



Summary Report

October – December 2016

Prepared by:
Performance Management



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Colorado Department of Human Services

Mission

Collaborating with our partners, our mission is to design and deliver high quality health and human services that improve the safety, independence, and well-being of the people of Colorado.

Vision

The people of Colorado are safe, healthy, and prepared to achieve their greatest aspirations.

Values

The Colorado Department of Human Services will:

- Make decisions with and act in the best interests of the people we serve because Colorado's success depends on their well-being.
- Share information, seek input, and explain our actions because we value accountability and transparency.
- Manage our resources efficiently because we value responsible stewardship.
- Promote a positive work environment, and support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.

The C-Stat Process

What is C-Stat?

C-Stat is a performance-based analysis strategy that allows the Colorado Department of Human Services (CDHS) to better focus on and improve performance outcomes that enhance people's lives. By identifying areas of focus, CDHS can determine what is working and what needs improvement. By measuring the impact of day-to-day efforts, CDHS will be able to make more informed, collaborative decisions to align our efforts and resources to affect positive change for the people we serve.

C-Stat Meetings

Beginning on January 25, 2012, CDHS has held weekly C-Stat meetings with one meeting for the Office of Behavioral Health; Children, Youth, and Families; Community Access and Independence; Early Childhood; and Economic Security each month. The C-Stat meetings are held in a dedicated conference room at the Department's central office in downtown Denver. The directors of each of the five offices responsible for providing direct human services, and their respective division directors, meet monthly with the C-Stat Leadership Team, which is comprised of executive level department staff, including the Executive Director and the Deputy Executive Directors. The Executive Director facilitates the C-Stat meetings, focusing on any of the performance measures and action items.

C-Stat Report

This report reflects the measures identified by CDHS to be tracked on an ongoing basis through the C-Stat process as of December 31st, 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 December 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.

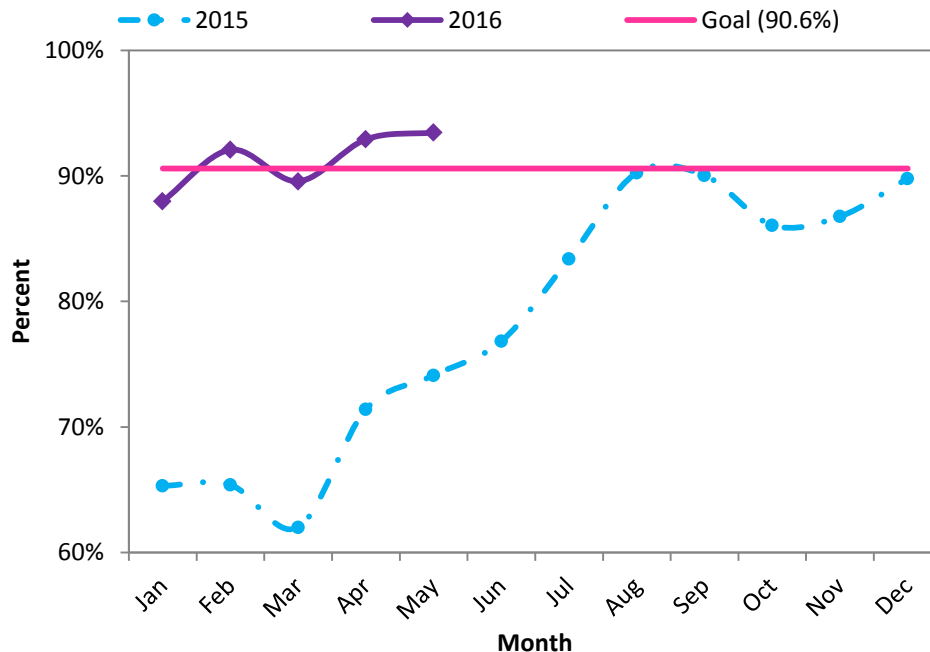
How Do I Read This Report?

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

Director: Dr. Nancy VanDeMark

Deputy Director: Michael Skorupka

Community Behavioral Health

Summary

Description

Community Behavioral Health is dedicated to strengthening the health, resiliency, and recovery of Coloradans through quality and effective behavioral health prevention, early intervention, and treatment services. The Division has established a set of values and guiding principles to fulfill its role as the single state authority for behavioral health services. The Division contracts with 17 Community Mental Health Centers, two specialty Mental Health Clinics, and four Managed Service Organizations that, in turn, manage 40 Substance Use Disorder providers.

Director: Camille Harding

Executive Summary

- *Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment:* Due to consistently high performance, this measure was moved to the CDHS C-Stat Dashboard in December 2016. Therefore, as of next quarter, this measure will no longer be detailed in the C-Stat Quarterly Report. The C-Stat Dashboard is reviewed by Executive Management. This measure will be replaced by *Substance Use Disorder Clients Engaged in Services* in January 2017.
- *Timeliness of Crisis Services:* In July 2016, the methodology changed to exclude walk-in clients who were previously reported with either Crisis Stabilization Unit (CSU) or Mobile data. The Community Behavioral Health Division monitors the four ways in which a client can receive crisis services in person: CSU, Mobile, Walk-In, and Respite. Executive Management monitors CSU and Mobile timeliness in C-Stat.
- *Percent of Clients with Reduced Suicidality:* In October 2016, Crisis Services providers began using the same statewide tool and Electronic Health Records system to capture data. This new tool's data is reflected in the July-September 2016 data points.
- *Number of Timely New and Renewal Licensing Decisions:* As part of this performance measure, the Community Behavioral Health 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

- [Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment](#)
- [Mental Health Clients Engaged in Services](#)
- [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](#)

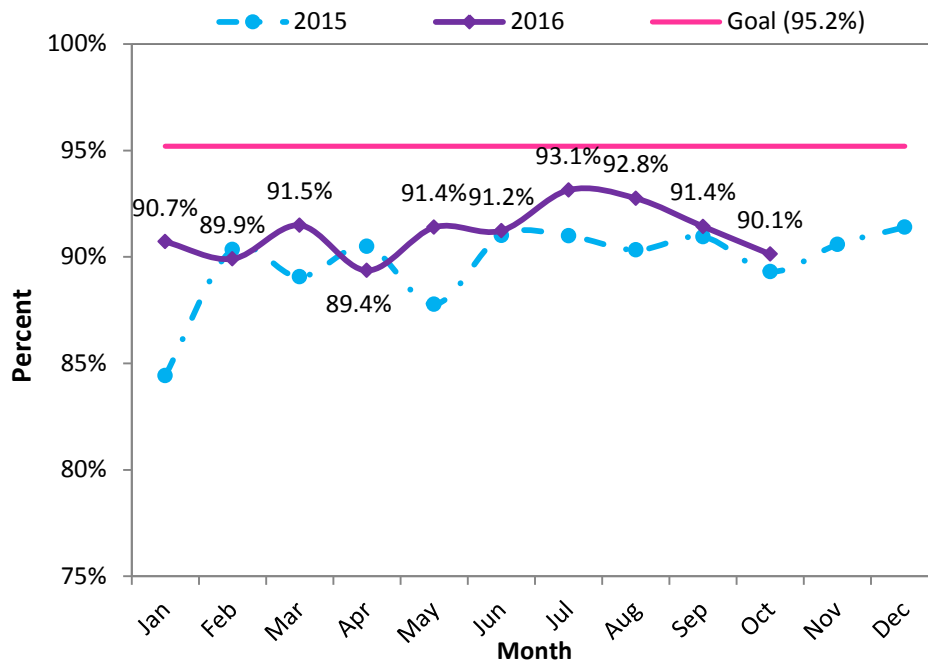
Community Behavioral Health (CBH)

Measure: **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: 815.0

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

Goal: **↑95.2%**



Trend: Performance in the most recent quarter ranged from 90.1% to 92.8%. The goal was not attained.

Notes: The twelve most recent months of data are retroactively updated monthly.

Community Behavioral Health (CBH)

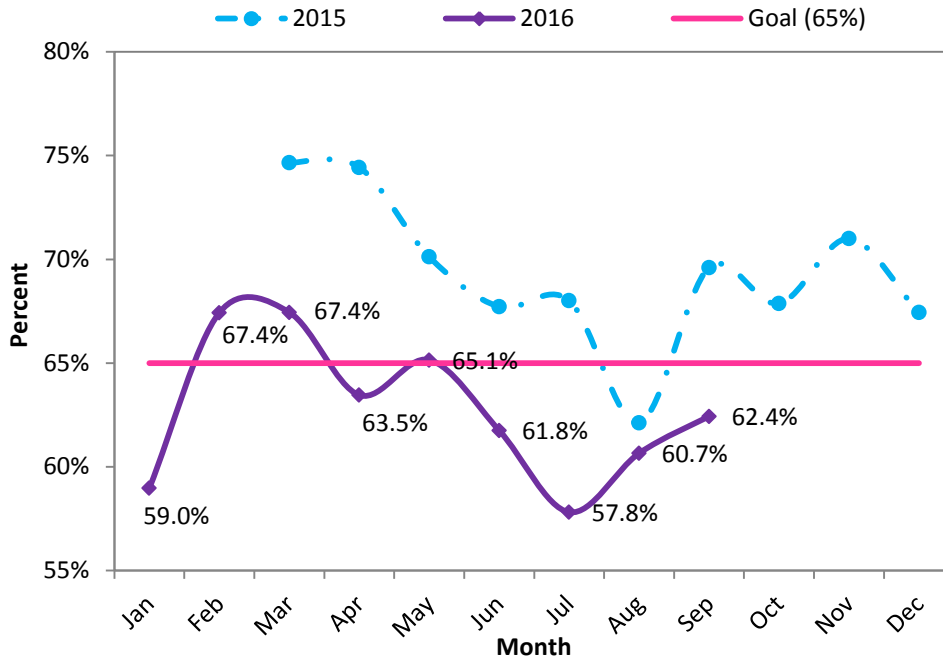
Measure: **Mental Health Clients Engaged in Services**

How it is measured: *Numerator:* Percent of clients engaged within 45 days of admit (four qualifying services in 45 days), who also have a symptom severity of five or above on the Colorado Client Assessment Record (CCAR).

Denominator: All Admissions; average monthly denominator: 371.0

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

Goal: **↑65%**



Trend: Performance in the most recent quarter ranged from 57.8% to 62.4%. The goal was not attained.

Notes: As of June 2016, this measure includes mental health AND substance use disorder services. The twelve most recent months of data are retroactively updated monthly. Data are not available until 60 days after services are received.

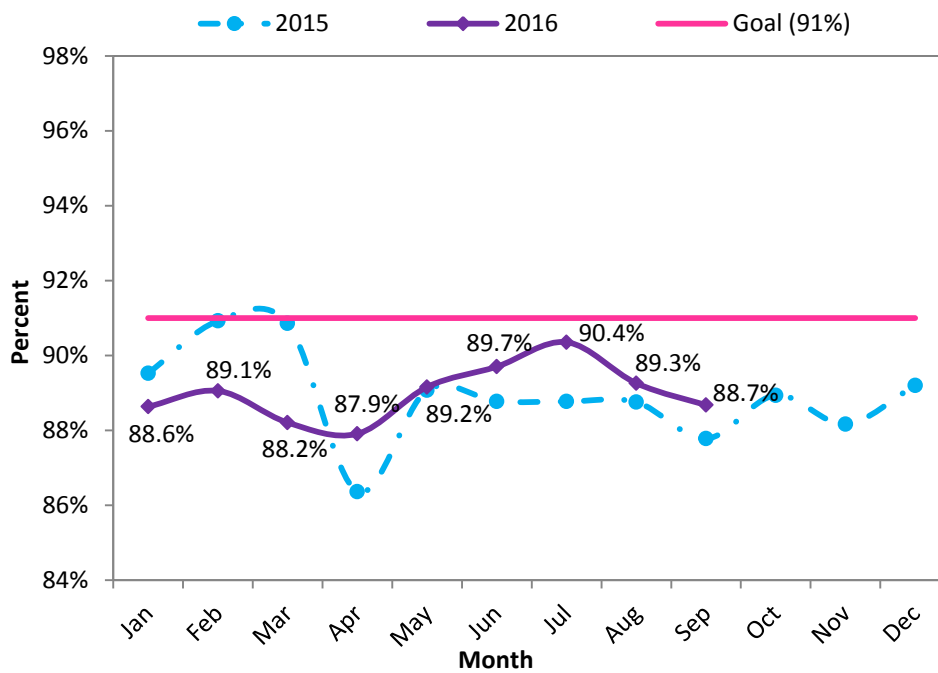
Community Behavioral Health (CBH)

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 Colorado Client Assessment Record (CCAR) in the month that were receiving mental health services at Time One; average monthly denominator: 1,257.7

Why this matters: People with behavioral health needs are a vulnerable population who are at higher risk for homelessness and housing instability.

Goal: **↑91%**



Trend: Performance in the most recent quarter ranged from 88.7% to 90.4%. The goal was not attained. However, Community Behavioral Health achieved its highest performance since March 2015 in July 2016 (90.4%).

Notes: In August 2016, the goal changed from 96.5% to 91%. The twelve most recent months of data are retroactively updated monthly.

Community Behavioral Health (CBH)

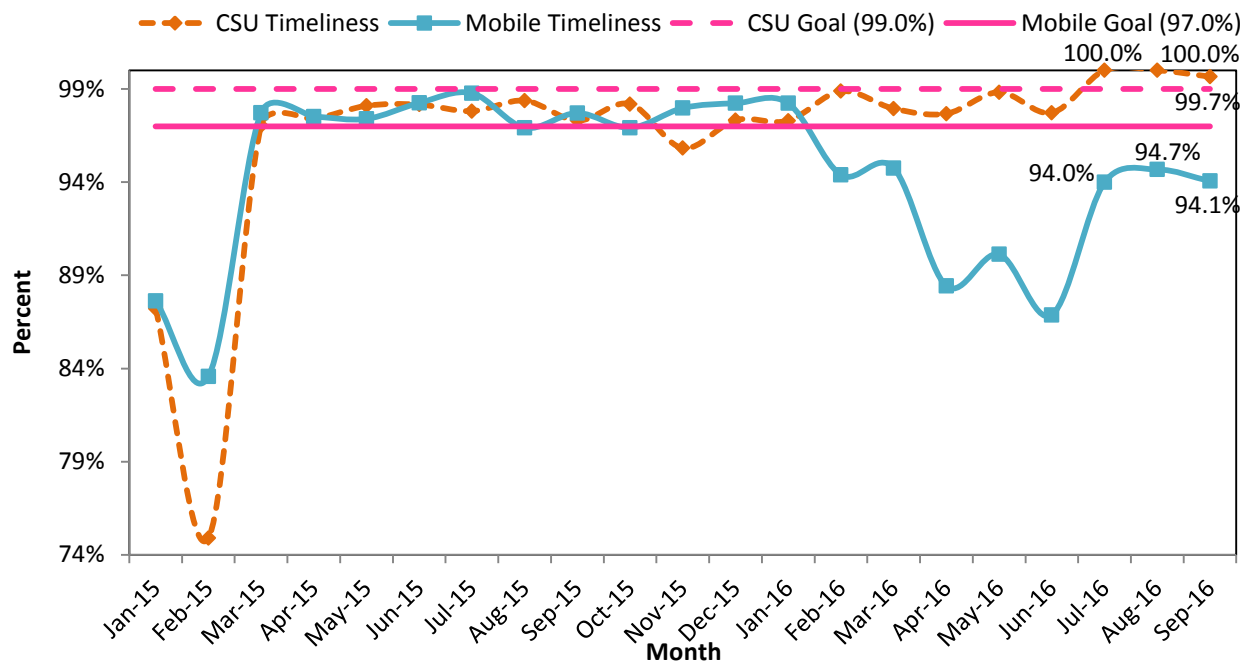
Measure: **Timeliness of Crisis Services**

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: 313; Mobile: 1,660

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

Goal: **↑ CSU 99%, Mobile 97%**



Trend: In the most recent quarter, CSU’s timeliness ranged from 99.7% to 100%. The CSU goal was attained each month this quarter. Mobile’s timeliness from July-September 2016 improved when compared to April-June 2016 (the previous quarter). The Mobile goal was not attained this quarter.

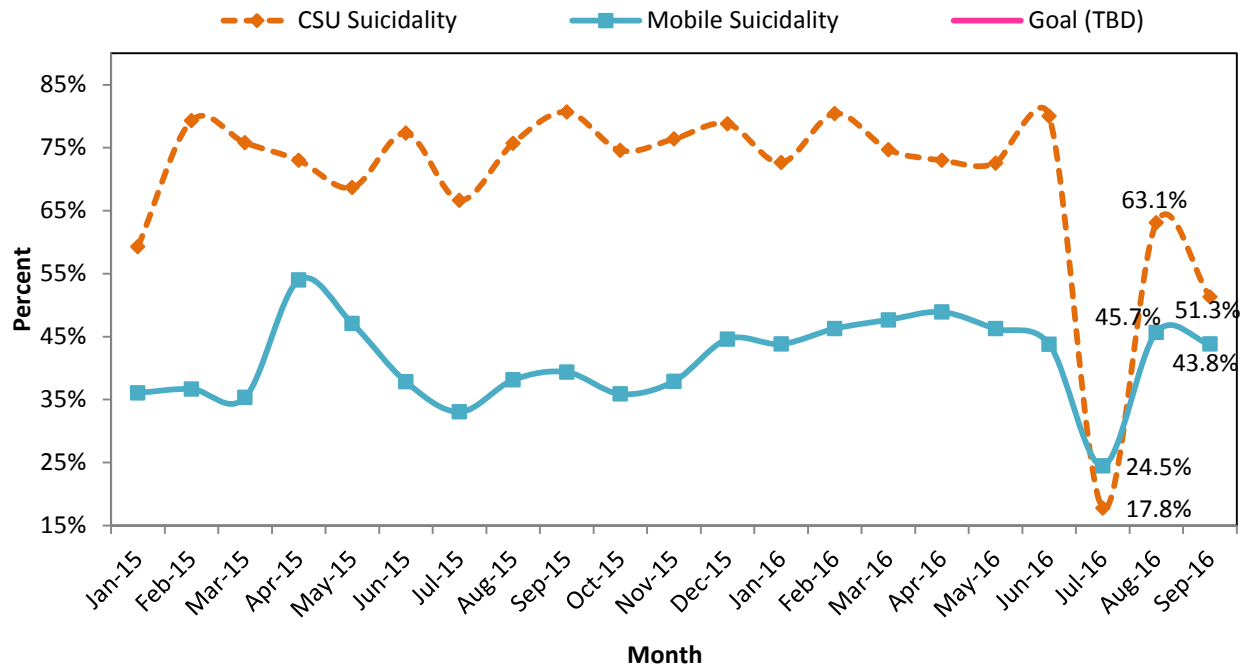
Community Behavioral Health (CBH)

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): 96; Mobile: 473

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

Goal: **↑ TBD**



Trend: CSU performance in the most recent quarter ranged from 17.8% to 63.1%. Mobile performance in the most recent quarter ranged from 24.5% to 45.7%.

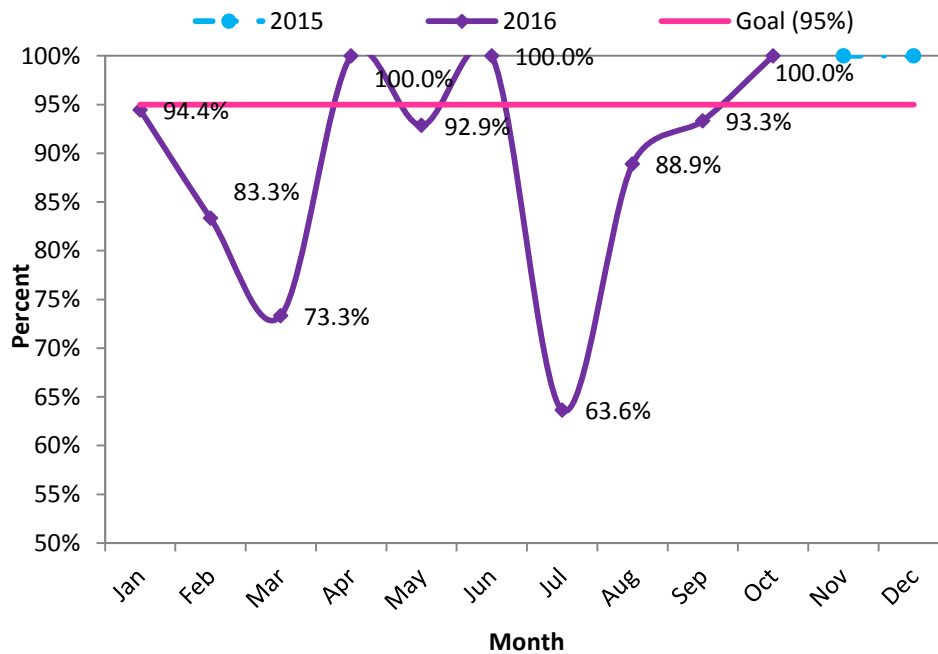
Community Behavioral Health (CBH)

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: 11.3

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

Goal: **↑ 95%**



Trend: Performance in the most recent quarter ranged from 88.9% 100.0%. The goal was attained for the third time this calendar year in October 2016.

Mental Health Institutes (MHI)

Summary

Description

The Mental Health Institutes Division operates the two state psychiatric hospitals: the Colorado Mental Health Institute at Fort Logan and the Colorado Mental Health Institute at Pueblo. Both Institutes 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.

The **Colorado Mental Health Institute at Fort Logan** (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 and non-state hospitals.

The **Colorado Mental Health Institute at Pueblo** (CMHIP) primarily serves forensic clients but also serves a civil population. This Institute serves adults who are found Not Guilty by Reason of Insanity or Incompetent to Proceed (defendants unable to assist in their own defense). This Institute also provides evaluations of competency to stand trial for individuals referred for evaluation by the state's courts.

Director: Dr. Kimberly Nordstrom
CMHIFL Hospital Director: David Polunas
CMHIP Superintendent: Ron Hale

Executive Summary:

- *Rates of Seclusion Use – Fort Logan & Pueblo:* An in-depth analysis showed that a handful of patients used roughly 85.0% of the seclusion hours at CMHIP. This suggests that the rate of seclusion is primarily driven by a few select patients. The Colorado Mental Health Institute at Fort Logan achieved the goal in every month this quarter.
- *Rates of Restraint Use – Pueblo:* An in-depth analysis showed that a handful of patients used roughly 80.0% of the restraint hours at CMHIP. This suggests that the rate of restraint is primarily driven by a few select patients.
- *Percent of 30-Day Readmissions – Fort Logan & Pueblo:* Both Institutes achieved the goal throughout the quarter. The Colorado Mental Health Institute at Pueblo has not seen a 30-day readmission in eight consecutive months.
- *Percent of 30-Day AND Percent of 180-Day Readmissions – Fort Logan & Pueblo:* In October 2016, the Division met with a Community Mental Health Center (CMHC) with high readmission rates to evaluate possible reasons. The Division discovered that CMHIFL was sending all necessary discharge information to the CMHC but the CMHC records department was not sending the information to their provider in time for the first appointment. The CMHC has rectified this issue. In November 2016, the Division and the CMHC created a process for a formal transfer, which aids in better communication and reduces the likelihood of readmission.

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](#)

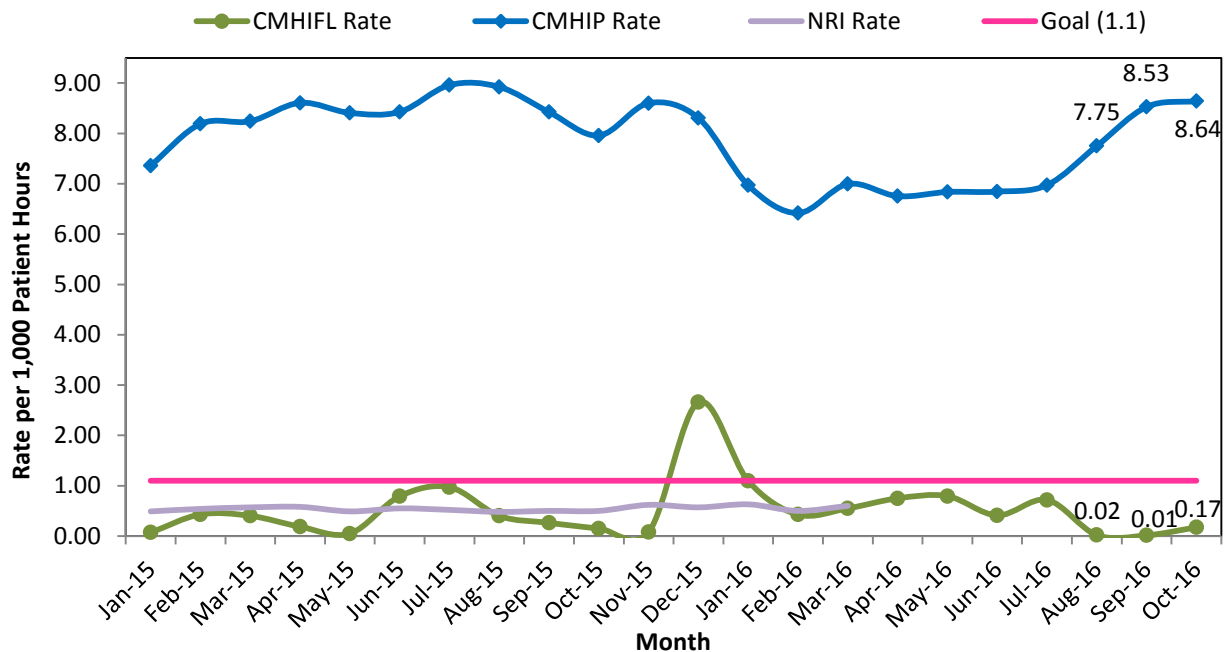
Mental Health Institutes (MHI)

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: 64.8; Pueblo: 298.1

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 (CMHIFL) performance in the most recent quarter ranged from 0.17 to 0.01, attaining the goal each month this quarter. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 8.64 to 7.75. The goal was not attained.

Notes: The NRI rate 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).

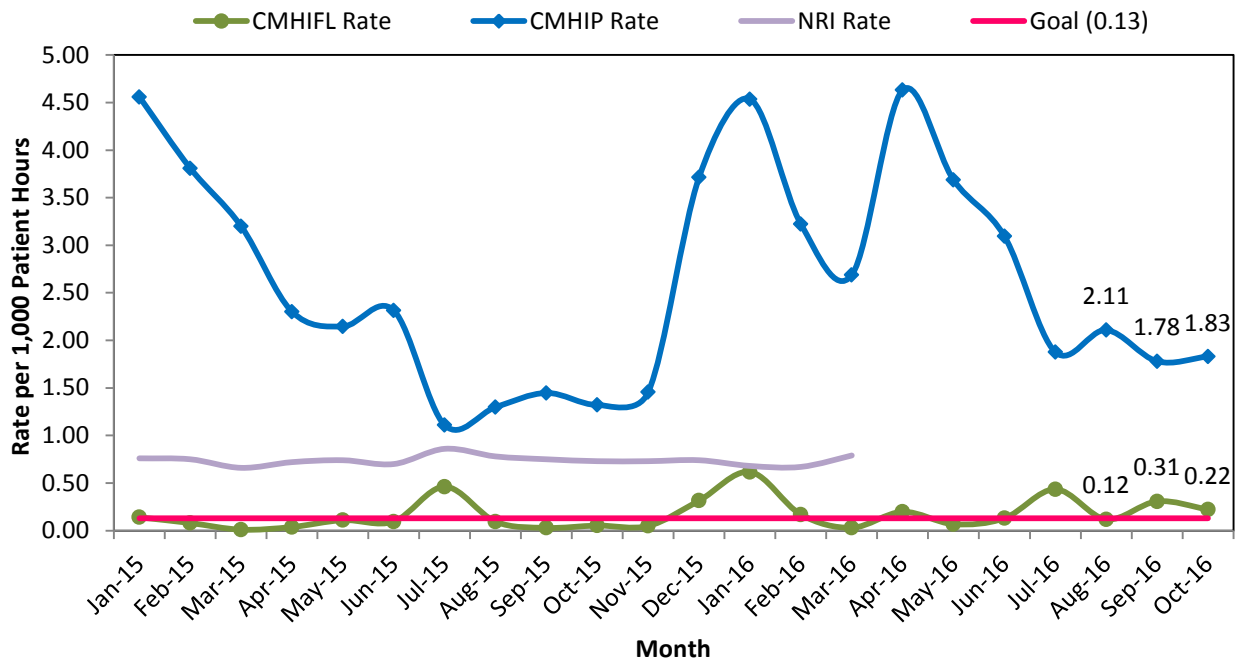
Mental Health Institutes (MHI)

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: 64.8; Pueblo: 298.1

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 (CMHIFL) performance in the most recent quarter ranged from 0.31 to 0.12, attaining the goal in one out of three months this quarter. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 2.11 to 1.78. The goal was not attained.

Notes: The NRI rate 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).

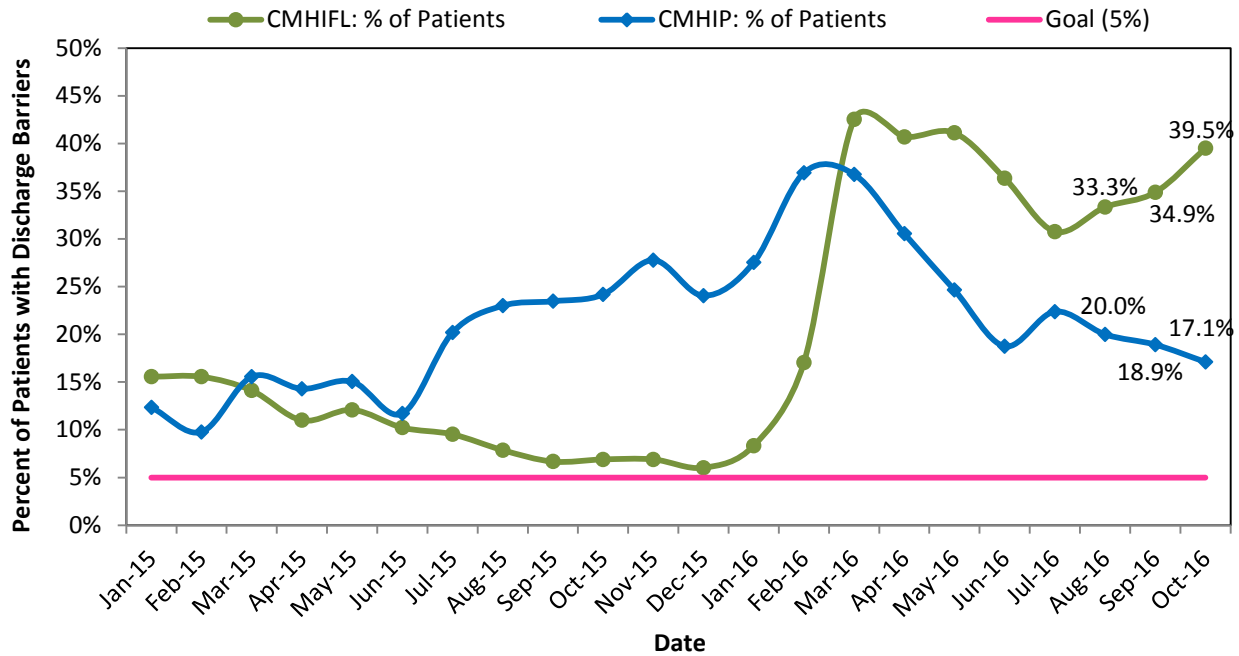
Mental Health Institutes (MHI)

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: 84.7; Pueblo: 71.7

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

Goal: ↓ 5%



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 39.5% to 33.3%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 20.0% to 17.1%. The goal was not met by either Institute throughout the quarter.

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

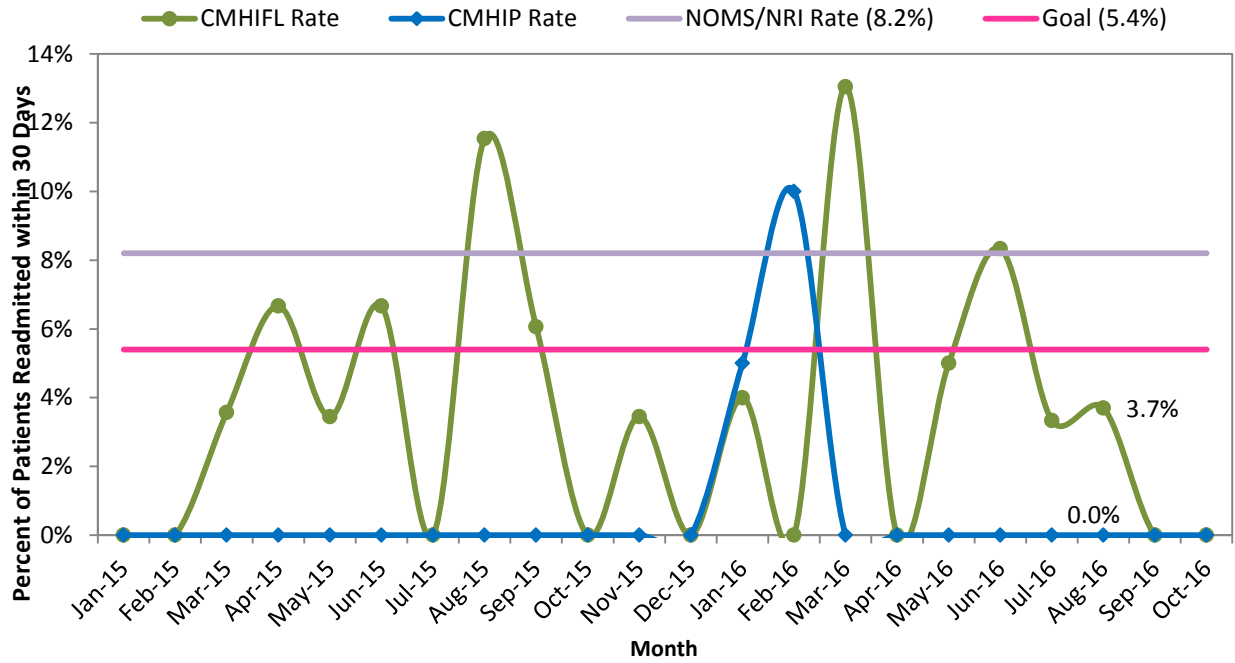
Mental Health Institutes (MHI)

Measure: **Percent of 30-Day Readmissions – Fort Logan & Pueblo**

How it is measured: *Numerator:* Number of patients readmitted within 30 days of discharge
Denominator: All patients discharged 30 days prior; average monthly denominator: Fort Logan: 26.3; Pueblo: 8.0

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 (CMHIFL) performance in the most recent quarter ranged from 3.7% to 0.0%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter remained at 0.0%. The goal was met by both Institutes throughout the quarter.

Mental Health Institutes (MHI)

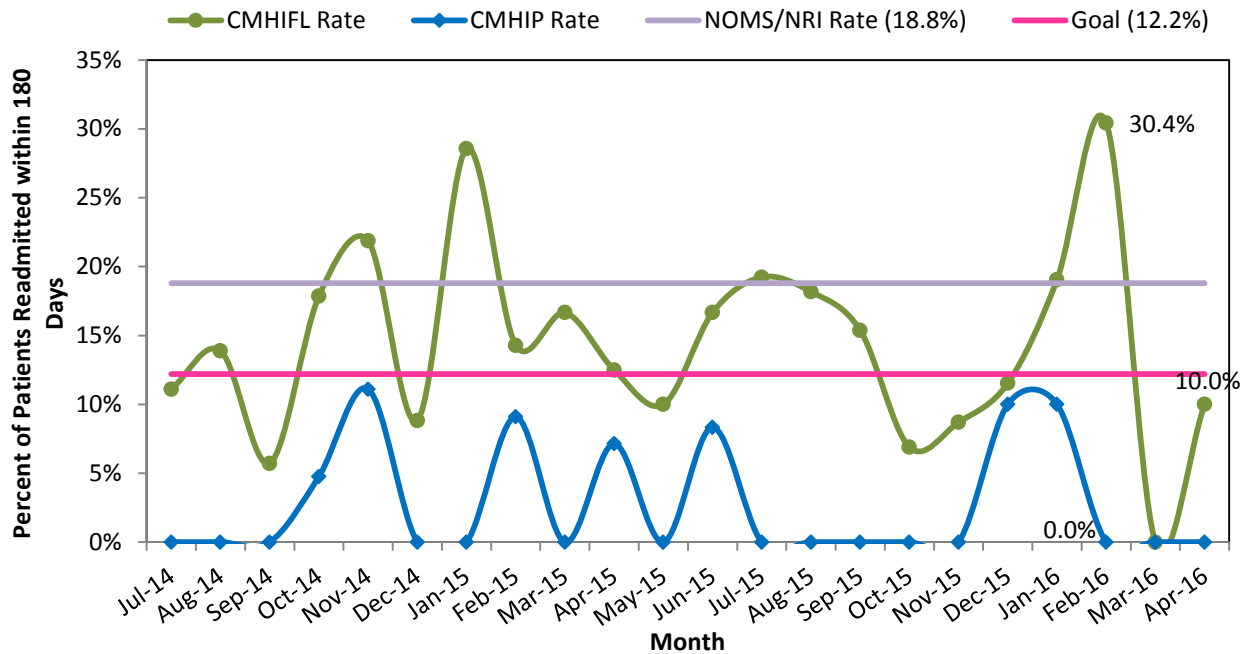
Measure: **Percent of 180-Day Readmissions – Fort Logan & Pueblo**

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: 23.3; Pueblo: 12.3

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

Goal: **↓12.2%**



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 30.4% to 0.0%. The goal was attained in two out of three months. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter remained at 0.0%. The goal was attained throughout the quarter.

Notes: As of June 2016, 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.

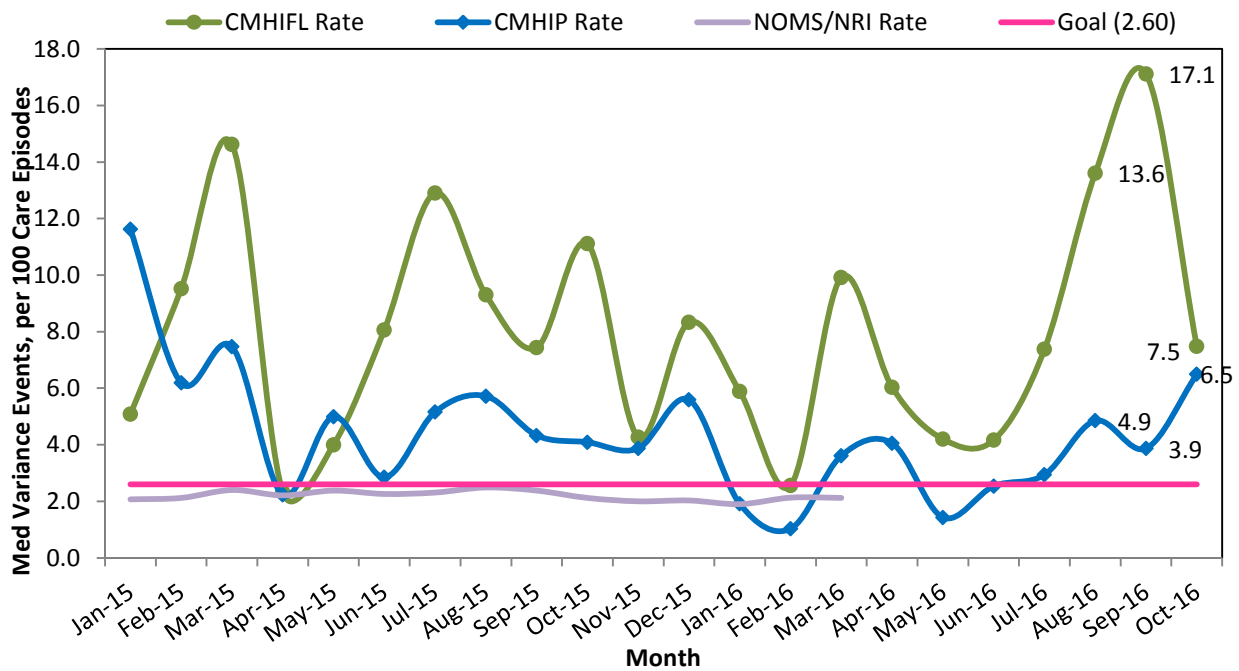
Mental Health Institutes (MHI)

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: 1.1; Pueblo: 4.7

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 (CMHIFL) performance in the most recent quarter ranged from 17.1 to 7.5. The goal was not met throughout the quarter. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 6.5 to 3.9. The goal was not met throughout the quarter.

Office of Children, Youth, and Families

Description

The Office of Children, Youth, and Families 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 by the Division of Child Welfare, the Division of Youth Corrections, and the Domestic Violence Program. These services are facilitated through partnerships with families, providers, and local communities to ensure that children and families have safe, healthy, stable environments.

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. The counties provide services 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.

Director: Ann Rosales

Executive Summary

- Several DCW measures reflect data that is collected via Results Oriented Management (ROM), a web-based data management reporting system developed and maintained by the University of Kansas. The public can access performance 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*, and *Children Who Re-Enter Care within 12 Months*.
- *Timeliness of Initial Response to Abuse/Neglect Assessments*: Performance continues to surpass the goal. Performance for the Immediate Response type continues to be an area of focus for the Division. In an effort to achieve the goal, DCW staff focused on improving timely data entry into the State's Child Welfare database (Trails), tailoring improvement strategies to critical counties, and delivering training/technical assistance to counties. Immediate Responses represent those cases that are potentially more egregious in nature or in which a youth or child is particularly vulnerable.
- *Maltreatment in Out-of-Home Care*: The Division completed a review of this measure, examining the data by provider type. In the majority of cases, the maltreatment occurred prior to the child being placed in out-of-home care, as opposed to during the out-of-home care placement. The Division is still working to incorporate the date the incident occurred into the database in an effort to better account for when the maltreatment occurs.
- *Children Who Re-Enter Care within 12 Months*: The Division reached out to well-performing states on this measure in an effort to learn from its peers. Those states with low re-entry rates utilize a variety of mechanisms to reduce re-entry, including home visits, post-permanency services, and reunification assessment tools. The Division is exploring where to best focus its efforts based on this review.

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](#)
- [Children Who Re-Enter Care within 12 Months](#)
- [Children in Congregate Care](#)

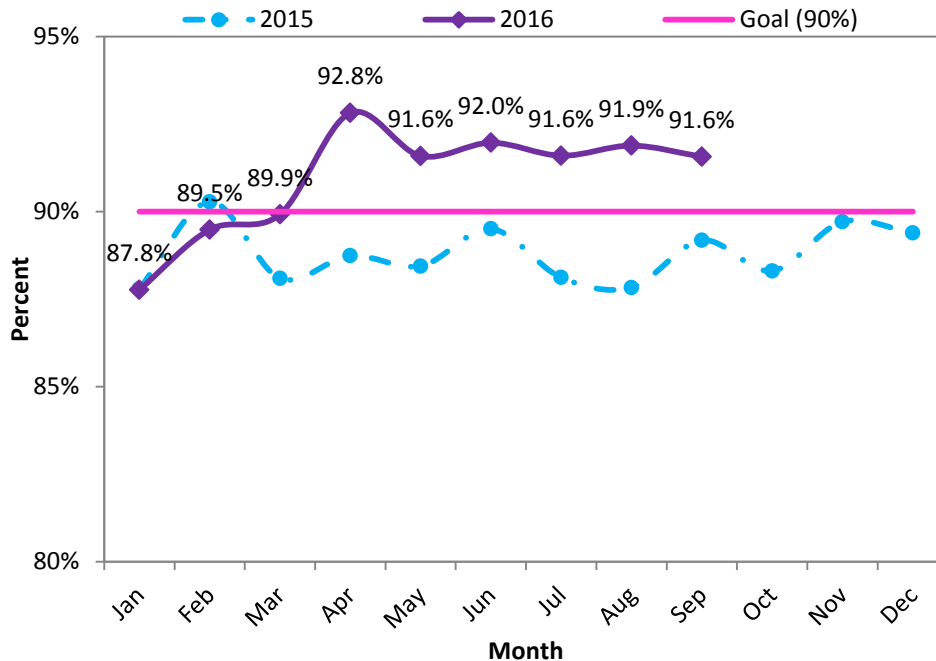
Division of Child Welfare (DCW)

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 timeframe (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: 4,308

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

Goal: **↑ 90%**



Trend: The Division's performance remained above the goal in the most recent quarter, demonstrating sustained improvement compared to 2015. The goal has been met for six consecutive months.

Notes: Due to caseworker data entry timeframes, this measure is reported three months in arrears.

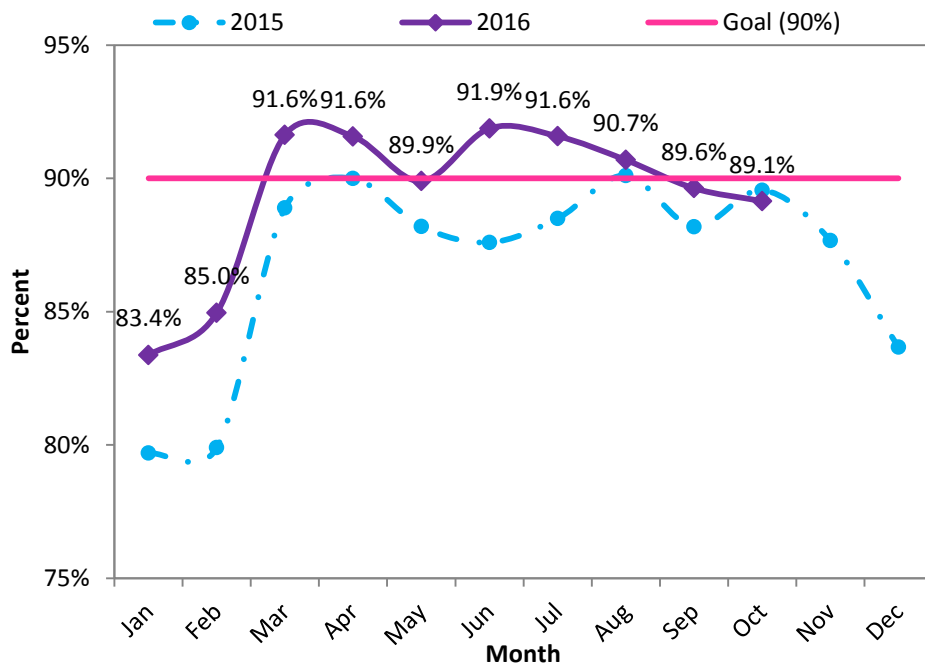
Division of Child Welfare (DCW)

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: 2,599

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’s performance declined throughout the most recent quarter. The previously-attained goal was not met in the last two months of the quarter (September and October 2016).

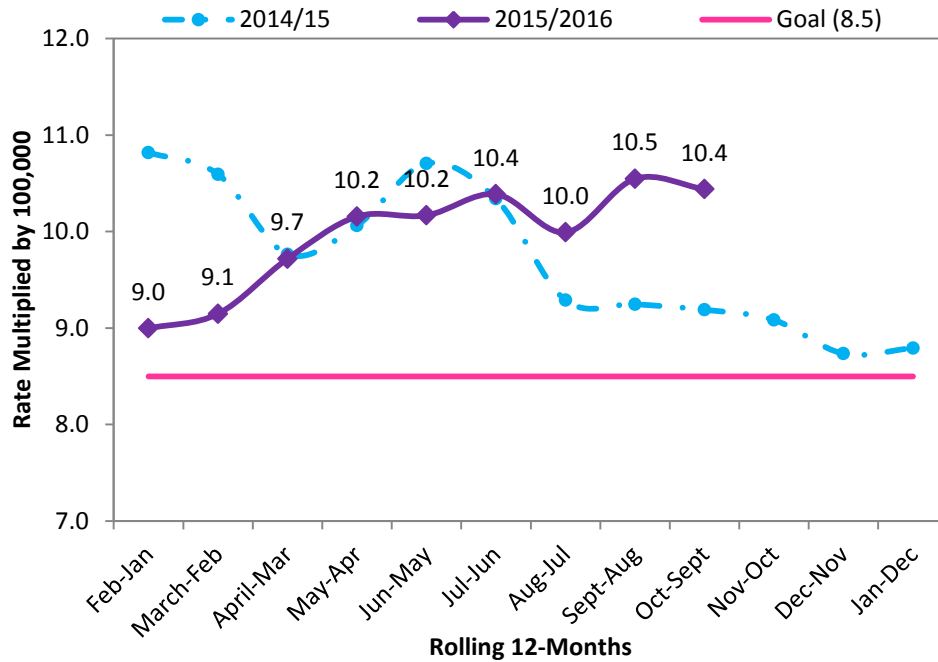
Division of Child Welfare (DCW)

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: 1,717,277

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’s performance worsened in the most recent quarter. The goal has yet to be achieved for this measure.

Note: Data is presented in a rolling 12-months to align with the Federal reporting methodology.

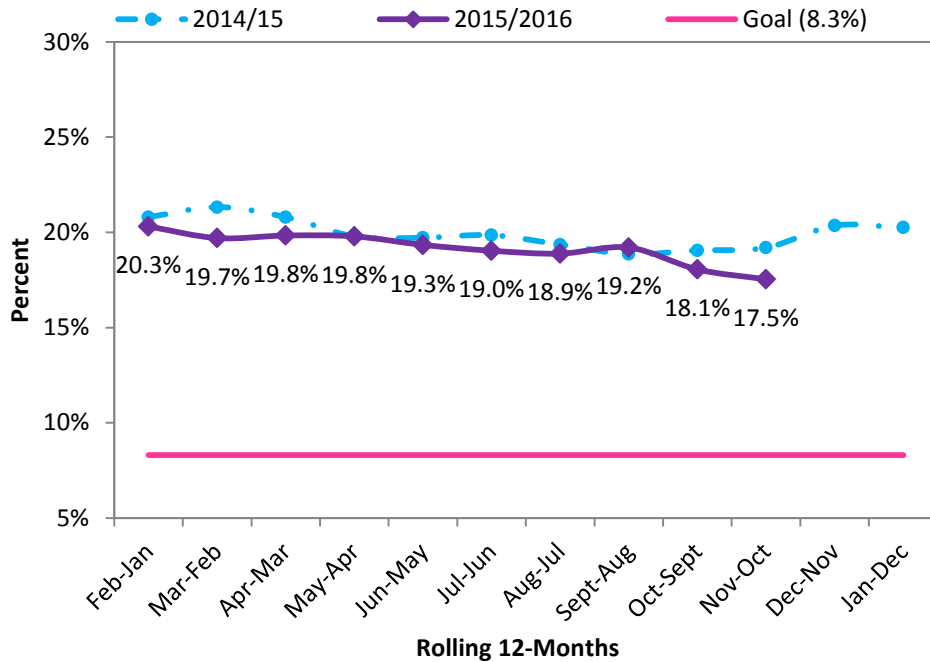
Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* 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: 2,295

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

Goal: **↓ 8.3%**



Trend: The Division’s performance has steadily improved throughout the calendar year. The goal has yet to be achieved for this measure.

Note: Data is presented in a rolling 12-months to align with the Federal reporting methodology.

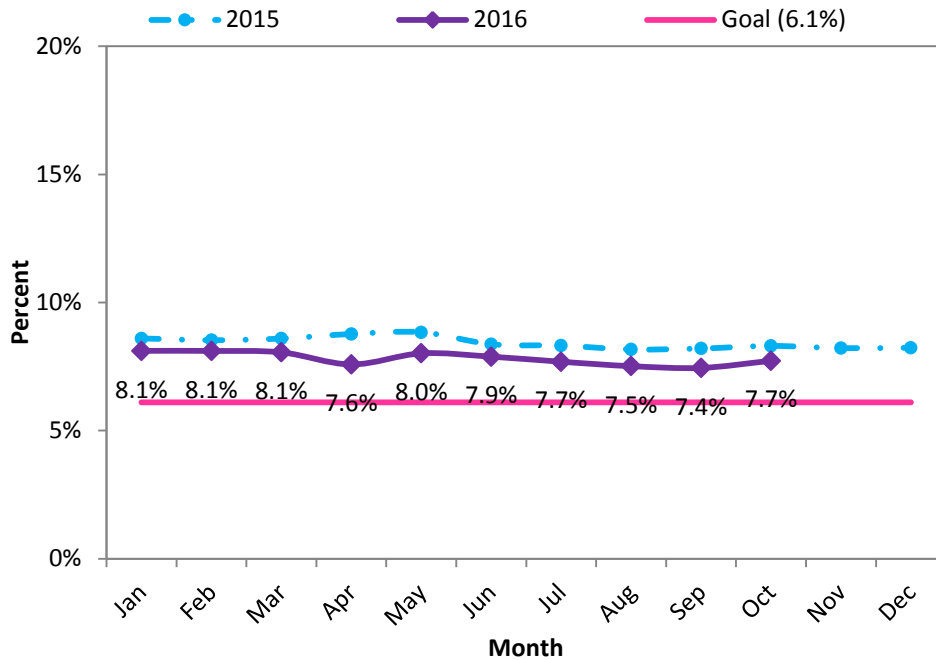
Division of Child Welfare (DCW)

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: 11,300

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 remained steady throughout the most recent quarter with a slight improvement over the past 22 months.

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. The Division provides supervision for juvenile offenders, promotes offender accountability to victims and communities, and builds the skills and competencies of youth to become responsible citizens.

Interim Director: Anders Jacobson

Executive Summary

- *Eligible Youth Who Have a GED or High School Diploma by Discharge:* Performance has surpassed the goal for the last four months. The Division continues to conduct analyses to determine the circumstances as to why a youth did not attain their GED or diploma by discharge each month.
- *Committed or Detained Youth Who Escape or Walkaway:* The Division examined the walkaway/escape data as a rate, by provider. The data revealed that those providers with high numbers of walkaways are not the providers with the highest walkaway rate. The Division's Provider Workgroup has reviewed this data and continues to discuss the walkaway intervention strategies.
- *Timely Initial Placement for Committed Youth:* The Division continues to experience waitlists at state-secure facilities as the number one cause of delayed initial placements. The Division is working to explore solutions for the lack of capacity in state-secure facilities.
- *Youth Injuries in DYC State-Secure Facilities:* The Division reviews youth injuries by facility and injury type each month to explore how to reduce them. For the last three months, the injury type that has resulted in the primary cause of injuries has been youth injuries that are the result of an assault and/or fight. The Division has revised its data collection protocol for youth injuries to be more inclusive, ensuring that all injury types are included in the data reviewed each month.
- *Family Attendance at Multidisciplinary Team (MDT) Review Meetings:* The Division is now capturing all MDT types in the Trails data system, which accounts for the decline in performance. The five MDT types are Treatment Planning, Parole Planning, Transition Planning, Mid-Parole, and Assessment. This will assist DYC to learn more about how to engage families in all MDTs.

Measures

- [Eligible Youth Who Have a GED or High School Diploma by Discharge](#)
- [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 \(MDT\) Review Meetings](#)

Division of Youth Corrections (DYC)

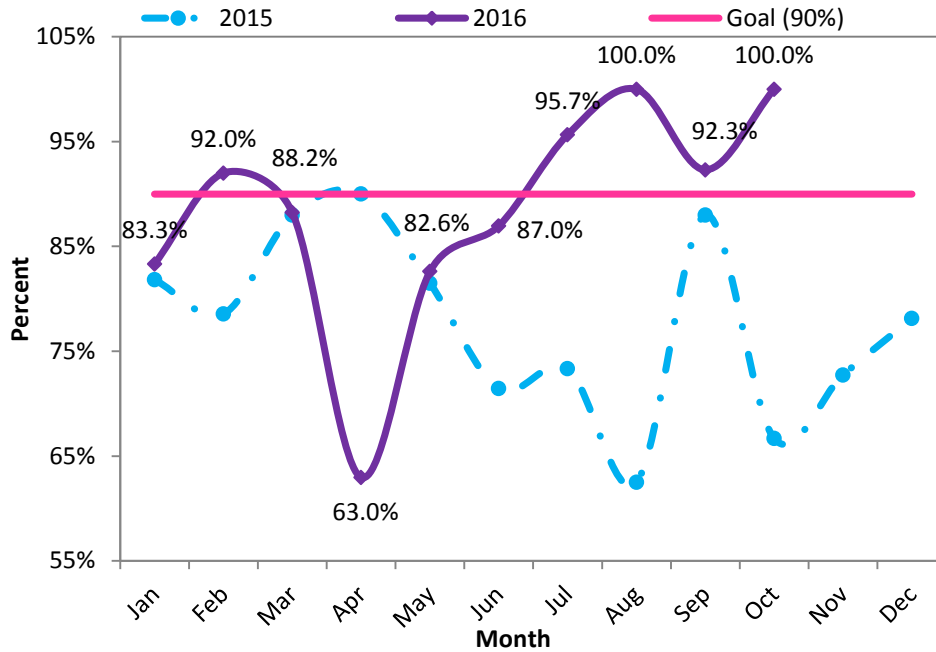
Measure: **Eligible Youth Who Have a GED or High School Diploma by Discharge**

How it is measured: *Numerator:* Number of eligible youth who have a GED or high school diploma by the time they discharge

Denominator: Number of eligible DYC clients discharged in a specific month; average monthly denominator: 24

Why this matters: Educational success reduces the likelihood of recidivism and improves overall outcomes.

Goal: **↑ 90%**



Trend: The Division's performance improved this quarter, with two of three months at 100%. The goal was met throughout the quarter.

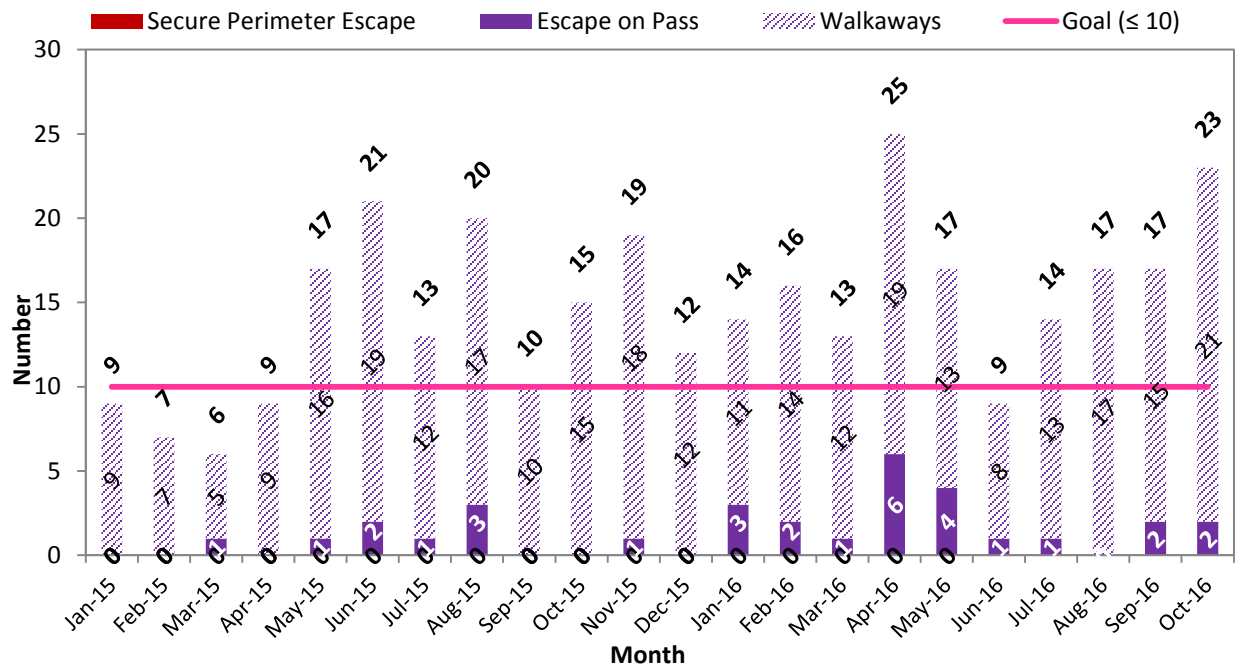
Division of Youth Corrections (DYC)

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 and do not return within six hours; average daily population: 897.0

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 of 19 escapes/walkaways in the most recent quarter, six more than the average last quarter. The goal was not attained throughout the most recent quarter.

Notes: “Secure perimeter escape” was added to differentiate between youth 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)

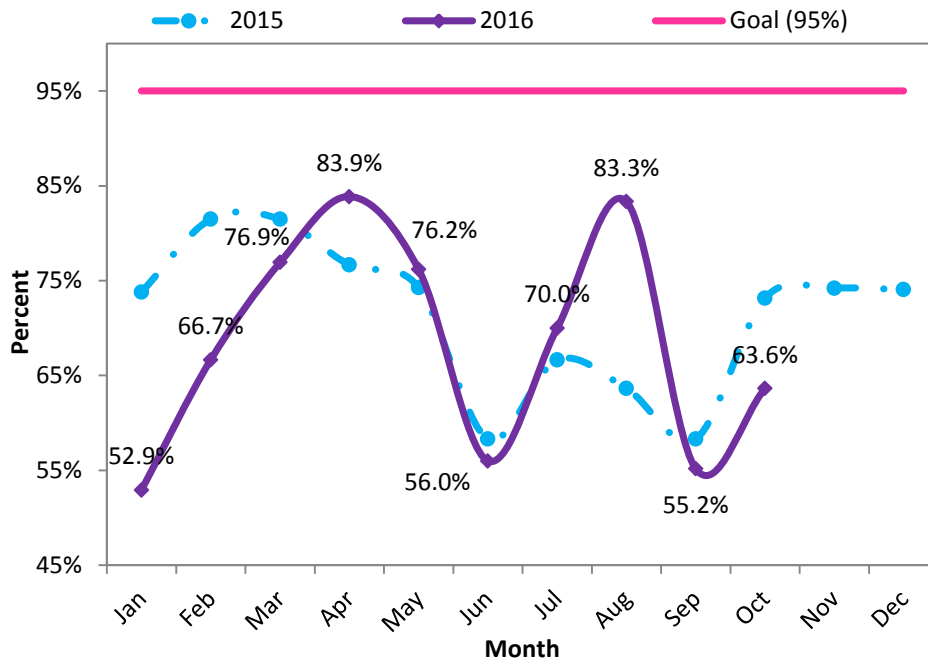
Measure: **Timely Initial Placement for Committed Youth**

How it is measured: *Numerator:* Number of newly-committed youth 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: 31

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

Goal: **↑ 95%**



Trend: The Division's performance varied in the most recent quarter, ranging from 55.2% to 83.3%. The goal has yet to be achieved.

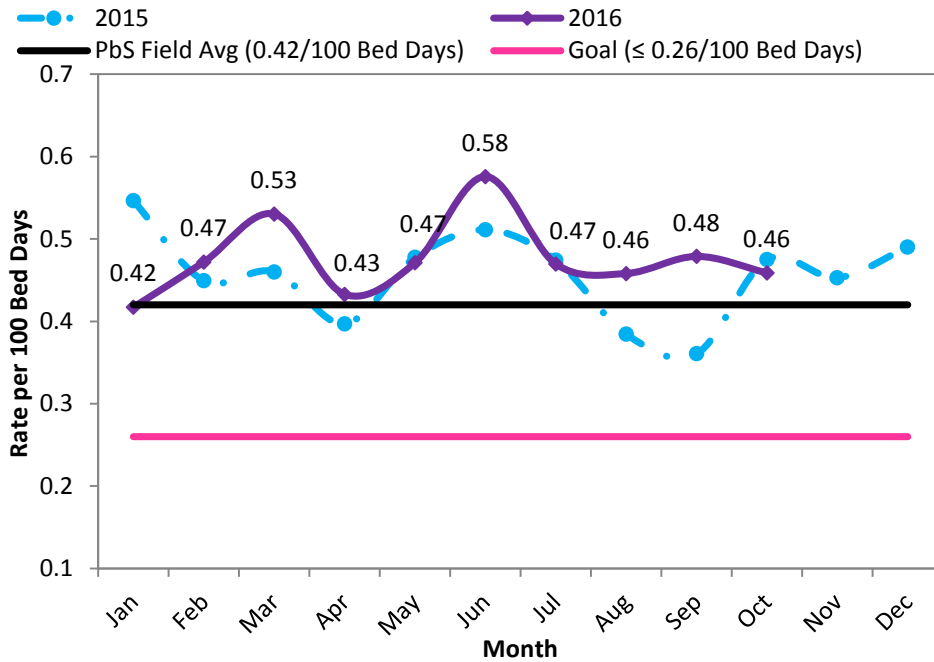
Division of Youth Corrections (DYC)

Measure: **Fights and/or Assaults in DYC State-Secure Facilities**

How it is measured: *Numerator:* Number of fights and/or 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: 17,772.7

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

Goal: ↓ ≤ 0.26 per 100 Bed Days



Trend: The rate of fights and/or assaults in state-secure facilities ranged from .48 to .46 in the most recent quarter. The goal was not attained.

Notes: Data from DYC is compared to the 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.

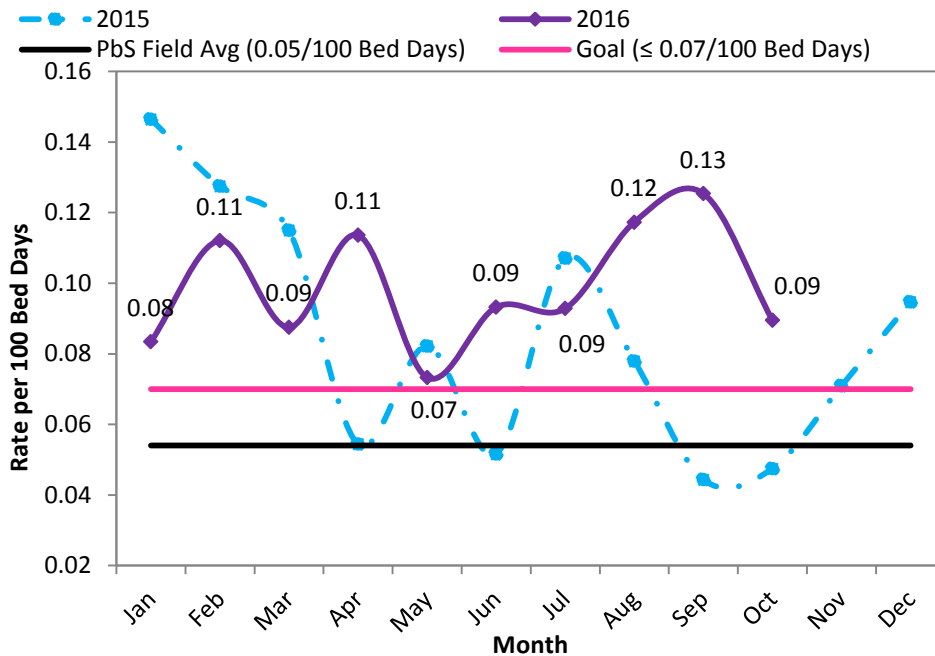
Division of Youth Corrections (DYC)

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: 17,772.7

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 in the most recent quarter, with a range of .13 to .09. The goal was not met.

Notes: Data from DYC is compared to the 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)

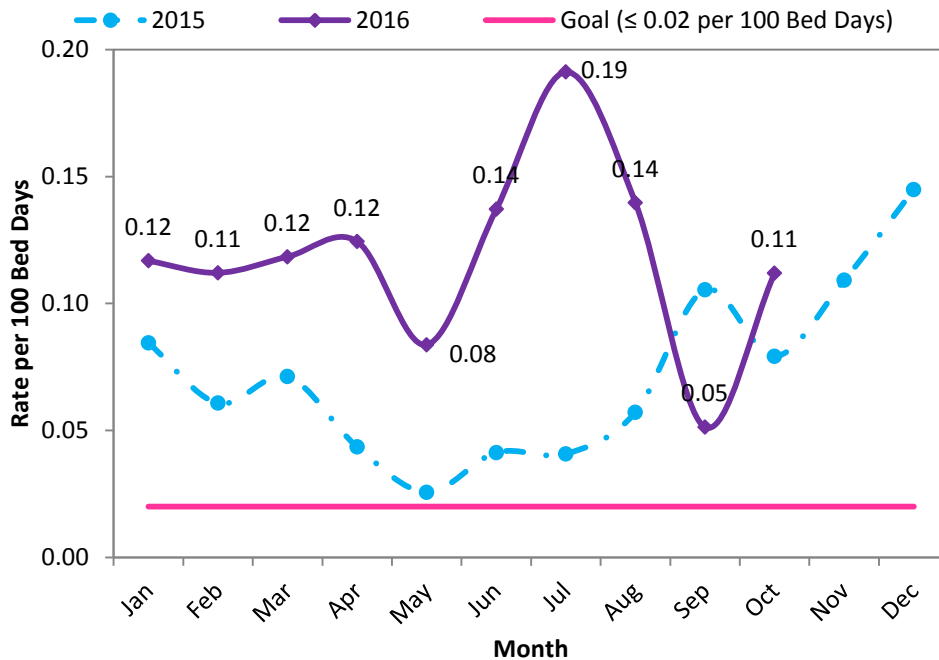
Measure: **Staff Injuries on the Job as a Direct Result of Youth Contact**

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: 17,772.7

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

Goal: ↓ ≤ 0.02 per 100 Bed Days



Trend: The Division’s number of staff injuries varied throughout the most recent quarter, ranging from 0.14 to 0.05. The goal has yet to be achieved.

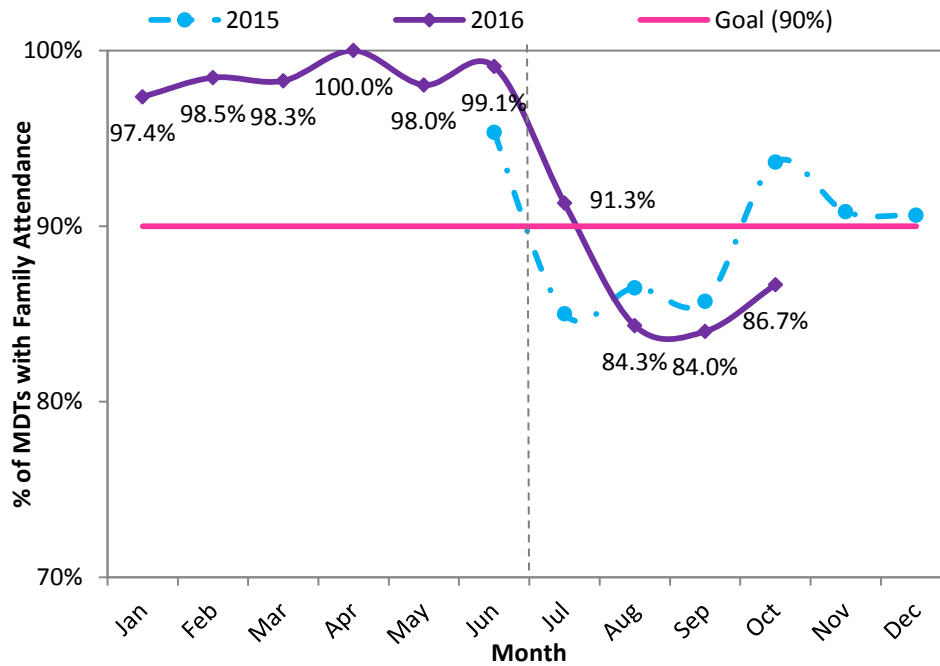
Division of Youth Corrections (DYC)

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: 126

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 declined in the most recent quarter and was below the goal each month.

Note: In July 2016, all MDT types were added to this measure.

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 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 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

- *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 grant-funded program. Programs have achieved great performance gains on this measure across the last year. The program continues to offer technical assistance to grant-funded programs.
- *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. Beginning with the October 2016 data, DVP will only require three of 21 domains to be reported: housing, food, and relationship safety. Starting with October 2016, these will be the only domains reported in C-Stat.

Measures

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

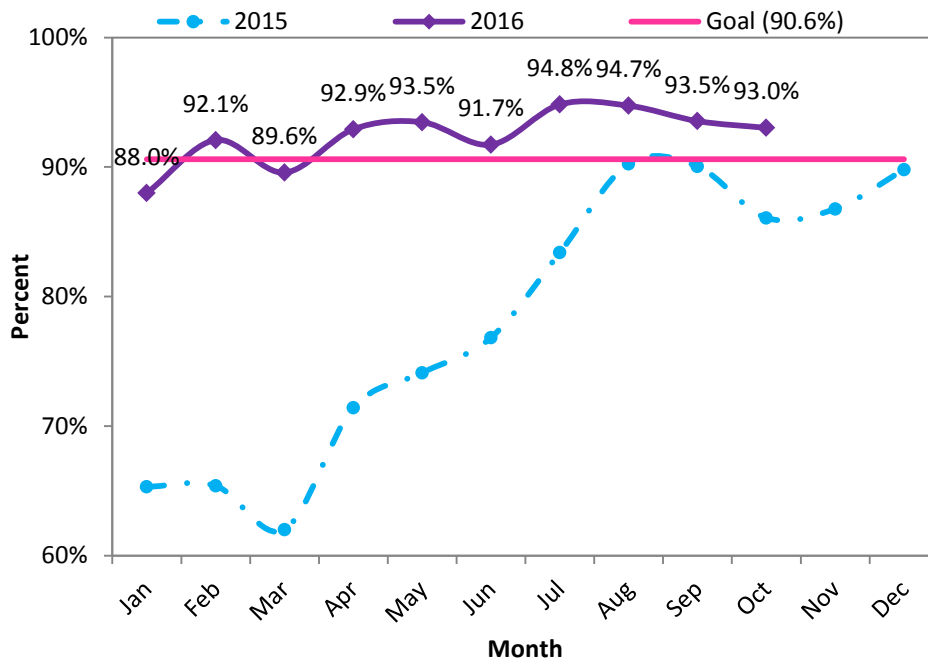
Domestic Violence Program (DVP)

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: 1,234

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: The Program’s performance remained above the 90.6% goal for each month within the most recent quarter.

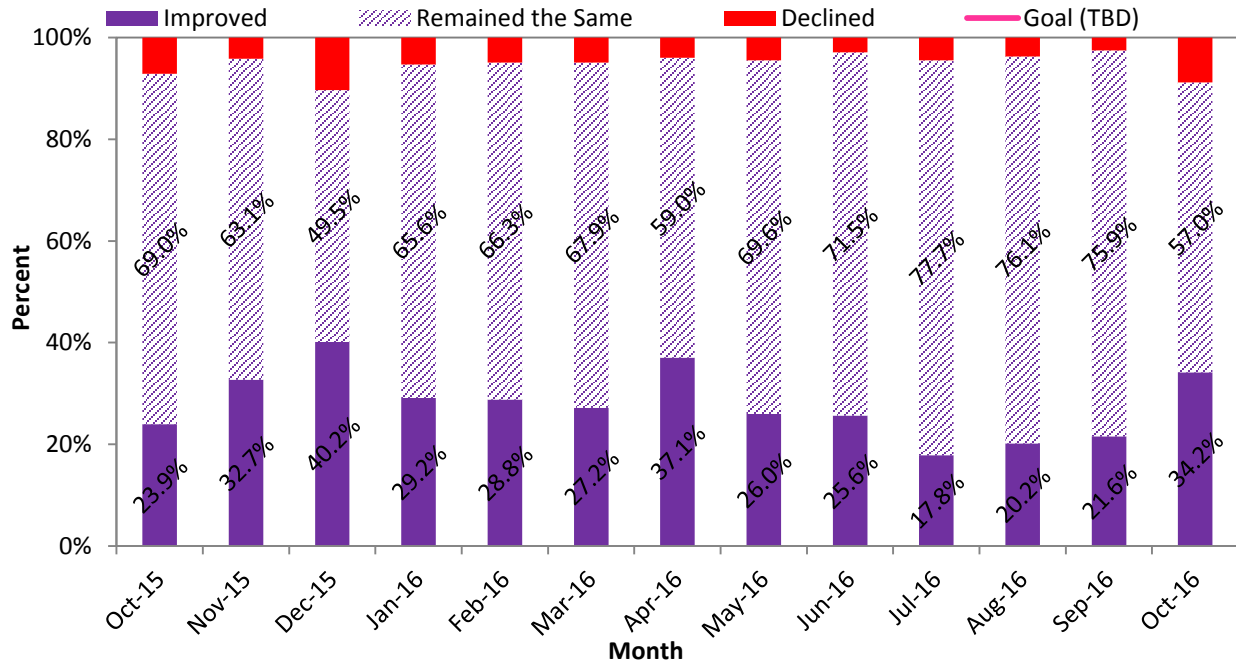
Domestic Violence Program (DVP)

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; average monthly denominator: 1,943

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 Self-Sufficiency Matrix domains that have improved ranged from 20.2% to 34.2% in the most recent quarter. The percent of Self-Sufficiency Matrix domains that have remained the same ranged from 57.0% to 76.1%.

Notes: The Self-Sufficiency Matrix assesses how clients rate their needs across three domains to create a change score between two assessment periods. The three domains are housing, food, and relationship safety.

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: vacant

Aging and Adult Services

Summary

Description

The Division of Aging and Adult Services (AAS) programs provide assistance in two general areas. First, programs 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 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 coming due, which assists in prompting counties to complete and document contacts timely. In addition, APS examines all untimely contacts, to review the reasons for a late contact and any associated trends. As needed, APS staff also contacts counties who struggle with this measure to offer technical assistance, as well as determine what actions can be taken to improve performance. These actions, as well as the continued focus of the counties, had led performance this year to remain consistently near the goal. As a result, the Division, in conjunction with Executive Management, raised the goal to 95%.
- *Percent with Safety Improvement:* This is a new measure to the Quarterly Report. This measure indicates that the intervention implemented had a positive impact on the elder receiving the services. APS staff provides reports each month to all counties and offers technical assistance and outreach to counties who demonstrate lower performance each month.

Measures

- [Timeliness of Monthly Contacts](#)
- [Percent with Safety Improvement](#)

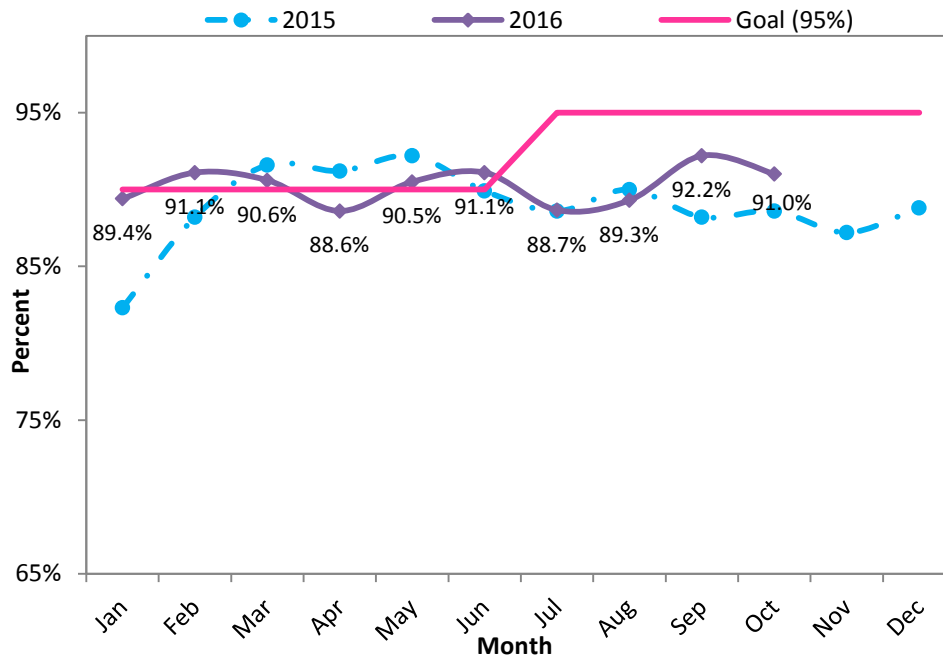
Aging and Adult Services (AAS)

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: 1,272

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

Goal: **↑95%**



Trend: The Division’s performance has improved, ranging from 89.3% in August 2016 to 92.2% in September 2016. Performance remained below the 95% goal throughout the quarter.

Notes: The goal changed in July 2016 from 90% to 95%.



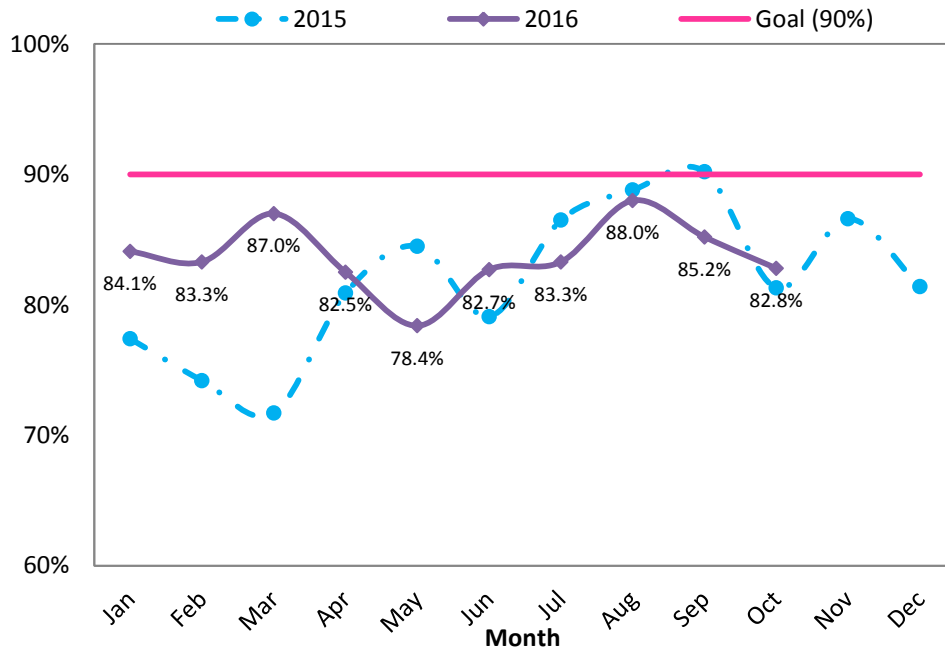
Aging and Adult Services (AAS)

Measure: **Percent with Safety Improvement**

How it is measured: *Numerator:* Number of cases with an improvement in safety in the reporting month
Denominator: Number of cases closed in the reporting month with two or more assessments; average monthly denominator: 194

Why this matters: Safety improvement indicates that the intervention implemented had a positive impact on the elder receiving services.

Goal: **↑90%**



Trend: The Division’s performance has declined, ranging from 88.0% in August 2016 to 82.8% in October 2016. Performance remained below the 90% goal throughout 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: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). The definition of medical disability is the same under both programs. However, SSDI pays disability benefits to the applicant and certain members of the applicant's family if the applicant is "insured" meaning that the applicant worked long enough and paid Social Security taxes. SSI pays disability benefits based on financial need.

Director: Vicki Johnson

Executive Summary

- *Mean Number of Days to Process Initial Eligibility Decisions:* There are several factors that have resulted in an increase in the number of days to process initial eligibility decisions: 1) DDS no longer receives assistance processing cases from multiple processing centers throughout the country, 2) Several examiners are still in training, 3) A recent federal change in processing requires a Medical Consultant to make the final eligibility decision. Disability Determination Services continues to focus on several Lean initiatives to enhance performance, workflow, and staffing.
- *Percentage of Accurate Initial Eligibility Decisions:* Disability Determination Services continues to focus on internal quality assurance reviews by taking a targeted sample of all eligibility decisions. As the federal Fiscal year has now closed, they are in the process of determining the sample size needed each month in the coming year. Disability Determination Services also included accuracy goals in the examiners' annual performance reviews.

Measures

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

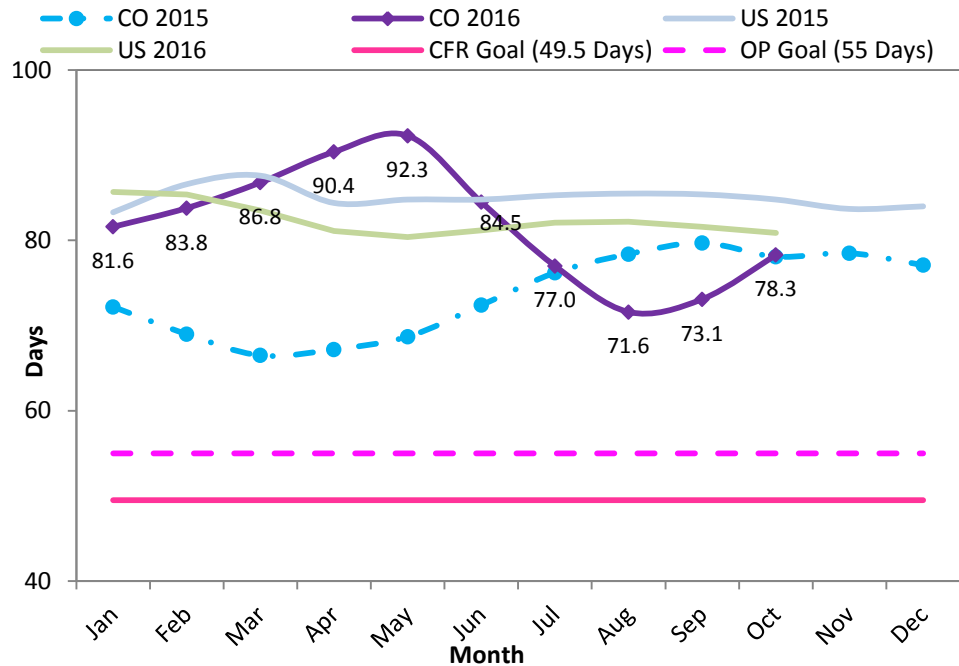
Disability Determination Services (DDS)

Measure: **Mean Number of Days to Process Initial Eligibility Decisions (Federal Measure)**

How it is measured: *Numerator:* Number of days to process initial eligibility decisions
Denominator: Number of initial applications processed; average monthly denominator: 2,876

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 improved in the first month of the quarter and worsened in the remaining two months (purple line). The Division’s processing time increased from 71.6 days in August 2016 to 78.3 days in October 2016.

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.



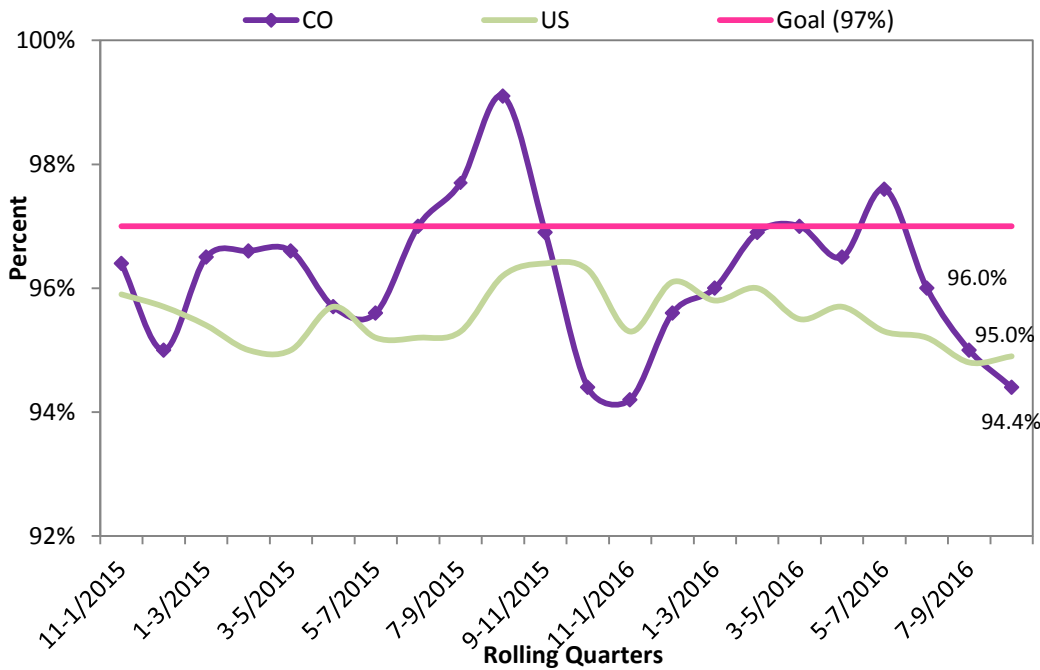
Disability Determination Services (DDS)

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: 145

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 percent of accurate initial decisions declined 1.6% in the most recent quarter. Performance remained below the goal throughout the quarter.

Notes: This measure includes data from both the SSDI and SSI programs. Due to the measure having a small sample, approximately 50 cases, data are displayed utilizing a rolling three-month average. This allows for data to be represented more timely (i.e., monthly instead of quarterly) and each data point to represent 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). The Regional Centers 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.

Acting Director: Georgia Edson

Executive Summary

- *Percent of Residents without Physical Intervention by Regional Center:* Interdisciplinary teams at each center continue to analyze reports to determine what preceded the physical intervention and what strategies may be implemented to reduce future physical interventions. No significant trends were identified through this analysis. Both Wheat Ridge and Pueblo Regional Centers have identified homes to pilot physical intervention free programs. These programs were implemented late in the quarter in both Centers and will provide many opportunities for learning in the coming months.

Measures

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



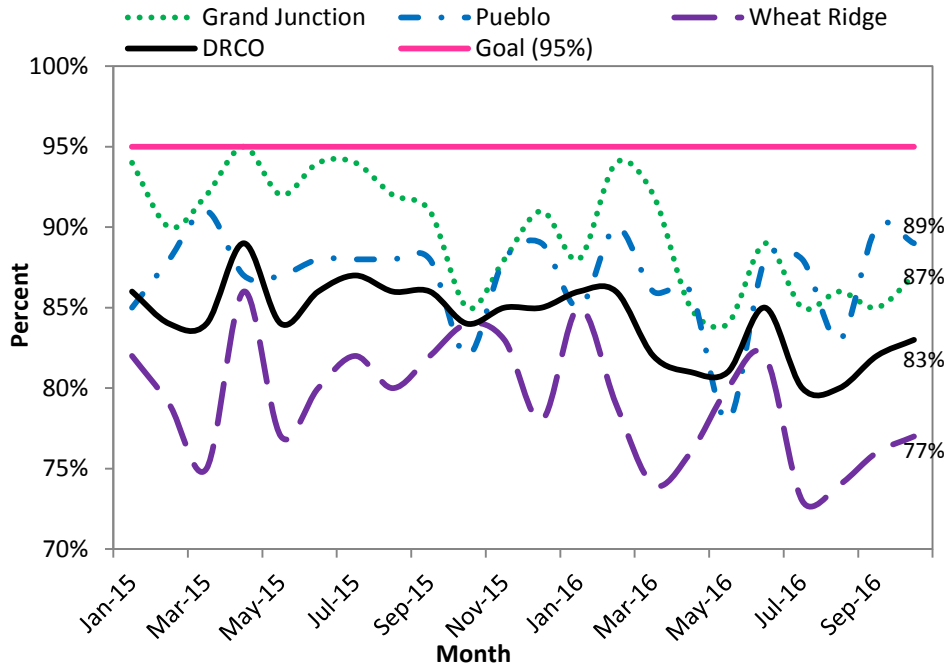
Division of Regional Center Operations (DRCO)

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: 79, Pueblo: 58, Wheat Ridge: 124, DRCO: 261

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

Goal: **↑95%**



Trend: While each center’s performance varied throughout the quarter, each center demonstrated an improvement from the prior quarter. Performance in October 2016 was as follows: Grand Junction at 87%, Pueblo at 89%, Wheat Ridge at 77%, and the Division at 83%, all of which were below the 95% goal.

State Veterans Community Living Centers

Summary

Description

Colorado operates four State Veterans Community Living Centers (SVCLCs): 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 SVCLCs offer:

- Long-term care, including 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:* Due to consistently high performance, this measure was moved to the CDHS C-Stat Dashboard in October 2016 and is no longer included in the C-Stat Quarterly Report. Executive Management reviews this measure on the C-Stat Dashboard monthly.
- *Percent of Residents without a Acquired Catheter:* This is a new measure, which first appeared in the October 2016 C-Stat meeting. Focusing on this measure allows for the prevention of potential infections.
- *Fall Rate:* Due to varied performance, Executive Management continues to review SVCLC performance for the following variables or factors: 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 how and why the falls occurred, and helps to focus future strategies.

Measures

- [Percent of Residents without a Acquired Catheter](#)
- [Fall Rate](#)



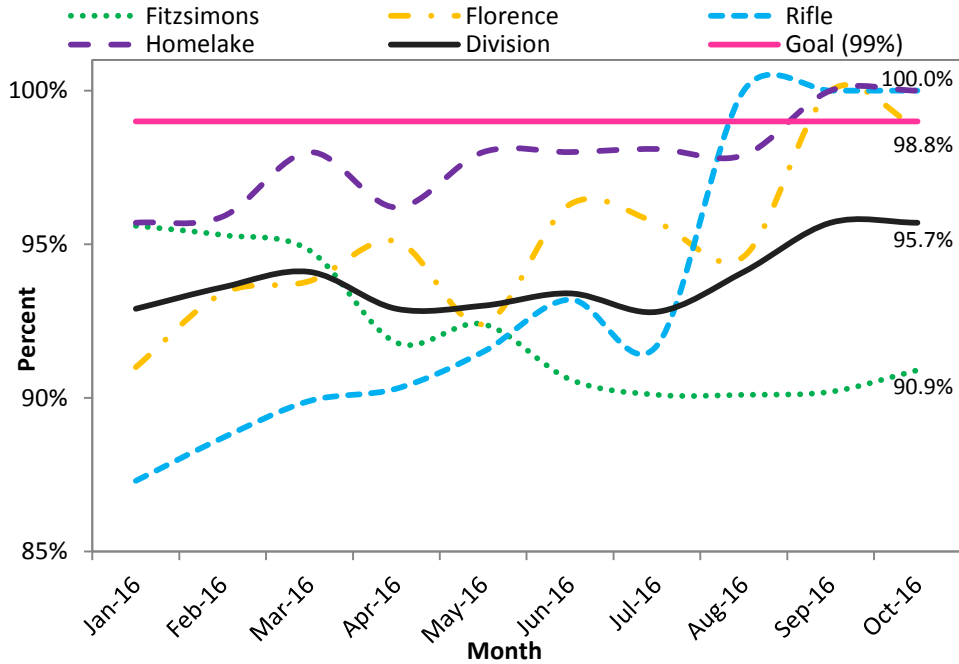
State Veterans Community Living Centers (SVCLC)

Measure: **Percent of Residents without a Acquired Catheter**

How it is measured: *Numerator:* Number of residents without acquired catheter
Denominator: Average Daily Census: Fitzsimons: 164, Florence: 89, Rifle: 71, Homelake: 48

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

Goal: **↑99%**



Trend: Performance throughout the quarter has remained stable in both Fitzsimons (green line) and Rifle (blue line). Florence (yellow line) and Homelake (purple line) both demonstrated increases by quarter's end. In October 2016, both Rifle and Homelake exceeded the 99% goal while Fitzsimons and Florence were below the goal.



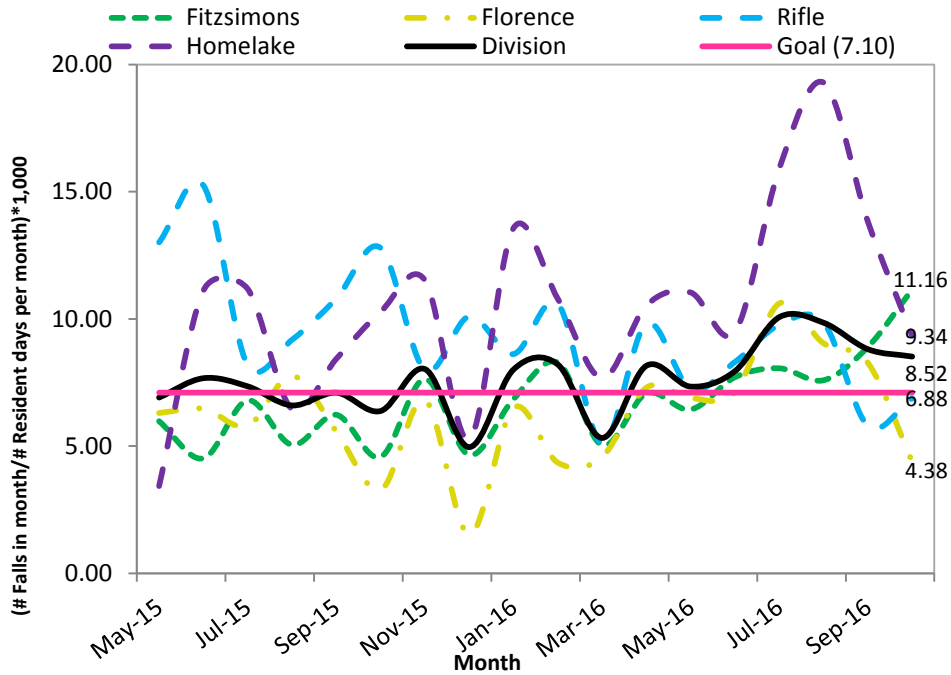
State Veterans Community Living Centers (SVCLC)

Measure: **Fall Rate**

How it is measured: *Numerator:* Number of falls
Denominator: Per 1,000 resident days. Average Resident Days by month: Fitzsimons: 5,011, Florence: 2,759, Rifle: 2,161, Homelake: 1,500

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: Florence, Rifle, and Homelake performance improved by quarter’s end. Fitzsimons, however, steadily worsened each month. In October 2016 both Florence and Rifle had achieved the 7.10 goal.

Office of Early Childhood

Description

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 Office of Early Childhood 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.

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

- *Community Dispersion of Rated High-Quality CCCAP for Children Under Five:* This measure focuses on providing more equitable geographic dispersion of available high-quality subsidized child care. The Office of Performance and Strategic Outcomes (OPSO) meets monthly with OEC to discuss strategies and provide support. The Child Care Quality Initiatives (CCQI) program is working closely with Early Childhood Councils (ECCs) to determine which communities should be targeted and also encourage and help facilities prepare to be rated. OEC is currently targeting 29 communities that: 1) has at least one facility that enrolls CCCAP children, and 2) OEC is confident will obtain a High Quality Rating prior to June 2017.
- *Increased Facility Engagement with the Colorado Shines Quality Rating and Improvement System (QRIS):* This measure aligns with the Community Dispersion measure. The starting point for a facility to be rated as high-quality is engaging in the Colorado Shines QRIS. The success of this measure increases the number of facilities that ECL can work with to rate as high-quality in communities where high-quality facilities do not exist.
- *Child Injuries in Licensed Child Care That Require Medical Attention or Hospitalization:* The Division of Early Care and Learning is changing its focus from increasing reporting of injuries to preventing injuries from occurring. The Division will develop prevention strategies by examining types of injuries most frequently reported and the places most injuries occur.

Measures

- [Community Dispersion of Rated High-Quality CCCAP for Children Under Five](#)
- [Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy](#)
- [Increased Facility Engagement with the Colorado Shines Quality Rating and Improvement System \(QRIS\)](#)
- [Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization](#)



Early Care and Learning (ECL)

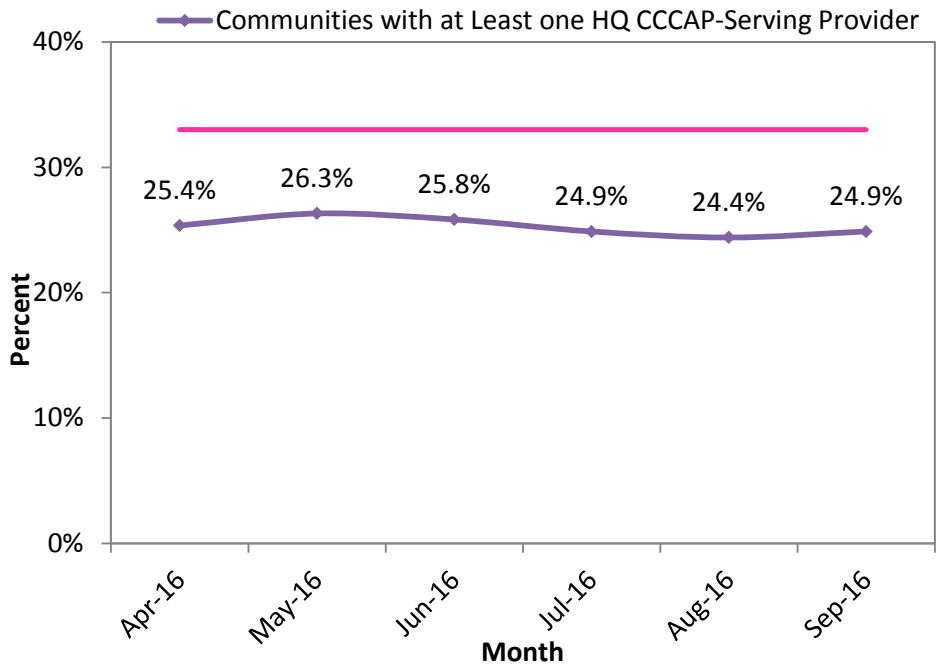
Measure: **Community Dispersion of Rated High-Quality CCCAP for Children Under Five**

How it is measured: *Numerator:* Total number of communities with at least one child, under five years old, who utilized CCCAP at a child care facility with a current quality rating greater than Level Two at least once during the given month.

Denominator: Total number of communities (County Subdivisions): 209

Why this matters: Research supports positive outcomes associated with high-quality early childhood experiences. This measure ensures a more equitable geographic dispersion of high-quality services.

Goal: **↑ 33%**



Trend: The Division’s performance in the most recent quarter ranged from 24.4% to 24.9%. The goal was not met.



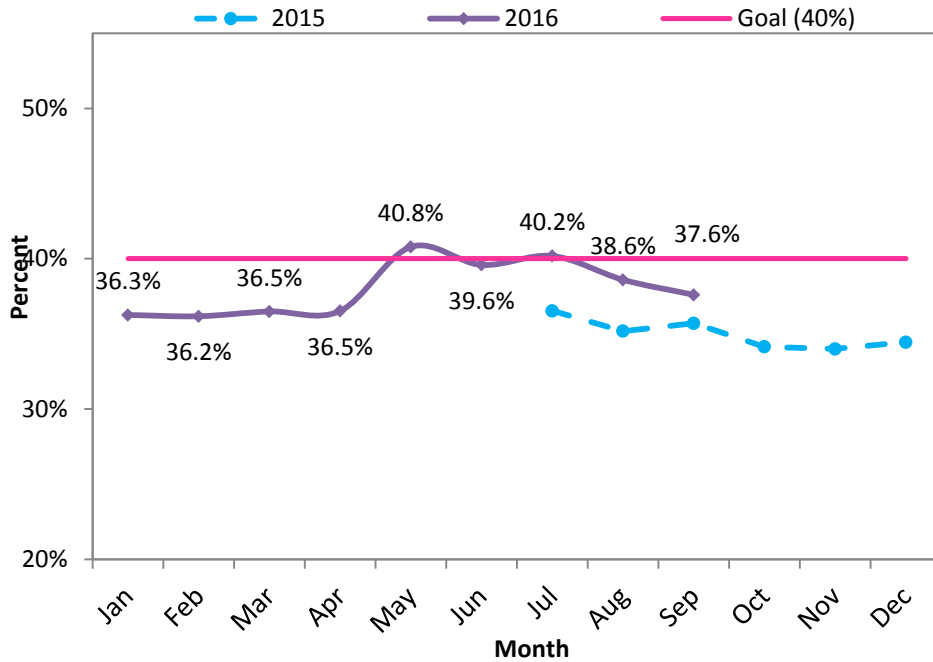
Early Care and Learning (ECL)

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: 7,758

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: The Division’s performance in the most recent quarter ranged from 37.6% to 40.2%. The goal was met for the second time ever in July 2016.



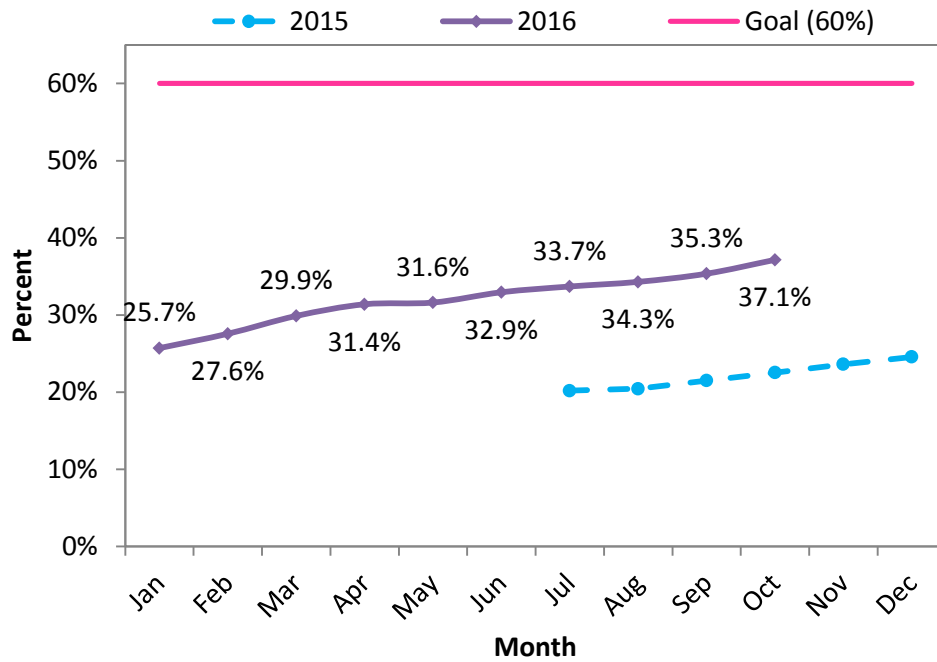
Early Care and Learning (ECL)

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

How it is measured: *Numerator:* Licensed facilities eligible for a Colorado Shines rating that have obtained at least a Level Two quality rating
Denominator: Licensed facilities eligible for a Colorado Shines rating; average monthly denominator: 4,319

Why this matters: Expanding the number of facilities that are engaged and working with the state to obtain a Colorado Shines high-quality rating will provide higher-quality care for Colorado's children.

Goal: **↑ 60%**



Trend: The Division’s performance across the last year has demonstrated consistent improvement each month. The goal has not been met.

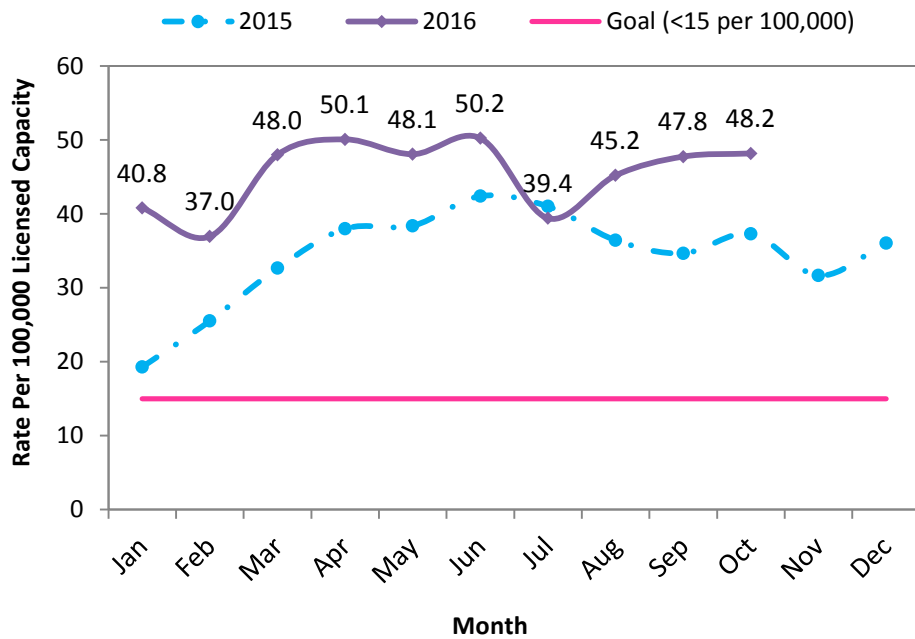
Early Care and Learning (ECL)

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

How it is measured: *Numerator:* Number of children with an injury requiring medical attention or hospitalization that occurred in licensed care in a given month
Denominator: Aggregate licensed capacity for facilities with an open license in a given month; average monthly denominator: 234,504

Why this matters: Monitoring incidence of child injuries while in the care of a child care facility can contribute to child safety.

Goal: **↓ < 15 per 100,000**



Trend: The Division's performance in the most recent quarter ranged from 48.2 to 45.2. The goal was not met.

Community and Family Support

Summary

Description

The Division of Community and Family Support (CFS) is made up of 12 distinct programs. 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 Who Complete the Eligibility Process:* The Early Intervention program is changing its focus from ensuring referrals are being received by Community Centered Boards (CCBs) from the county child welfare case worker, to increasing the number of families who complete the Early Intervention eligibility process. CFS is working with the Division of Child Welfare to develop strategies to improve performance.
- *Colorado Community Response (CCR) Children Without Subsequent Substantiated Cases of Abuse or Neglect:* The number of families served by CCR has nearly doubled since the last quarter and is attributed to the expansion of the program to more sites across Colorado. This increase has had minimal impact on performance.
- *Achieved Individualized Outcomes in Early Intervention:* Five CCBs have fully implemented the Global Outcomes for Infants and Toddlers (GO4IT) initiative. GO4IT aims to integrate the Individualized Family Support Plan (IFSP) and Child Outcome Summary (COS). Both CCBs and OEC are using a State Verification Tool to ensure quality IFSPs are being written. The Early Intervention program is also monitoring these CCBs to determine the impact that the GO4IT initiative is having on performance.
- *Parents as Teachers (PAT): Percent of Families Who Received One or More Visits in the Past Month:* A 90% goal was established for this measure in November 2016.

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](#)
- [Parents as Teachers \(PAT\): Percent of Families Who Received One or More Visits in the Past Month](#)
- [Health Steps \(HS\): Percent of Children Who Received Six or More Well Child Checks by 14 Months of Age](#)



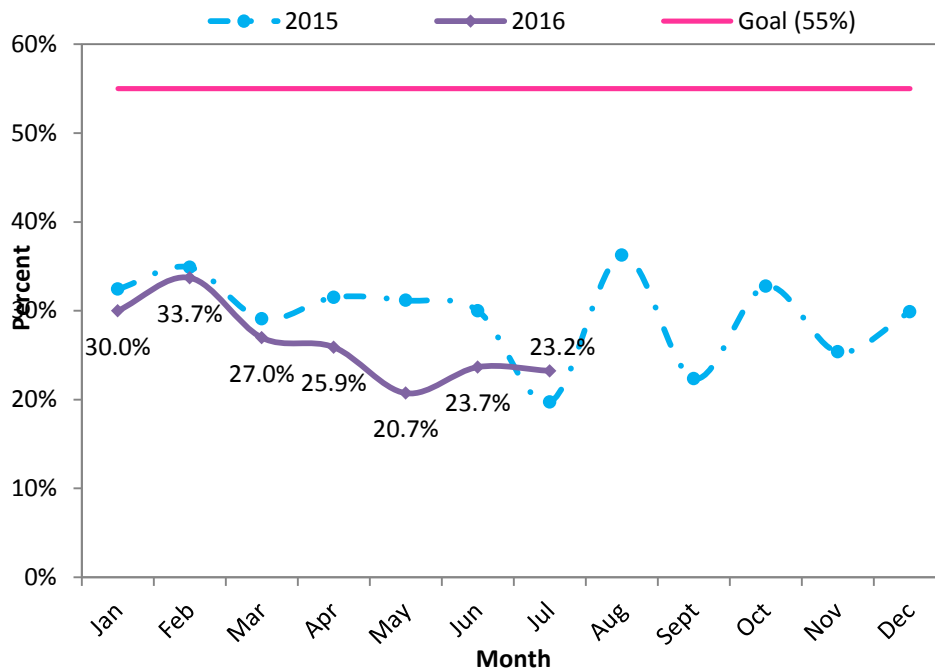
Community and Family Support (CFS)

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: 113

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: The Division’s performance in the most recent quarter ranged from 20.7% to 23.7%. The goal was not met.

Notes: The four-month reporting lag allows for children and families to move through the Early Intervention eligibility process.



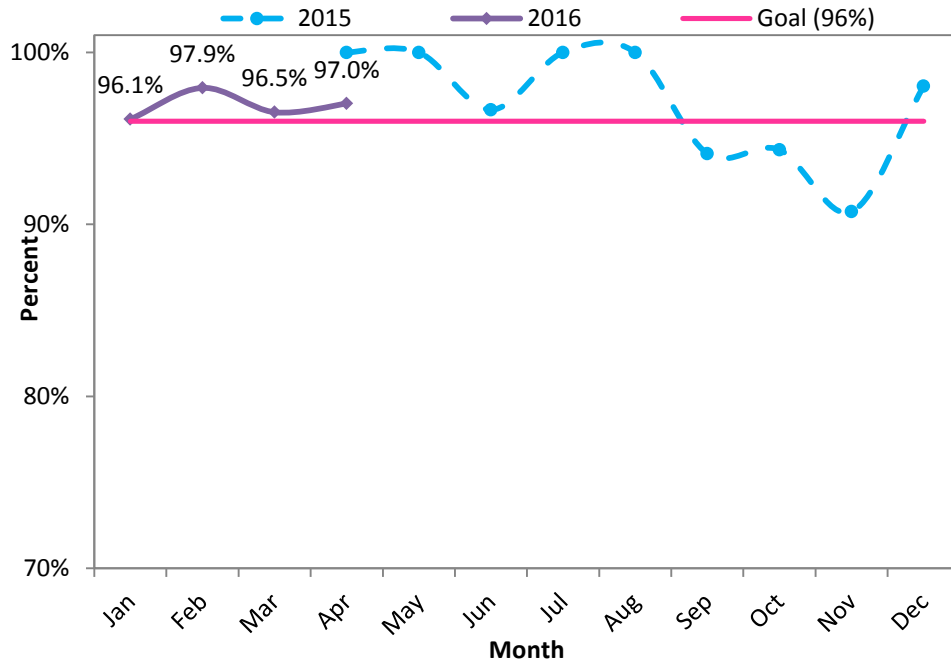
Community and Family Support (CFS)

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

How it is measured: *Numerator:* Number of children without a substantiated case of abuse or neglect within six months of closing CCR case
Denominator: Number of children whose family successfully completed CCR services; average monthly denominator: 104

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 safe those children who were initially screened out of child protection and then referred to CCR.

Goal: **↑ 96%**



Trend: The Division’s performance in the most recent quarter ranged from 96.5% to 97.9%. The goal was met every month this quarter.



Community and Family Support (CFS)

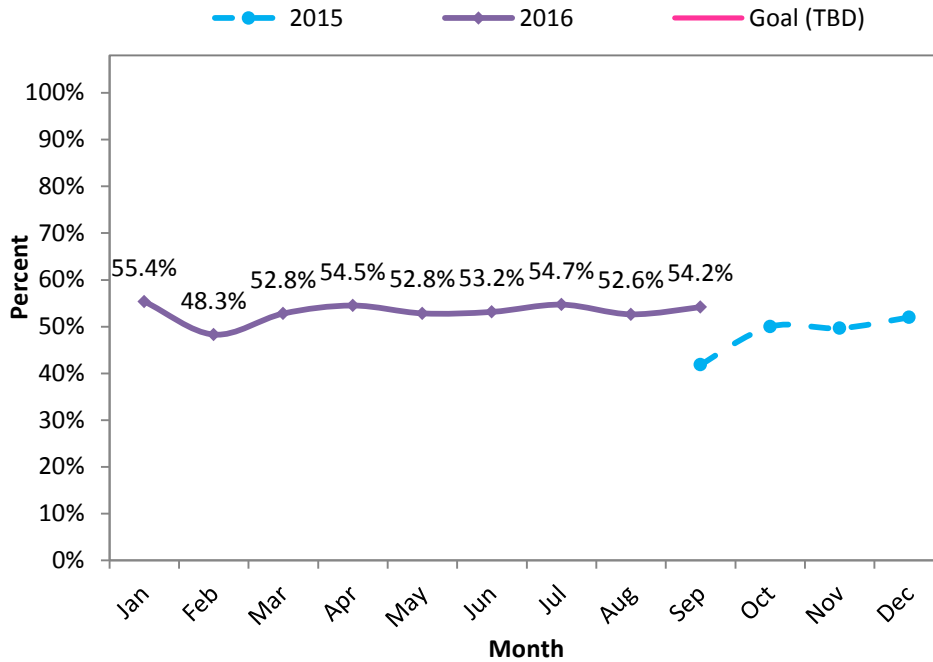
Measure: **Achieved Individualized Outcomes in Early Intervention**

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: 1,447

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 specialized help later during school age years.

Goal: **↑ To be determined**



Trend: Performance in the most recent quarter ranged from 52.6% to 54.7%. A goal has not been determined.



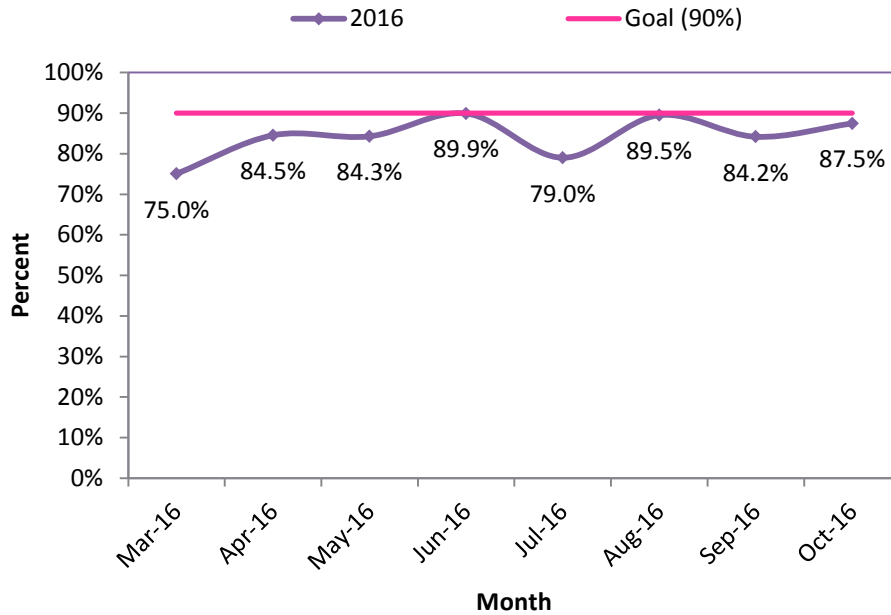
Community and Family Support (CFS)

Measure: **Parents as Teachers (PAT): Percent of Families Who Received One or More Visits in the Past Month**

How it is measured: *Numerator:* Number of families who received one or more PAT visits in the past month
Denominator: Number of families eligible for a PAT visit in the past month; average monthly denominator: 994

Why this matters: The early years of a child’s life are critical for optimal development and provide the foundation for success in school and in life. Parents are their children’s first and most influential teachers. Providing resources to parents that are evidenced-based increases not only engagement by the parents in their children’s education, but also their children’s likelihood of success.

Goal: **↑ 90%**



Trend: The Division’s performance in the most recent quarter ranged from 84.2% to 89.5%. The goal was not met.

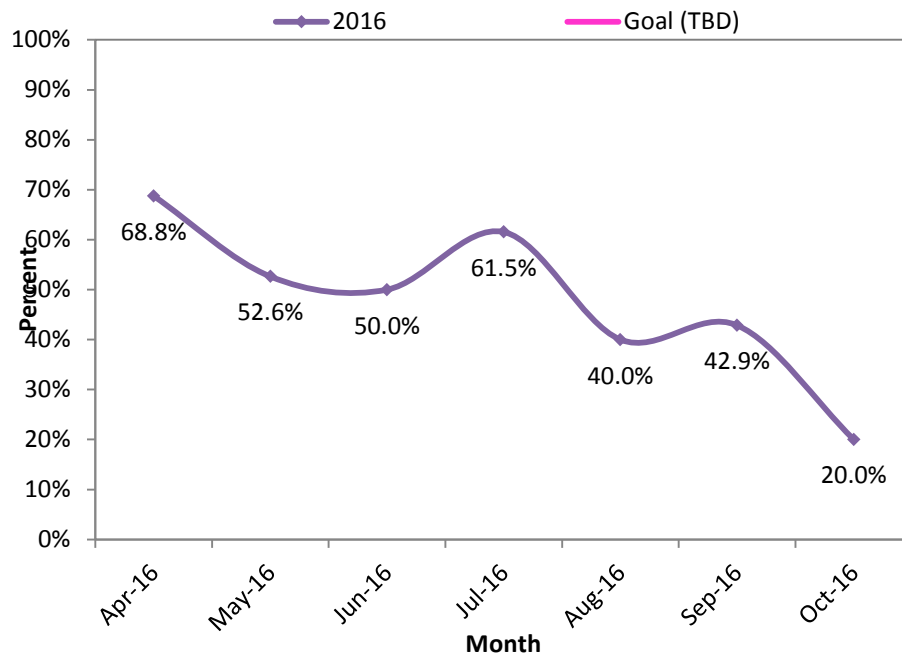
Community and Family Support (CFS)

Measure: **Healthy Steps (HS): Percent of Families Who Received Six or More Well-Child Checks by 14 Months of Age.**

How it is measured: *Numerator:* Number of children who received six or more Well-Child Checks.
Denominator: Number of children who are 14 months of age who enrolled in Healthy Steps within 2 weeks of birth: 20

Why this matters: Healthy Steps specialists monitor child health and development, promote good health practices, and respond to parents' concerns about their developing infants and toddlers. Ensuring these visits occur could result in healthier young children and families, as well as the opportunity to provide families with effective resources and referrals earlier in the child's life.

Goal: **↑ To be determined**



Trend: The Division's performance in the most recent quarter ranged from 20.0% to 42.9%. A goal has not been determined.

Note: How the denominator for this measure was calculated has changed since the last Quarterly Report. Previously, the denominator included children who enrolled in Healthy Steps both within the first two weeks of birth and after. Currently, the denominator only includes children who enrolled in Healthy Steps within the first two weeks of birth. This change ensures the expected amount of visits for these children are the same.

Office of Economic Security

Description

The Office of Economic Security (OES) administers 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, which includes Colorado Works/Temporary Assistance for Needy Families, the Colorado Refugee Services Program, and Adult Financial Programs, and lastly, the Food and Energy Assistance Division, which includes the Food Assistance/Supplemental Nutritional Assistance Program, the Low-Income Energy Assistance Program, and Food Distribution Programs.

Director: Phyllis Albritton

Deputy Director: Barry Pardus

Child Support Services

Summary

Description

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

Director: Larry Desbien

Executive Summary

- *Percent of Current Child Support Collected:* The Division has continued its work with the Office of Performance and Strategic Outcomes to identify measures and effective strategies to improve current support collected. Specifically, those clients who have not made a payment have been a priority for the Division. Additional insight into this group will allow counties to more effectively engage these clients, and increase the amount of money collected.
- As a part of the Division's ongoing effort to transition from purely an enforcement program to one that is more service-oriented, the Division developed an assessment tool that allows counties to identify barriers to a parent's ability to pay child support. The tool will be piloted by eight counties beginning in February and will be evaluated in partnership with the University of Northern Colorado.
- The Division works with counties to determine what actions can be taken to improve overall performance. Key strategies have included CSS report development, database improvements, and additional training and technical supports.

Measures

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



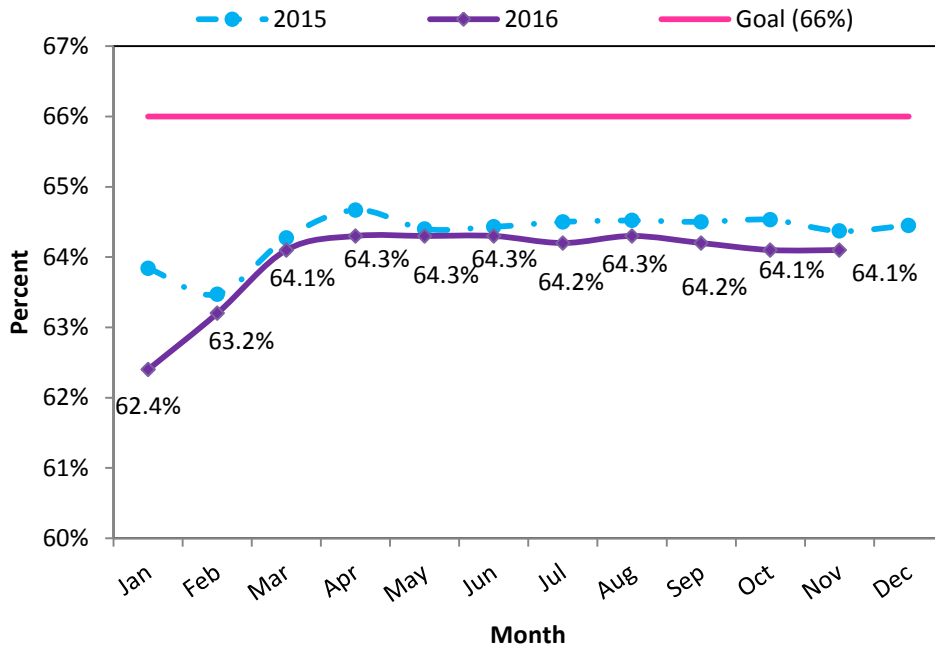
Child Support Services (CSS)

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 November 2016: \$364,929,314

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

Goal: **↑66%**



Trend: The Division’s performance in the most recent quarter remained stable, ranging from 64.1% to 64.2%, and is relatively consistent with the previous year’s performance.



Child Support Services (CSS)

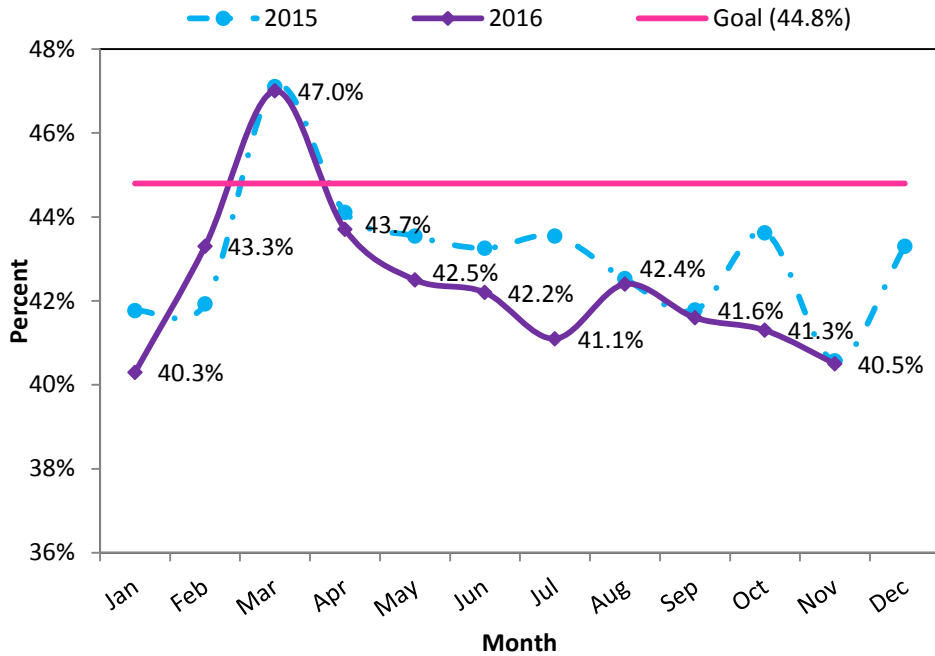
Measure: **Percent of Cases with an Arrears Payment**

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: 105,087

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

Goal: **↑44.8%**



Trend: The Division’s performance declined in the most recent quarter from 41.6% to 40.5%. The goal was not met.

Employment and Benefits Division

Summary

Description:

The Employment and Benefits Division (EBD) administers the state's cash assistance programs for families and older adults, as well as the Colorado Refugee Services Program. Adult Financial has programs that encompass several types of assistance, which provide financial support for low-income or disabled adults and includes the following programs: Aid to the Needy and Disabled and Aid to the Blind, Old Age Pension, Home Care Allowance, Adult Foster Care, and Burial Assistance, and Repatriation. A second program, Colorado Works, is federally known as Temporary Assistance for Needy Families. Colorado Works exists to provide 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 through county human service offices across the state. The Colorado Refugee Services Program (CRSP) ensures effective resettlement of officially designated refugees and promotes 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

- *Colorado Works Entered Employment and Work Participation Rate:* The Division is partnering with Mathematica Policy Research to study county innovations around employment outcomes, Work Participation Rate, and two-generation strategies. The 16 participating counties will have the opportunity to learn from one another as they test innovative solutions to program challenges. Counties will also benefit from ongoing coaching, resources, and technical support from CDHS and the Mathematica team. In October, learning communities were established based on similar projects, desired outcomes, and location. Counties then began to develop their projects to be evaluated in partnership with Mathematica.
- *Colorado Works All-Family Work Participation Rate:* The Employment and Benefits Division continues to partner with the Office of Performance and Strategic Outcomes to explore key strategies to support counties in meeting the Work Participation Rate. Key strategies include CDHS report development, visiting counties critical to improving statewide performance, providing statewide training, and communicating data-entry requirements to county staff.
- *Colorado Refugee Services Program:* For federal fiscal year 2017, a new methodology was adopted that aligns with federal reporting requirements. Federal fiscal year 2016 data has been retroactively updated to reflect the new methodology.

Measures

- [Timeliness of Redetermination \(RRR\) Adult Financial 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](#)



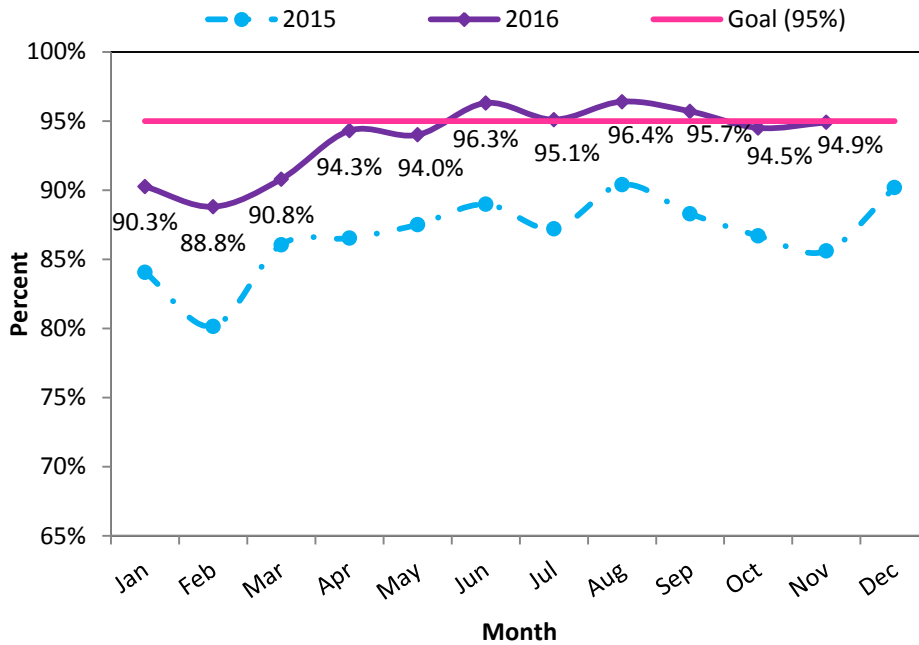
Employment and Benefits Division: Adult Financial (AF)

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: 950

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

Goal: **↑95%**



Trend: The Division’s performance from September-November 2016 declined when compared to the previous quarter.



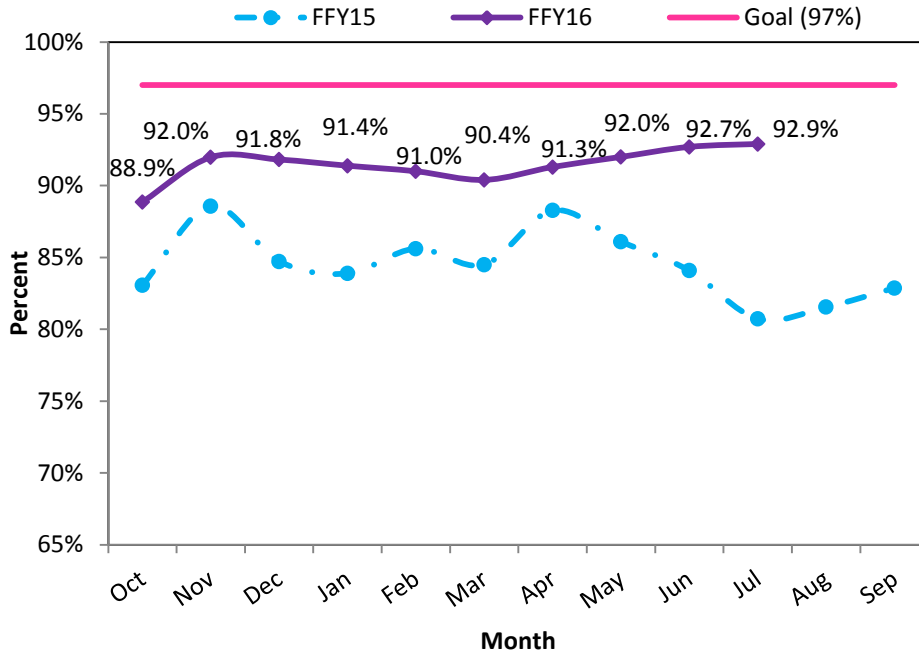
Employment and Benefits Division: Adult Financial (AF)

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: \$97,064

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

Goal: **↑97%**



Trend: The Division’s performance in the most recent quarter ranged from 92.0% to 92.9%, with little variability throughout this federal fiscal year. The goal was not attained.



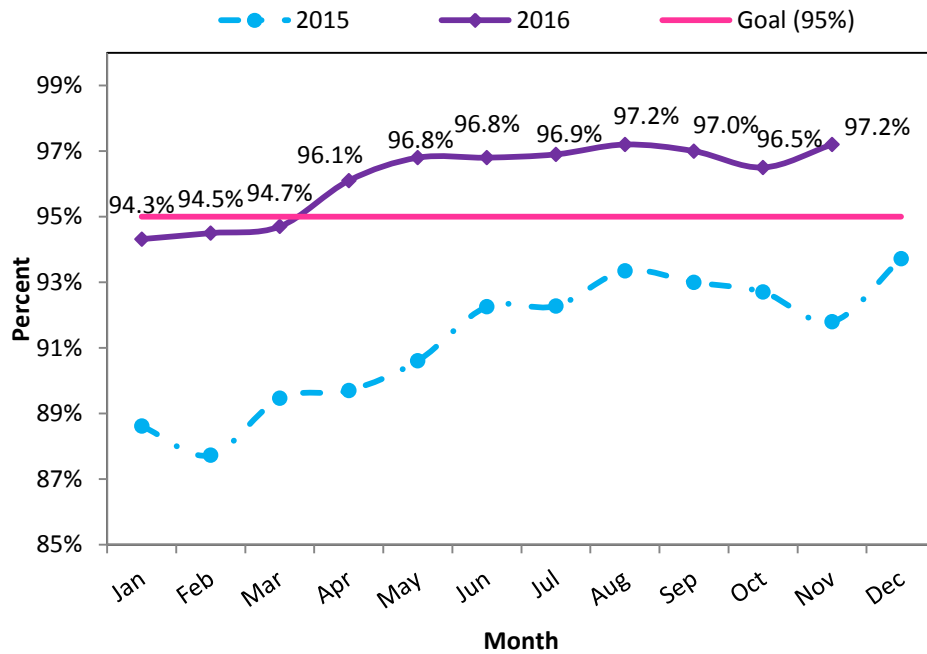
Employment and Benefits Division: Colorado Works (CW)

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: 1,685

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 Division’s performance in the most recent quarter ranged from 96.5% to 97.2%. The goal has been met for eight consecutive months.



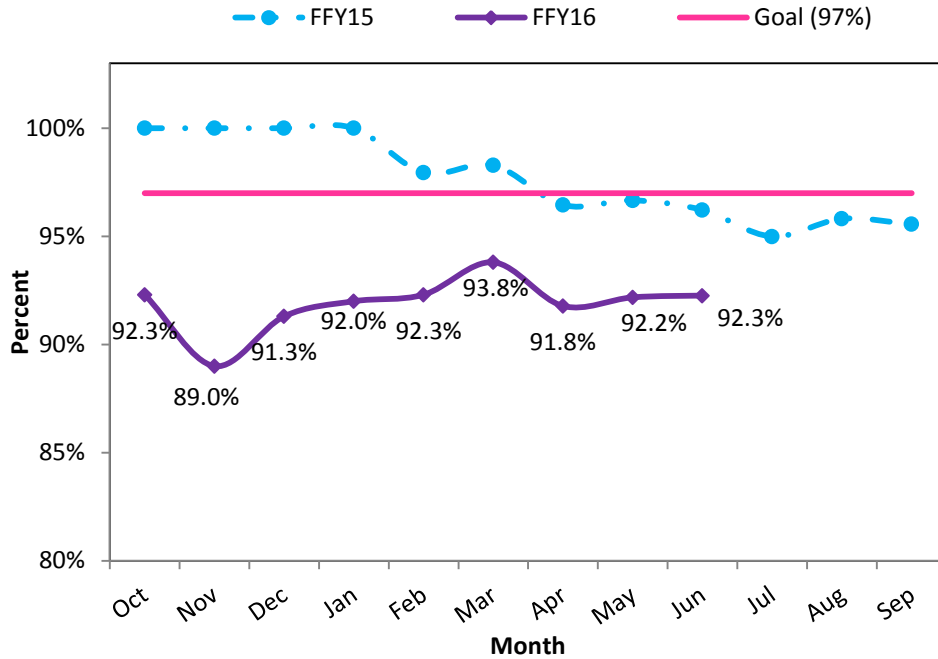
Employment and Benefits Division: Colorado Works (CW)

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: \$72,455

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

Goal: **↑97%**



Trend: The Division’s performance in the most recent quarter ranged from 91.8% to 92.3%. The goal was not attained.



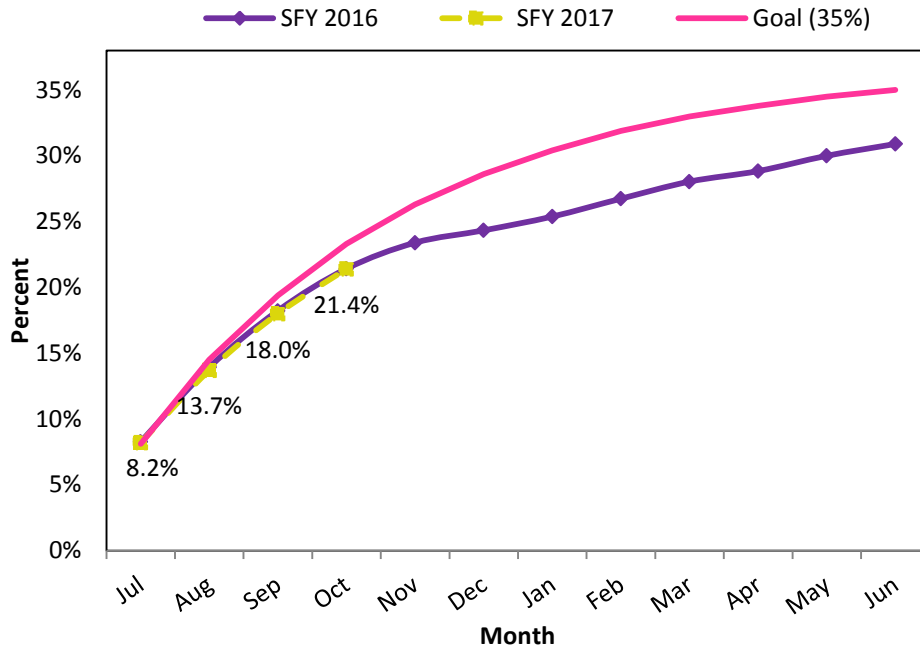
Employment and Benefits Division: Colorado Works (CW)

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: 17,610

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

Goal: **↑35%**



Trend: The Division’s entered employment rate for State Fiscal Year 2017 has maintained a similar trend to State Fiscal Year 2016.



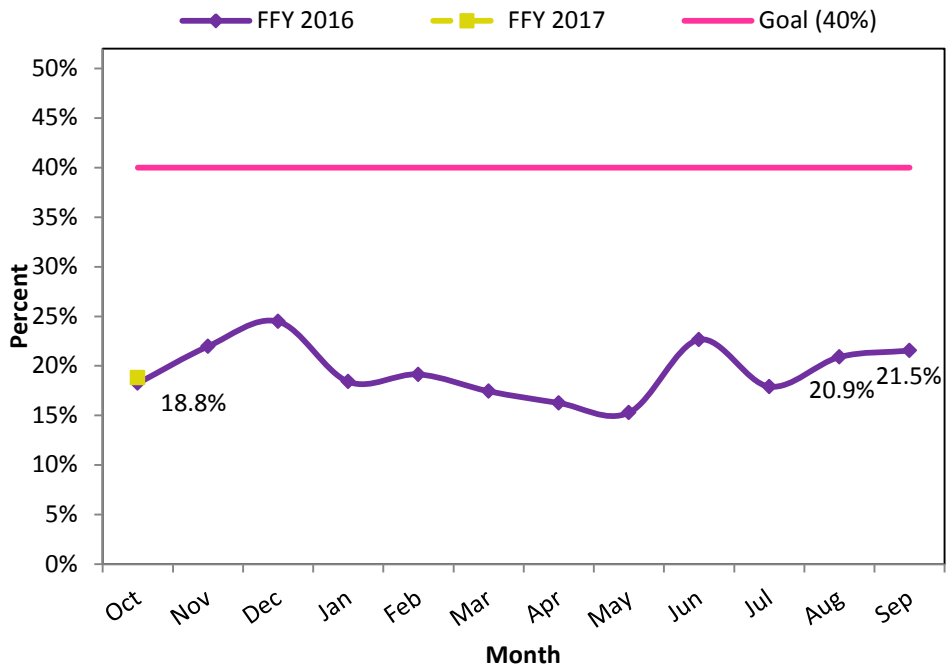
Employment and Benefits Division: Colorado Works (CW)

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

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: 9,866

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: The Division’s performance in the most recent quarter ranged from 18.8% to 21.5%. The goal was not attained.

Notes: The Work Participation Rate 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 both measures (All-Family and Two-Parent) monthly, and the sample’s weighted rates are reported to the Federal Administration for Children and Families.



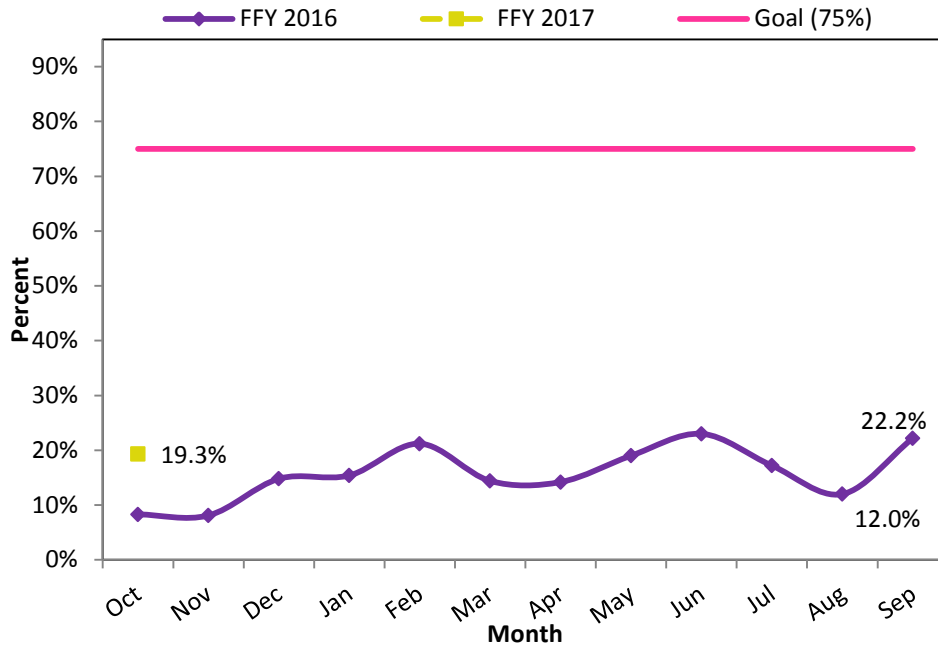
Employment and Benefits Division: Colorado Works (CW)

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

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: 1,298

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: The Division’s performance in the most recent quarter ranged from 12.0% to 22.2%.

Notes: The Work Participation Rate 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 both measures (All-Family and Two-Parent) monthly, and the sample’s weighted rates are reported to the Federal Administration for Children and Families.

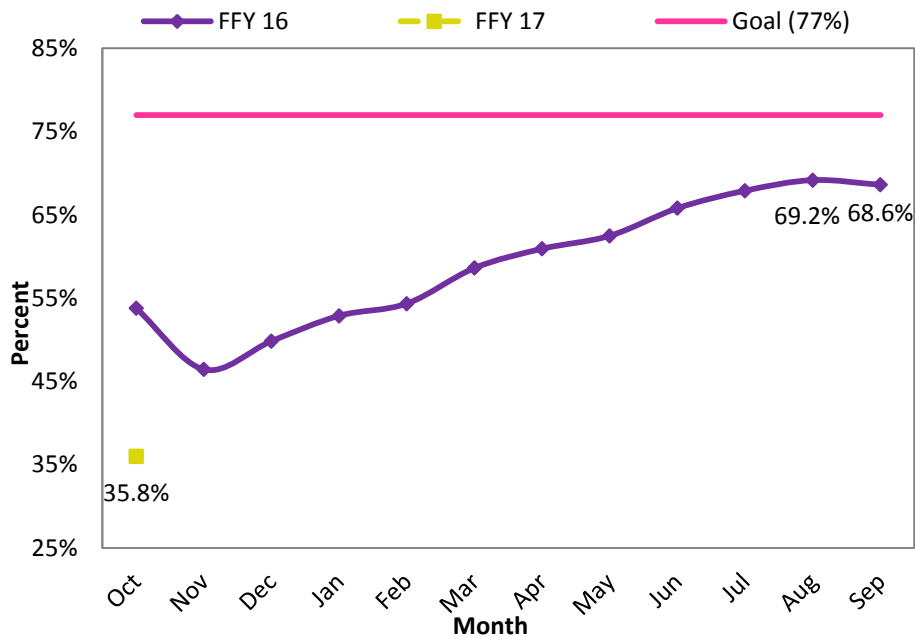
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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 to date; cumulative denominator (FFY17): 173

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

Goal: **↑77%**



Trend: The Colorado Refugee Services Program’s performance for federal fiscal year 2017 began below its performance in federal fiscal year 2016.

Note: A new methodology was adopted for federal fiscal year 2017 that aligns with federal reporting requirements. Federal fiscal year 2016 data has been retroactively updated to reflect the new methodology.

At the end of the federal fiscal year, the rate is reported to the Federal Administration for Children and Families.

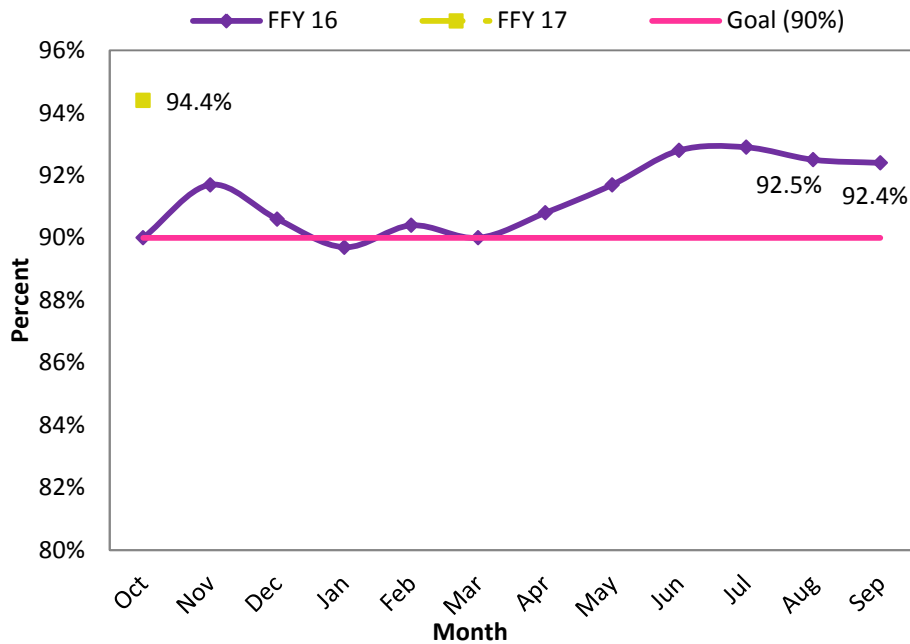
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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 federal fiscal year to date; cumulative denominator: 54

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

Goal: **↑88%**



Trend: The Colorado Refugee Services Program’s performance began federal fiscal year 2017 at 94.4%. The goal has been attained for eight consecutive months.

Notes: A new methodology was adopted for federal fiscal year 2017 that aligns with federal reporting requirements. Federal fiscal year 2016 data has been retroactively updated to reflect the new methodology. Data is collected 90 days after employment entry.

At the end of the federal fiscal year, the rate is reported to the Federal Administration for Children and Families.

Food and Energy Assistance

Summary

Description

Food Assistance is Colorado's nutritional safety net program, federally referred to as the Supplemental Nutrition Assistance Program, and formerly known as Food Stamps. Food Assistance administers non-cash food benefits to eligible low-income households to purchase the food needed for a nutritionally adequate diet. In addition to benefits, Food Assistance administers the Employment First program, helping able-bodied adults without dependent children engage in activities that will improve their employability. Food Assistance is 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

- The Division continued to demonstrate strong performance for each Food Assistance timeliness measure in the most recent quarter, exceeding the goals for 12 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)*: The Division continues to work with the Public Assistance Quality Assurance Unit within CDHS to examine errors generated by county caseworkers and the case management system. As needed, Division staff is contacting counties to determine if technical assistance can be offered, as well as determine what actions could be taken to improve performance.

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](#)



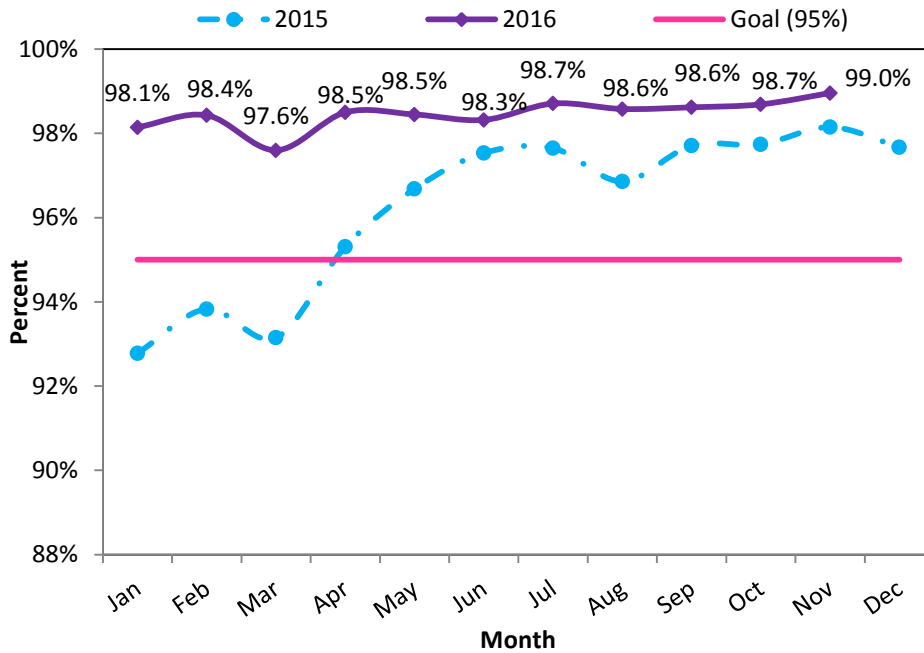
Food and Energy Assistance: Food Assistance (FA)

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: 15,871

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

Goal: **↑95%**



Trend: The Division’s performance in the most recent quarter ranged from 98.6% to 99.0%. The goal has been achieved for 20 consecutive months.



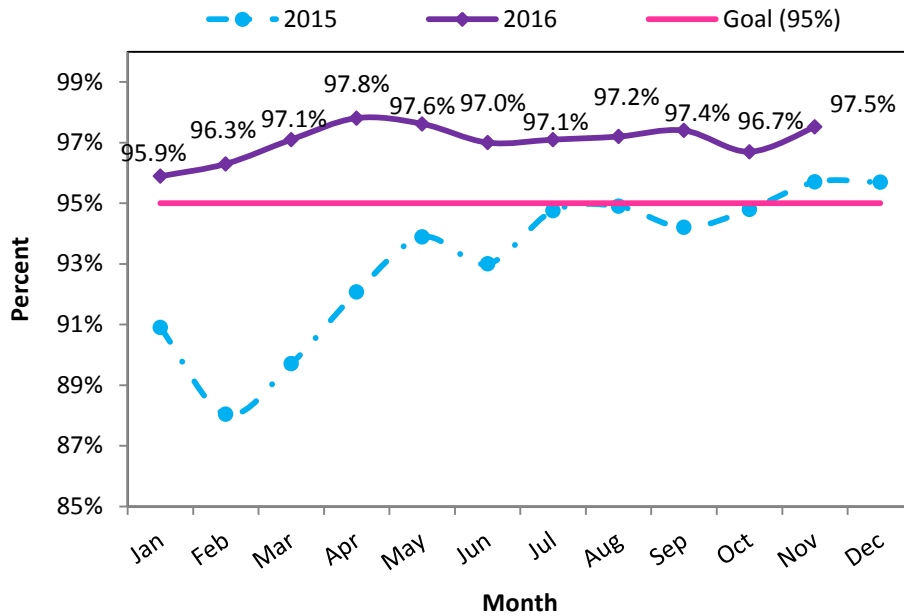
Food and Energy Assistance: Food Assistance (FA)

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: 8,832

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

Goal: **↑95%**



Trend: The Division’s performance in the most recent quarter ranged from 96.7% to 97.5%. The goal has been achieved for 13 consecutive months.



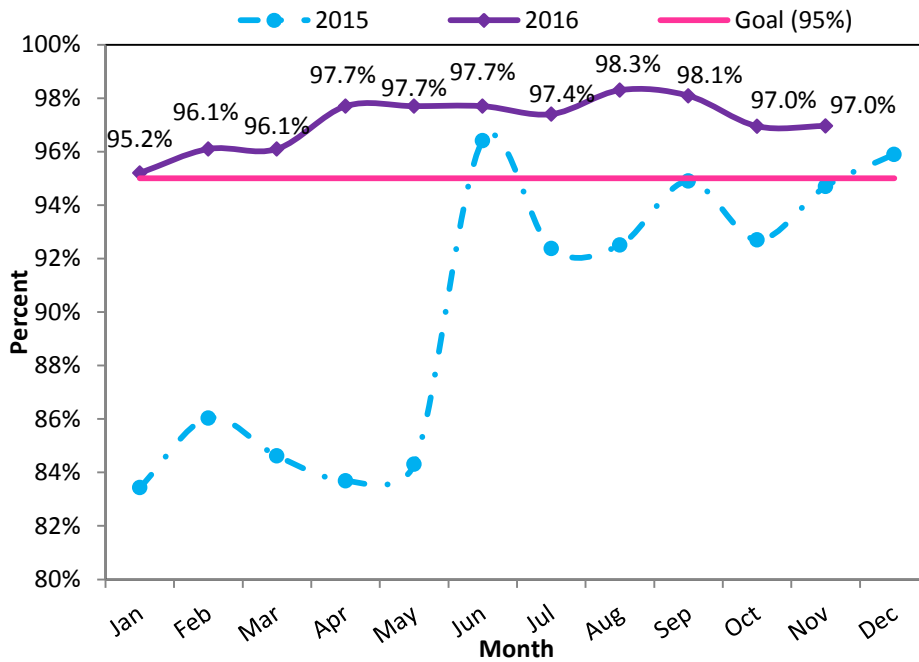
Food and Energy Assistance: Food Assistance (FA)

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

How it is measured: *Numerator:* Number of redetermination (RRR) applications processed timely
Denominator: Number of redetermination (RRR) applications processed in the month; average monthly denominator: 16,919

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

Goal: **↑95%**



Trend: The Division’s performance in the most recent quarter ranged from 97.0% to 98.1%. The goal has been achieved for 12 consecutive months.



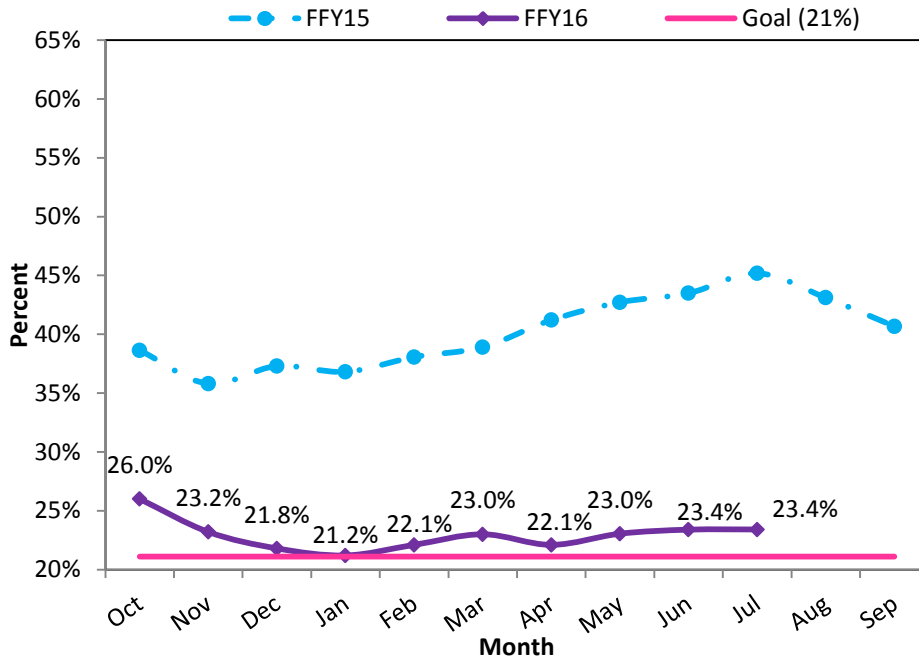
Food and Energy Assistance: Food Assistance (FA)

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 - July 2016): 675

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

Goal: **↓ 21%**



Trend: The Division’s performance in the most recent quarter ranged from 23.0% to 23.4%. Federal fiscal year 2016 continues to outperform federal fiscal year 2015.

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 Quality Assurance staff within CDHS. The federal fiscal year begins each year on October 1st, resetting the cumulative measurement.



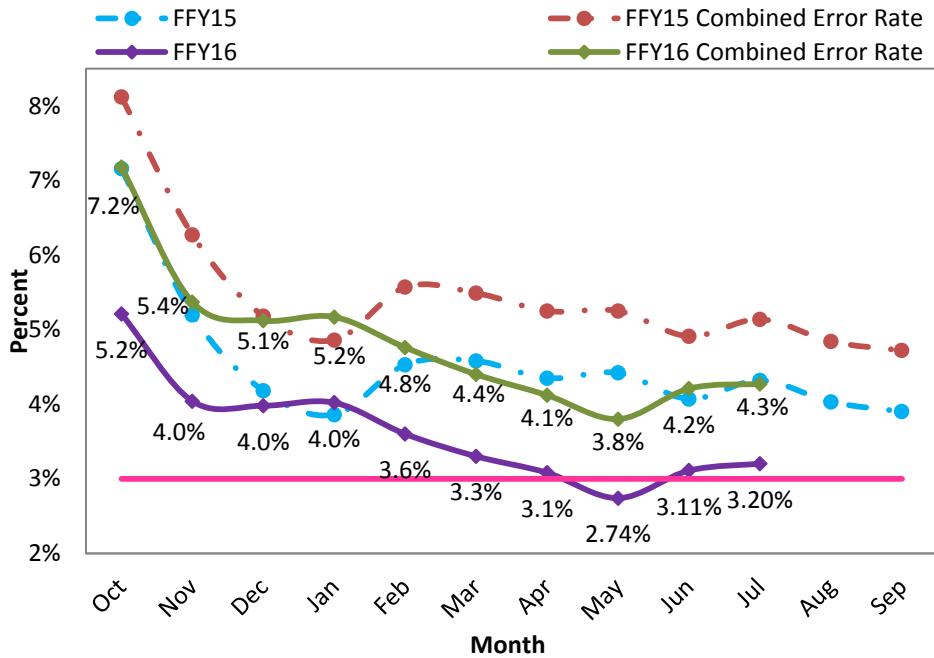
Food and Energy Assistance: Food Assistance (FA)

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): \$199,714.

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

Goal: ↓ 3%



Trend: The Division’s performance in the most recent quarter met the goal for the first time in May 2016, before increasing to 3.2% for July 2016. May-July of 2016 outperformed May-July of 2015.

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 measure is compiled by Quality Assurance staff within CDHS. The federal fiscal year begins each year on October 1st, resetting the cumulative measurement.

