



Summary Report

April - June 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 June 30th, 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 June 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.

How Do I Read This Report?

The Division

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

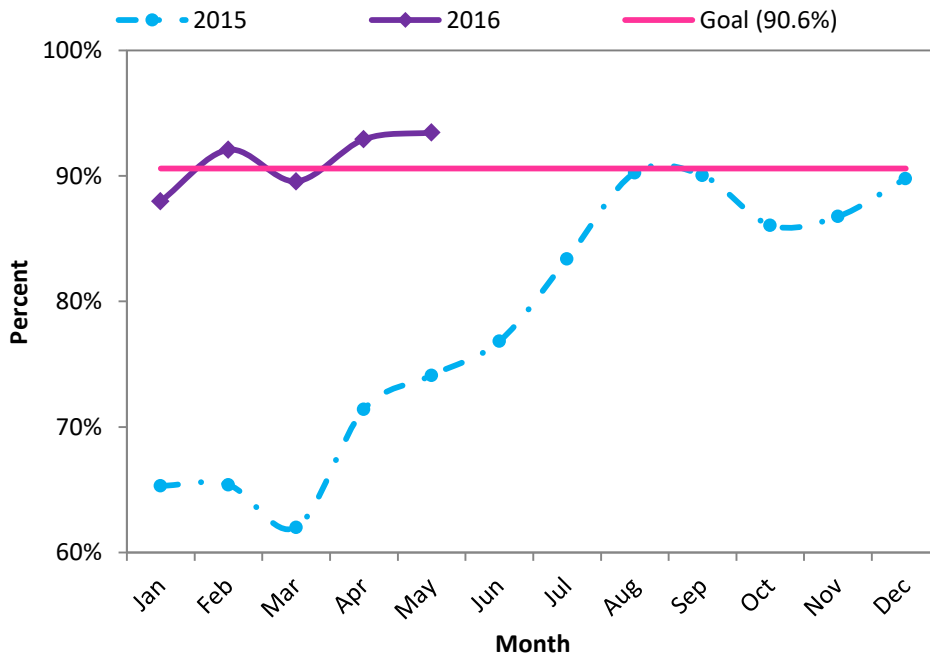
How it is measured: *Numerator:* Describes what is being “counted.”
 Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population;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

- *Mental Health Clients Engaged in Services:* The Community Behavioral Health Division has achieved the 65.0% goal for eight consecutive months.
- *Substance Use Disorder Clients Engaged in Services:* A goal of 61.4% was established for this measure in April 2017 and is seen for the first time in this Quarterly Report.
- *Percent of Persons who Maintained or Improved Housing while Receiving Mental Health Services:* Community Behavioral Health has employed several strategies to improve performance on this measure, including creating Quality Improvement Plans (QIP) for providers, conducting monthly outreach efforts to the two lowest performing providers regarding their QIPs, pulling lists of homeless clients from the Colorado Client Assessment Record (CCAR) to ensure providers know which clients need improvement in housing, and hosting a Housing Symposium to develop quality improvement strategies.
- *Timeliness of Crisis Services:* Crisis Stabilization Unit (CSU) met the 99.0% goal in January 2017 (99.1%) and February 2017 (99.8%). In June 2016, Community Behavioral Health began reporting this measure an additional month in arrears in order to ensure the most accurate data was provided to C-Stat. Therefore, only two new months of data (January and February 2017) are reflected in this Quarterly Report.
- *Percent of Clients with Reduced Suicidality:* Crisis Stabilization Unit (CSU) met the 58.0% goal in every month this quarter. While walk-in did not meet the goal, rates trended toward the 39.0% goal throughout the quarter. In June 2016, Community Behavioral Health began reporting this measure an additional month in arrears in order to ensure the most accurate data was provided to C-Stat. Therefore, only two new months of data (January and February 2017) are reflected in this Quarterly Report.
- *Number of Timely New and Renewal Licensing Decisions:* This measure was replaced by a new measure, *Timeliness of Licensing Issuance*, and is no longer monitored in C-Stat. The *Timeliness of Licensing Issuance* measure will be seen for the first time in the next Quarterly Report.

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](#)



Community Behavioral Health (CBH)

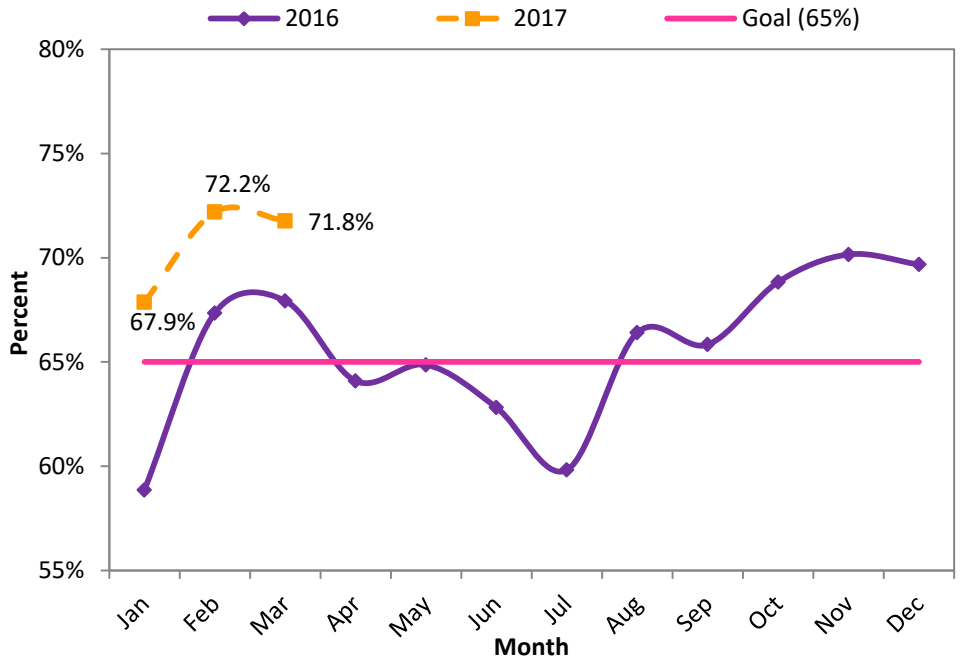
Measure: **Mental Health Clients Engaged in Services**

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: 360

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 67.9% to 72.2%. The goal was attained in each month.

Notes: As of June 2016, this measure includes mental health and substance use disorder services. The 12 most recent months of data are retroactively updated monthly. Data are not available until 60 days after services are received.





Community Behavioral Health (CBH)

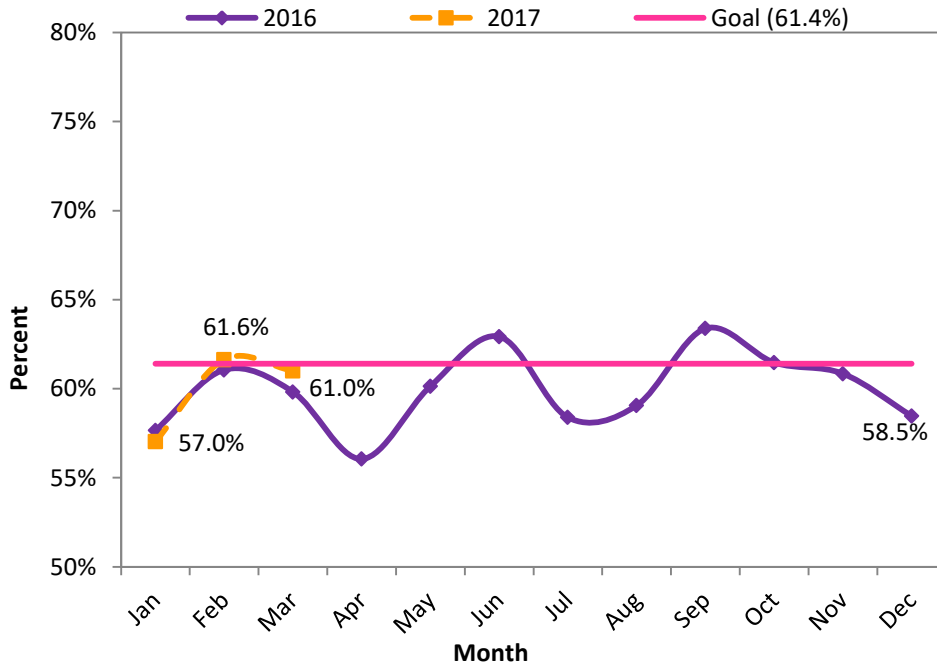
Measure: **Substance Use Disorder Clients Engaged in Services**

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: **↑61.4%**



Trend: Performance in the most recent quarter ranged from 57.0% to 61.6%. The goal was attained in February 2017 (61.6%).

Notes: The 12 most recent months of data are retroactively updated monthly. Data are not available until 60 days after services are received.





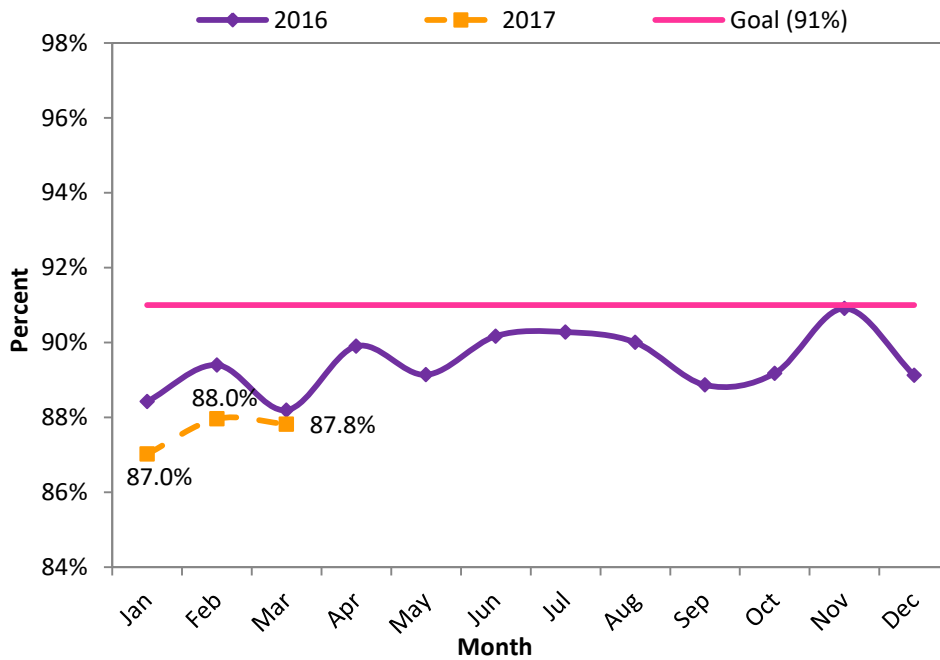
Community Behavioral Health (CBH)

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: 936

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 87.0% to 88.0%. The goal was not attained.

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

“Time One” can be an admission or update in the CCAR. An admission CCAR is the first time in which a client is seen by a provider. An update CCAR is completed when there is a change or major life event (e.g., a change in housing status).





Community Behavioral Health (CBH)

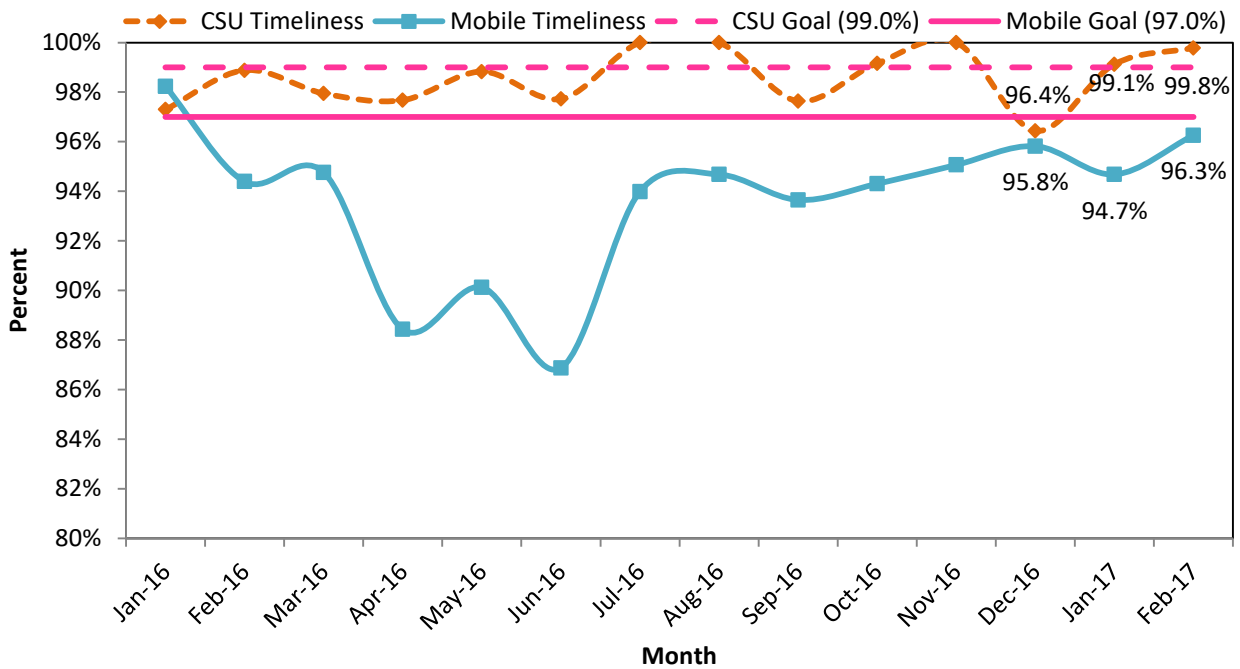
Measure: **Timeliness of Crisis Services**

How it is measured: *Numerator:* Number of individuals receiving crisis services within allotted time frame (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: 448; Mobile: 1,877

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 96.4% to 99.8%. The CSU goal was attained in January 2017 (99.1%) and February 2017 (99.8%). Mobile’s timeliness ranged from 94.7% to 96.3%. The Mobile goal was not attained this quarter.

Note: Community Behavioral Health is reporting this measure one month in arrears, therefore, there are only two new months of data (January and February 2017) reflected in this Quarterly Report.





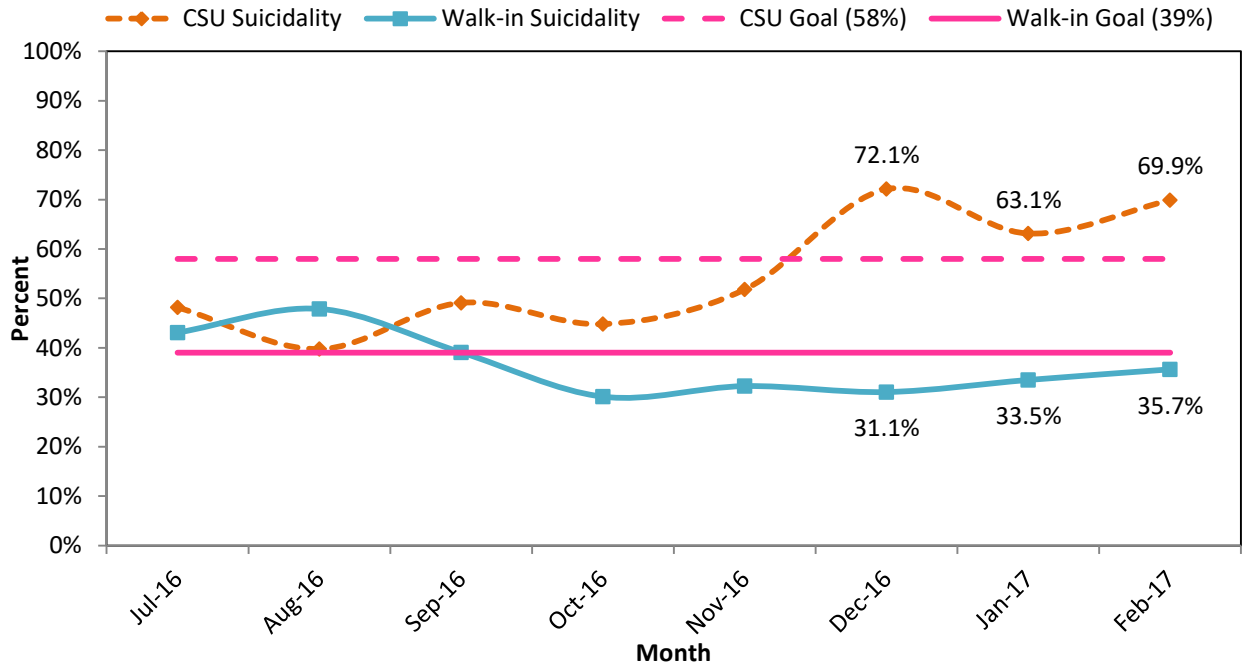
Community Behavioral Health (CBH)

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): 234; Mobile: 550

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 performance in the most recent quarter ranged from 63.1% 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 31.1% to 35.7%. The Walk-in goal was not attained, though rates trended toward the goal this quarter.

Note: Community Behavioral Health is reporting this measure one month in arrears, therefore, there are only two new months of data (January and February 2017) reflected in this Quarterly Report.



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 (i.e. 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:

- *24/7 Facility Staffing - Fort Logan & Pueblo:* The Department has begun to review staffing across all the Department's State-run facilities, which operate 24 hours a day, 7 days a week. This measure first appeared in the January 2017 C-Stat meeting with November 2016 data. In the months since its introduction, the Department has continued to refine data given the definitional complexity, data sourcing, and methodology differences across the Divisions. This is the first time the measure has appeared in the Quarterly Report.
- *Rate of Patient to Staff Assaults - Fort Logan & Pueblo:* The Colorado Mental Health Institute at Fort Logan convened an Assaults Review Committee. Members of this committee reviewed results of a staff survey to help identify precipitating assault triggers and identified recommendations such as including Trauma Informed Care staff in assault review and treatment planning meetings.
- *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 and 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 and will no longer be detailed in the C-Stat Quarterly Report.

Measures:

- [24/7 Facility Staffing](#)
- [Rate of Patient-to-Staff Assaults – 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](#)



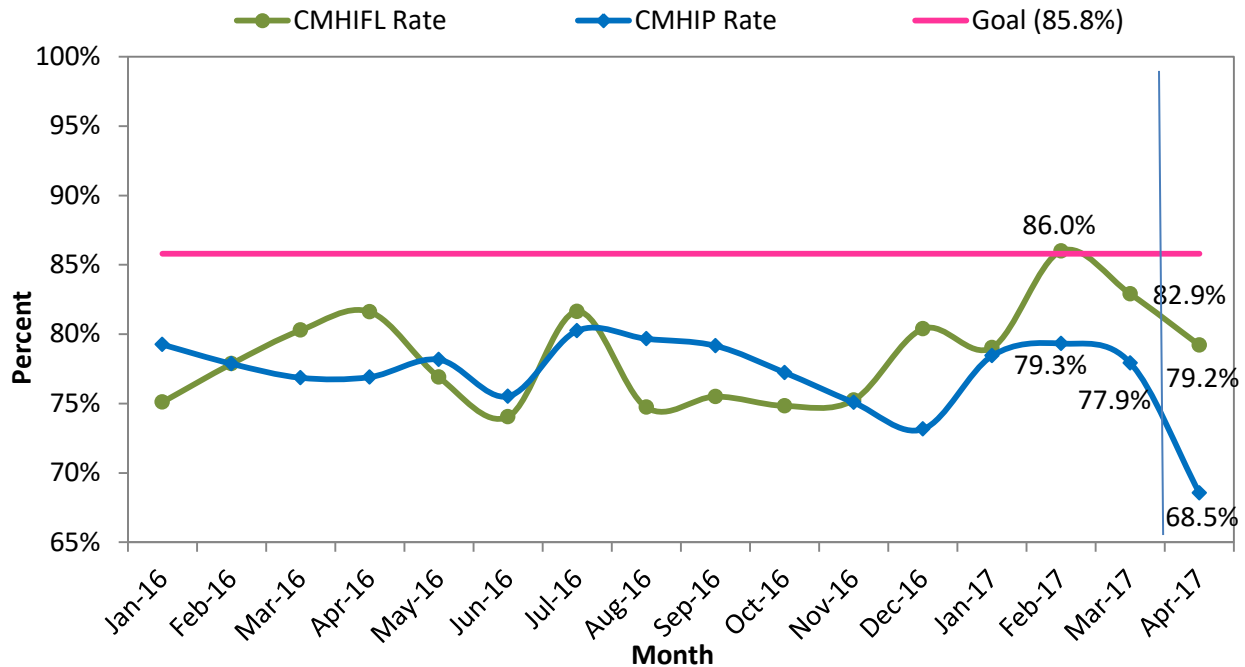
Mental Health Institutes (MHI)

Measure: **24/7 Facility Staffing – Fort Logan & Pueblo**

How it is measured: *Numerator:* Number of regular hours worked in a month
Denominator: Number of minimum staffing hours needed per month as provided by facilities, adjusted for number of days in month. Average monthly hours: Ford Logan: 18,001.44; Pueblo: 90,447.31

Why this matters: Appropriate staffing levels ensure staff can safely care for those we serve.

Goal: **↑85.8%**



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 79.2% to 86.0% and met the goal in February 2017 (86.0%). The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 68.5% to 79.3%. The goal was not attained this quarter.

Note: The line in April 2017 denotes a methodology change in which the Colorado Mental Health Institute of Pueblo began monitoring to basic staffing levels rather than to emergency staffing levels.





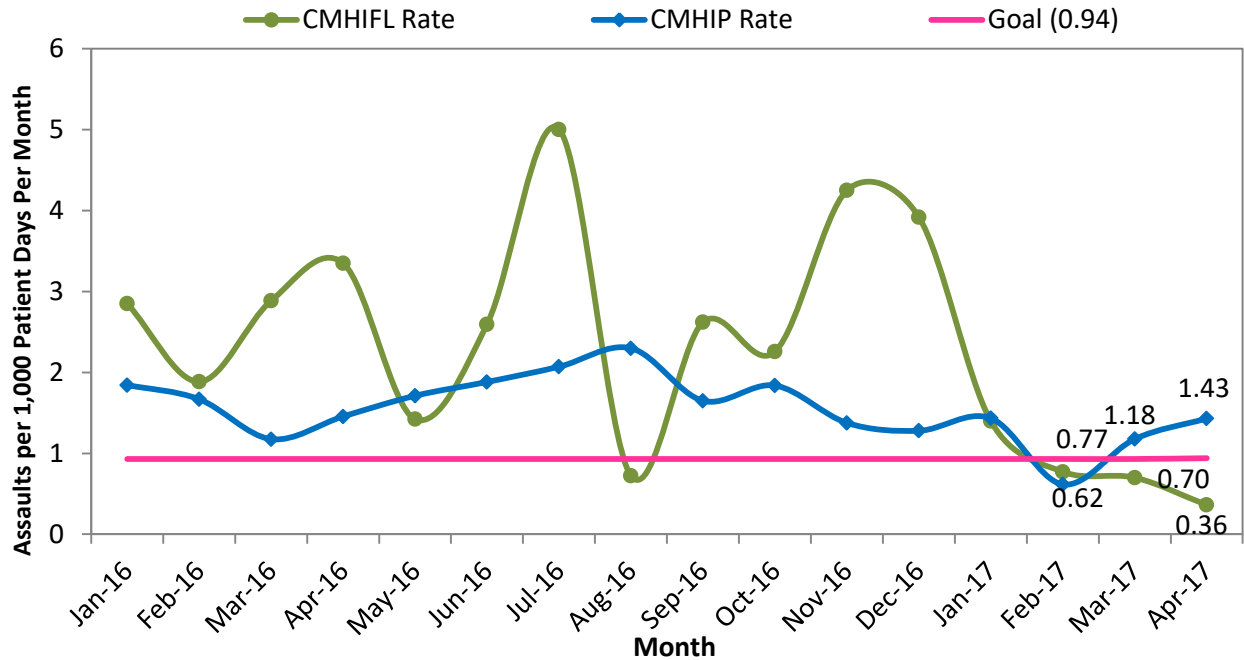
Mental Health Institutes (MHI)

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: 2.7; Pueblo: 12.2

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 0.77 to 0.36 and met the goal in every month this quarter. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 1.43 to 0.62. The goal was attained in February 2017 (0.62).





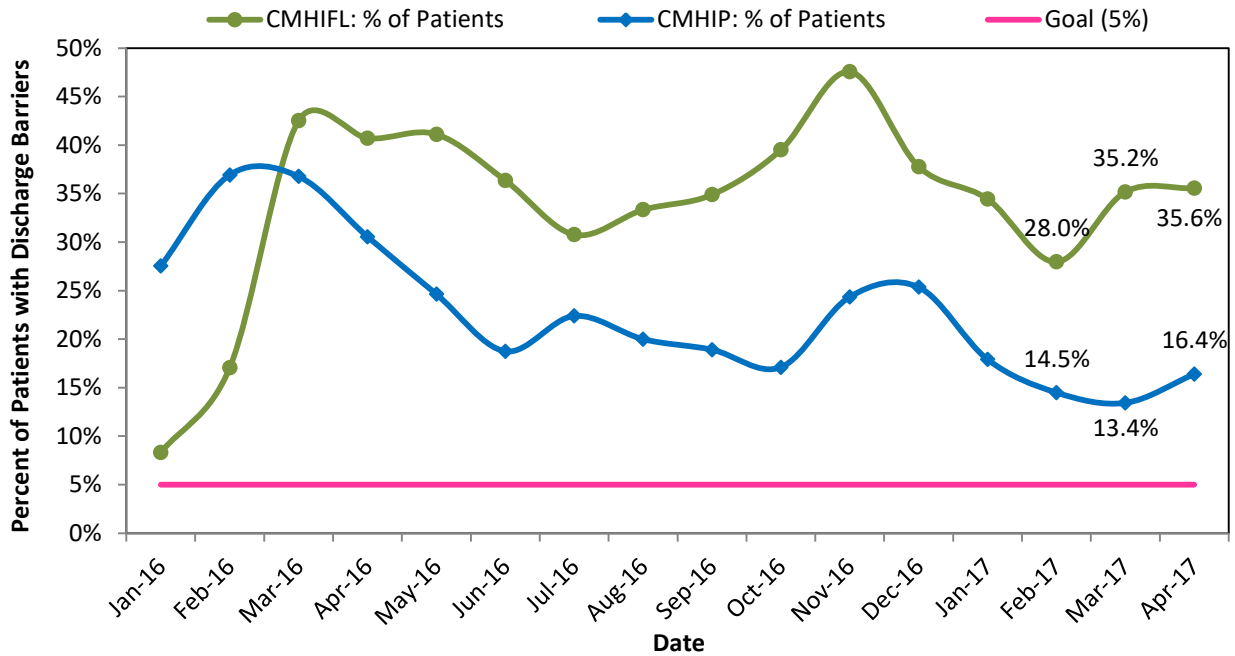
Mental Health Institutes (MHI)

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: 91.3; Pueblo: 65.7

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

Goal: ↓ 5%



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 35.6% to 28.0%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 16.4% to 13.4%. 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.





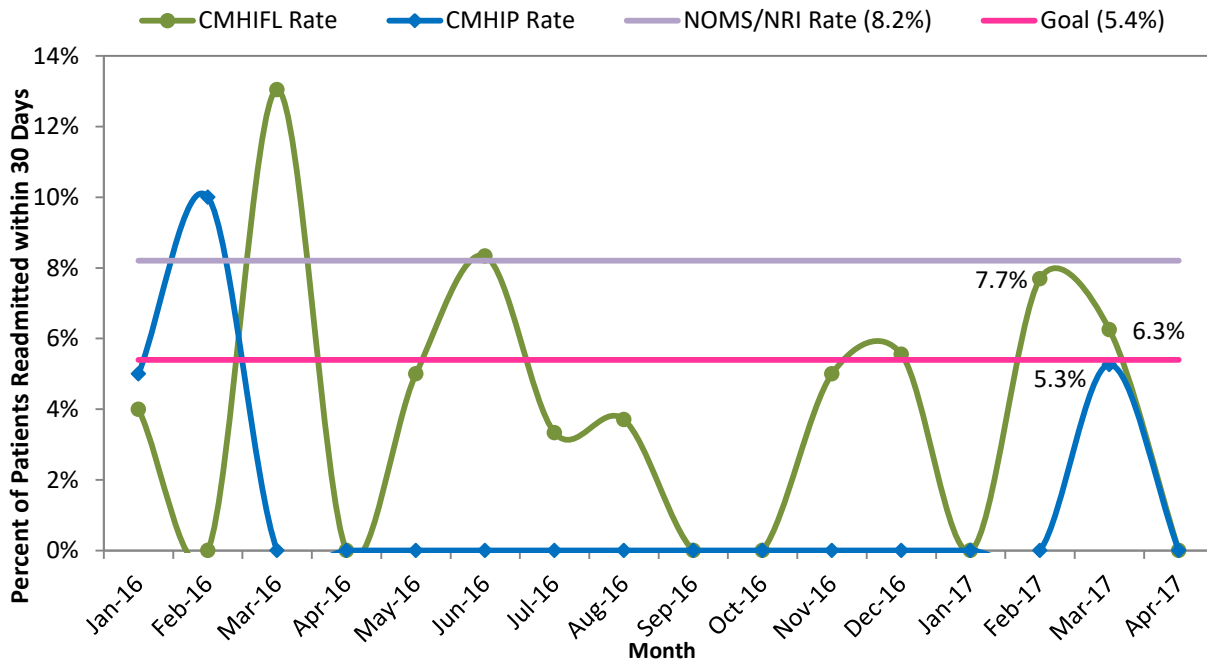
Mental Health Institutes (MHI)

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 7.7% to 0.0% and attained the goal in April 2017 (0.0%). The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 5.3% to 0.0%. The goal was met throughout the quarter.



Mental Health Institutes (MHI)

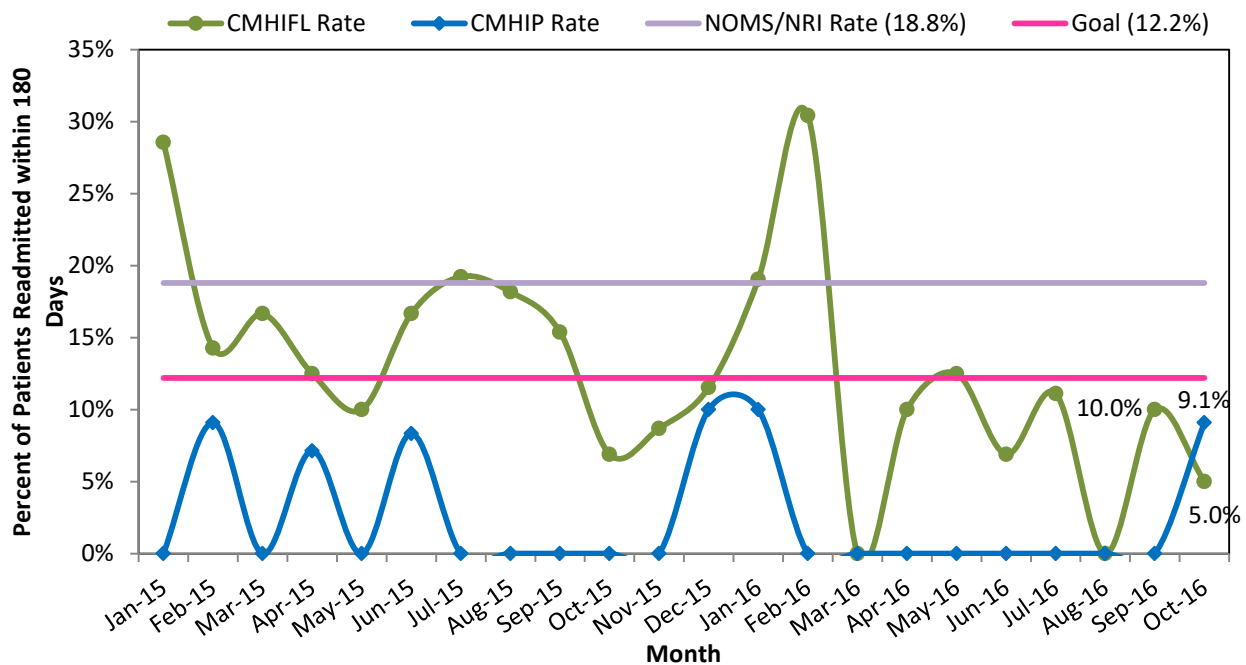
Measure: **Percent of 180-Day Readmissions – Fort Logan & Pueblo**

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: 24.0; Pueblo: 9.3

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

Goal: **↓12.2%**



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 10.0% to 0.0%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 9.1% to 0.0%. The goal was attained throughout the quarter at both Institutes.

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.



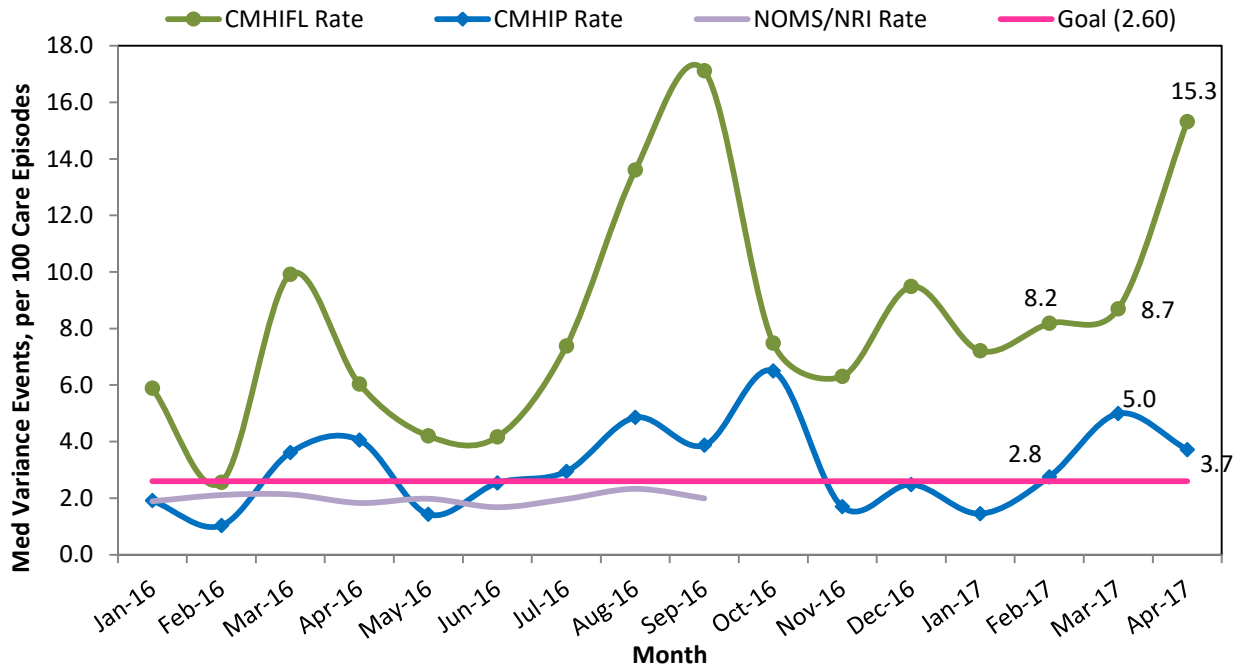
Mental Health Institutes (MHI)

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 15.3 to 8.2. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 5.0 to 2.8. The goal was not met by either Institute 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 Services, 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 children placed in out-of-home care.

Director: Ann Rosales

Executive Summary

- Several DCW measures reflect data that are 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 data 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: Immediate Response Time*: Performance has remained above the 90% goal for six consecutive months. The Division continues to monitor lower-performing counties on a weekly basis and offering additional technical assistance as needed.
- *Maltreatment in Out-of-Home Care*: The Division continues to review these data by provider type. On average, 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. While performance appears to decline, it is important to note that the data is a rate multiplied by 100,000, inflating the appearance of occurrences.
- *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 the 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 use of out-of-home care for children in Colorado.

Measures

- [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](#)



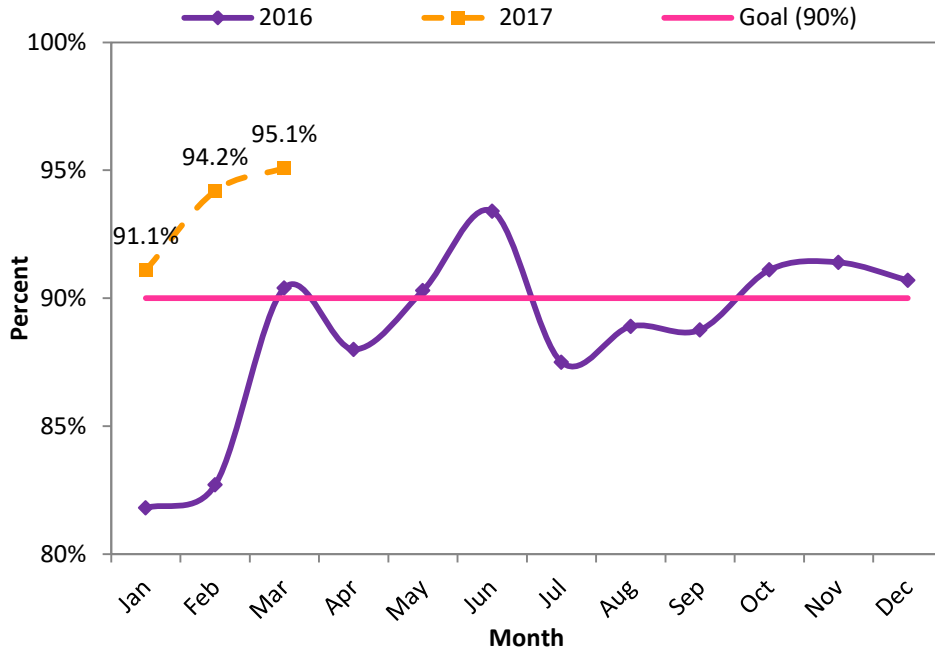
Division of Child Welfare (DCW)

Measure: **Timeliness of Initial Response to Abuse/Neglect Assessments: 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: 313

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 has met the 90% goal for six consecutive months.

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





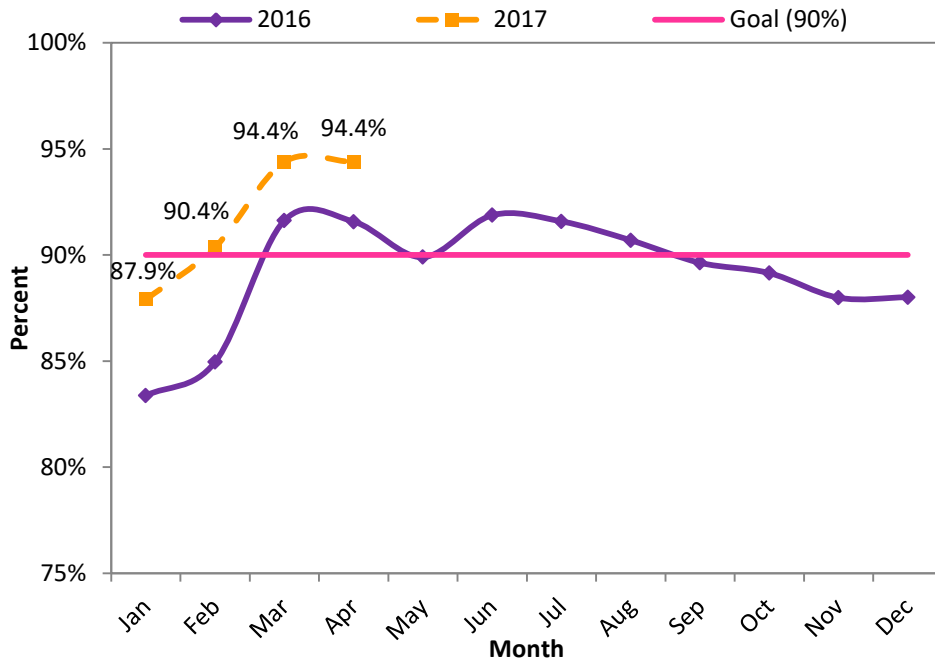
Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of child protection assessments closed within 60 days of referral
Denominator: Number of child protection assessments due to close during the specified month (both Traditional and Family Assessment Response); average monthly denominator: 2,782

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 improved throughout the most recent quarter, meeting the goal each month within the quarter.





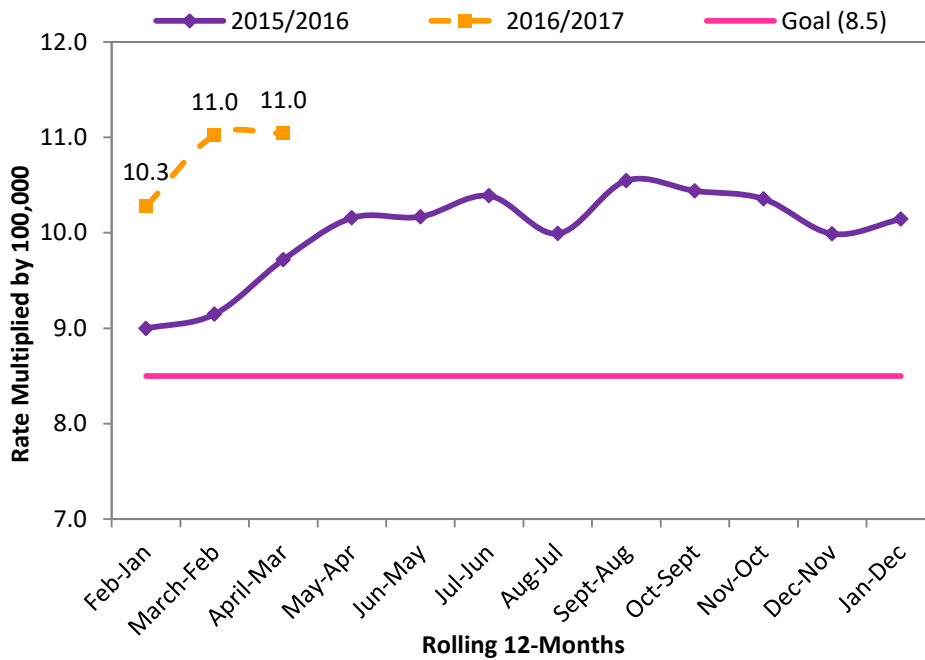
Division of Child Welfare (DCW)

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: 1,743,803

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 rates ranged from 11.0 to 10.3 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.





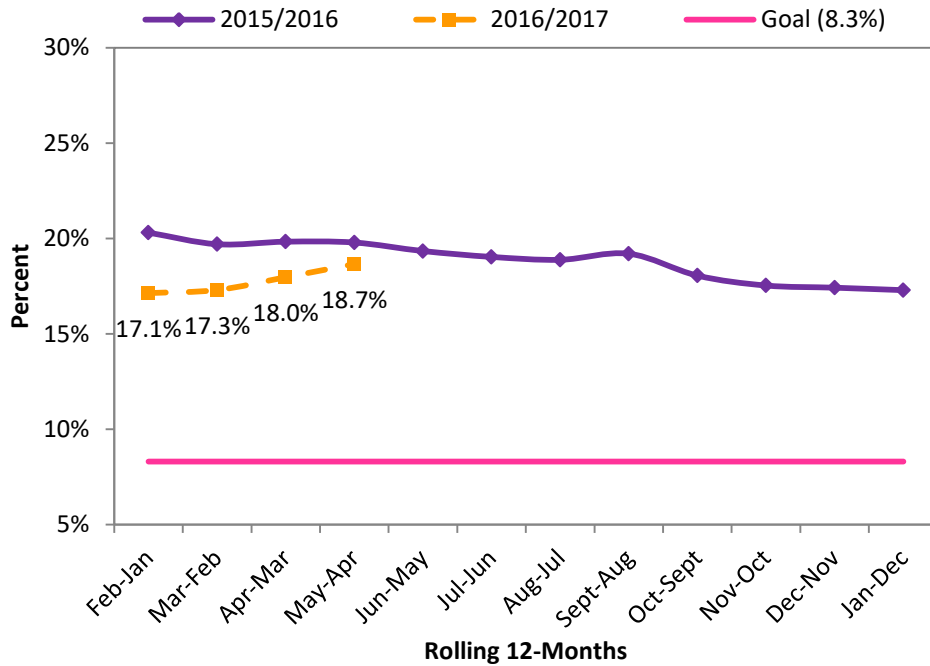
Division of Child Welfare (DCW)

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: 2,362

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

Goal: **↓ 8.3%**



Trend: The Division’s performance has worsened each month within 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.





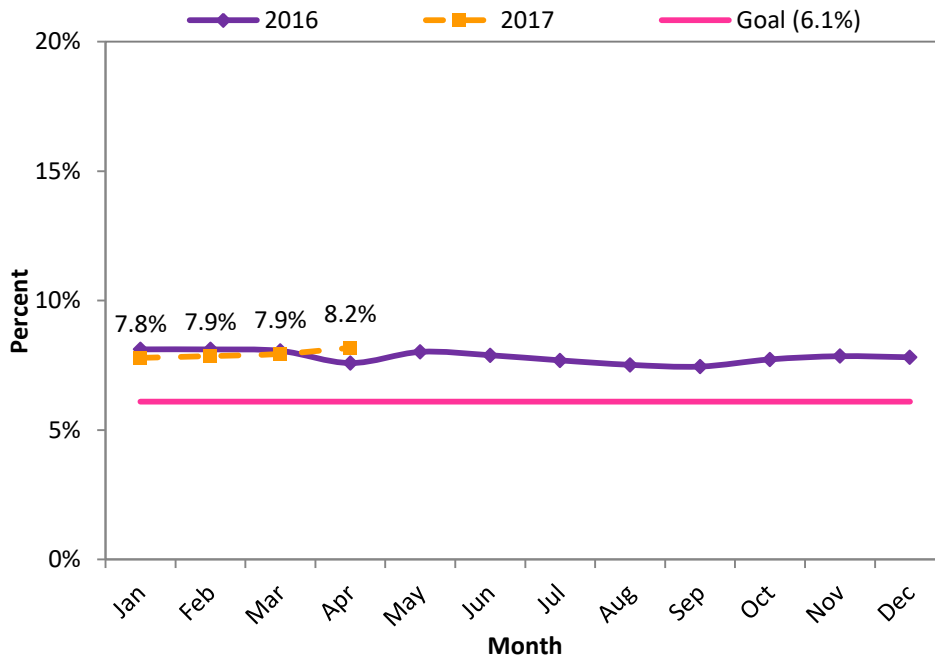
Division of Child Welfare (DCW)

Measure: **Children 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: 11,354

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 Services

Summary

Description

The Division of Youth Services (DYS) 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.

Director: Anders Jacobson

Executive Summary

- *Committed or Detained Youth Who Escape or Walkaway*: Due to consistent performance, the measure was moved to the CDHS C-Stat Dashboard in March 2017. Therefore, it will no longer be 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 in the C-Stat Quarterly Report.
- *Eligible Youth Who Have a GED or High School Diploma by Discharge*: Due to continuously above-goal performance, this measure was moved to the C-Stat Dashboard in July 2017 and thus, no longer reported in the CDHS C-Stat Quarterly Report after this quarter.
- *Youth-on-Youth Fights and/or Assaults in DYS State-Secure Facilities and Youth-on-Staff Assaults in DYS State-Secure Facilities*: In May 2017, DYS made the decision to split up the former measure Fights and/or Assaults in DYS State-Secure Facilities to reviewing Youth-on-Youth Fights and/or Assaults and Youth-on-Staff Assaults separately. These two new C-Stat measures have replaced Fights and/or Assaults and Staff Injuries in C-Stat and in the C-Stat Quarterly Report. DYS staff injuries will continue to be reviewed in the DYS Monthly Management Report.
- *Seclusion Hours in DYS State-Secure Facilities*: This is a new measure as of May 2017. The Division continues to implement additional efforts to reduce the use of seclusion in facilities, as isolation eliminates a youth's ability to engage in treatment and programming.
- *Rate of Wrap Applications in DYS State-Secure Facilities*: In May 2017, the Division began reporting the use of the Sage Restraint Wrap device. All facilities have started a process to move away from the use of the device, eliminating its use altogether by July 1, 2018.
- *24/7 Facility Staffing*: The Department began to review staffing across all the Department's State-operated facilities, which operate 24 hours a day, 7 days a week. This measure first appeared in the January 2017 C-Stat meeting with November 2016 data. In the months since its introduction, the Department has continued to refine data given the definitional complexity, data sourcing and methodology differences across the Divisions. This is the first time the measure has appeared in the C-Stat Quarterly Report.

Measures

- [Eligible Youth Who Have a GED or High School Diploma by Discharge](#)
- [Timely Initial Placement for Committed Youth](#)
- [Youth-on-Youth Fights and/or Assaults in DYS State-Secure Facilities](#)
- [Youth-on-Staff Assaults in DYS State-Secure Facilities](#)
- [Youth Injuries in State-Secure Facilities](#)
- [Seclusion Hours in DYS State-Secure Facilities](#)
- [Rate of Wrap Applications in DYS State-Secure Facilities](#)
- [Family Attendance at Multidisciplinary Team \(MDT\) Review Meetings](#)
- [24/7 Facility Staffing](#)



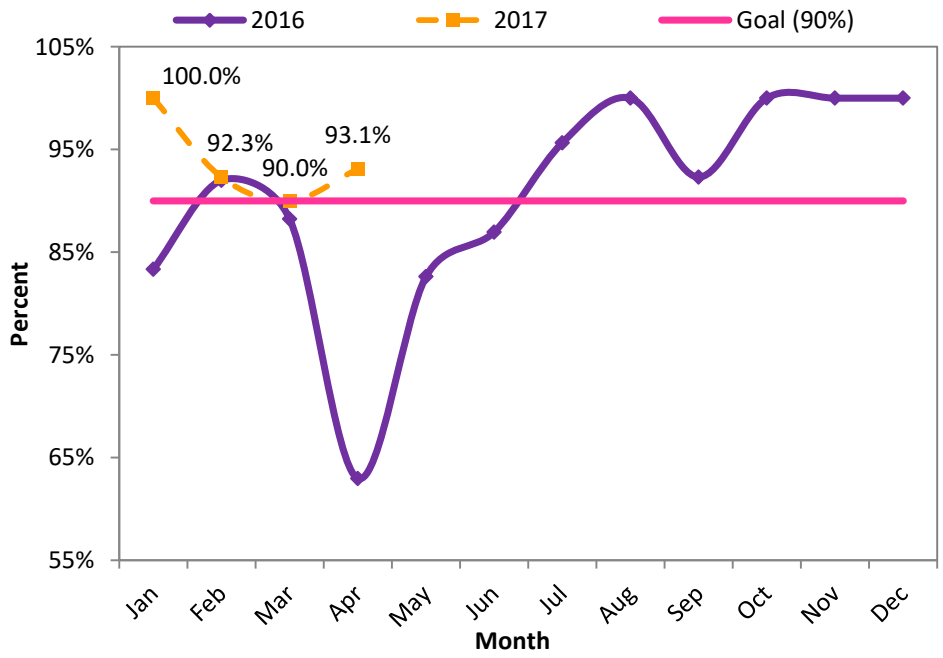
Division of Youth Services (DYS)

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 DYS clients discharged in a specific month; average monthly denominator: 25

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

Goal: **↑ 90%**



Trend: The Division sustained performance above the goal each month within the most recent quarter.





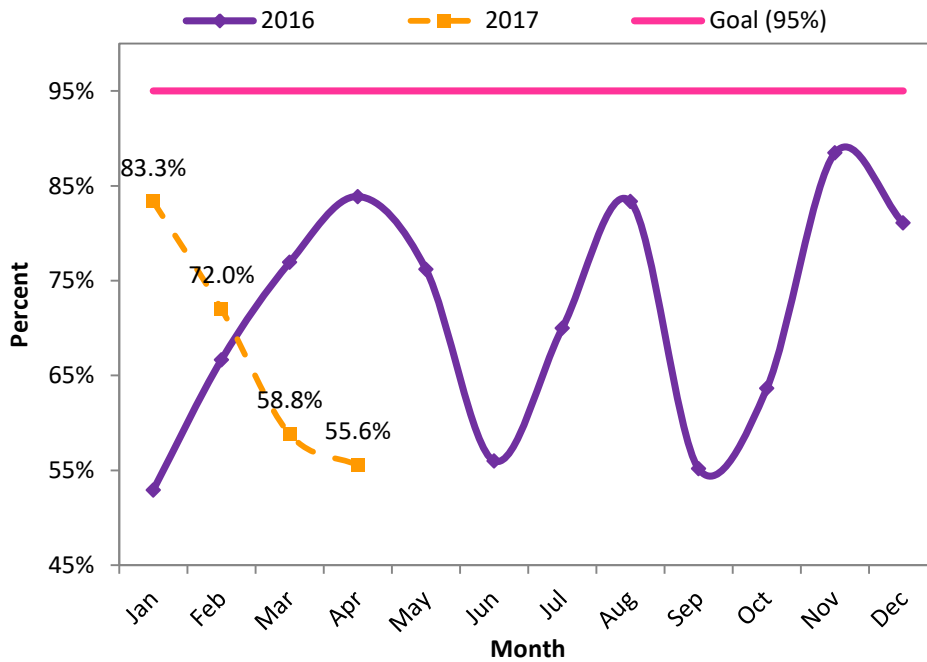
Division of Youth Services (DYS)

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: 32

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

Goal: **↑ 95%**



Trend: The Division’s performance declined in each month within the most recent quarter, ending the quarter at 55.6%. The goal has yet to be achieved.





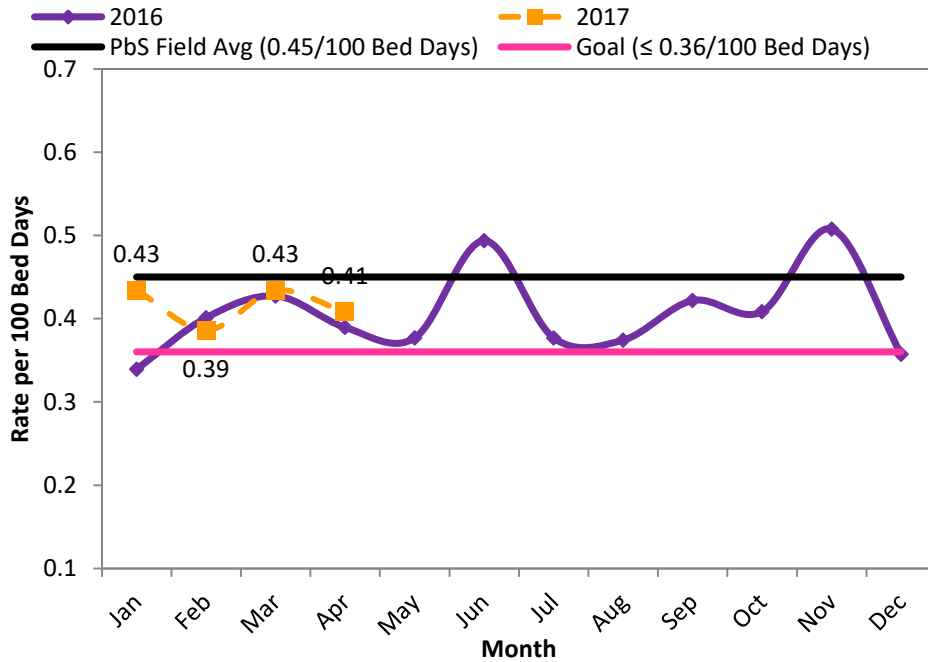
Division of Youth Services (DYS)

Measure: **Youth-on-Youth Fights and/or Assaults in DYS State-Secure Facilities**

How it is measured: *Numerator:* Youth-on-Youth fights and assaults occurring in DYS state-secure facilities
Denominator: Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days: 18,377.3

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

Goal: **↓ ≤ 0.36 per 100 Bed Days**



Trend: The rate of youth-on-youth fights and/or assaults in state-secure facilities ranged from 0.43 to 0.39 in the most recent quarter. The goal was not attained.

Notes: This is a new measure, as DYS has made the decision to split up the former measure Fights and/or Assaults in DYS State-Secure Facilities to reviewing Youth-on-Youth Fights and/or Assaults and Youth-on-Staff Assaults separately.

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



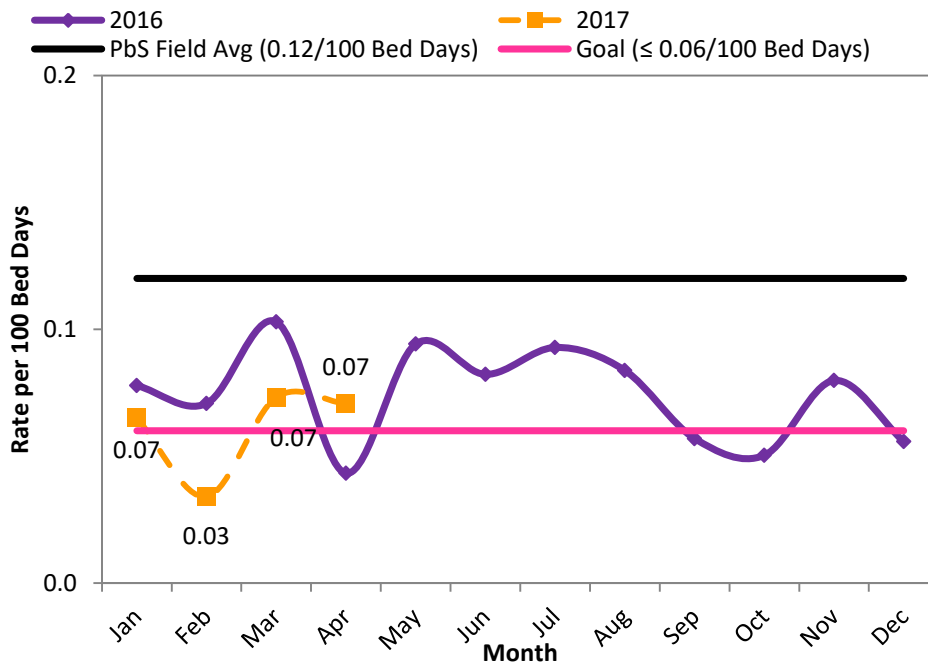
Division of Youth Services (DYS)

Measure: **Youth-on-Staff Assaults in DYS State-Secure Facilities**

How it is measured: *Numerator:* Youth-on-Staff assaults occurring in DYS state-secure facilities
Denominator: Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days: 18,377.3

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

Goal: ↓ ≤ 0.06 per 100 Bed Days



Trend: The rate of youth-on-staff assaults in state-secure facilities ranged from 0.07 to 0.03 in the most recent quarter. The goal was met in February 2017.

Notes: This is a new measure, as DYS has made the decision to split up the former measure Fights and/or Assaults in DYS State-Secure Facilities to reviewing Youth-on-Youth Fights and/or Assaults and Youth-on-Staff Assaults separately.

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



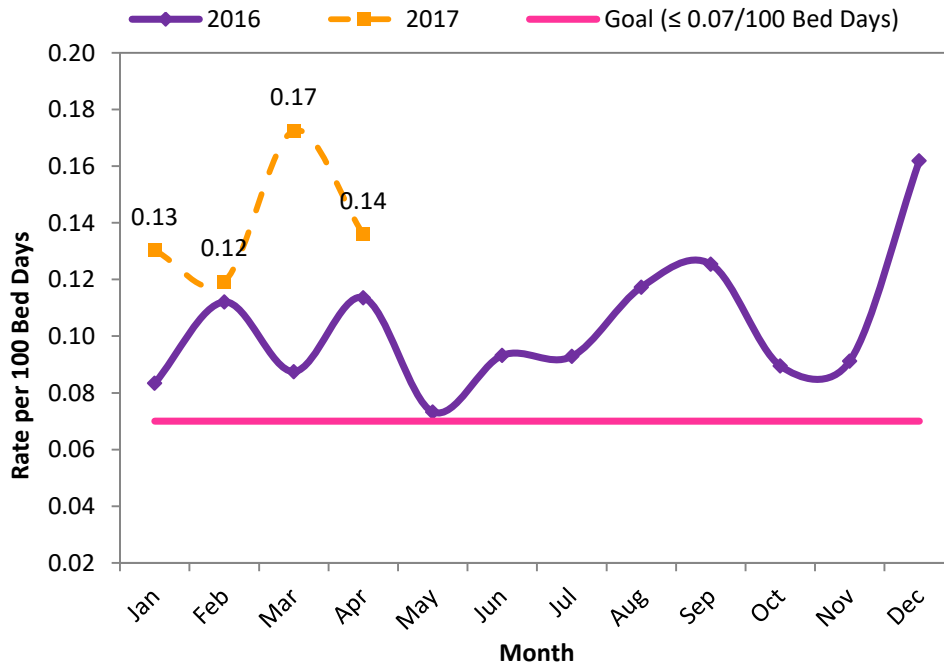
Division of Youth Services (DYS)

Measure: **Youth Injuries in DYS State-Secure Facilities**

How it is measured: *Numerator:* Number of youth injuries in state-secure facilities
Denominator: Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days: 18,377.3

Why this matters: All youth in the custody of the DYS 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 .17 to .12. The goal was not met.





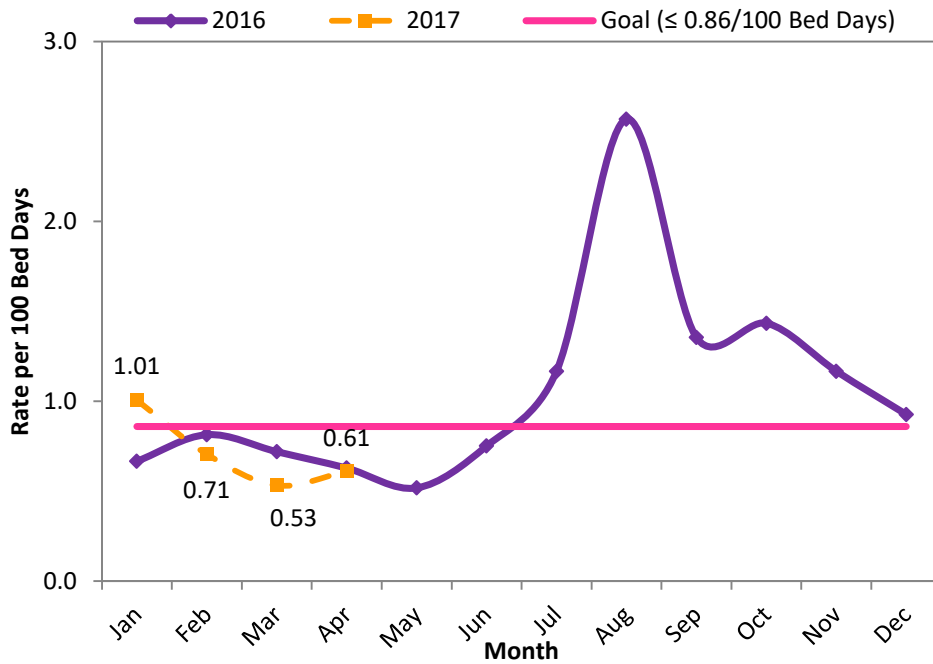
Division of Youth Services (DYS)

Measure: **Seclusion Hours in DYS State-Secure Facilities**

How it is measured: *Numerator:* Total seclusion hours
Denominator: Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days: 18,377.3

Why this matters: Isolation eliminates a youth’s engagement in treatment and programming.

Goal: ↓ ≤ 0.86 per 100 Bed Days



Trend: The Division’s rate of seclusion use has improved, meeting the goal for all three months within the most recent quarter.

Notes: This is a new measure, as of May 2017.





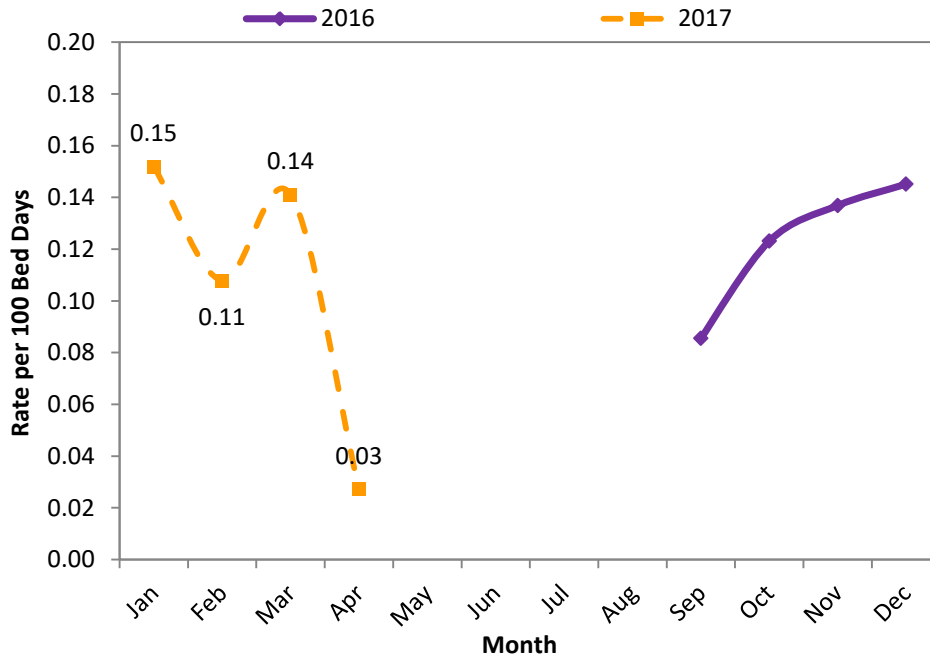
Division of Youth Services (DYS)

Measure: **Rate of Wrap Applications in DYS State-Secure Facilities**

How it is measured: *Numerator:* Number of Wrap applications
Denominator: Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days: 18,377.3

Why this matters: The Division will start a process to move away from the use of the Safe Restraint Wrap device, eliminating its use of the device no later than July 1, 2018.

Goal: **↓ 0 by July 1, 2018**



Trend: The Division’s rate of Safe Restraint Wrap device use has reduced to the lowest rate seen to date 0.03 in April 2017.

Note: This is a new measure as of May 2017. The data was backdated to September 2016.





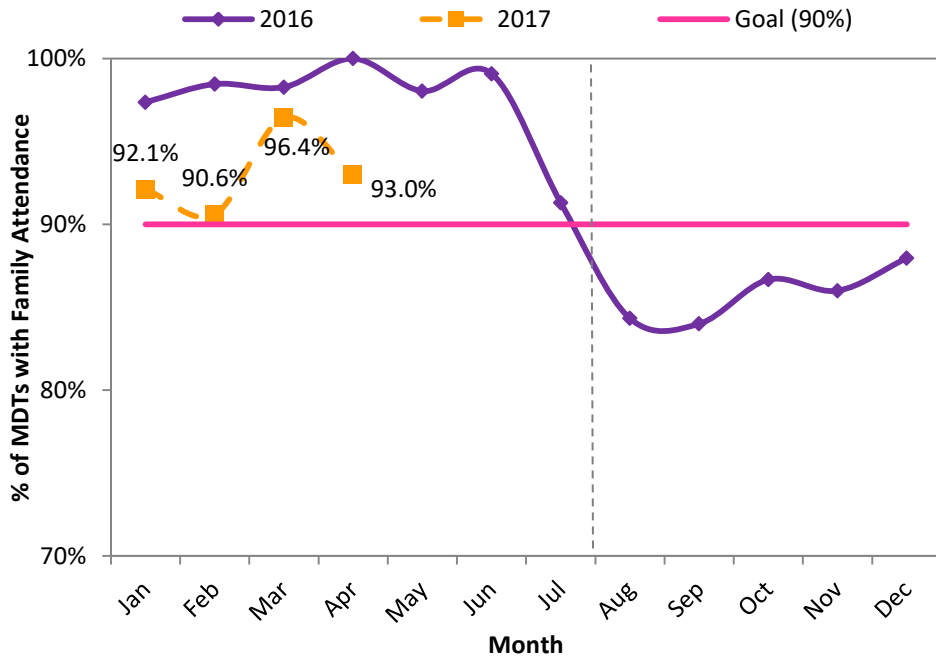
Division of Youth Services (DYS)

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: 144

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

Goal: **↑ 90%**



Trend: The Division’s performance improved in the most recent quarter, attaining the goal for every month in the quarter.

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



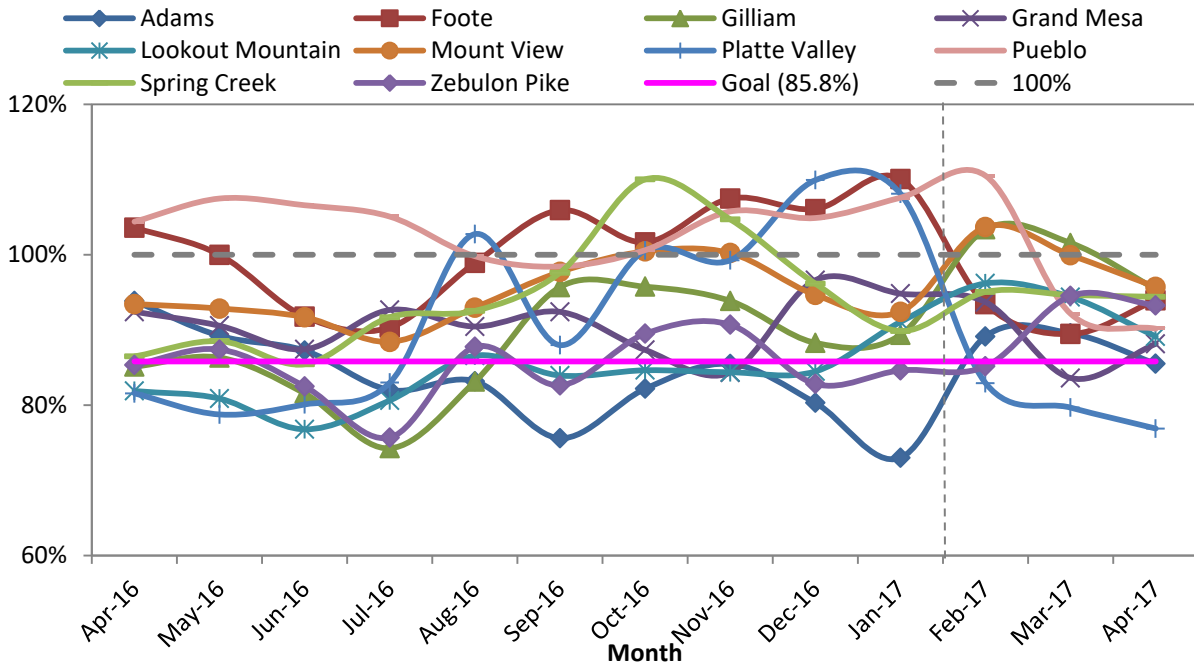
Division of Youth Services (DYS)

Measure: **24/7 Facility Staffing**

How it is measured: *Numerator:* The number of regular hours worked in the month subtracted by the estimated off floor hours per month (13.3) times the number of staff with regular hours in the given month
Denominator: Number of minimum staffing hours needed per month as provided by facilities, adjusted for number of days in the month; average monthly hours for DYS: 85,378.7

Why this matters: Appropriate staffing levels ensure staff can safely care for those we serve.

Goal: **↑85.8%**



Trend: The majority of facilities performed between the goal (85.8%) and 100%, with the exception of Platte Valley, which was below the goal for each month within the most recent quarter.

Note: The dashed vertical line in February 2017 denotes when DYS refined their denominator based on further analysis of their staffing data.

Domestic Violence Program

Summary

Description

The Domestic Violence Program (DVP) serves as the state governmental authority on domestic violence issues. The Division 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. The Division 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. The Division 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:* In October 2016 data, DVP began requiring three of 21 domains to be reported: housing, food, and relationship safety. In May 2017, DVP started to report the Self-Sufficiency Matrix broken out by the three domain types, which is how the data is reported in this C-Stat Quarterly Report.
- *Self-Sufficiency Matrix – Relationship Safety Domain:* Compared to the other Domains, the Relationship Safety Domain appears to have a larger proportion of clients self-reporting improvement from baseline to follow-up. Limited conclusions can be drawn from these data, but suggest that DVP clients might feel safer in their relationships after utilizing DVP services.

Measures

- [Self-Sufficiency Matrix – Food Domain](#)
- [Self-Sufficiency Matrix – Housing Domain](#)
- [Self-Sufficiency Matrix – Relationship Safety Domain](#)

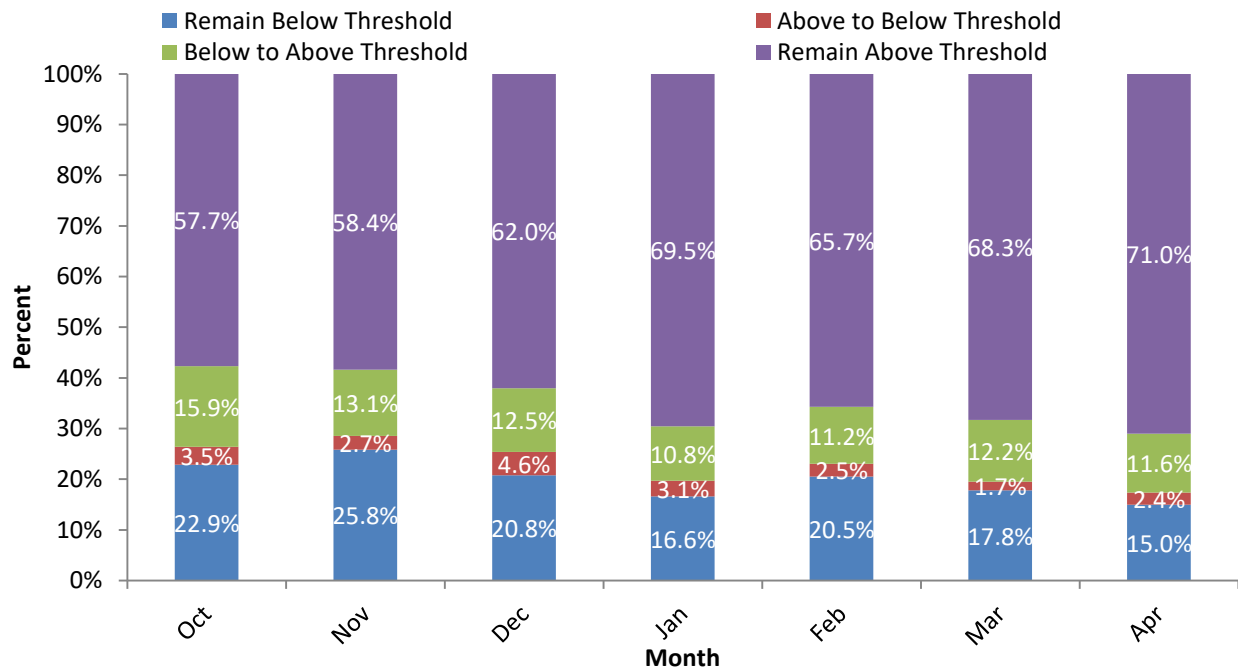
Domestic Violence Program (DVP)

Measure: **Self-Sufficiency Matrix – Food Domain**

How it is measured: *Description of Measure:* Of the total number of completed Self Sufficiency Matrix assessments completed in the reporting month for the Food Domain, how many demonstrated change relating to the sufficiency threshold; average monthly denominator: 393.3

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: Remain Above Threshold continues to be the largest category for responders in the Food Domain.

Notes: The Self-Sufficiency Matrix assesses how clients rate their needs across three domains to create a change score between two assessment periods. The Food Domain is presented in the above data.

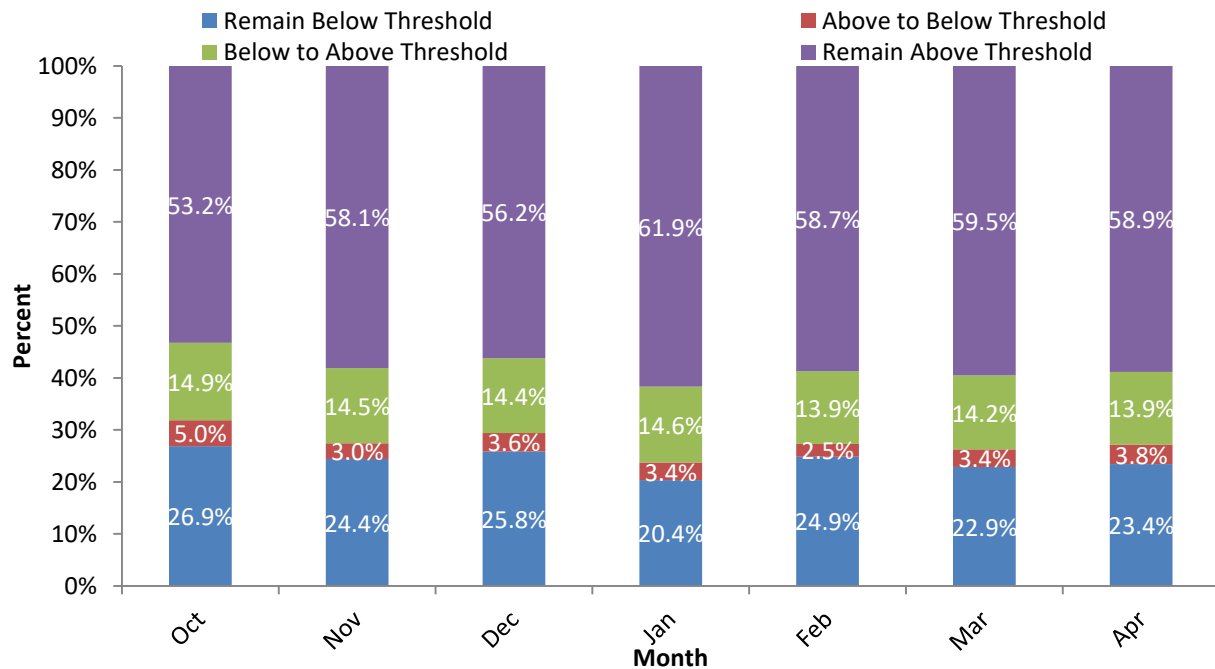
Domestic Violence Program (DVP)

Measure: **Self-Sufficiency Matrix – Housing Domain**

How it is measured: *Description of Measure:* Of the total number of completed Self Sufficiency Matrix assessments completed in the reporting month for the Housing Domain, how many demonstrated change relating to the sufficiency threshold; average monthly denominator: 401.33

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: Remain Above Threshold continues to be the largest category for responders in the Housing Domain.

Notes: The Self-Sufficiency Matrix assesses how clients rate their needs across three domains to create a change score between two assessment periods. The Housing Domain is presented in the above data.

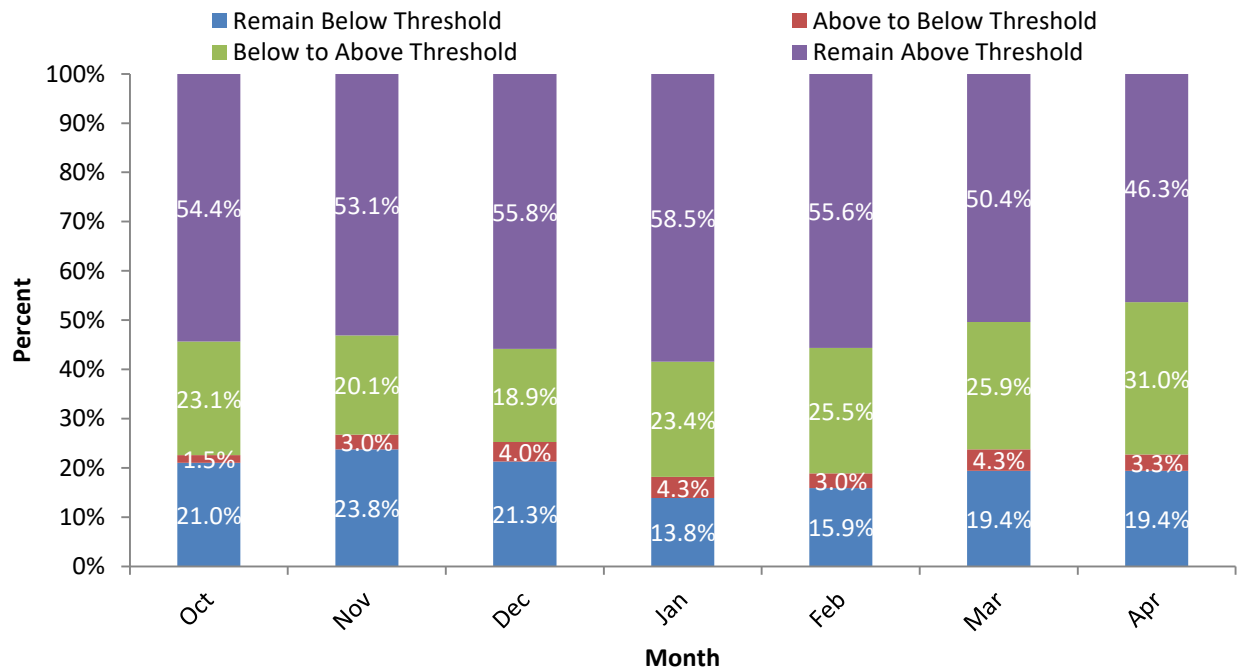
Domestic Violence Program (DVP)

Measure: **Self-Sufficiency Matrix – Relationship Safety Domain**

How it is measured: *Description of Measure:* Of the total number of completed Self Sufficiency Matrix assessments completed in the reporting month for the Relationship Safety Domain, how many demonstrated change relating to the sufficiency threshold; average monthly denominator: 401.67

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: Remain Above Threshold continues to be the largest category for responders in the Relationship Safety Domain.

Notes: The Self-Sufficiency Matrix assesses how clients rate their needs across three domains to create a change score between two assessment periods. The Relationship Safety Domain is presented in the above data.

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 provide protective services for at-risk adults. The 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, in addition to the continued dedication to timely contacts by the counties, have led performance to exceed the goal several of the months in the quarter.
- *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 monthly reports to all counties and offers technical assistance and outreach to counties that demonstrate lower performance. These actions, as well as continued dedication by the counties, have led performance to exceed the goal, and achieve the highest performance to date on this measure.

Measures

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



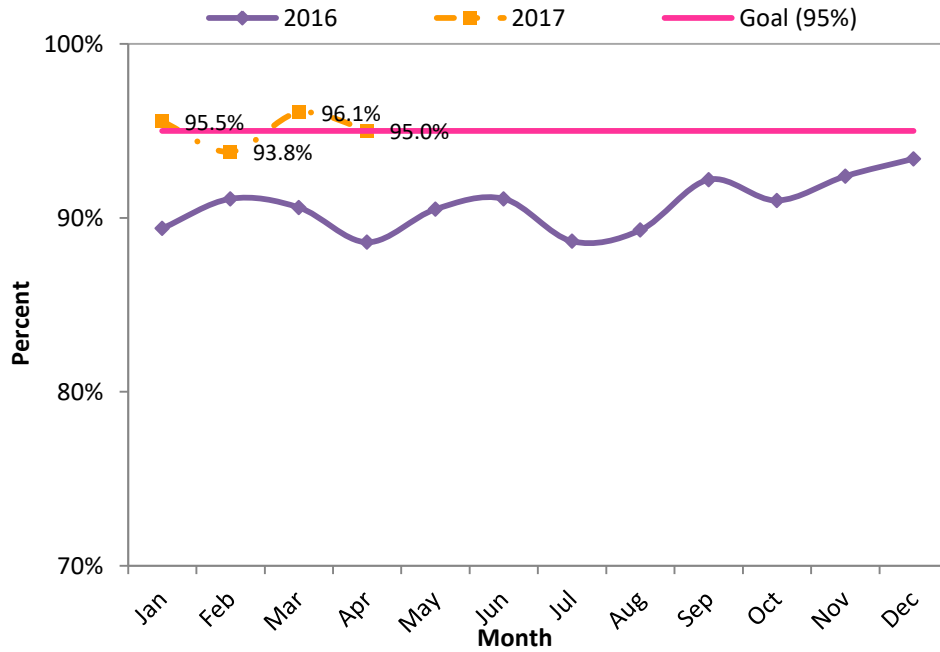
Aging and Adult Services (AAS)

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: 1,259

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

Goal: **↑95%**



Trend: The Division’s performance met or exceeded the goal two of the three months within the quarter. Performance in March 2017 was 96.1%, the highest performance to date on this measure.

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





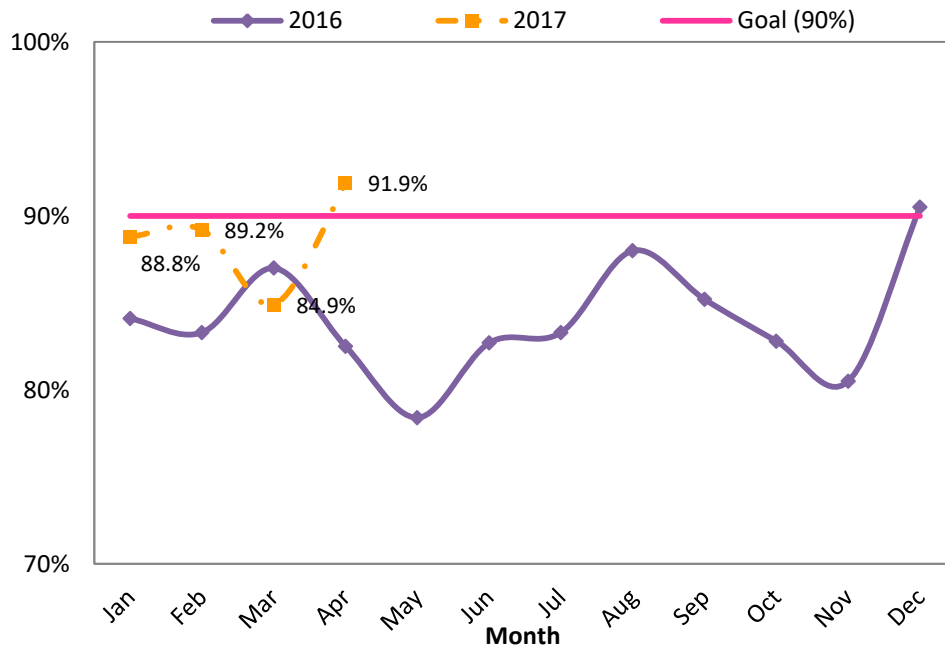
Aging and Adult Services (AAS)

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: 199

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 84.9% in March 2017 to 91.9% in April 2017. Performance exceeded the 90% goal in April 2017, attaining the highest performance to date on this measure.



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 the application 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) several examiners and Medical Consultants are still in training, 2) a recent federal change in processing requires a Medical Consultant to make the final eligibility decision, and 3) 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. At the start of the federal fiscal year, they determined the sample size needed each month in the coming year, and have trained 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](#)



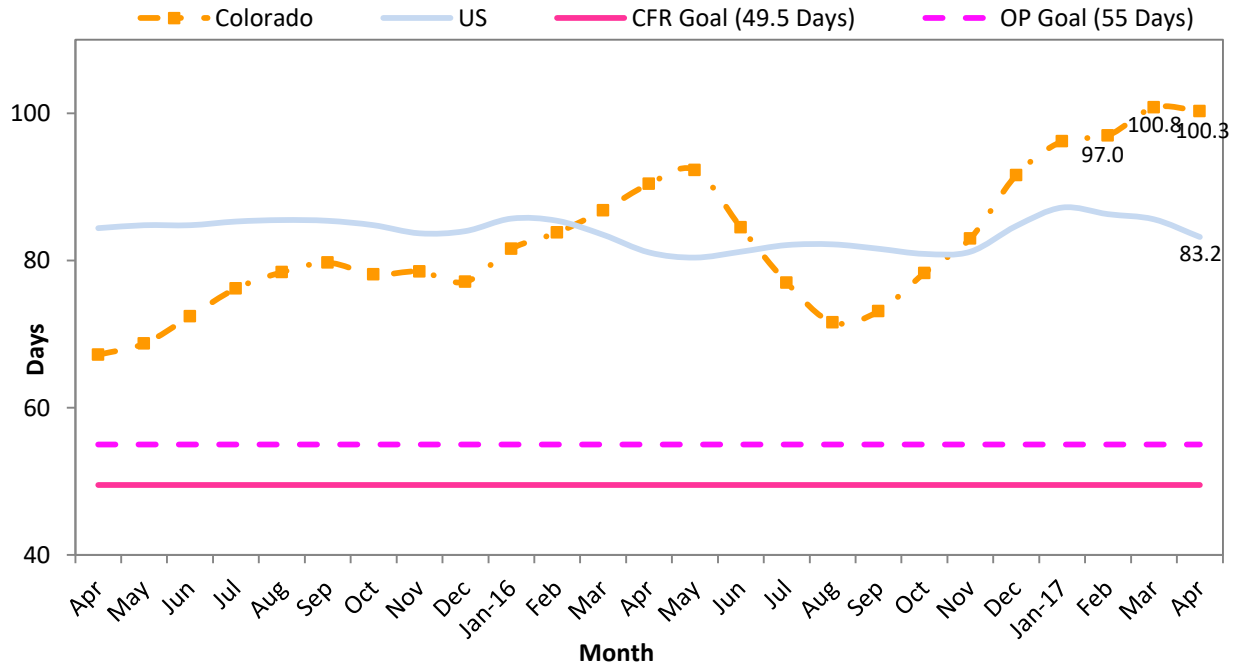
Disability Determination Services (DDS)

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: 2,924

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 within the quarter. The Division’s processing time increased from 97.0 days in February 2017 to 100.3 days in April 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 added this goal to their measure for tracking purposes.





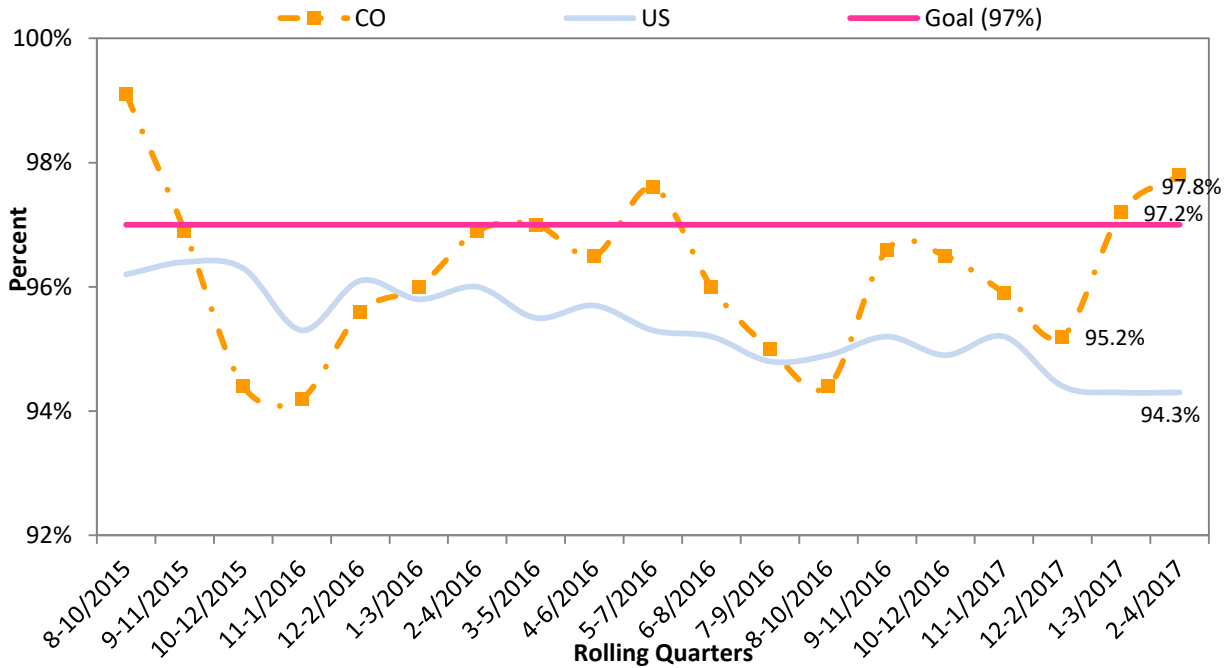
Disability Determination Services (DDS)

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: 143

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 improved 2.6% in the most recent quarter. Performance exceeded the goal two of three months within the quarter.

Notes: This measure includes data from both the SSDI and SSI programs. Due to a small sample (approximately 50 cases per month) 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 treatment, day programming, habilitation, medical treatment, training, behavioral interventions and short-term emergency/crisis support to the community system.

Director: Georgia Edson

Executive Summary

- *24/7 Facility Staffing*: The Department has begun to review staffing across all the Department's State-run facilities, which operate 24 hours a day, 7 days a week. This measure first appeared in the January 2017 C-Stat meeting with November 2016 data. In the months since its introduction, the Department has continued to refine data, given the definitional complexity, data sourcing and methodology differences across the Divisions. This is the first time the measure has appeared in the Quarterly Report.
- *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. All three Regional Centers have identified homes to pilot physical-intervention-free programs. These programs were implemented in the previous quarter in both Pueblo and Wheat Ridge, and this quarter in Grand Junction, and continue to provide opportunities for learning.

Measures

- [24/7 Facility Staffing](#)



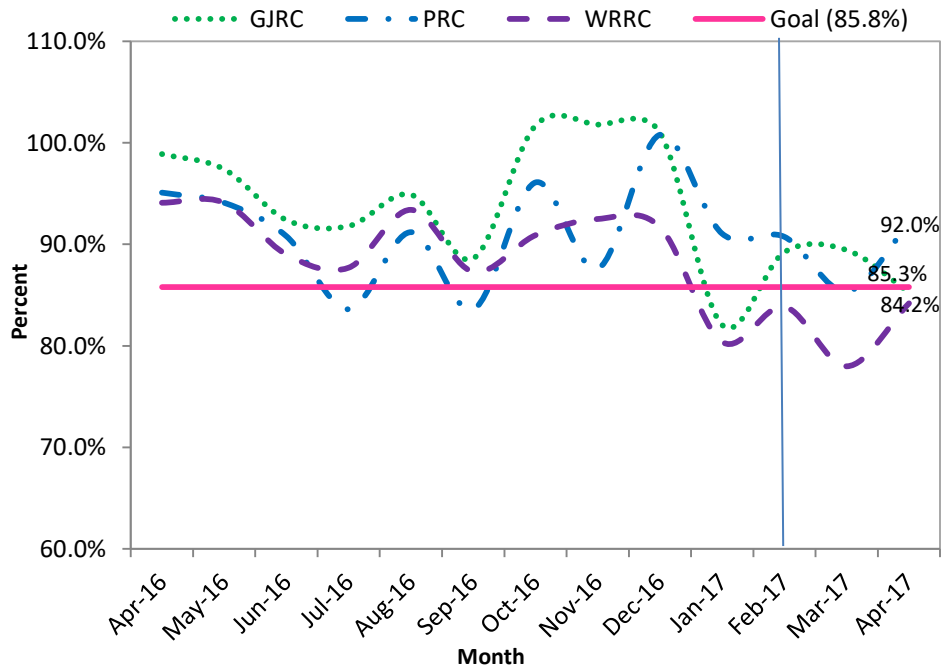
Division of Regional Center Operations (DRCO)

Measure: **24/7 Facility Staffing**

How it is measured: *Numerator:* Number of regular hours worked in a month
Denominator: Number of minimum staffing hours needed per month as provided by facilities, adjusted for number of days in month. Average monthly hours: Grand Junction: 29,653, Pueblo: 18,837, and Wheat Ridge: 41,274

Why this matters: Appropriate staffing levels ensure staff can safely care for those we serve.

Goal: **↑85.8%**



Trend: Performance varied throughout the quarter at each of the centers. In April 2017, PRC exceeded the goal.

Note: The line in February 2017 denotes when the Regional Centers refined their denominator based on further analysis of their staffing data.





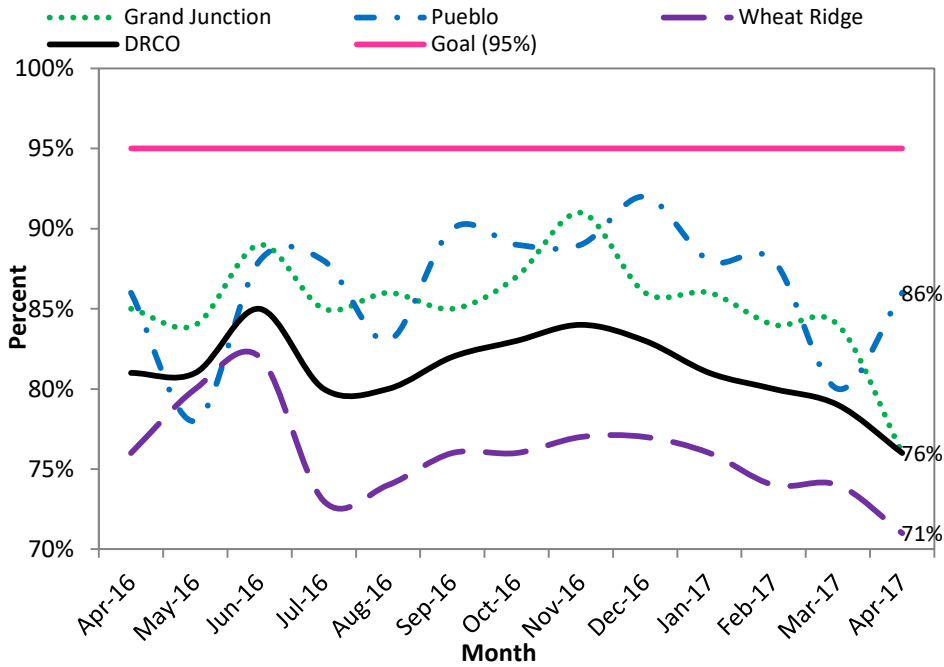
Division of Regional Center Operations (DRCO)

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: 83, Pueblo: 51, Wheat Ridge: 129, DRCO: 263

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

Goal: **↑95%**



Trend: Performance in Pueblo demonstrated a decline in March 2017 followed by an improvement in April 2017. Grand Junction and Wheat Ridge both remained stable in March 2017 followed by a decline in April 2017. Performance in April 2017 was as follows: Grand Junction at 76%, Pueblo at 86%, Wheat Ridge at 71%, and the Division at 76% all of which are 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, which 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, (i.e., those 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

- *24/7 Facility Staffing*: The Department has begun to review staffing across all the Department's State-run facilities, which operate 24 hours a day, 7 days a week. This measure first appeared in the January 2017 C-Stat meeting with November 2016 data. In the months since its introduction, the Department has continued to refine data given the definitional complexity, data sourcing and methodology differences across the Divisions. This is the first time the measure has appeared in the Quarterly Report.
- *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. Division leadership conducted a center by center educational roll-out to address catheter usage, prevention, and resident choice from a multi-disciplinary approach.
- *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, and developed and implemented strategies specific to that individual, resulting in fewer falls for that resident in the subsequent months.

Measures

- [24/7 Facility Staffing](#)
- [Percent of Residents without an Acquired Catheter](#)
- [Fall Rate](#)



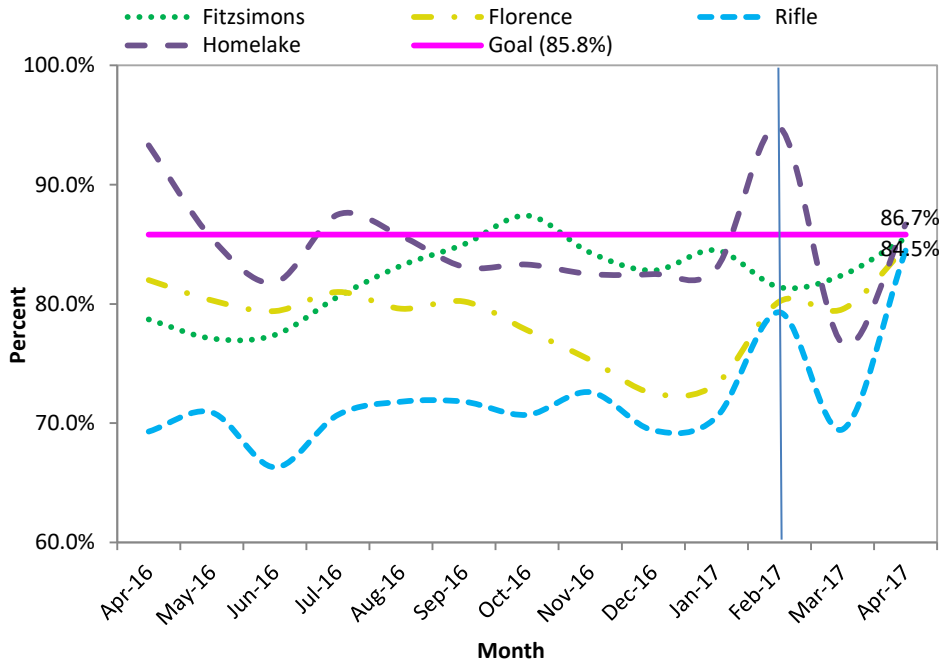
State Veterans Community Living Centers (SVCLC)

Measure: **24/7 Facility Staffing**

How it is measured: *Numerator:* Number of regular hours worked in a month
Denominator: Number of minimum staffing hours needed per month as provided by facilities, adjusted for number of days in month. Average monthly hours: Fitzsimons: 19,105, Florence: 9,730, Rifle: 8,123, Homelake: 5,874

Why this matters: Appropriate staffing levels ensure staff can safely care for those we serve.

Goal: **↑85.8%**



Trend: Performance improved by quarter’s end in Fitzsimons (green line) and Florence (yellow line), while Rifle (blue line) and Homelake (purple line) demonstrated variability. In April 2017, Homelake exceeded the goal.

Note: The line in February 2017 denotes when the Veterans Community Living Centers refined their denominator based on further analysis of their staffing data.



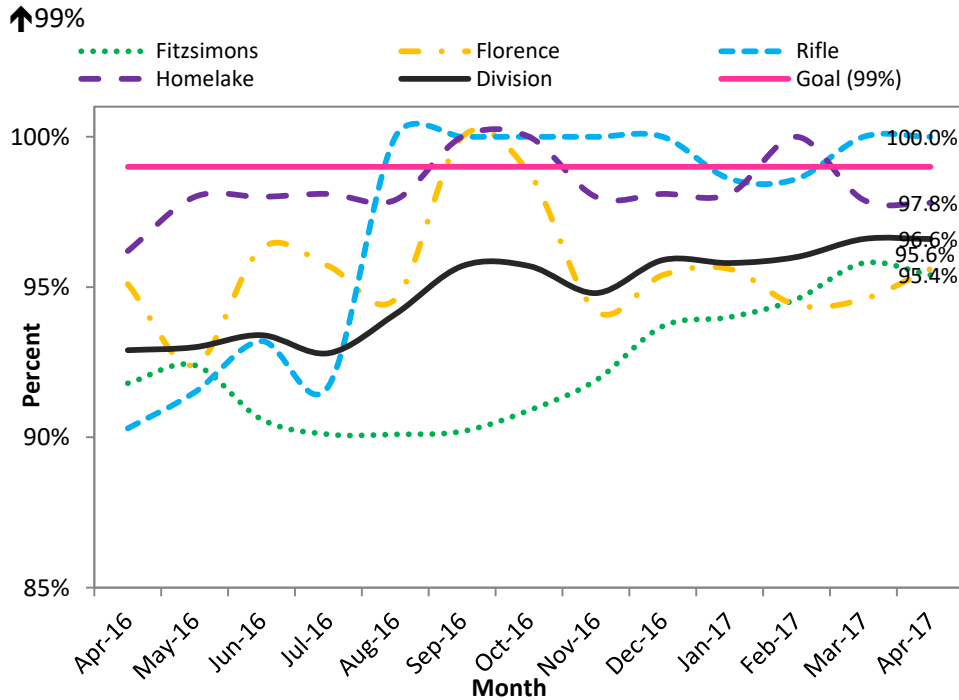
State Veterans Community Living Centers (SVCLC)

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: 169, Florence: 91, Rifle: 71, Homelake: 46

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:



Trend: Performance improved by quarter's end in Fitzsimons (green line), Florence (yellow line), and Rifle (blue line) and declined in Homelake (purple line). In April 2017, Rifle exceeded the goal.





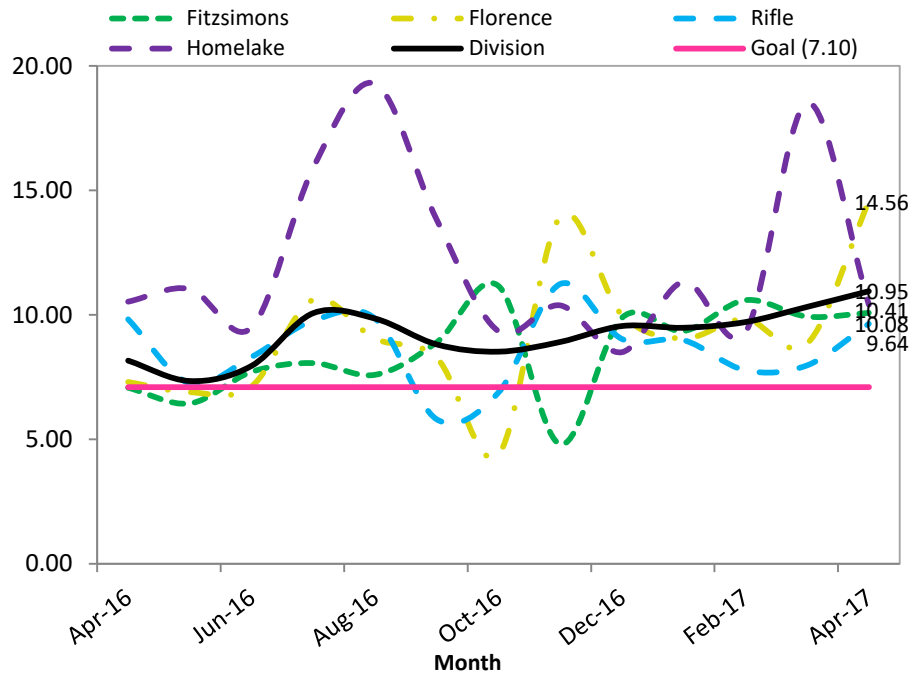
State Veterans Community Living Centers (SVCLC)

Measure: **Fall Rate**

How it is measured: *Numerator:* Number of falls
Denominator: Per 1,000 resident days. Average resident days by month: Fitzsimons: 4,972, Florence: 2,706, Rifle: 2,130, Homelake: 1,346

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 April 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 5:* This measure focuses on providing more equitable geographic dispersion of available high-quality subsidized child care. As of June 2017, 67 out of 209 communities have at least one facility that is high-quality and accepts subsidized child care. The Office of Early Childhood needs two additional communities to reach their goal. OEC is awaiting the ratings for facilities within six identified communities that were rated in May 2017. Two of these communities need to rate as high-quality (Level 3-6), and accept childcare subsidies, to achieve the goal for this measure.
- *Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy:* The Office of Early Childhood has continued to conduct more detailed analysis of data to identify potential areas of improvement. During analysis, it was observed that some counties have higher rates of growth in the average number of children per provider. The Office of Early Childhood also learned that in regards to disruptions in continuity with providers, 1% of children went from high-quality facilities to a low-quality facilities and 2% of children went from low-quality facilities to high-quality facilities. The latter would be considered a positive disruption to continuity. The Office is conducting further analysis to determine how this information could be utilized to improve performance.
- *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 21 months. As of June 2017, there are 2,020 facilities eligible for a Colorado Shines rating that have obtained at least a Level 2 Quality Rating.

Measures

- [Community Dispersion of Rated High-Quality CCCAP for Children Under 5](#)
- [Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy](#)
- [Increased Facility Engagement with the Colorado Shines Quality Rating and Improvement System \(QRIS\)](#)
- [Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization](#)

Early Care and Learning (ECL)

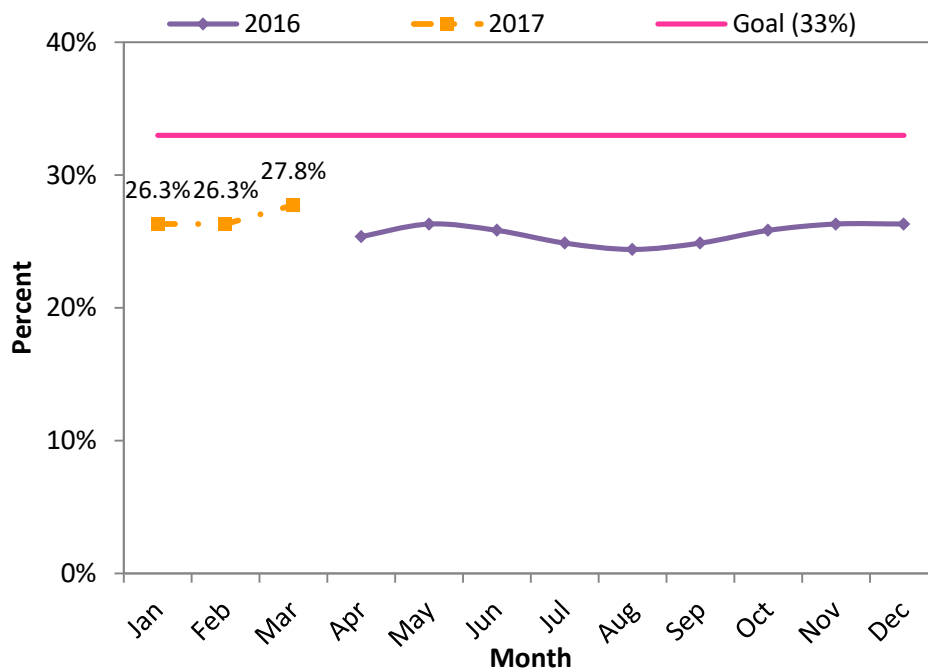
Measure: **Community Dispersion of Rated High-Quality CCCAP for Children Under 5**

How it is measured: *Numerator:* Total number of communities with at least one child, under 5 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 26.3% to 27.8%. The goal was not met.



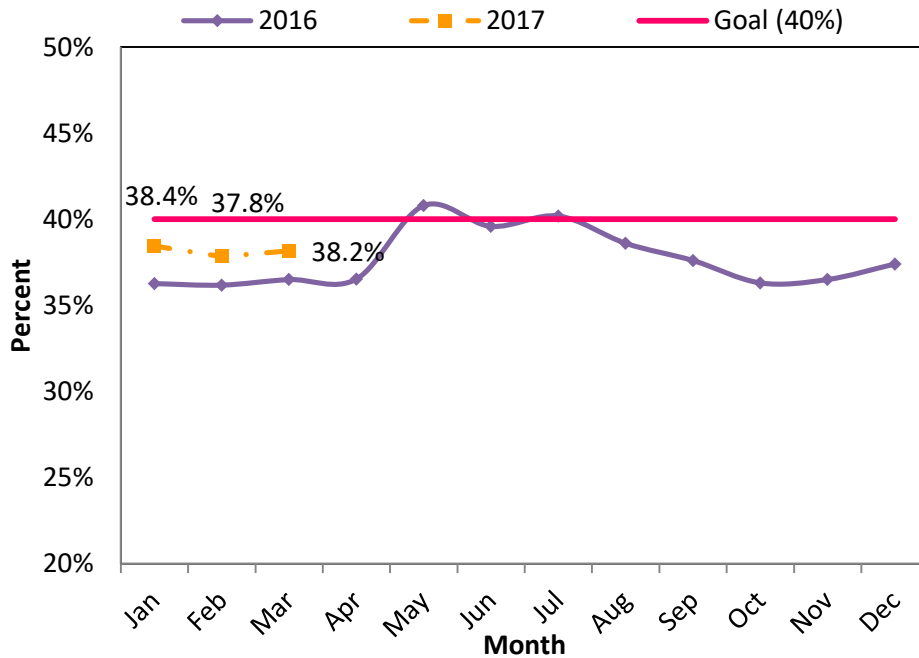
Early Care and Learning (ECL)

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

How it is measured: *Numerator:* All children under 5 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 4 years old who utilized CCCAP at least once 12 months prior to the reporting month; average monthly denominator: 7,771

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 38.2% to 38.4%. The goal was not met.



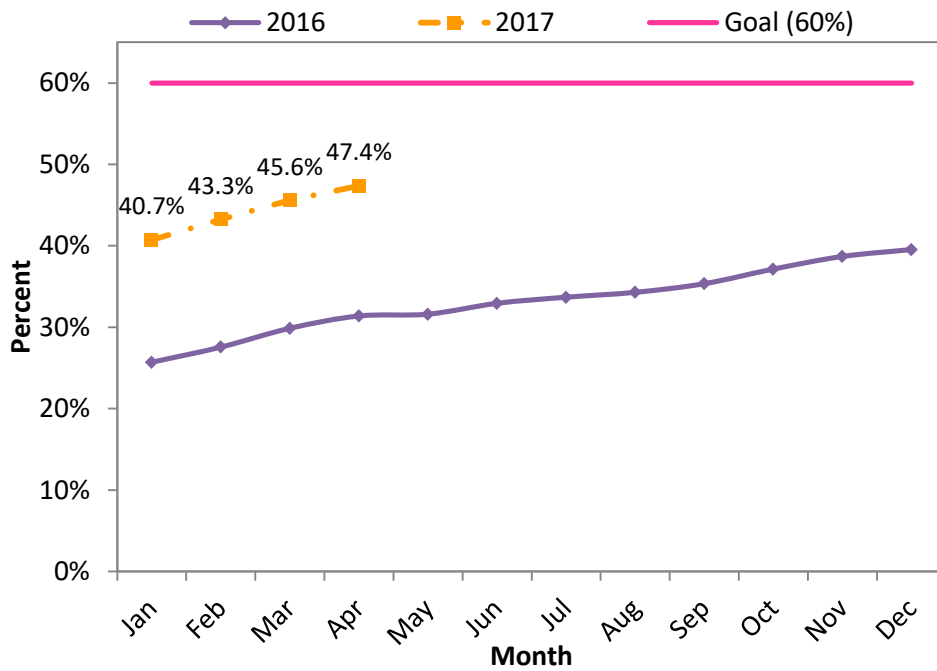
Early Care and Learning (ECL)

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: 4,268

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)

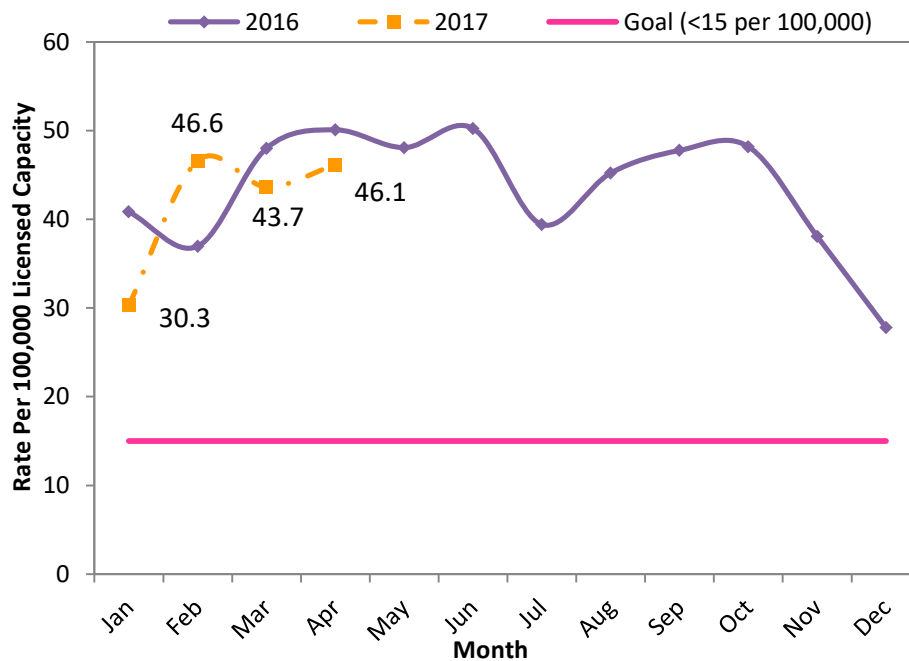
Measure: **Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization**

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: 233,884

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 46.6 to 43.7. The goal was not met.

Community and Family Support

Summary

Description

The Division of Community and Family Support (CFS) is made up of 12 distinct programs. All CFS programs share objectives in alignment with at least one of two shared themes: 1) Reduced Child Abuse through Family Supports and 2) Increased Number of Children Ready for Kindergarten. These programs and services benefit families in need by strengthening collaboration and coordination between the state-level early childhood system and local delivery systems. The Division works with many partners, including parents, schools, child care providers, early intervention services and programs, businesses, community organizations, and other stakeholders to provide high-quality early childhood programs and effective prevention strategies to mitigate challenges faced by families that affect school readiness and academic success.

Director: Mary Martin

Executive Summary

- *Child Abuse Protection and Treatment Act (CAPTA) Referrals to Early Intervention (EI) Who Complete the Eligibility Process:* In looking to improve performance, the Office of Early Childhood (OEC) conducted an analysis of the percentage of referrals that complete eligibility between counties that pre-screen CAPTA referrals and those who do not. The Office determined that counties who pre-screen CAPTA referrals have a higher percentage of eligibility completion. The Office is piloting pre-screening at one Community Centered Board (CCB) in coming months to determine if they would like to implement across all CCBs.
- *Colorado Community Response (CCR) Children Without Subsequent Substantiated Cases of Abuse or Neglect:* As of June 17 C-Stat, CCR has exceeded their goal for 11 months in a row. The program began with only six sites and has grown to 22 using a phased approach which adds approximately six sites a year. Through this growth, CCR has continued to perform at a high level.
- *Achieved Individualized Outcomes in Early Intervention (EI):* The Early Intervention program implemented a Self-Assessment Tool in October 2016, used at the Community Centered Board (CCB) level to understand the quality of Individual Family Service Plans (IFSPs) being written and to develop training and resources to improve the quality of IFSPs. The EI program recently compared the baseline data to the fully implemented data and learned CCBs are improving the quality IFSPs are being written. This comparison also highlighted that CCBs and the state agree on the quality of an IFSP 85% of the time.
- *Healthy Steps(HS): Percent of Expected Healthy Steps Visits that Occurred in the Past Month:* The Division of Community and Family Support changed the methodology from one that reported performance over 14 months to a single month of performance. The previous methodology looked at each participant in HS only once during their time in the program over 3 years, where the new methodology looks at approximately 1/3 of the HS population each month. In the new measure, expected visits are based on the client's date of birth and the recommended Well Child Check visits scheduled. This measure allows the Division to understand in real time if clients are receiving the services necessary to ensure their children are healthy and developing properly for their age.

Measures

- [Child Abuse Protection and Treatment Act \(CAPTA\) Referrals to Early Intervention \(EI\) 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 \(HIPPI\): Percent of Families Who Received All Expected Visits/Packets in the Month](#)

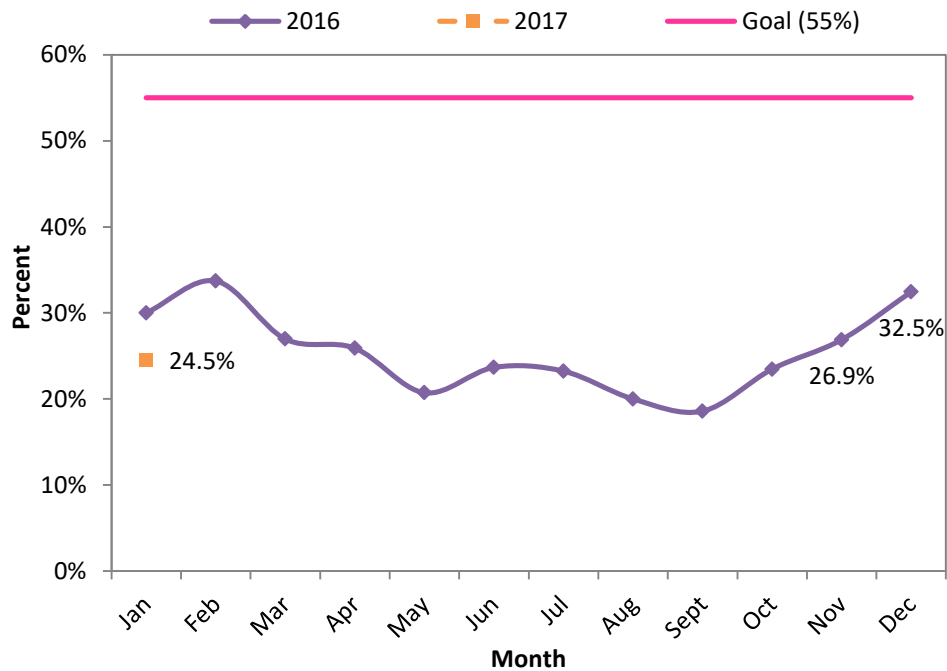
Community and Family Support (CFS)

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: 114

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 24.5% to 32.5%. The goal was not met.

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



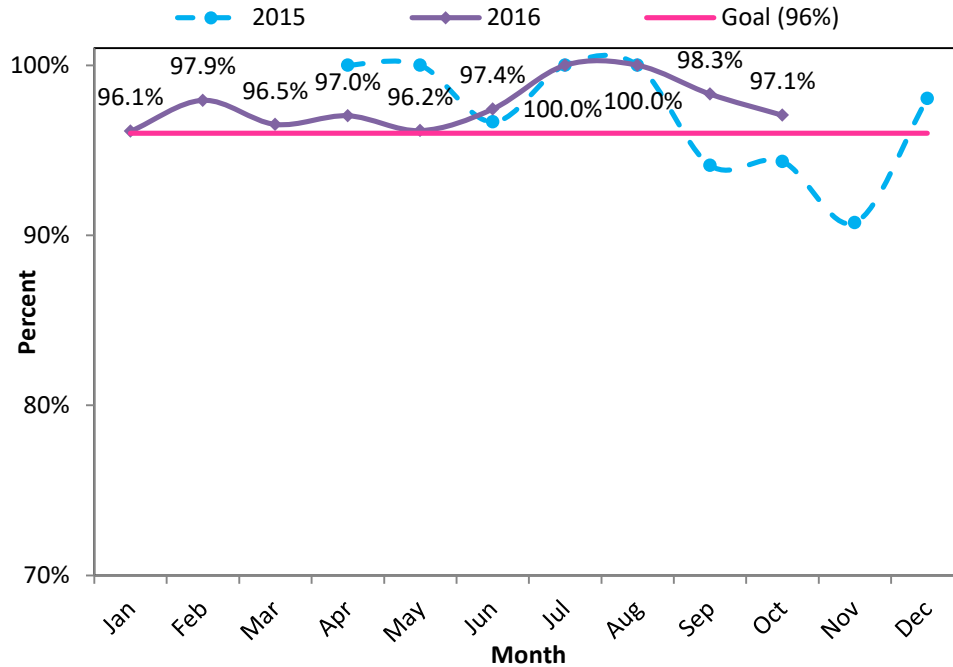
Community and Family Support (CFS)

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: 85

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 97.1% to 100%. The goal was met each month this quarter.





Community and Family Support (CFS)

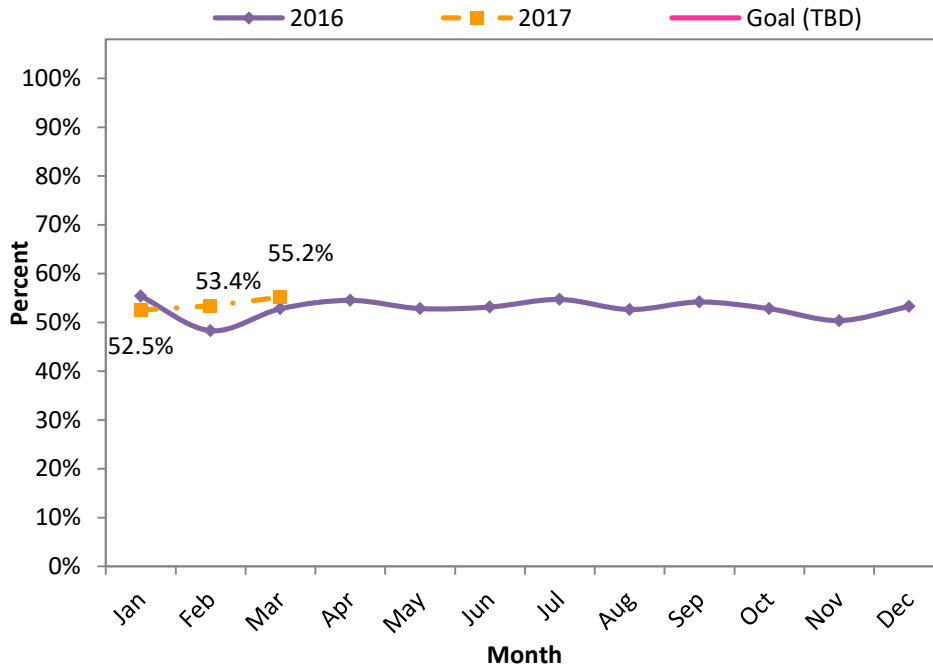
Measure: **Achieved Individualized Outcomes in Early Intervention**

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

Denominator: Number of individualized outcomes reviewed in a given month; average monthly denominator: 1,447

Why this matters: Research shows that the first 3 years are the most important time for developing and learning in a child’s life. Early Intervention helps families to assist their children with special needs to develop to their full potential and possibly decrease or prevent the need for specialized care later during school age years.

Goal: **↑ To be determined**



Trend: Performance in the most recent quarter ranged from 52.5% to 55.2%. A goal has not been determined.





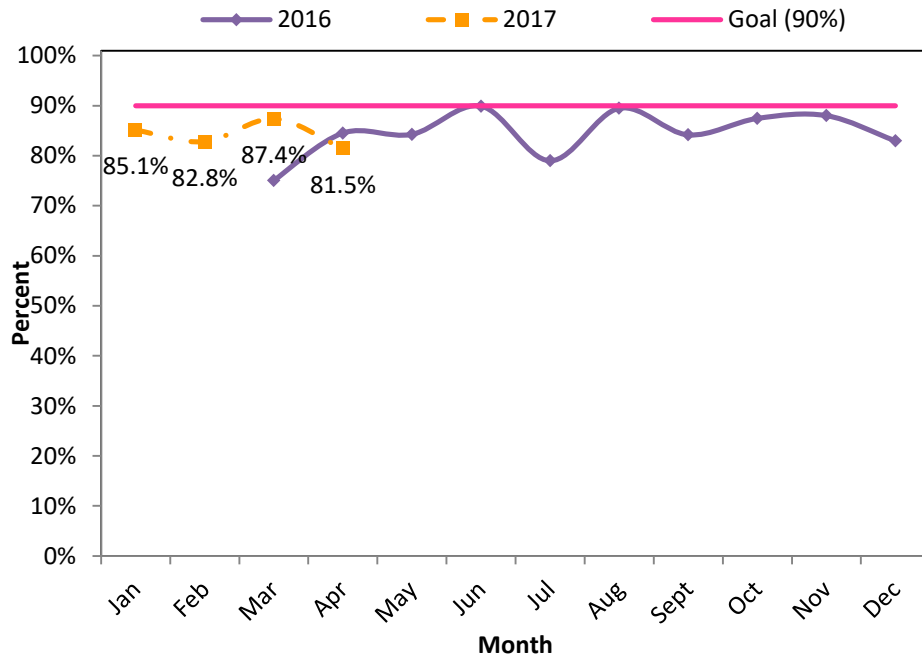
Community and Family Support (CFS)

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: 1,005

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 81.5% to 87.4%. The goal was not met.

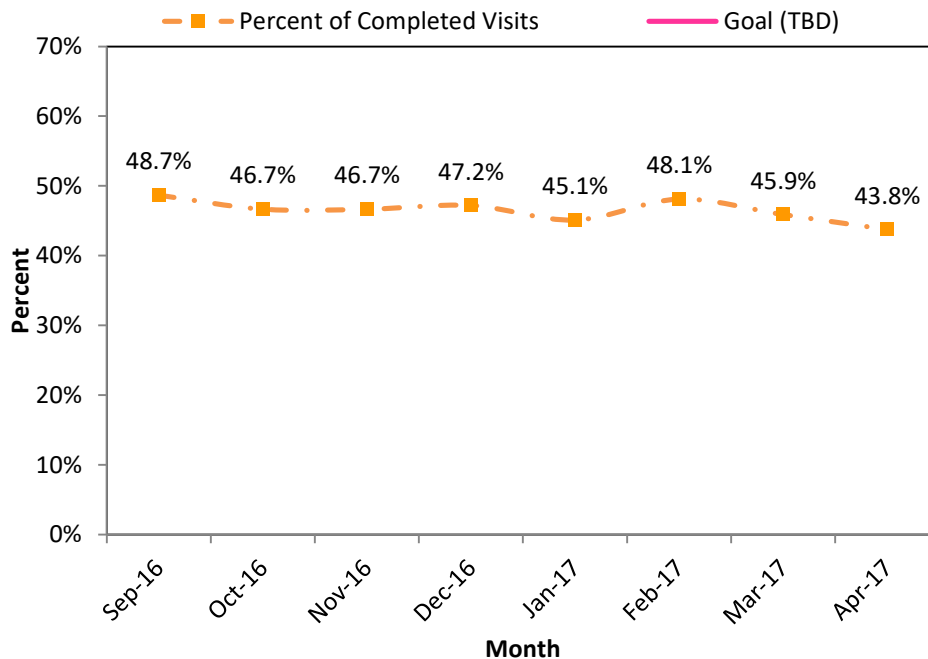
Community and Family Support (CFS)

Measure: **Healthy Steps (HS): Percent of Expected Healthy Steps Visits that Occurred in the Past Month**

How it is measured: *Numerator:* Number of expected visits that occurred in the past month.
Denominator: Number of expected visits in the past month for children enrolled in Healthy Steps: 467

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 43.8% to 48.1%. A goal has not been determined.

Notes: The new methodology for this measure was presented in C-Stat for the first time in May 2017. It is being included in this report because the quarterly data was available.

Community and Family Support (CFS)

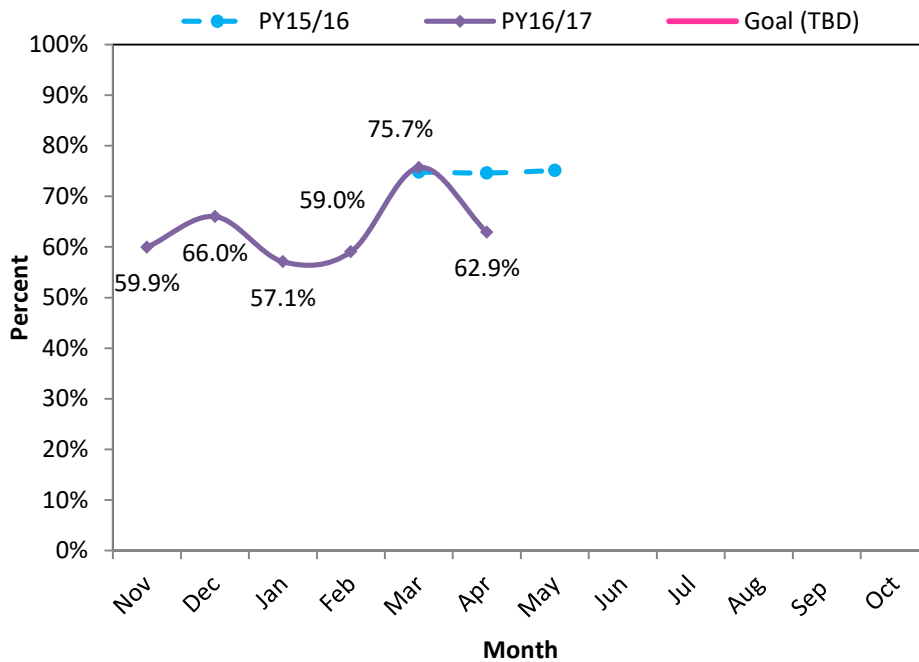
Measure: Home Instruction for Parents of Preschool Youngsters (HIPPY): Percent of Families Who Received All Expected Visits/Packets in the Month

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: 282

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 59.0% to 75.7%. 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 continues to implement 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 completed the Zero-Payer with Verified Employer Project. This project studied those clients who have a verified employer, but did not pay their child support in a given month. Analysis of the data from this project is currently underway and is expected to provide insight that will inform future policy decisions and intervention strategies.
- 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](#)



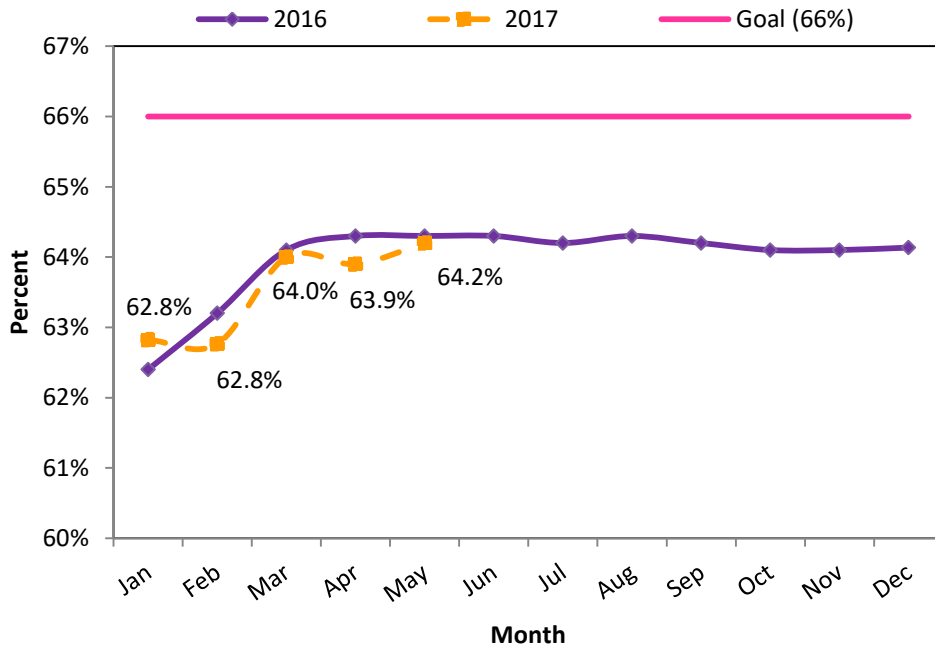
Child Support Services (CSS)

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 May 2017: \$166,381,371.93

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 63.9% to 64.2%.



Child Support Services (CSS)

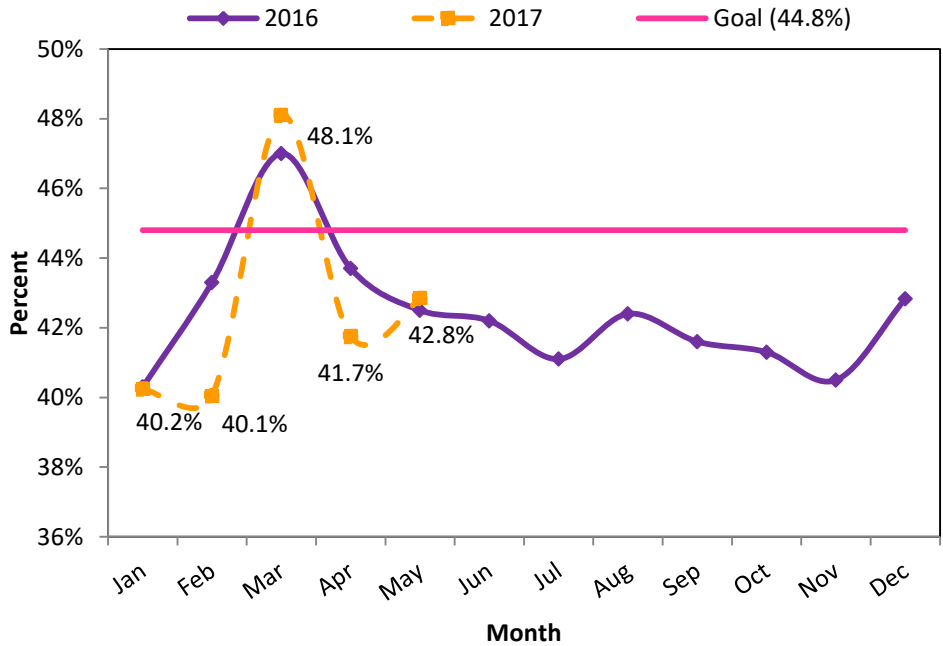
Measure: **Percent of Cases with an Arrears Payment**

How it is measured: *Numerator:* Cases where an arrears balance was owed and at least some portion of that obligation was paid in the month

Denominator: Number of cases with arrears owed in the month; average monthly denominator: 103,004

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

Goal: **↑44.8%**



Trend: The Division’s performance in the most recent quarter ranged from 41.7% to 48.1%.

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 (TANF). 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 (WPR):* The Division continues to implement key strategies for improving performance on WPR. These include CDHS report development, visiting counties critical to improving statewide performance, providing statewide training and technical assistance, and communicating data-entry requirements to county staff. The most recent quarter showed the results of those efforts as performance continues to improve and outperform the previous year.
- *Colorado Works Entered Employment and Work Participation Rate (WPR):* The Division completed a project with Mathematica Policy Research, a national research organization, to study county innovations around employment outcomes, Work Participation Rate, and two-generation strategies. Participating counties recently presented the results of their efforts and lessons learned. The Division is in the process of reviewing results and determining how to move forward with promising program innovations.

Measures

- [Adult Financial Payment Accuracy Rate](#)
- [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](#)



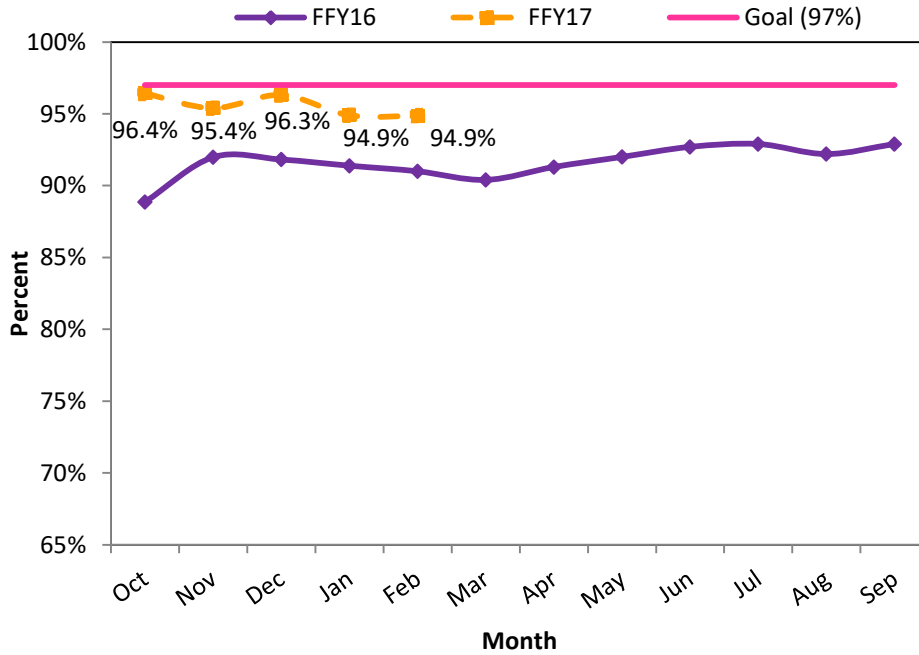
Employment and Benefits Division: Adult Financial (AF)

Measure: **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: \$48,202

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 94.9% to 96.3% and did not meet the goal. Federal fiscal year 2017 has remained above the performance of the previous year.

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



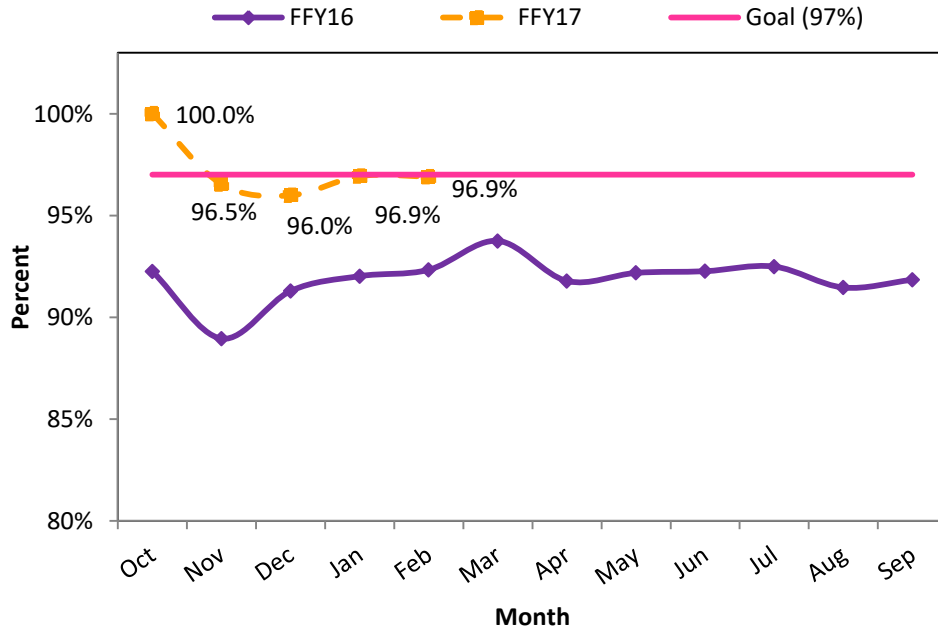
Employment and Benefits Division: Colorado Works (CW)

Measure: **Colorado Works 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: \$63,806

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 96.0% to 96.9%. Federal fiscal year 2017 has remained above the performance of the previous year.

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



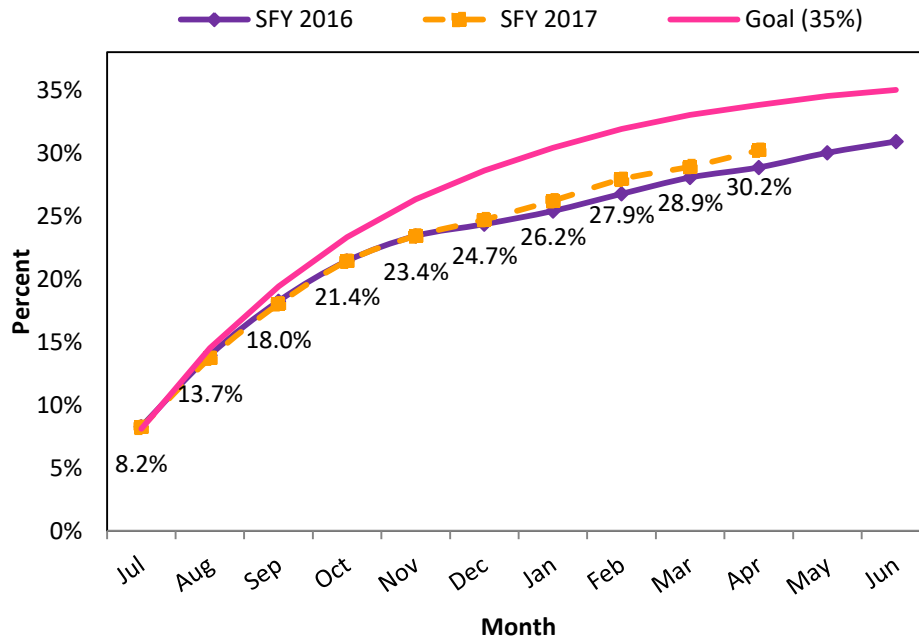
Employment and Benefits Division: Colorado Works (CW)

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: 26,306

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)

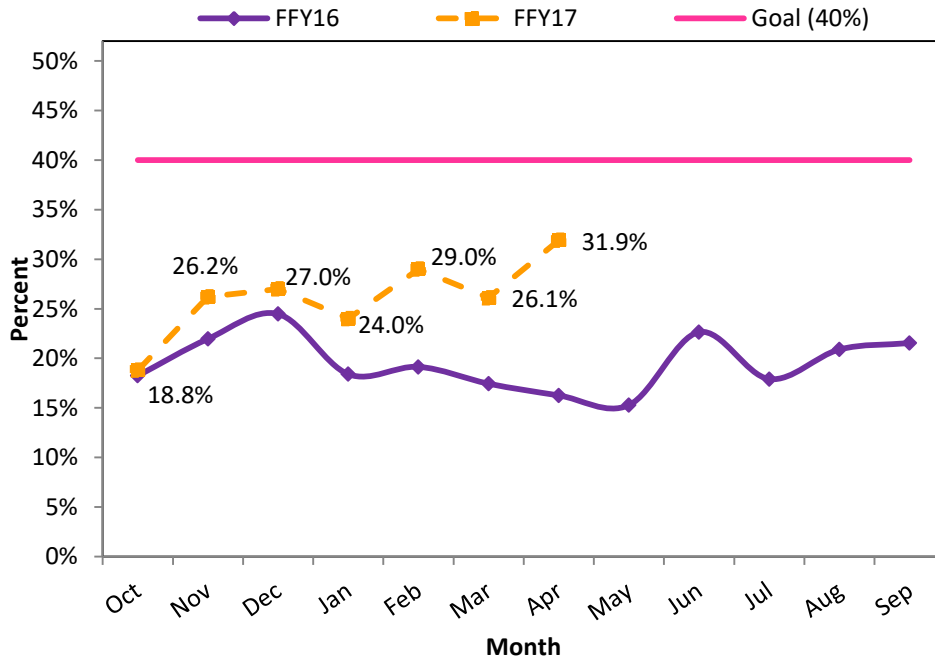
Measure: **Colorado Works Work Participation Rate, All-Family Sample (Federal Measure)**

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: 9,048.11

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 remained above that of the previous year and ranged from 26.1% to 31.9%. 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.



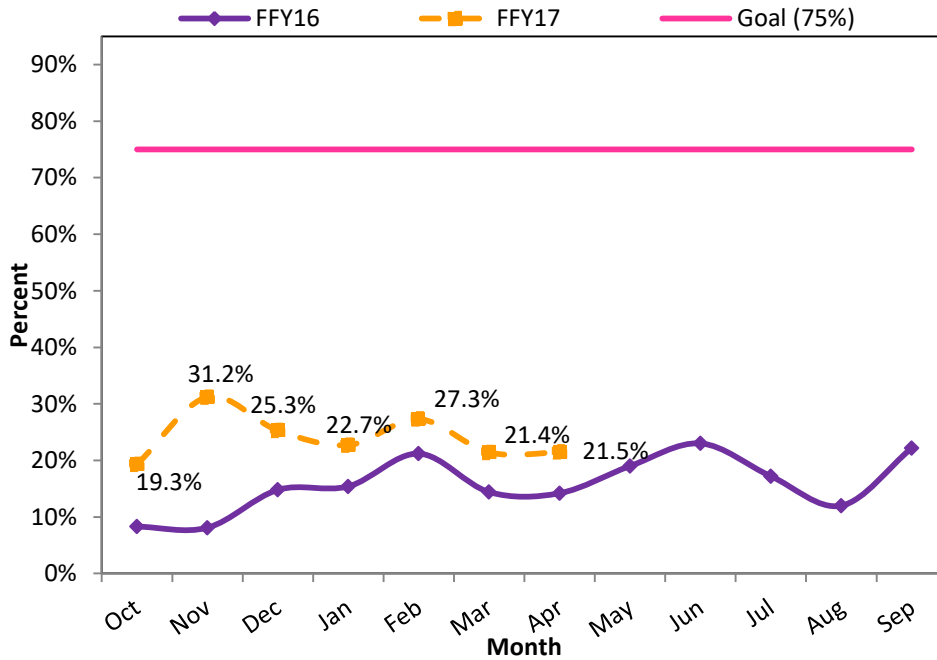
Employment and Benefits Division: Colorado Works (CW)

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: 1,371.53

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 21.4% to 27.3%. Performance continues to trend 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.

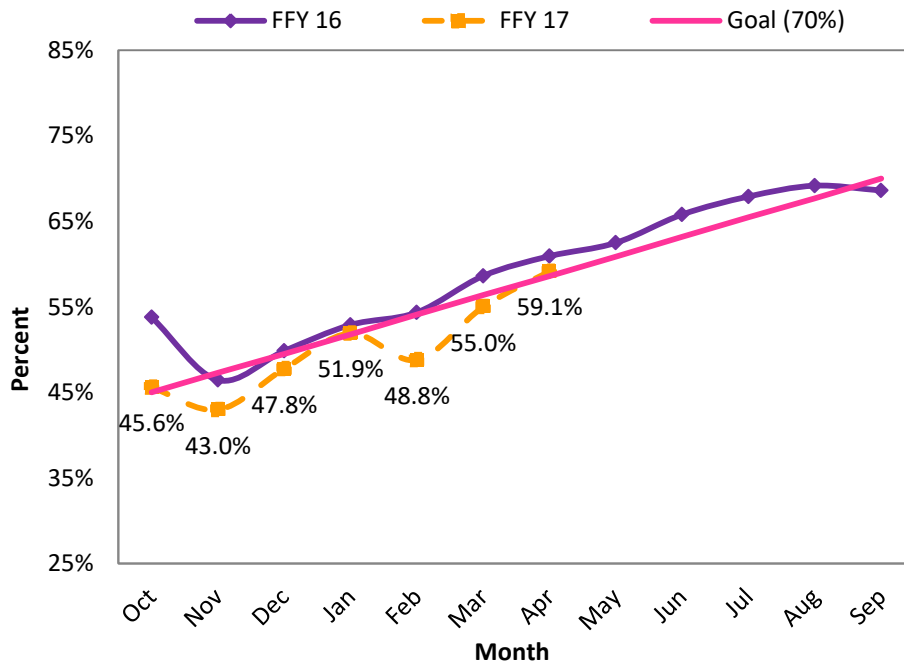
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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): 585

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

Goal: **↑70%**



Trend: The Colorado Refugee Services Program’s performance for federal fiscal year 2017 is trending similar to federal fiscal year 2016.

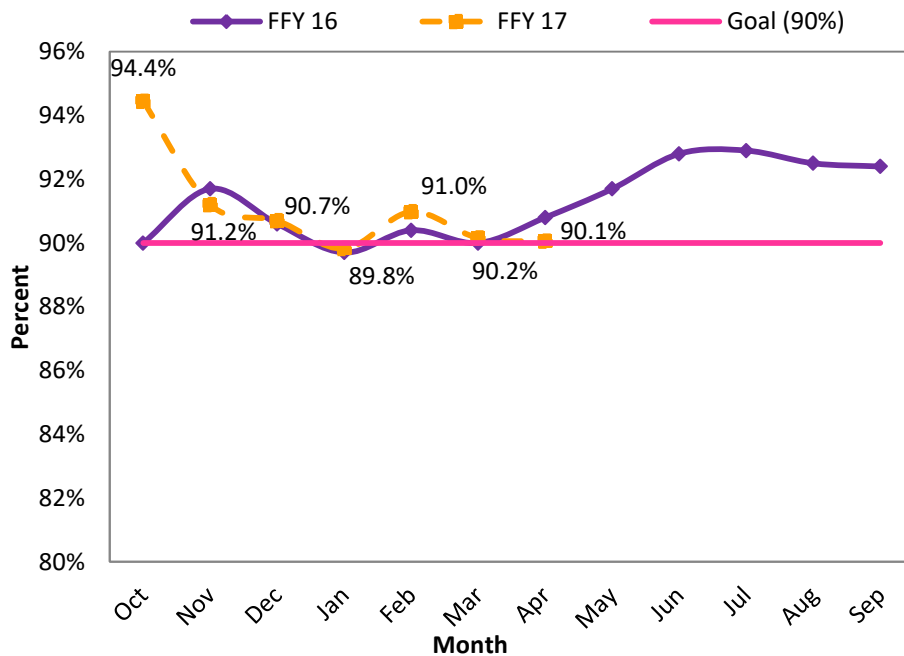
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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: 362

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

Goal: **↑90%**



Trend: The Colorado Refugee Services Program’s performance in the most recent quarter ranged from 90.1% to 91.0%, and remained above 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.

Food and Energy Assistance

Summary

Description

Food Assistance is Colorado's nutritional safety net program, federally referred to as the Supplemental Nutrition Assistance Program (SNAP), and formerly known as Food Stamps. Food Assistance 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 Wilson

Executive Summary

- *Claim Rate and Impact Estimate:* The Division worked with the Office of Performance and Strategic Outcomes to identify Claim Rate and Impact Estimate as new performance measures. These measures were first introduced in the May 2017 C-Stat meeting. The Claim Rate will support the county's efforts to assess the cause of Food Assistance claims and eliminate the related rework of processing claims. The Impact Estimate will highlight the progress of counties in serving residents who are eligible, but not enrolled SNAP. This effort addresses Coloradans' food security, an important social determinant of health.
- *Case and Procedural Error Rate (CAPER) and Payment Error Rate (PER):* The Division has multiple efforts underway to improve accuracy rates, including eligibility system improvements, evaluation of the variances in the federal quality assurance handbook and its application and impact to state rule, as well as additional training and technical supports for counties.

Measures

- [Food Assistance Case and Procedural Error Rate](#)
- [Food Assistance Payment Error Rate](#)
- [Food Assistance Claim Rate](#)
- [Food Assistance Impact Estimate](#)



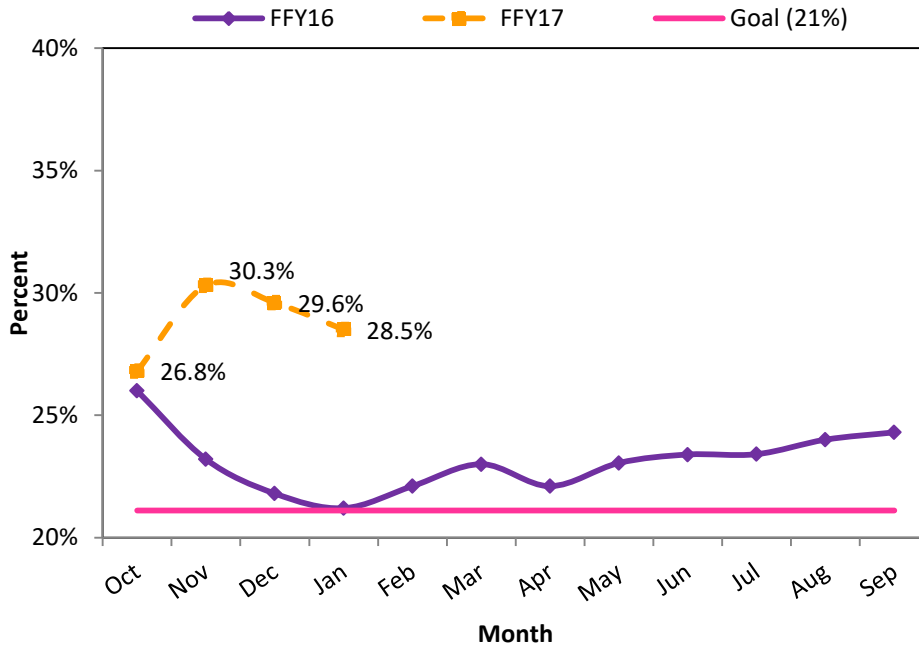
Food and Energy Assistance: Food Assistance (FA)

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: 214

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 has remained above federal fiscal year 2016 performance and ranged from 28.5% to 30.3%. 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.



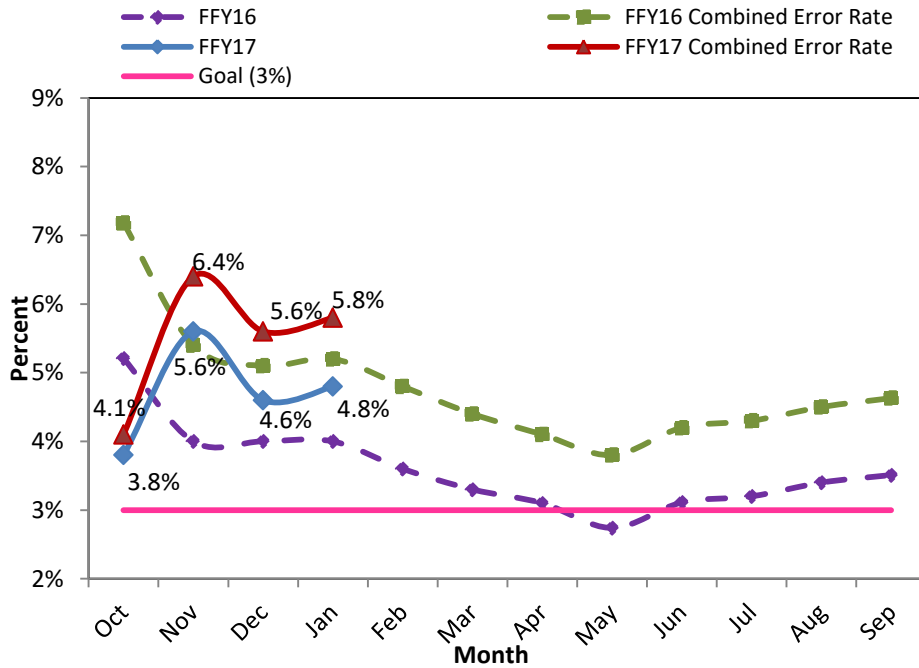
Food and Energy Assistance: Food Assistance (FA)

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: \$63,679

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

Goal: **↓ 3%**



Trend: The Division’s performance in the most recent quarter (solid blue and red lines) has shown higher 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.





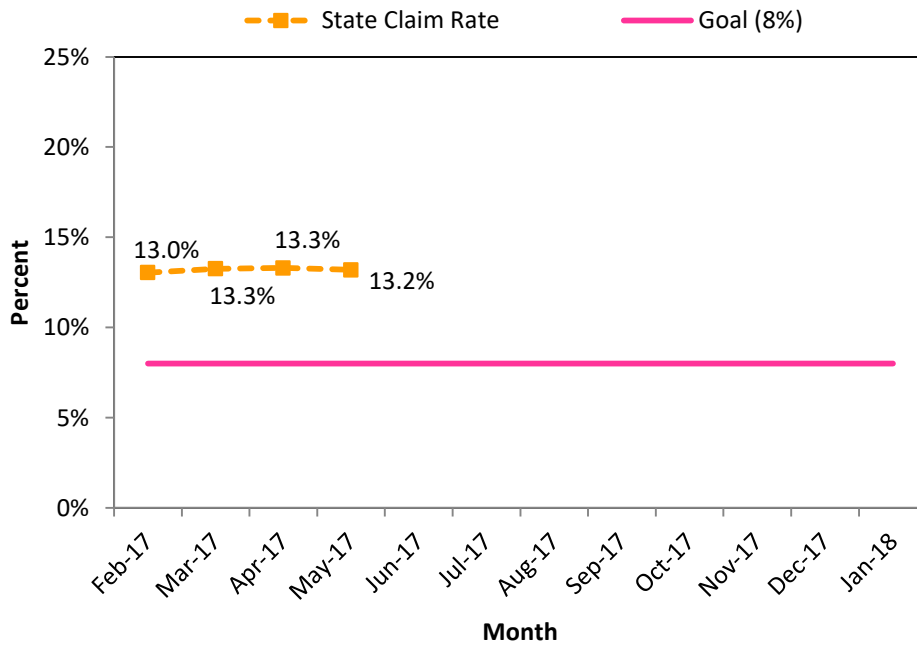
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance Claim Rate**

How it is measured: *Numerator:* Number of open and active SNAP claims
Denominator: Number of open SNAP cases; average monthly denominator: 227,570

Why this matters: Reducing the number of Food Assistance claims requires accurate processing of applications, which ensures that Coloradans receive the appropriate level of benefits and also eliminates the related claims processing rework by counties.

Goal: **↓ 8%**



Trend: The Division’s performance in the most recent quarter has remained steady just above 13%.

Notes: This is a new measure as of May 2017, with date reported retroactively to February 2017.

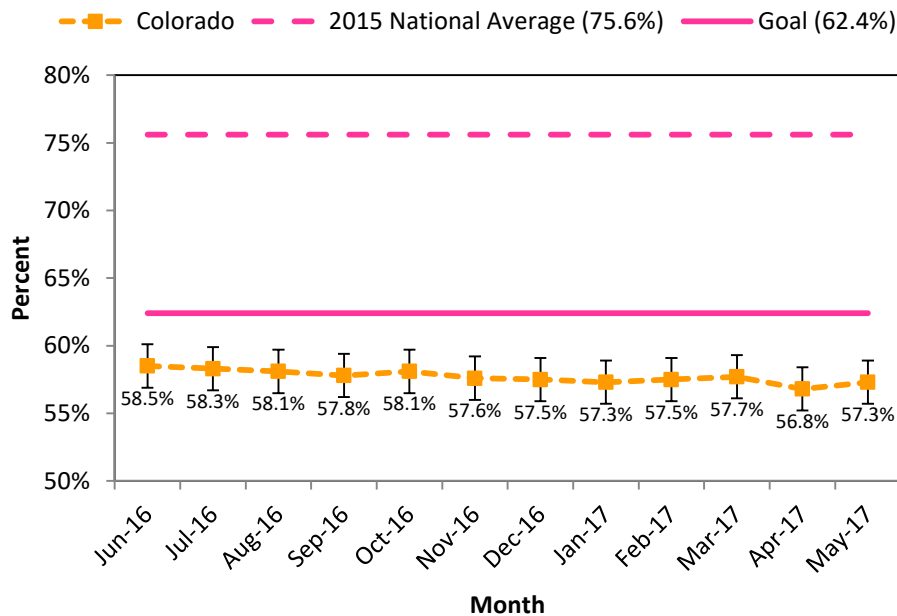
Food and Energy Assistance: Food Assistance (FA)

Measure: **Food Assistance Impact Estimate**

How it is measured: *Numerator:* Number of clients receiving SNAP benefits in the month
Denominator: Number of Coloradans below 125% of the federal poverty level in 2015; denominator: 812,141

Why this matters: Increases in the impact estimate will improve food security in Colorado, an important social determinant of health.

Goal: **↑ 62.4%**



Trend: The Division's performance in the past year has shown a steady decline. In the most recent quarter performance ranged from 56.8% to 57.7%.

Notes: The numerator reflects the current caseload data. The denominator is based on the 2015 American Community Survey conducted by the U.S. Census Bureau as this is the most recent poverty estimate available.

The graph shows a margin of error of +/- 1.6%.

This is a new measure as of May 2017, with data reported retroactively to June 2016.