



Summary Report

April – June 2016

Prepared by:
Performance Management



COLORADO
Department of Human Services

Table of Contents

Colorado Department of Human Services.....	3
The C-Stat Process	4
How Do I Read This Report?	5
Office of Behavioral Health	6
Community Behavioral Health	7
Mental Health Institutes (MHI)	16
Office of Children, Youth, and Families.....	23
Division of Child Welfare	24
Division of Youth Corrections	31
Domestic Violence Program	38
Office of Community Access and Independence.....	41
Aging and Adult Services	42
Disability Determination Services.....	44
Division of Regional Center Operations	47
State Veterans Community Living Centers.....	49
Office of Early Childhood.....	52
Early Care and Learning.....	53
Community and Family Support.....	58
Office of Economic Security.....	62
Child Support Services	63
Employment and Benefits Division.....	66
Food and Energy Assistance	76

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 June 30, 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 June 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)**

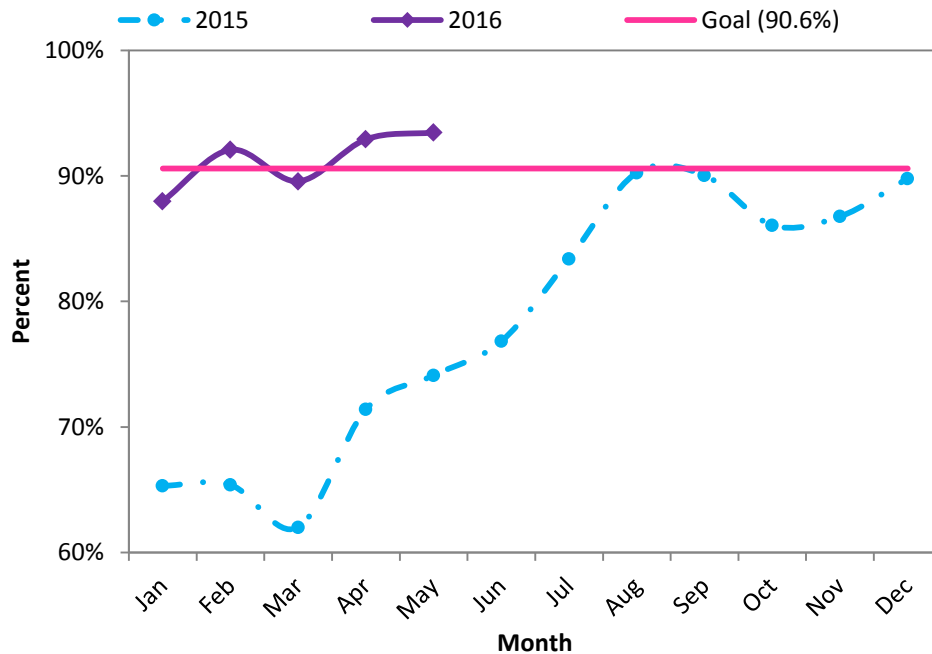
How it is measured: *Numerator:* Describes what is being “counted.”
Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population;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

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:* The Division has yet to meet the goal on this measure and performance has remained stable since January 2015. However, performance has improved since 2012 with CBH achieving its highest performance in March 2016. In April 2016, an in-depth analysis of client data showed that the primary drug of abuse differs across the state. This analysis also found that alcohol, methamphetamine, and marijuana are the most common primary drug of abuse.
- *Mental Health Clients Engaged in Services:* In June 2016, CBH began monitoring the engagement of mental health clients receiving concurrent substance use disorder treatment. To this end, substance use disorder services have been included as counting towards engagement. This shift supports concurrent engagement in treatment in both substance use and mental health services for clients with dual diagnoses. Previously, this measure counted mental health services only. Additionally, in May 2016, CBH proposed an increased goal of 65%, which was implemented in June 2016.
- *Percent of Persons with Reduced Mental Health Symptoms in Mental Health Treatment:* Though CBH has yet to meet the goal on this measure, they achieved their highest performance in February 2016.
- *Number of Timely New and Renewal Licensing Decisions:* In September 2015, CBH proposed this new measure, which was added in January 2016. As part of this performance measure, the CBH Quality Assurance & Standards Staff have 30 days to complete a site visit and 15 days to give a two-year license/designation or a 90-day provisional license/designation.

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 Maintained or Improved Housing while Receiving Mental Health Services](#)
- [Timeliness of Crisis Services](#)
- [Percent of Clients with Reduced Suicidality](#)
- [Number of Timely New and Renewal Licensing Decisions](#)

Community Behavioral Health (CBH)

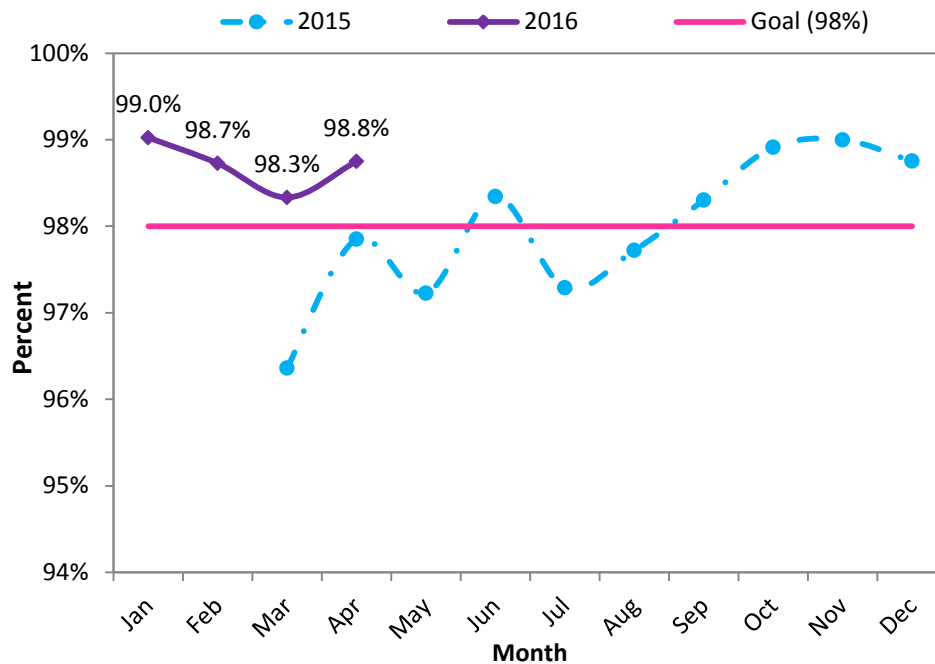
Measure: **Timeliness of Appointments Offered for Outpatient Substance Use Disorder Treatment**

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: 1,013.7

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 98.8% to 98.3%. The goal was attained each month this quarter.

Notes: Starting this quarter, all data presented are retroactively updated.



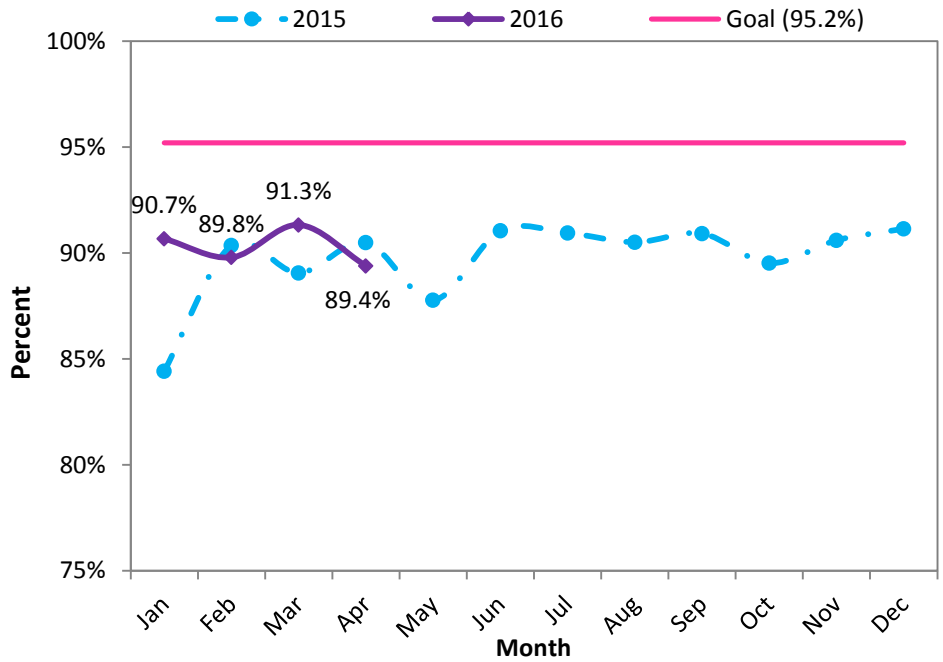
Community Behavioral Health (CBH)

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: 864.7

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 91.3% to 89.4%. The goal was not attained, though Community Behavioral Health achieved its highest performance to date in March 2016 (91.3%).

Notes: Starting this quarter, all data presented are retroactively updated.



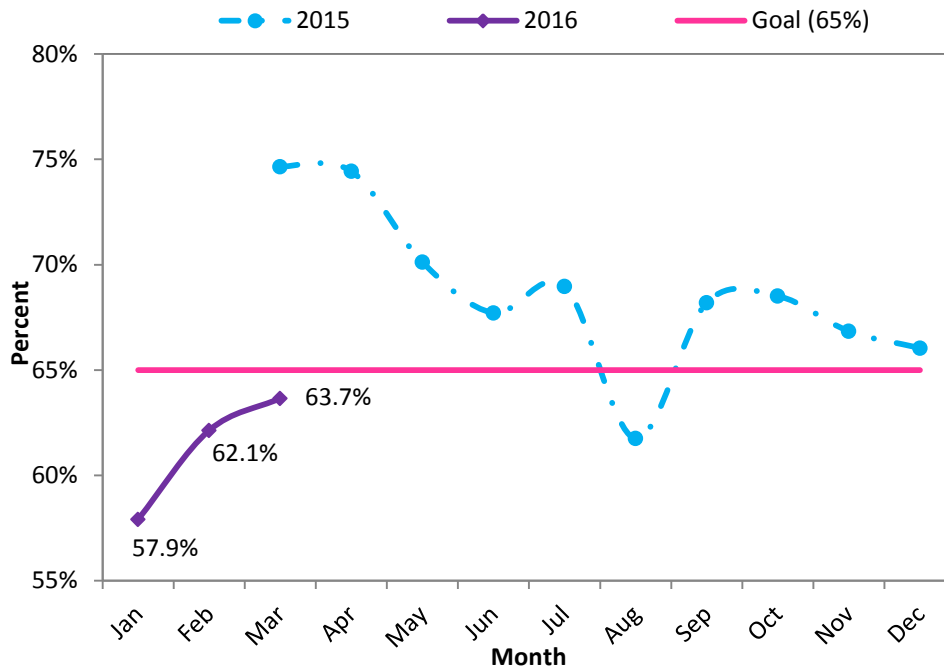
Community Behavioral Health (CBH)

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: 400.0

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

Goal: **↑65%**



Trend: Performance in the most recent quarter ranged from 63.7% to 57.9%. The goal was not attained.

Notes: As of June 2016, this measure will include mental health AND substance use disorder services to calculate engagement in treatment. Previously, this measure included mental health services only. The goal changed from 61.5% to 65% in June 2016. Starting this quarter, all data presented are retroactively updated. Data on mental health and substance use disorder services are not available until 60 days after services are received.

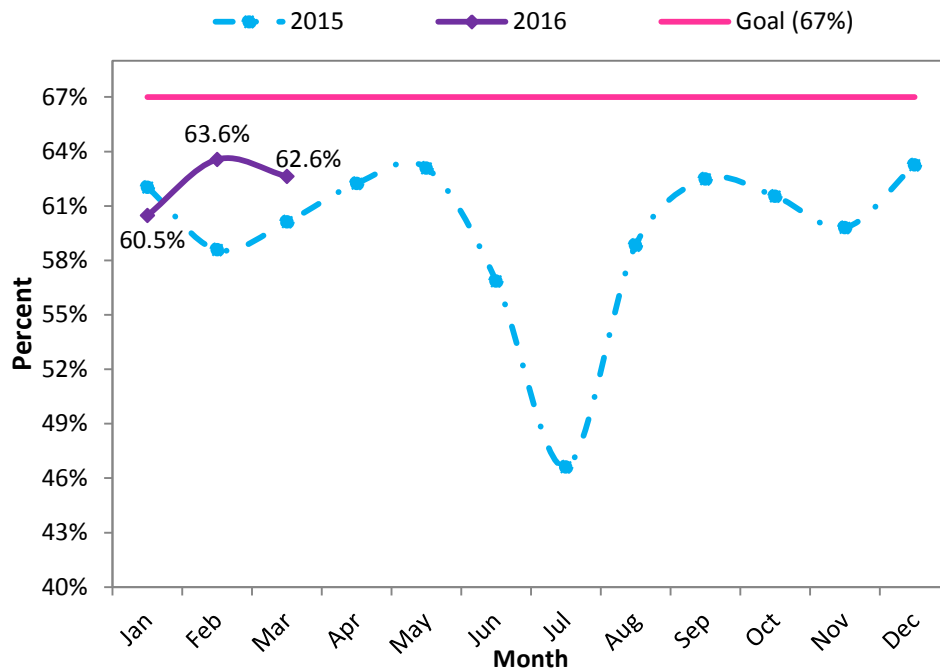
Community Behavioral Health (CBH)

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: 887.0

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 63.6% to 60.5%. The goal was not attained this quarter, though Community Behavioral Health achieved its highest performance to date in February 2016 (63.6%).

Notes: Starting this quarter, all data presented are retroactively updated.

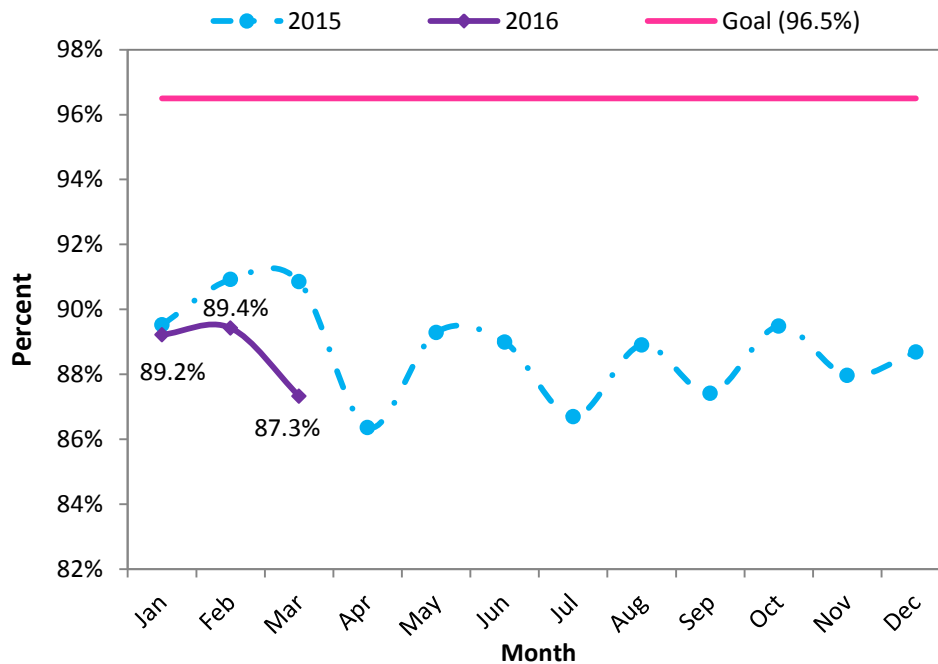
Community Behavioral Health (CBH)

Measure: **Percent of Persons who Maintained or Improved Housing While Receiving Mental Health Services**

How it is measured: *Numerator:* Number of persons who maintained or improved their housing situation
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: 1,049.7

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% to 87.3%. The goal was not attained.

Notes: Starting this quarter, all data presented are retroactively updated.

Community Behavioral Health (CBH)

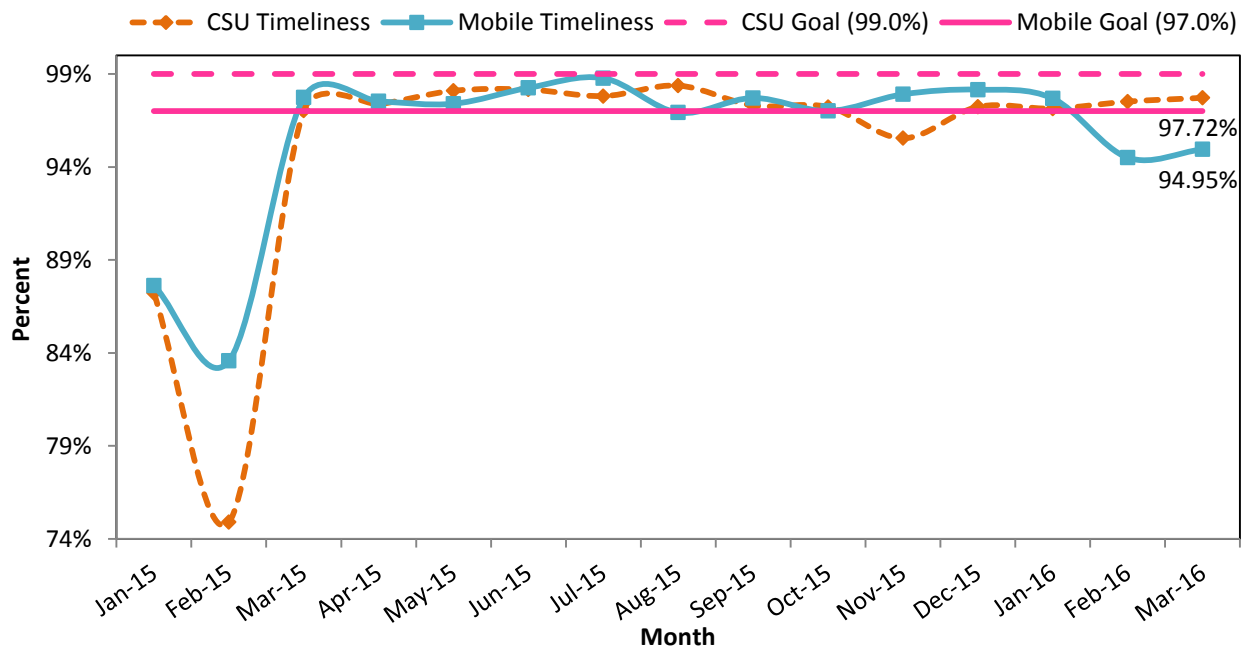
Measure: **Timeliness of Crisis Services**

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: 689; Mobile: 1,779

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 97.7% to 97.1%. The goal was not attained this quarter. Mobile performance (blue line) in the most recent quarter ranged from 97.7% to 94.5%. The goal was met in January 2016.

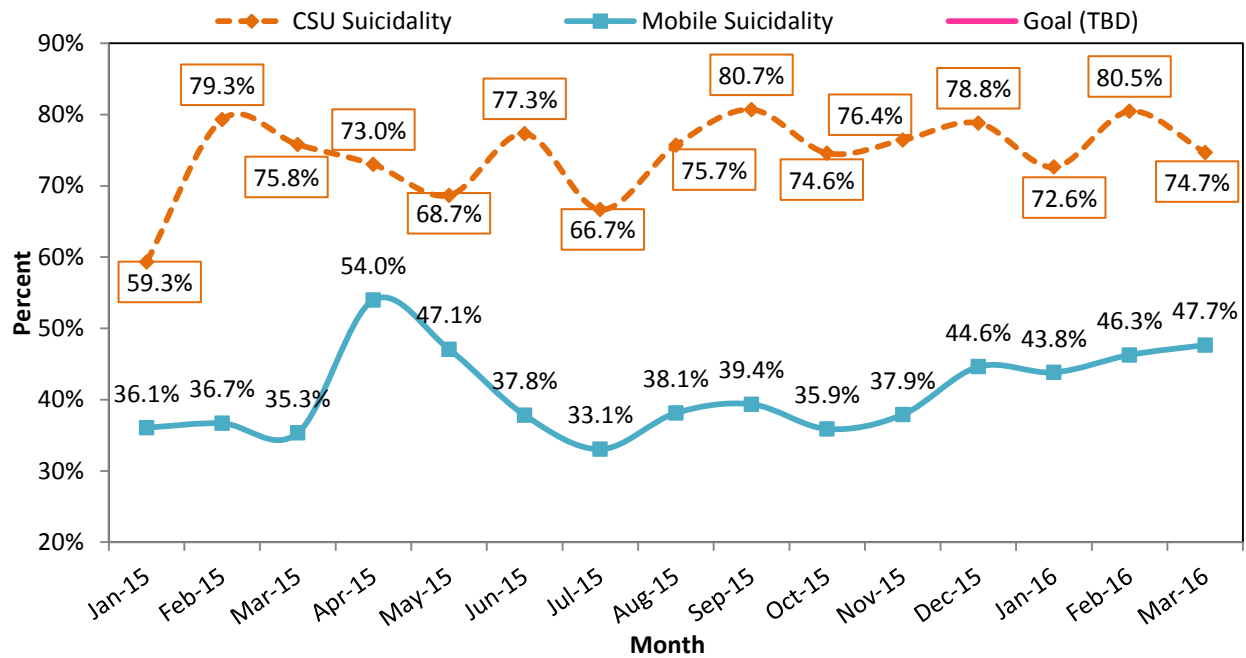
Community Behavioral Health (CBH)

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): 325; Mobile: 917

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 80.5% to 72.6%. Mobile performance (blue line) in the most recent quarter ranged from 47.7% to 43.8%. Community Behavioral Health demonstrated an improvement in performance throughout the quarter for Mobile delivery of services.

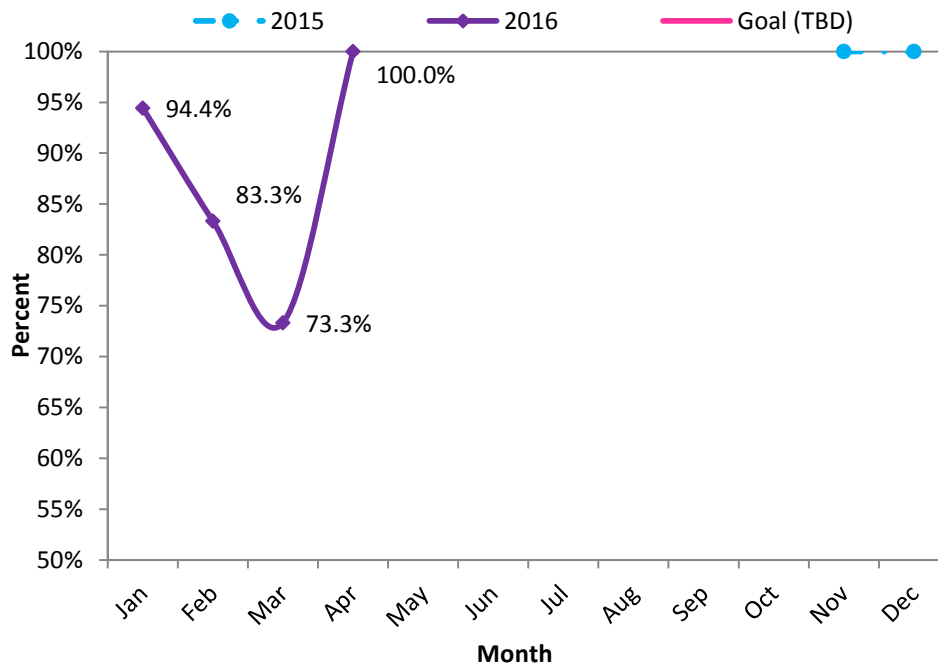
Community Behavioral Health (CBH)

Measure: **Number of Timely New and Renewal Licensing Decisions**

How it is measured: *Numerator:* Total number of applications completed within 45 days
Denominator: Total number of applications whose 45 day mark falls within a given month;
average monthly denominator: 12.3

Why this matters: Completing licensing decisions timely allows providers to serve clients in need of treatment.

Goal: **↑ TBD**



Trend: Performance in the most recent quarter ranged from 100.0% to 73.3%.

Notes: Community Behavioral Health began monitoring this measure in January 2016. This measure shows timeliness of licensing decisions that were due in the reporting month.

Mental Health Institutes (MHI)

Summary

Description

The Mental Health Institute (MHI) Division operates the two state psychiatric hospitals: the Colorado Mental Health Institute at Fort Logan (CMHIFL) and the Colorado Mental Health Institute at Pueblo (CMHIP). CMHIFL and CMHIP work with the Community Mental Health Centers, along with mental health professionals, patients, families, and mental health advocacy groups toward the goal of preparing patients to return to their homes and communities.

CMHIFL primarily 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 Interim Hospital Director: Nancy Kehiayan

CMHIP Superintendent: Ron Hale

Executive Summary:

- *Rates of Seclusion Use: Fort Logan & Pueblo:* An in-depth analysis showed that five patients used 97.21% of the seclusion hours at CMHIP in April 2016. Additionally, CMHIFL achieved the goal in every month this quarter, while CMHIP achieved its lowest rate in February 2016.
- *Rates of Restraint Use: Pueblo:* An in-depth analysis showed that six patients used 93.83% of the restraint hours at CMHIP in April 2016. This demonstrates that the rate of restraint is primarily driven by the behavior of a few select patients and not the treatment process of the Institutes.
- *Percent of Civil Patients Ready for Discharge but Have Barriers: Fort Logan & Pueblo:* Throughout this quarter, the Institutes created consistent criteria for the Discharge Barriers List resulting in increased numbers of patients on the list beginning in February 2016. The Discharge Barrier List criteria are:
 - 1) The individual is under civil commitment and not committed under a forensic legal order;
 - 2) The patient has been ready for discharge for seven days but is not yet discharged; and
 - 3) The patient remains on the Discharge Barrier List until discharge, unless the patient requires additional psychiatric care, in which case, the patient is removed from the Discharge Barriers List.
- *Percent of 180-Day Readmissions: Fort Logan & Pueblo:* As of June 2016, the methodology for this measure was adjusted so that data reflects the following: of those patients who discharged in the reporting month (the denominator) how many readmitted within 180 days (the numerator). Using this process allows OBH to match the approach used by the National Research Institute. Due to this change, data is reported eight months in arrears.

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](#)

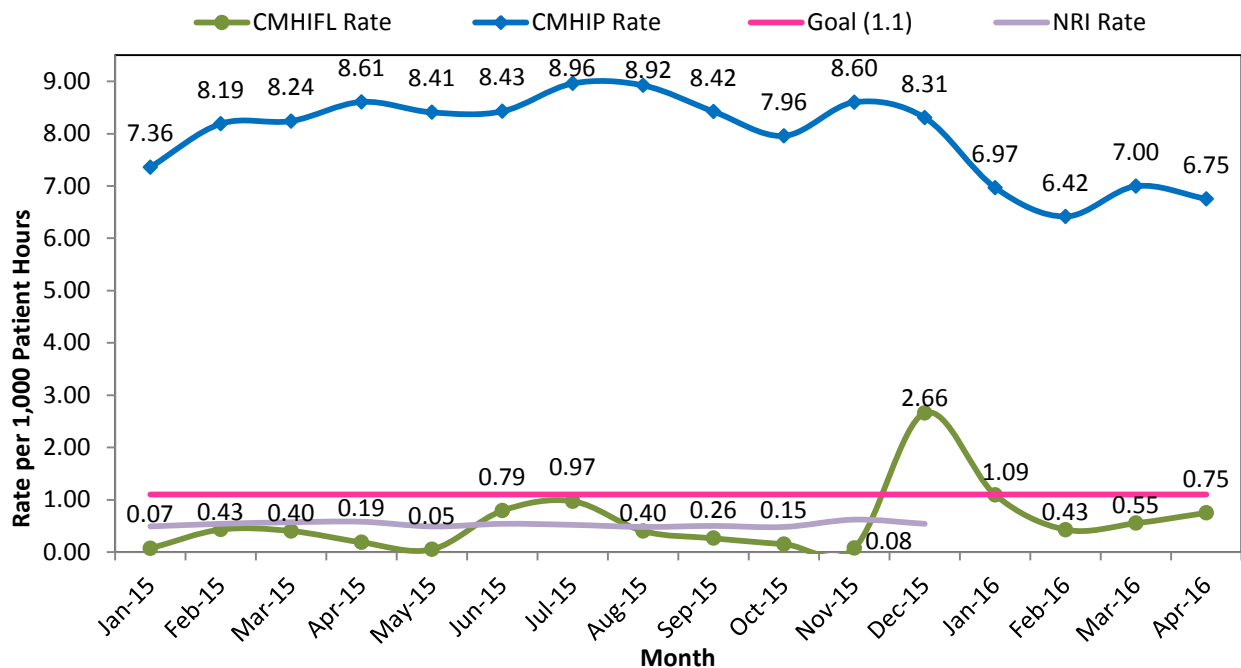
Mental Health Institutes (MHI)

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: 64.91; Pueblo: 296.93

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 the last option used to prevent harm, and is therefore viewed by the Institutes as a treatment failure.

Goal: **↓ 1.1**



Trend: The Colorado Mental Health Institute at Fort Logan’s performance (green line) in the most recent quarter ranged from 0.75 to 0.43. The Colorado Mental Health Institute at Fort Logan met the goal each month this quarter. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance (blue line) in the most recent quarter ranged from 7.00 to 6.42. The goal was not attained, though CMHIP achieved its best performance since September 2014 in February 2016 (6.42).

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).

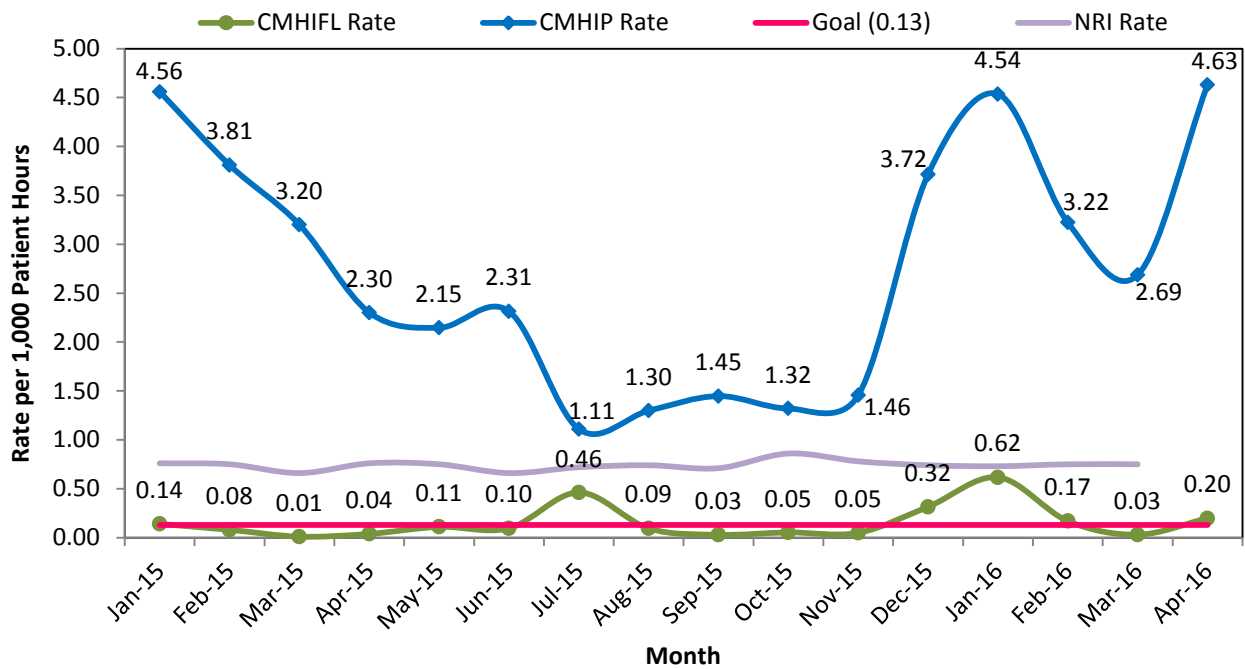
Mental Health Institutes (MHI)

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: 64.91; Pueblo: 296.93

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 the last option used to prevent harm, and is therefore viewed by the Institutes as a treatment failure.

Goal: ↓ 0.13



Trend: The Colorado Mental Health Institute at Fort Logan’s performance (green line) in the most recent quarter ranged from 0.20 to 0.03. The Colorado Mental Health Institute at Fort Logan met the goal in one out of three months this quarter. The Colorado Mental Health Institute at Pueblo’s performance (blue line) in the most recent quarter ranged from 4.63 to 2.69. The goal was not attained.

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).

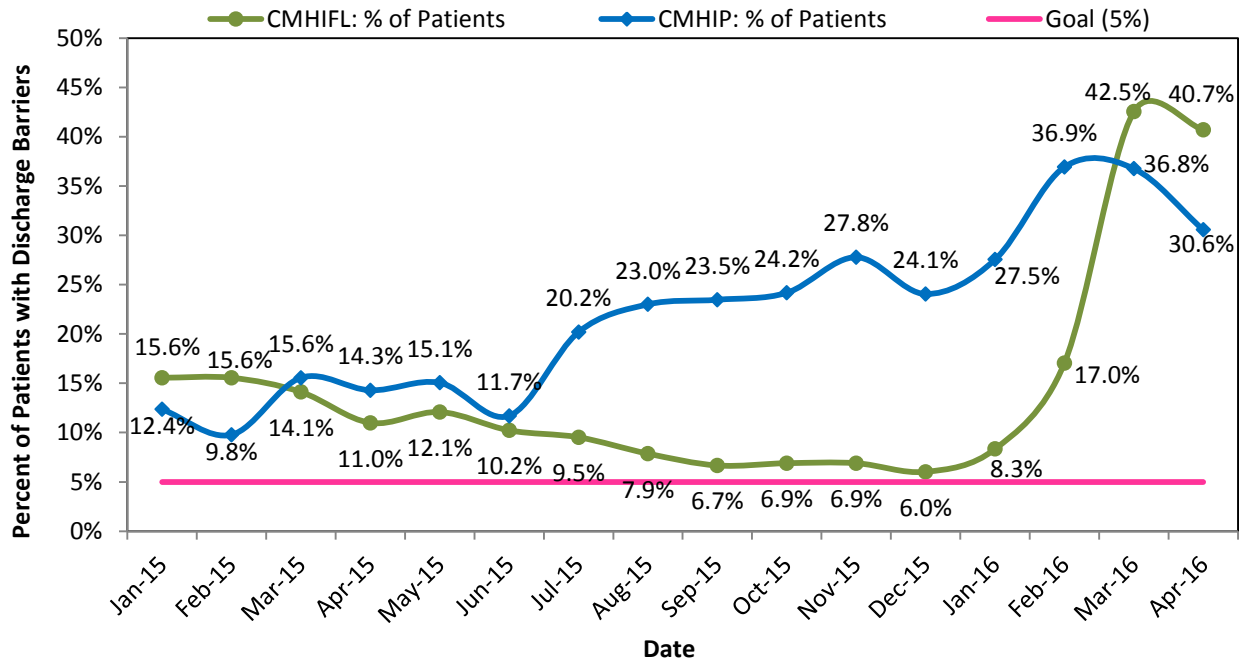
Mental Health Institutes (MHI)

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 to placement in the community
Denominator: Current number of civil patients; average monthly denominator: Fort Logan: 87.0; Pueblo: 68.33

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

Goal: ↓ 5%



Trend: The Colorado Mental Health Institute at Fort Logan’s performance (green line) in the most recent quarter ranged from 42.5% to 17.0%. The Colorado Mental Health Institute at Pueblo’s performance (blue line) in the most recent quarter ranged from 36.9% to 30.6%. The goal was not met by either Institute throughout the quarter.

Notes: This quarter, the Institutes created consistent criteria for the Discharge Barriers List resulting in increased numbers of patients on the list beginning in February 2016.

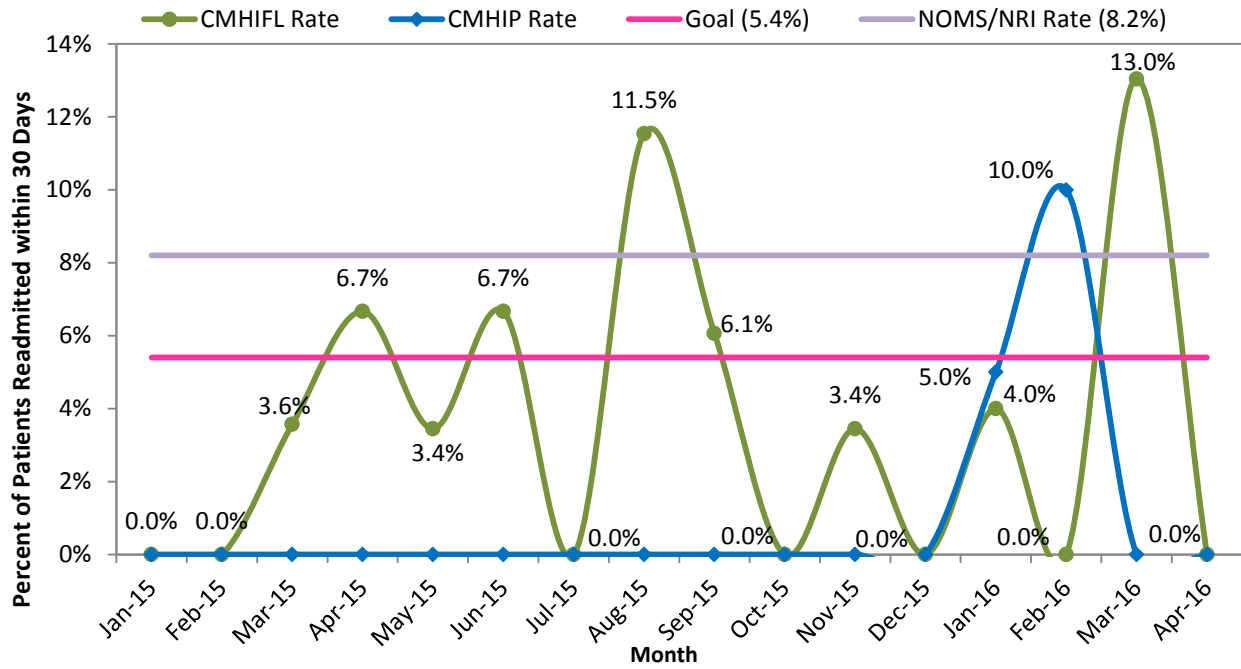
Mental Health Institutes (MHI)

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: 23.7; Pueblo: 12.7

Why this matters: A rapid readmission may reflect a failure of continuity of care following discharge, resulting in a patient suffering decompensation and subsequent need for hospitalization.

Goal: **↓5.4%**



Trend: The Colorado Mental Health Institute at Fort Logan’s performance (green line) in the most recent quarter ranged from 13.0% to 0.0%. The Colorado Mental Health Institute at Pueblo’s performance (blue line) in the most recent quarter ranged from 10.0% to 0.00%. Both Institutes met the goal in two out of three months this quarter.

Mental Health Institutes (MHI)

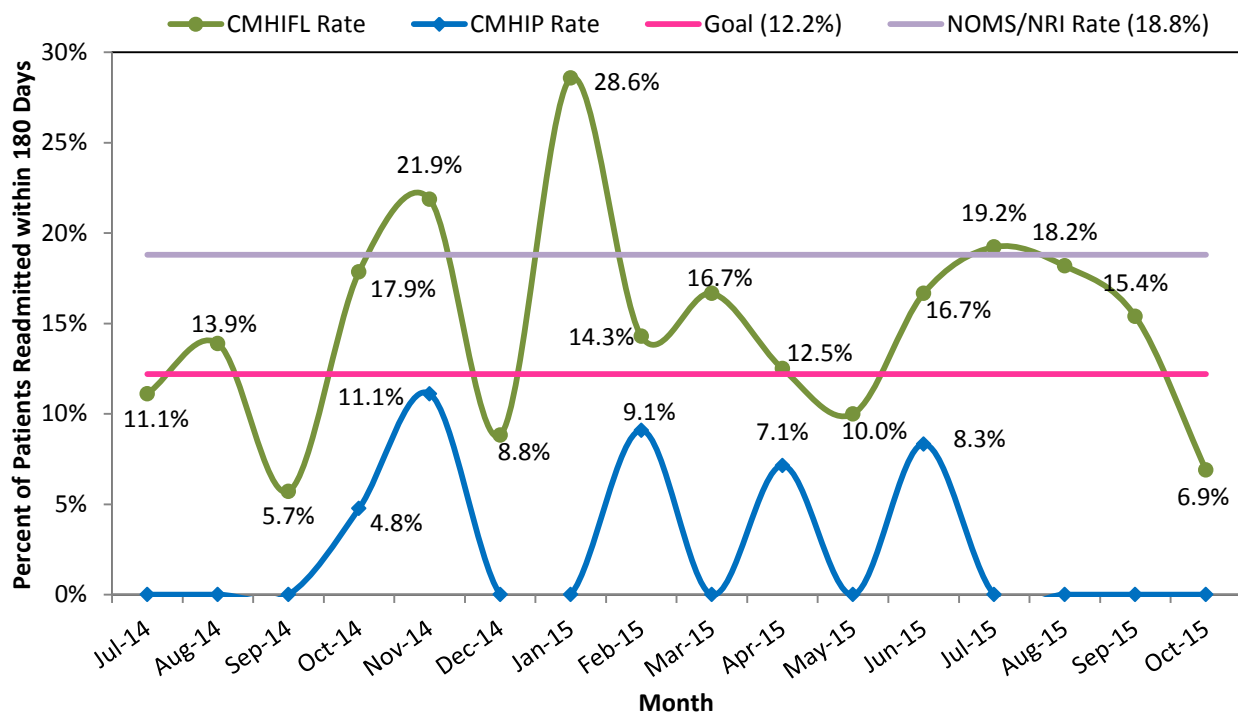
Measure: **Percent of 180-Day Readmissions – Fort Logan & Pueblo**

How it is measured: *Numerator:* Number of Civil patients readmitted within 180 days, based on those discharged in the reporting month

Denominator: Number of Civil patients discharged in the reporting month; average monthly denominator: Fort Logan: 29.0; Pueblo: 14.0

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

Goal: **↓12.2%**



Trend: The Colorado Mental Health Institute at Fort Logan’s performance (green line) in the most recent quarter ranged from 18.2% to 6.9%. The Colorado Mental Health Institute at Fort Logan met the goal in one out of three months and trended in the right direction throughout this quarter. The Colorado Mental Health Institute at Pueblo’s performance (blue line) in the most recent quarter remained at 0.0%, meeting the goal every month within the quarter.

Notes: As of June 2016, the way we measure performance has changed. Data are now based on one month of discharges (the denominator) and how many of those patients readmitted within 180 days (the numerator). Due to this change, data is reported eight months in arrears.

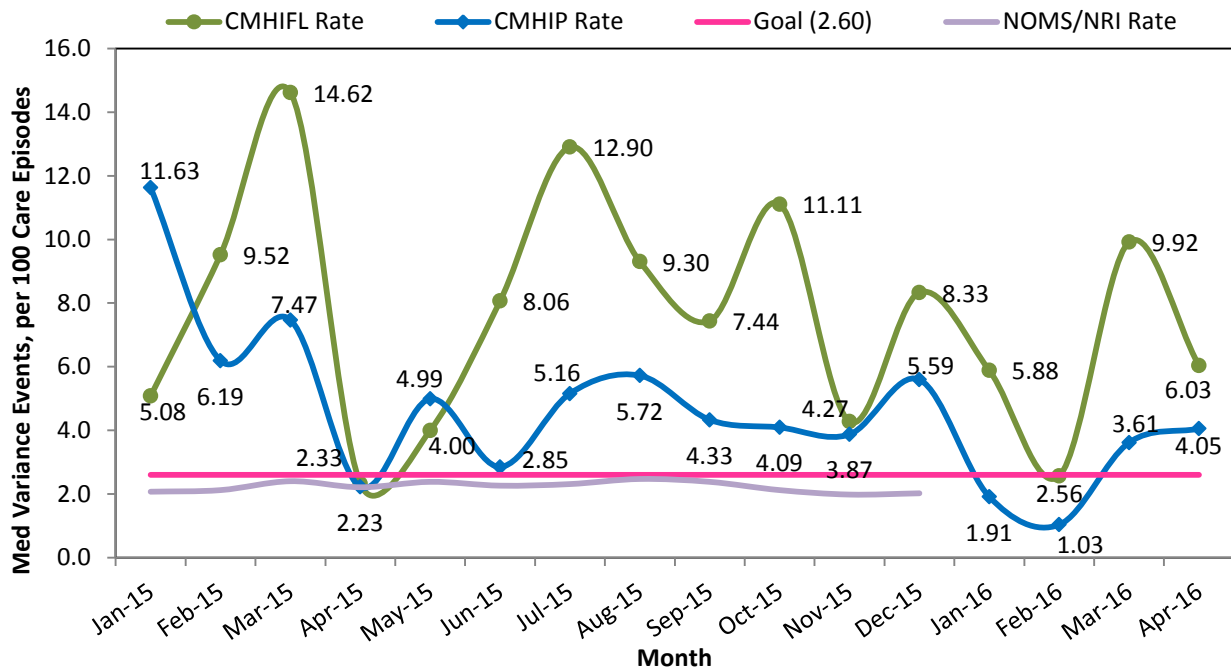
Mental Health Institutes (MHI)

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: 1.18; Pueblo: 4.84

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

Goal: ↓2.60



Trend: The Colorado Mental Health Institute at Fort Logan’s performance (green line) in the most recent quarter ranged from 9.92 to 2.56. The Colorado Mental Health Institute at Pueblo’s performance (blue line) in the most recent quarter ranged from 4.05 to 1.03. Both Institutes met the goal in February 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 the University of Kansas. As a result, Colorado counties can view their 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*: The Division is continuing to focus on Immediate Response performance, partnering with counties to identify what efforts are working to sustain strong performance. Immediate Responses represent those that are more egregious in nature or in which a youth or child is particularly vulnerable. The Division expects to continue to review Immediate Response performance, reaching out to poor performing counties to offer assistance, working to ensure response times are met 90% of the time.
- *Placement Stability for Children in Out-of-Home Care*: The Division identified and corrected an error in the code used to pull data for this measure from Trails (the State Child Welfare database system). As a result, performance is now more accurately represented. Data validation work is continuously being reviewed by the DCW Continuous Quality Improvement (CQI) Data Subgroup to ensure the data is accurate and updated when applicable.
- *Children in Congregate Care*: After seeking county feedback from the DCW CQI workgroup, Practice Advancement Group, and Sub Policy Advisory Committee (SubPAC) the Division has decided to set a goal of 6.1%.

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)

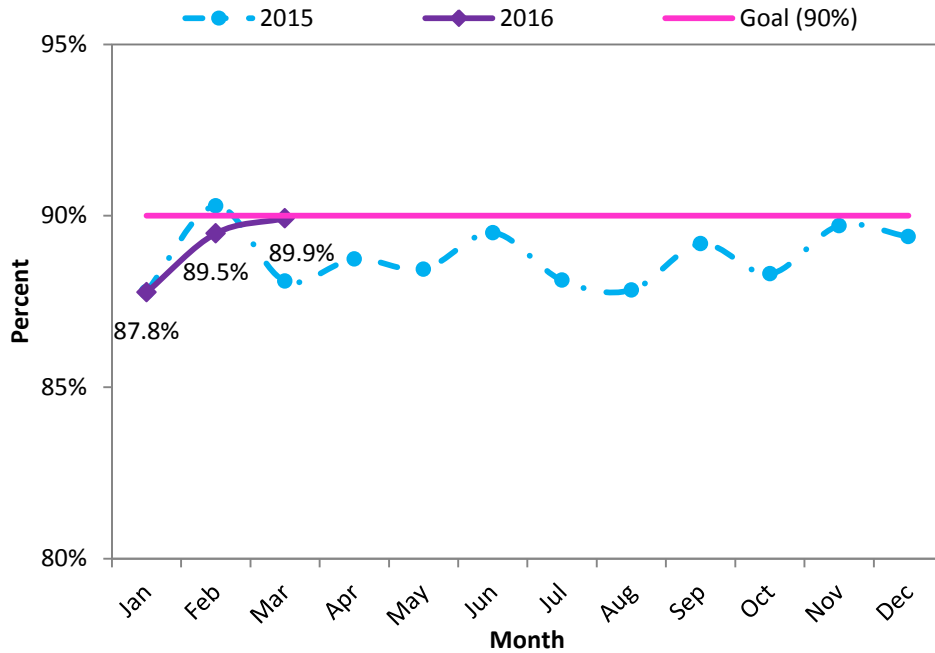
Measure: **Timeliness of Initial Response to Abuse/Neglect Assessments**

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: 4,382

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 87.8%-89.9%. The Division's performance on this measure has been relatively consistent throughout the last year. 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.

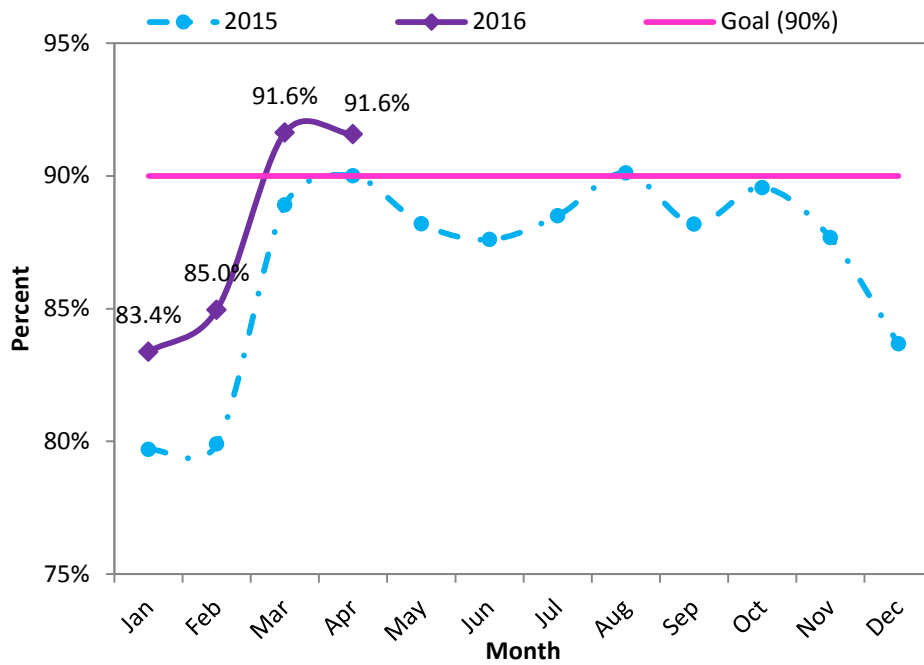
Division of Child Welfare (DCW)

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: 2,727

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 met the goal for the last two months of the most recent quarter (March and April 2016), demonstrating an improvement in performance when compared to this same quarter in 2015.

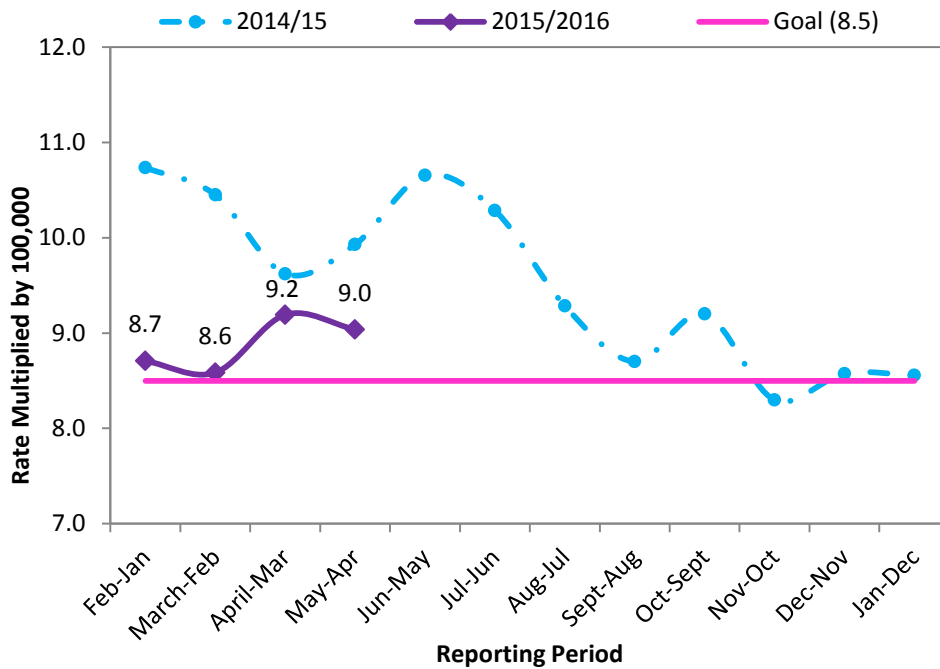
Division of Child Welfare (DCW)

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: 1,739,015

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

Goal: **↓ 8.5**



Trend: The Division demonstrated improvement in the most recent quarter when compared to this same quarter in 2014. The previously attained goal was not met this quarter.

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

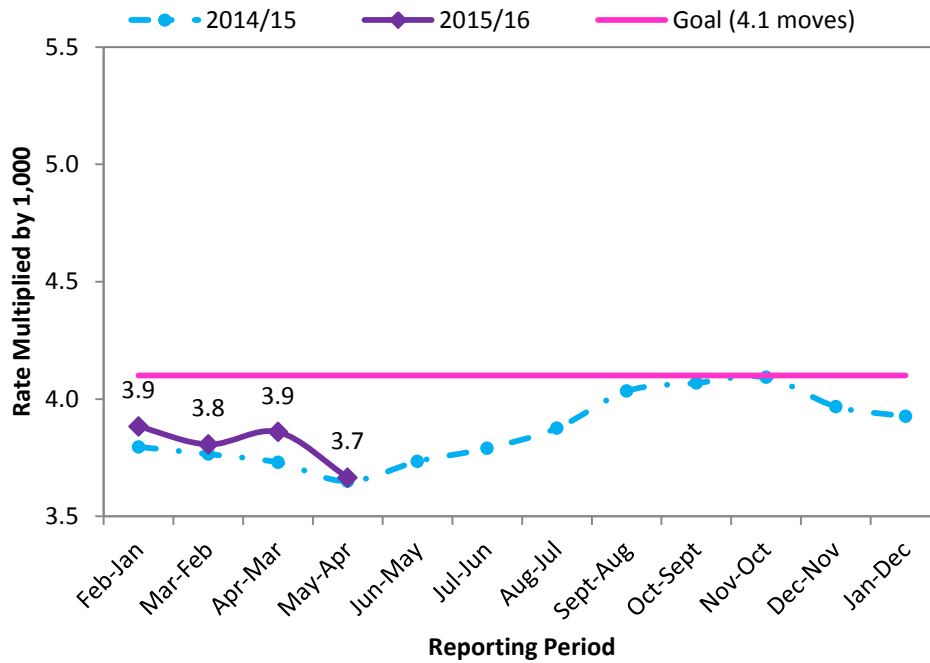
Division of Child Welfare (DCW)

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: 614,056

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 has consistently met the goal each month for the last 16 months.

Notes: Please note the rate is multiplied by 1,000. The Division identified and corrected an error in the code used to pull data for this measure from Trails (the State Child Welfare database system). As a result, performance has been retroactively updated and may look different from previous Quarterly Reports.

Division of Child Welfare (DCW)

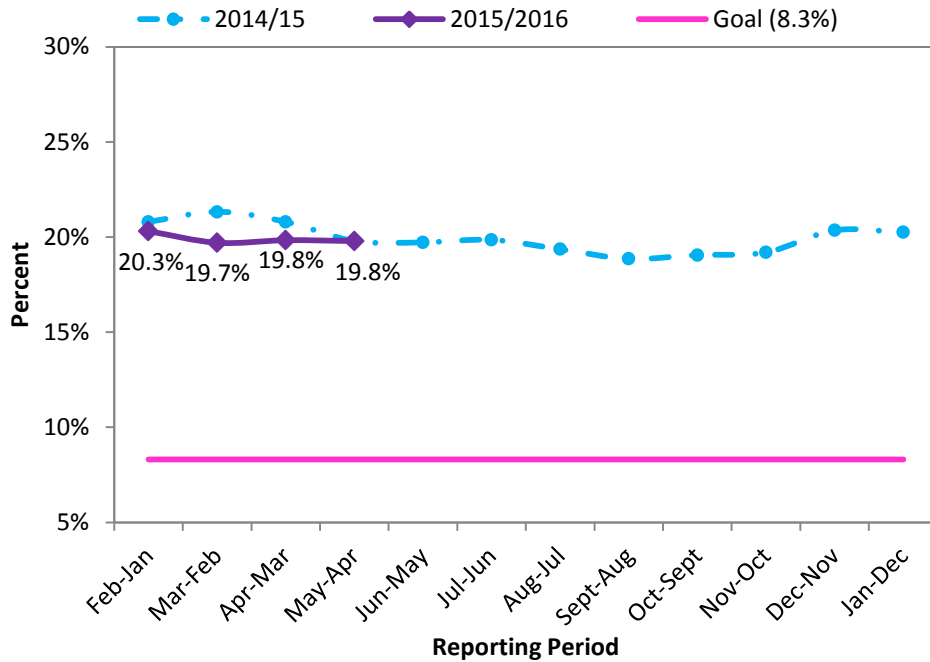
Measure: **Children who Re-Enter Care within 12 Months (Federal Measure)**

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: 2,274

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.

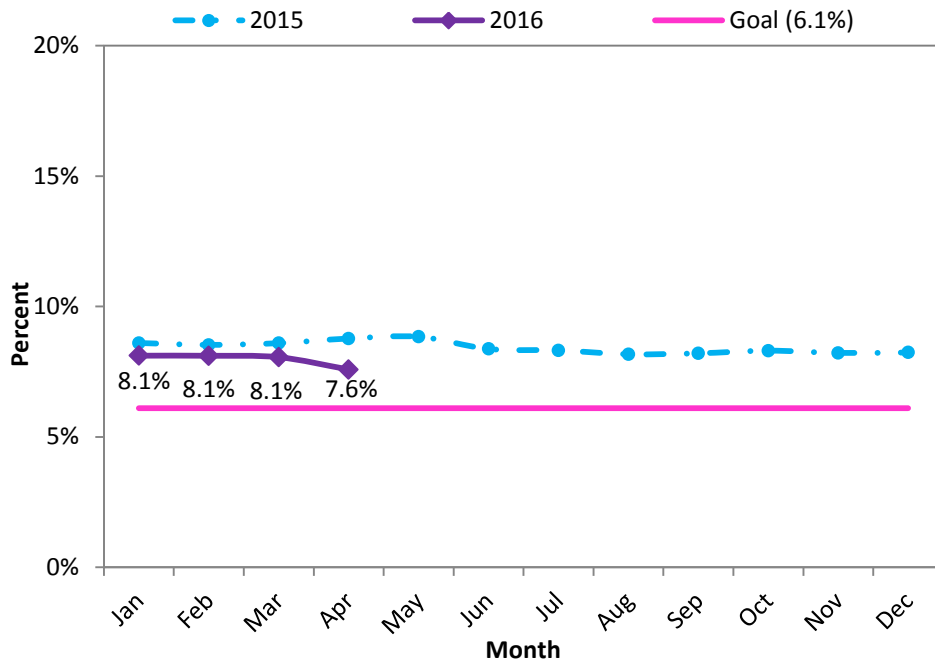
Division of Child Welfare (DCW)

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: 11,248

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: **↓ 6.1%**



Trend: The Division’s performance remains steady throughout the most recent quarter with a slight improvement demonstrated 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.

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*: In April 2016 DYC experienced the highest number of walkaways/escapes reported to date. The Division is continuing to implement their new walkaway debrief meeting once a youth has been apprehended in an effort to learn the precipitating events that resulted in the walkaway.
- *Timely Initial Placement for Committed Youth*: The Division completed an in-depth review of the number of days to placement in a six month timeframe and determined that 79% of youth were placed in their commitment facility within 50 days (within 10 days of the 40-day goal). Additionally, 91% of youth were placed within 60 days.
- *Staff Injuries on the Job as a Direct Result of Youth Contact*: The Division completed an analysis of those staff who physically restrained a youth and those staff who did not across six months. The Division identified many reasons a staff may, or may not, have physically restrained youth. There were many identified causes. A few examples include: a staff may perform verbal directive responses to de-escalate a youth, staff could also work night shift hours (in which there are fewer incidences), also a staff could serve an administrative role (thus not regularly engaging with youth). Thus, there were no conclusive patterns revealed.
- *Family Attendance at Multidisciplinary Team Review (MDT) Meetings*: In the most recently reported month (April 2016) 100% of Multidisciplinary Team Review Meetings had family present. The Division continues to make family engagement in youth treatment a top priority.

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](#)

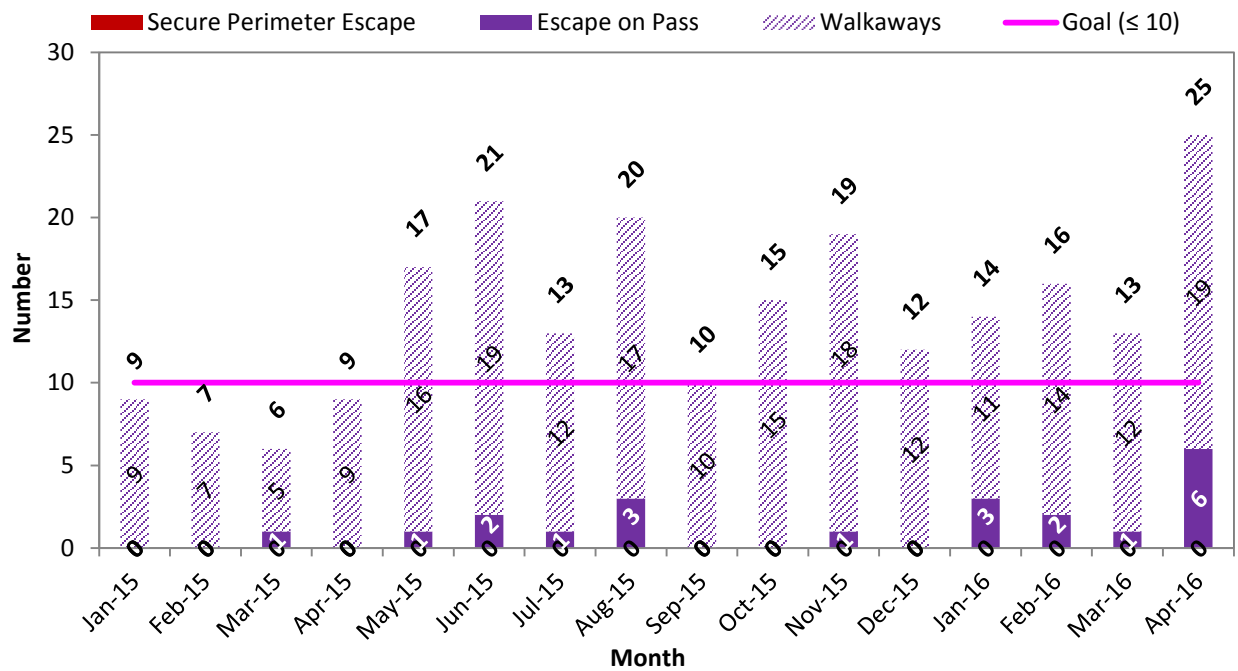
Division of Youth Corrections (DYC)

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: 956.4

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 18 escapes/walkaways in the most recent quarter, three more than the 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.

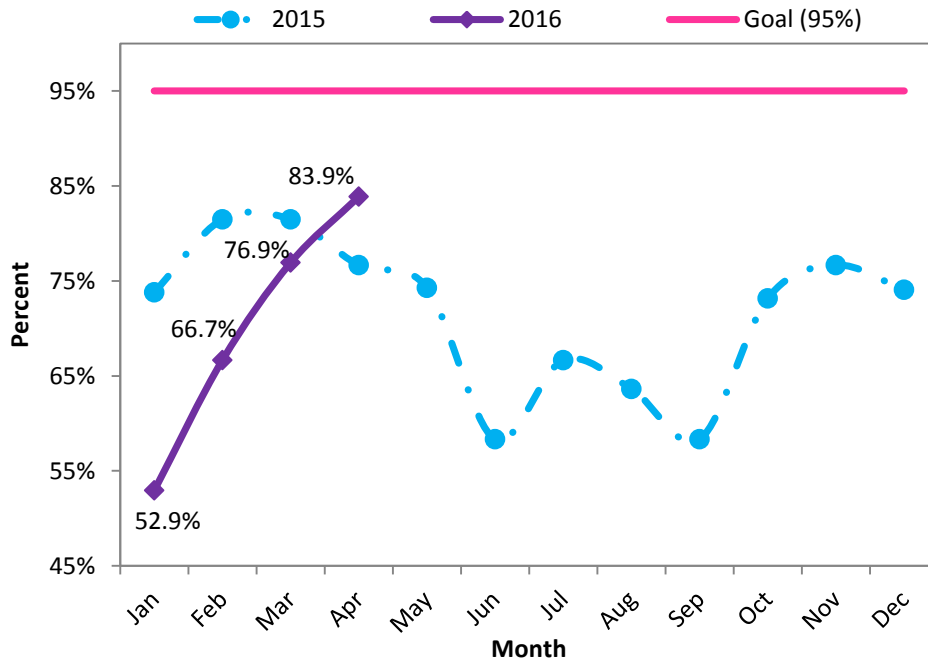
Division of Youth Corrections (DYC)

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: 26

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 improved within each month of the quarter, culminating in the highest performance in the last two calendar years (83.9%). The 95% goal has yet to be achieved.

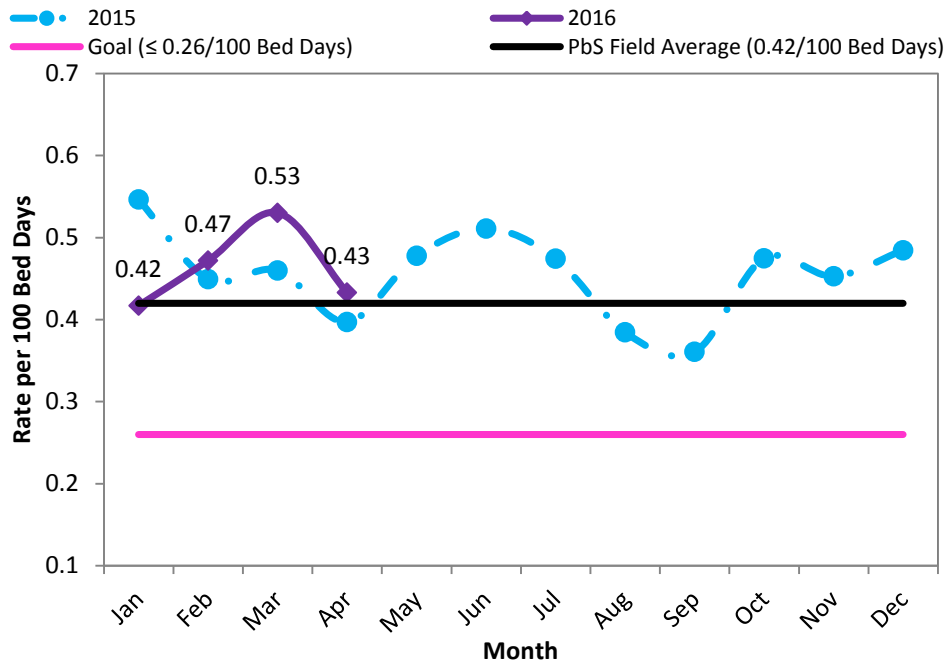
Division of Youth Corrections (DYC)

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: 18,288.0

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 .43 to .53 throughout the most recent quarter. The goal was not attained, though performance is consistently remaining near the PbS Field Average rate.

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. Data from DYC is compared to Performance-based Standards (PbS) Field Average, which is a data-driven improvement model grounded in research that holds juvenile justice agencies, facilities and residential care providers to the highest standards for operations, programs, and services.

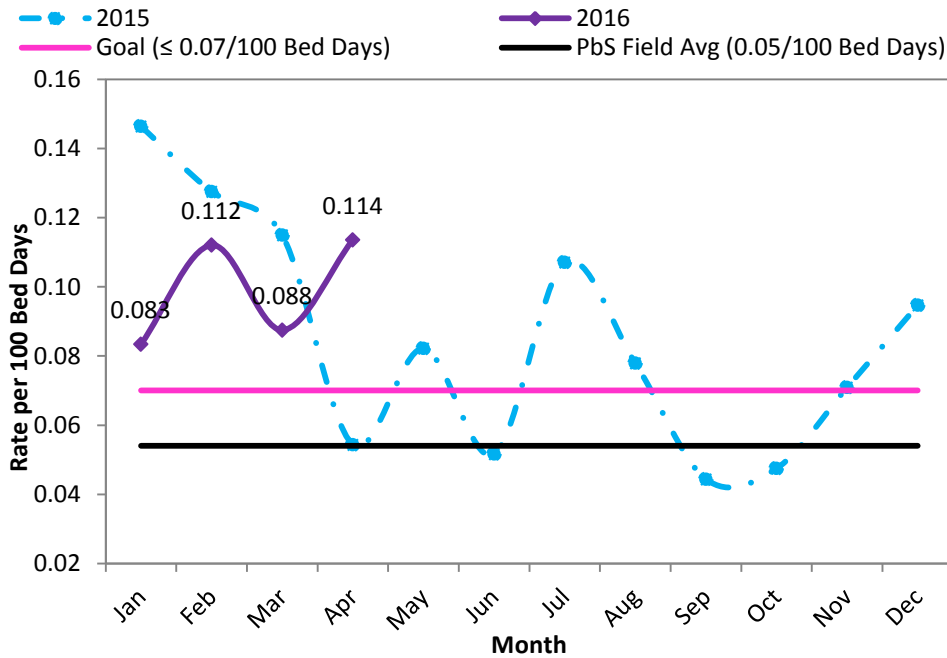
Division of Youth Corrections (DYC)

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: 18,288.0

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 varied throughout the most recent quarter, with a range of .088 to .114. The goal was not met.

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. Data from DYC is compared to Performance-based Standards (PbS) Field Average, which is a data-driven improvement model grounded in research that holds juvenile justice agencies, facilities and residential care providers to the highest standards for operations, programs, and services.

Division of Youth Corrections (DYC)

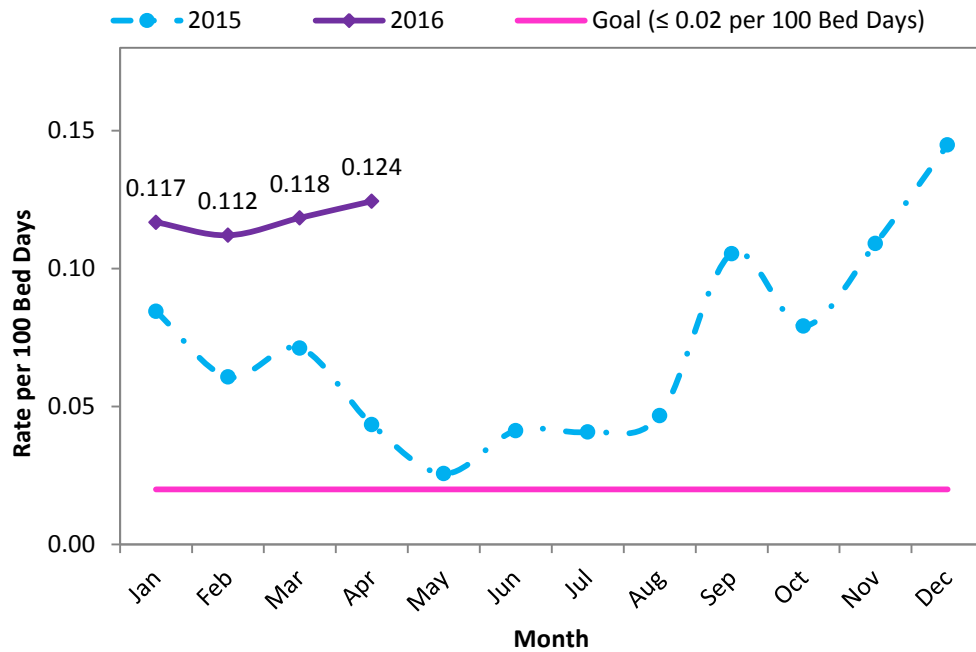
Measure: **Staff Injuries on the Job as a Direct Result of Youth Contact**

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, performance in most recent quarter increased in the number of staff injuries when compared to this same quarter in 2015. The goal has yet to be achieved.

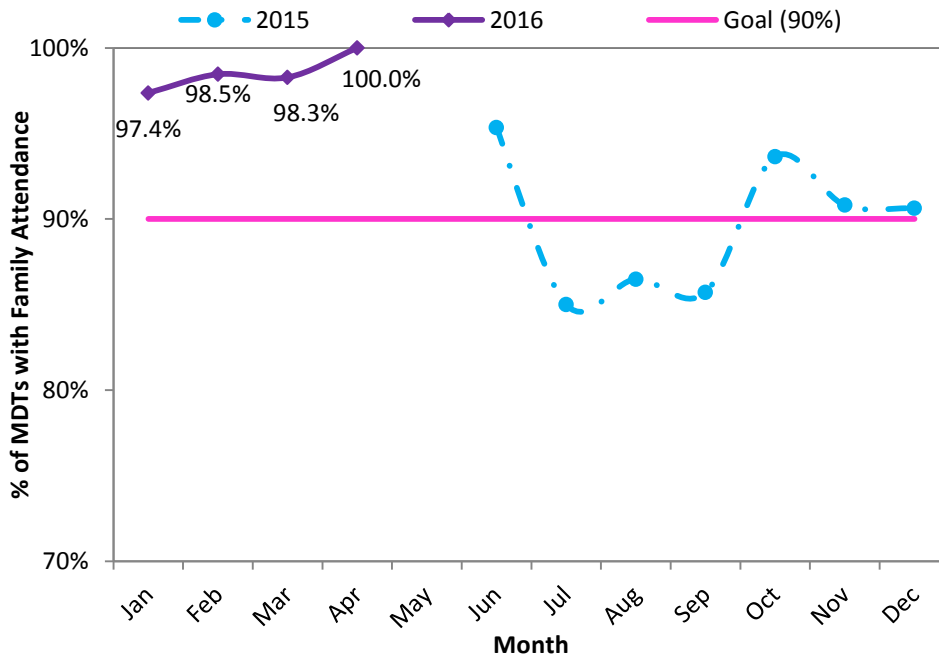
Division of Youth Corrections (DYC)

Measure: **Family Attendance at Multidisciplinary Team (MDT) Review Meetings**

How it is measured: *Numerator:* Number of MDT meetings conducted with family attendance
Denominator: Number of MDT meetings conducted during the month; average monthly denominator: 127

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, attaining 100% performance in April 2016.

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, meaning the majority of clients, on average, do not change in their rating of need from the first assessment to the follow-up assessment.

Measures

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

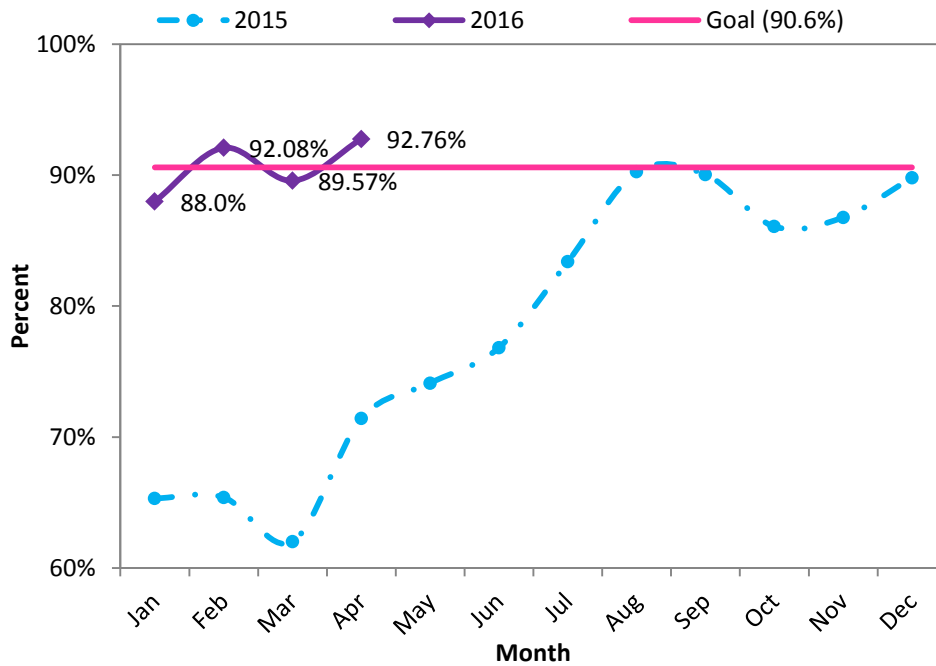
Domestic Violence Program (DVP)

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: 1,258

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. Performance in the most recent quarter remained above or near the 90.6% goal, with the goal met in two of the three months within the quarter.

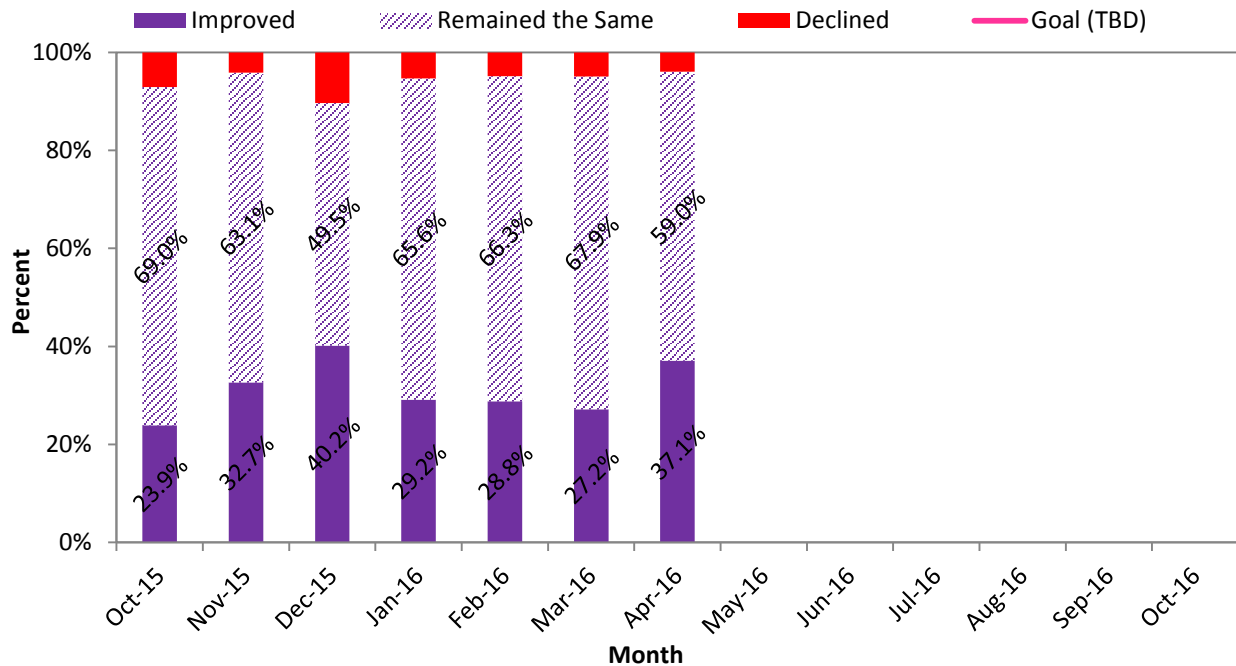
Domestic Violence Program (DVP)

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: 2,170

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 27.2% and 37.1% throughout the most recent quarter. While the percent of client needs that have remained the same fluctuated between 59.0% and 67.9%.

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 (APS) 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 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. These actions, as well as counties' continued focus, led to counties achieving the goal for two of the three months in the current quarter.

Measures

- [Timeliness of Monthly Contacts](#)



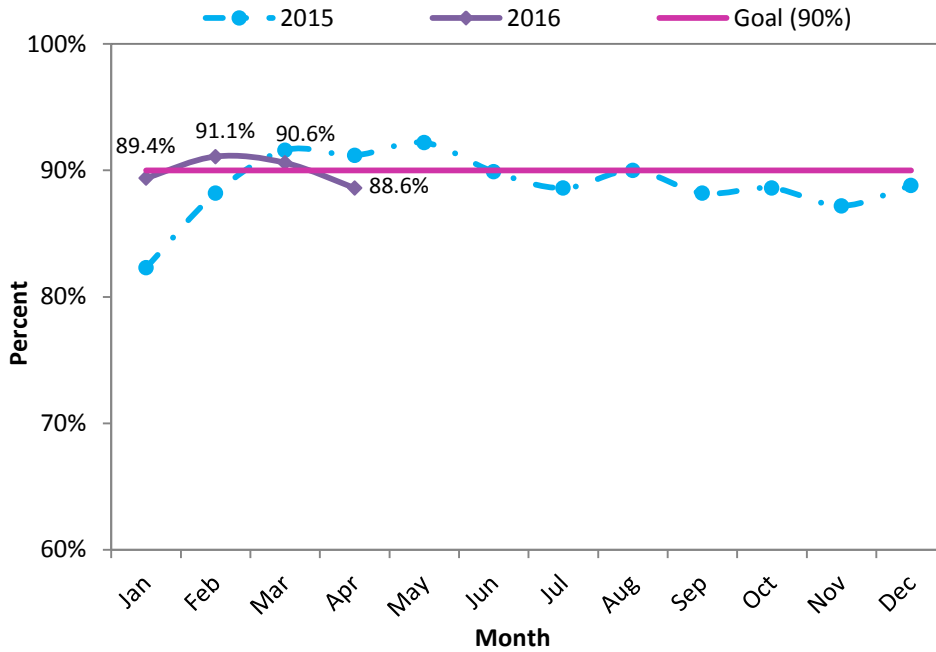
Aging and Adult Services (AAS)

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: 1,581

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

Goal: **↑90%**



Trend: The most recent quarter has remained relatively stable, with performance ranging from 91.1% in February 2016 to the current performance at 88.6% in April 2016. Division performance was above the 90% goal for the first two months of the quarter.



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. Supplemental Security Income 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 from 83.8 days in February to 90.4 days in April 2016. To help mitigate the effect of the recent loss of staff, DDS has received assistance from other DDS sites across the country in processing cases and has begun hiring and training examiners in the spring of 2016.
- *Percentage of Accurate Initial Eligibility Decisions:* Division performance in the most recent quarter improved from 95.6% in February to 96.9% in April 2016. DDS continues to focus on internal quality assurance reviews in which they conduct a targeted sampling of all eligibility decisions. Disability Determination Services 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](#)



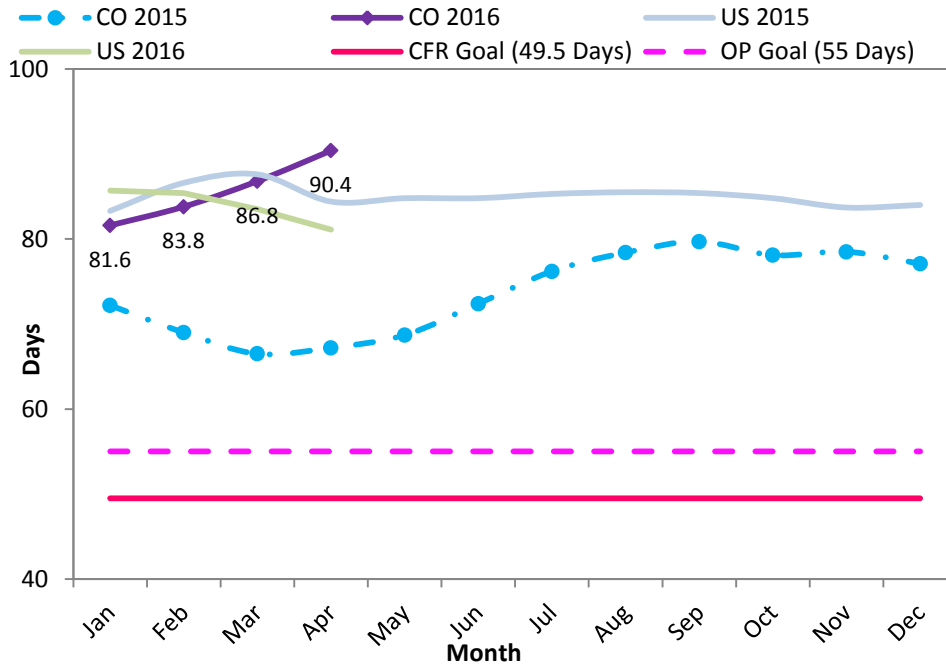
Disability Determination Services (DDS)

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: 3,172

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

Goal: **↓49.5 days (Federal Goal)**



Trend: Division performance has worsened, away from the goal, by 6.6 days, during the most recent quarter (purple line). Division performance ranged from 83.8 days in February 2016 to the current April 2016 processing time of 90.4 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). Disability Determination Services has added this goal to their measure for tracking purposes.





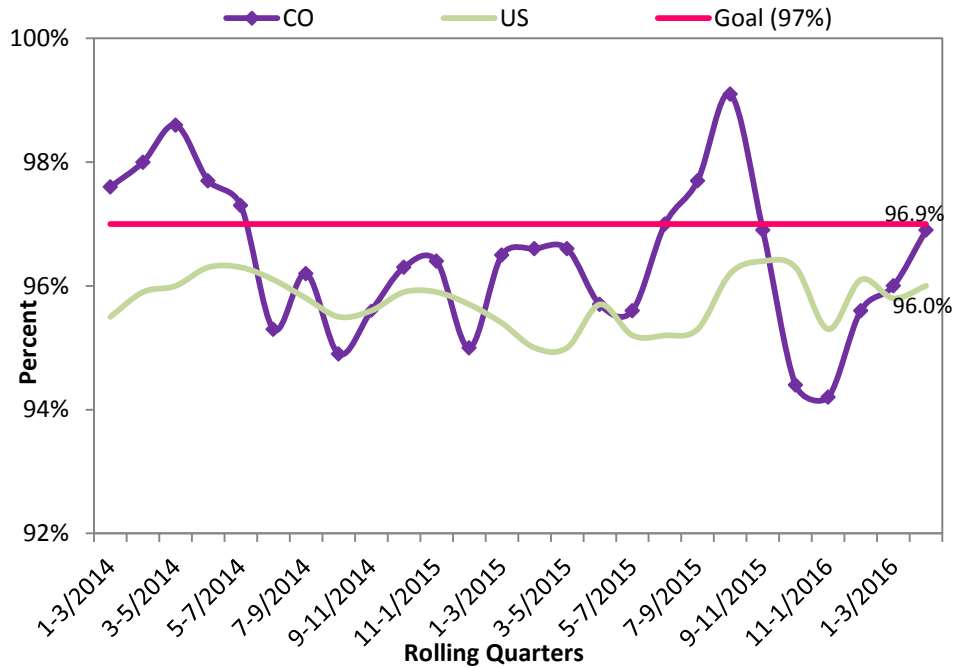
Disability Determination Services (DDS)

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: 149

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 1.3% increase in performance in the accuracy of initial decisions, ranging from 95.6% to 96.9%, yet performance 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 is 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 declined during the quarter and currently ranges from 76% in Wheat Ridge to 86% in Pueblo.

Measures

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



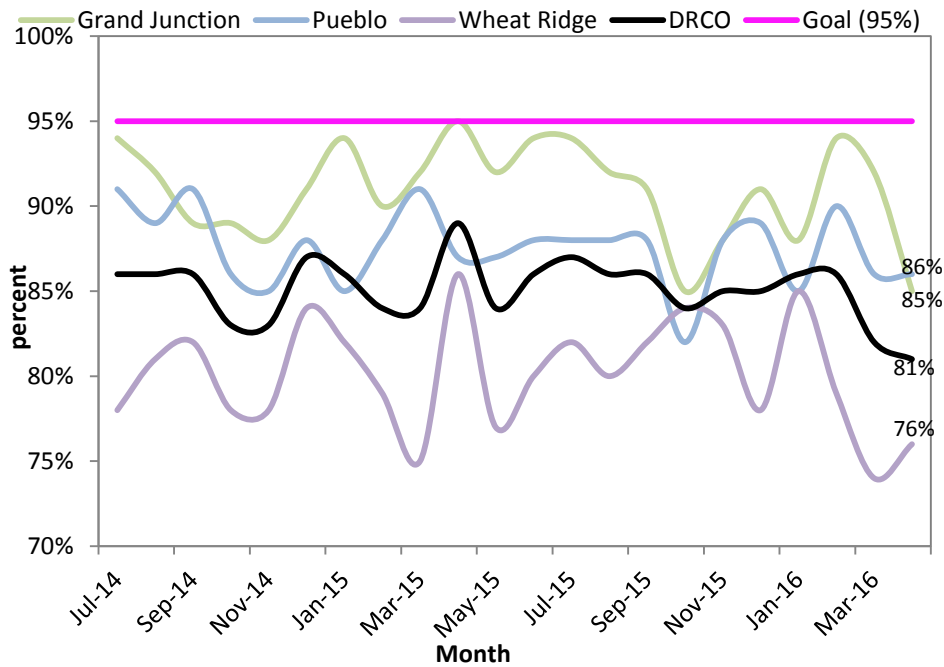
Division of Regional Center Operations (DRCO)

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- 85, Pueblo- 59, Wheat Ridge- 123, DRCO- 267

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

Goal: **↑95%**



Trend: In the most recent quarter the performance in each center fluctuated. Grand Junction (green line), Pueblo (blue line), and the Division (black line) performed in similar manners, starting with an increase in performance in February followed by decline the remainder of the quarter. Wheat Ridge (purple line) declined in performance the first two months, followed by an increase in April. Current performance in April 2016 is as follows: Grand Junction at 85%, Pueblo at 86%, Wheat Ridge at 76%, and the Division at 81%, 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 Fitzsimons and Rifle, while Florence and Homelake trended downward. Veterans Community Living Centers examined the data on this measure by conducting both chart audits and clinical round tables to verify diagnoses for residents and the appropriateness of prescribed anti-psychotic medications.
- *Fall Rate:* The methodology of this measure changed from the number of residents who did not fall within the month, to now looking at the rate of falls within each Community Living Center. This change was made to convey the importance of each fall that occurs as opposed to a resident only review. 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](#)
- [Fall Rate](#)



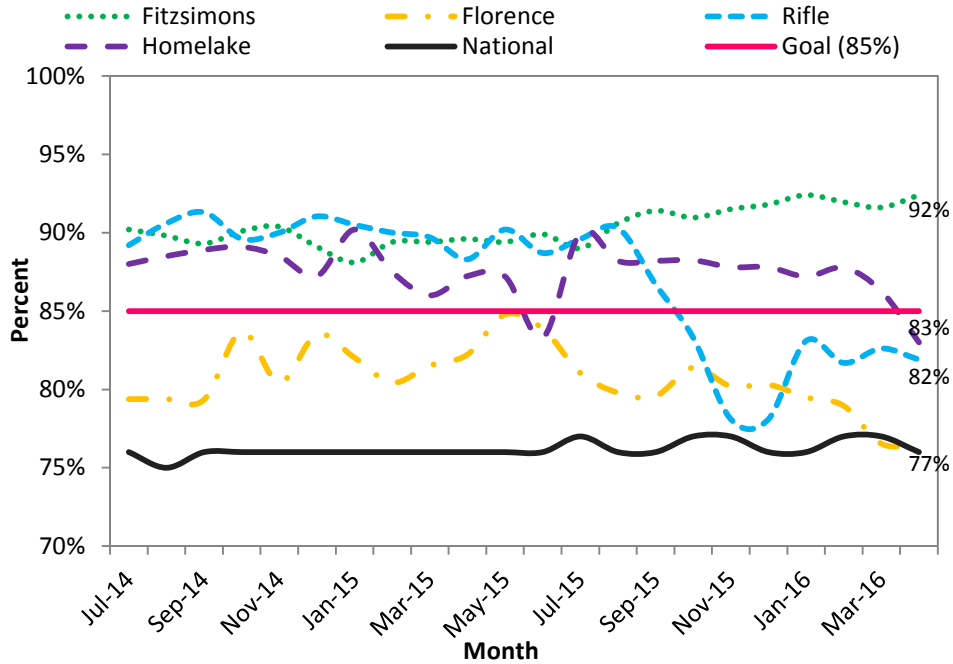
State Veterans Community Living Centers (SVCLC)

Measure: **Percent of Residents without Anti-Psychotic Medication**

How it is measured: *Numerator:* Number of residents without anti-psychotic medication
Denominator: Average Daily Census: Fitzsimons: 154, Florence: 79, Rifle: 71, Homelake: 51

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

Goal: **↑85%**



Trend: Performance over the most recent quarter has remained relatively stable in Fitzsimons (green line) and Rifle (blue line), and demonstrated a slight decline in both Florence (yellow line) and Homelake (purple line). In April, 2016, Fitzsimons (green line) is exceeding the 85% goal while Florence, Rifle, and Homelake are below the goal.





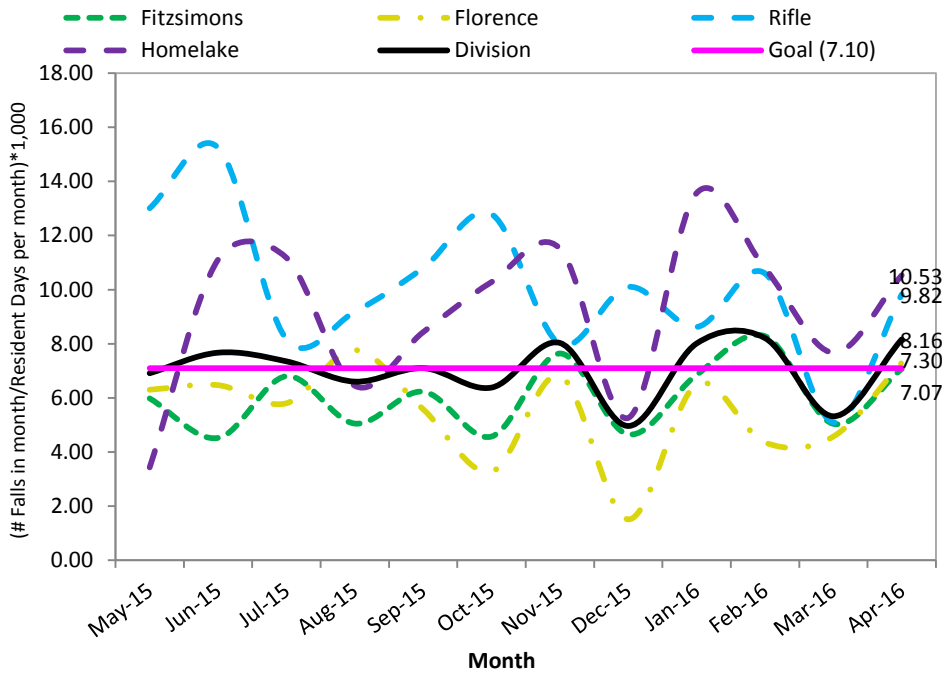
State Veterans Community Living Centers (SVCLC)

Measure: **Fall Rate**

How it is measured: *Numerator:* Number of falls
Denominator: Per 1,000 resident days Average Resident Days by month: Fitzsimons: 4,699, Florence: 2,390, Rifle: 2,124, Homelake: 1,492

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: **↓7.10**



Trend: In the most recent quarter all Community Living Centers performed in a relatively similar manner. Performance in March 2016 improved from February, followed by worsening performance in April 2016. In April 2016 only Fitzsimons (green line) performed below the 7.10 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 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, serviced by Top Tier Quality Rated Providers:* The Division established the following three strategies to increase the amount of children in the CCCAP program in top tier facilities: 1) Contact priority facilities to determine interest in CCCAP Quality Improvement (QI) Grant, 2) Ensure all level two requirements are complete for 100% of ready providers, 3) Conduct ratings assessments for 100% of ready providers.
- *Increased Provider Engagement with the Colorado Shines Quality Rating and Improvement System (QRIS):* The Division has continued to pursue three strategies to increase provider engagement: 1) work with Early Childhood Councils (ECCs) to encourage participation, 2) Provide Financial Merit Awards for ECCs, and 3) identify performance barriers via an engagement survey. The goal of 60% was established in the May C-Stat meeting.
- *Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy:* The Division has continued to formulate strategies to ensure continuity of child care for families in Colorado. CCCAP rule changes go into effect in July 2016 that aim to make current rules less ambiguous and promote continuity. The Division is also planning on administering training to help staff understand the new rule changes and how to apply them in their work with families.
- *Child Injuries in Licensed Child Care That Require Medical Attention or Hospitalization:* Through analysis, ECL determined that injuries could be underreported by providers and injuries caused by falls are the primary injury type. To address these findings, improve performance and overall safety for children, two strategies have been established: 1) Track and monitor the percentage of facilities with at least one injury reported in the last twelve months, 2) Track and monitor the rate per 100,000 of fall-related injuries by facility type. The Division continues to raise awareness through mail and email blasts, as well as training for providers and staff.

Measures

- [Children in the Colorado Child Care Assistance Program \(CCCAP\), Under the Age Five, serviced by Top Tier Quality Rated Providers](#)
- [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)

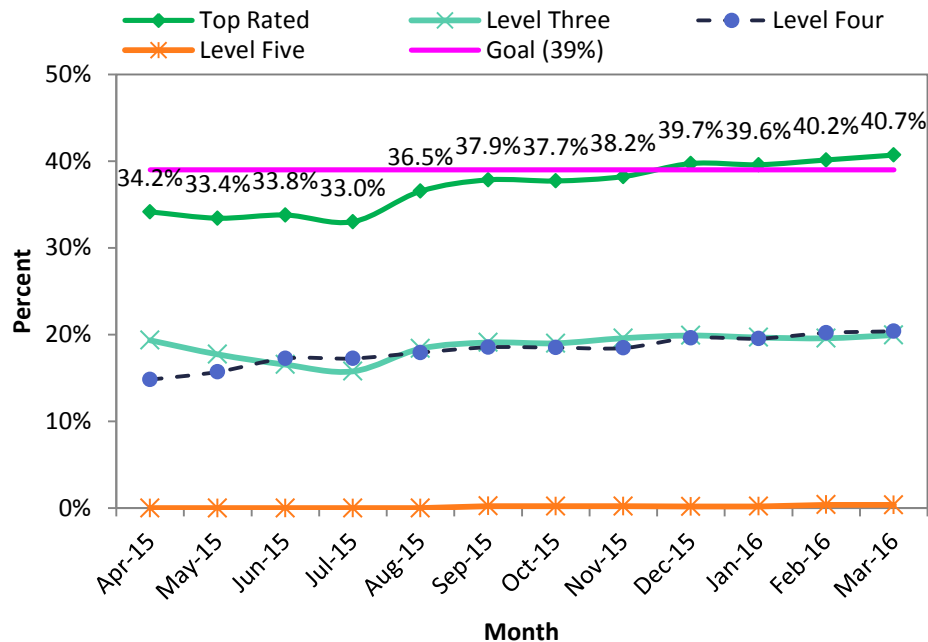
Measure: **Children in the Colorado Child Care Assistance Program (CCCAP), Under the Age of Five, serviced by Top Tier Quality Rated Provider**

How it is measured: *Numerator:* Total number of children, under five years old, who utilized CCCAP at a child care provider 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 provider 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: Performance in the most recent quarter ranged from 39.6% to 40.7%, demonstrating the best performance to date. The goal was met each month in the most recent quarter.

Notes: Two factors drive performance for this measure: the number of quality rated providers and the number of CCCAP children served.

Early Care and Learning (ECL)

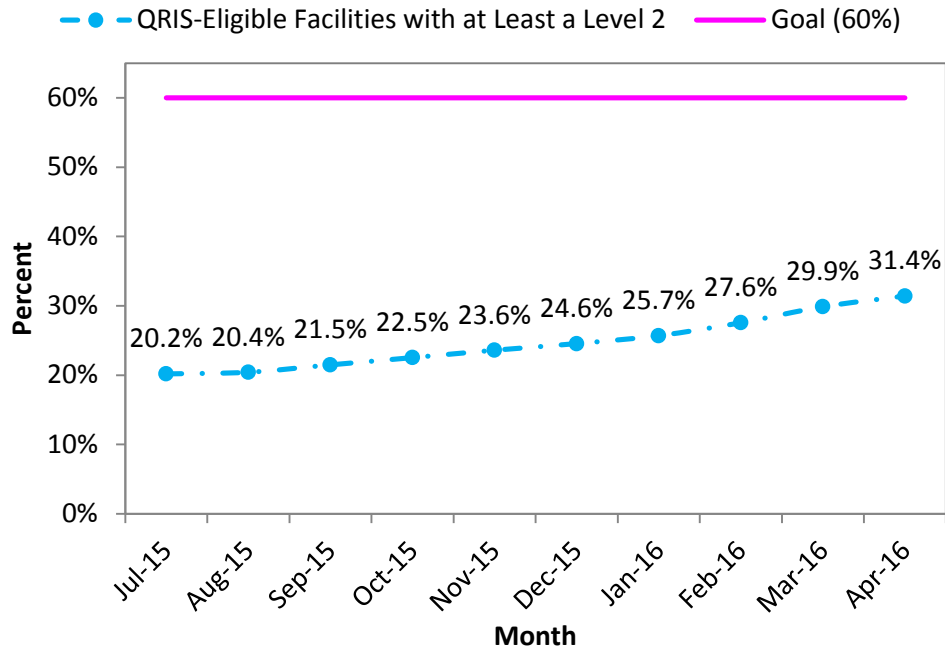
Measure: **Increased Provider Engagement with the Colorado Shines Quality Rating and Improvement System (QRIS)**

How it is measured: *Numerator:* Licensed providers eligible for a Colorado Shines rating that have obtained at least a Level Two (2) quality rating

Denominator: Licensed providers 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: **↑ 60%**



Trend: Performance in the most recent quarter has steadily improved and ranged from 27.6% to 31.4%. The goal of 60% was established in May 2016. The goal has not been attained.

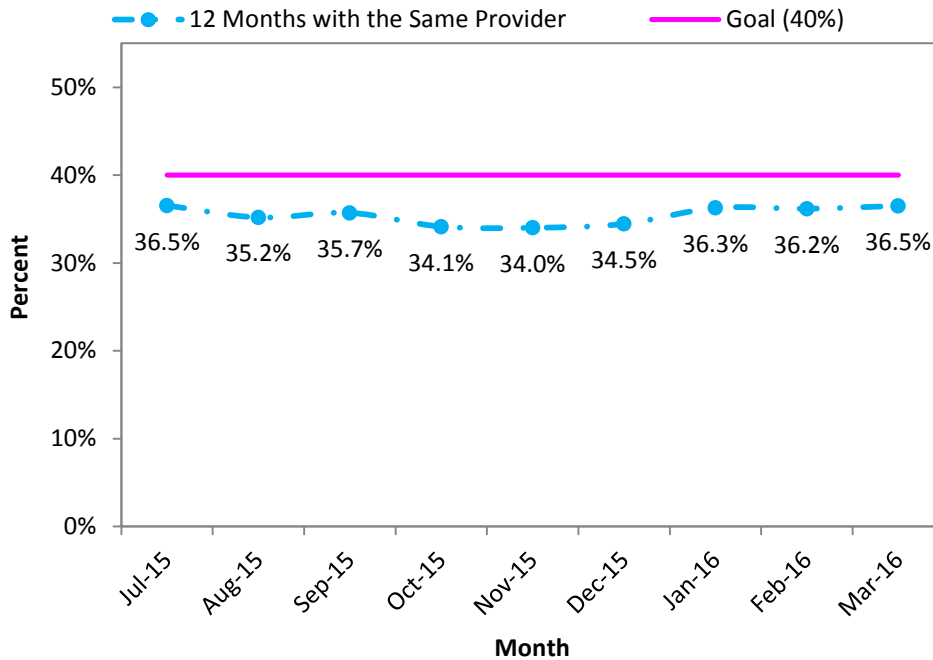
Early Care and Learning (ECL)

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 36.2% to 36.5%; the goal was not attained.

Early Care and Learning (ECL)

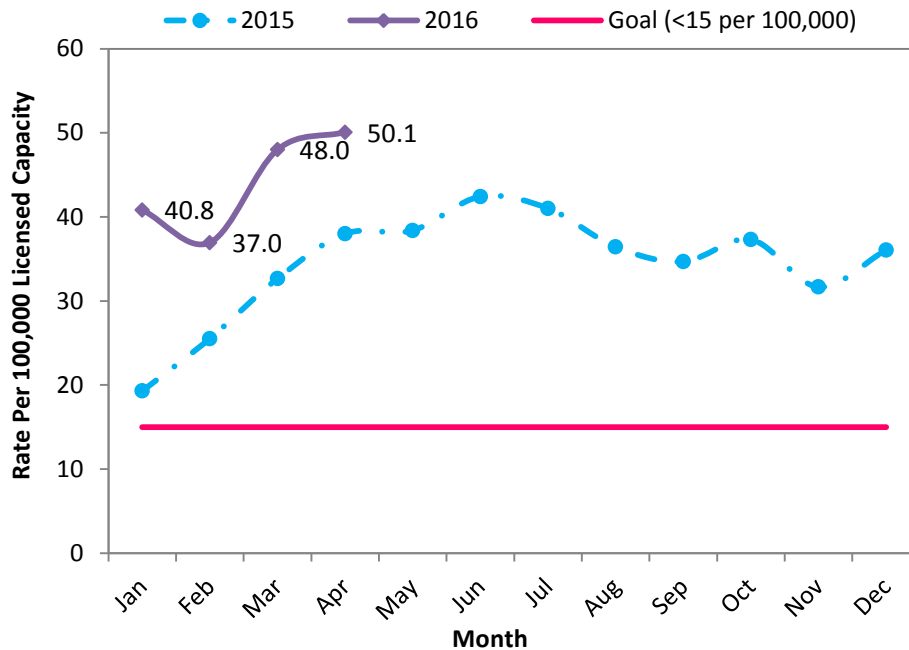
Measure: **Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization**

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 providers with an open license in a given month; average monthly denominator: 227,496

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

Goal: **↓ < 15 per 100,000**



Trend: Performance in the most recent quarter worsened when compared to the same three months in 2015 (February-April).

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 has reinstated a process of manually checking for CAPTA referrals in the Child Welfare system and sending those not identified by Community Centered Boards (CCBs) electronically to the CCBs in an effort to ensure all referrals are received. 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:* The CCR program is a voluntary program that targets prevention services to families who are reported for child maltreatment to Child Protective Services (CPS) but are either: 1) screened out from receiving a response because the report does not rise to the level of imminent safety threat requiring CPS involvement; or 2) screened-in and assessed (under either the high risk assessment or family assessment response tracks) and have their cases closed without the provision of CPS services.
- *Achieved Individualized Outcomes in Early Intervention:* Focusing on this measure provides an opportunity to monitor whether the family assessment drives outcomes. The Early Intervention program is currently engaged in a five year State Systemic Improvement Plan (SSIP) that aims to integrate the Individualized Family Support Plan (IFSP) and Child Outcome Summary (COS). Five of the 20 CCBs began implementation of the SSIP in January 2016 with the goal of all 20 CCBs having implemented the new process by July 2018.

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](#)

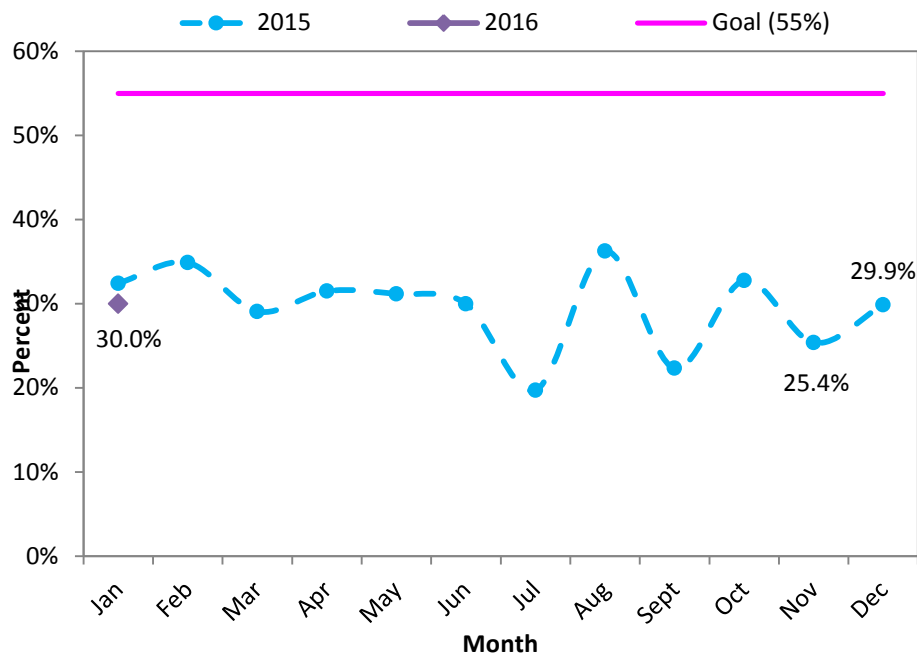
Community and Family Support (CFS)

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 25.4% to 30.0%; the goal was not attained.

Notes: The four month lag allows 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.

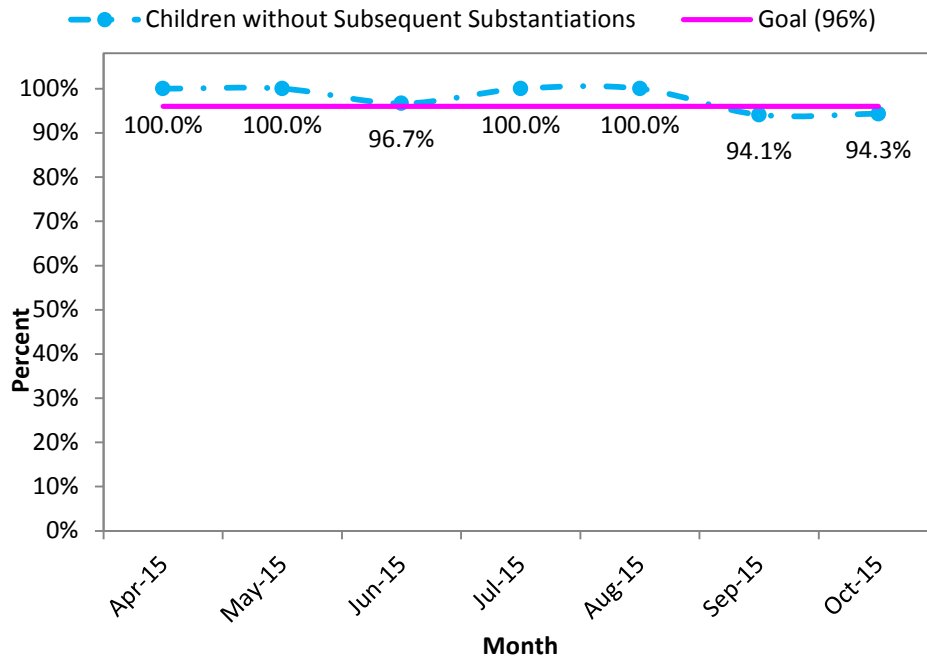
Community and Family Support (CFS)

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: The CCR program 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: **↑ 96%**



Trend: Performance in the most recent quarter ranged from 94.1% to 100%. The goal was met once out of three months in the most recent quarter.

Community and Family Support (CFS)

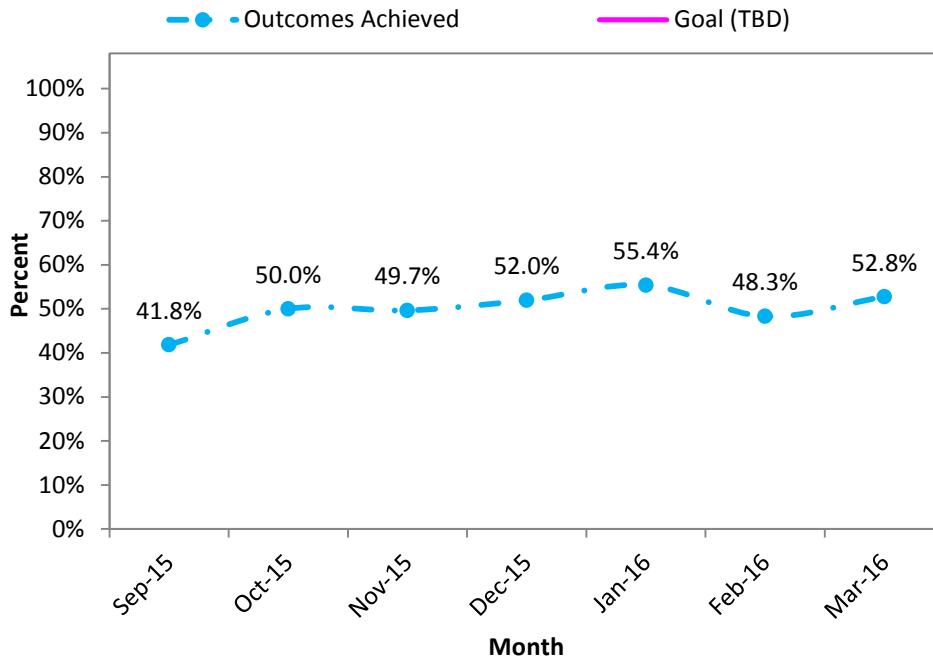
Measure: **Achieved Individualized Outcomes in Early Intervention**

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 48.3% to 55.4%. A goal has not 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, the Child Support Services (CSS) Division, the Employment and Benefits Division (EBD), which includes Colorado Works/Temporary Assistance for Needy Families (TANF), the Colorado Refugee Services Program (CRSP), and Adult Financial Services, and lastly, the Food and Energy Assistance (FEA) Division which includes the 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

- In June 2016, Division staff attended the 42nd Annual Colorado Family Support Council Conference. Workshops included data-entry techniques to improve County collection practices, legal sessions to educate County workers on when and how to explain a parent's child support order, and professional growth sessions to provide strategies to work with parents and families.
- *Percent of Current Child Support Collected:* In April 2016, the Division partnered with CDHS Performance Management Division staff and released a webinar to share effective strategies employed in counties who demonstrate consistently strong performance. Child Support Services Division and CDHS Performance Management Division staff will be visiting counties critical to improving statewide performance to discuss effective strategies that were learned by well performing counties.
- *Percent of Current Child Support Collected:* In May 2016, Governor Hickenlooper signed House Bill (HB) 16-1165, which introduces new strategies to strengthen the Child Support Services program in Colorado. Strategies that focus on increasing the amount of support collected for Colorado families include authorizing the Division to administratively seize insurance claim payments, awards, and settlements that have historically gone undetected, and requiring parents to exchange information regularly when changes happen that affect child support such as changes to childcare costs. The Child Support Services Division is working on an implementation plan, as well as a communication plan, prior to the legislation's effective date, January 1, 2017.
- *Percent of Cases with an Arrears Payment:* The Division is continuing to explore strategies that will focus on child support cases of those parents who are unlikely to pay and those cases that have an arrears payment. These strategies include the implementation of a case-management model, and the development of assessment tools for counties to utilize when determining which families need additional support. The Division plans to select counties to pilot these strategies, as well as partner with the Employment and Benefits Division and the Office of Early Childhood to gain more insight regarding case management and assessment tools, in the upcoming months.

Measures

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

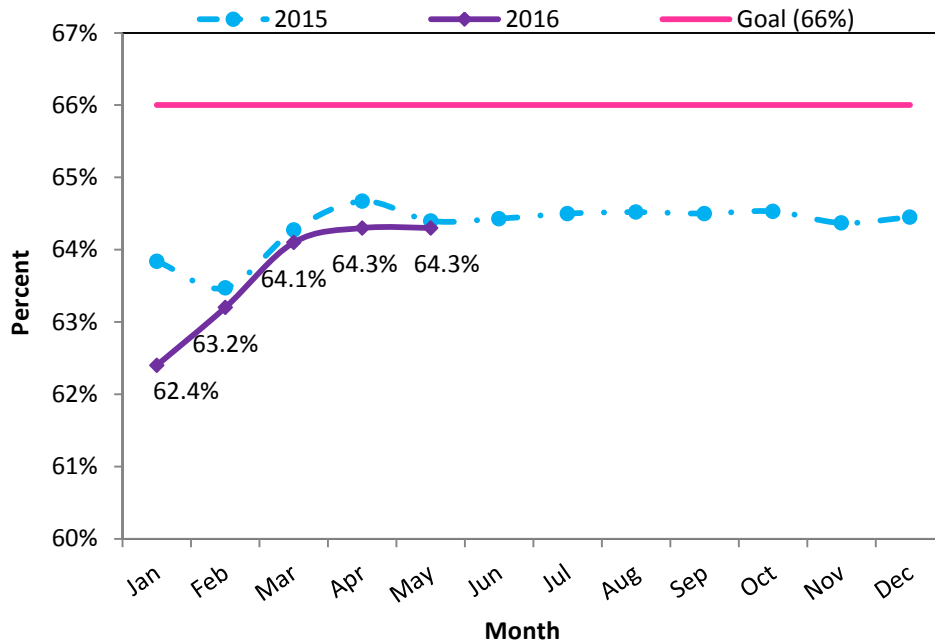
Child Support Services (CSS)

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 May 2016: \$165,945,634

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

Goal: **↑66%**



Trend: Performance in the most recent quarter ranged from 64.3% to 64.1%. The goal was not attained.

Child Support Services (CSS)

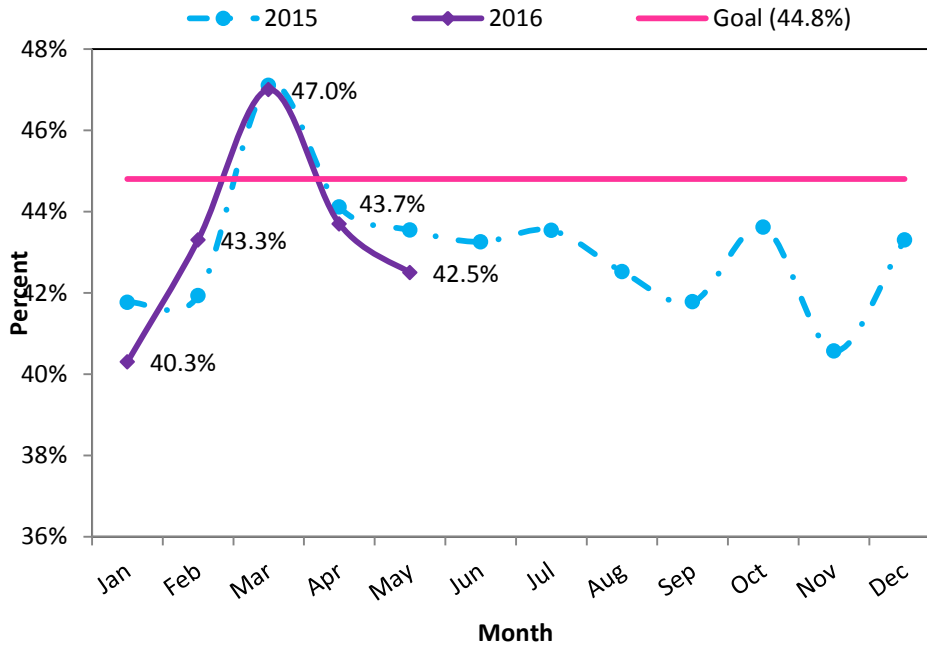
Measure: **Percent of Cases with an Arrears Payment**

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: 104,403

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

Goal: **↑44.8%**



Trend: Performance reduced from 47.0% to 42.5% in the most recent quarter. Performance is relatively consistent with previous years.

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. Adult Financial (AF) has programs that encompass several types of assistance, which exist to provide financial support for low-income or disabled adults and includes the following programs: Aid to the Needy and Disabled (AND) and Aid to the Blind (AB), Old Age Pension (OAP), Home Care Allowance (HCA), Adult Foster Care (AFC), Burial Assistance, and Repatriation. A second program, Colorado Works (CW), is federally known as Temporary Assistance for Needy Families (TANF). Colorado Works exists to provide cash financial assistance, employment and supportive services, and case management to eligible low-income families with minor children in the home. Cash assistance is provided either through recurring cash benefit payments to eligible families, for no more than 60 combined months, or through lump-sum diversion payments intended to offset deeper economic instability that might necessitate on-going cash benefits. Clients who are job-ready are required to participate in work activities in order to receive ongoing cash assistance payments. Colorado Works and Adult Financial programs are administered at a local level, through county human service offices across the state. The Colorado Refugee Services Program (CRSP) exists to ensure effective resettlement of officially designated refugees and to promote refugee self-sufficiency. The Colorado Refugee Services Program 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

- In April 2016, the Office of Economic Security Leadership Team along with CDHS's Executive Management Team completed visits to counties critical to improving statewide performance for five targeted measures; *Timeliness of New Colorado Works Applications, Timeliness of Redetermination (RRR) Colorado Works Applications, Timeliness of New Food Assistance Applications, Timeliness of Expedited Food Assistance Applications, and Timeliness of Redetermination (RRR) Food Assistance Applications*. The State achieved the goal in all five measures in both April and May 2016.
- *Colorado Works Entered Employment*: The Division partnered with the Office of Performance and Strategic Outcomes to explore how other states measure employment outcomes and to determine if Colorado might adopt strategies from those states to place more Colorado Works participants in meaningful employment. A few strategies include performance based contracting, incentivizing participants to report employment, and the provision of supportive services, such as childcare, after a participant finds a job. The Division plans to share these strategies with County Partners in the upcoming months.
- *Colorado Works Work Participation Rate*: The Division implemented the All-Family and Two-Parent Work Participation Rate C-Stat measures in March 2016. The measures were added in this quarterly report.

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 Works All-Family Work Participation Rate](#)
- [Colorado Works Two-Parent Work Participation Rate](#)
- [Colorado Refugee Services Program Entered Employment](#)
- [Colorado Refugee Services Program 90 Day Employment Retention](#)

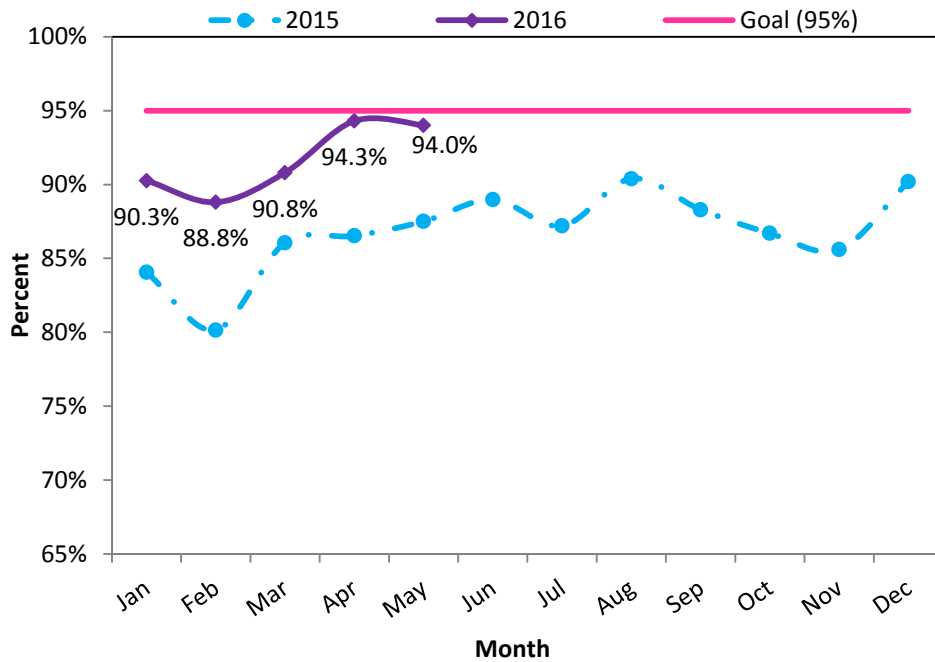
Employment and Benefits Division: Adult Financial (AF)

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: 1,100

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 demonstrated an increase in performance in the most recent quarter from 90.8% to 94.3%. March-May 2016 is outperforming March-May 2015.



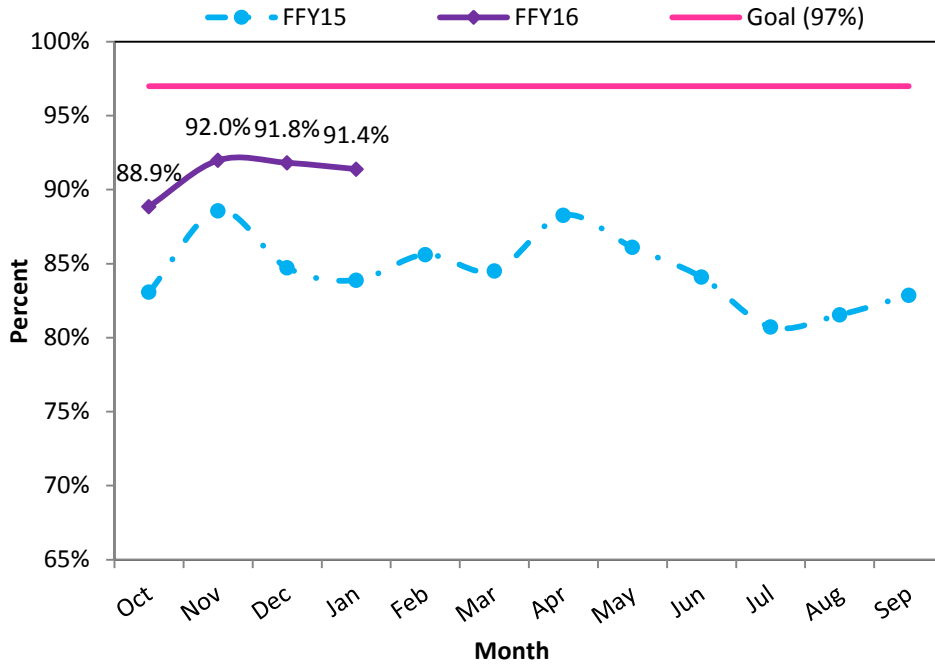
Employment and Benefits Division: Adult Financial (AF)

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: \$36,645

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

Goal: **↑97%**



Trend: Overall, performance from November 2015-January 2016 (the most recent quarter) improved when compared to the same quarter last year. The goal was not attained this quarter.



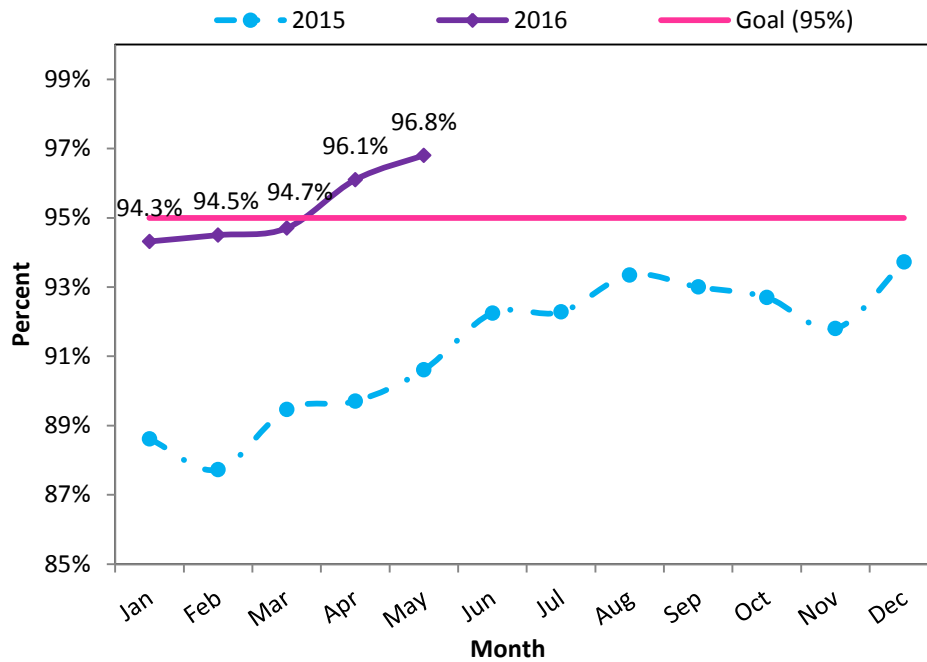
Employment and Benefits Division: Colorado Works (CW)

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: 1,801

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 demonstrated an increase in performance in the most recent quarter, from 94.7% to 96.8%, and attained the goal in April and May 2016.



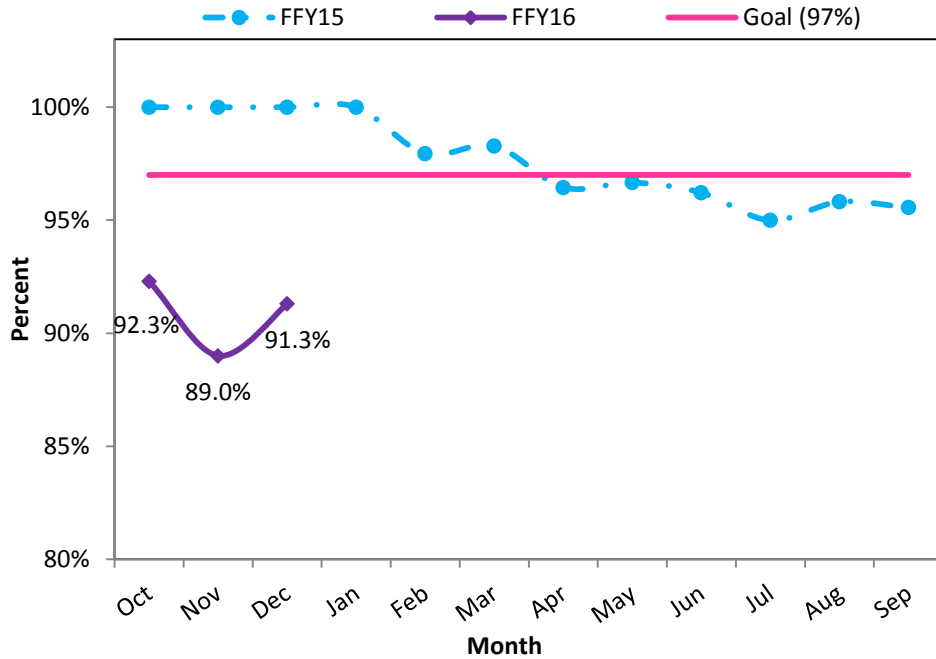
Employment and Benefits Division: Colorado Works (CW)

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: \$24,441

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

Goal: **↑97%**



Trend: Performance in the most recent quarter ranged from 89.0% to 92.3%. The Employment and Benefits Division demonstrated a decrease in performance compared to all of 2015.



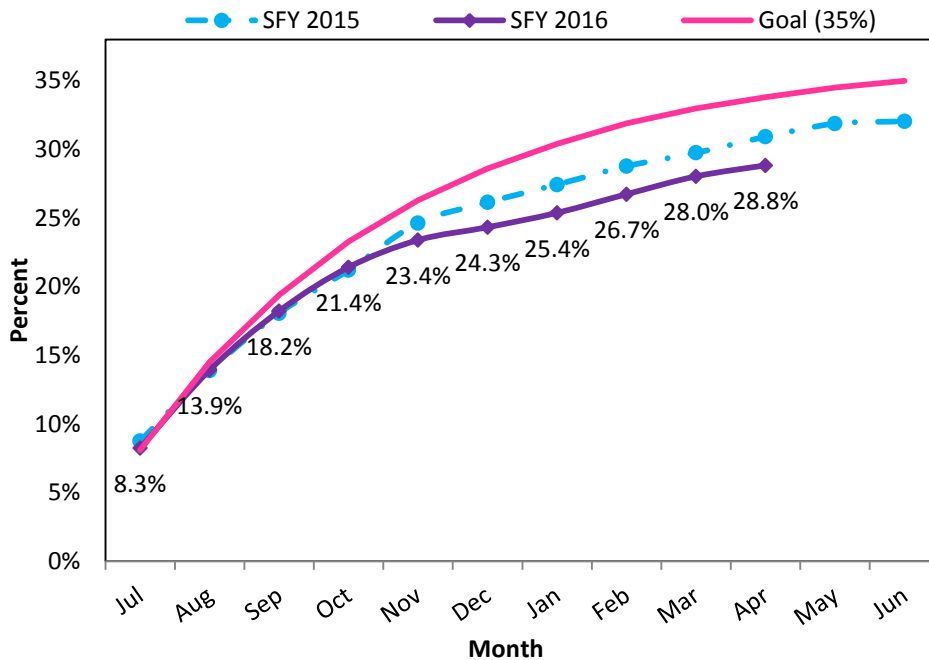
Employment and Benefits Division: Colorado Works (CW)

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: 26,557

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

Goal: **↑35%**



Trend: Overall, performance in February-April 2016 decreased compared to this same quarter in 2015. The goal was not attained in the most recent quarter.

Notes: The cumulative 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 State Fiscal Year 2016 from July 2015 through the most recently reported month, January 2016. A new methodology was implemented in July 2015. The new methodology includes batch file data submissions from counties that were previously excluded from the denominator. This allows for more comprehensive data capturing.





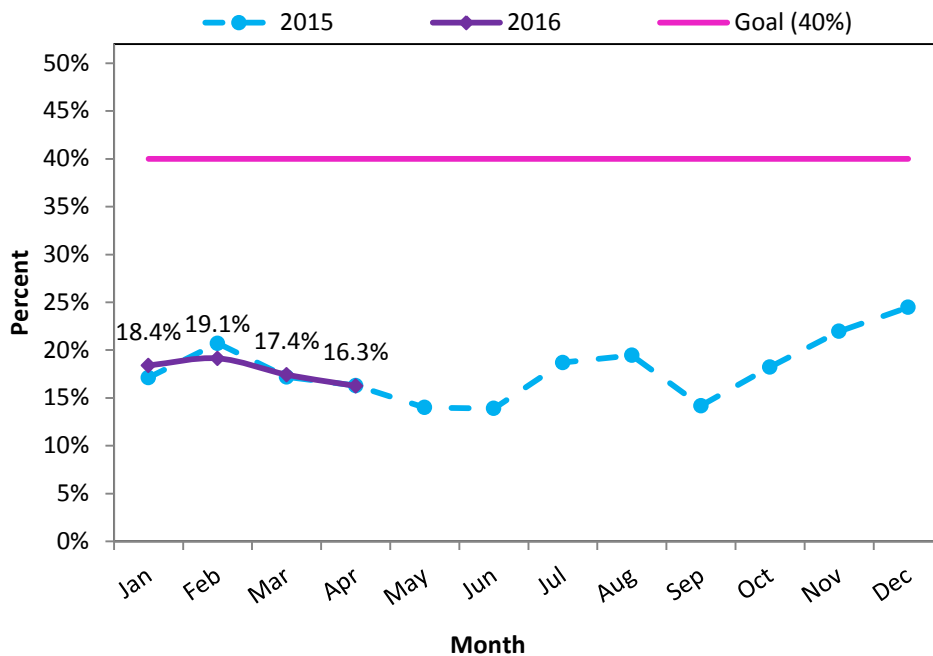
Employment and Benefits Division: Colorado Works (CW)

Measure: **Colorado Works Work Participation Rate, All-Family Sample**

How it is measured: *Numerator:* Weighted number of families in the month’s All-Family sample participating in countable work activities for the minimum number of hours, as federally determined. *Denominator:* Weighted number of families in the month’s All-Family sample subject to federal work participation requirements, average monthly denominator: 9,127

Why this matters: The work participation rate is a federal measure that tracks families who are participating in federally defined work activities.

Goal: **↑ 40%**



Trend: Performance in the most recent quarter ranged from 16.3% to 19.1%. The goal was not attained this quarter.

Notes: The Work Participation Rate (WPR) is a process measure that tracks the number of hours individuals spend in specified employment activities. Colorado operates as a Sampling State - in that 314 cases are selected for each measure (All-Family and Two-Parent) monthly, and the sample’s weighted rates are reported to the Federal Administration for Children and Families (ACF). Child-Only cases are disregarded and are thus excluded from the WPR.





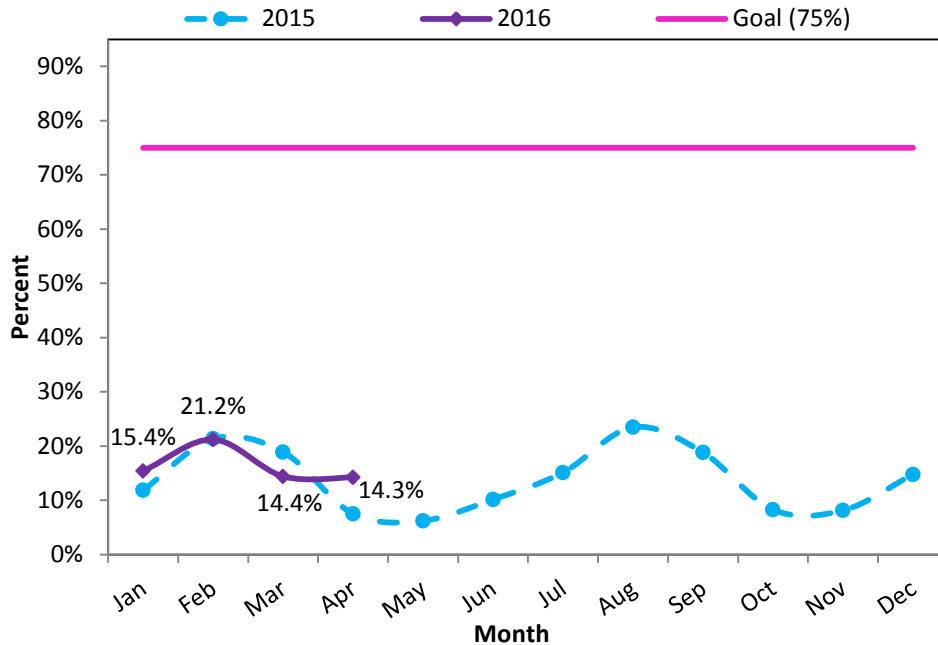
Employment and Benefits Division: Colorado Works (CW)

Measure: **Colorado Works Work Participation Rate, Two-Parent Sample**

How it is measured: *Numerator:* Weighted number of families in the month’s Two-Parent sample participating in countable work activities for the minimum number of hours, as federally determined. *Denominator:* Weighted number of families in the month’s Two-Parent sample that are subject to federal work participation requirements, average monthly denominator: 1,328

Why this matters: The work participation rate is a federal measure that tracks families who are participating in federally defined work activities.

Goal: **↑ 75%**



Trend: Performance in the most recent quarter ranged from 14.3% to 21.2%. The goal was not attained this quarter.

Notes: The Work Participation Rate (WPR) is a process measure that tracks the number of hours individuals spend in specified employment activities. Colorado operates as a Sampling State - in that 314 cases are selected for each measure (All-Family and Two-Parent) monthly, and the sample’s weighted rates are reported to the Federal Administration for Children and Families (ACF). Child-Only cases are disregarded and are thus excluded from the WPR.



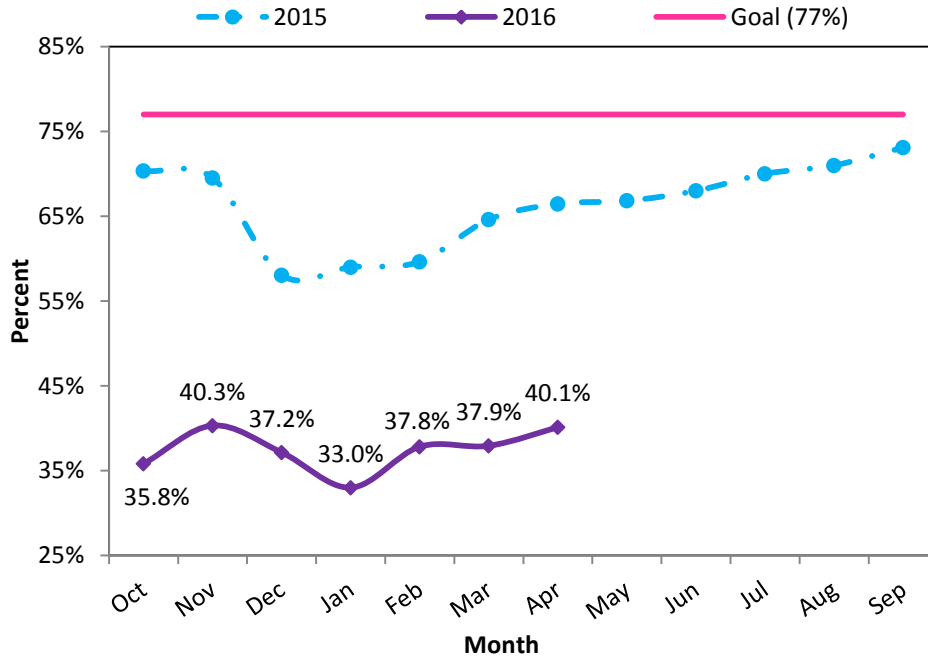
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

Measure: **Colorado Refugee Services Program Entered Employment (Federal Measure)**

How it is measured: *Numerator:* Cumulative number of individuals newly entering employment during the month
Denominator: Cumulative number of individuals receiving employment services through the month; cumulative denominator (January 2016): 1,632

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

Goal: **↑77%**



Trend: Performance in the most recent quarter ranged from 37.8% to 40.1%. The goal was not attained this quarter.

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).

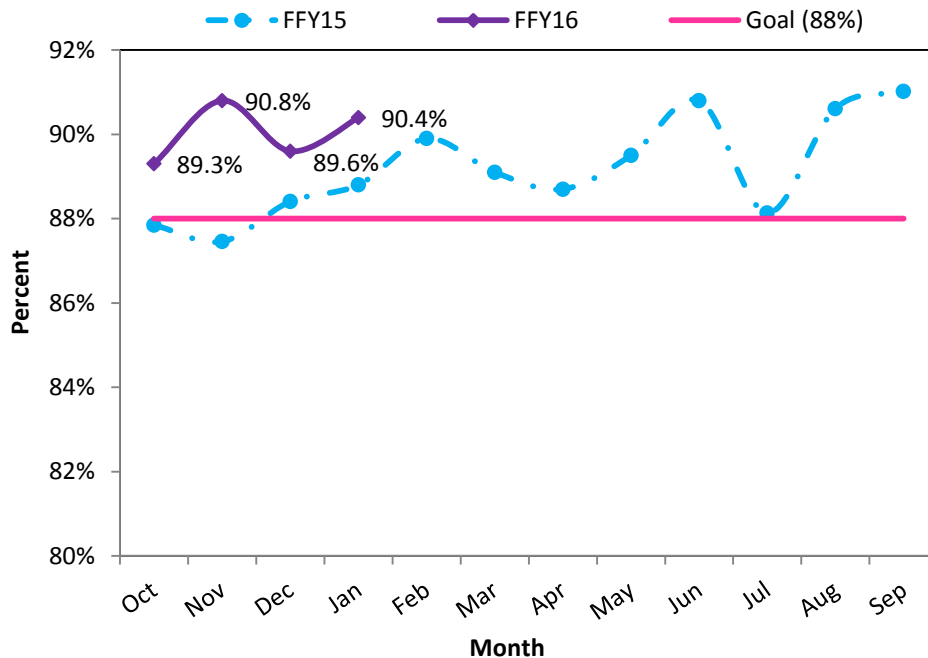
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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): 752

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

Goal: **↑88%**



Trend: Performance in the most recent quarter ranged from 89.6% to 90.8%. The goal was attained every month in the most recent quarter.

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

The CRSP Annual Outcome Goal Plan was finalized by the Federal Administration for Children and Families (ACF) in March 2016. The FFY16 Employment Retention Goal was increased to 88% from the FFY15 85% goal. The new goal took effect in July 2015.

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 provides monthly food benefits to eligible Coloradans, and is administered through county offices. This Division also houses the Food Distribution Program and the Low-Income Energy Assistance Program.

Director: Lena Harris-Wilson

Executive Summary

- In April 2016, the Office of Economic Security Leadership Team along with CDHS's Executive Management Team completed visits to counties critical to improving statewide performance for five targeted measures; *Timeliness of New Colorado Works Applications, Timeliness of Redetermination (RRR) Colorado Works Applications, Timeliness of New Food Assistance Applications, Timeliness of Expedited Food Assistance Applications, and Timeliness of Redetermination (RRR) Food Assistance Applications*. The State achieved the goal in all five measures in both April and May 2016.
- The Division continued to demonstrate strong performance for each Food Assistance timeliness measure in the most recent quarter, exceeding the goals for six consecutive months or more in all three measures, *Timeliness of New Food Assistance Applications, Timeliness of Expedited Food Assistance Applications, and Timeliness of Redetermination (RRR) Food Assistance Applications*.
- *Food Assistance Case and Procedural Error Rate (CAPER) and Food Assistance Payment Error Rate (PER)*: In the most recent quarter, the Division partnered with the Public Assistance Quality Assurance Unit within CDHS to train over 1,500 county workers in strategies to improve CAPER and PER performance. Through the analysis of pre- and post-tests, the Division found that county workers across the state averaged an increase in scores of 10 percentage points out of 100 percentage points. In the upcoming months, the Division's Staff Development Team will be reaching out to those counties and their staff who demonstrated little improvement or a decrease in scores after attending the training.
- *Timeliness of Expedited LEAP Applications*: The Division explored reasons for the significant decrease in performance within the most recent quarter and identified conflicting program rules that might be contributing to low performance across the majority of the 64 counties. The Low-Income Energy Assistance Program Stakeholder Team developed a workgroup to review and update the rules in the upcoming months.

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](#)



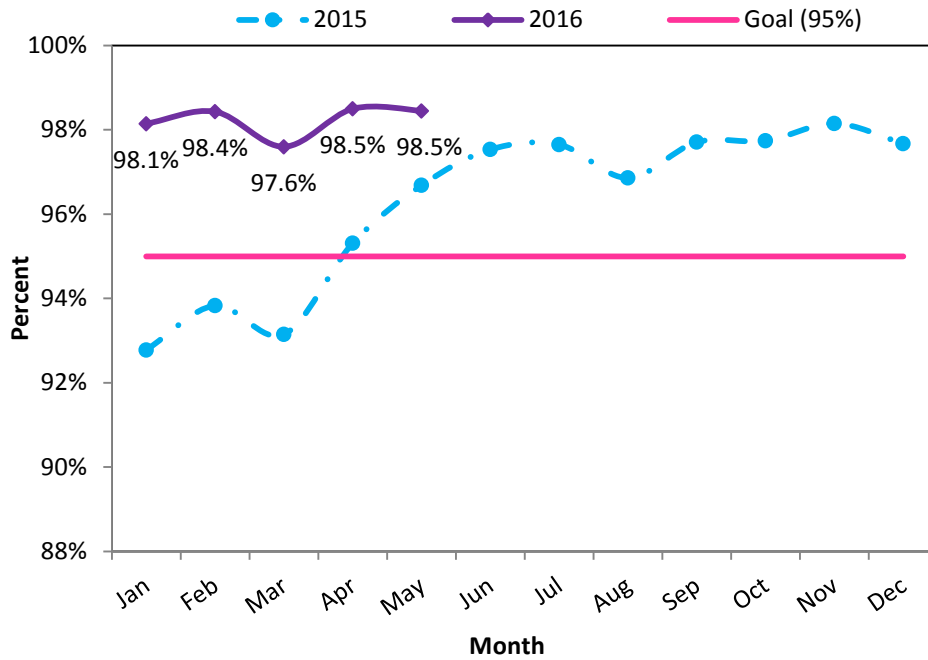
Food and Energy Assistance: Food Assistance (FA)

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: 15,064

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

Goal: **↑95%**



Trend: Performance in the most recent quarter ranged from 97.6% to 98.5% and has remained relatively steady over an entire year. The goal was attained each month this quarter.



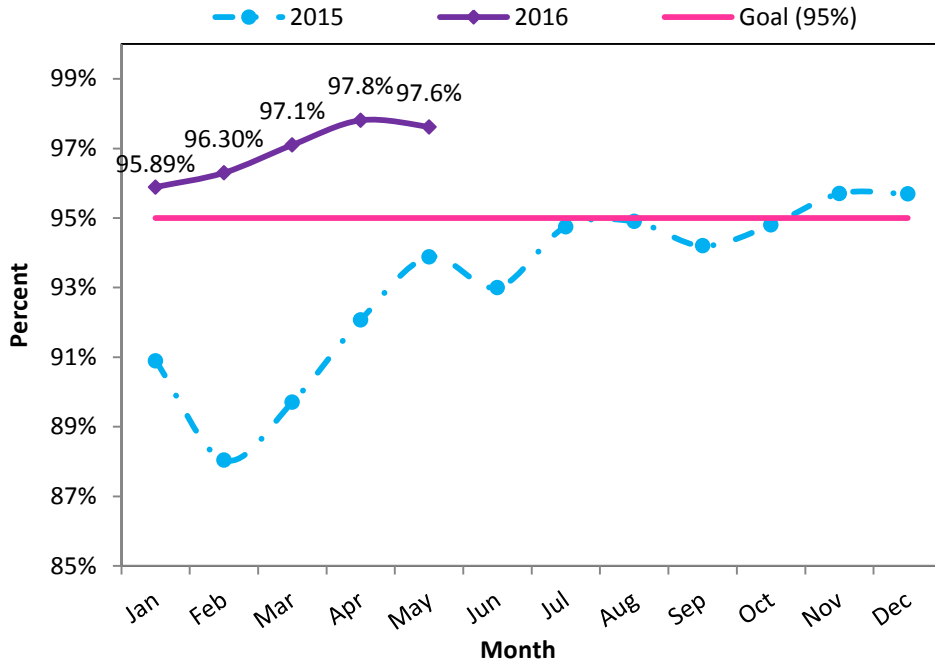
Food and Energy Assistance: Food Assistance (FA)

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: 8,972

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

Goal: **↑95%**



Trend: Performance in the most recent quarter ranged from 97.1% to 97.8%. The goal was attained each month this quarter.



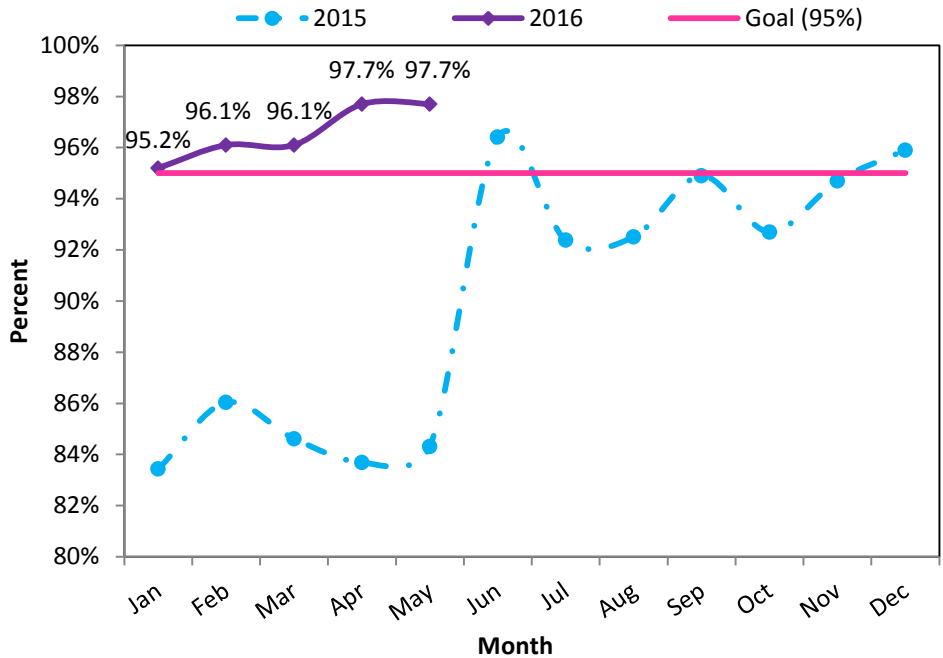
Food and Energy Assistance: Food Assistance (FA)

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: 18,224

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

Goal: **↑95%**



Trend: Performance in the most recent quarter ranged from 96.1% to 97.7%. The goal was attained each month this quarter.



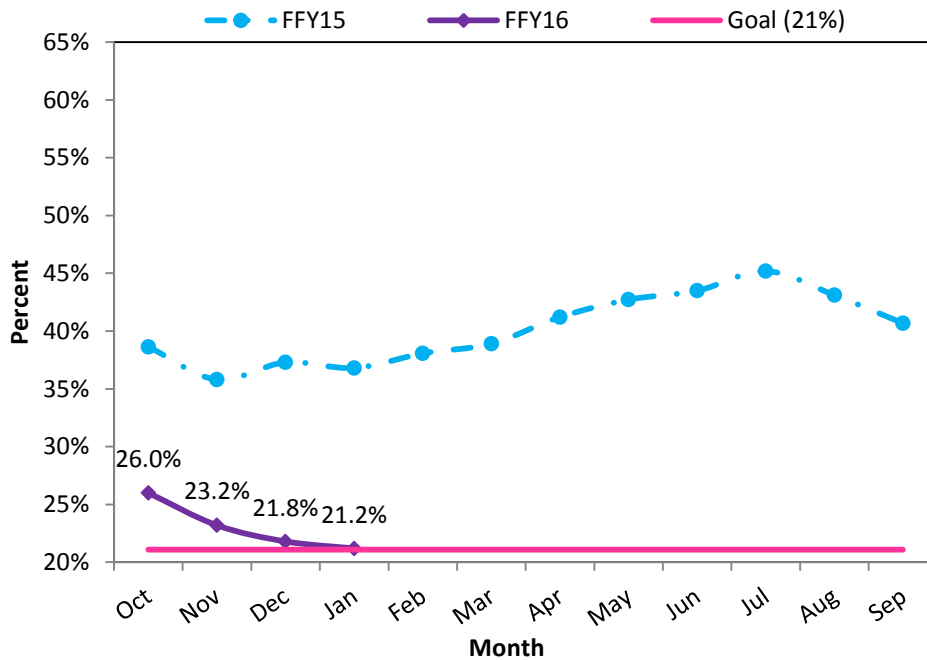
Food and Energy Assistance: Food Assistance (FA)

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): 278

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 Program demonstrated improvement in performance throughout the most recent quarter, trending in the right direction from 23.2% to 21.2%.

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



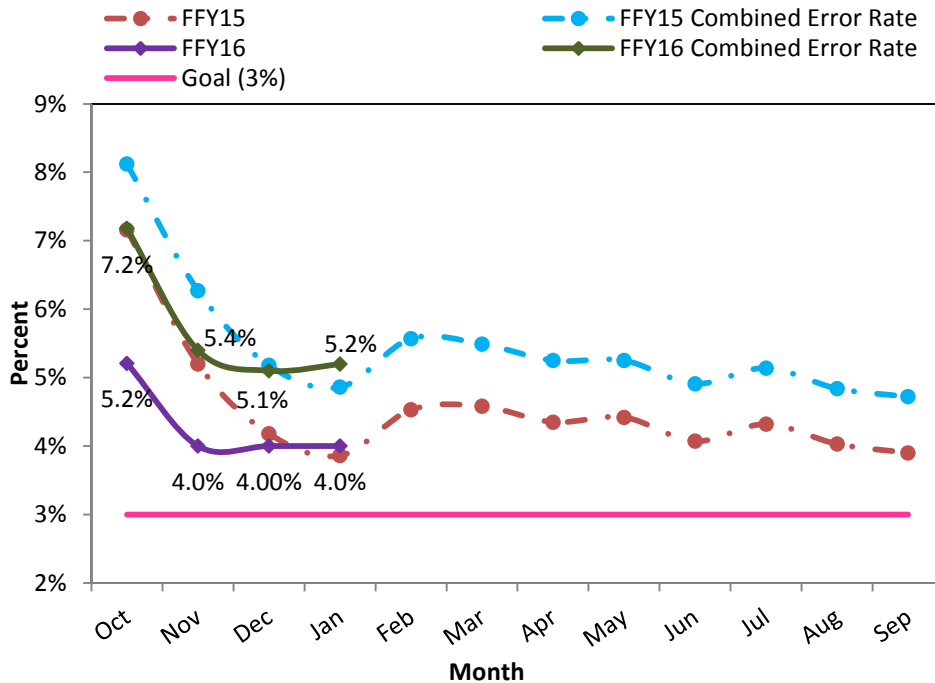
Food and Energy Assistance: Food Assistance (FA)

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-July 2016): \$82,782

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

Goal: ↓ 3%



Trend: Performance in the most recent quarter remained stable in both Federal Fiscal Year 2016 rates and Federal Fiscal Year 2016 combined error rates. The goal was not attained.

Notes: The Payment Error Rate (PER) is a federal measure of misauthorized payments above an allowable threshold (\$37 as of 2014). The Combined Payment Error Rate is used by CDHS to track all misauthorized payments, including those below the allowable threshold. This is a Federal Measure compiled by SNAP Quality Assurance (QA) staff. The Federal Fiscal Year begins each year on October 1st, resetting the cumulative measurement.

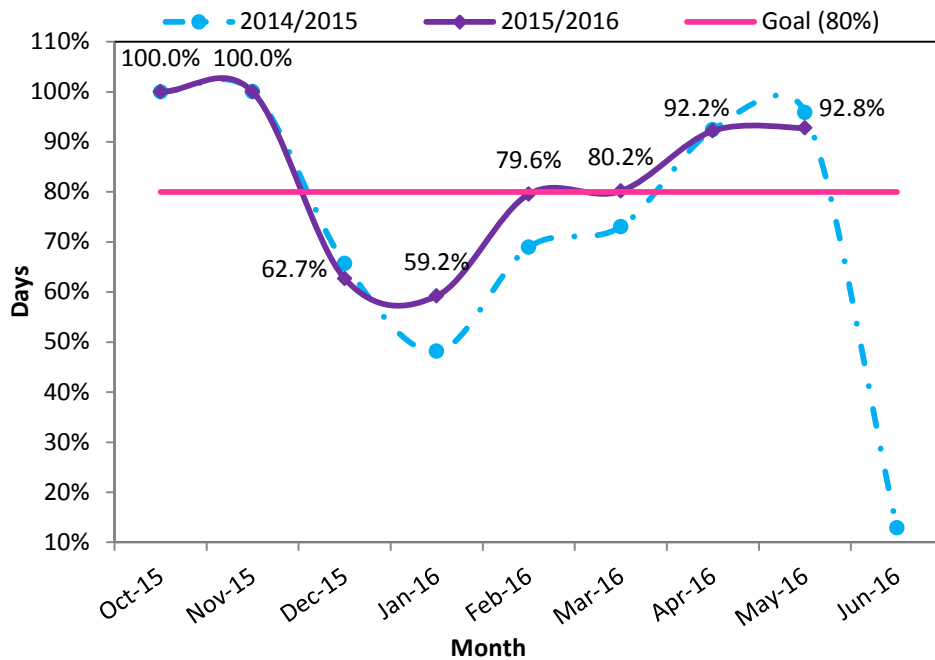
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

Measure: **Timeliness of Regular LEAP Applications**

How it is measured: *Numerator:* Number of regular applications processed timely (30 days)
Denominator: Number of regular applications processed in the month; average quarterly denominator: 4,525

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: Performance in the most recent quarter ranged from 80.2% to 92.8%. The goal was attained each month this quarter.

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.

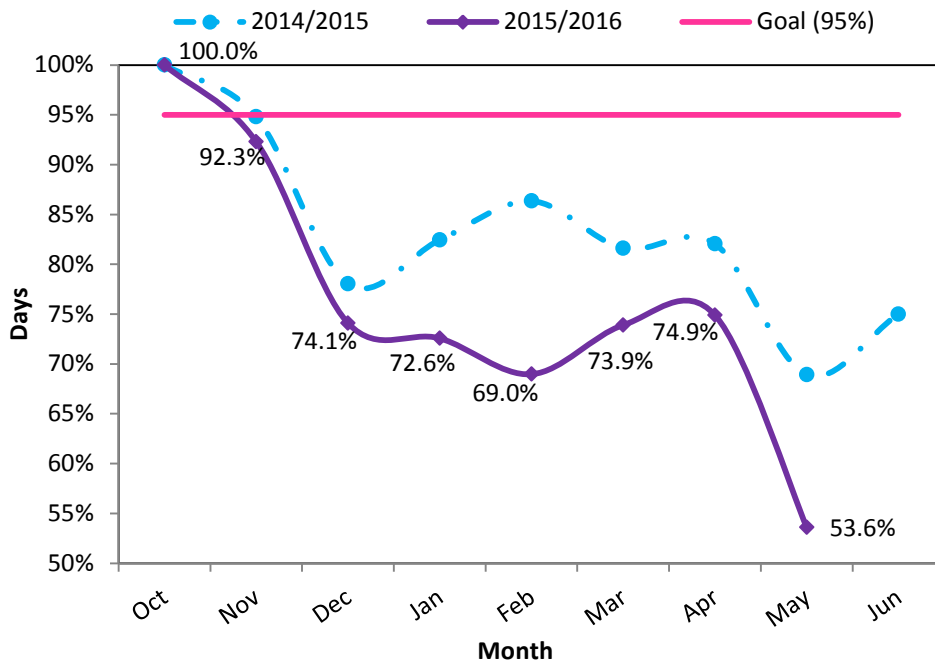
Food and Energy Assistance: Low-Income Energy Assistance Program (LEAP)

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: 1,204

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: Performance ranged in the most recent quarter from 53.6% to 74.9%. The goal was not attained.

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.