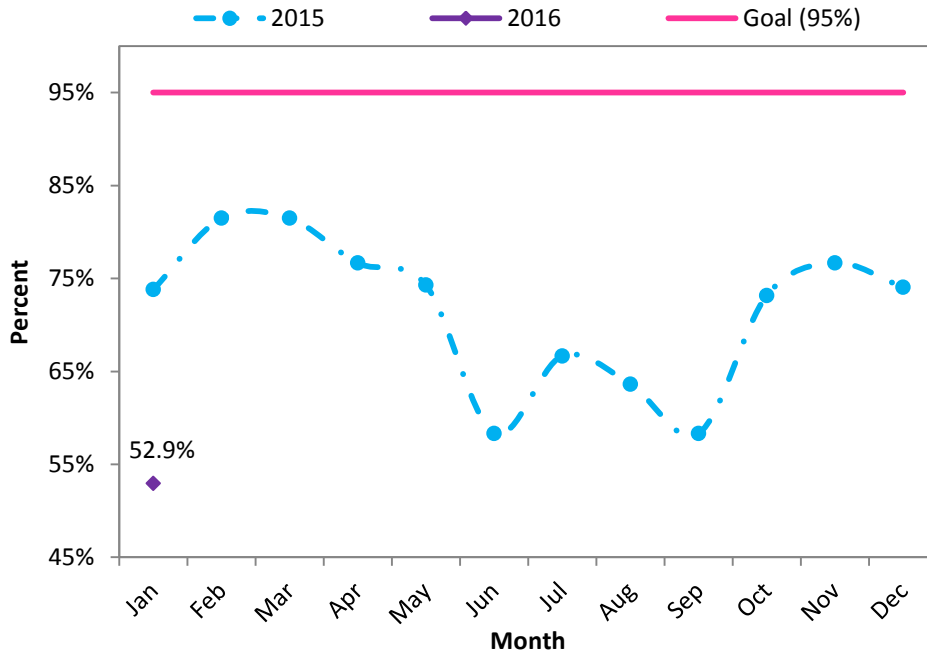
Division of Youth Corrections (DYC)

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: 30

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

Goal: **↑ 95%**



Trend: The Division’s performance in the most recent quarter started off in November-December 2015 around 75% and then reached an all-time low of 52.9% of youth placed timely in January 2016. The goal has yet to be achieved.



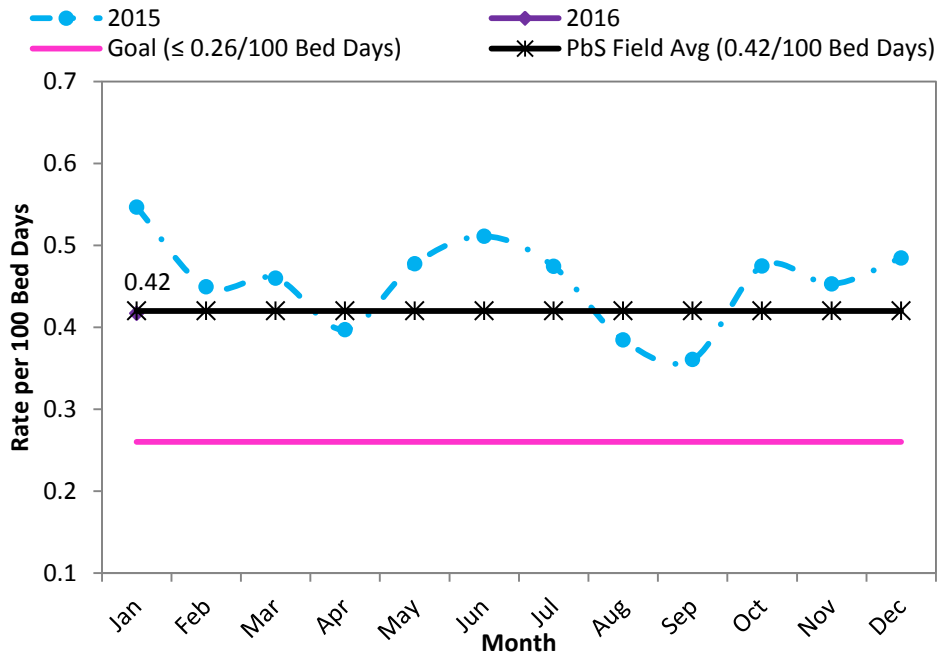
Division of Youth Corrections (DYC)

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: 18,087.4

Why this matters: All youth in the custody of the Division of Youth Corrections should reside in a safe environment free from fear of harm.

Goal: **↓ ≤ 0.26 per 100 Bed Days**



Trend: The rate of fights and/or assaults in state-secure facilities ranged from .48 to .42 throughout the most recent quarter. The goal was not attained.

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.



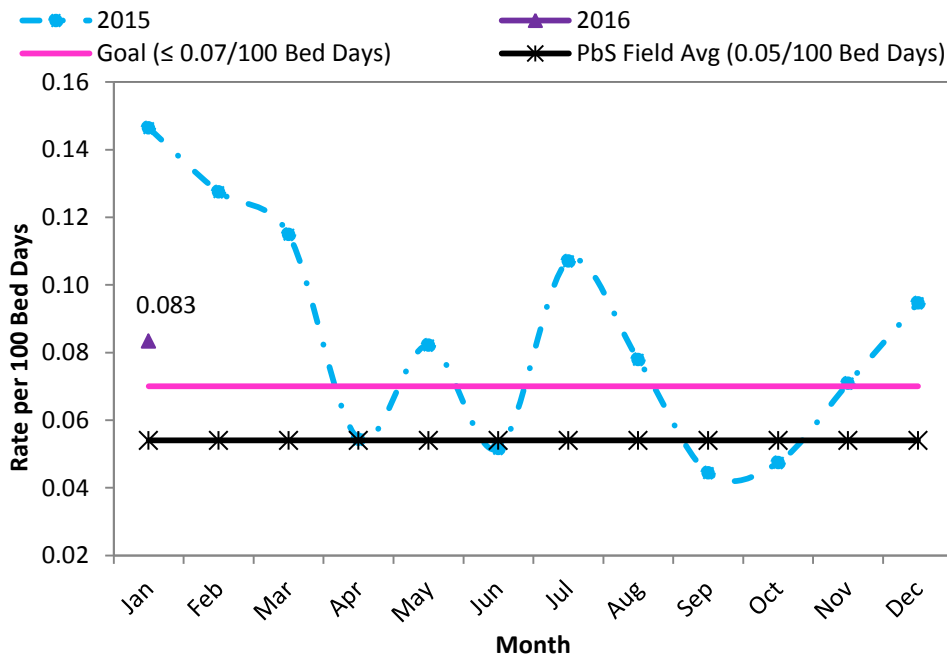
Division of Youth Corrections (DYC)

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: 18,087.4

Why this matters: All youth in the custody of the Division of Youth Corrections should reside in a safe environment free from fear of harm.

Goal: **↓ ≤ 0.07 per 100 Bed Days**



Trend: The Division’s performance declined in November and December 2015, then demonstrated an improvement in January 2016. The goal was attained in both September and October 2015, but was not met during the most recent quarter.

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



Division of Youth Corrections (DYC)

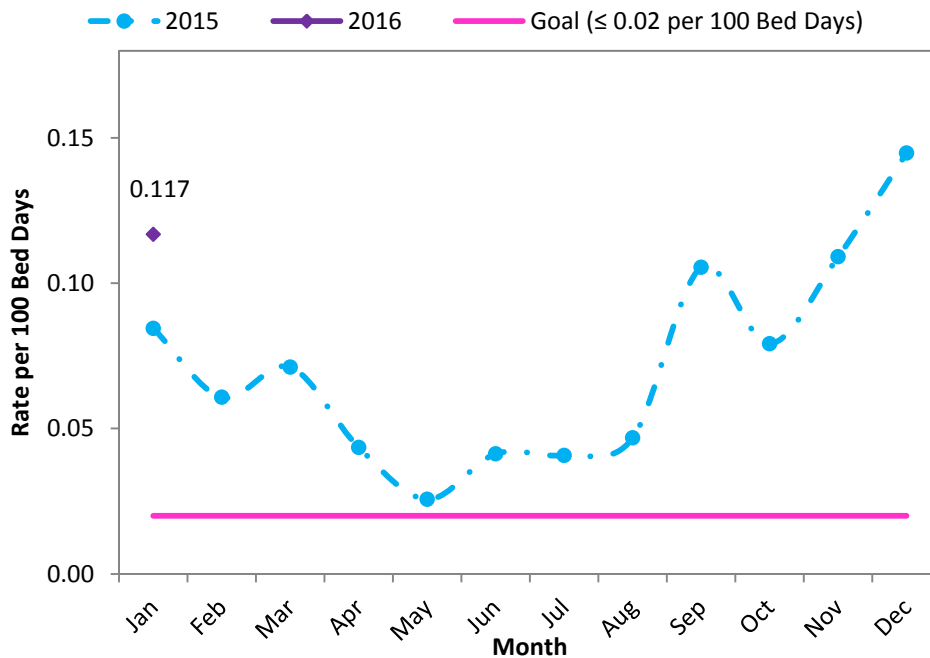
Measure: **Staff Injuries on the Job as a Direct Result of Youth Contact**

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: 18,087.4

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

Goal: **↓ ≤ 0.02 per 100 Bed Days**



Trend: As a whole, the most recent quarter resulted in a decline in performance when compared to the prior quarter. The goal has yet to be achieved.



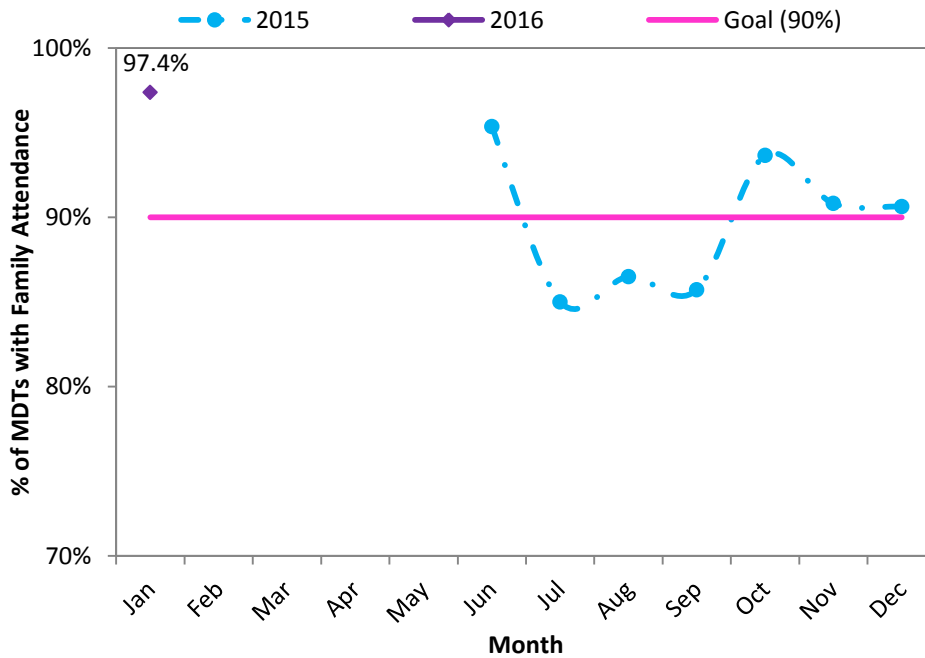
Division of Youth Corrections (DYC)

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: 103

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

Goal: **↑ 90%**



Trend: The Division’s performance remained above the 90% goal throughout the most recent quarter.

Domestic Violence Program

Summary

Description

The Domestic Violence Program (DVP) serves as the state governmental authority on domestic violence issues. DVP provides leadership, guidance, and awareness, within government agencies, as well as ensures grant-funded programs administered by the DVP deliver optimal services to victims, ultimately promoting a Colorado free of domestic violence. DVP strives to ensure that services to victims of domestic violence and their children are readily available throughout Colorado's diverse communities. Services include shelter, advocacy, support groups, and/or counseling. DVP currently funds 44 domestic violence crisis centers across the state. All DVP-funded crisis centers provide confidential services 24 hours a day, seven days a week via crisis lines.

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 measure assesses the number of Client Need and Risk Assessments that were completed within the first week of client contact with the program. The program has demonstrated great performance gains on this measure across the last year. The program continues to offer technical assistance to grant funded programs to assist in managing the new outcomes.
- *Self Sufficiency Matrix – Percent of Change*: This is the second of the new outcome measures for DVP (with *Timely Assessment of Client Need and Risk* being the first). Data collection and technical assistance around the tool has been ongoing. The measure assesses how clients rate their needs across 21 domains to create a *change score* between two assessment periods. Across the four months of data displayed, the majority of clients have the same needs rating, followed by improved needs rating. These results indicate that, across the applicable domains, the client's needs within any given domain either remain or improve.

Measures

- [Timely Assessment of Client Need and Risk](#)
- [Self Sufficiency Matrix – Percent of Change](#)



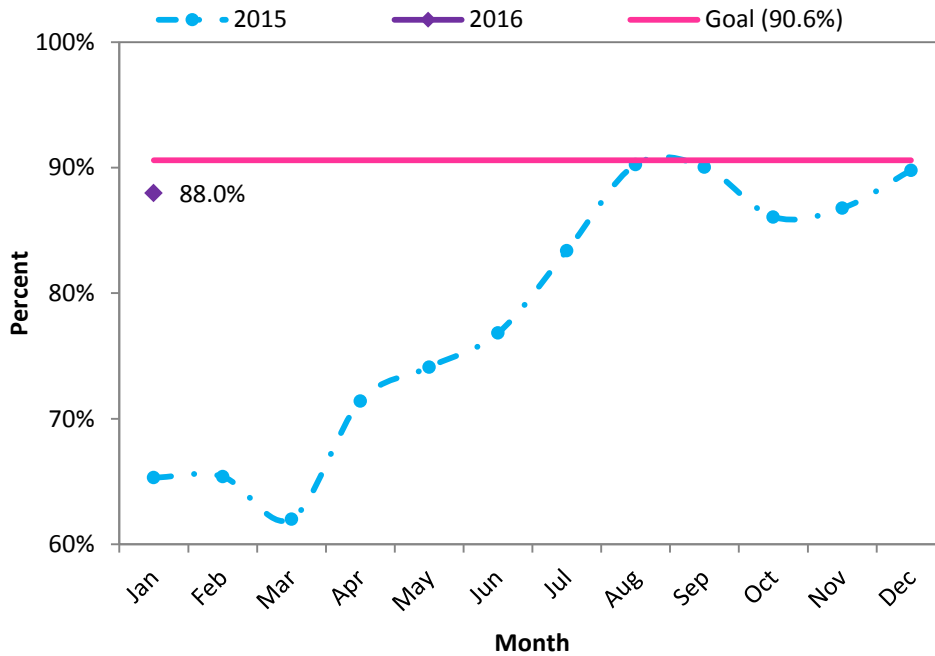
Domestic Violence Program (DVP)

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: 1,364

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: DVP has demonstrated improvement over the last year in the timeliness of assessments. The most recent quarter resulted in consistently high performance, though the goal was not attained.

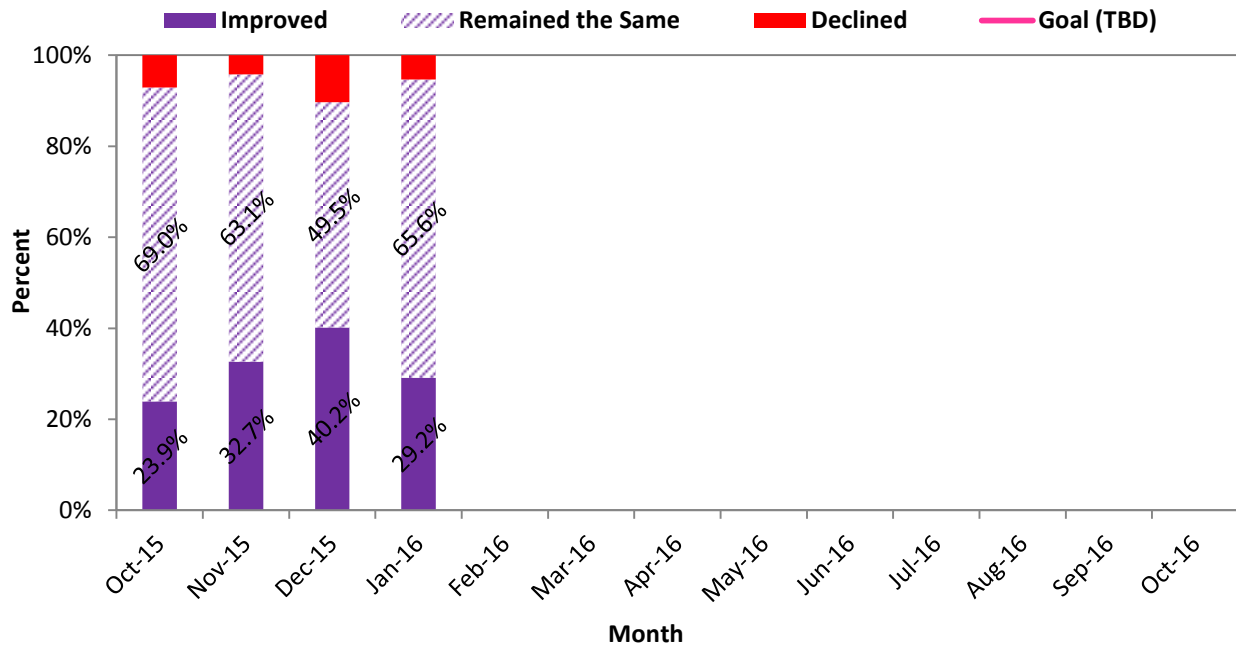
Domestic Violence Program (DVP)

Measure: **Self Sufficiency Matrix – Percent of Change**

How it is measured: *Numerator:* Percent of follow-up assessments that demonstrated an improvement, remained the same, or declined, per domain, per client
Denominator: Total number of follow-up assessment domains completed in the reporting month per client; average monthly denominator: 1974

Why this matters: The Self Sufficiency Matrix assesses clients’ needs across 21 domains, allowing DVP programs to more thoroughly assist clients and work to provide the services needed.

Goal: **↑ To be determined**



Trend: The percent of client needs that have improved fluctuated between 29.2% and 40.2% throughout the most recent quarter. While the percent of client needs that have remained the same fluctuated between 49.5% and 65.6%.

Notes: The Self-Sufficiency Matrix assesses how clients rate their needs across 21 domains to create a change score between two assessment periods. The Percent of Change measure is a demonstration of the percent of follow-up assessments that demonstrated an improvement, remained the same or declined, per domain, per client.

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, and State Veterans Community Living Centers.

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 review 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, who struggle with this measure to determine if technical assistance can be offered, as well as determine what actions can be taken to improve performance.

Measures

- [Timeliness of Monthly Contacts](#)



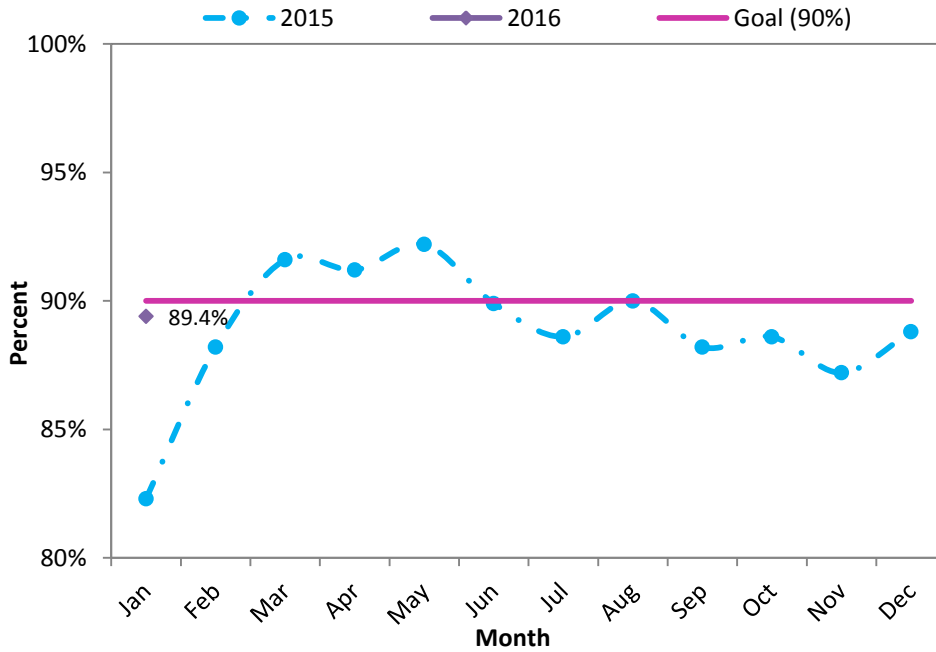
Aging and Adult Services (AAS)

Measure: **Timeliness of Monthly Contacts**

How it is measured: *Numerator:* Number of cases with a timely monthly contact in the reporting month
Denominator: Number of cases requiring a monthly contact in the reporting month; average monthly denominator: 1,552

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

Goal: **↑90%**



Trend: The most recent quarter has demonstrated a 2.2 % increase in performance, ranging from 87.2% in November 2015 to the current performance at 89.4% in January 2016. Division performance this quarter has remained below the 90% goal.



Disability Determination Services

Summary

Description

The Division of Disability Determination Services (DDS) makes disability decisions for Social Security. The DDS staff gathers medical information from the sources listed by clients and any new sources discovered in that process. The DDS staff evaluates that evidence against Social Security Disability criteria. Applicants must have a medically determinable physical or mental impairment that is expected to result in death, or which will last for at least 12 consecutive months, and 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, the Division's performance worsened slightly from 78.5 days in November 2015 to 81.6 days in January 2016. 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 spring of 2016.
- *Percentage of Accurate Initial Eligibility Decisions:* Division performance in the most recent quarter declined from 96.9% in November 2015 to 94.2% in January 2016. 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](#)



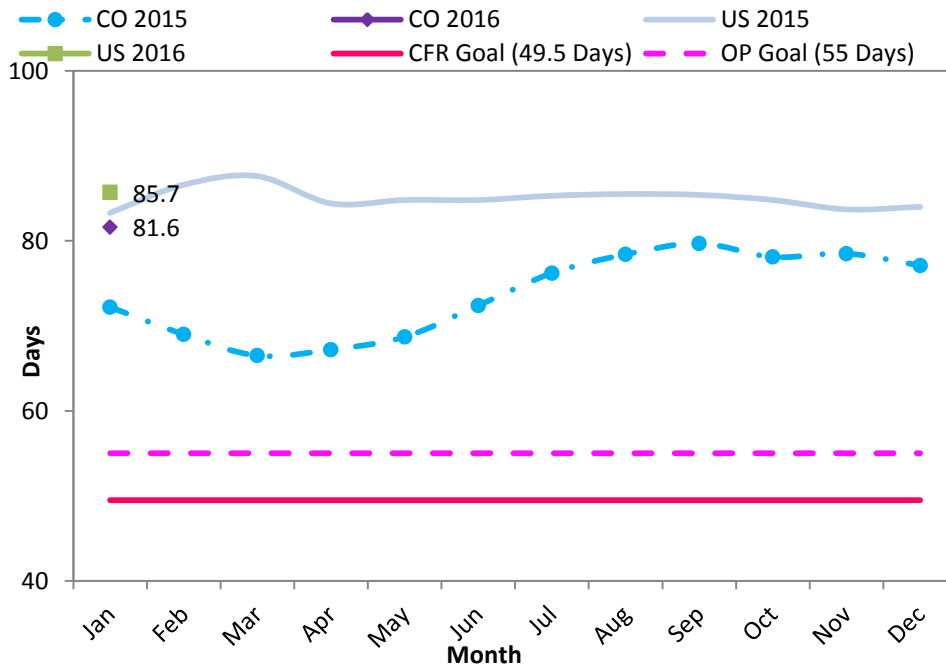
Disability Determination Services (DDS)

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: 3,092

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: Division performance has remained relatively stable, although worsening, during the most recent quarter (dashed blue line as well as purple marker). Division’s performance ranged from 78.5 days in November 2015 to the current January 2016 processing time of 81.6 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.





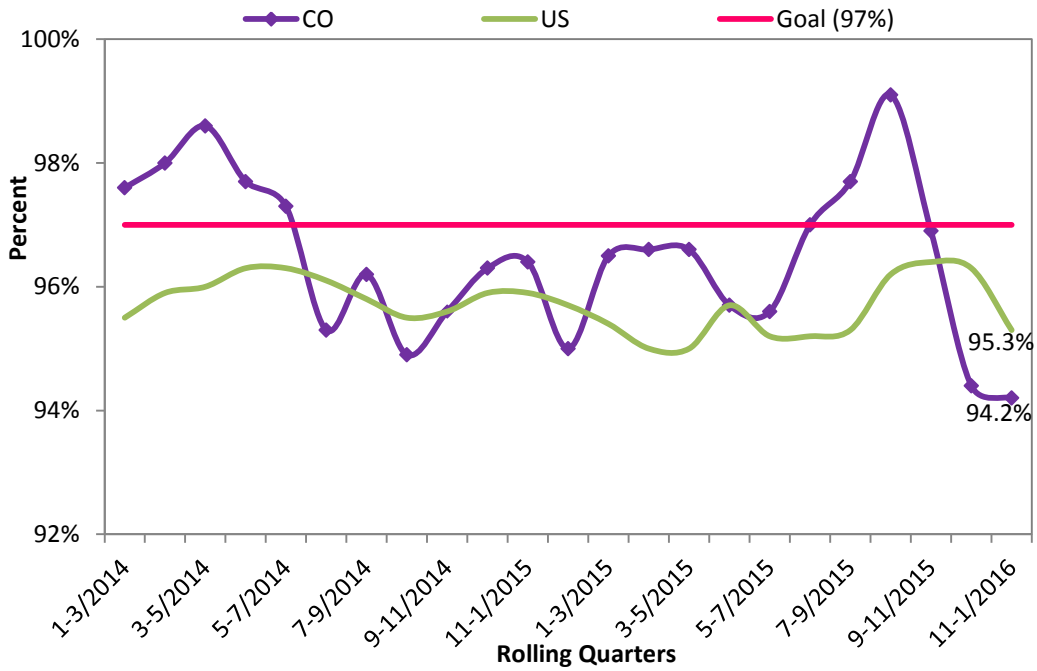
Disability Determination Services (DDS)

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: 147

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 a 2.7% decline in performance in the accuracy of initial decisions, ranging from 96.9% to 94.2%, and has remained below the goal for the last three rolling quarters (purple line).

Notes: This measure includes data from both the SSDI and SSI programs. Performance data are displayed utilizing a rolling, three month average. This is due to the measure having a small sample, approximately 50 cases, which are drawn to examine accuracy each month. This allows for data to be available more timely (i.e., monthly instead of quarterly) and each data point represents a meaningful sample size (i.e., 150 cases).



Division of Regional Center Operations

Summary

Description

The Division of Regional Center Operations (DRCO) serves persons with developmental disabilities in residential facilities. The DRCO coordinates service delivery between three State-owned and operated Regional Centers: Grand Junction Regional Center (GJRC), Pueblo Regional Center (PRC), and Wheat Ridge Regional Center (WRRC), that provide a number of services, including: 24-hour supervision, residential, day programming, habilitation, medical, training and behavioral intervention, and short-term emergency/crisis support to the community system.

Director: Tracy Myszak

Executive Summary

- *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 physical intervention and what strategies may be implemented to reduce future physical interventions. Performance, on average, improved during the quarter and currently ranges from 85% in Pueblo and Wheat Ridge to 88% in Grand Junction.

Measures

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



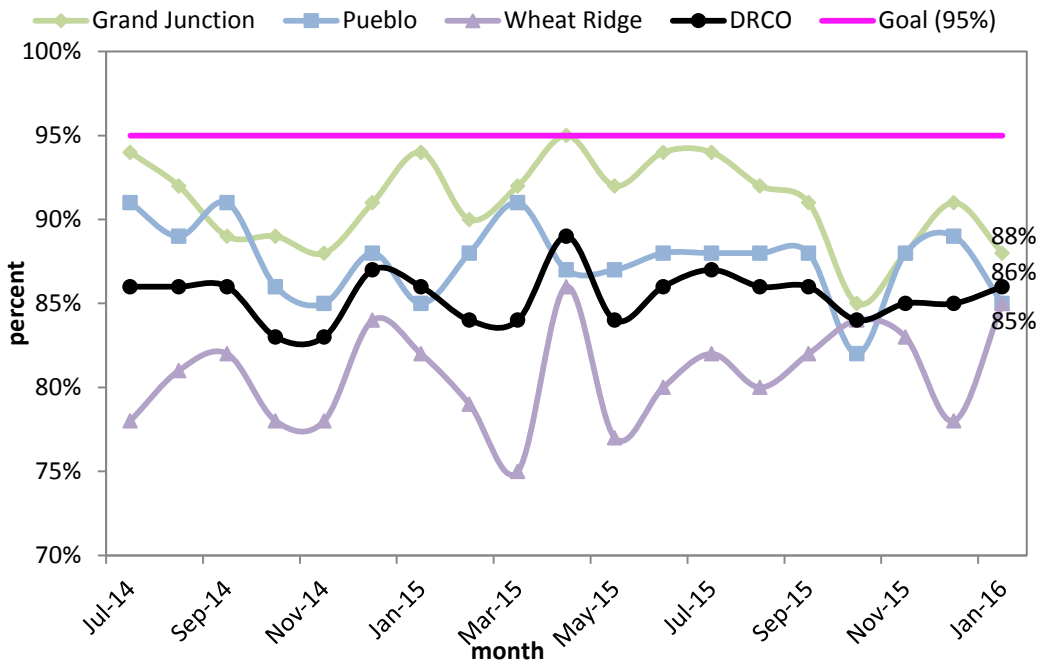
Division of Regional Center Operations (DRCO)

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- 84, Pueblo- 63, Wheat Ridge- 125, DRCO- 272

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 the performance in each center demonstrated fluctuation. However, overall performance in each center from November 2015-January 2016 improved when compared to August-October 2015. Current performance in January 2016 is as follows: Grand Junction at 88%, Pueblo at 85%, Wheat Ridge at 85%, and the Division at 86%, 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.

Director: Aaron Termain

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 upward. 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 the appropriateness of prescribed anti-psychotic medications.
- *Percent of Residents without Falls:* While performance varied within the quarter from center to center, each center had similar performance in November 2015 and January 2016. 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 strategies.

Measures

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



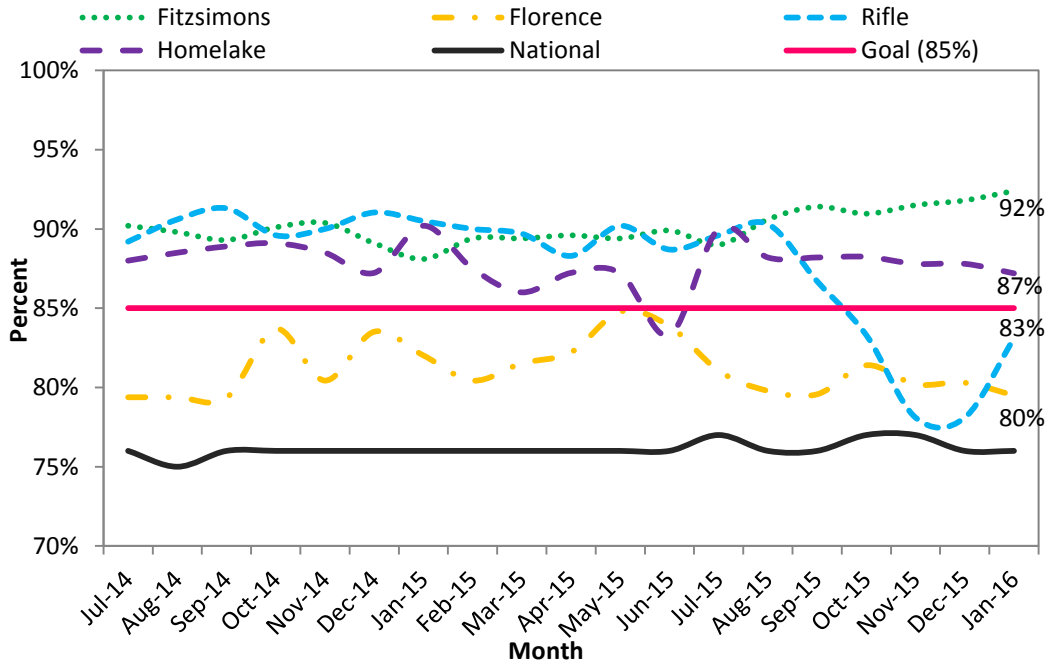
State Veterans Community Living Centers (SVCLC)

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: 160, Florence: 82, Rifle: 66, Homelake: 48

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

Goal: **↑85%**



Trend: Performance has remained relatively stable among all Community Living Centers, with the exception of Rifle (blue line), over the most recent quarter. In January, 2016, Homelake (purple line) and Fitzsimons (green line) are exceeding the 85% goal while Florence (yellow line) and Rifle are below the goal.





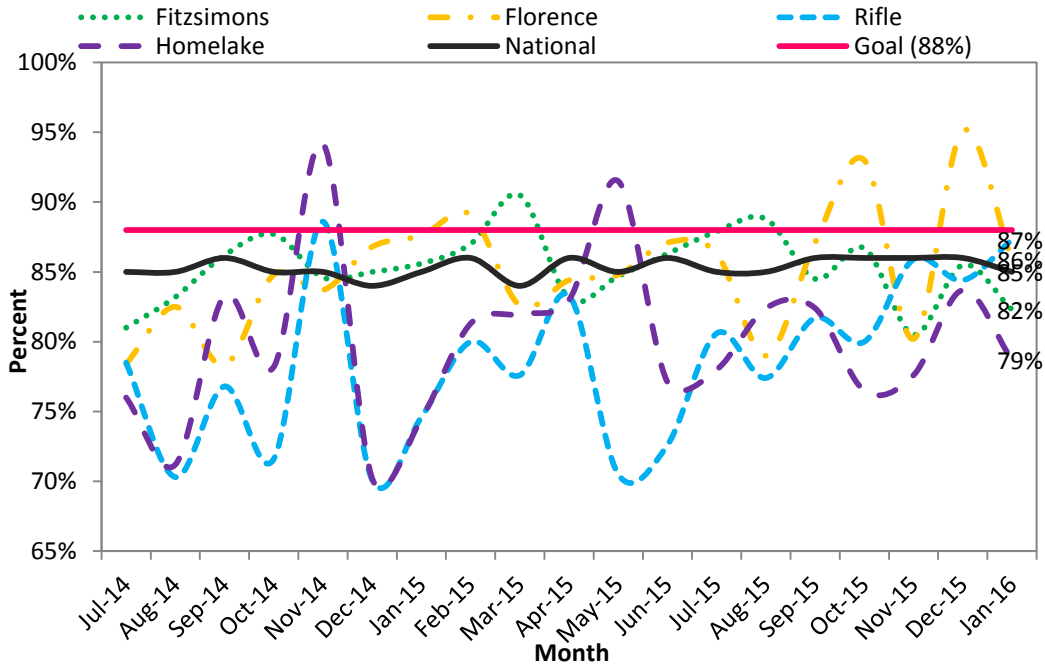
State Veterans Community Living Centers (SVCLC)

Measure: **Percent of Residents without Falls**

How it is measured: *Numerator:* Number of residents without falls
Denominator: Average Daily Census: Fitzsimons: 160, Florence: 82, Rifle: 66, Homelake: 48

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

Goal: **↑88%**



Trend: In the most recent quarter Fitzsimons (green line), Florence (yellow line), and Homelake (purple line), all performed in relatively similar manners. All Centers' performance in December, 2015 improved, followed by performance returning in January 2016 similar to that seen over November 2015. Rifle (blue line) instead demonstrated a decline in December, 2015, and improved in January, 2016. In January, 2016 all centers were performing below the 88% goal.



Office of Early Childhood

Description

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

The creation of the Office of Early Childhood (OEC) maximizes available resources without incurring additional expenses. Additionally, the OEC continues to work with many partners, including parents, schools, child care providers, Community Centered Boards (CCBs), early intervention service providers, businesses, community organizations, and other stakeholders to provide high quality early childhood programs and effective prevention strategies.

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

Director: Erin Mewhinney

Executive Summary

- *Children in the Colorado Child Care Assistance Program (CCCAP), Under the Age of Five, in Top Tier Quality Rated Facilities:* The Division met the newly established 39% goal for the first time in the most recent quarter.
- *Increased Provider Engagement with the Colorado Shines Quality Rating and Improvement System (QRIS):* The Division established three strategies in which they will focus their efforts to increase provider engagement: 1) work to reengage the lower engaging Early Childhood Councils (ECCs), 2) incentivize Financial Merit Awards, and 3) identify performance barriers via an engagement survey.
- *Child Injuries in Licensed Child Care That Require Medical Attention or Hospitalization:* This is the first time this measure is included in the C-Stat Quarterly Report. In an effort to improve performance the Division is focusing on facilities with at least one injury report and rate of fall related injuries. Additionally, ECL is sending out mail and email blasts in hopes of providing more information to facilities regarding the importance of reporting injuries.

Measures

- [Children in the Colorado Child Care Assistance Program \(CCCAP\), Under the Age of 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 Medical Attention or Hospitalization](#)



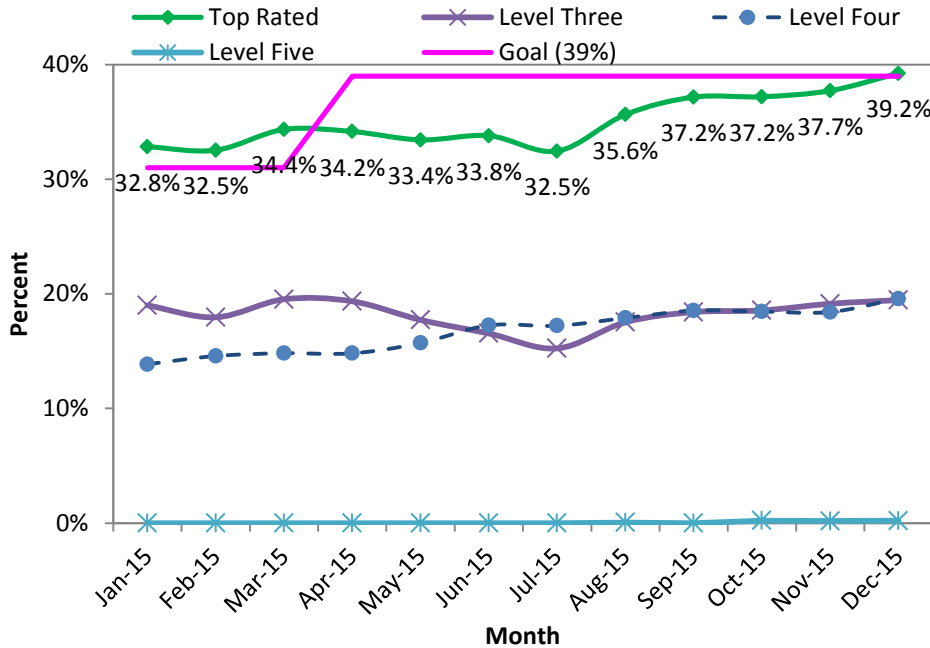
Early Care and Learning (ECL)

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: 10,414

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: Top Rated performance in the most recent quarter ranged from 37.2% to 39.2%. The 39% goal was met in December 2015 for the first time.

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



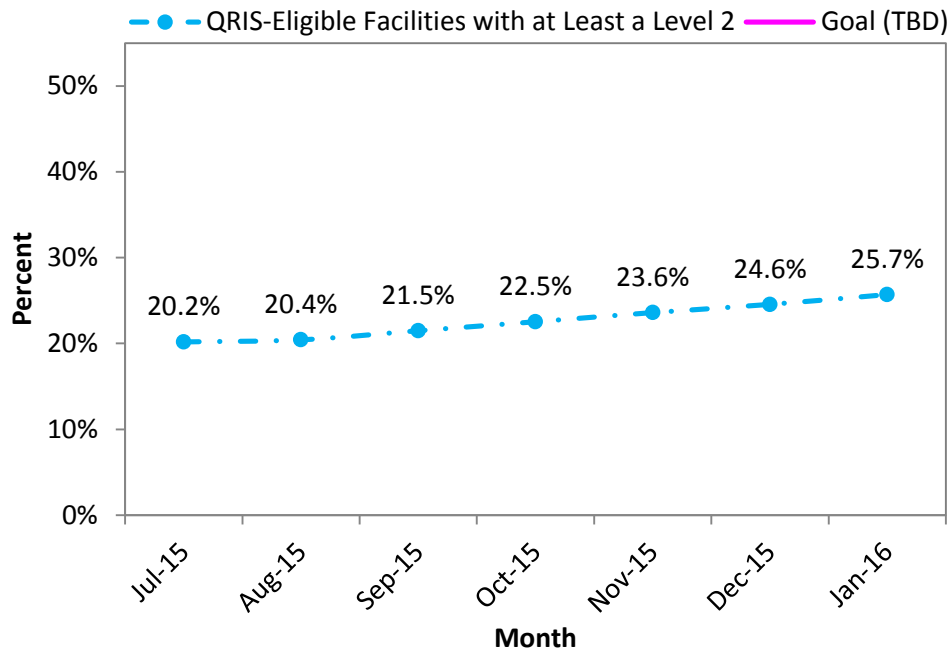
Early Care and Learning (ECL)

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: 4,398

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 in the most recent quarter has steadily improved and ranged from 23.6% to 25.7%. A goal has not yet been determined.

Early Care and Learning (ECL)

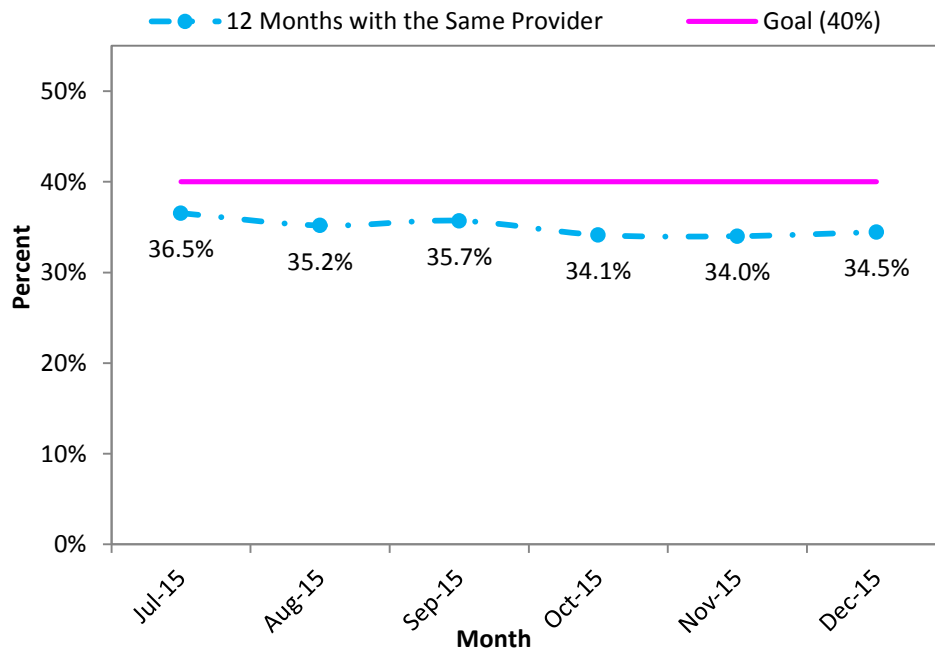
Measure: **Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy**

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: 7,650

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: **↑ 40%**



Trend: Performance in the most recent quarter remained relatively stable and ranged from 34.0% to 34.5%. The goal was not attained.



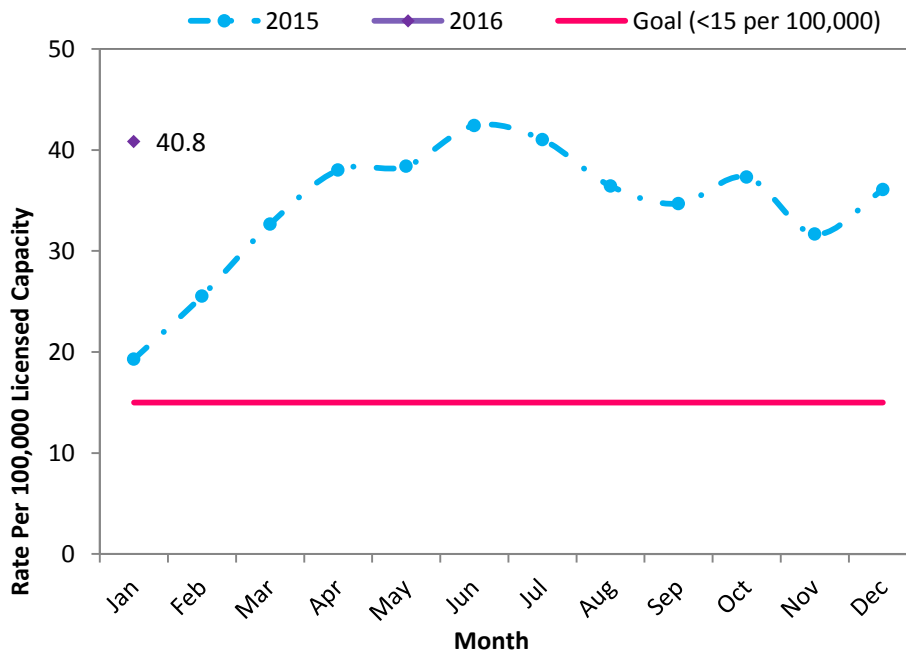
Early Care and Learning (ECL)

Measure: **Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization**

How it is measured: *Numerator:* Number of children with an injury requiring 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: 227,496

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 in the most recent quarter ranged from 31.7 to 40.8. The goal was not attained.

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 (CFS) is made up of at least twelve distinct programs, several of which CDHS inherited in July 2013 from the Colorado Department of Public Health and Environment (CDPHE). All CFS programs share objectives in alignment with at least one of two shared themes: 1) Reduced Child Abuse through Family Supports and 2) Increased Number of Children Ready for Kindergarten. These programs and services benefit families in need by strengthening collaboration and coordination between the state-level early childhood system and local delivery systems. The Division works with many partners, including parents, schools, child care providers, early intervention services and programs, businesses, community organizations, and other stakeholders to provide high quality early childhood programs and effective prevention strategies to mitigate challenges faced by families that affect school readiness and academic success.

Director: Mary Martin

Executive Summary

- *Child Abuse Protection and Treatment Act (CAPTA) Referrals to Early Intervention (EI) who Complete the Eligibility Process:* The Division implemented a new automatic referral practice that went into effect in mid-January 2016 to identify the disconnect in the referral process. Early Intervention has been focused on supporting all Community Centered Boards (CCB) through the ongoing changes to the CAPTA referral practice. The Division continues to review the potential impact to performance and is reacting to mitigate issues as they arise.
- *Colorado Community Response (CCR) Children without Subsequent Substantiated Cases of Abuse or Neglect:* December 2015 was the first month this measure was presented in C-Stat. Colorado Community Response intervention aims to increase economic stability of the family unit and occurs at the family level. This measure tracks performance at the child level. Colorado Community Response families have cases that were initially screened out of child protection.
- *Achieved Individualized Outcomes in Early Intervention:* This measure was first presented in C-Stat in December 2015. Focusing on this measure provides an opportunity to monitor whether the family assessment drives outcomes. At this time, a goal has not yet been established.

Measures

- [Child Abuse Protection and Treatment Act \(CAPTA\) Referrals to Early Intervention who Complete the Eligibility Process](#)
- [Colorado Community Response \(CCR\) Children without Subsequent Substantiated Cases of Abuse or Neglect](#)
- [Achieved Individualized Outcomes in Early Intervention](#)



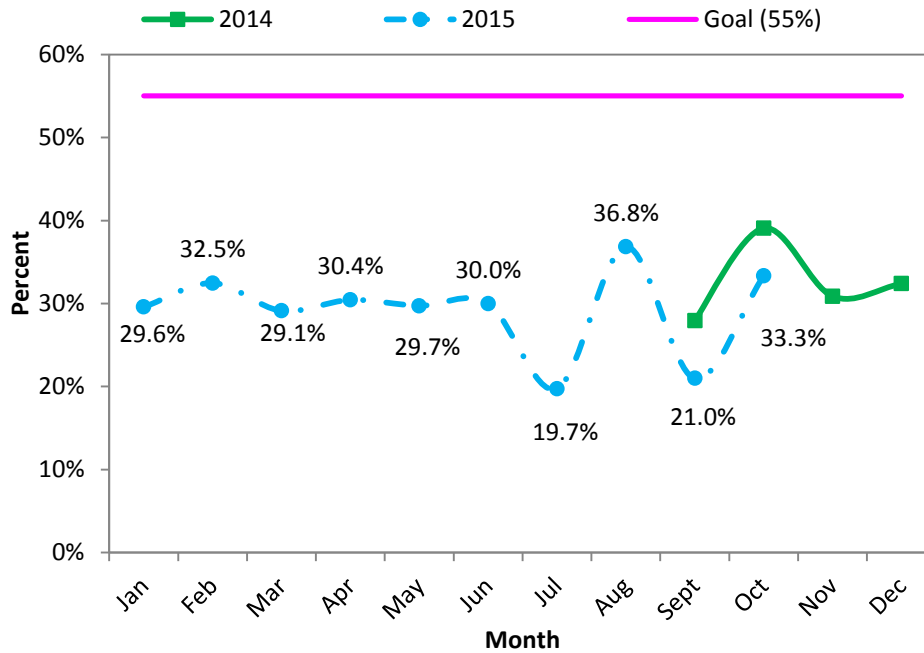
Community and Family Support (CFS)

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: 71

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

Goal: **↑55%**



Trend: Performance in the most recent quarter ranged from 21.0% to 36.8%. The goal was not attained.

Notes: The four month lag in reporting is due to the amount of time needed for children and families to move through the eligibility process. The CAPTA statute requires that all children under the age of three with a substantiated case of abuse or neglect be referred to the Early Intervention Program for developmental screening.





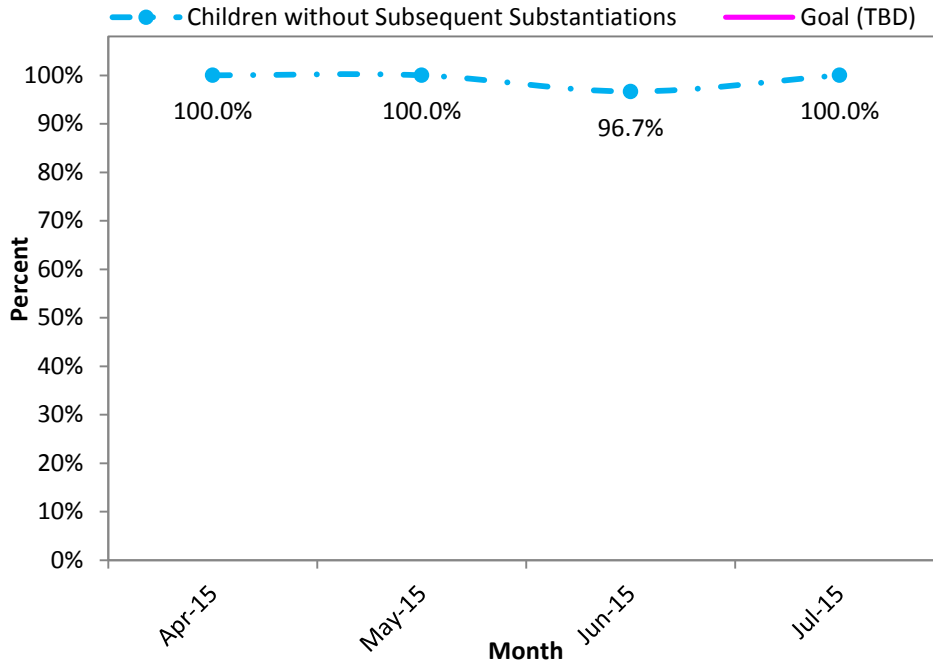
Community and Family Support (CFS)

Measure: **Colorado Community Response (CCR) Children without Subsequent Cases of Abuse or Neglect**

How it is measured: *Numerator:* Number of children without a substantiated cases of abuse or neglect within six months of closing CCR case
Denominator: Number of children whose family successfully completed CCR services; average monthly denominator: 41

Why this matters: Colorado Community Response provides a comprehensive, community-based continuum for families at-risk for child maltreatment through a combination of case management, service linkages and community supports. The intent of this measure is to keep the children who were initially screened out of child protection and then referred to CCR, safe.

Goal: **↑ To be determined**



Trend: Performance in the most recent quarter ranged from 96.7% to 100%. A goal has not yet been determined.





Community and Family Support (CFS)

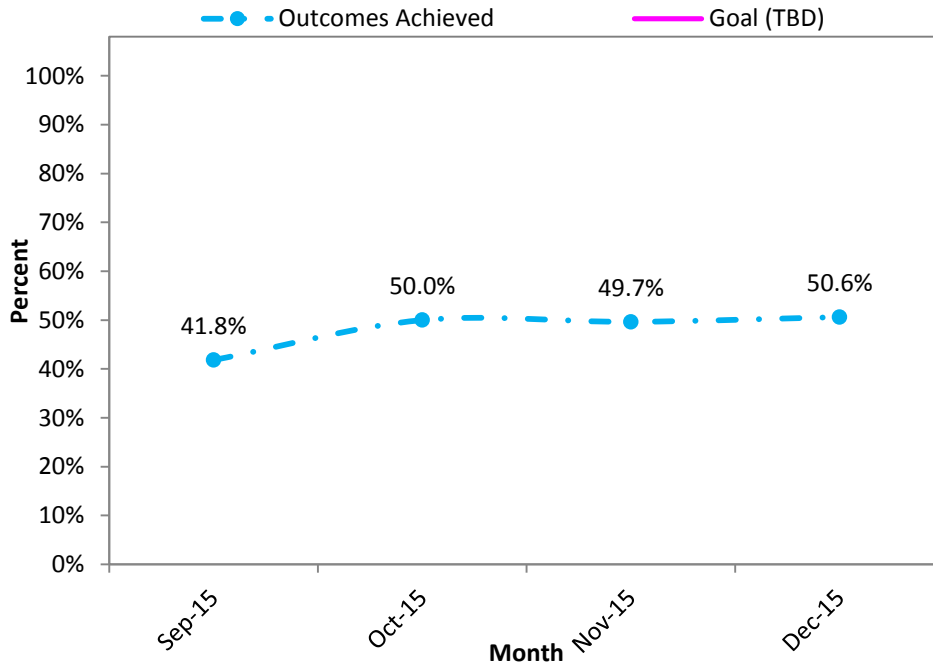
Measure: **Achieved Individualized Outcomes in Early Intervention**

How it is measured: *Numerator:* Number of individualized outcomes met at Individualized Family Service Plan (IFSP) review

Denominator: Number of individualized outcomes reviewed in a given month; average monthly denominator: 497

Why this matters: Research shows that the first three years are the most important time for developing and learning in a child’s life. Early Intervention is important in helping families to assist their children with special needs to develop to their full potential and possibly decrease or prevent the need for special help later during school age years.

Goal: **↑ To be determined**



Trend: Performance in the most recent quarter ranged 49.7% to 50.6%. A goal has not yet been determined.

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

- The Division partnered with CDHS's Early Childhood Division to create a workgroup to design a Two Generation (2Gen) Program Model that features case management and supportive services to assist non-custodial parents in attaining sustainable employment, provide both parents with tools to build social capital, and improve children's long-term outcomes. The workgroup started to develop a 2Gen logic model in February. The Division will present their efforts in June's 2Gen quarterly meeting.
- *Percent of Current Child Support Collected*: The Division combined three proposed Lead Measures, 1) reduce the number of days from order establishment, 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 into one Lead Measure. The new Lead Measure, increase the percentage of current support paid by reducing the time from order establishment until the first payment is received, was presented in the December C-Stat along with strategies to assist counties in meeting the Lead Measure. The strategies include, 1) standardize the order commencement date, 2) improve the process of income withholding follow up, and 3) decrease the time to collect a payment for cases without an employer.
 - The Division continued analysis at a county level in February to identify next steps needed to develop a state Lead Measure that could demonstrate the improvement in Child Support Collected. The Division will move forward with a Performance Improvement Plan (PIP) in some counties in the coming months prior to submitting a proposed Lead Measure.
- *Percent of Current Child Support Collected*: In January the Division analyzed performance at the county level and determined that an increase in unemployment might be contributing to the decline in Child Support Collections in Colorado counties.
- *Percent of Current Child Support Collected*: The County C-Stat Team concluded their Performance and Partnership Exchange (PPE) efforts in collecting and detailing strategies from counties with consistently strong performance on the *Percent of Current Child Support Collected* measure. A webinar will be held in April to share effective strategies with the 64 counties.

Measures

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

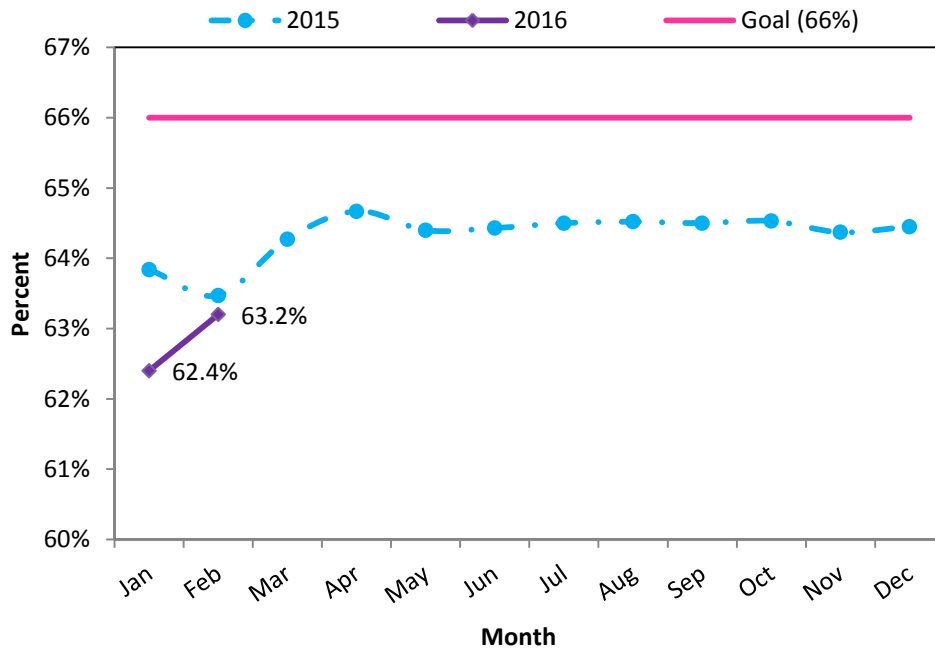
Child Support Services (CSS)

Measure: **Percent of Current Child Support Collected (Federal Measure)**

How it is measured: *Numerator:* Cumulative current support dollars collected year to date
Denominator: Cumulative current support dollars owed year to date; cumulative denominator for monthly support owed through February 2016: \$66,359,048

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

Goal: **↑66%**



Trend: The Division of Child Support Services (CSS) closed out 2015 at 64.5%, demonstrating performance 1.5% below the 66% goal. Although starting 2016 performance below the prior year, CSS is demonstrating improvement and is currently at 63.2%.



Child Support Services (CSS)

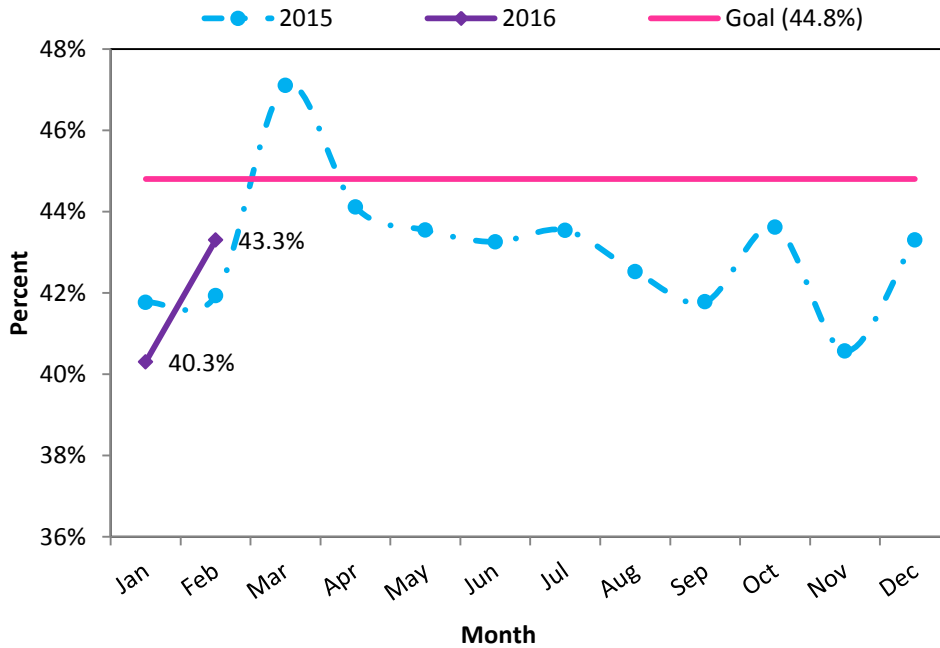
Measure: **Percent of Cases with an Arrears Payment**

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 Division of Child Support Services (CSS) closed out 2015 at 43.3%, demonstrating performance 1.5% below the 44.8% goal. Although CSS is starting 2016 performance below the prior year, they are demonstrating improvement and are currently at 43.3%.



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 services 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 (OES) and the Executive Management Team (EMT) conducted follow-up visits in the most recent quarter to counties visited in summer 2015. The visits intend to applaud and encourage those who have improved or continue to perform well, and to assist in identifying areas of improvement for those measures that are underperforming in five targeted measures; 1) Timeliness of New Colorado Works Applications, 2) Timeliness of Redetermination Colorado Works, 3) Timeliness of New Food Assistance Applications, 4) Timeliness of Expedited Food Assistance Applications, and 5) Timeliness of Redetermination Food Assistance. In February 2016, the State met four out of the five targeted measures. Additional visits are anticipated for those counties who need further assistance in March and April 2016.
- *Adult Financial Payment Accuracy:* In January and February the Employment and Benefits Division (EBD) developed a training based on the consistent definition of payment errors that was formed in December 2015 with the Public Assistance Quality Assurance Unit. EBD anticipates rolling out the training to county level staff in the coming months.
- *Colorado Refugee Service Program Entered Employment:* The methodology includes more individuals in the measure in the most recent quarter as the program has experienced a higher number of arrivals than previous years and the new Geneva database includes more services as countable employment services.

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](#)



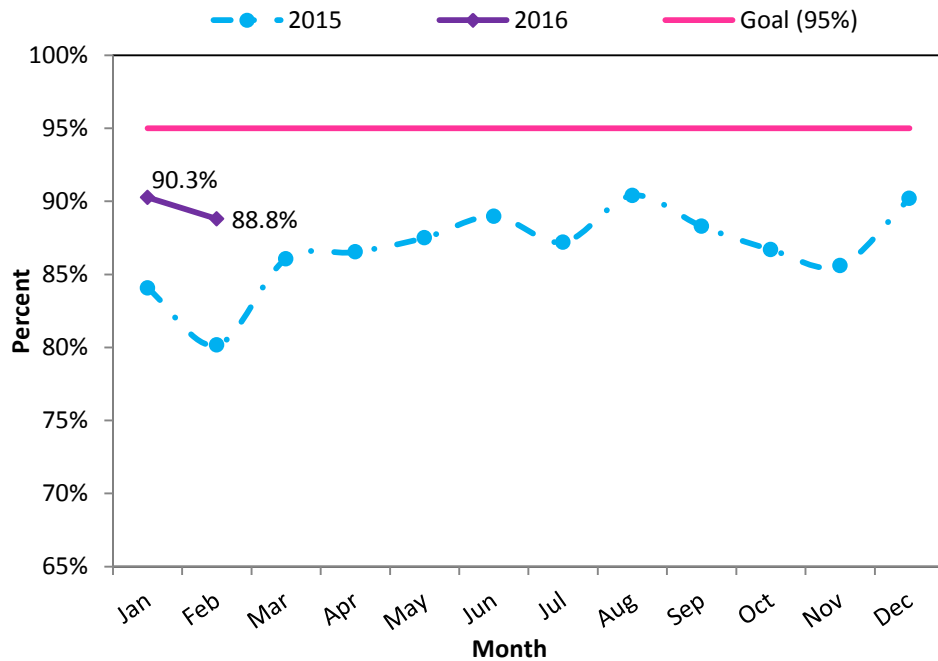
Employment and Benefits Division: Adult Financial (AF)

Measure: **Timeliness of Redetermination (RRR) Adult Financial Applications**

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications processed in the month; average monthly denominator: 1,130

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

Goal: **↑95%**



Trend: The Employment and Benefits Division (EBD) closed out 2015 at 90.2%, its highest point in the year, although performing 4.8% below the 95% goal. Although EBD started 2016 at 90.3%, the Division’s performance declined in February and is currently at 88.8%, still well above this same month in the prior year.



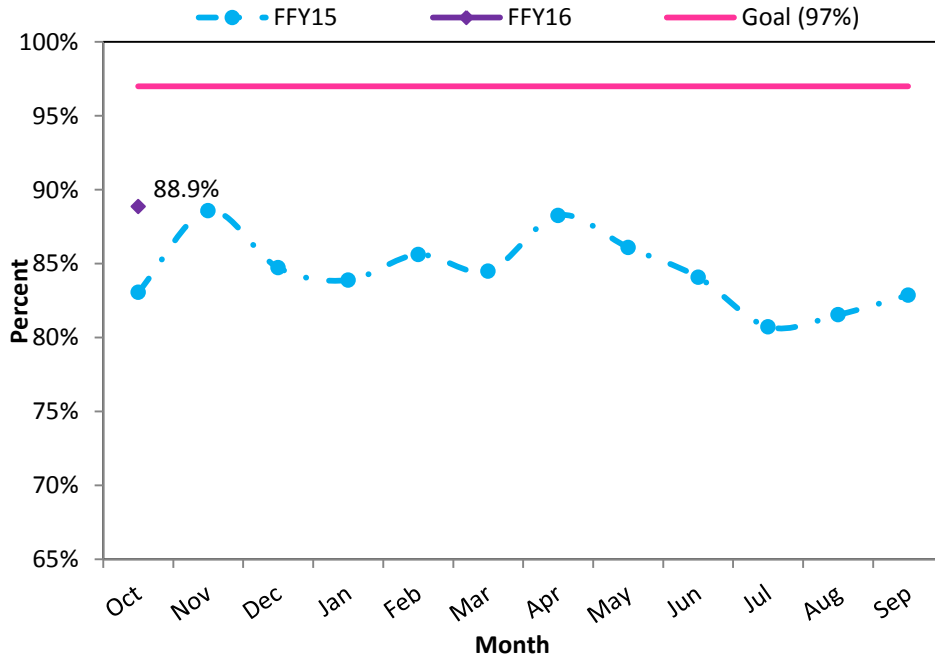
Employment and Benefits Division: Adult Financial (AF)

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: \$9,408

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

Goal: **↑97%**



Trend: The Employment and Benefits Division (EBD) demonstrated improvement at the end of Federal Fiscal Year 2015, closing out the year at 82.9%, 14.1% below the 97% goal. The Division is continuing to progress in the right direction in the beginning of 2016 with current performance at 88.9% in October.



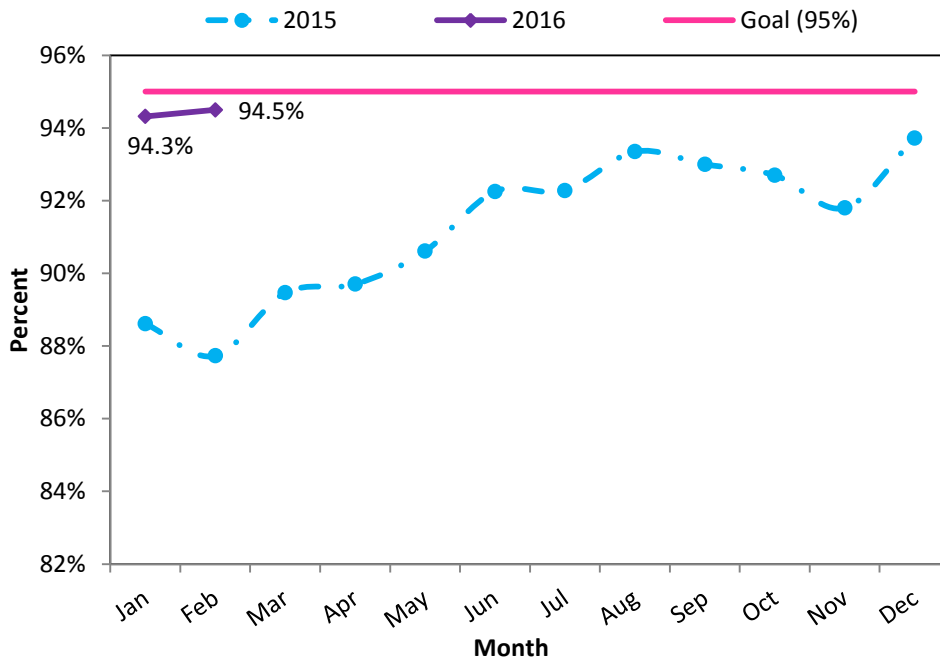
Employment and Benefits Division: Colorado Works (CW)

Measure: **Timeliness of Redetermination (RRR) Colorado Works Applications**

How it is measured: *Numerator:* Number of redetermination applications processed timely
Denominator: Number of redetermination applications processed in the month; average monthly denominator: 2,061

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

Goal: **↑95%**



Trend: The Employment and Benefits Division (EBD) closed out 2015 near the goal at 93.7%, its highest point in the year. EBD is continuing to progress towards the goal in 2016, currently performing just below the 95% goal in February at 94.5%.





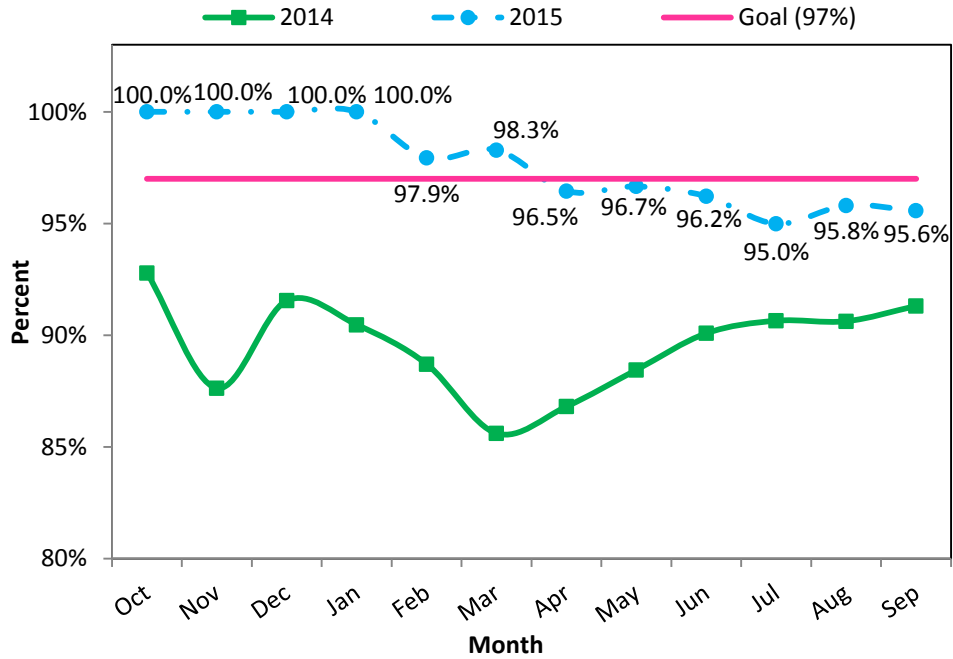
Employment and Benefits Division: Colorado Works (CW)

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: \$44,395

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

Goal: **↑97%**



Trend: The Employment and Benefits Division (EBD) demonstrated stable performance throughout the most recent quarter (July-September) and closed out Federal Fiscal Year 2015 at 95.6%, just 1.4% below the 97% goal, and 4.3% higher than September 2014 performance.



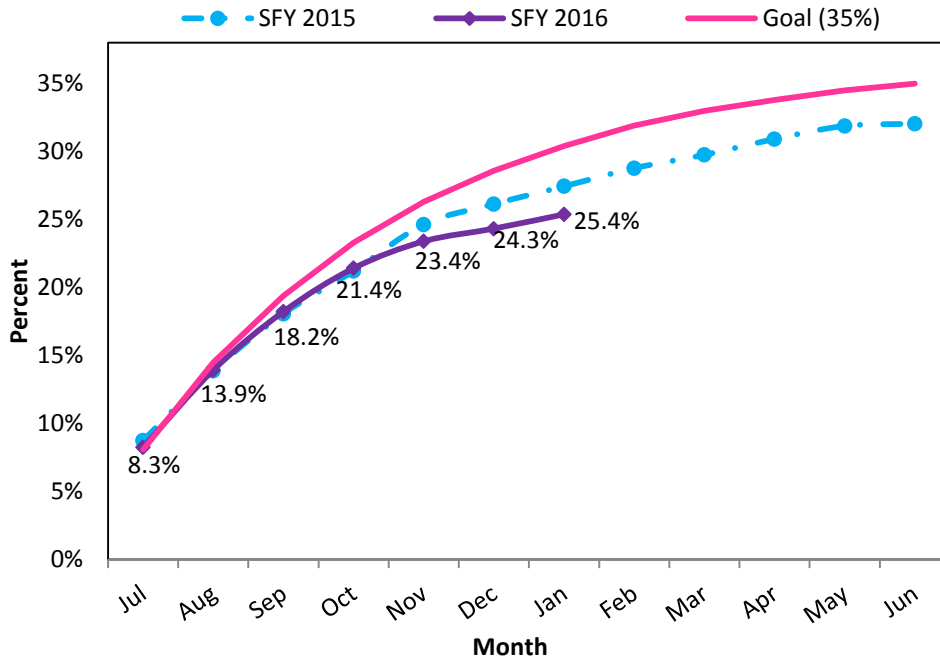
Employment and Benefits Division: Colorado Works (CW)

Measure: **Colorado Works Entered Employment, Cumulative**

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: 22,799

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

Goal: **↑35%**



Trend: Although rates are trending in the right direction, November-January 2015 is under performing November-January 2014.

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, January 2016. 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.



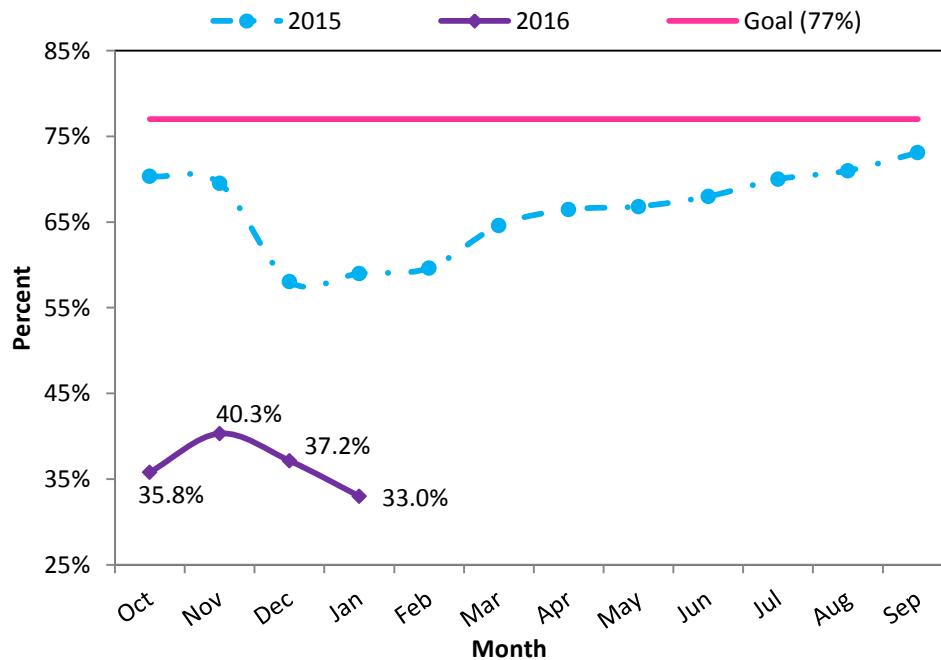
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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 (January 2016): 1,071

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

Goal: **↑77%**



Trend: The Employment and Benefits Division (EBD) Colorado Refugee Services Program (CRSP) demonstrated a 7.3% decline in performance in the most recent quarter. December 2015-February 2016 is under performing December 2014-February 2015.

Note: The new Geneva Database, implemented in November 2015, counts more services as employment services than those counted in the previous system. This results in a higher number of participants being counted in the entered employment measure.

New services include:

- Attending a job club;
- Developing an employment plan;
- Participating in job placement activities and job development;
- Follow-up with a participant on employment;
- Participating in career counseling services; and
- Developing an Individual Responsibility Contract (IRC).

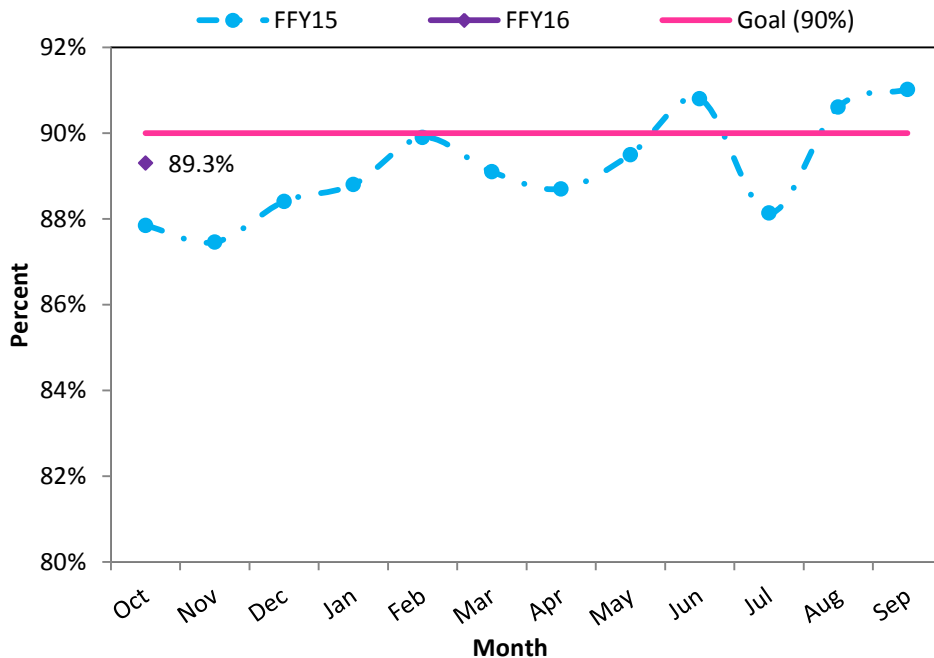
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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 2015 – July 2016): 122

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

Goal: **↑90%**



Trend: The Employment and Benefits Division (EBD) Colorado Refugee Services Program (CRSP) closed out Federal Fiscal Year 2015 (FFY15) strong, performing above the goal at 91%. They started out Federal Fiscal Year 2016 (FFY16) with performance just below the goal at 89.3% in October 2015.

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 (OES) and the Executive Management Team (EMT) conducted follow-up visits in the most recent quarter to counties visited in summer 2015. The visits intend to applaud and encourage those who have improved or continue to perform well, and to assist in identifying areas of improvement for those measures that are underperforming in five targeted measures; 1) Timeliness of New Colorado Works Applications, 2) Timeliness of Redeterminations Colorado Works, 3) Timeliness of New Food Assistance Applications, 4) Timeliness of Expedited Food Assistance Applications, and 5) Timeliness of Redetermination Food Assistance. In February 2016, the State met four out of the five targeted measures. Additional visits are anticipated for those counties who need further assistance in March and April 2016.
- Counties continued to demonstrate strong performance on the Food Assistance timeliness measures in the most recent quarter, exceeding the goals every month in all three measures which include *Timeliness of New Food Assistance Applications*, *Timeliness of Expedited Food Assistance Applications*, and *Timeliness of Redetermination (RRR) Food Assistance Applications*.
- In December the Office of Economic Security (OES) worked with the Office of Performance and Strategic Outcomes (OPSO) to select goals for *Timeliness of Regular and Expedited LEAP Applications*. These goals were communicated to counties during monthly LEAP Stakeholder meetings and during Data Integrity county visits.
 - The Office of Performance and Strategic Outcomes (OPSO) is also completing its Data Integrity efforts in both LEAP measures. Observations made during county visits were shared with OES in March. OES and OPSO will meet with the Executive Management team in April to communicate OPSO's efforts and OES's next steps.

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](#)



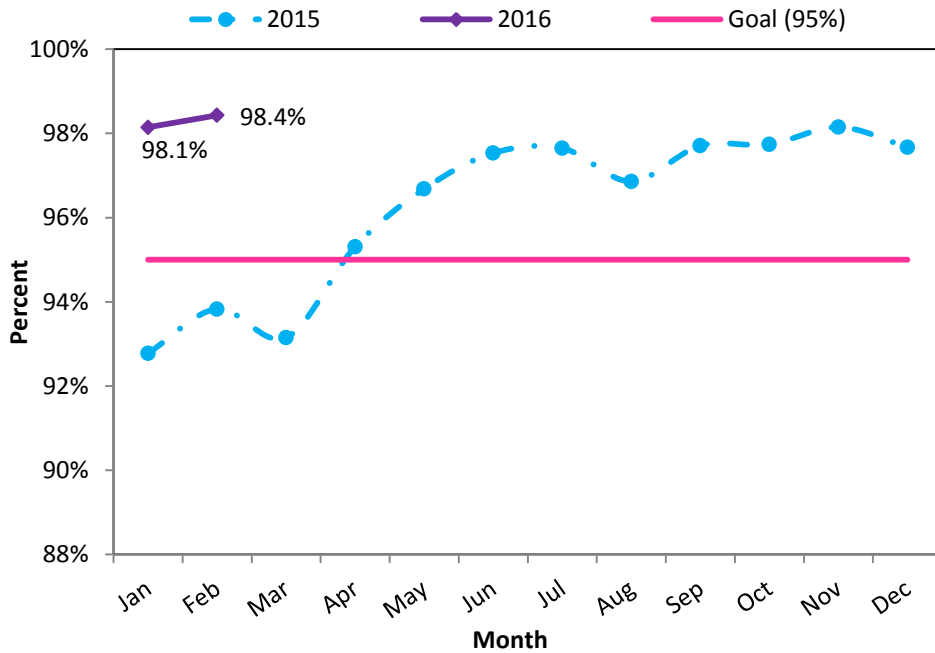
Food and Energy Assistance: Food Assistance (FA)

Measure: **Timeliness of New Food Assistance Applications**

How it is measured: *Numerator:* Number of new applications processed timely (30 days)
Denominator: Number of new applications processed in the month; average monthly denominator: 15,762

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

Goal: **↑95%**



Trend: The Food Assistance (FA) Division closed out 2015 above the 95% goal, performing at 97.7%. The Division continued to exceed the goal in the beginning of 2016 with current performance at 98.4% in February.



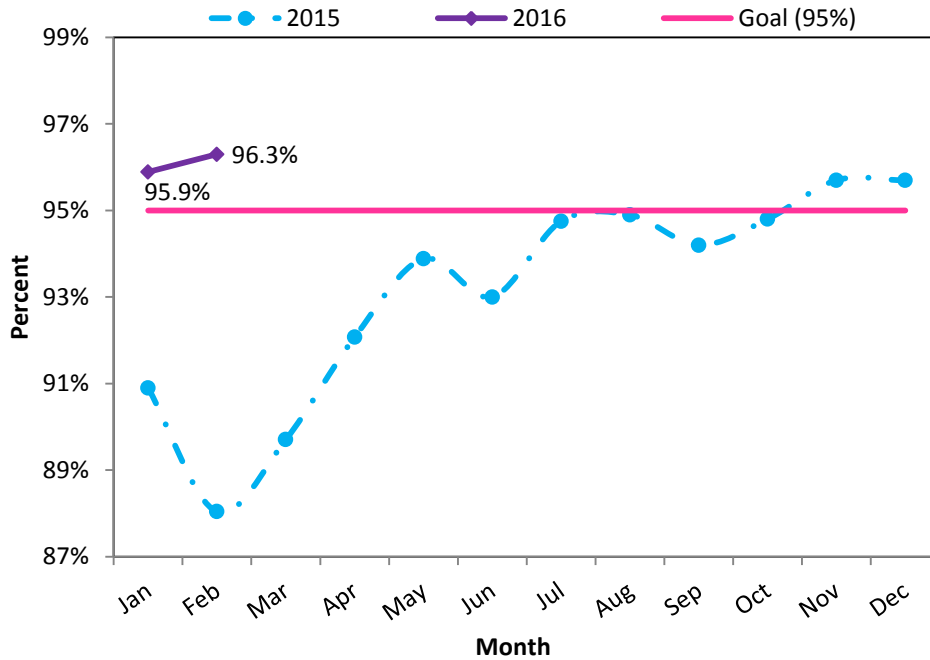
Food and Energy Assistance: Food Assistance (FA)

Measure: **Timeliness of Expedited Food Assistance Applications**

How it is measured: *Numerator:* Number of expedited applications processed timely (7 calendar days)
Denominator: Number of expedited applications processed in the month; average monthly denominator: 9,467

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

Goal: **↑95%**



Trend: The Food Assistance (FA) Division closed out 2015 above the 95% goal, performing at 95.7%. The Division continued to exceed the goal in the beginning of 2016 with current performance at 96.3% in February.



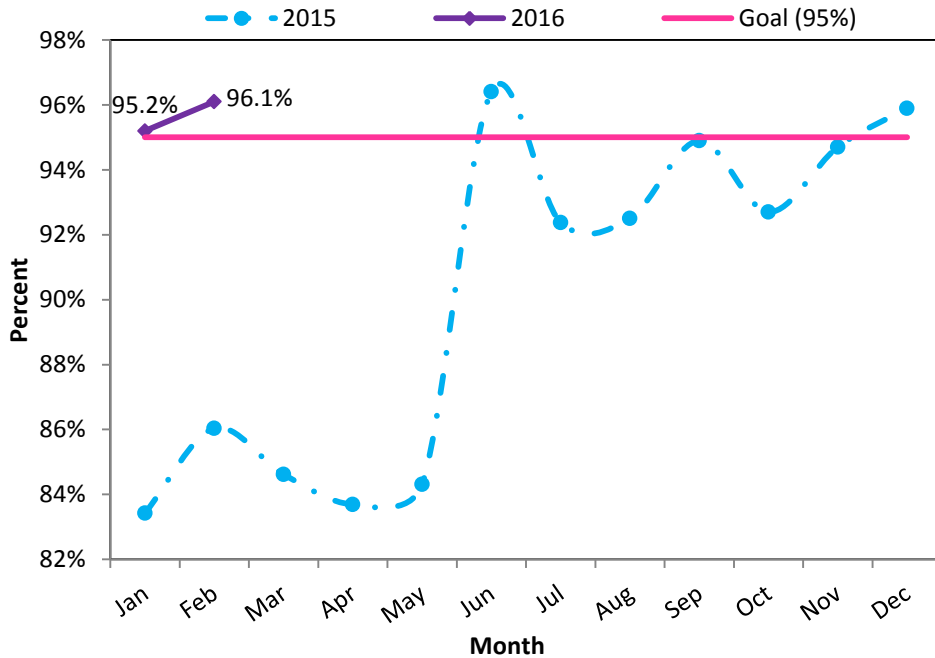
Food and Energy Assistance: Food Assistance (FA)

Measure: **Timeliness of Redetermination (RRR) Food Assistance Applications**

How it is measured: *Numerator:* Number of redetermination (RRR) applications processed timely
Denominator: Number of redetermination (RRR) applications processed in the month; average monthly denominator: 19,438

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

Goal: **↑95%**



Trend: The Food Assistance (FA) Division closed out 2015 above the 95% goal, performing at 95.9%. The Division continued to exceed the goal in the beginning of 2016 with current performance at 96.1% in February.



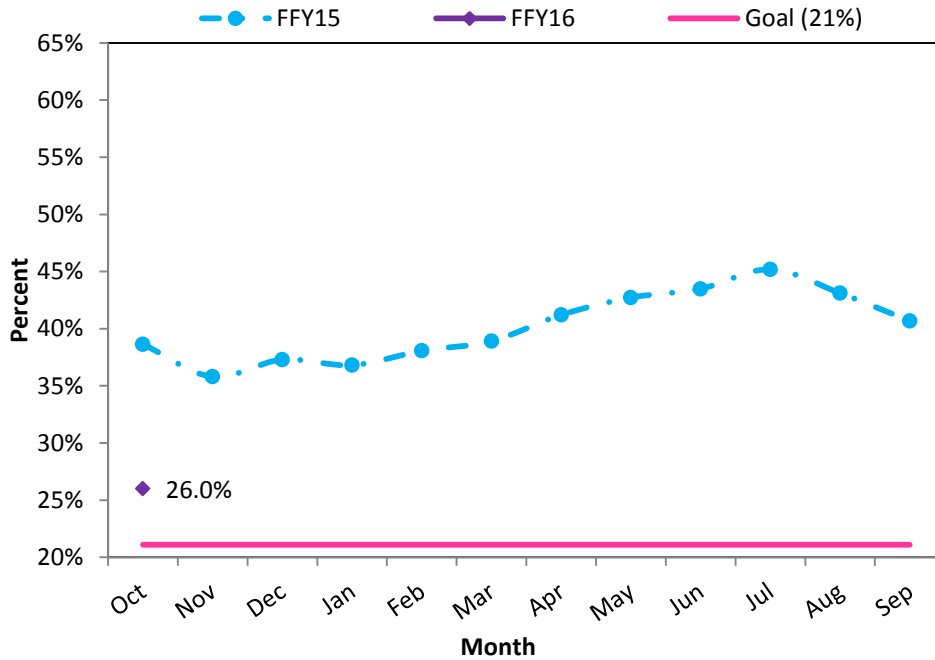
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance Case and Procedural Error Rate (CAPER) (Federal Measure)**

How it is measured: *Numerator:* Cumulative number of incorrect negative actions sampled through the month
Denominator: Cumulative number of negative actions sampled Federal Fiscal Year-to-date; Cumulative denominator (October 2015): 73

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

Goal: **↓ 21%**



Trend: The Food Assistance (FA) Division closed out Federal Fiscal Year 2015 (FFY15) trending in the right direction, performing at 40.7% in September. The Division is starting out the Federal Fiscal Year 2016 (FFY16) strong, out performing their previous year’s performance at 26% in October.

Notes: A case or procedural error can occur any time 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 the Quality Assurance Division has 115 days to complete necessary review elements before reporting a final decision. The Federal Fiscal Year begins each year on October 1st, resetting the cumulative measurement.

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



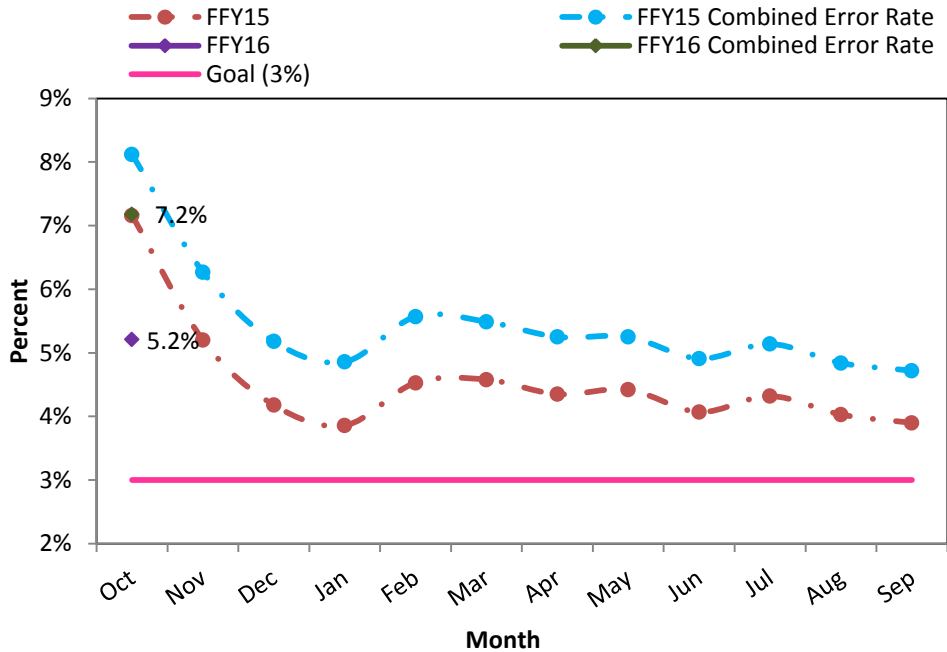
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance Payment Error Rate (PER) (Federal Measure)**

How it is measured: *Numerator:* Cumulative amount of misauthorized dollars in the sample through the month
Denominator: Cumulative amount of authorized dollars in the sample Federal Fiscal Year-to-date; cumulative denominator (October 2015-September 2016): \$17,069

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

Goal: **↓ 3%**



Trend: The Food Assistance (FA) Division closed out Federal Fiscal Year 2015 (FFY15) strong in both the FA Payment Error Rate, at 3.9%, and Combined Error Rate, at 4.7%, although strong performance did not meet the goal. Although the Division is starting out Federal Fiscal Year 2016 (FFY16) further away from the goal than performance in October 2015, they are out performing FFY15 rates.



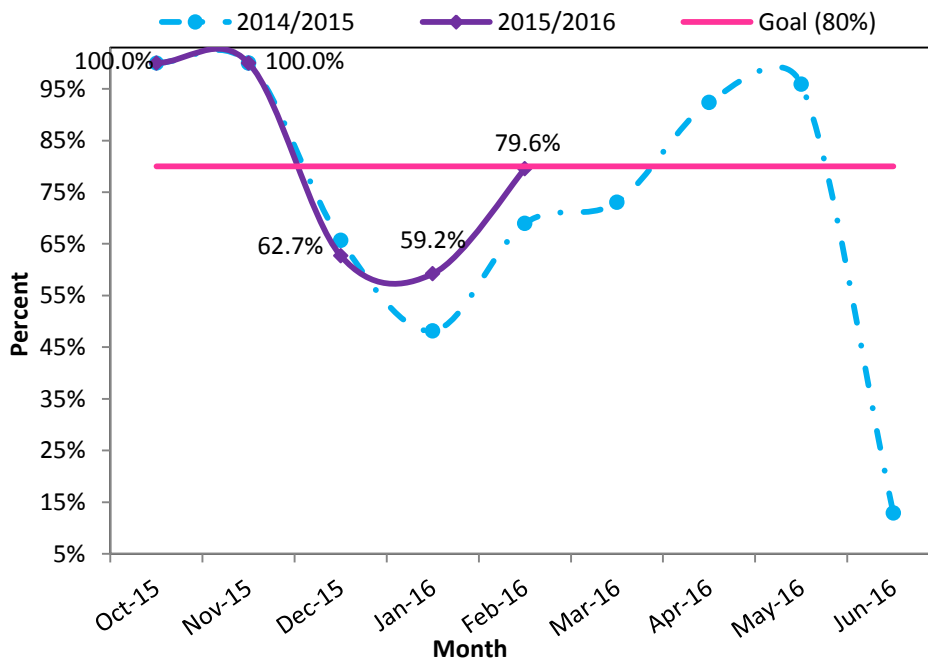
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of Regular LEAP Applications**

How it is measured: *Numerator:* Number of regular applications processed timely (30 days)
Denominator: Number of regular LEAP applications processed in the month; average quarterly denominator: 15,491

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: **↑80%**



Trend: The Low Energy Assistance Program (LEAP) improved 16.9% in the most recent quarter, and performed just below the 80% goal at 79.6% in January.

Note: An 80% goal for Timeliness of Regular LEAP Applications was established in January 2016. Although the new goal is lower than other eligibility based financial assistance programs (Food Assistance, Colorado Works, etc.) it is intended to align with those programs and put focus on outcomes for clients.

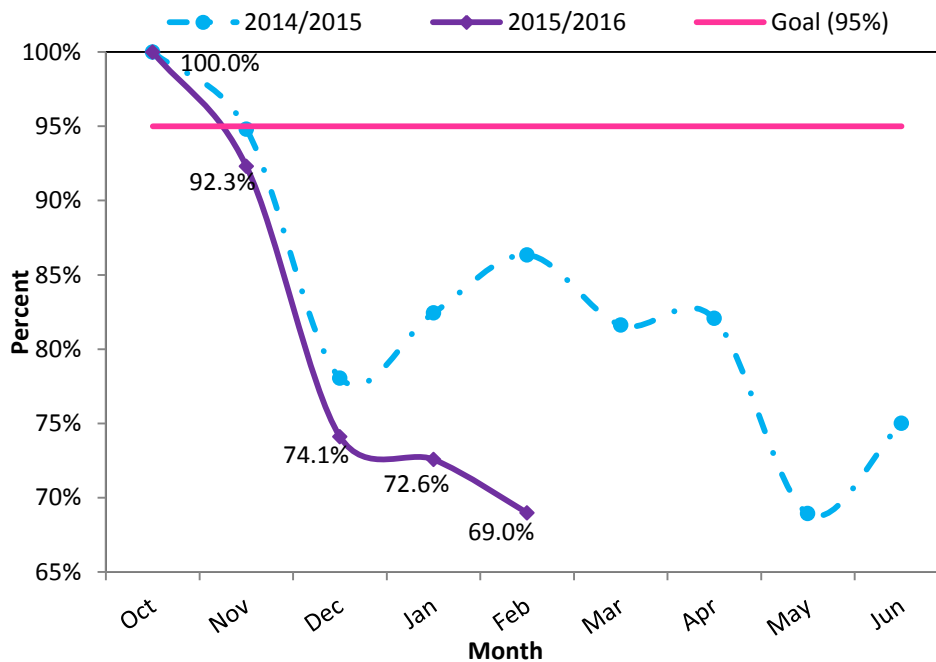
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of Expedited LEAP Applications**

How it is measured: *Numerator:* Number of expedited applications processed timely (14 days)
Denominator: Number of expedited applications processed in the month; average quarterly denominator: 2,988

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: **↑95%**



Trend: The Low Energy Assistance Program (LEAP) demonstrated a 5.1% decline in performance in the most recent quarter and is currently performing at 69% in February.

Note: A 95% goal for Timeliness of Expedited LEAP Applications was established in January 2016. The new goal is intended to align with other eligibility based financial assistance programs (Food Assistance, Colorado Works, etc.) and to put focus on outcomes for clients.