



## Summary Report

January - March 2017

Prepared by:  
Performance Management



**COLORADO**  
Department of Human Services

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## **Colorado Department of Human Services**

### Mission

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

### Vision

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

### Values

The Colorado Department of Human Services will:

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

## The C-Stat Process

### What is C-Stat?

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

### C-Stat Meetings

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

### C-Stat Report

This report reflects the measures identified by CDHS to be tracked on an ongoing basis through the C-Stat process as of March 31st, 2017. C-Stat measures, however, remain fluid in nature as progress is made and data refined. C-Stat will continue to evolve to meet the objective of measuring key performance indicators for CDHS.

Each graph reflects the data available and reviewed as of the March 2017 C-Stat meeting for each office. Data submission dates vary by office given that each office's C-Stat meeting is held during a different week of the month. In addition, the timeliness of the availability of data varies by the Division and, in some instances, the program within the division. The data in this report was accurate at the time of publication. Please note data are subject to change over time.

For more information regarding the C-Stat process or information in this report, please contact **Randi Bretz** at **303-866-5021** or at [randi.bretz@state.co.us](mailto:randi.bretz@state.co.us).

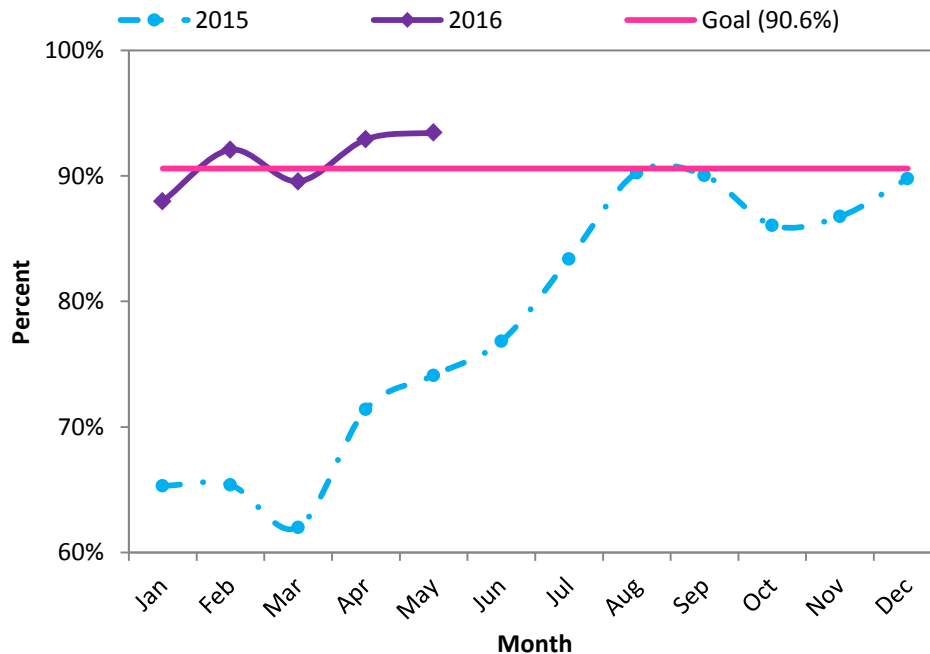
## How Do I Read This Report?

### The Division

- Measure:** **What the C-Stat measure is attempting to capture. (Federal Measure where applicable)**
- How it is measured:** *Numerator:* Describes what is being “counted.”  
*Denominator:* Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population; average number of people in a facility per day. These provide an indication of the size of the population.
- Why this matters:** The impact on Coloradans affected.
- Goal:** The level and direction at which the Division is aiming to drive performance.

#### SAMPLE GRAPH:

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



- Trend:** A statement about the pattern the data are demonstrating.
- Notes:** Any additional information worth noting.

## Office of Behavioral Health

### Description

The Office of Behavioral Health 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

- *Substance Use Disorder Clients Engaged in Services:* This is the first time the *Substance Use Disorder Clients Engaged in Services* measure appears in the Quarterly Report. This measure replaced *Persons Reducing the Use of Substances from Admission to Discharge in Substance Use Disorder Treatment*, which was moved to the C-Stat Dashboard in December 2016 due to consistently high performance. The C-Stat Dashboard is reviewed monthly by Executive Management.
- *Percent of Persons who Maintained or Improved Housing while Receiving Mental Health Services:* Community Behavioral Health achieved its highest performance since July 2014 in November 2016 (92.5%), meeting the 91.0% goal. To meet the goal in November 2016, CBH conducted chart reviews at select community providers. Twenty-nine clients demonstrated improvement, which were not reflected in the Colorado Client Assessment Record (CCAR). The Division updated charts to reflect this improvement. This could suggest that clients are being housed but the CCAR is not updated timely to reflect the change in housing status.
- *Timeliness of Crisis Services:* Crisis Stabilization Unit (CSU) met the 99.0% goal in October 2016 (99.2%) and November 2016 (100.0%). In July 2016, the methodology changed to exclude walk-in clients, as they were previously combined with either 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 February 2016, the methodology changed to exclude Mobile clients. The new methodology is reflected in the July 2016 through December 2016 data. Crisis Stabilization Unit (CSU) met the 58.0% goal for the first time in December 2016 (72.1%).
- *Number of Timely New and Renewal Licensing Decisions:* Licensing decisions were 100% timely in every month this quarter. 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

- [Mental Health Clients Engaged in Services](#)
- [Substance Use Disorder 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](#)



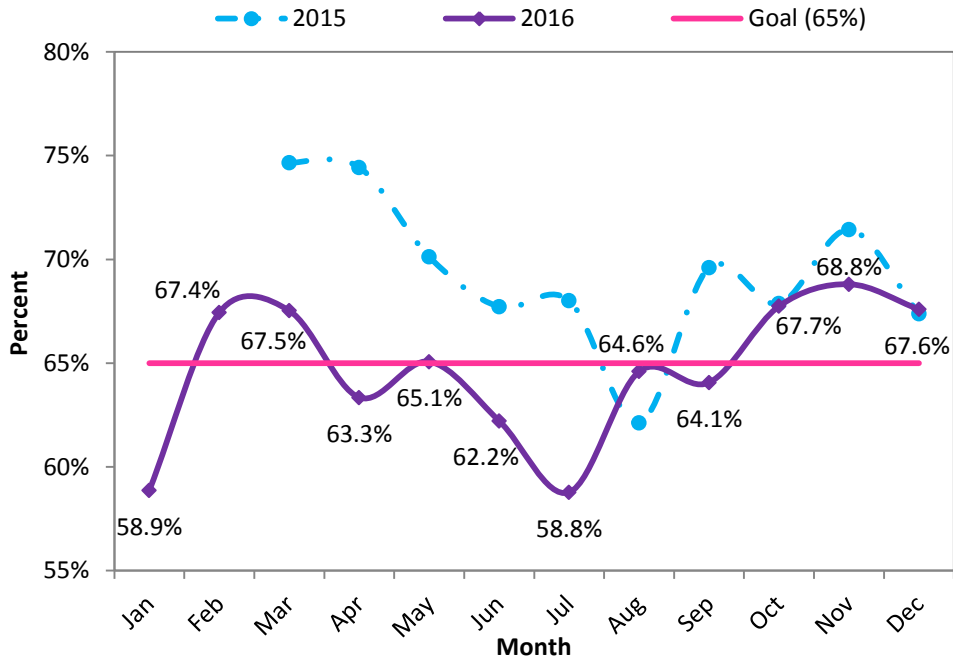
### Community Behavioral Health (CBH)

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

How it is measured: *Numerator:* Percent of clients engaged within 45 days of admission (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: 375

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

Goal: **↑65%**



Trend: The Division’s performance in the most recent quarter ranged from 67.6% to 68.8%. The goal was attained in each month.

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)

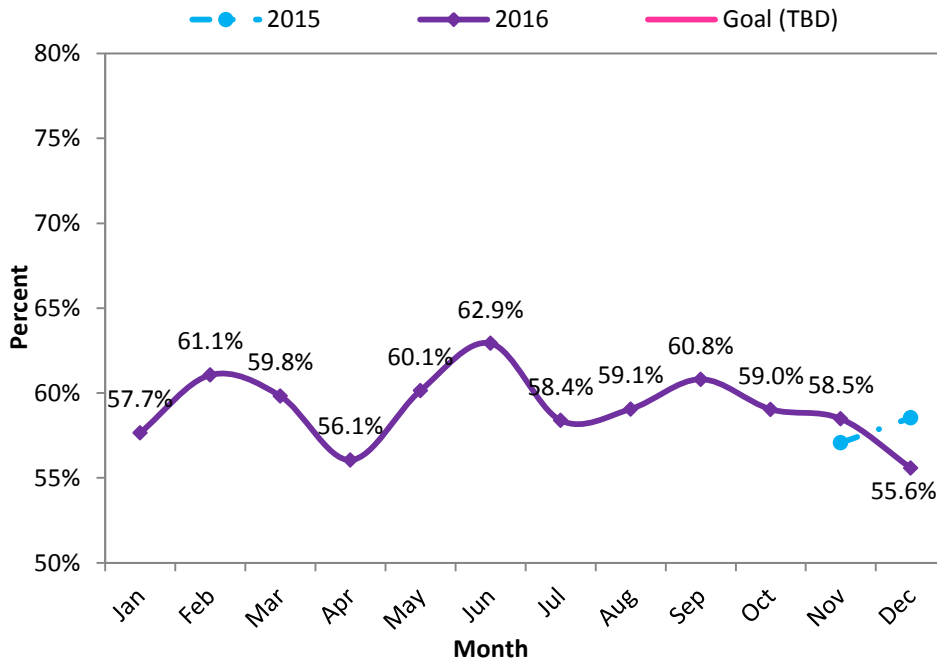
Measure: **Substance Use Disorder Clients Engaged in Services**

How it is measured: *Numerator:* Percent of clients engaged within 45 days of admission to Substance Use Disorder treatment

*Denominator:* All Substance Use Disorder treatment admissions; average monthly denominator: 930

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

Goal: **↑TBD**



Trend: Performance in the most recent quarter ranged from 55.6% to 59.0%.

Notes: This C-Stat measure was added in January 2017 and is seen in the Quarterly Report for the first time. The twelve most recent months of data are retroactively updated monthly. Data are not available until 60 days after services are received.





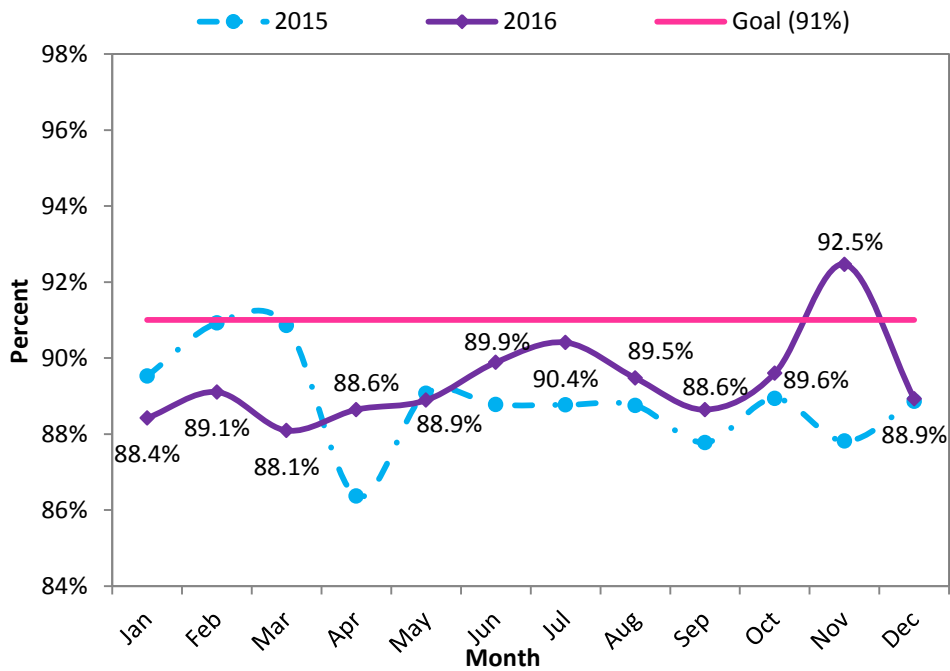
### Community Behavioral Health (CBH)

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: 815

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 88.9% to 92.5%. The goal was attained and Community Behavioral Health achieved its highest performance since July 2014 in November 2016 (92.5%).

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





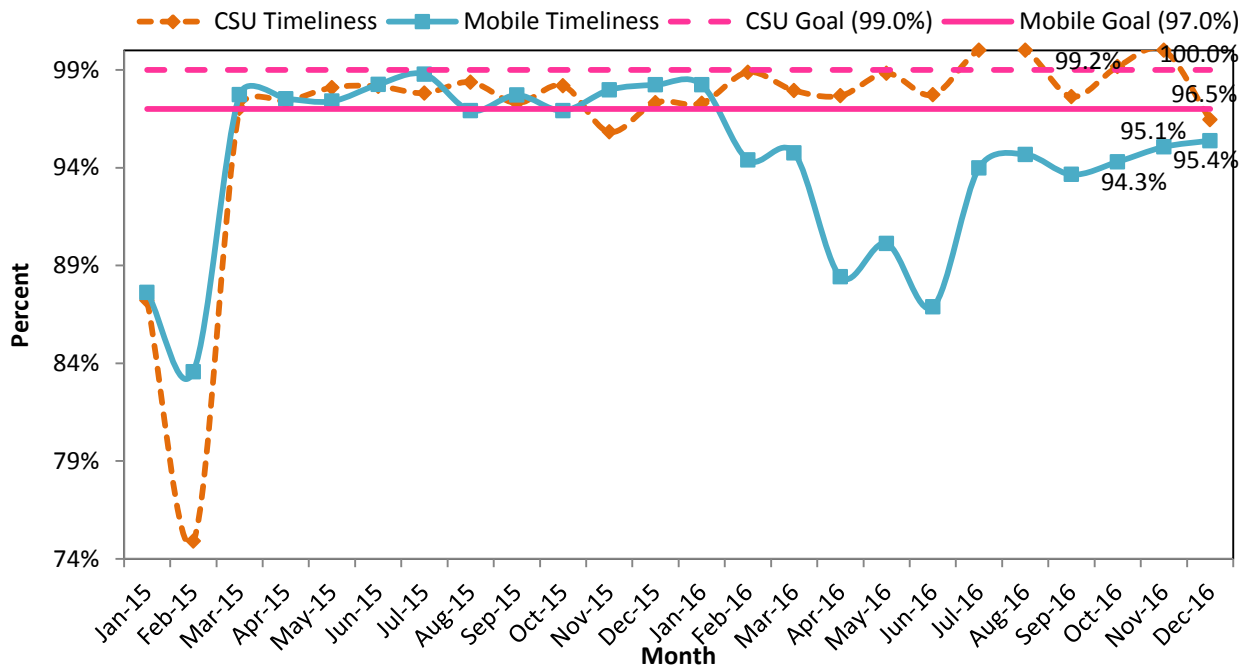
### Community Behavioral Health (CBH)

Measure: **Timeliness of Crisis Services**

How it is measured: *Numerator:* Number of individuals receiving crisis services within allotted time frame (twenty-four hours 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: 418; Mobile: 1,733

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 96.5% to 100.0%. The CSU goal was attained in October 2016 (99.2%) and November 2016 (100.0%). Mobile’s timeliness ranged from 94.3% to 95.4%. The Mobile goal was not attained this quarter.





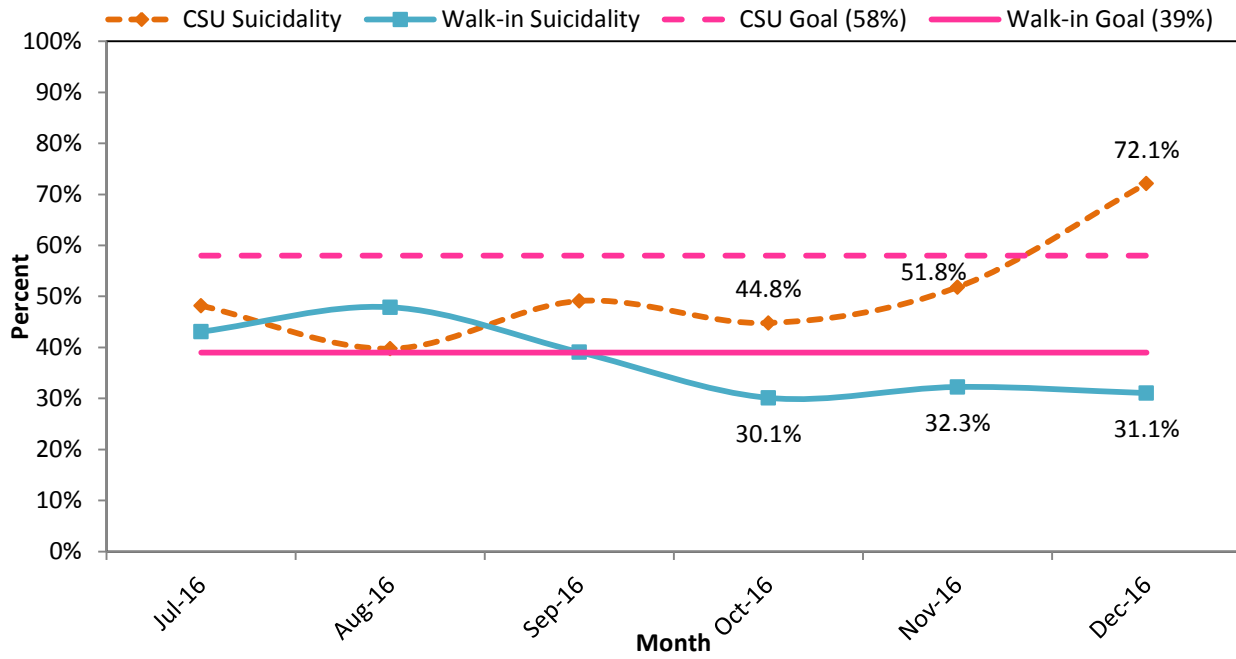
### Community Behavioral Health (CBH)

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): 221; Mobile: 439

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

Goal: **↑ CSU 58%, Walk-in 39%**



Trend: Crisis Stabilization Unit’s (CSU) performance in the most recent quarter ranged from 44.8% to 72.1% and met the goal for the first time in December 2016 (72.1%). Walk-in performance in the most recent quarter ranged from 30.1% to 32.3%. The Walk-in goal was not attained this quarter.





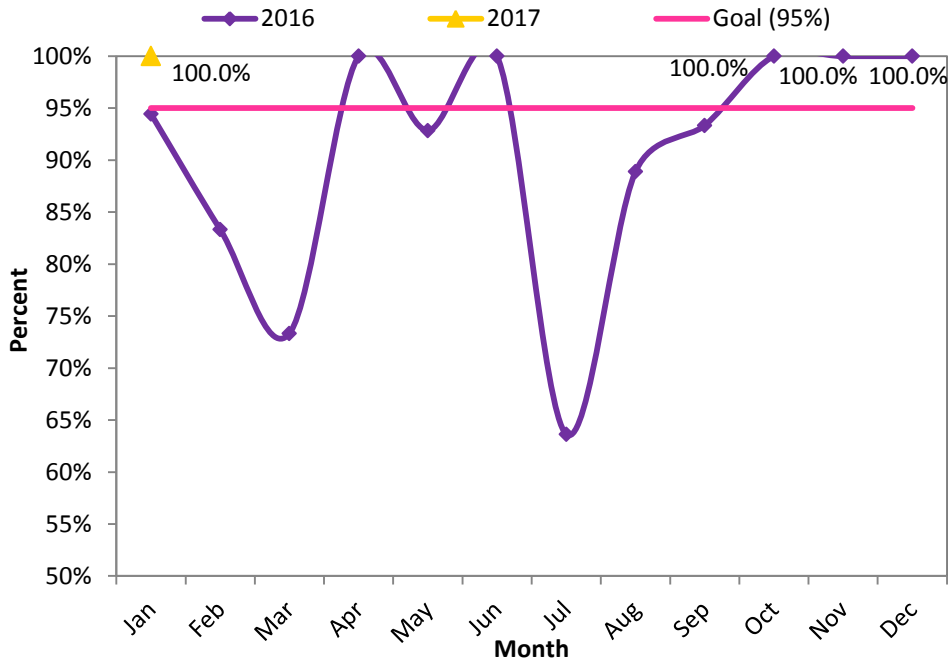
### Community Behavioral Health (CBH)

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: 10.7

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 remained at 100.0%. The goal was attained in each month.

## 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, sanity, and other mental condition evaluations 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:

- *Rate of Patient-to-Staff Assaults – Fort Logan & Pueblo:* This is the first time the *Rate of Patient-to-Staff Assaults – Fort Logan & Pueblo* measure appears in the Quarterly Report. This measure was moved from the CDHS C-Stat Dashboard to the monthly CDHS C-Stat presentation for additional review by Executive Management in March 2017.
- *Rates of Seclusion Use – Fort Logan & Pueblo:* An in-depth analysis showed that a handful of patients accounted for a majority of the seclusion hours each month. The Institutes internally monitor and review the use of seclusion hours by all patients. Therefore, this measure was moved to the CDHS C-Stat Dashboard in February 2017. As of next quarter, this measure will no longer be detailed in the C-Stat Quarterly Report. The C-Stat Dashboard is reviewed monthly by Executive Management.
- *Rates of Restraint Use – Fort Logan & Pueblo:* An in-depth analysis showed that a handful of patients accounted for a majority of the restraint hours each month. The Institutes internally monitor and review the use of restraint hours by all patients. Therefore, this measure was moved to the CDHS C-Stat Dashboard in February 2017. As of next quarter, this measure will no longer be detailed in the C-Stat Quarterly Report.

#### Measures:

- [Rate of Patient-to-Staff Assaults – Fort Logan & Pueblo](#)
- [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](#)



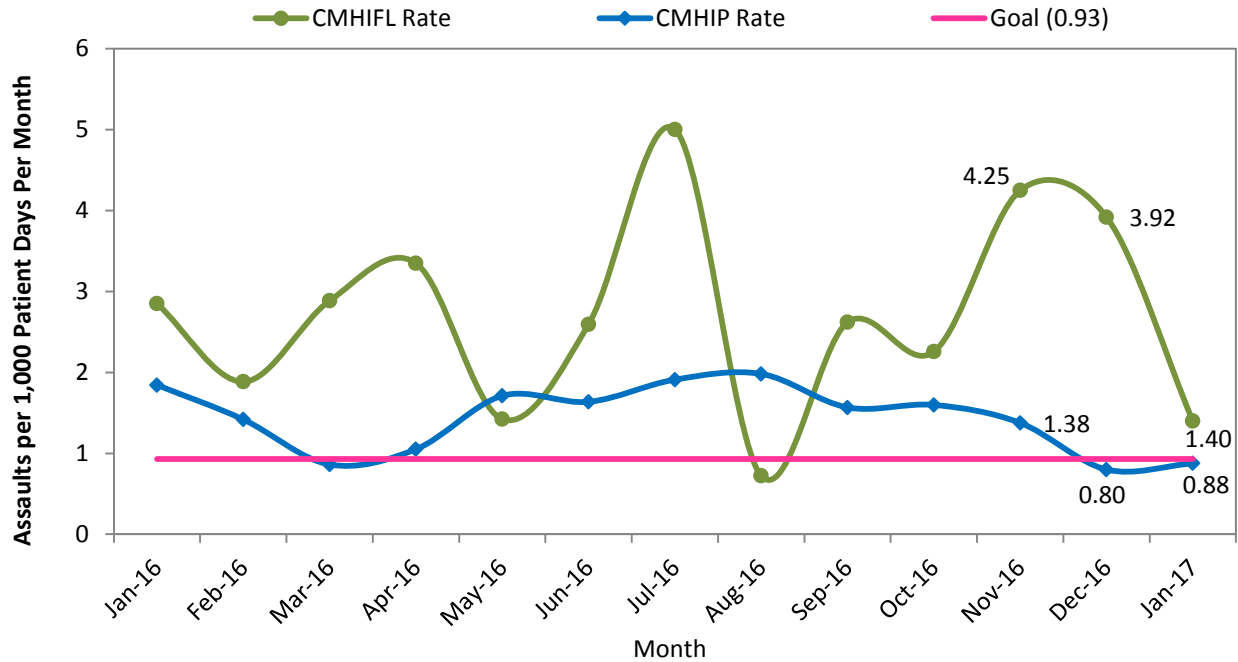
### Mental Health Institutes (MHI)

Measure: **Rate of Patient-to-Staff Assaults – Fort Logan & Pueblo**

How it is measured: *Numerator:* The sum of unlawful sexual contact, physical, and sexual assaults in a month  
*Denominator:* All patient days in the month divided by 1,000; average monthly denominator: Fort Logan: 2.8; Pueblo: 12.5

Why this matters: Staff safety is paramount to reducing risk to patients and staff, while also ensuring an environment in which patients can receive treatment safely.

Goal: **↓ 0.93**



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 4.25 to 1.4 and did not meet the goal. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 1.38 to 0.80. The goal was attained in December 2016 (0.80) and January 2017 (0.88).





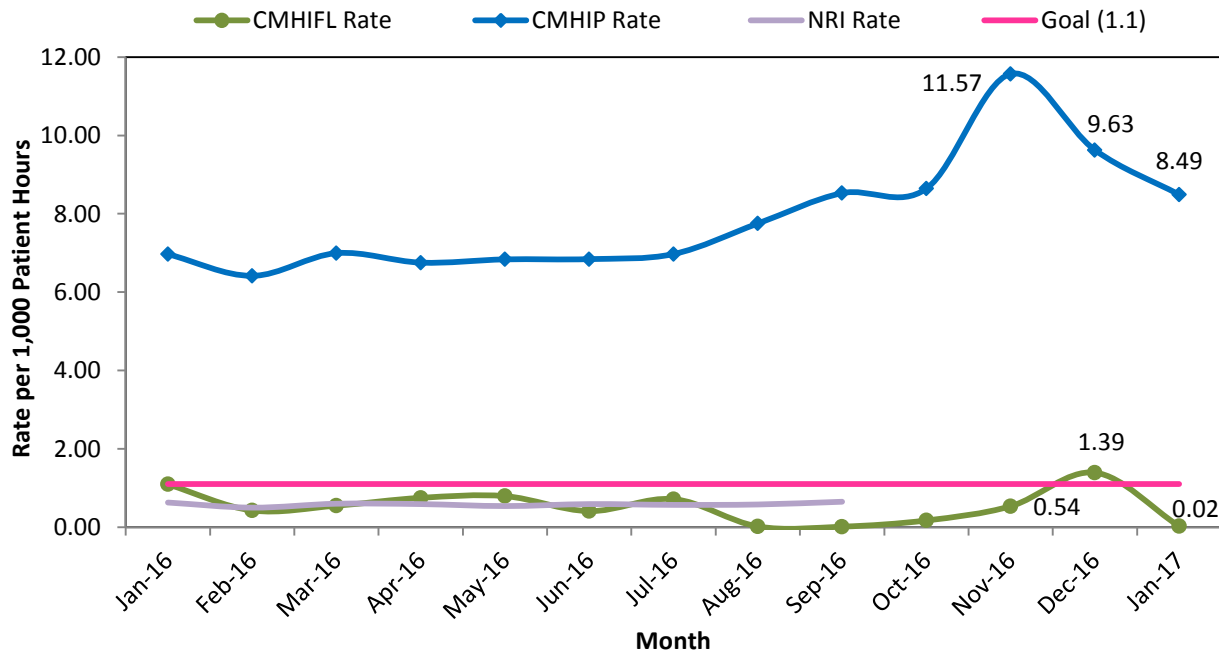
### Mental Health Institutes (MHI)

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: 66.07; Pueblo: 299.4

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 1.39 to 0.02, attaining the goal in November 2016 (0.54) and January 2017 (0.02). The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 11.57 to 8.49. The goal was not attained.

Notes: The National Research Institute (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).





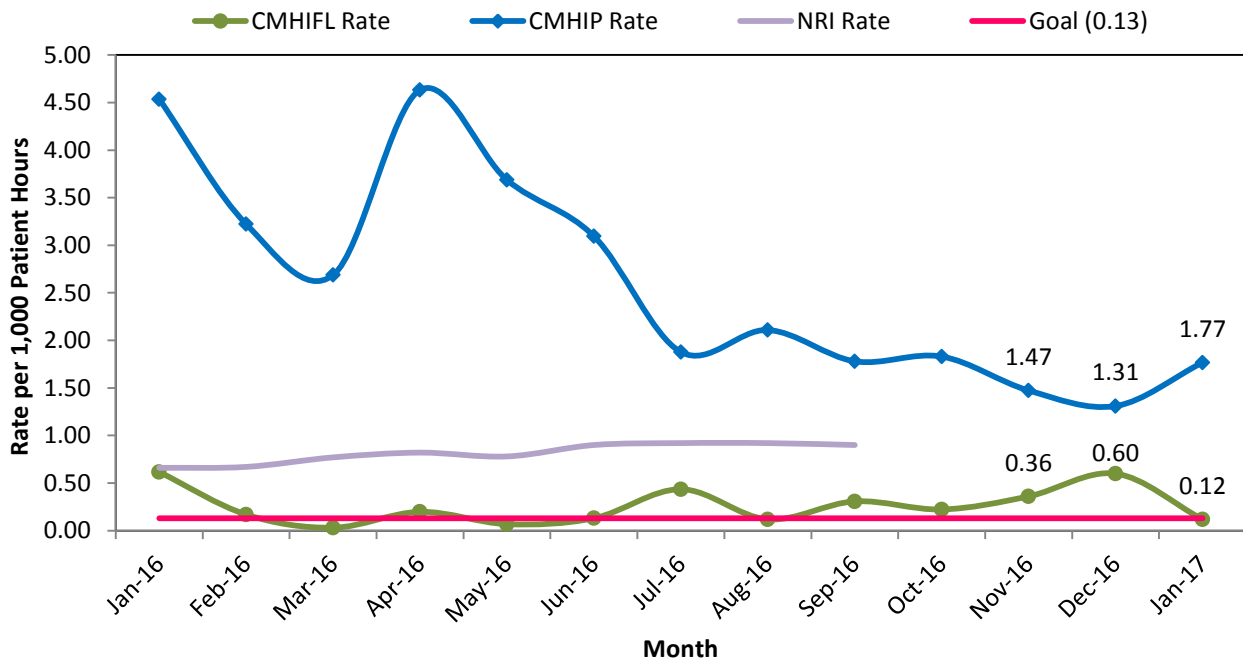
### Mental Health Institutes (MHI)

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: 66.07; Pueblo: 299.4

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 0.60 to 0.12, attaining the goal in one out of three months. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 1.77 to 1.31. The goal was not attained.

Notes: The National Research Institute (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).





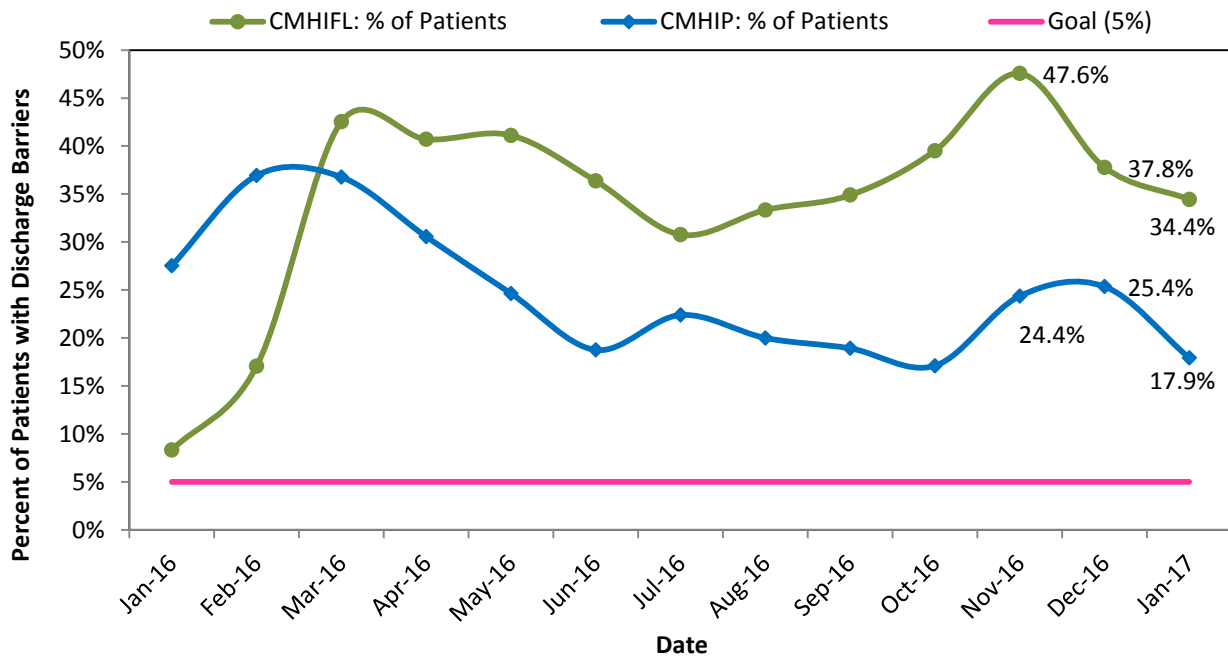
### Mental Health Institutes (MHI)

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: 87.3; Pueblo: 72.0

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 47.6% to 34.4%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 25.4% to 17.9%. 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.





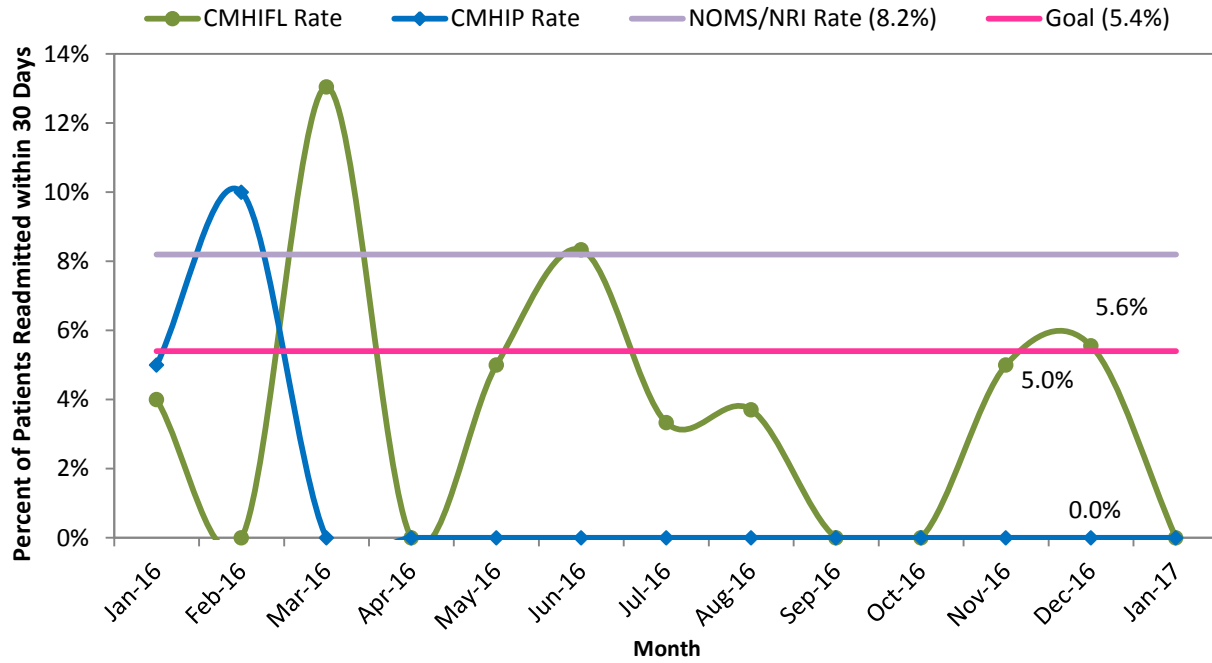
### Mental Health Institutes (MHI)

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: 17.7; Pueblo: 14.0

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 5.6% to 0.0%, attaining the goal 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 met throughout the quarter.





### Mental Health Institutes (MHI)

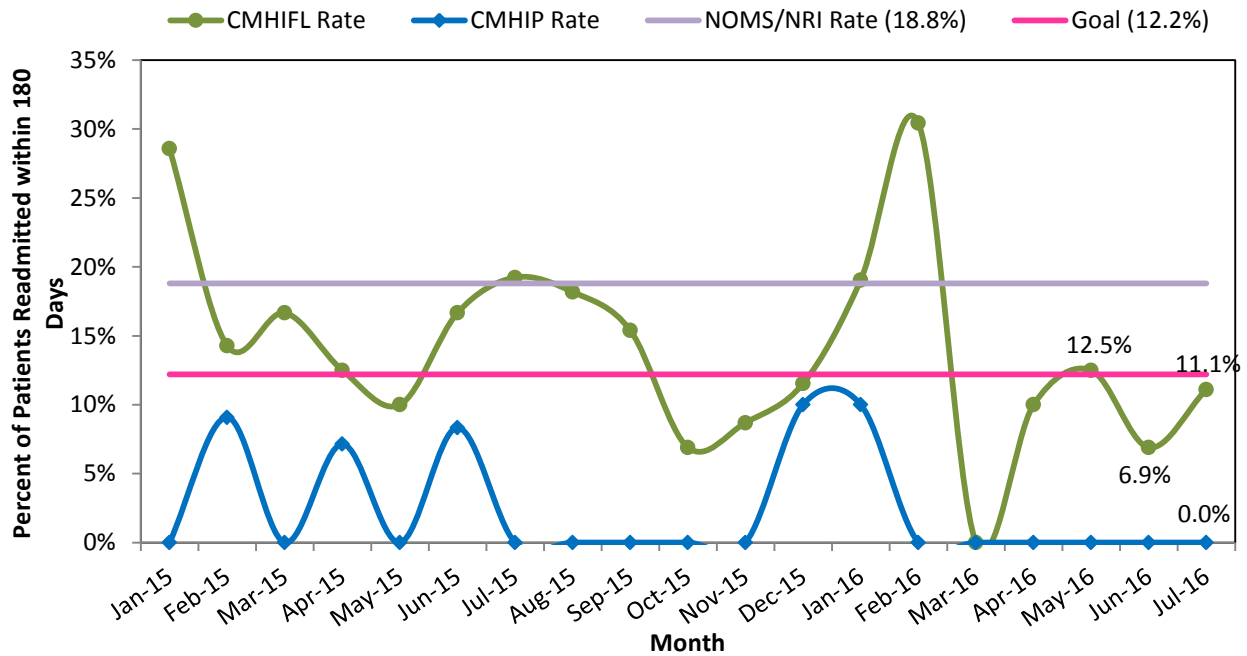
Measure: **Percent of 180-Day Readmissions – Fort Logan & Pueblo**

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: 26.7; Pueblo: 9.7

Why this matters: A rapid readmission may reflect a failure of continuity of care between the hospital and the community provider, resulting in a patient suffering 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 12.5% to 6.9%. 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 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 are reported eight months in arrears.





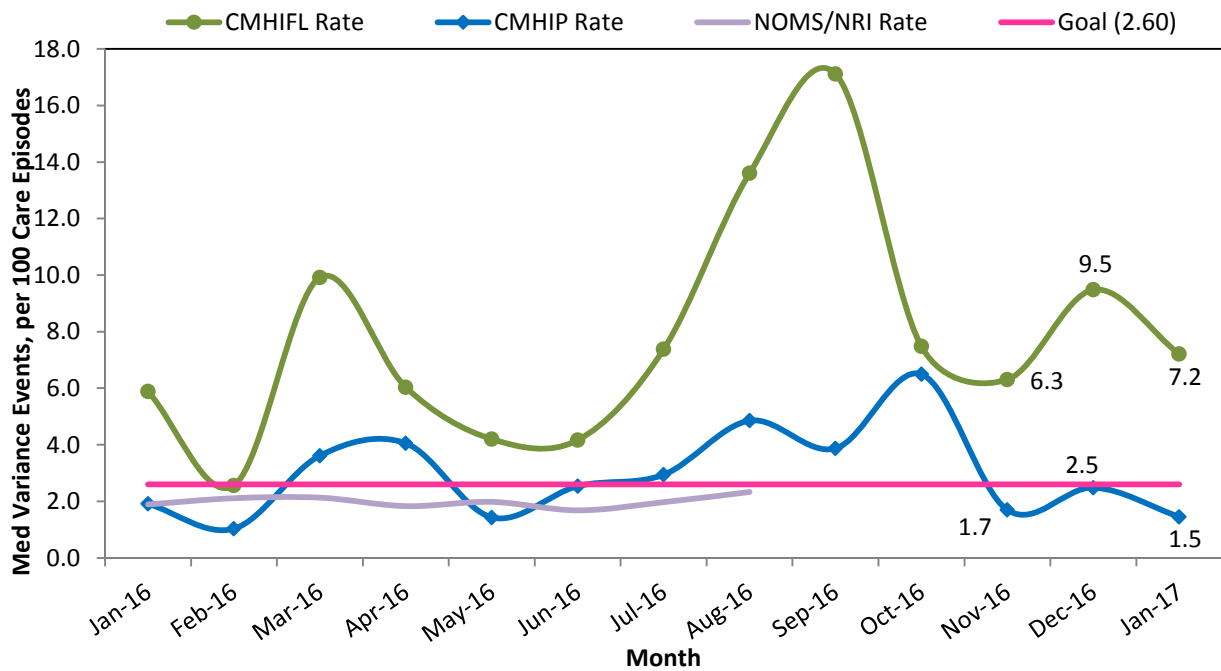
### Mental Health Institutes (MHI)

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: 4.8

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 9.5 to 6.3. 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 2.5 to 1.5. The goal was attained 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 which 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*: Due to continuously above-goal performance, this measure will be moved to the C-Stat Dashboard and thus no longer reported in the CDHS C-Stat Quarterly Report. The C-Stat Dashboard is reviewed by Executive Management monthly. This measure will be replaced with *Timeliness of Initial Response to Abuse/Neglect Assessments: Immediate Response Time*. Immediate responses are assigned to those assessments that represent more vulnerable children or egregious allegations of abuse/neglect.
- *Maltreatment in Out-of-Home Care*: The Division continues to review this data by provider type. In the last five months, the most common maltreatment provider type has been maltreatment occurring prior to the child being placed in out-of-home care, as opposed to during the out-of-home care placement. In February the Division began incorporating the date the maltreatment incident occurred into the database in an effort to better account for when the maltreatment occurred.
- *Children Who Re-Enter Care within 12 Months*: The Division and county human services directors have agreed to create a time-limited task group to review case closure processes in an effort to determine if new rules are needed to ensure consistent practices across Colorado. This review is expected to consider the services provided to families at case closure as well as duration cases remain open after a child/youth returns home from out of home care. These efforts are intended to better understand and reduce the experience of out-of-home care for children in Colorado.

#### Measures

- [Timeliness of Initial Response to Abuse/Neglect Assessments](#)
- [Timeliness of Initial Response to Abuse/Neglect Assessments: Immediate Response Time](#)
- [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)

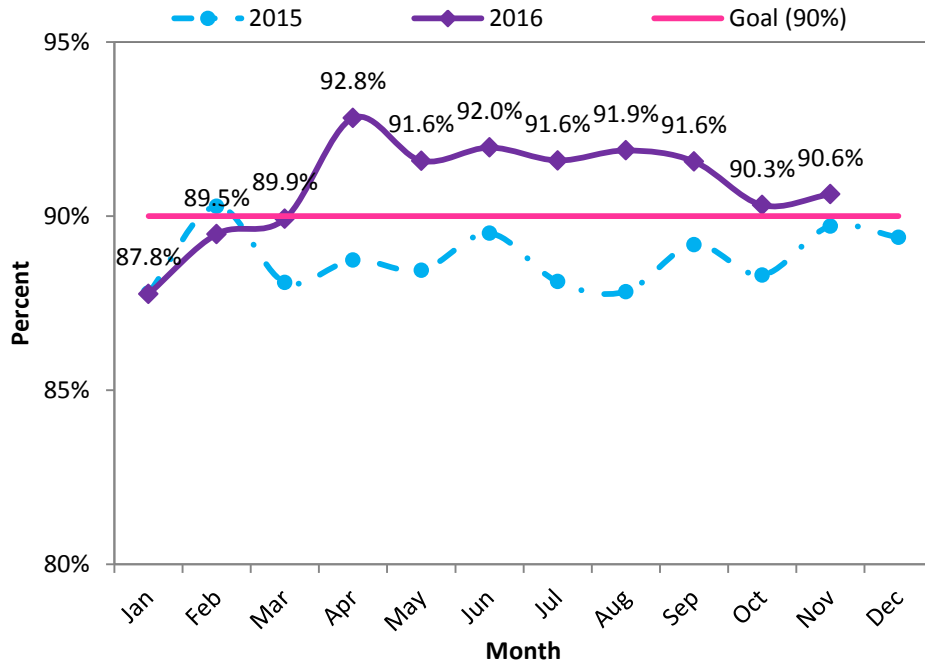
Measure: **Timeliness of Initial Response to Abuse/Neglect Assessments**

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: 4,458

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 eight consecutive months.

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





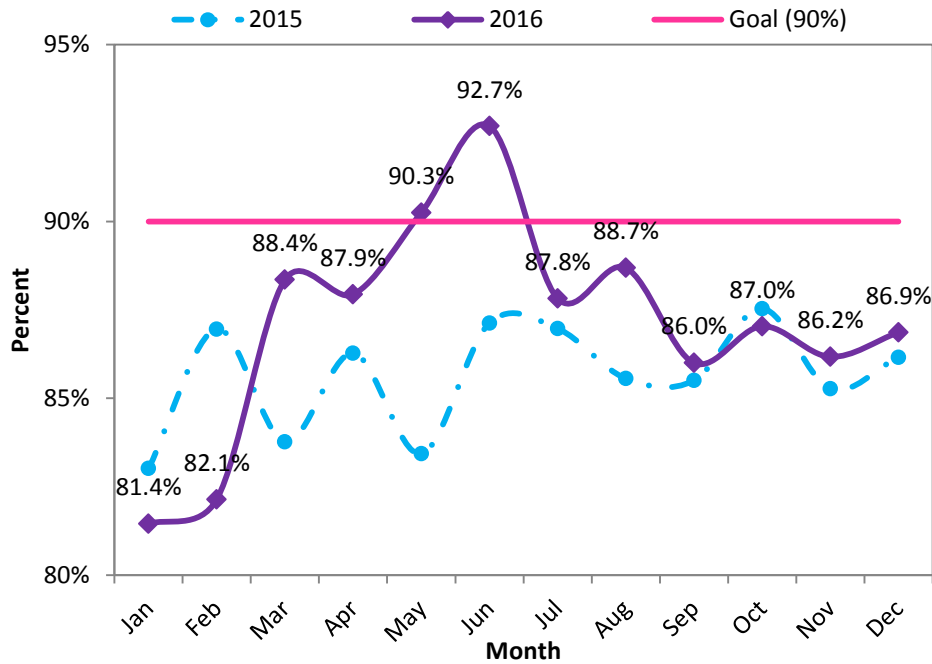
### Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of alleged victims with a timely immediate face-to-face contact or attempted contact as set in rule (Volume 7)  
*Denominator:* Number of alleged victims with an immediate child protection assessment opened in the specified month (both Traditional and Family Assessment Response) ; average monthly denominator: 323

Why this matters: Timely initial response to abuse/neglect assessments improves child safety and reduces the potential for further abuse. Immediate responses represent the most vulnerable populations.

Goal: **↑ 90%**



Trend: The Division’s performance ranged from 86.2% to 87.0%, demonstrating performance similar to this same quarter last year. The goal has not been met since June 2016.

Notes: This measure is new to C-Stat. Due to caseworker data entry timeframes, this measure is reported three months in arrears.





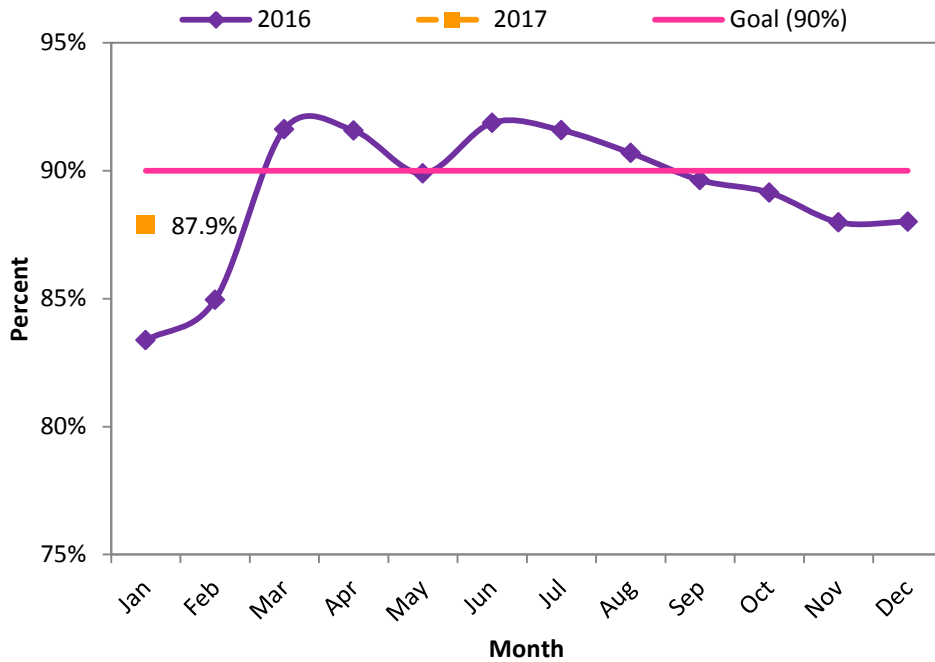
### Division of Child Welfare (DCW)

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: 2,972

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 when compared to the previous quarter. The goal has not been met since August 2016.



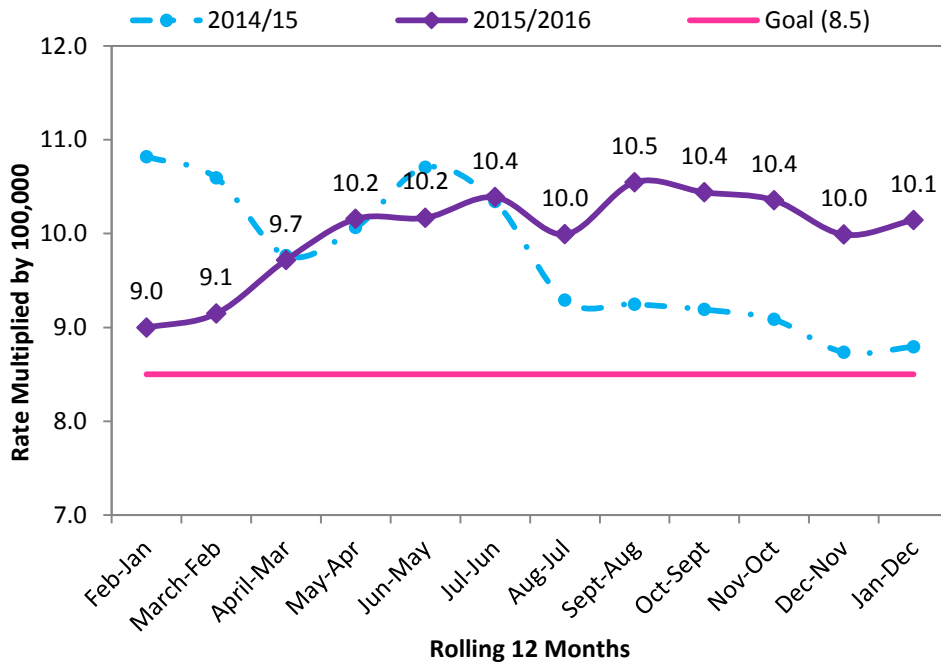
### Division of Child Welfare (DCW)

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: 1,731,850

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 ranged from 10.4 to 10.0 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.





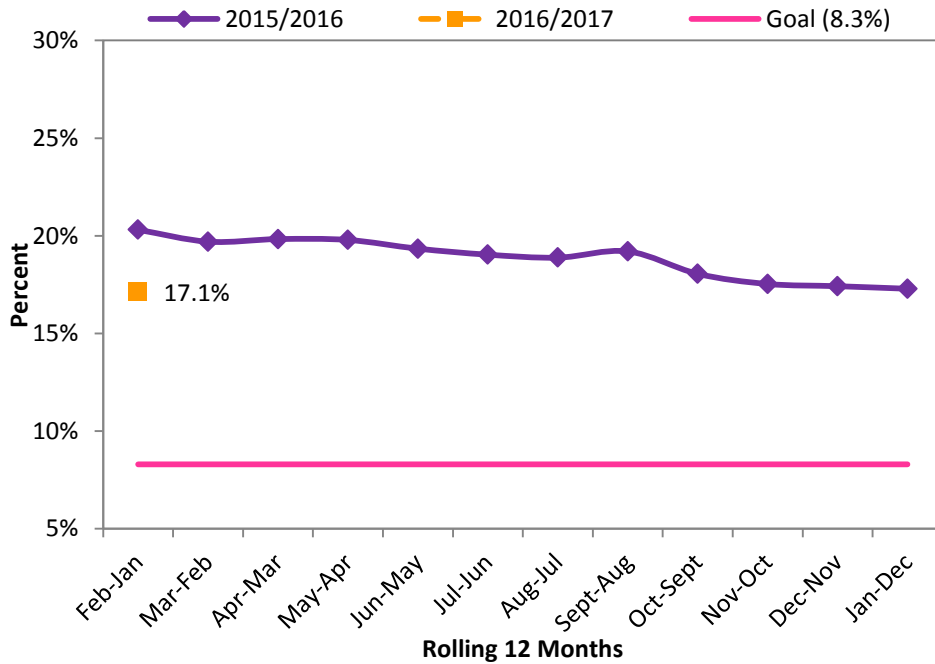
### Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of episodes in which a child enters out-of-home care within 12 months of reunification  
*Denominator:* Number of episodes in which a child enters out-of-home care in a 12- month period in which the child is then discharged within 12 months to reunification; average reporting period denominator: 2,340

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 last 13 months. 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.





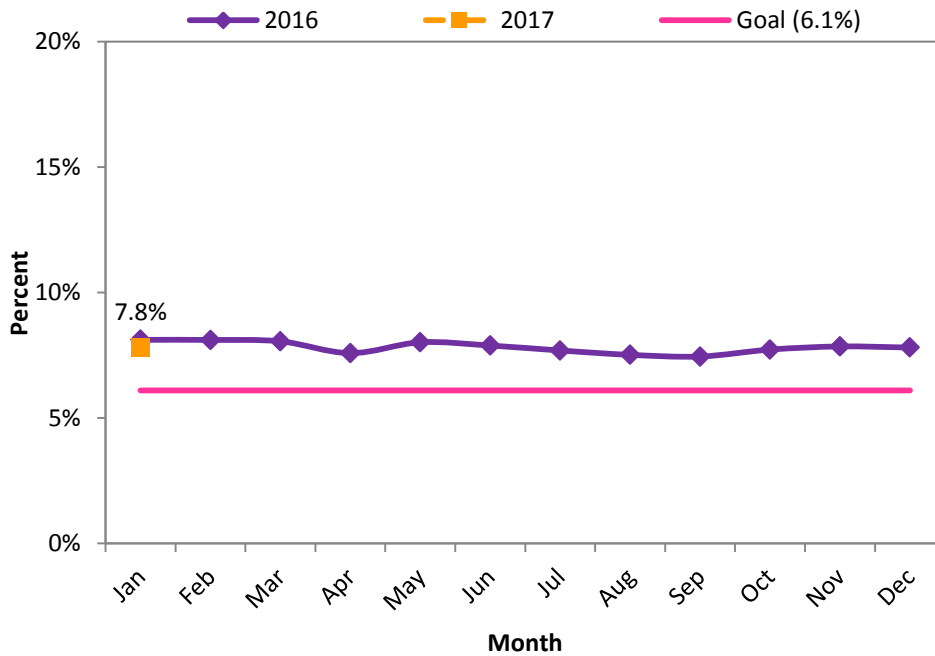
### Division of Child Welfare (DCW)

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: 11,260

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. The goal has yet to be achieved.

## 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 seven months. The Division continues to conduct analyses to determine 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 duration a youth is on walkaway/escape status before being apprehended and found the median to be eight days. Moreover, DYC found that across a year, 72% of youth were apprehended within one month, with 49% being apprehended within the first seven days.
- *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, including an external consulting organization working to review DYC's assessment process. The findings of that review are expected in summer 2017.
- *Youth Injuries in DYC State-Secure Facilities:* The Division continues to review youth injuries by facility and injury type each month to explore how to reduce them. For the last two months, self-inflicted injuries have been the primary injury type. In October of 2016, DYC revised the data collection protocol for youth injuries to be more inclusive, ensuring that all injury types are included in the data reviewed each month, thus increasing the rate.
- *Family Attendance at Multidisciplinary Team (MDT) Review Meetings:* As of July 2016, DYC is capturing all MDT types in the Trails data system, which accounts for the decline in performance. The MDT types are Treatment Planning, Parole Planning, Transition Decision, Mid-Parole, Assessment, Regression, and Other. It is mandatory for case managers to report on the family participation for the first five of those MDT types; Regression and Other MDT types are optional. Reviewing this data will assist DYC in learning 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](#)



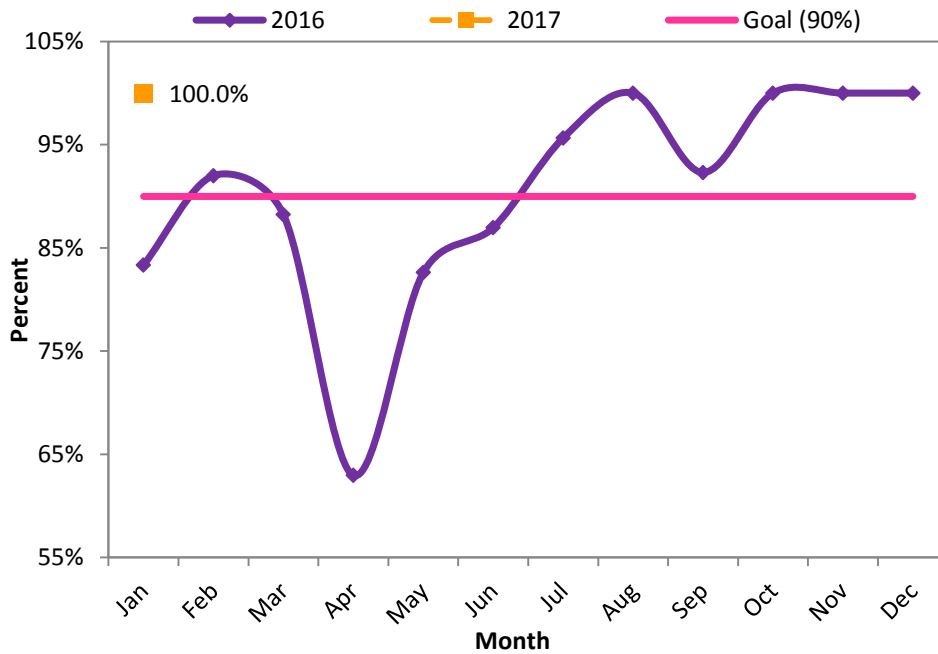
### Division of Youth Corrections (DYC)

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: 18

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

Goal: **↑ 90%**



Trend: The Division attained 100% each month within the most recent quarter.



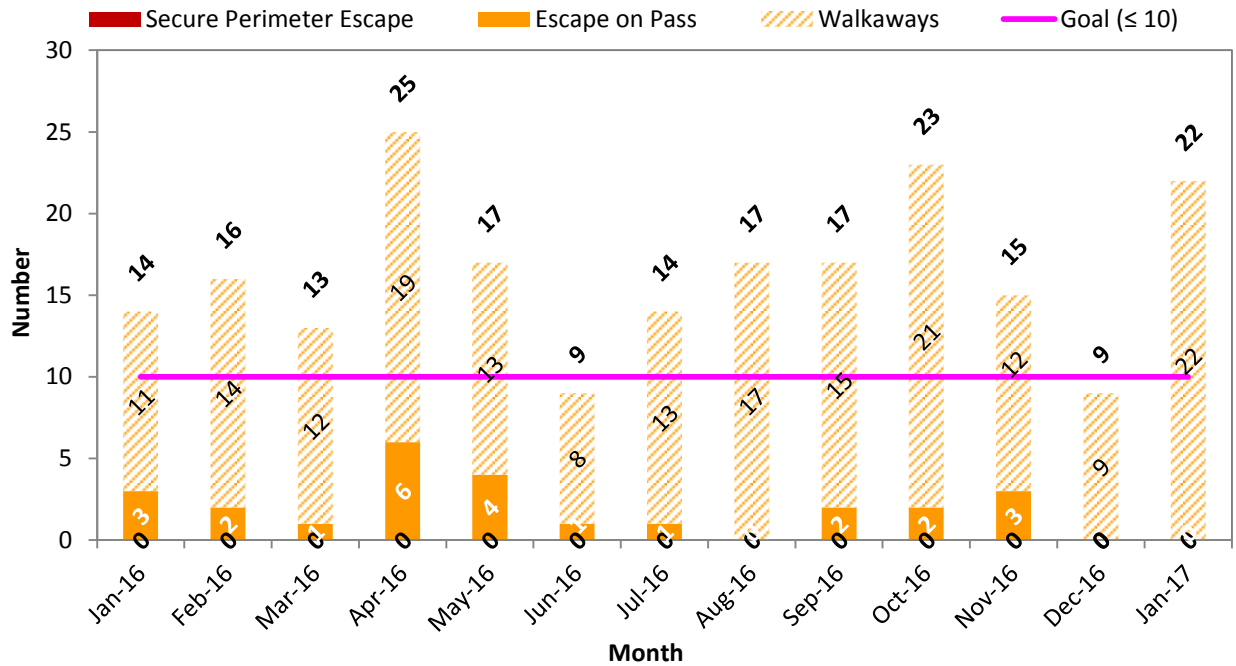
### Division of Youth Corrections (DYC)

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: 898.8

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 15 escapes/walkaways in the most recent quarter, four fewer than the average last quarter. The goal was attained in December 2016.

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.





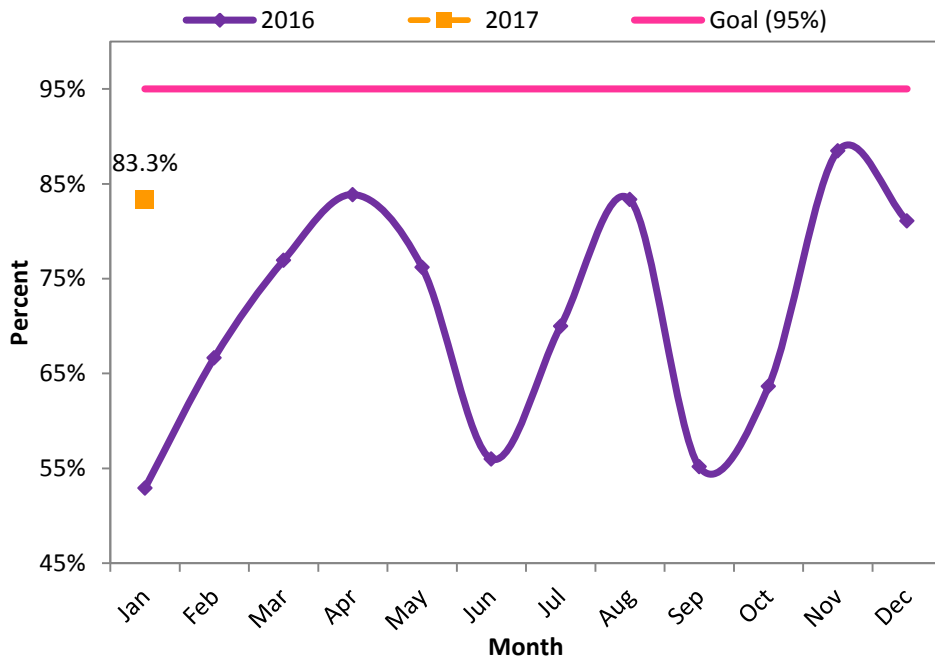
### Division of Youth Corrections (DYC)

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: 29

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 81.1% to 88.5%. The goal has yet to be achieved.



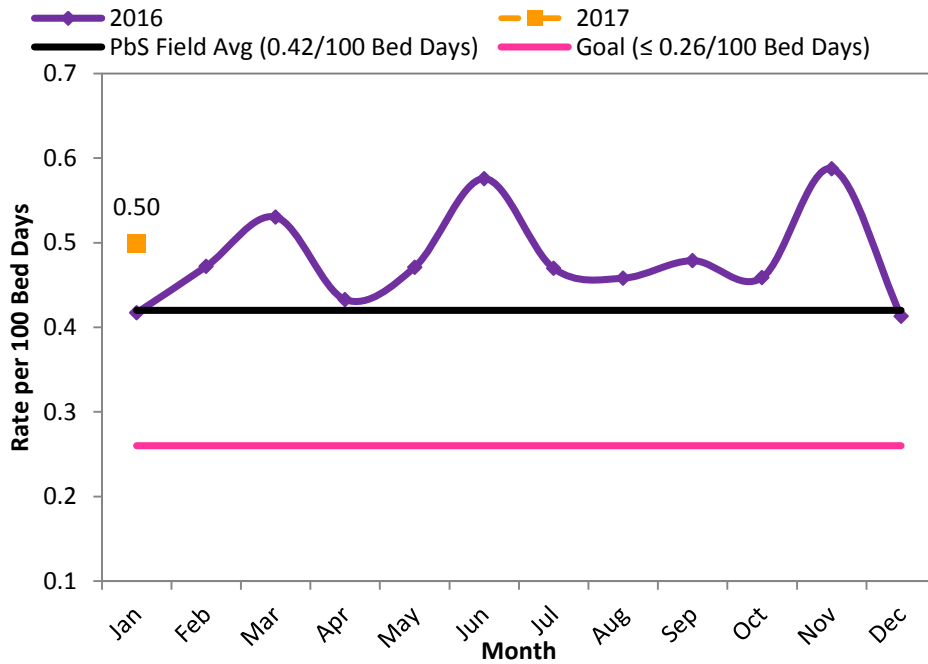
### Division of Youth Corrections (DYC)

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: 17,960.8

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

Goal: **↓ ≤ 0.26 per 100 Bed Days**



Trend: The rate of fights and/or assaults in state-secure facilities ranged from .59 to .42 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.





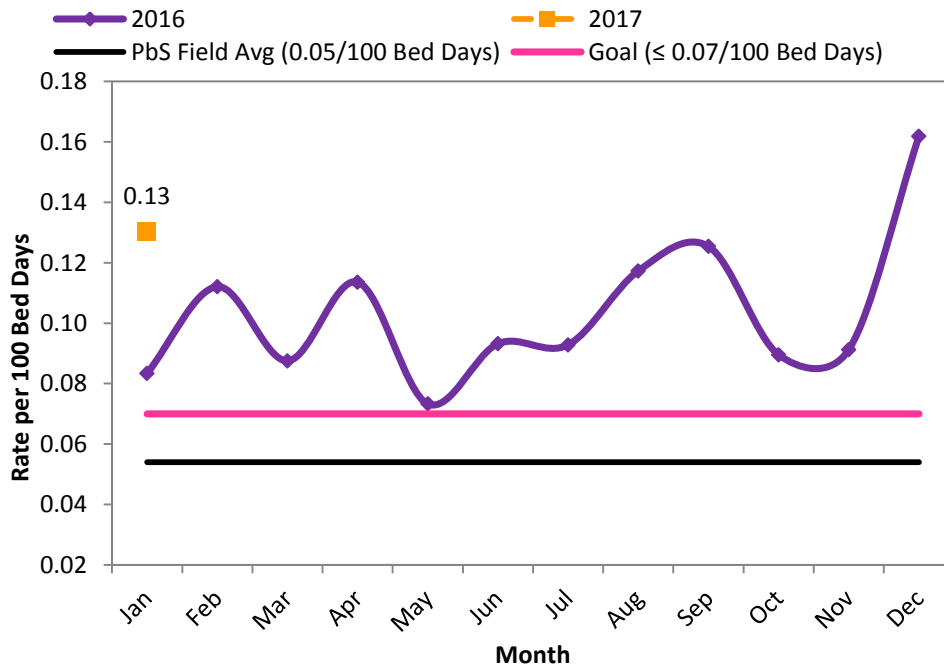
### Division of Youth Corrections (DYC)

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: 17,960.8

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

Goal: **↓ ≤ 0.07 per 100 Bed Days**



Trend: The Division’s performance varied in the most recent quarter, with a range of .16 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)

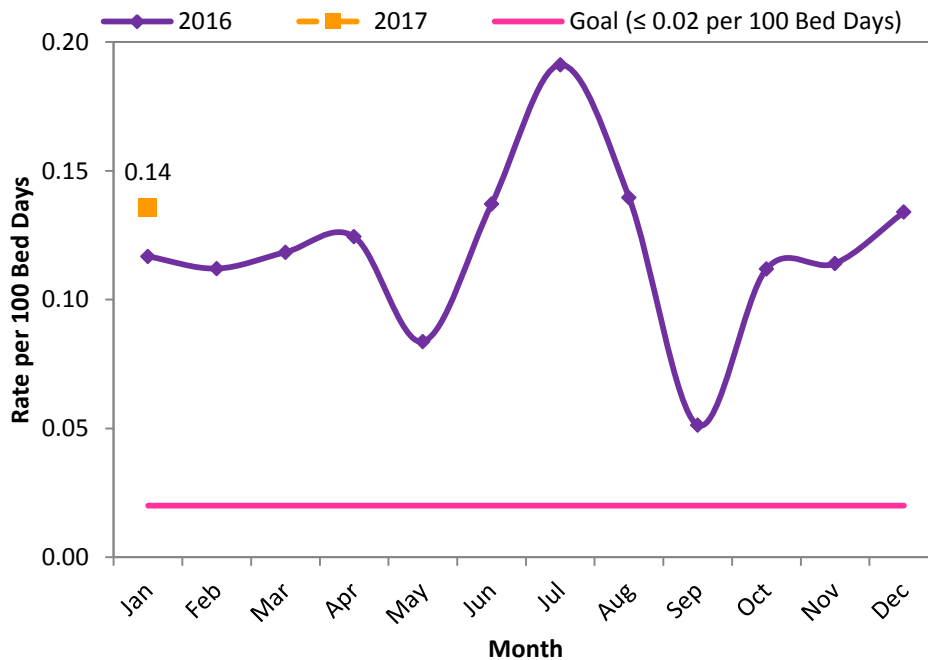
Measure: **Staff Injuries on the Job as a Direct Result of Youth Contact**

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: 17,960.8

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 0.11. The goal has yet to be achieved.



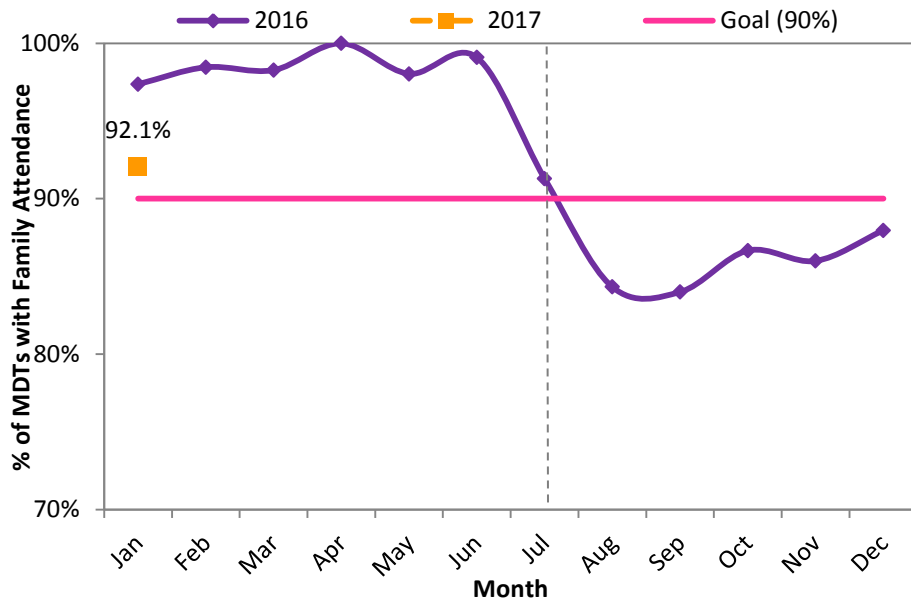
### Division of Youth Corrections (DYC)

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 improved in the most recent quarter and the goal was attained in January 2017.

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

- *Self-Sufficiency Matrix – Percent of Change*: Beginning with the October 2016 data, DVP will only require three of 21 domains to be reported: housing, food, and relationship safety. Programs are now required to report only these three domains. The Division continues to explore meaningful ways to utilize this data.

#### Measures

- [Self-Sufficiency Matrix – Percent of Change](#)



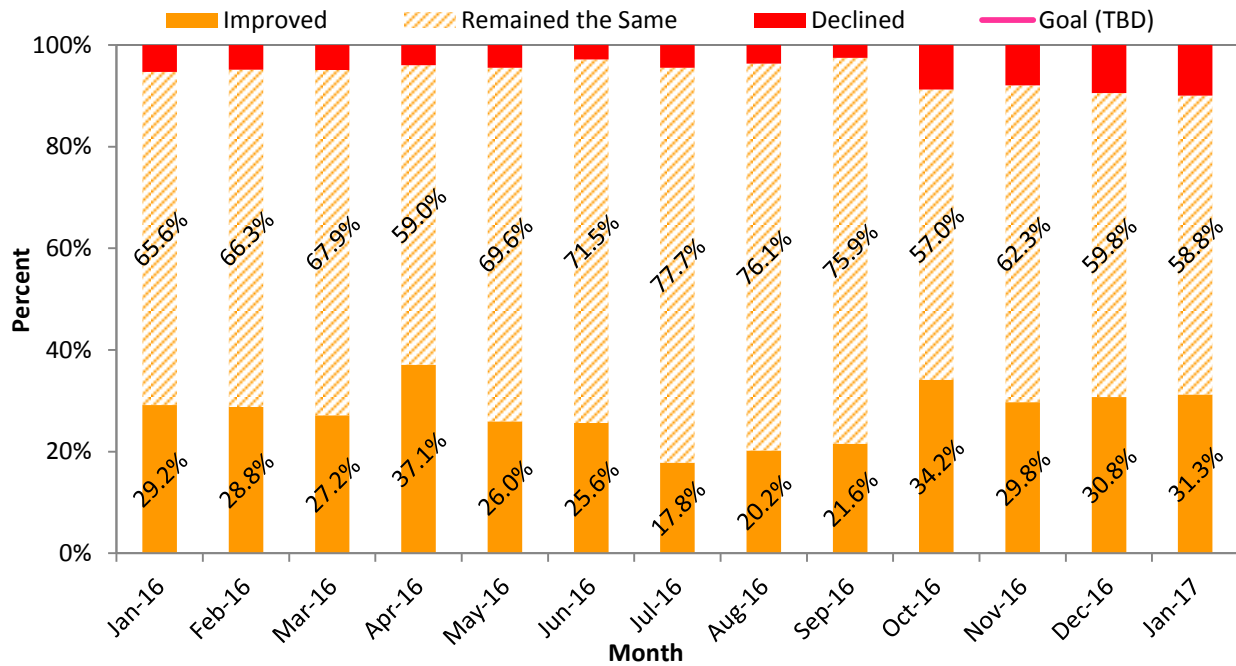
### Domestic Violence Program (DVP)

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 three 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 29.8% to 31.3% in the most recent quarter. The percent of Self-Sufficiency Matrix domains that have remained the same ranged from 58.8% to 62.3%.

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 houses programs that provide in-home supports for aging populations, employment supports for disabled populations, operate community living centers for veterans, and protective services for at-risk adults. Office of Community Access and Independence 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: Eric Johnson

## Aging and Adult Services

### Summary

#### Description

The Division of Aging and Adult Services provides assistance in two general areas. First, programs help seniors remain safely in their homes, through services and supports such as: nutrition programs, caregiver programs, money management programs, senior community service employment programs, 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 continues to distribute a weekly report for monthly contacts coming due, which prompts 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 that struggle with this measure to offer technical assistance, as well as determine actions that can be taken to improve performance. These actions, as well as the continued dedication to timely contacts by the counties, have led performance to remain consistently near the goal.
- *Percent of Cases with Safety Improvement:* This measure indicates whether the intervention implemented had a positive impact on the elder receiving services. Adult Protective Services staff provides reports each month to all counties and offers technical assistance and outreach to counties that demonstrate lower performance.

#### Measures

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



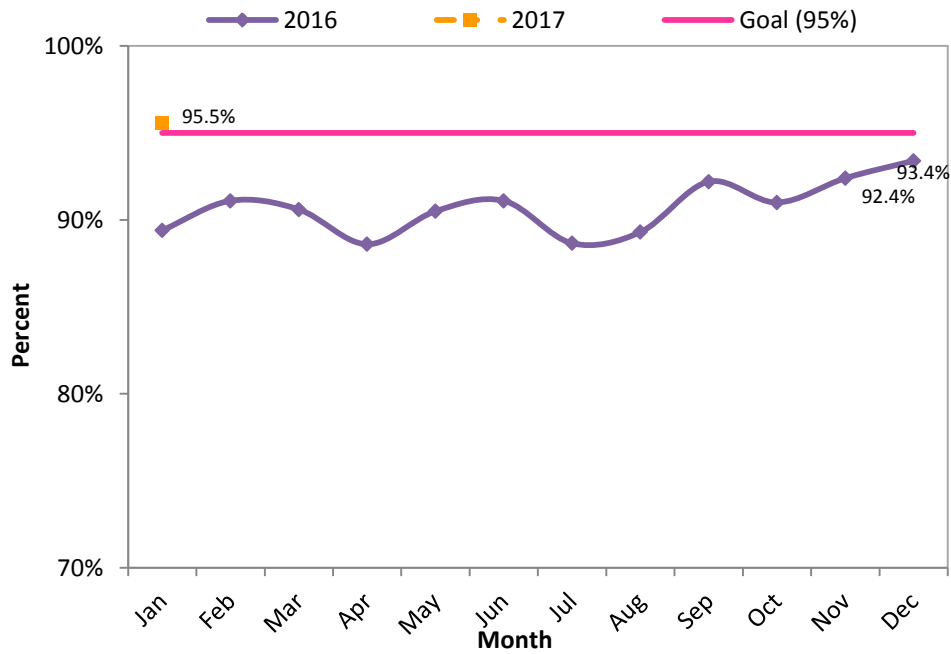
### Aging and Adult Services (AAS)

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: 1,195

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

Goal: **↑95%**



Trend: The Division’s performance improved, ranging from 92.4% in November 2016 to 95.5% in January 2017. Performance exceeded the 95% goal for the first time in January 2017, and was the highest performance seen on this measure to date.

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



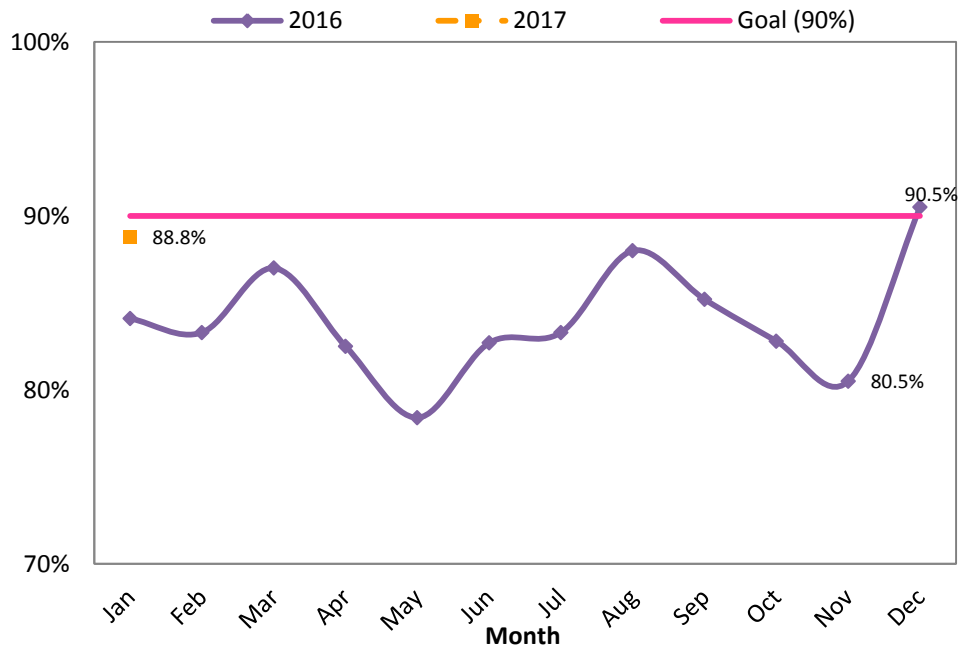
### Aging and Adult Services (AAS)

Measure: **Percent of Cases 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: 164

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 varied, ranging from 80.5% in November 2016 to 90.5% in December 2016. Performance exceeded the 90% goal in December 2016.

## Disability Determination Services

### Summary

#### Description

The Division of Disability Determination Services (DDS) makes disability decisions for Social Security. Disability Determination Services staff gather medical information from sources listed by clients and any new sources discovered in that process. Disability Determination Services staff evaluate that evidence against Social Security Disability criteria. Applicants must have a medically-determinable physical or mental impairment that is expected to result in death, or which will last for at least 12 consecutive months, and prevents them from performing the work-related activities of their previous jobs or any other jobs which they might be able to perform, based on their age, education, and work experience.

Social Security has two disability programs: 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. Social Security Income pays disability benefits based on financial need.

Director: Thomas Haro

#### Executive Summary

- *Mean Number of Days to Process Initial Eligibility Decisions:* Several factors have resulted in an increase in the number of days to process initial eligibility decisions: 1) Disability Determination Services 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, and 4) due to a federal hiring freeze, they are unable to hire any new staff. 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 this is the start of the federal fiscal year, they determined the sample size needed each month in the coming year, and have begun training additional staff to meet this threshold. Disability Determination Services has 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](#)



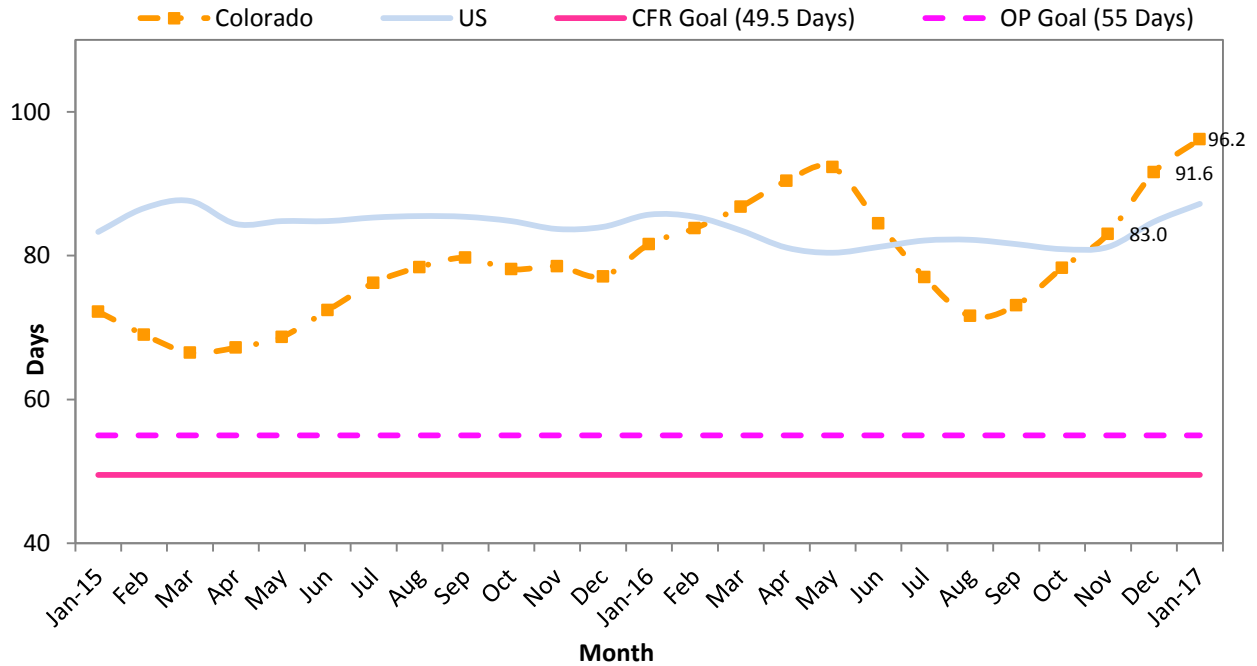
### Disability Determination Services (DDS)

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: 2,577

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 worsened throughout the quarter. The Division’s processing time increased from 83.0 days in November 2016 to 96.2 days in January 2017.

Notes: This measure utilizes data from the SSDI program only. The 49.5 day federal goal (solid red line) is based on the Code of Federal Regulations (CFR). The Social Security Administration (SSA) consolidated Operating Plan (OP) contains a mean processing time goal of 55 days (dashed red line). Disability Determination Services has added this goal to their measure for tracking purposes.



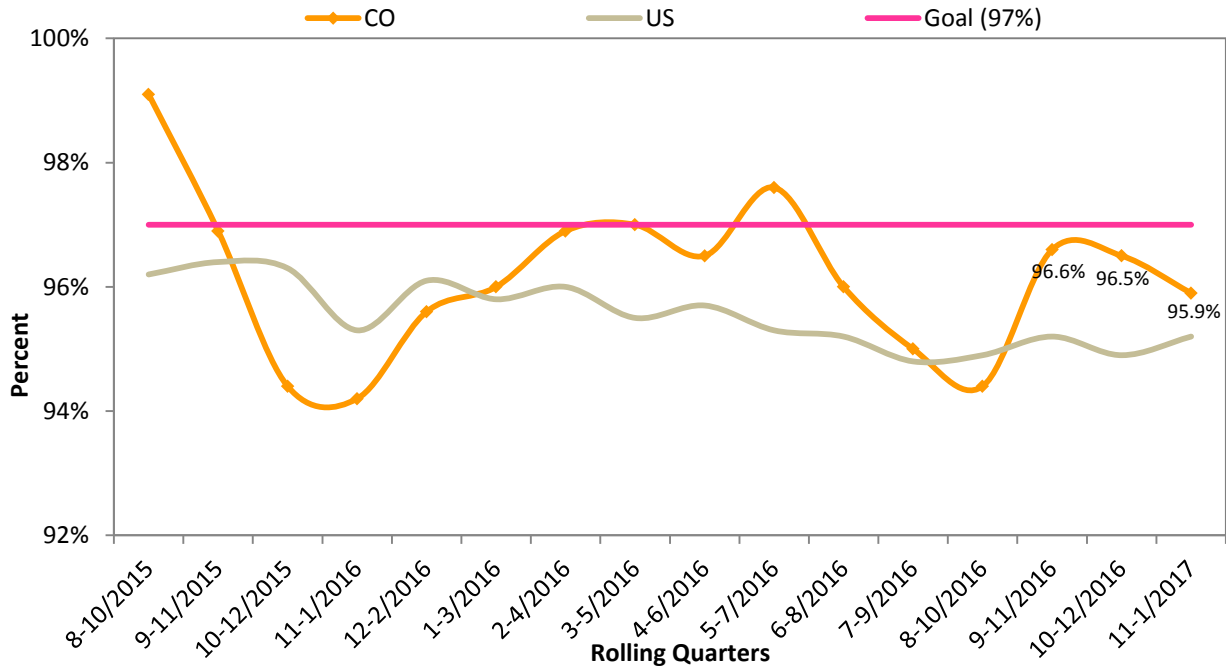
### Disability Determination Services (DDS)

Measure: **Percentage of Accurate Initial Eligibility Decisions (Federal Measure)**

How it is measured: *Numerator:* Number of accurate initial eligibility decisions (i.e., no documentation or decisional errors were found)  
*Denominator:* Number of initial eligibility decisions sampled by Social Security Administration-Disability Quality Branch; average quarterly denominator: 149

Why this matters: Accurate processing of initial eligibility decisions increases the accessibility of financial assistance to vulnerable populations and ensures that only those who are eligible receive the benefit.

Goal: **↑97% (Federal Goal)**



Trend: The percent of accurate initial decisions declined 0.7% 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, behavioral interventions, and short-term emergency/crisis support to the community system.

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 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 previous quarter in both Centers and continue to provide many opportunities for learning.

### Measures

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



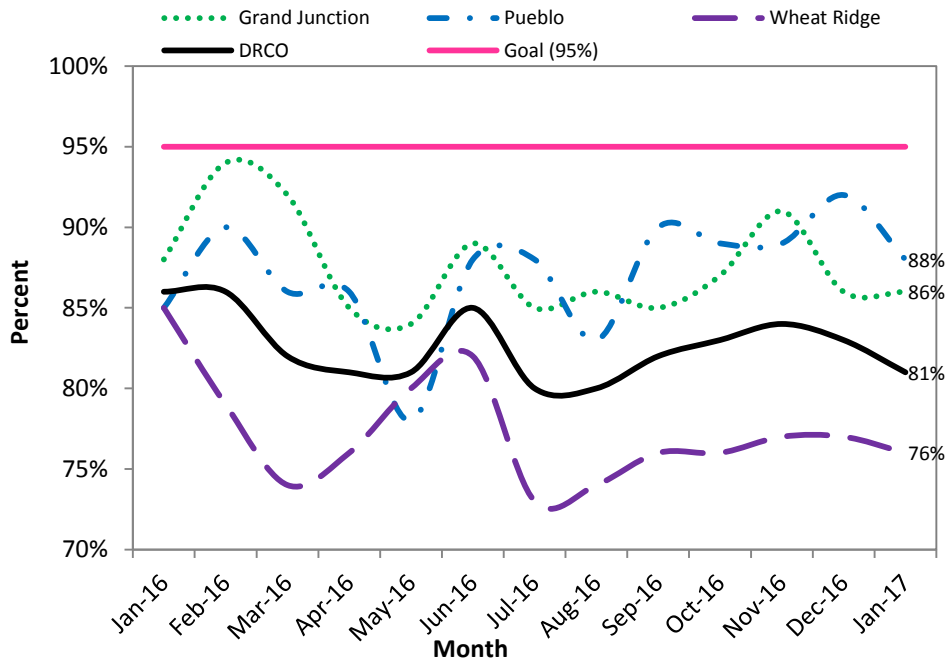
### Division of Regional Center Operations (DRCO)

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: 54, Wheat Ridge: 128, 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: Each Center’s performance varied throughout the quarter. Performance in January 2017 was as follows: Grand Junction at 86%, Pueblo at 88%, Wheat Ridge at 76%, and the Division at 81%, 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, and
- 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 an Acquired Catheter:* This measure 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 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. For example, Homelake SVCLC had an increased number of falls in the summer months. Their staff examined each fall, developed and implemented strategies specific to that individual, resulting in fewer falls for that resident in the subsequent months.

#### Measures

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



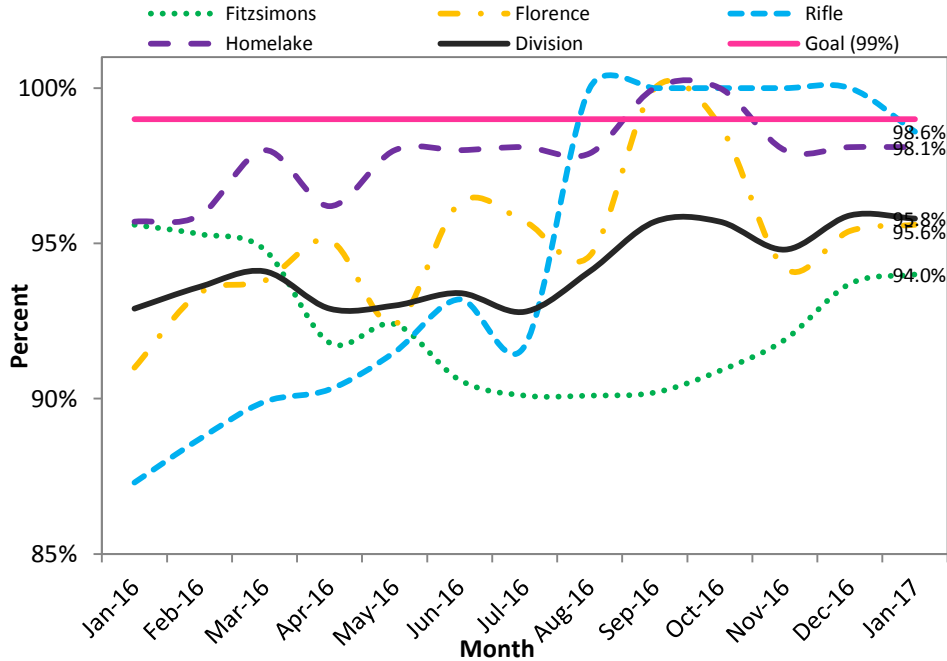
### State Veterans Community Living Centers (SVCLC)

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

How it is measured: *Numerator:* Number of residents without an acquired catheter  
*Denominator:* Average Daily Census: Fitzsimons: 162, Florence: 88, Rifle: 72, Homelake: 52

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

Goal: **↑99%**



Trend: Performance improved by quarter's end in both Fitzsimons (green line) and Florence (yellow line) and remained relatively stable in both Rifle (blue line) and Homelake (purple line). In January 2017, all centers were below the goal.



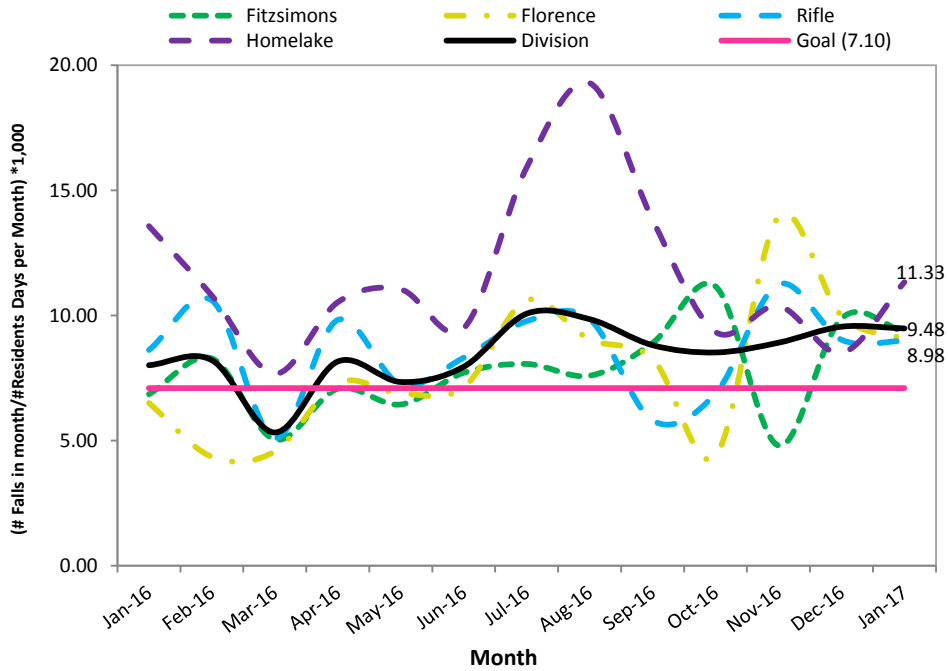
### State Veterans Community Living Centers (SVCLC)

Measure: **Fall Rate**

How it is measured: *Numerator:* Number of falls  
*Denominator:* Per 1,000 resident days. Average resident days by month: Fitzsimons: 4,893, Florence: 2,659, Rifle: 2,192, Homelake: 1,521

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: Compared to the previous quarter, performance worsened in all centers except Fitzsimons. In January 2017, no centers achieved the 7.10 goal.

## Office of Early Childhood

### Description

The Office of Early Childhood 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 and the Division of Community and Family Support.

The Office of Early Childhood continues to work with many partners, including parents, schools, child care providers, Community Centered Boards, 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 is the state's lead agency in planning and implementing public child care policy. The Division is responsible for licensing and monitoring 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. As of March 2017, 55 communities have at least one facility that is high-quality and accepts subsidized child care. The Office of Early Childhood needs 14 additional communities to reach their goal. Currently, 19 communities have at least one facility scheduled to be rated by June 30, 2017. 14 of these communities need to rate as High Quality (Level 3-6), and accept childcare subsidies, to positively impact this measure.
- *Increased Facility Engagement with the Colorado Shines Quality Rating and Improvement System (QRIS):* The number of facilities engaged with QRIS has increased each month over the last 18 months and has doubled the amount of facilities engaged since the inception of this measure. Engagement with QRIS is the first step to being rated as high-quality.
- *Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy:* The number of children utilizing CCCAP experiencing continuity over 12 months has slightly increased each month this quarter. This is a change from the previous quarter where continuity declined each month. The Division of Early Care and Learning is working to understand the different factors that are both positively and negatively impacting continuity and to what extent these factors impact counties differently.
- *Child Injuries in Licensed Child Care That Require Medical Attention or Hospitalization:* The number of facilities reporting at least one injury each month has decreased over the last three months. The Division of Early Care and Learning is working to understand whether this decrease in reporting is due to a decrease in injuries occurring. The Division is also trying to determine what amount of injuries should be considered normal each month.

#### Measures

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



### Early Care and Learning (ECL)

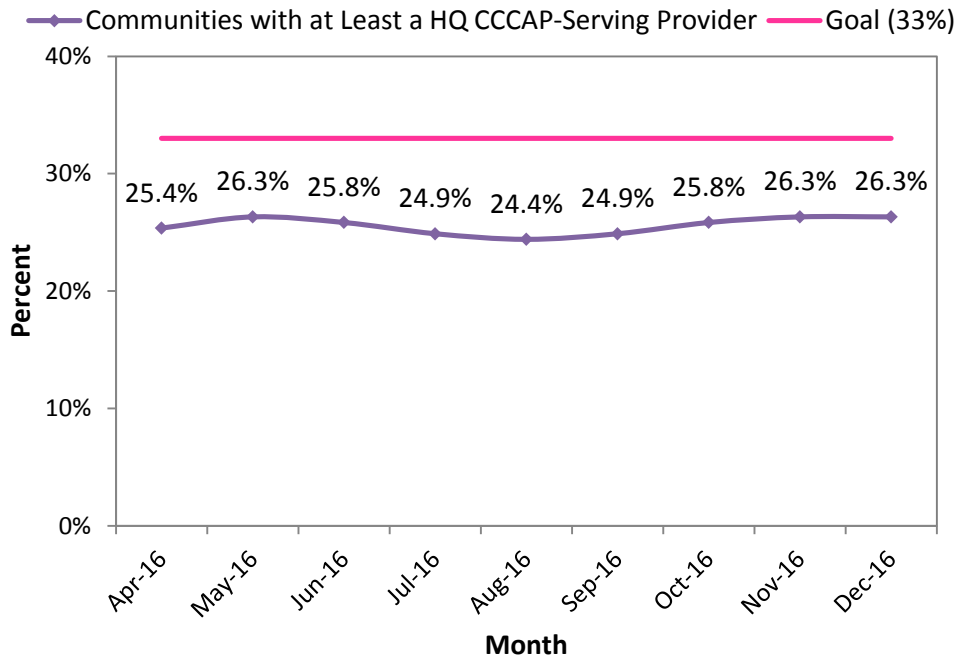
Measure: **Community Dispersion of Rated High-Quality CCCAP for Children Under Five**

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 25.8% to 26.3%. The goal was not met.



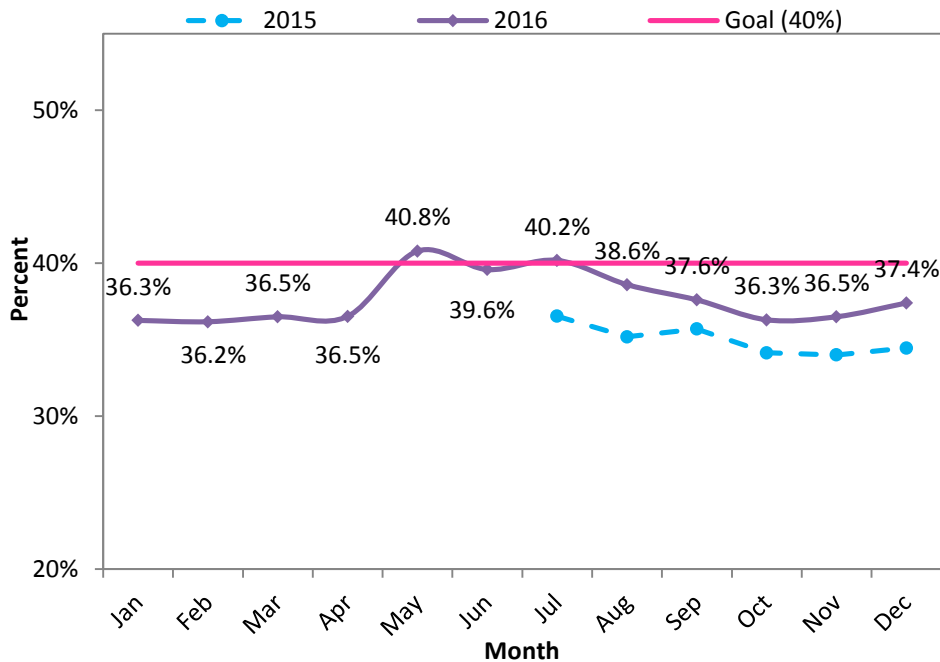
### Early Care and Learning (ECL)

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: 7,867

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 36.3% to 37.4%. The goal was not met.



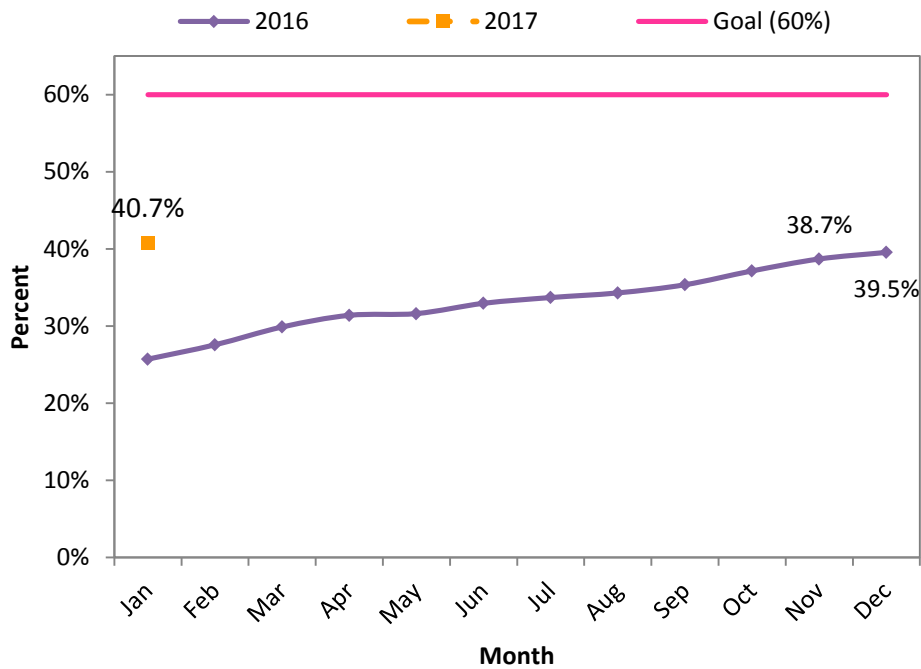
### Early Care and Learning (ECL)

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: 4,295

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)

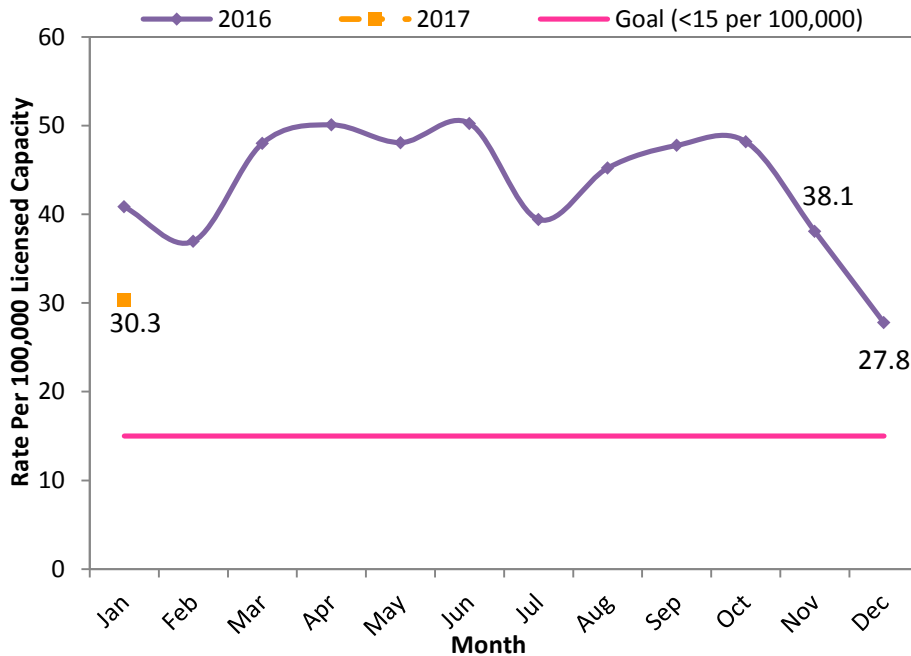
Measure: **Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization**

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: 234,023

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 27.8 to 38.1. 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

- *Colorado Community Response (CCR) Children Without Subsequent Substantiated Cases of Abuse or Neglect:* In the last six months, substance abuse has been identified as the most frequent type of founded cases. The CCR program, in an attempt to reduce the number of founded substance abuse cases, will implement the following actions:
  - Develop a conversation guide around substance abuse for case managers.
  - Identify substance use screening tools being used across the state.
  - Provide training by the end of June 2017 to all sites on conversation guide, drug recognition, child safety, and screening.
  - Use motivational interviewing to enhance conversations and identify ambivalence to change.
  - Track referrals made to substance use treatment providers at a site level.
- *Achieved Individualized Outcomes in Early Intervention:* The Early Intervention program be testing and developing both a Self-Assessment Tool and a State Verification Tool through March 2016. The Self-Assessment Tool is used at the Community Centered Board (CCB) level to understand the quality Individual Family Service Plans (IFSPs) are being written, and to help develop training and resources to improve the quality of IFSPs. The State Verification Tool is used at the state level to understand the quality of ISFPs being written and to verify that the Self-Assessment Tool is being used as intended.
- *Home Instruction for Parents of Preschool Youngsters (HIPPY)-Percentage of families who received all expected visits/packets in the month:* This measure has been tracked in C-Stat since March 2016. This will be the first time it has been included in the Quarterly Report. The program is only administered during the school year; therefore, data was not available from June through October 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](#)
- [Home Instruction for Parents of Preschool Youngsters \(HIPPY\): Percent of Families Who Received All Expected Visits/Packets in the Month.](#)



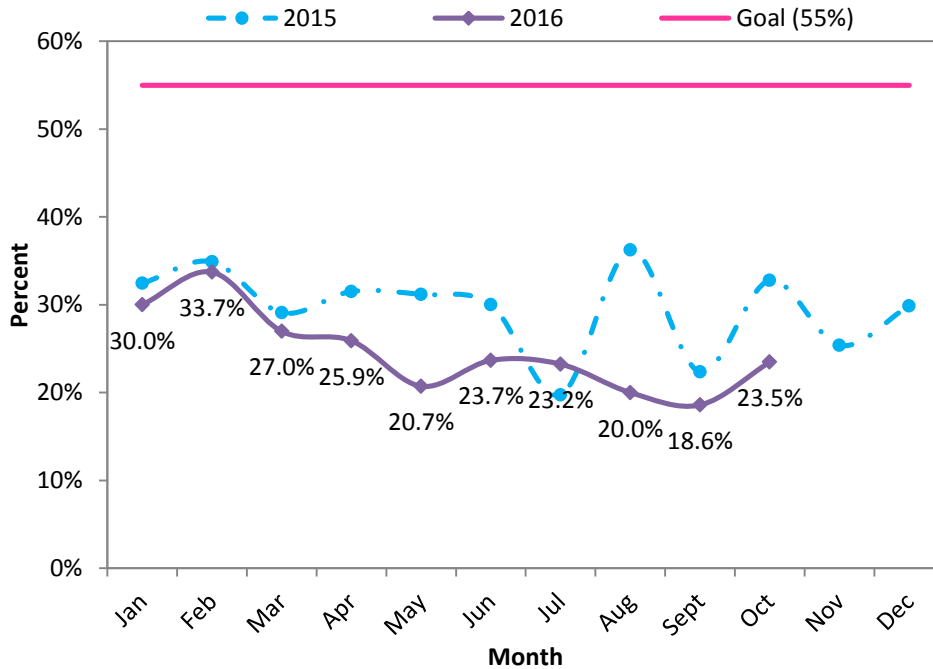
### Community and Family Support (CFS)

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: 110

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 18.6% to 23.5%. The goal was not met.

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





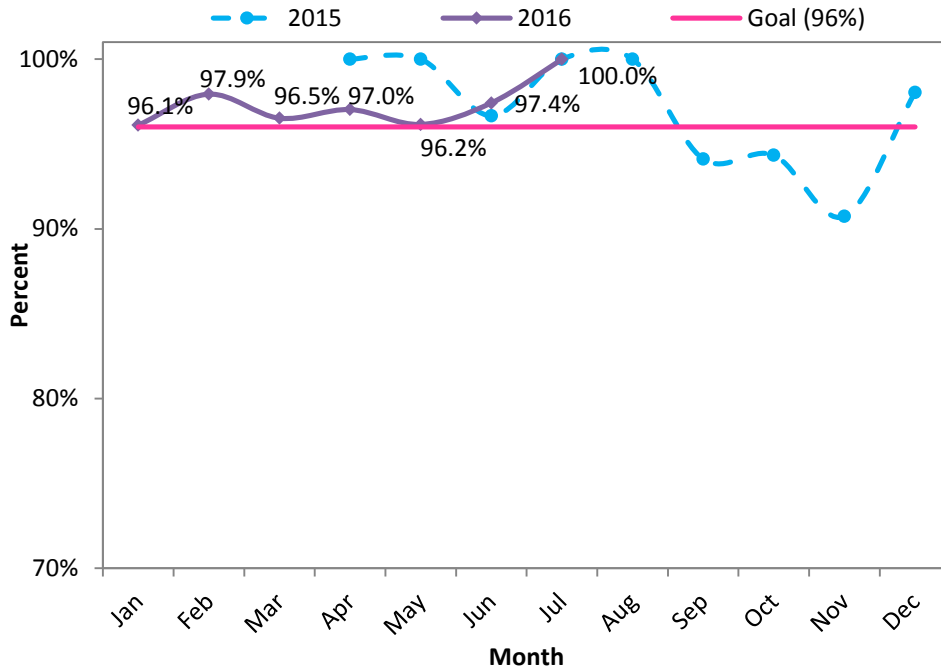
### Community and Family Support (CFS)

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: 130

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 96.2% to 100%. The goal was met every month this quarter.



### Community and Family Support (CFS)

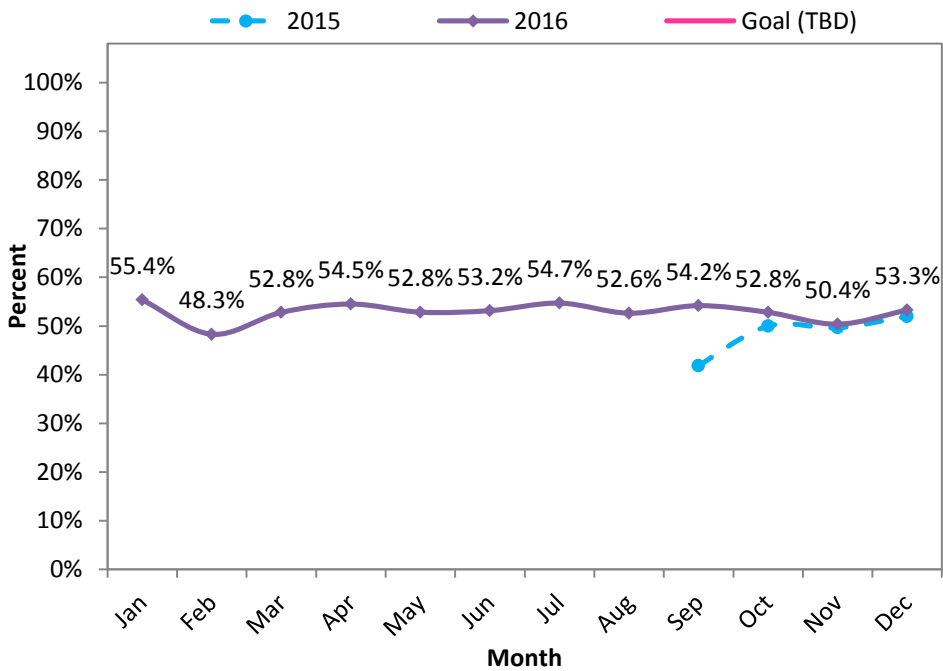
Measure: **Achieved Individualized Outcomes in Early Intervention**

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: 1,414

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 50.4% to 53.3%. A goal has not been determined.



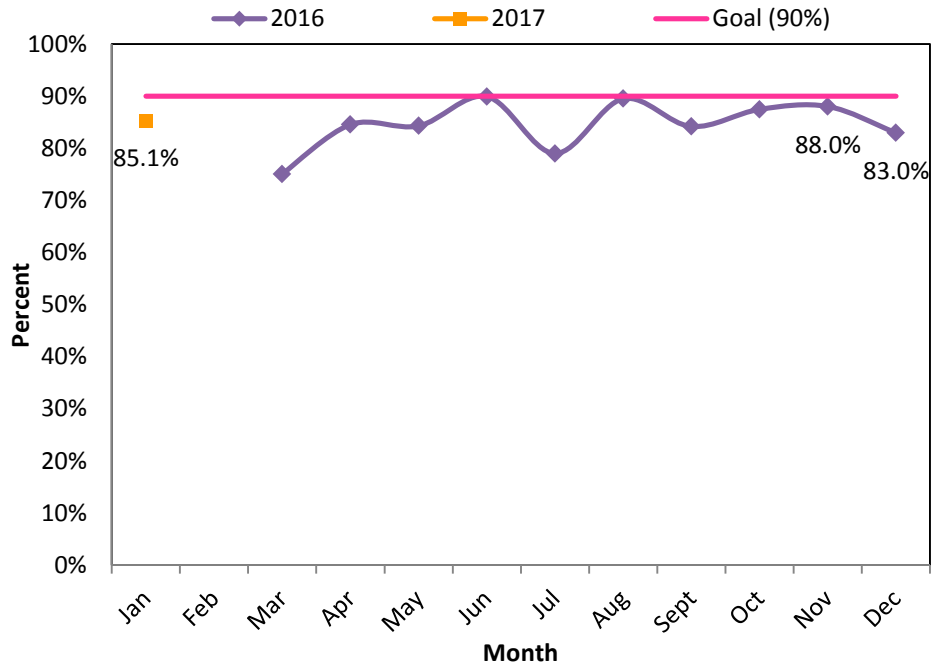
### Community and Family Support (CFS)

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: 1,024

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 evidenced-based resources to parents, increases engagement by the parents in their children’s education, and their children’s likelihood of success.

Goal: **↑ 90%**



Trend: The Division’s performance in the most recent quarter ranged from 83.0% to 88.0%. The goal was not met.



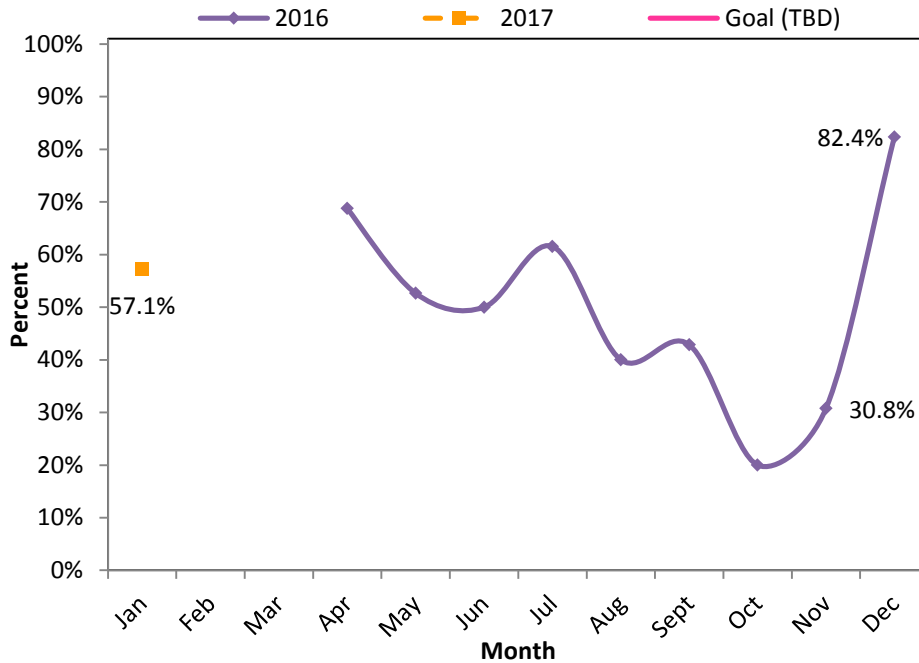
### Community and Family Support (CFS)

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 two weeks of birth: 19

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 30.8% to 82.4%. A goal has not been determined.



### Community and Family Support (CFS)

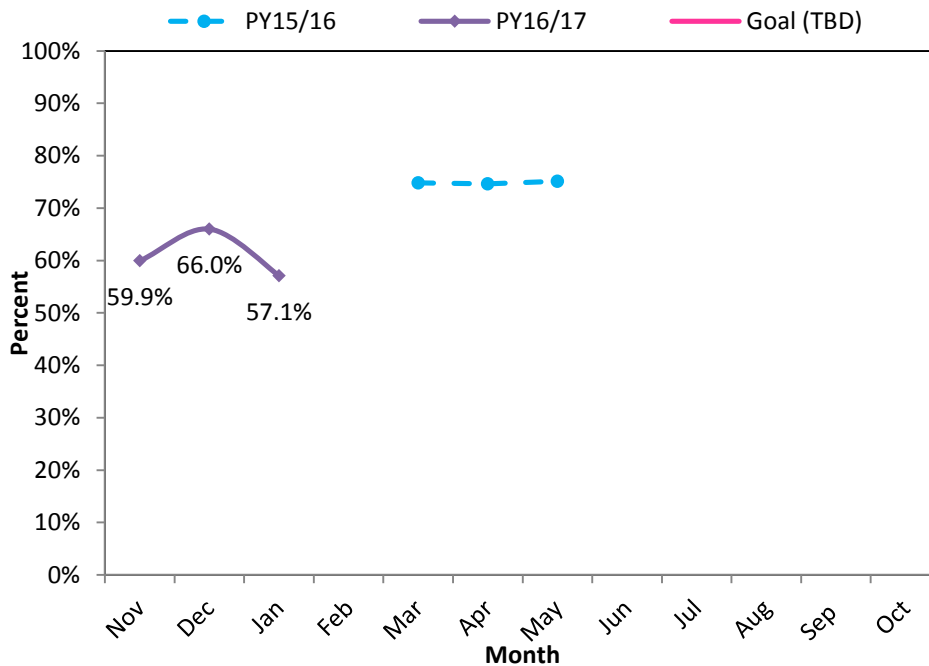
Measure: **Home Instruction for Parents of Preschool Youngsters (HIPPY): Percent of Families Who Received All Expected Visits/Packets in the Month**

How it is measured: *Numerator:* Number of families who received all expected visits/packets within the month

*Denominator:* Number of families enrolled for the entire month: 262

Why this matters: Home Visitors provide weekly home visits to parents to encourage their involvement in their local schools and communities, while empowering and training them to act as the primary educator for their children. This maximizes a child’s chances at a successful early school experience. Monthly group meetings provide an opportunity for families to build social capital by meeting other families in their community, and discover potential resources to meet their specific needs.

Goal: **↑ To be determined**



Trend: The Division’s performance in the most recent quarter ranged from 57.1% to 66.0%. A goal has not been determined.

## 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 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 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. CSS 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:* CSS has implemented the Colorado Consistent Payer Project that brings together county representatives and state staff to explore innovative strategies to improve the reliability of monthly child support payments for families.
- *Percent of Current Child Support Collected:* The Division has implemented a Zero-Payer with Verified Employer Project. This project will study those clients who have a verified employer, but did not pay their child support in a given month. Additional insight into this group will help inform future policy decisions and intervention strategies for increasing the monthly collection rate.
- 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 is currently piloting an assessment tool that allows counties to identify barriers to a parent's ability to pay child support.

#### Measures

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



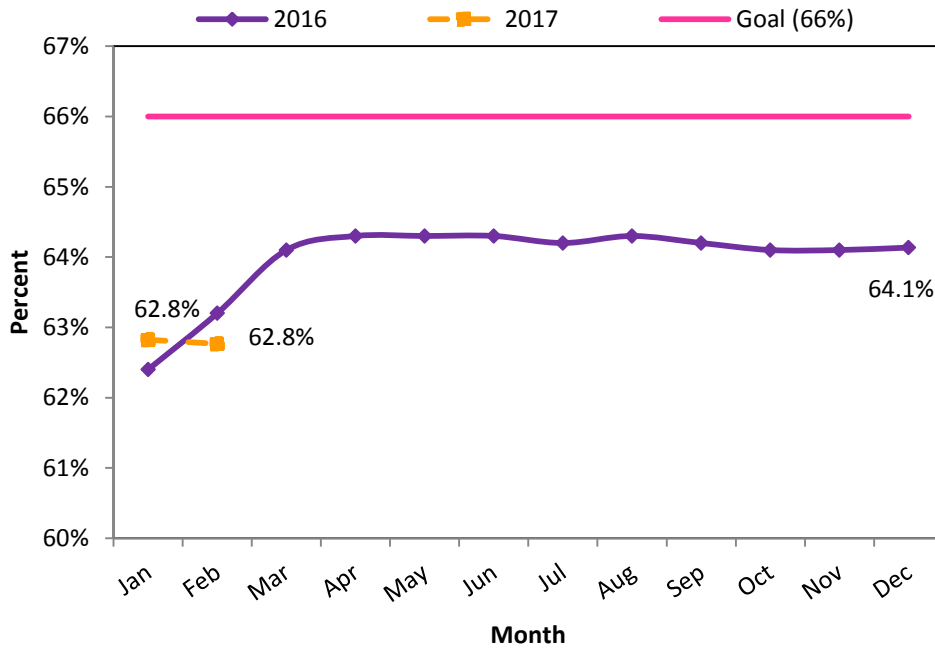
### Child Support Services (CSS)

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 February 2017: \$66,434,124.00

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

Goal: **↑66%**



Trend: The Division’s performance in the most recent quarter ranged from 62.8% to 64.1%.



### Child Support Services (CSS)

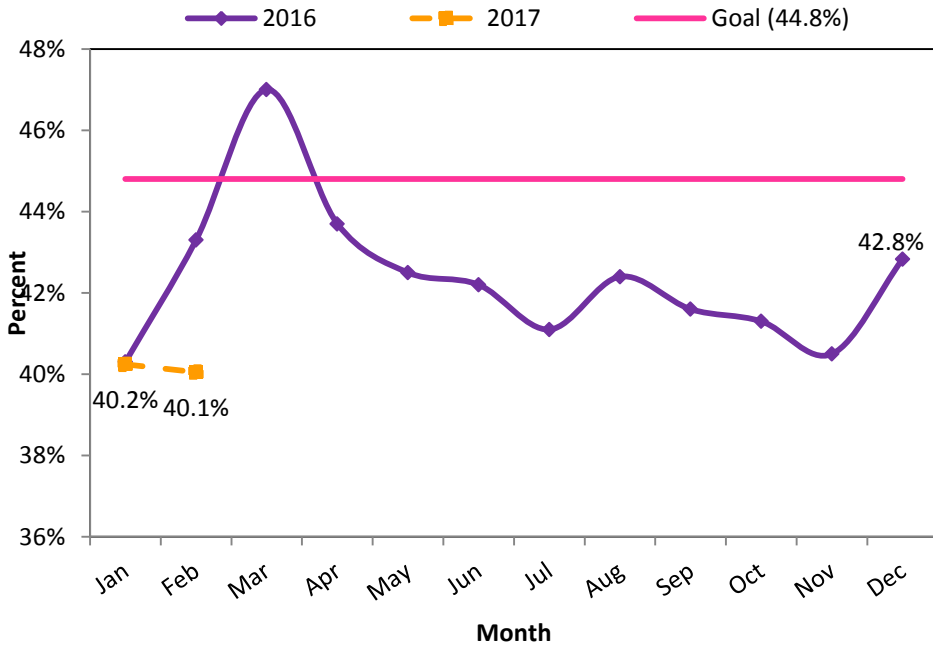
Measure: **Percent of Cases with an Arrears Payment**

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: 105,411

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

Goal: **↑44.8%**



Trend: The Division’s performance began 2017 below the performance of the previous year. The goal was not met.

## Employment and Benefits Division

### Summary

#### Description:

The Employment and Benefits Division 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 that 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, Burial Assistance, and Repatriation. A second program, Colorado Works, is federally known as Temporary Assistance for Needy Families. Colorado Works provides 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 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. The most recent quarter showed the results of those efforts as performance consistently outperformed the previous year.
- *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. Currently, the 18 participating counties are in the process of implementing their innovative solutions and are using rapid-cycle evaluations to measure the impact on their program. The promising innovations identified will be disseminated statewide.
- *Colorado Works All-Family Work Participation Rate:* The Division continues to provide training and technical support to counties on this measure.
- *Timeliness of Redetermination (RRR) Adult Financial and Colorado Works Applications:* Due to consistently high performance these two measures were moved to the CDHS C-Stat Dashboard in March 2017, therefore this will be the last time these measures are detailed in the C-Stat Quarterly Report. The C-Stat Dashboard is distributed along with the monthly C-Stat data and reviewed by Executive Management on a monthly basis, but is not reported as a part of the C-Stat Quarterly Report.
- *Colorado Refugee Services Program:* The International Rescue Committee began serving refugees in Colorado, joining two other existing volunteer agencies.

### 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](#)



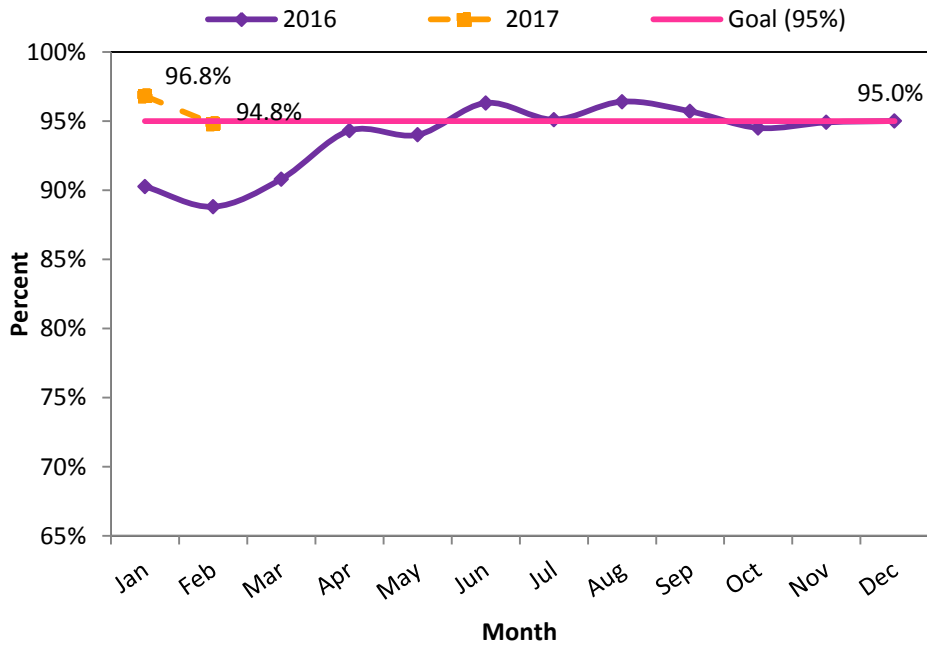
## Employment and Benefits Division: Adult Financial (AF)

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: 1,107

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 in the most recent quarter ranged from 94.8% to 96.8%, and the goal was met twice.



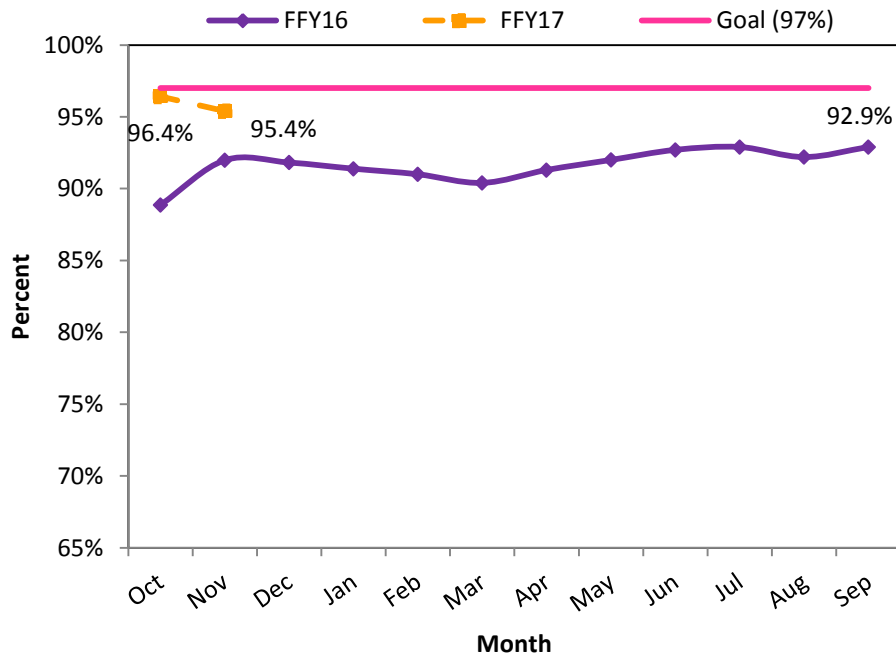
## Employment and Benefits Division: Adult Financial (AF)

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: \$20,101

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 92.9% to 96.4%. Federal fiscal year 2017 began above the performance of the previous year. The goal was not attained.

Notes: The federal fiscal year begins each year on October 1st, resetting the cumulative measurement.



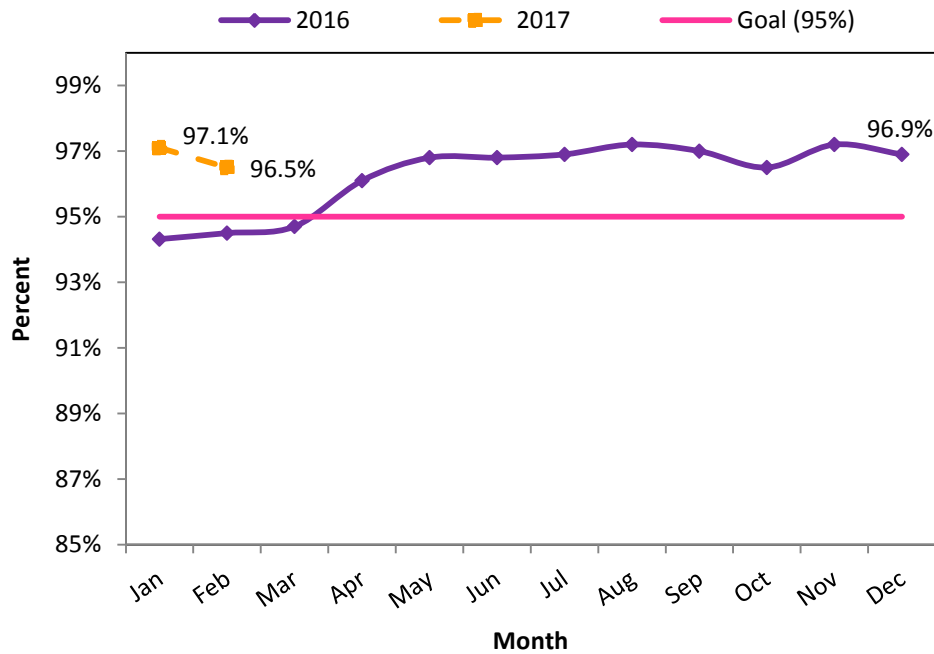
## Employment and Benefits Division: Colorado Works (CW)

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: 1,839

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 97.1 %. The goal has been met for eleven consecutive months.



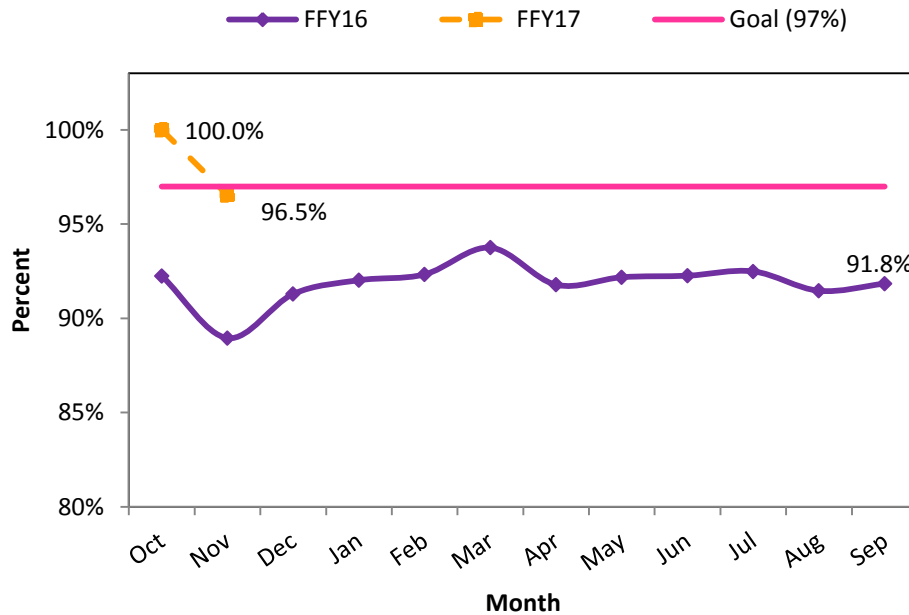
### Employment and Benefits Division: Colorado Works (CW)

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: \$23,858

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 100%. Federal fiscal year 2017 began above the trend of the previous year.

Notes: The federal fiscal year begins each year on October 1st, resetting the cumulative measurement.



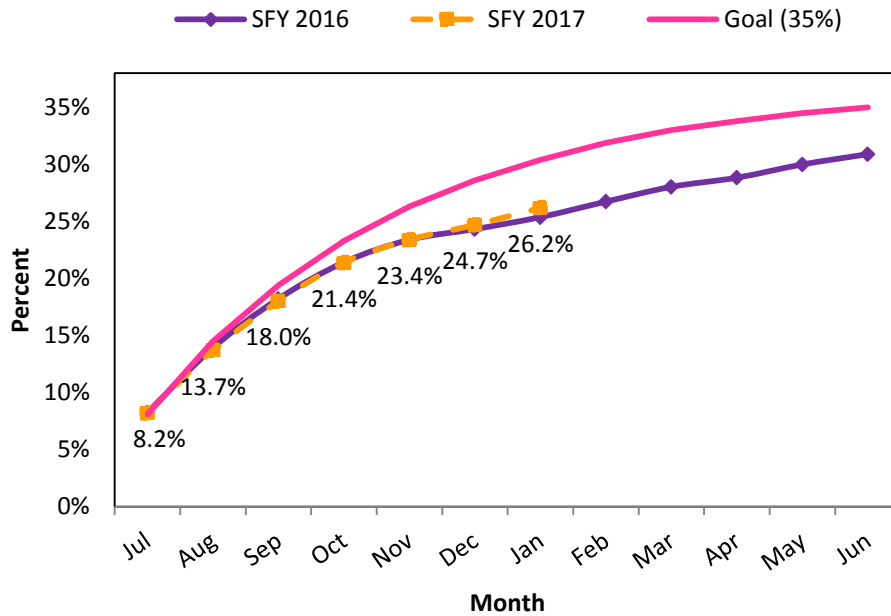
## Employment and Benefits Division: Colorado Works (CW)

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

How it is measured: *Numerator:* Number of individuals who gained employment in the year to date  
*Denominator:* Number of individuals enrolled in Workforce Development year to date who are not in the same employment activity continuously: 22,370

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.



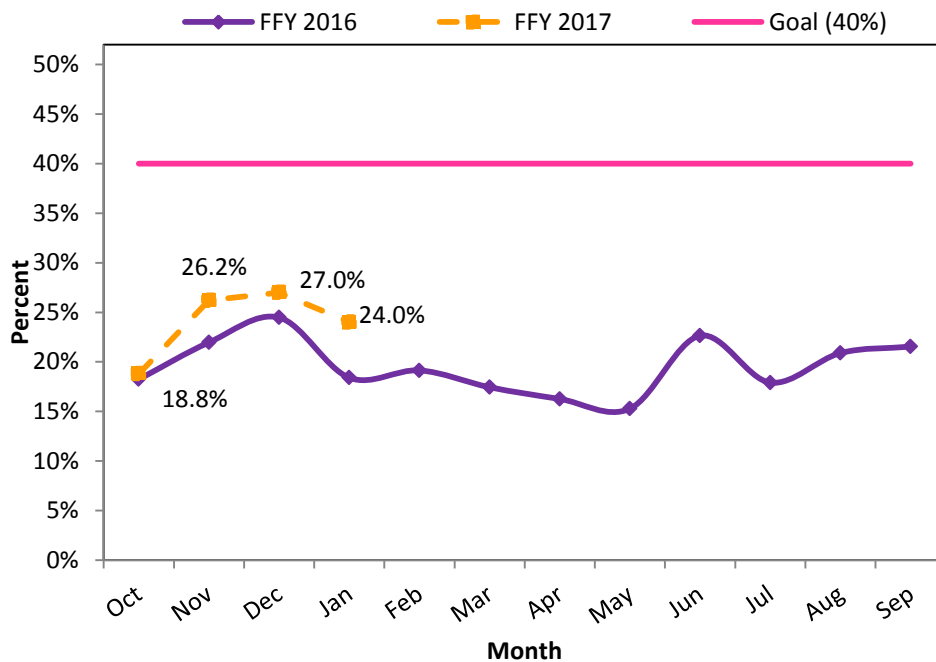
### Employment and Benefits Division: Colorado Works (CW)

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: 9,289

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 improved over the previous year and ranged from 24.0% to 27.0%. The goal was not met.

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.



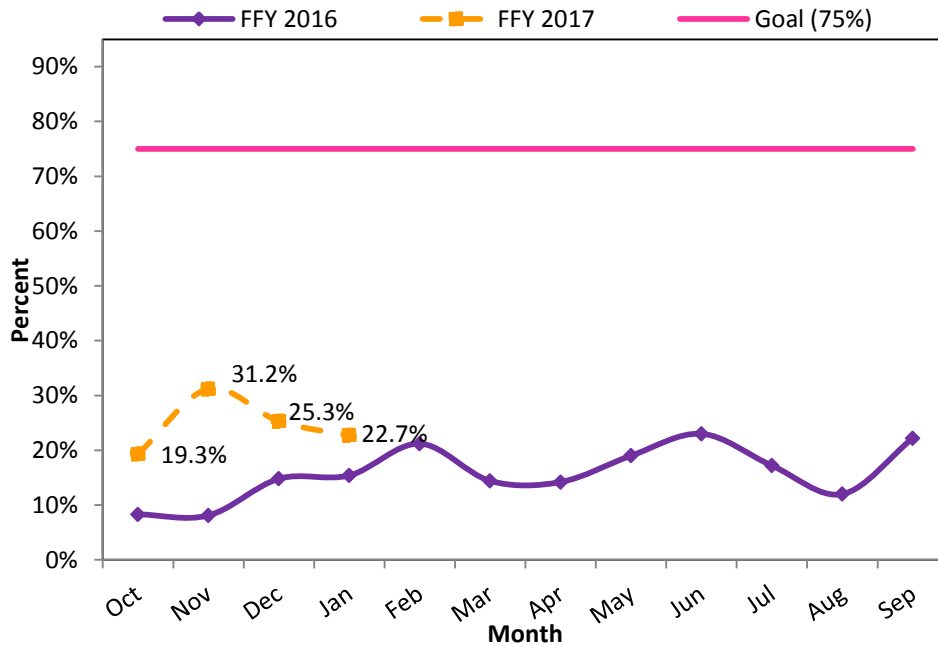
### Employment and Benefits Division: Colorado Works (CW)

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: 1,288

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 22.7% to 31.2%. Performance is trending higher than the previous year. The goal was not met.

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.

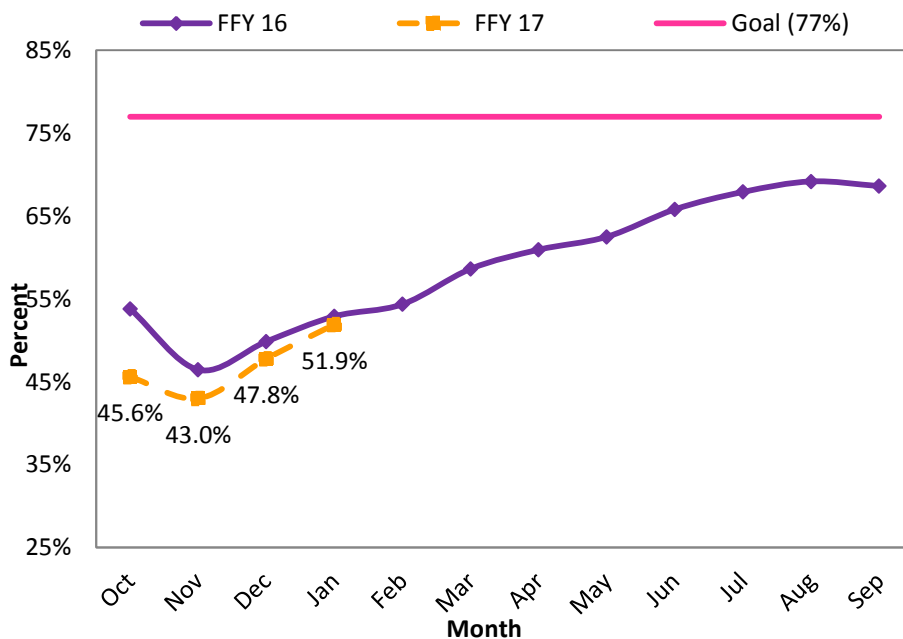
## Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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): 391

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 is trending similar to 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.



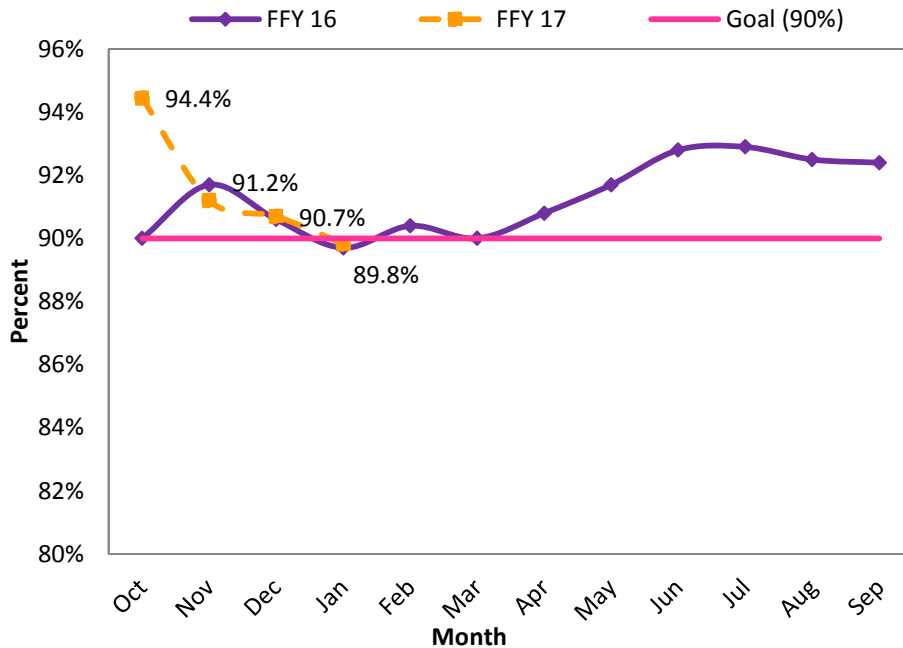
### Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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: 226

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 in the most recent quarter declined from 91.2% to 89.8%, and fell below the goal.

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 continues its work with the Office of Performance and Strategic Outcomes to identify new performance measures that support the continuous improvement of the Food Assistance program.
- *Case and Procedural Error Rate (CAPER) and Payment Error Rate (PER)*: The Division has multiple efforts underway to improve accuracy rates, including database improvements, policy/procedure changes, and additional training and technical supports for counties.
- *Timeliness of New, Expedited, and Redetermination (RRR) Food Assistance Applications*: The Division continued to demonstrate strong performance for these measures in the most recent quarter, exceeding the goals for 15 consecutive months or more. Due to the consistently high performance, these three measures were moved to the CDHS C-Stat Dashboard in March 2017. Therefore, this will be the last time they are detailed in the C-Stat Quarterly Report. The C-Stat Dashboard is distributed along with the monthly C-Stat data and reviewed by Executive Management on a monthly basis, but is not reported as a part of the C-Stat Quarterly Report.

#### 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](#)



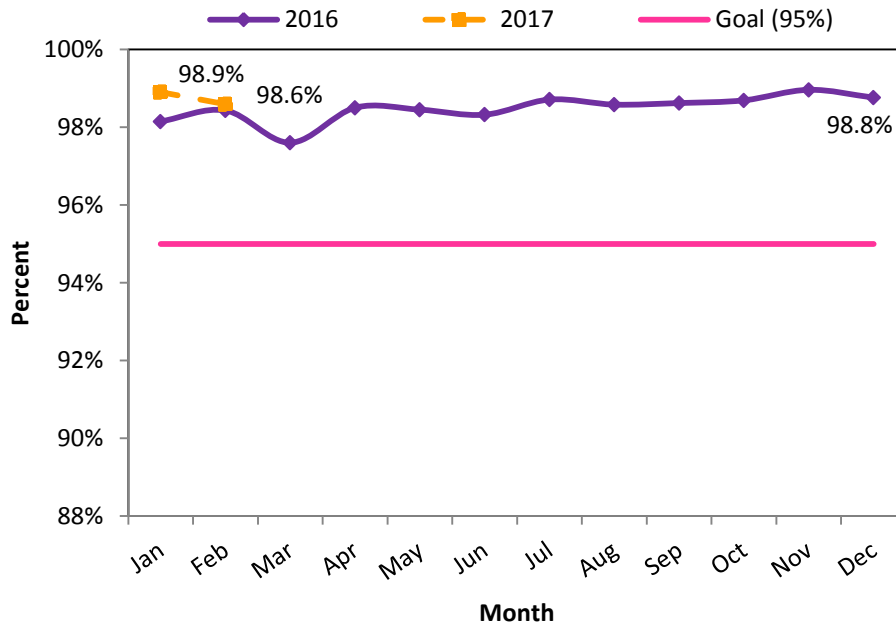
## Food and Energy Assistance: Food Assistance (FA)

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: 15,265

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 98.9%. The goal has been achieved for 23 consecutive months.



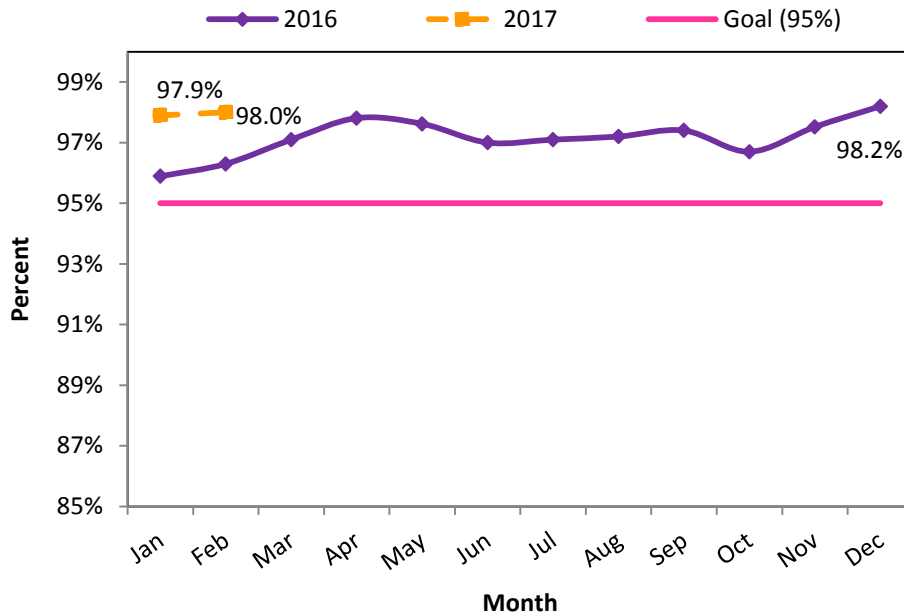
## Food and Energy Assistance: Food Assistance (FA)

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: 9,344

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 97.9% to 98.2%. The goal has been achieved for 16 consecutive months.



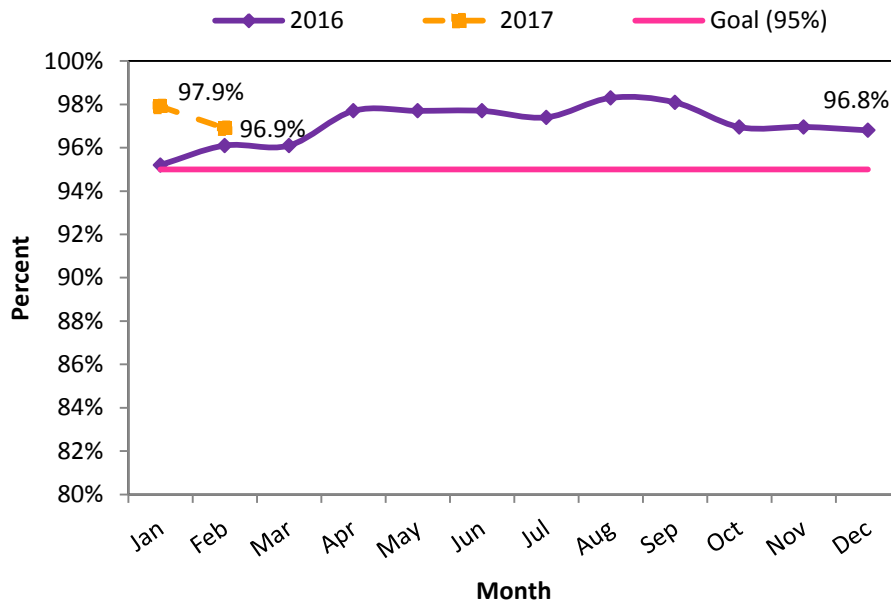
## Food and Energy Assistance: Food Assistance (FA)

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: 17,547

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 96.8% to 97.9%. The goal has been achieved for 15 consecutive months.



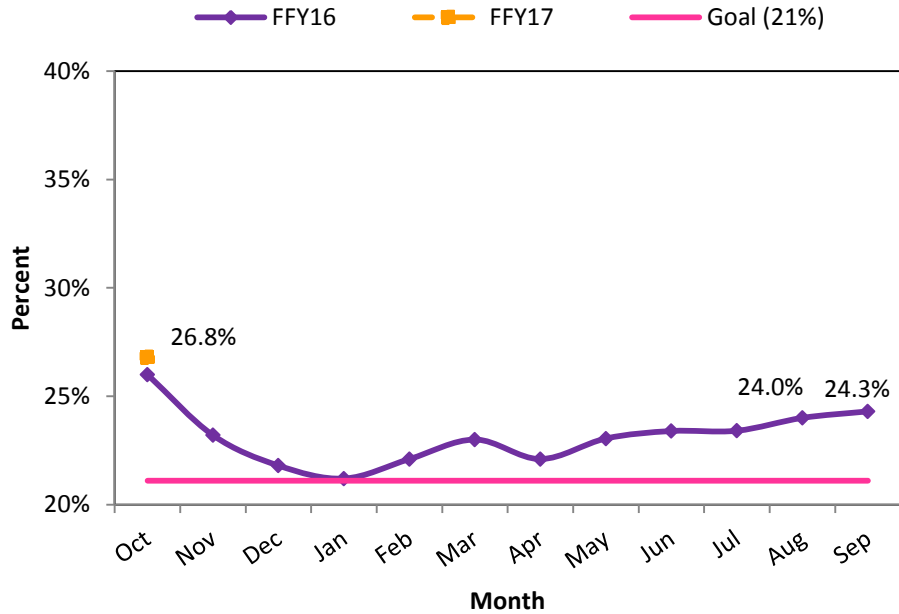
### Food and Energy Assistance: Food Assistance (FA)

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): 56

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 24.0% to 26.8%. The goal was not met.

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.



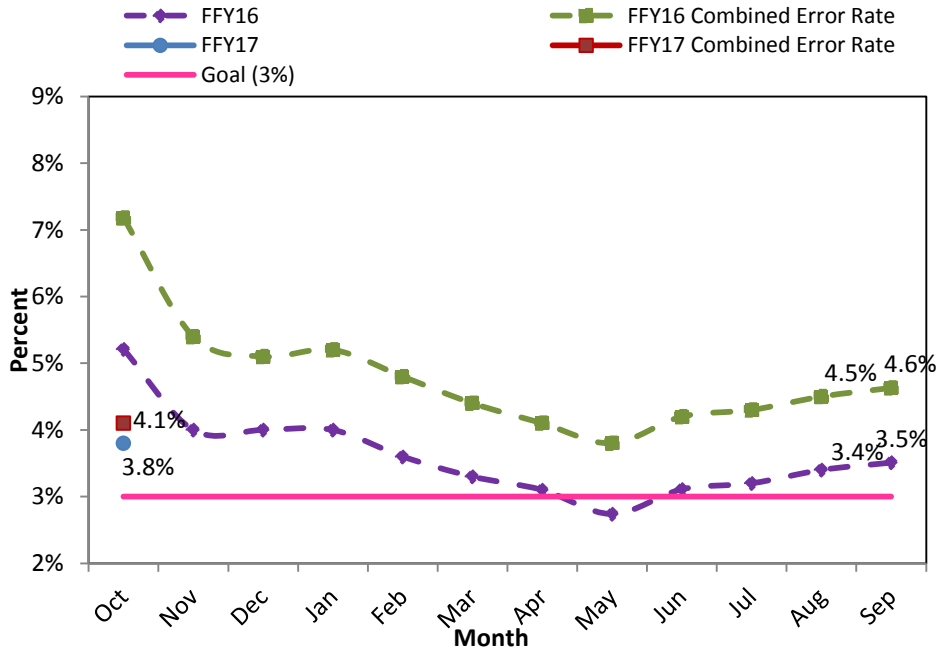
### Food and Energy Assistance: Food Assistance (FA)

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): \$17,069

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

Goal: ↓ 3%



Trend: The Division’s performance began federal fiscal year 2017 with improved error rates compared to the previous year.

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.