



Summary Report

July - September 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 September 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 September 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 **Julie James** at **303-866-3236** or at Julie.james@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)**

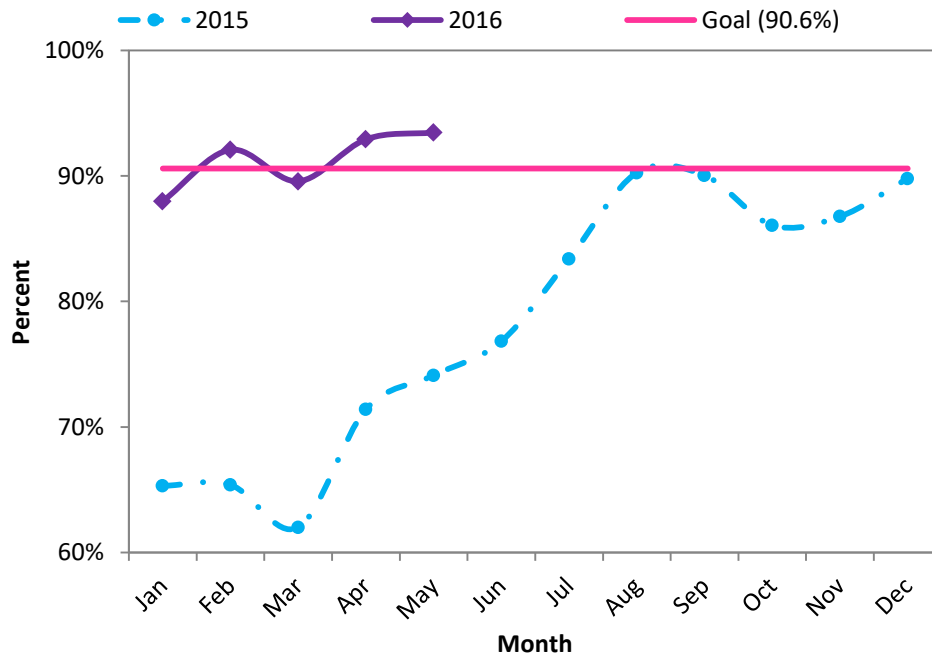
How it is measured: *Numerator:* Describes what is being “counted.”
Denominator: Describes the overall population: Average monthly denominator; average of the last three months’ denominators OR Cumulative denominator; cumulative up to the last month of the reporting period OR Average daily population;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

The Community Behavioral Health (CBH) Division 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:* As of June 2017, the Division had achieved the 65.0% goal for eight consecutive months. Therefore, this measure was moved to the CDHS C-Stat Dashboard in July 2017 and 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 monthly by Executive Management.
- *People with an Opioid Use Disorder Accessing Treatment:* The Division began managing the performance of this measure in August 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 for the two lowest performing providers to develop quality improvement strategies.
- *Timeliness of Crisis Services:* The Division reviewed one Crisis Region's untimely mobile responses between January and March 2017 to determine why responses did not meet the timeliness goals. The Division concluded that 44% of the untimely mobile responses in this region were due to the volume of calls exceeding the number of available staff. The Division is working with this region to improve timeliness.
- *Timeliness of License Issuance:* The Community Behavioral Health Division began managing the performance of this measure in April 2017 and is seen for the first time in this Quarterly Report. The Division has employed several strategies to improve performance on this measure, including switching to an online licensing system, automating renewal date reminders, and calling providers whose licenses are soon to expire to encourage timely submission of licensing renewal applications. Other Colorado State regulatory agencies were also contacted to identify protocols utilized to encourage timely renewal application submissions.

Measures

- [People with an Opioid Use Disorder Accessing Treatment](#)
- [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](#)
- [Timeliness of License Issuance](#)



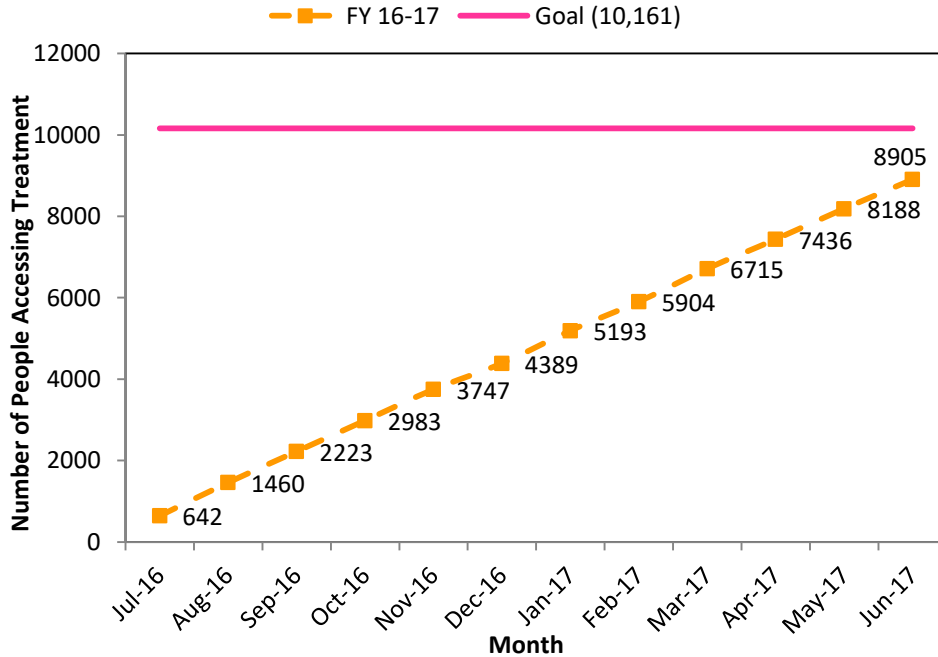
Community Behavioral Health (CBH)

Measure: **People with an Opioid Use Disorder Accessing Treatment**

How it is measured: *Numerator:* Cumulative number of people with opioid use disorders accessing treatment
June 2017: 8,905

Why this matters: Access to treatment for people with an opioid use disorder increases the likelihood that an individual will reduce use.

Goal: **↑10,161**



Trend: Performance in the most recent quarter ranged from 7,436 to 8,905. The goal was not attained.

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)

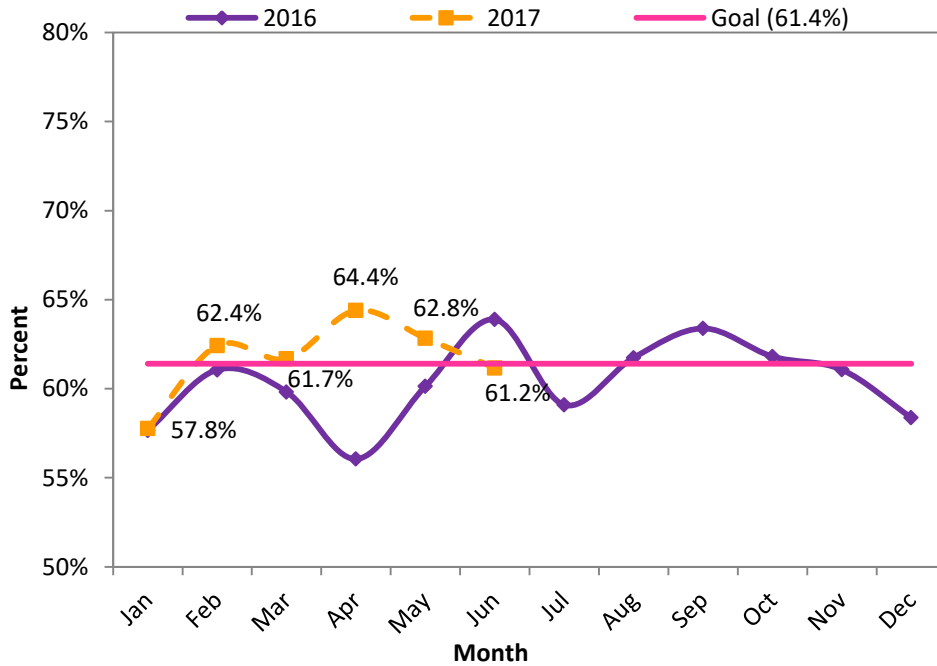
Measure: **Substance Use Disorder Clients Engaged in Services**

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: 1,080

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 61.2% to 64.4%. The goal was attained in April 2017 (64.4%) and May 2017 (62.8%).

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





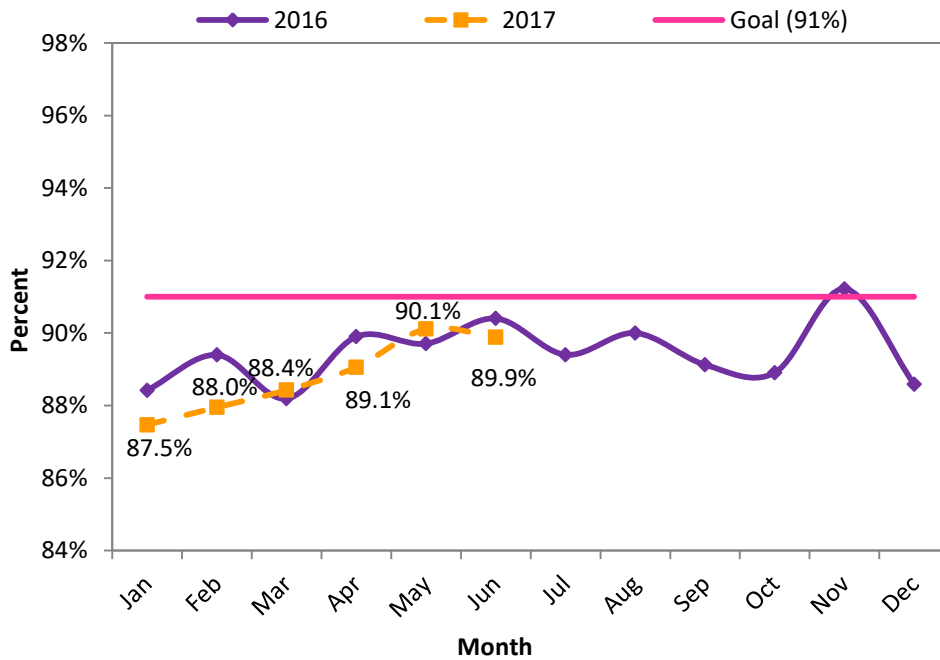
Community Behavioral Health (CBH)

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: 1,013

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 89.1% to 90.1%. The goal was not attained.

Notes: The 12 most recent months of data are retroactively updated monthly.

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





Community Behavioral Health (CBH)

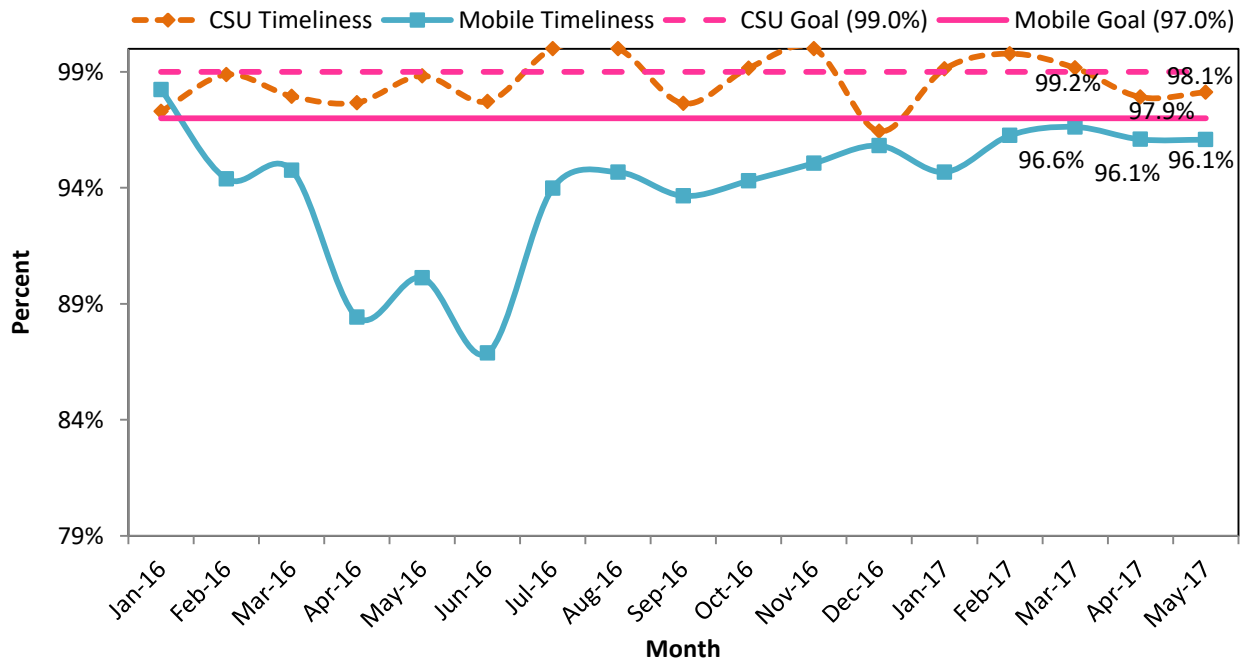
Measure: **Timeliness of Crisis Services**

How it is measured: *Numerator:* Number of individuals receiving crisis services within allotted time frame (24 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: 446; Mobile: 2,171

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 timeliness ranged from 97.9% to 99.2%. The CSU goal was attained in March 2017 (99.2%). Mobile timeliness ranged from 96.1% to 96.6%. The Mobile goal was not attained.





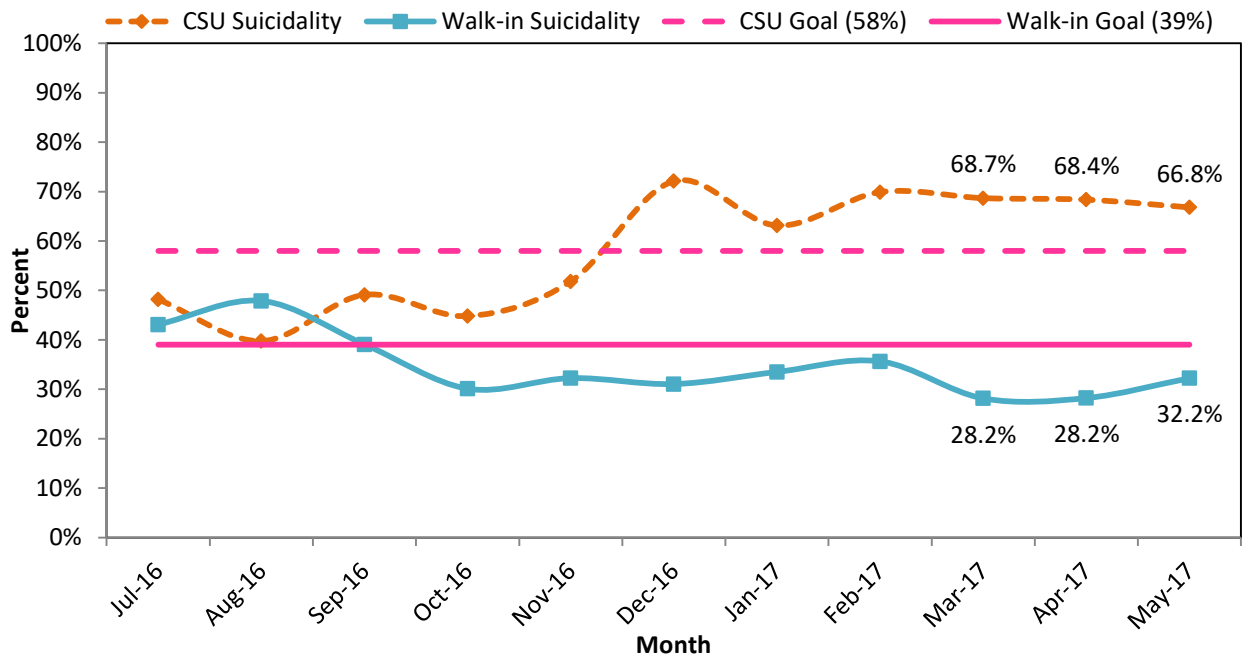
Community Behavioral Health (CBH)

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): 248; Mobile: 679

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

Goal: **↑ CSU 58%, Walk-in 39%**



Trend: Crisis Stabilization Unit performance in the most recent quarter ranged from 66.8% to 68.7% and met the goal in every month of the quarter. Walk-in performance in the most recent quarter ranged from 28.2% to 32.2%. The Walk-in goal was not attained, though rates trended toward the goal.





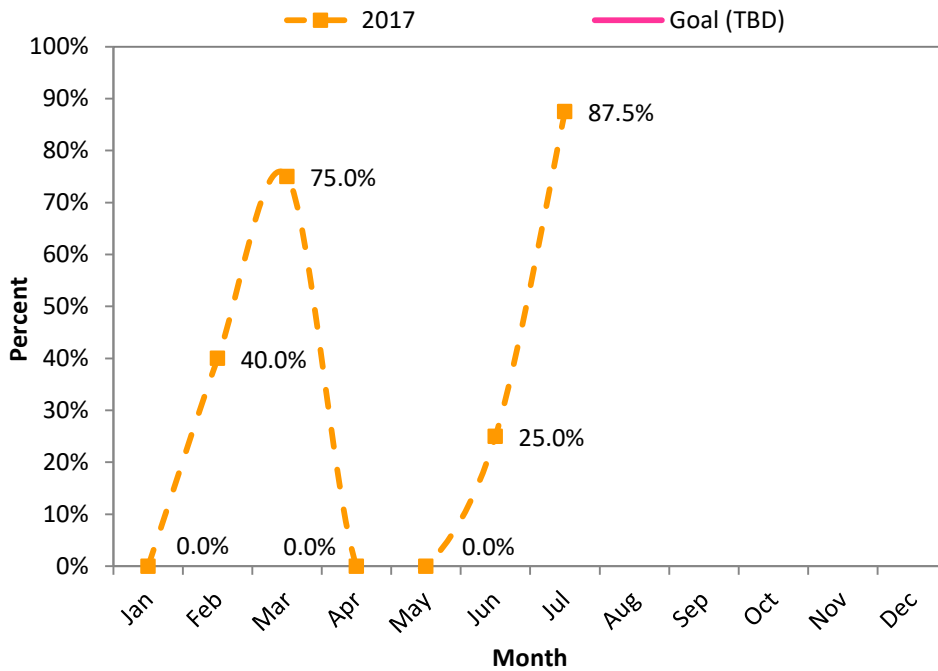
Community Behavioral Health (CBH)

Measure: **Timeliness of License Issuance**

How it is measured: *Numerator:* Total number of licenses issued before the expiration date
Denominator: Total number of licenses expiring in the month, excluding providers that closed;
average monthly denominator: 8.7

Why this matters: Issuing timely licenses ensures that providers can continue to serve clients.

Goal: **↑TBD**



Trend: Performance in the most recent quarter ranged from 0.0% to 87.5%.



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 conditions for individuals referred for evaluation by the state's courts.

Director: Dr. Kimberly Nordstrom

CMHIFL Hospital Director: David Polunas

Acting CMHIP Superintendent: Dr. Kimberly Nordstrom

Executive Summary:

- *24/7 Facility Staffing - Fort Logan & Pueblo:* In September 2017, the Division updated data going back to June 2017 utilizing an improved methodology. While this measure monitors only regular hours worked, the Division and Executive Management also monitor staff hours filled by sitter staff, temporary staff, contract staff, and overtime hours worked to ensure the Institutes are appropriately staffed.
- *Percent of 180-Day Readmissions – Fort Logan & Pueblo:* The Mental Health Institute Division compared discharge data to non-state hospital admission data from the Department of Health Care Policy and Financing. Upon analyzing the data, the Division found that of the civil patients discharged from the Mental Health Institutes during Fiscal Year 16-17, 25% were readmitted to a non-state hospital or one of the Mental Health Institutes for mental health treatment. The Community Behavioral Health Division is able to follow-up with the appropriate Community Mental Health Center to ensure continuity of care.

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](#)
- [Events of Medication Variance – Fort Logan & Pueblo](#)



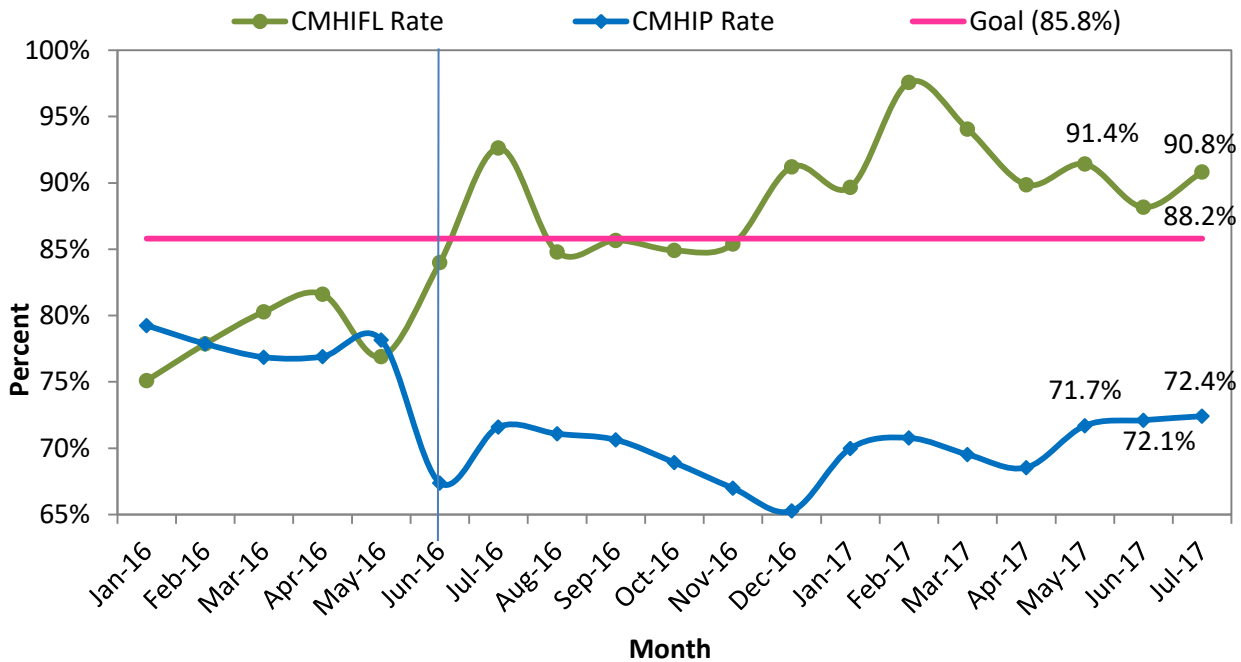
Mental Health Institutes (MHI)

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: Fort Logan: 16,400.23; Pueblo: 100,692.77

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 88.2% to 91.4% and met the goal in every month of the quarter. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 71.7% to 72.4%. The goal was not attained this quarter.

Note: The line in June 2016 denotes a methodology change in which CMHIP began monitoring to basic staffing levels rather than to emergency staffing levels and CMHIFL reduced the number of 1:1 hours included in the denominator in order to better align with the need on each unit.





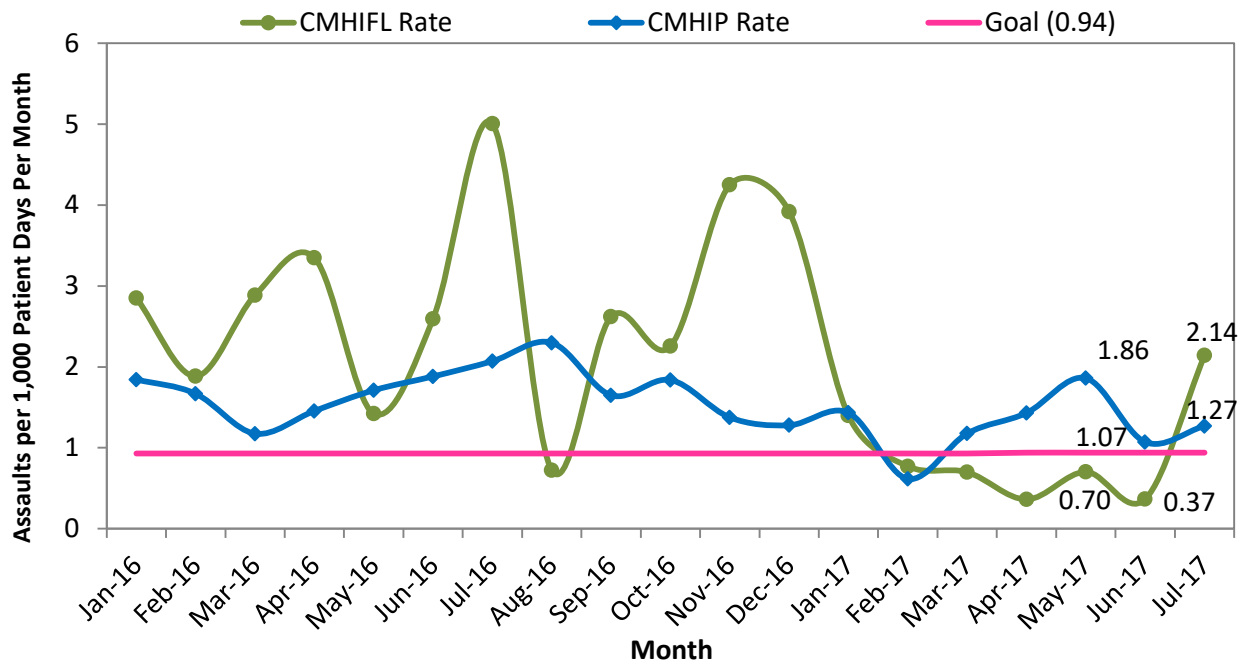
Mental Health Institutes (MHI)

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

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

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

Goal: **↓ 0.93**



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 2.14 to 0.37. The goal was attained in May 2017 (0.70) and June 2017 (0.37). The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 1.86 to 1.07. The goal was not attained this quarter.





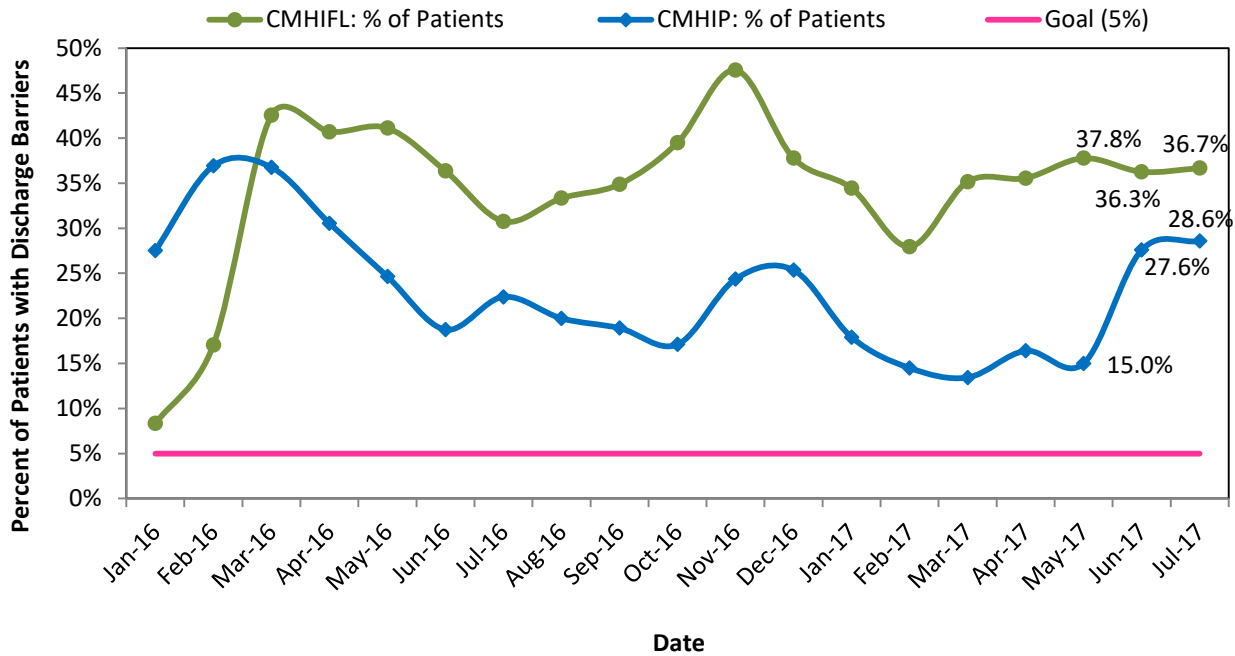
Mental Health Institutes (MHI)

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: 90.3; Pueblo: 60.3

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 37.8% to 36.3%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 28.6% to 15.0%. 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.





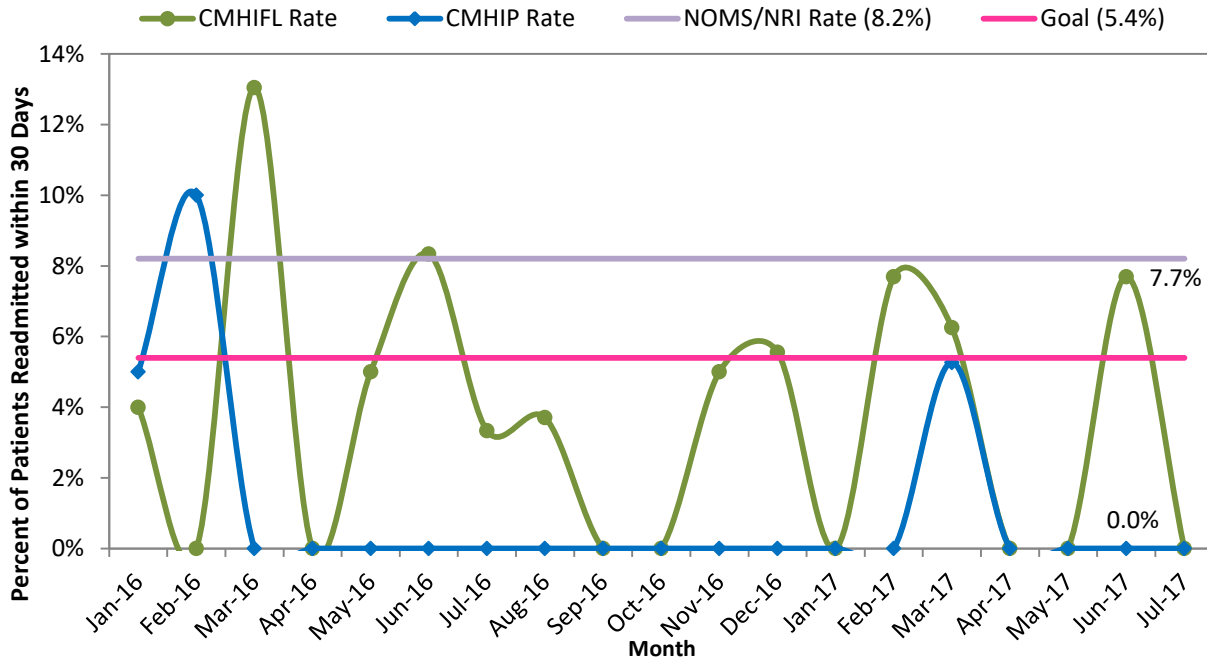
Mental Health Institutes (MHI)

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: 18.7; 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 May 2017 (0.0%) and July 2017 (0.0%). The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter remained at 0.0%. The goal was met throughout the quarter.





Mental Health Institutes (MHI)

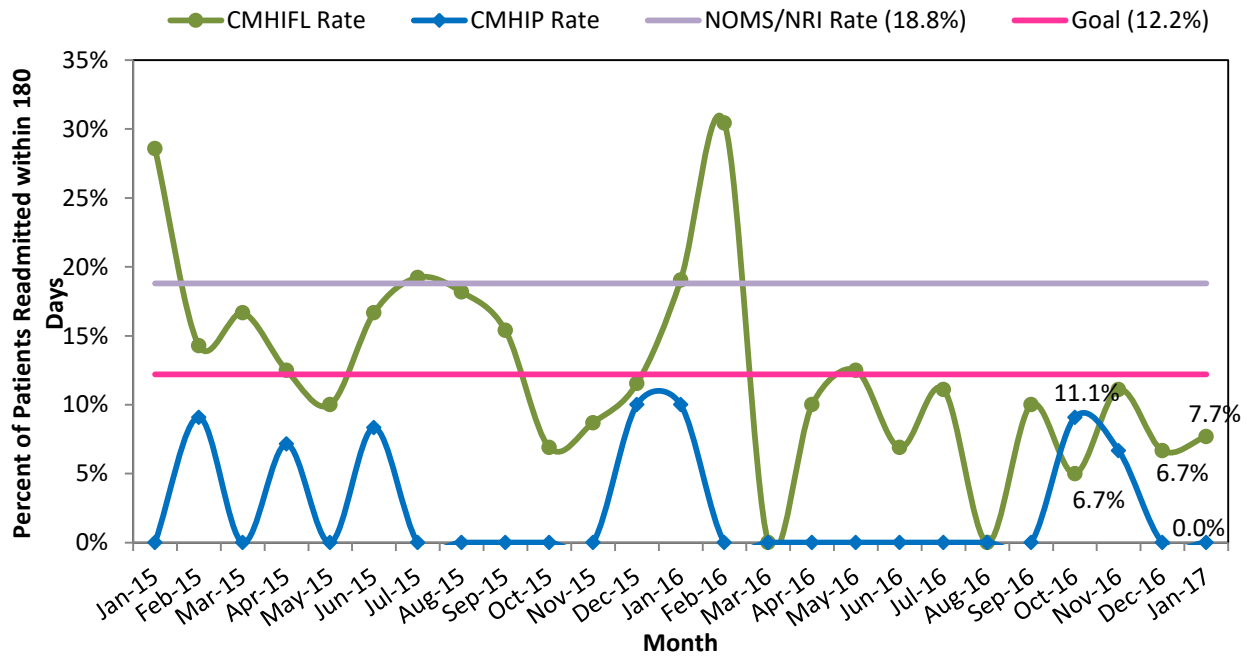
Measure: **Percent of 180-Day Readmissions – Fort Logan & Pueblo**

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: 15.3; Pueblo: 15.0

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

Goal: **↓12.2%**



Trend: The Colorado Mental Health Institute at Fort Logan’s (CMHIFL) performance in the most recent quarter ranged from 11.1% to 6.7%. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 6.7% 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 the number of those patients who are readmitted within 180 days (the numerator). Due to this change, data are reported eight months in arrears.





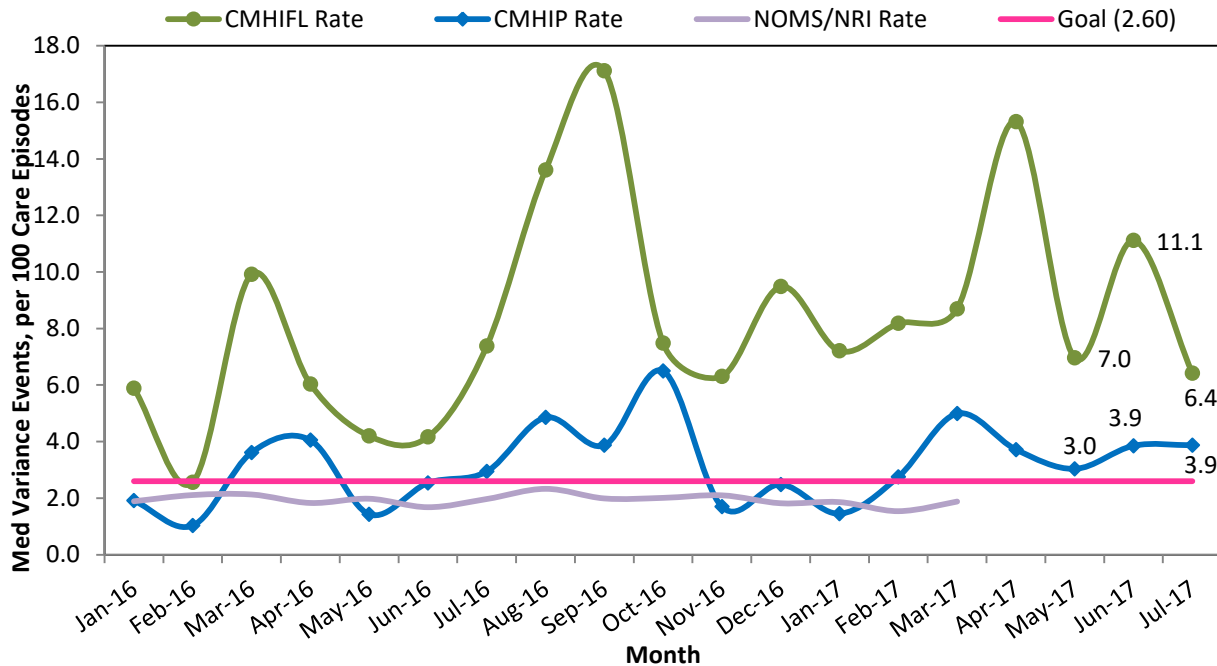
Mental Health Institutes (MHI)

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 (which includes existing patients, new patients, and readmissions in a single month, divided by 100); 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 11.1 to 6.4. The Colorado Mental Health Institute at Pueblo’s (CMHIP) performance in the most recent quarter ranged from 3.9 to 3.0. 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*: Traditionally, this measure is comprised of caseworkers responding to allegation of abuse/neglect within three response times determined by severity (3-Day, 5-Day, and Immediate). In a performance improvement effort, DCW prioritized Immediate response types, which represented the most vulnerable assessments, from July 2016 to June 2017. In June of 2017, after consistently attaining the 90% goal, DCW decided to increase the goal to 95% and return all three response types (3-Day, 5-Day, and Immediate) to the methodology of this measure. The Division continues to monitor lower-performing counties on a weekly basis and offer additional technical assistance as needed.
- *Compliance with the Statutory Requirement Related to Timeliness of Assessment*: Due to consistently high performance, this measure was moved to the CDHS C-Stat Dashboard following the presentation of June 2017 data. Therefore, this will be the last time this measure is detailed in the C-Stat Quarterly Report. The C-Stat Dashboard is distributed along with the monthly C-Stat data and reviewed by Executive Management on a monthly basis, but is not reported as a part of the C-Stat Quarterly Report.
- *Maltreatment in Out-of-Home Care*: In February 2017, the Division began incorporating the date the maltreatment incident occurred into the reporting database to better account for when the maltreatment occurred. This data-entry enhancement appears to have a positive impact on performance over the most recent quarter, as the data demonstrates maltreatment often occurs prior to when the child enters out-of-home care. As a result, those instances are not relevant to this measure.
- *Children Who Re-Enter Care within 12 Months (monthly measure)*: In August 2017, DCW modified the methodology of the federal re-entry measure to establish a more meaningful, real-time measure that enabled stronger performance management discussions. The federal methodology presented data that demonstrated re-entry performance up to two years old, while the new methodology displays those children who re-entered in the last month.

Measures

- [Timeliness of Initial Response to Abuse/Neglect Assessments](#)
- [Compliance with the Statutory Requirement Related to Timeliness of Assessment Closure](#)
- [Maltreatment in Out-of-Home Care](#)
- [Children Who Re-Enter Care within 12 Months \(monthly measure\)](#)
- [Children in Congregate Care](#)



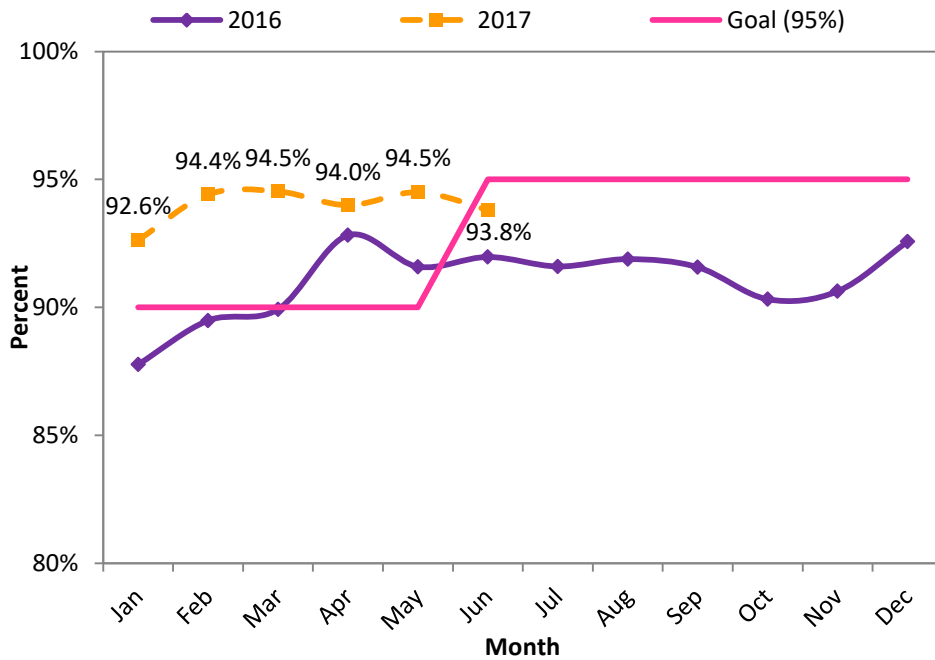
Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* Number of alleged victims with a timely face-to-face contact or attempted contact as set in rule (Volume 7)
Denominator: Number of alleged victims with a child protection assessment opened in the specified month (both Traditional and Family Assessment Response); average monthly denominator: 4413

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

Goal: **↑ 90%**



Trend: The Division met the 90% goal for 12 consecutive months. The newly established 95% goal has yet to be achieved.

Notes: In June of 2017, after consistently attaining the 90% goal DCW decided to increase the goal to 95% and include all three response types (3-Day, 5-Day, and Immediate) in the methodology of this measure.





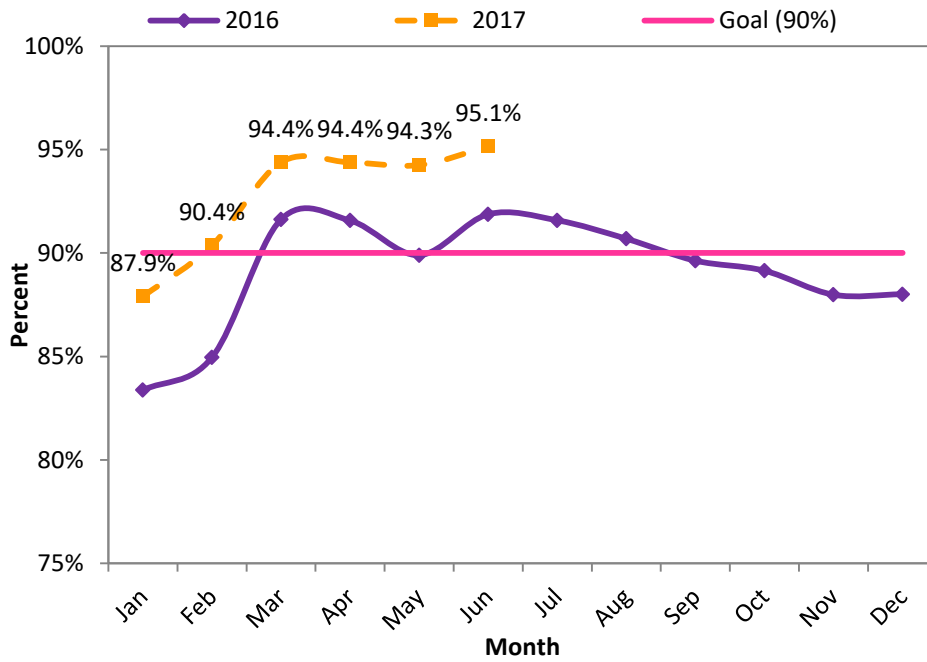
Division of Child Welfare (DCW)

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: 3,115

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.





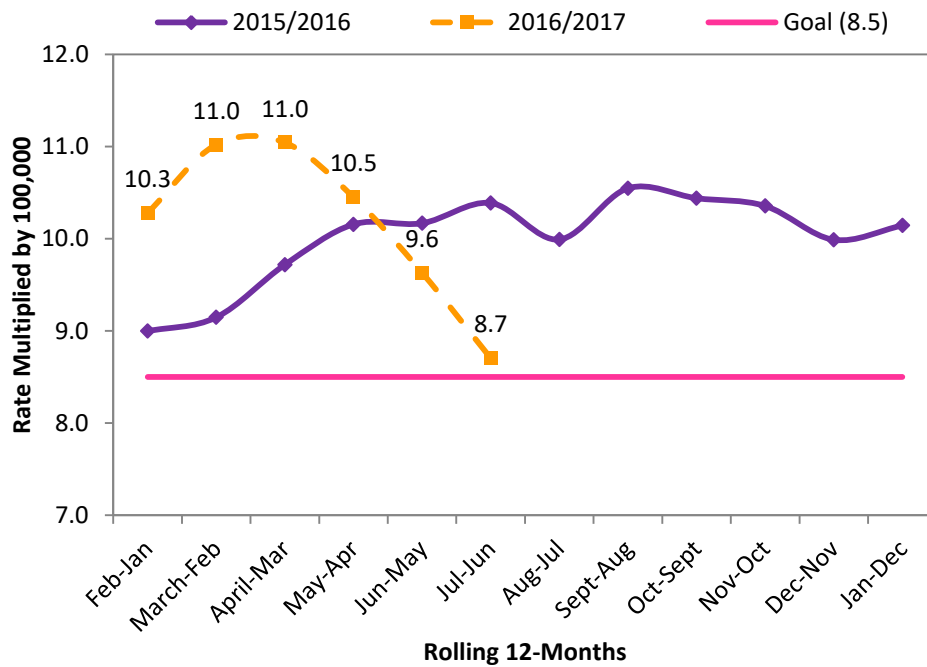
Division of Child Welfare (DCW)

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: 1,769,788

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 improved each month throughout the most recent quarter, resulting in the best performance seen to date (8.7).

Note: Data is presented in a rolling 12 months to align with the federal reporting methodology. In February 2017, the Division began incorporating the date the maltreatment incident occurred into the database as a mandatory data-entry field. The change allows for the Division to better account for when the maltreatment occurred.





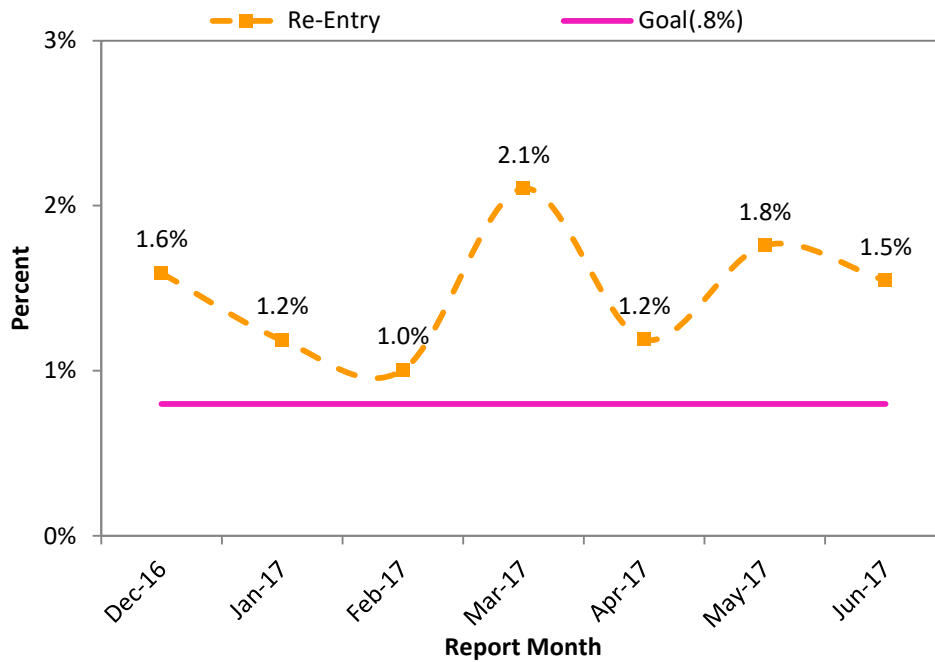
Division of Child Welfare (DCW)

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

How it is measured: *Numerator:* The number of children who re-entered in the current month
Denominator: The number of children discharged via Reunification, Living with other relatives, Guardianship and Adoption within rolling 12 month period; average reporting period denominator: 3,684

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

Goal: ↓ .8%



Trend: The Division’s performance ranged from 1.8% to 1.2% 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.





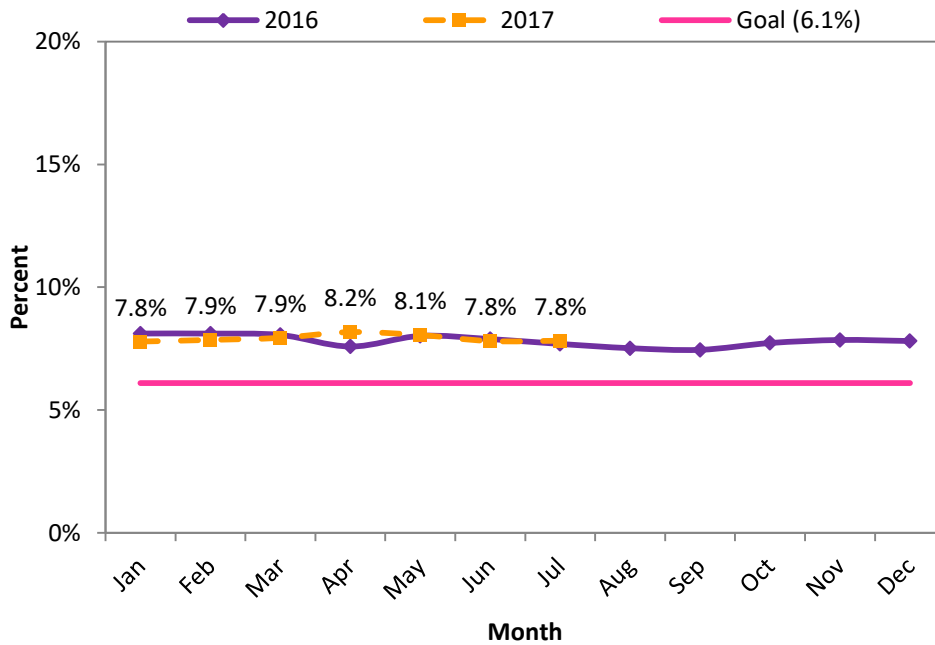
Division of Child Welfare (DCW)

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: 11,510

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

- *Timely Initial Placement for Committed Youth:* The Division continues to experience waitlists at state-secure facilities as the number one cause of delayed initial placements. The Division is working to explore solutions for the lack of capacity in state-secure facilities. In July 2017, an external consulting organization concluded their review of DYS's assessment process. The reviewers found the DYS time-frame for completing an assessment aligns with that of other states. The provided suggestions for improvement did not relate to expediting the assessment process.
- *Youth Injuries in DYS State-Secure Facilities:* The Division continues to review youth injuries by facility and injury type each month to explore how to reduce them. Self-inflicted injuries have been declining over the last two months, while injuries due to physical management or fights have remained consistent across the last year. In October of 2016, DYS revised the data collection protocol for youth injuries to be more inclusive, ensuring that all injury types are included in the data reviewed each month, thus increasing the rate.
- *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. The Division examines the number of incidences, duration, and youth behavior prior to seclusion in a continuous effort to reduce seclusion across all state-secure facilities.
- *Rate of Wrap Applications in DYS State-Secure Facilities:* In May 2017, the Division began reporting the use of the Safe Restraint Wrap device. All facilities have started a process to move away from the use of the device, eliminating its use altogether no later than July 1, 2018. The Division reviews each instance in which a Wrap application was used in an effort to provide staff with ongoing education and training regarding alternative options.

Measures

- [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](#)



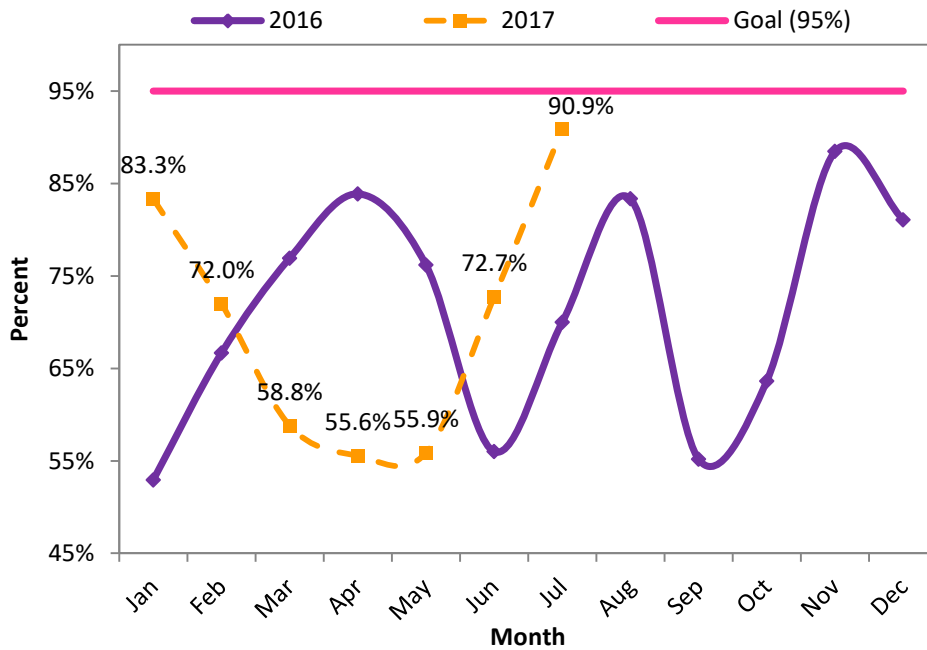
Division of Youth Services (DYS)

Measure: **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: 30

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

Goal: **↑ 95%**



Trend: The Division’s performance improved each month within the most recent quarter, ending the quarter at 90.9%. The goal was not met.





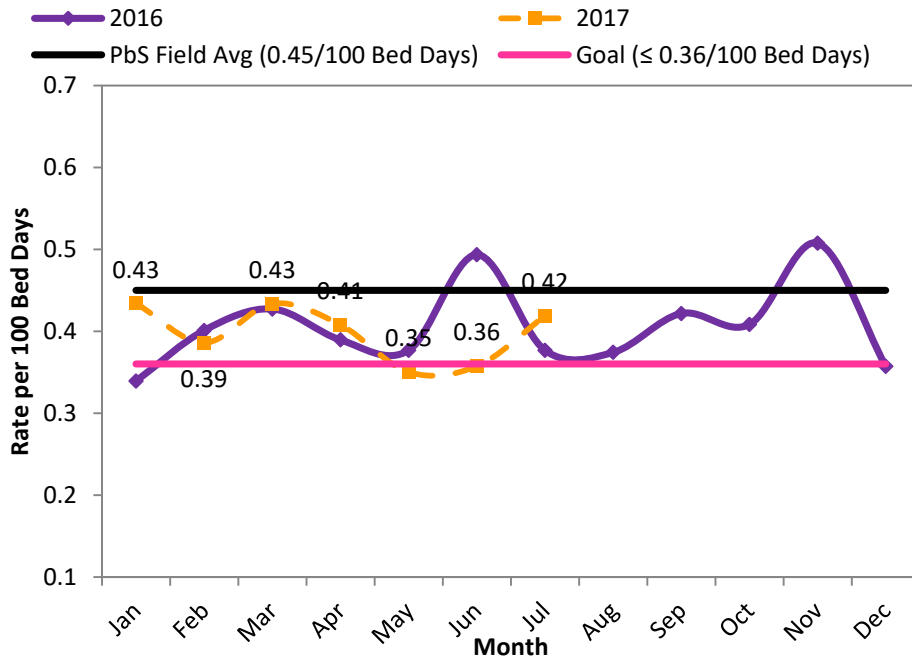
Division of Youth Services (DYS)

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

How it is measured: *Numerator:* Youth-on-Youth fights and assaults occurring in DHS state-secure facilities
Denominator: Monthly bed days in state-secure facilities (state-secure detention, assessment, and commitment); average monthly bed days: 18,362.1

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 0.42 to 0.35 in the most recent quarter. The goal was met in both June and July 2017.

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

Data from DHS is compared to the Performance-based Standards (PbS) Field Average (black line), 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.





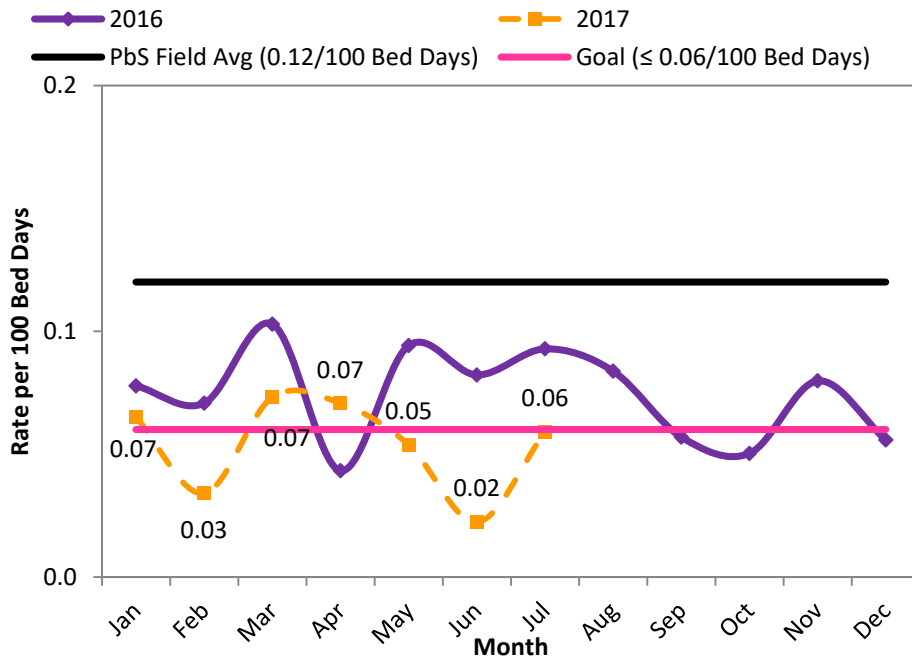
Division of Youth Services (DYS)

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: 18,362.1

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 0.06 to 0.02 in the most recent quarter. The goal was met all three months within the quarter.

Notes: This is a new measure, as DYS has decided 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 (black line), 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.





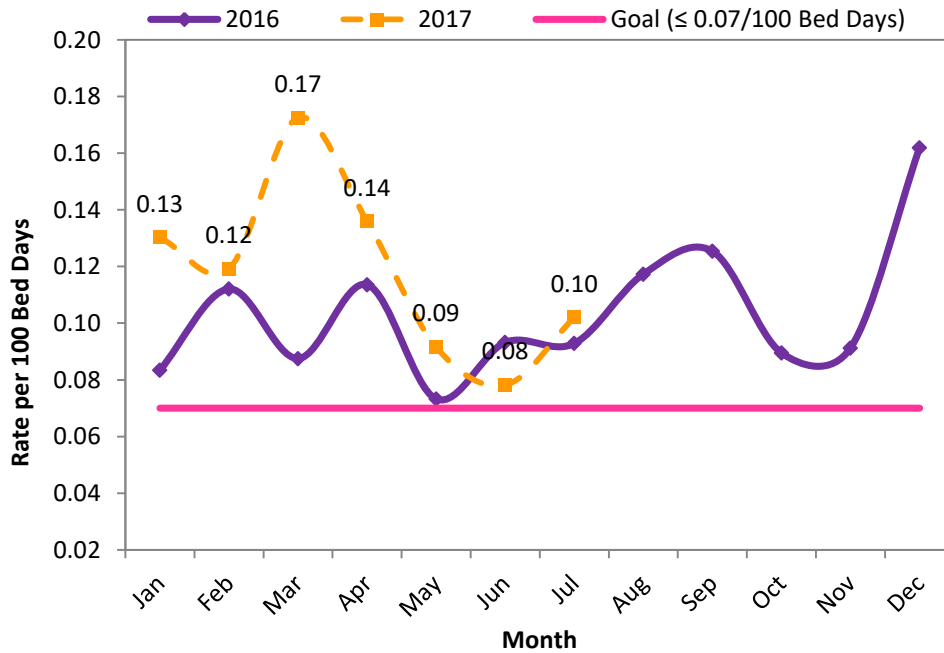
Division of Youth Services (DYS)

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: 18,362.1

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: **↓ ≤ 0.07 per 100 Bed Days**



Trend: The Division’s performance in the most recent quarter ranged from 0.10 to 0.08. The goal was not met.



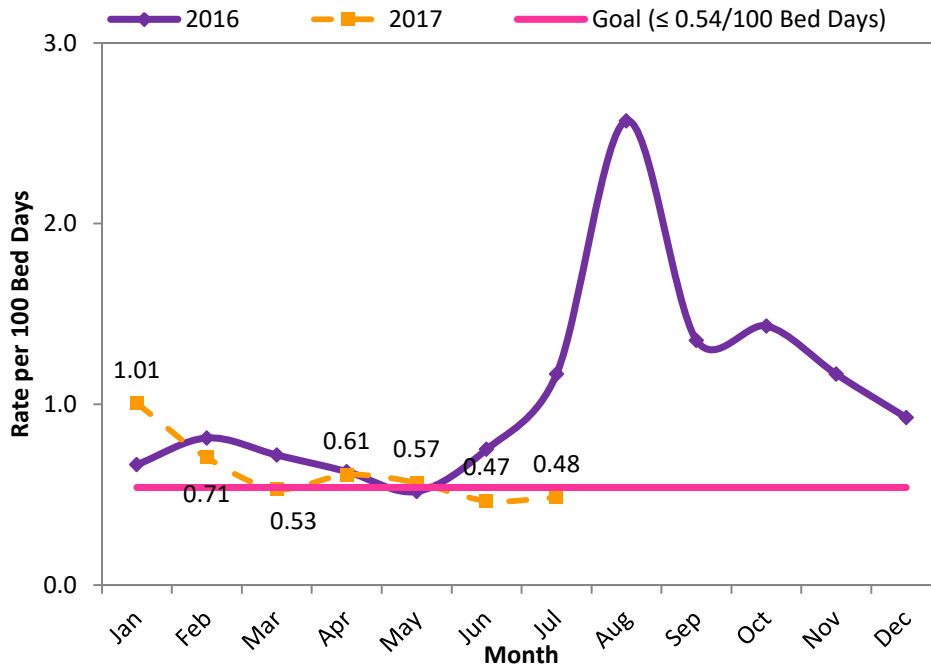
Division of Youth Services (DYS)

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: 18,362.1

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

Goal: ↓ ≤ 0.54 per 100 Bed Days



Trend: The Division’s rate of seclusion use ranged from 0.57 to 0.47 in the most recent quarter. The goal was met in both June and July 2017.

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





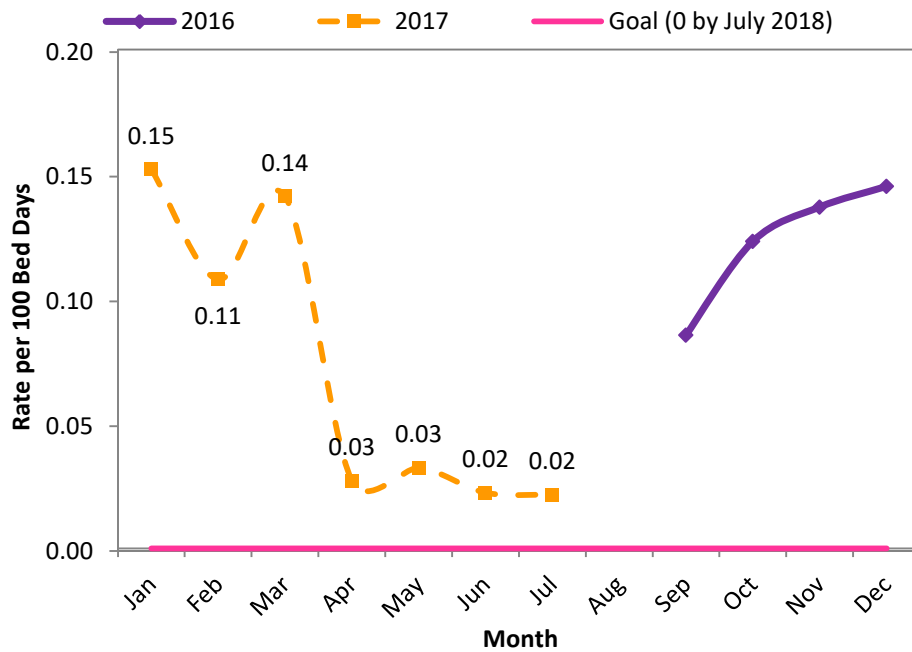
Division of Youth Services (DYS)

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: 18,362.1

Why this matters: The Division will start a process to move away from the use of the Safe Restraint Wrap device, eliminating 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 reached the lowest rate seen to date in June and July 2017 (0.02).

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





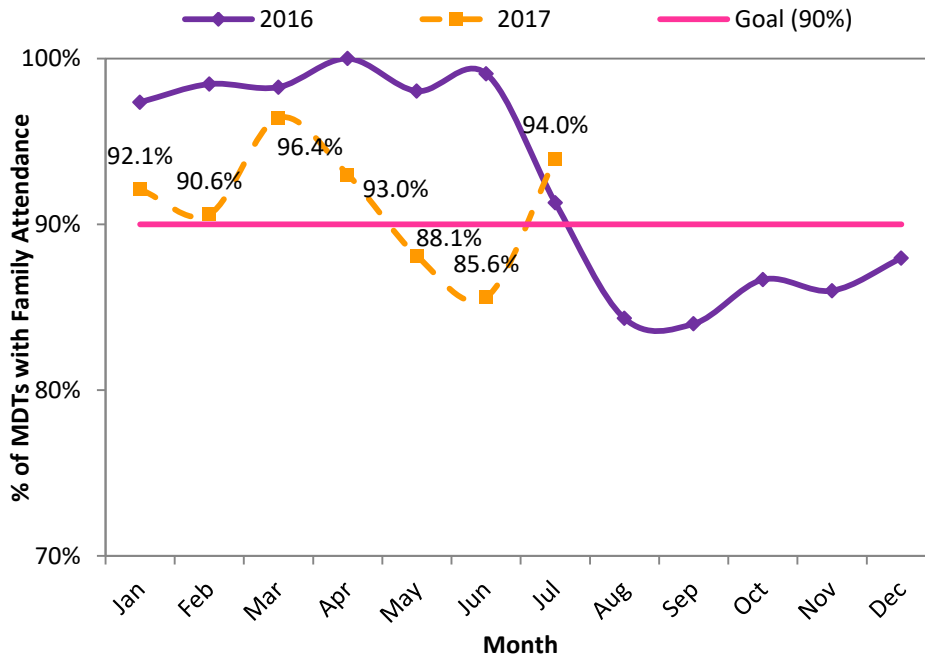
Division of Youth Services (DYS)

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: 107

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 ranged from 85.6% to 94.0%. The goal was met in July 2017.

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





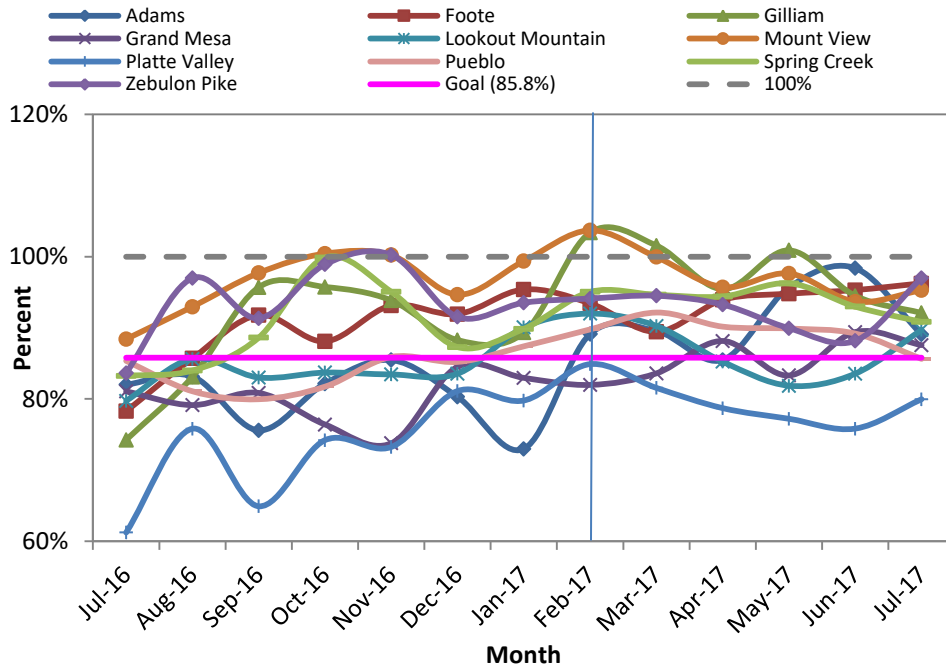
Division of Youth Services (DYS)

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: 79,227.3

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 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, 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](#)



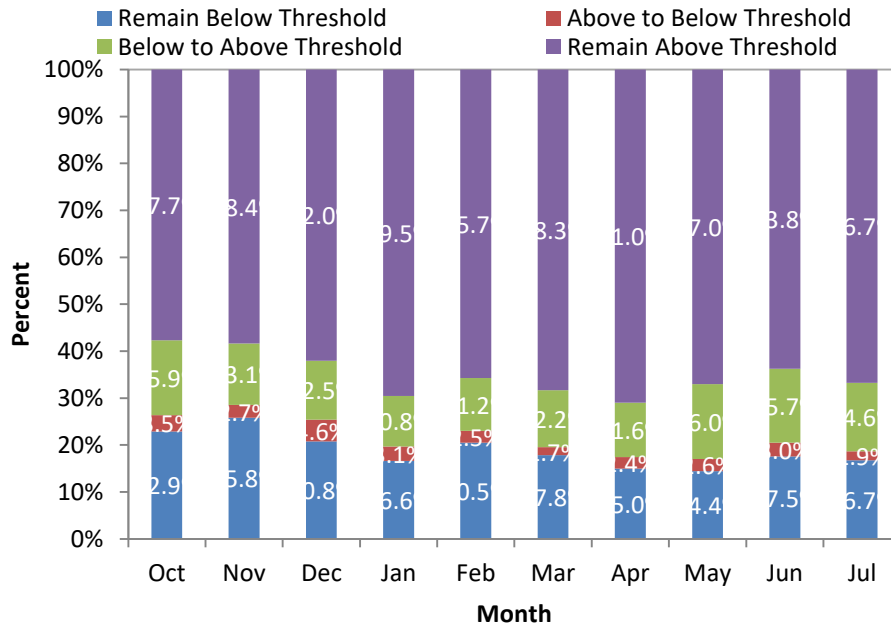
Domestic Violence Program (DVP)

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: 417

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.





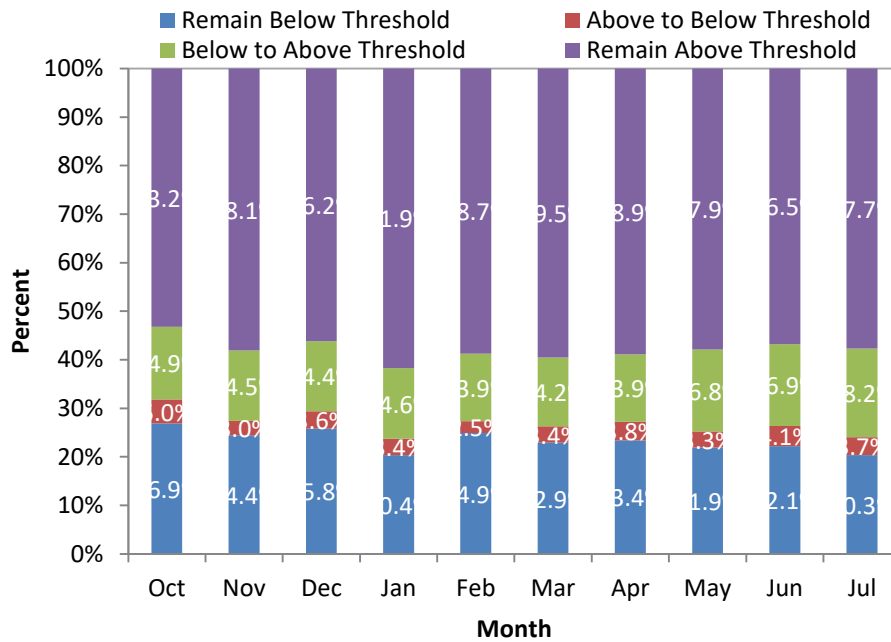
Domestic Violence Program (DVP)

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: 420

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.





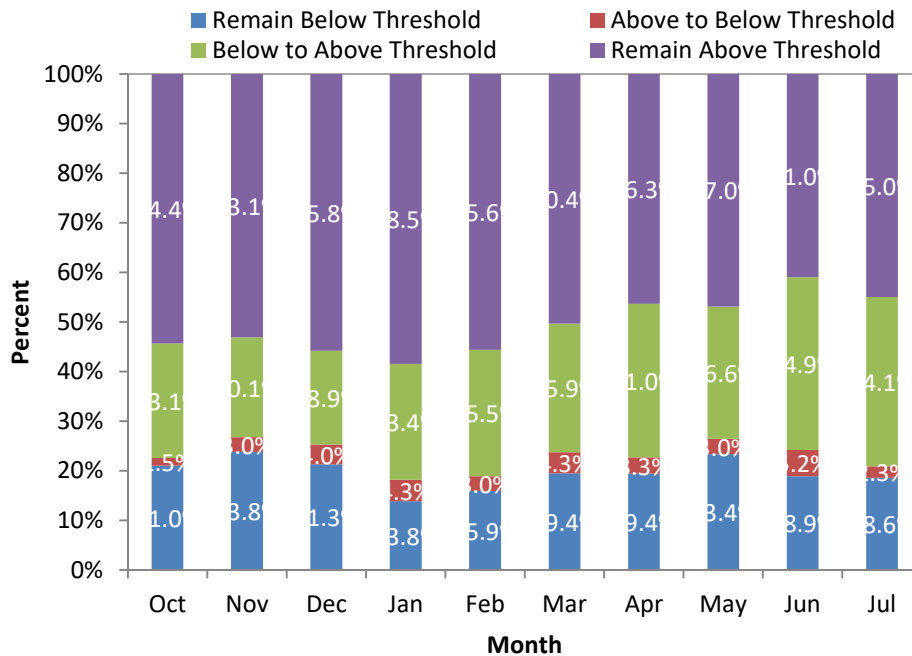
Domestic Violence Program (DVP)

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: 421

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 older adults 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.
- *Percent of Cases with Safety Improvement:* This measure indicates whether the intervention implemented had a positive impact on the older adult 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 to higher performance than the previous year.

Measures

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



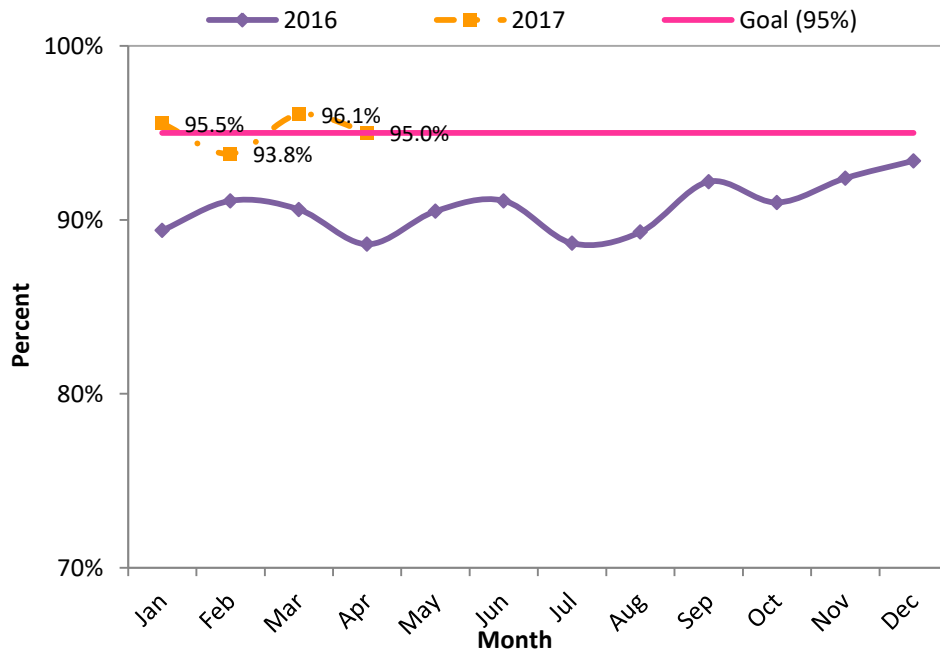
Aging and Adult Services (AAS)

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: 1,211

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

Goal: **↑95%**



Trend: The Division’s performance did not meet the goal within the most recent quarter. Performance ranged from 93.8% in July 2017 to 94.6% in May 2017.





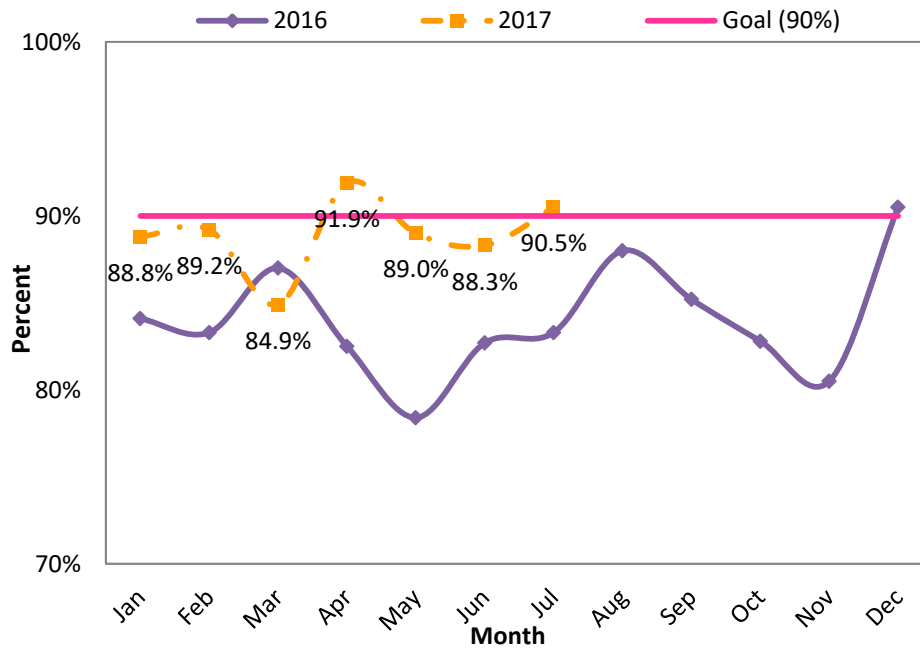
Aging and Adult Services (AAS)

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: 211

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

Goal: **↑90%**



Trend: The Division’s performance varied, ranging from 88.3% in June 2017 to 90.5% in July 2017. Performance exceeded the 90% goal in July 2017.



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, the Division is unable to hire any new staff. Due to these factors the Operational Goal was adjusted from 55 days to 82 days to reflect current business practice.
- *Examiner Processing Time:* In July 2017 this measure was brought back from monthly monitoring on the dashboard, a tool reviewed by Executive Management, to the C-Stat deck in an effort to increase focus and discussion. Due to the same factors listed above the goal was raised from 41 days to 45 days.
- *Percentage of Accurate Initial Eligibility Decisions:* Disability Determination Services continues to focus on internal quality assurance reviews by selecting and reviewing 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](#)
- [Examiner Processing Time](#)
- [Percentage of Accurate Initial Eligibility Decisions](#)



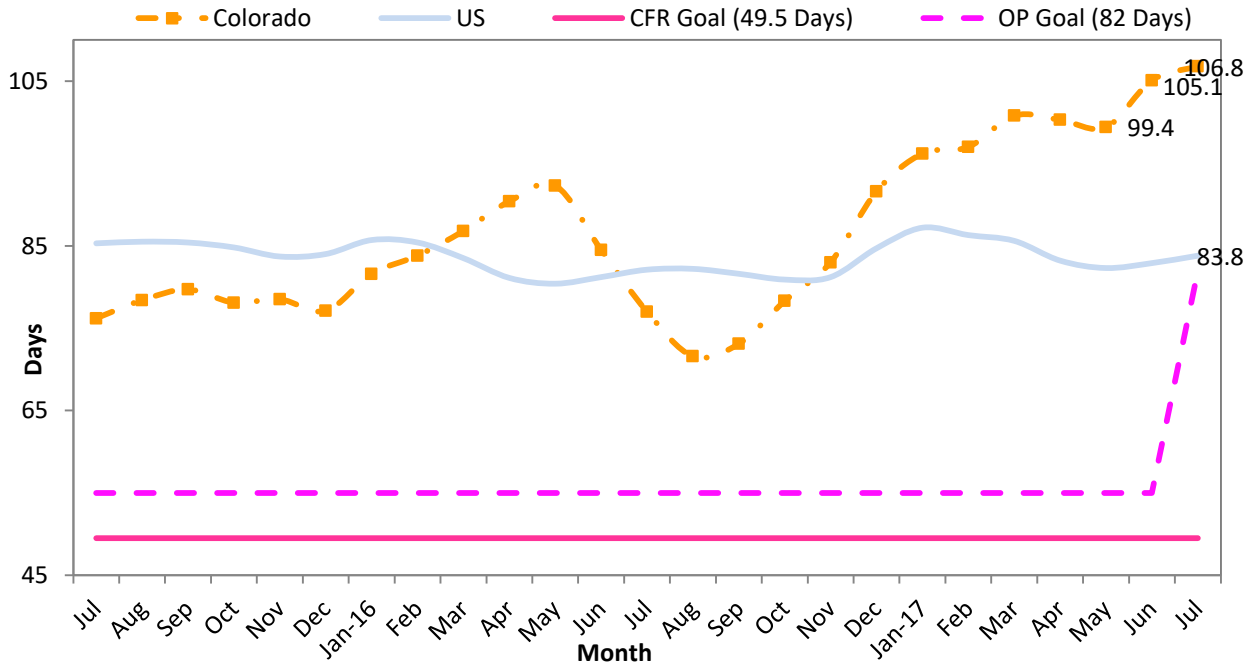
Disability Determination Services (DDS)

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

How it is measured: *Numerator:* Number of days to process initial eligibility decisions
Denominator: Number of initial applications processed; average monthly denominator: 3,036

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 99.4 days in May 2017 to 106.8 days in July 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.

In July 2017 the Operational goal was adjusted from 55 days to 82 days.





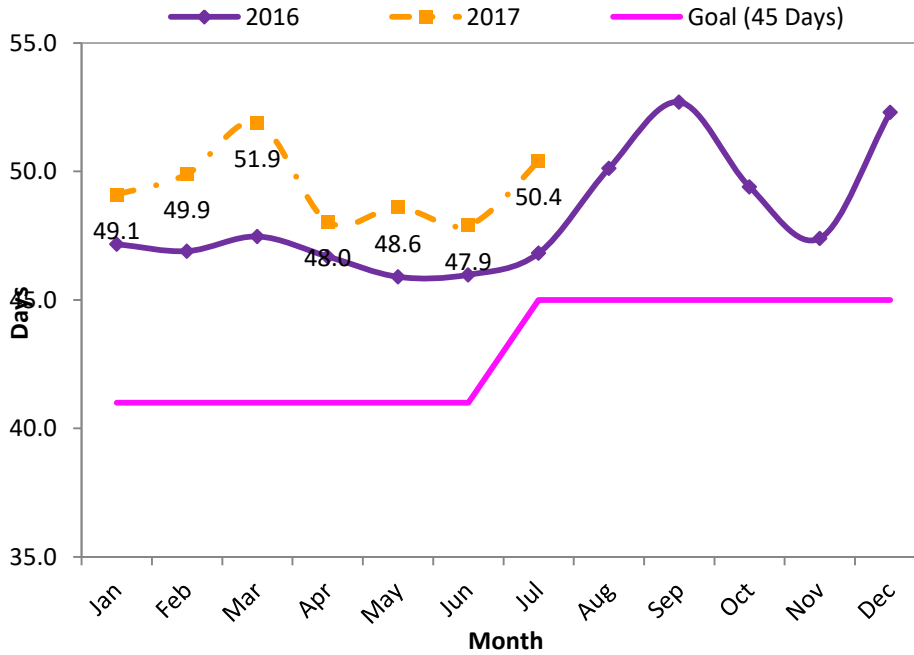
Disability Determination Services (DDS)

Measure: **Examiner Processing Time**

How it is measured: *Numerator:* Number of days (from assigned date to clearance date) to close disability claims
Denominator: Number of disability claims processed; average monthly denominator: 2,513

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

Goal: **↓45 Days**



Trend: Division performance varied within the quarter. The Division’s processing time increased from 48.6 days in May 2017 to 50.4 days in July 2017.

Notes: In July 2017 the goal was adjusted from 41 days to 45 days.





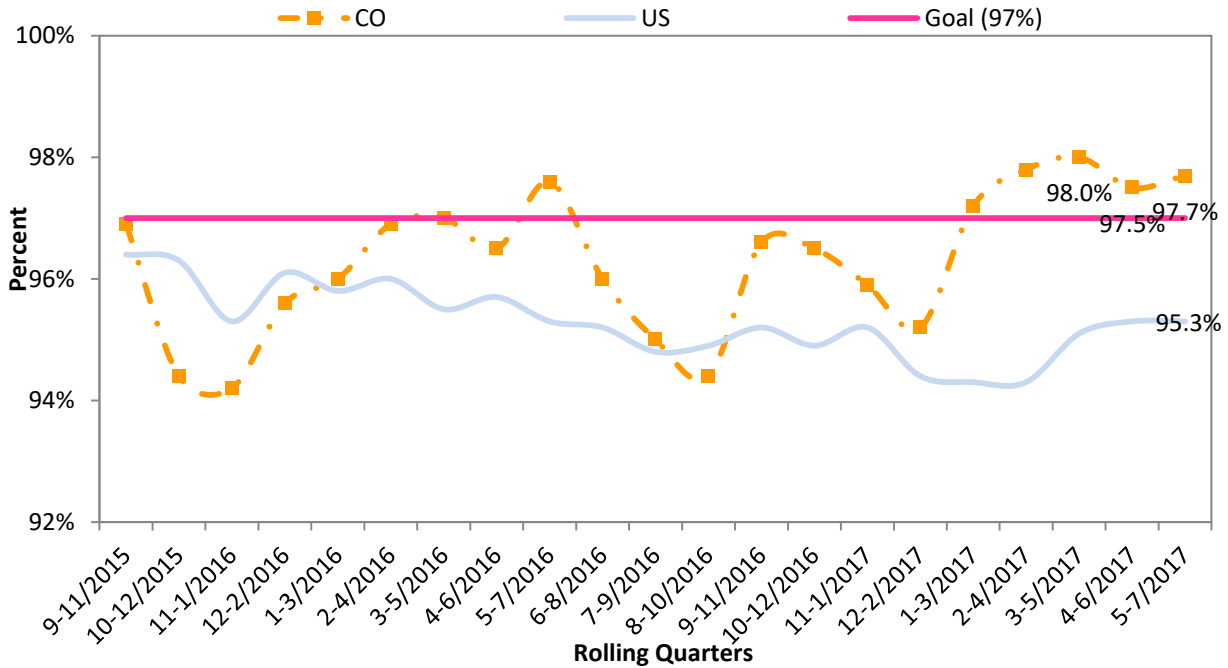
Disability Determination Services (DDS)

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: 164

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 remained relatively stable, ranging from 97.5% in June 2017 to 98.0% in May 2017. Performance exceeded the goal all 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 of at least 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 continues 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.
- *Rate of Physical Intervention by Regional Center*: Beginning with June 2017 data, the Division moved from the previous methodology of Percent of Residents without a Physical Intervention to the current methodology of Rate of Physical Intervention by Regional Center. This change allows for deeper examination of physical interventions, providing a better understanding of why the intervention occurred by examining each physical intervention that occurred, and helps to focus future strategies. Interdisciplinary teams at each center continue to analyze reports to determine what preceded the physical intervention and what strategies may reduce future physical interventions.

Measures

- [24/7 Facility Staffing](#)
- [Rate of Physical Intervention by Regional Center](#)



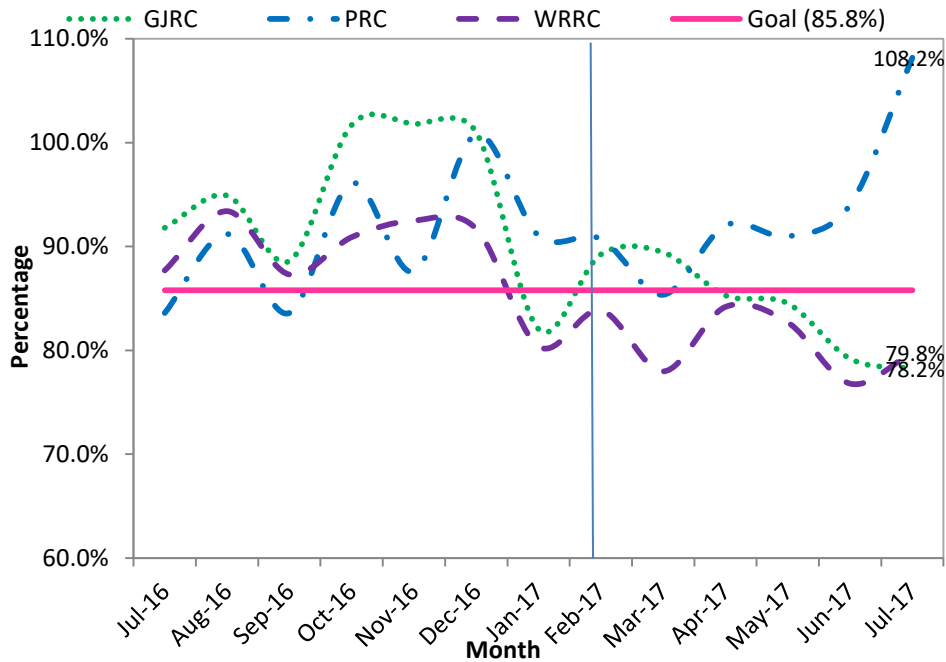
Division of Regional Center Operations (DRCO)

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: 31,694, Pueblo: 18,555, and Wheat Ridge: 43,361

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. Pueblo Regional Center exceeded the goal each month within the quarter.

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





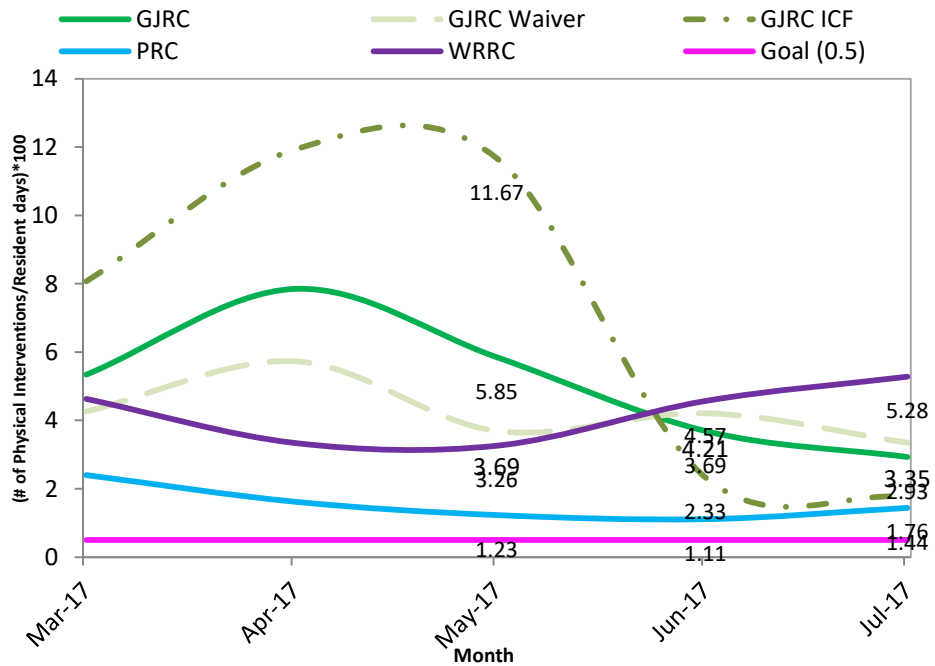
Division of Regional Center Operations (DRCO)

Measure: **Percent of Residents without Physical Intervention by Regional Center**

How it is measured: *Numerator:* Number of physical interventions
Denominator: Per 100 resident days; average monthly denominator: Grand Junction: 2,538, Grand Junction Waiver: 1,851, Grand Junction ICF: 687, Pueblo: 1,456, Wheat Ridge: 3,856

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

Goal: **↓0.5**



Trend: Performance in Pueblo remained relatively stable while Wheat Ridge’s performance worsened throughout the quarter. In Grand Junction, performance improved in the ICF program and remained stable in the Waiver program. Performance in July 2017 was as follows: Grand Junction at 2.93, Pueblo at 1.44, Wheat Ridge at 5.28. No center has achieved the 0.5 goal in the most recent quarter.





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 continues 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.
- *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 more thorough examination of falls data provides a better understanding of how and why the falls occurred, and helps to focus future strategies.
- *Prevalence of Weight Loss*: This is a new measure that was first introduced in the August 2017 C-Stat meeting. This measure is a Quality of Care and Quality of Life Indicator (QCLI) for the Centers for Medicare and Medicaid Services (CMS). This measure was targeted to align centers with consistent weighing processes, care planning and equipment calibration.

Measures

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



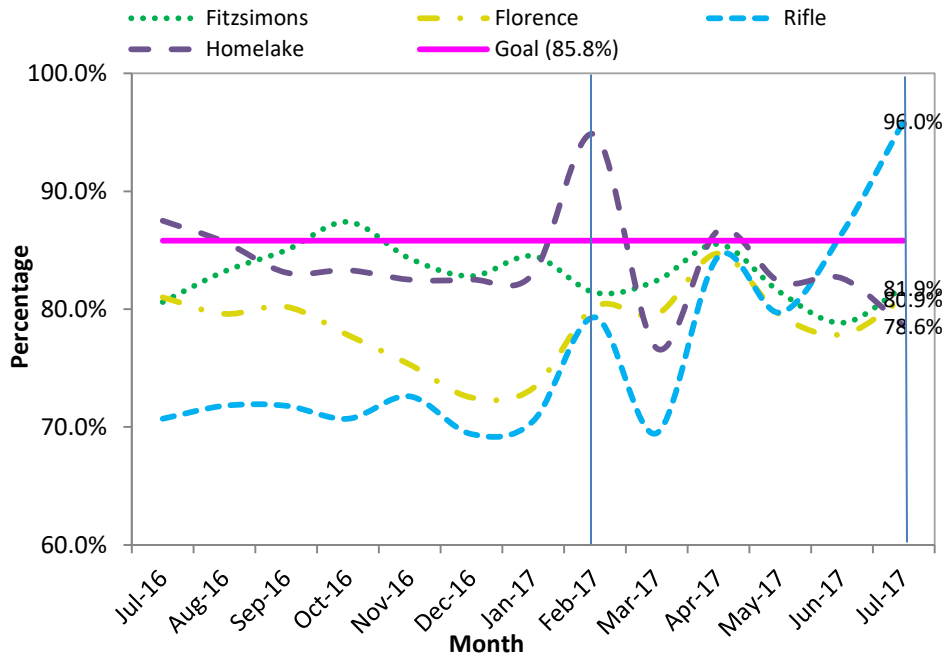
State Veterans Community Living Centers (SVCLC)

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: 19,809, Florence: 10,361, Rifle: 8,035, Homelake: 5,949

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 Rifle (blue line), remained stable in Fitzsimons (green line) and Florence (yellow line), while Homelake (purple line) declined. In July 2017, Rifle exceeded the goal.

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





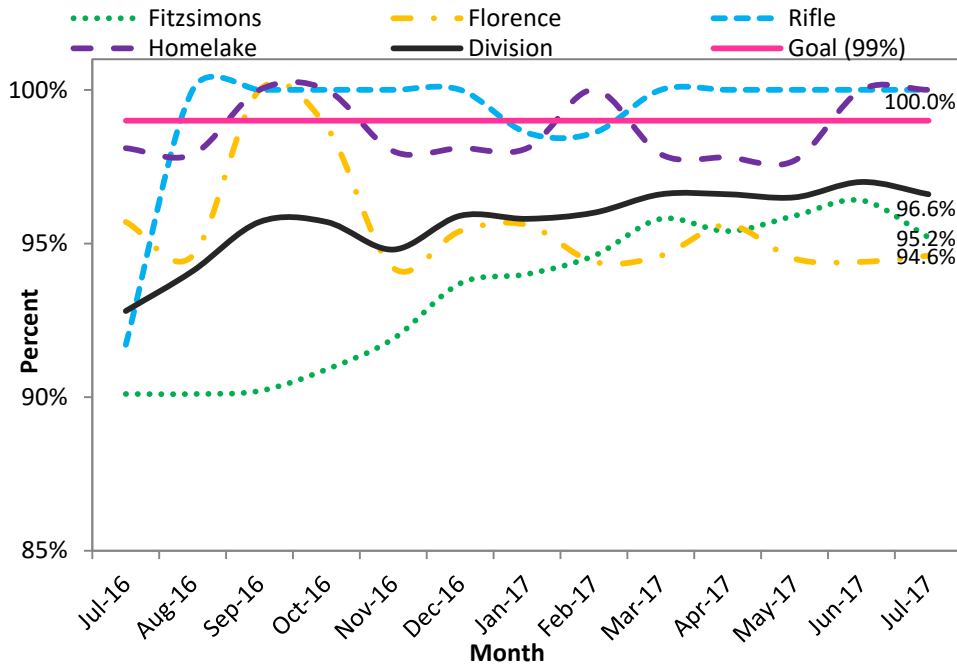
State Veterans Community Living Centers (SVCLC)

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: 168, Florence: 91, Rifle: 71, Homelake: 46, Division: 364

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

Goal: **↑99%**



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



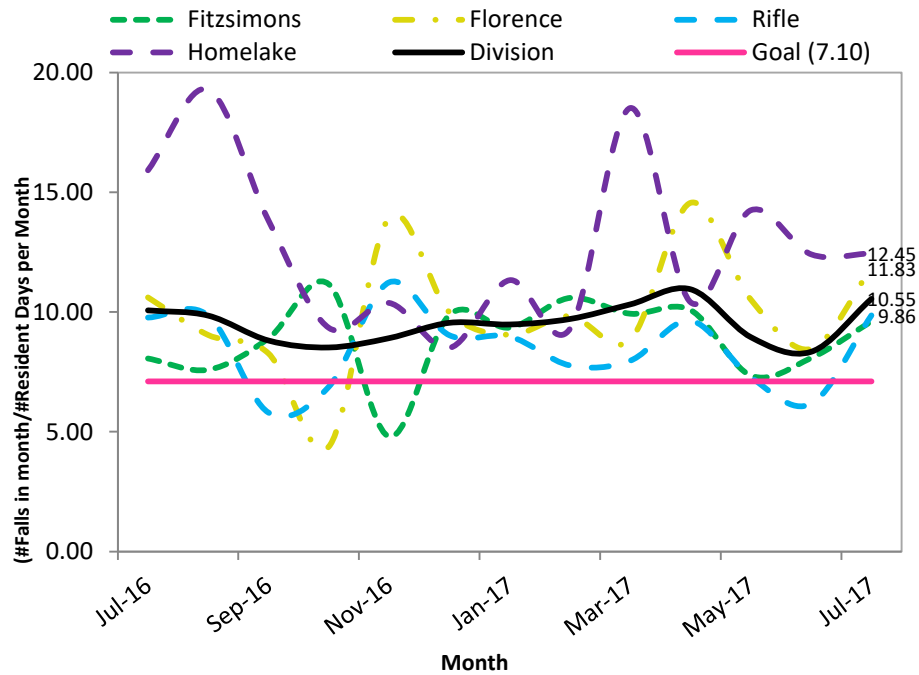
State Veterans Community Living Centers (SVCLC)

Measure: **Fall Rate**

How it is measured: *Numerator:* Number of falls
Denominator: Per 1,000 resident days. Average resident days by month: Fitzsimons: 5,074, Florence: 2,787, Rifle: 2,178, Homelake: 1,406

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 Homelake. In June 2017 Rifle met the goal. However, in July 2017, no centers achieved the 7.10 goal.



State Veterans Community Living Centers (SVCLC)

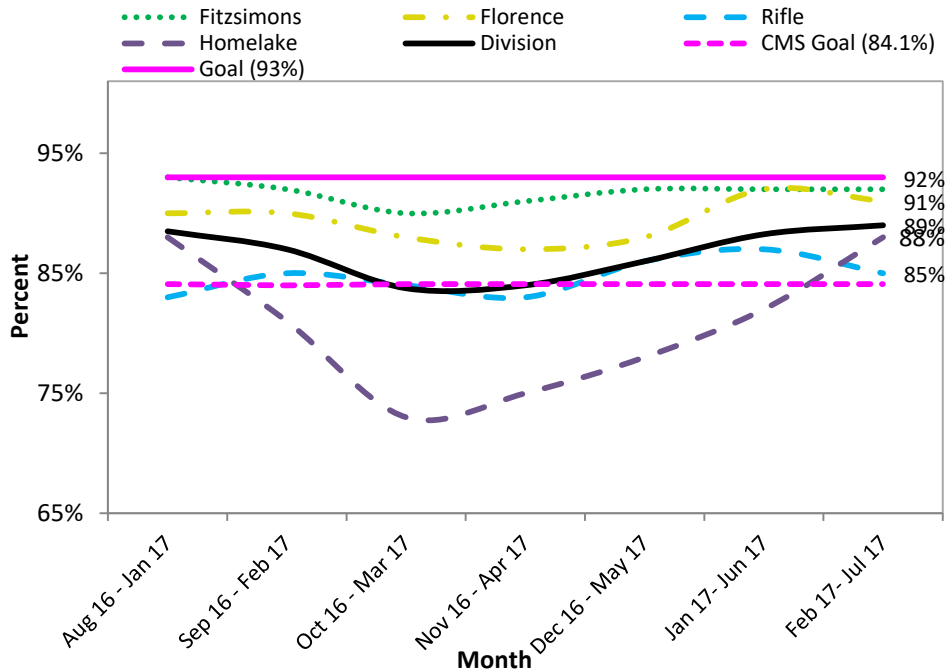
Measure: **Prevalence of Weight Loss**

How it is measured: *Numerator:* Number of residents with a recent Minimum Data Set (MDS) assessment and without a weight loss of 5% or more in the last month or a loss of 10% or more in the last six months.

Denominator: Number of residents with a recent MDS assessment. Average residents available for an assessment within six months by month: Fitzsimons: 149, Florence: 108, Rifle: 71, Homelake: 46, Division: 101

Why this matters: Community Living Center residents have the right to receive safe, high-quality care, evidenced by maintaining their weight.

Goal: **↑84.1% (CMS Goal)**



Trend: In the current quarter, performance improved in both Florence (yellow line) and Homelake (purple line), remained stable in Fitzsimons (green line), and declined in Rifle (blue line). In July 2017 all centers were exceeding the 84.1% 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 September 2017, the Division met the goal of 33% when 69 out of 209 communities offered at least one facility that is high-quality and accepts subsidized child care. Due to meeting this goal, this measure will be moved to the CDHS C-Stat Dashboard in October 2017. Therefore, this will be the last time this measure is detailed in the C-Stat Quarterly Report. The CDHS C-Stat Dashboard is distributed along with the monthly C-Stat data and reviewed by the Executive Management Team (EMT) on a monthly basis, but is not reported as a part of the C-Stat Quarterly Report.
- *Continuity of Child Care for Children Utilizing CCCAP Child Care Subsidy:* To improve performance on this measure, the Office of Early Childhood is monitoring disruptions to open child care authorization that by rule, should be open for 12 consecutive months before being re-determined. An exception analysis of continuity are broken out and reviewed monthly by the division.
- *Colorado Child Care Assistance Program Income Verification Accuracy Rate:* This is the first time this measure is included in the C-Stat Quarterly Report. This measure focuses on the number of income verification errors found during monthly Quality Assurance reviews. Each month, 124 elements of review are sampled and analyzed for accuracy from different counties. This measure is cumulative, via Federal Fiscal Year, and as of this Quarterly Report, 744 elements have been analyzed since October 2016.
- *Colorado Child Care Assistance Program Eligible Activity Accuracy Rate:* This is the first time this measure is included in the C-Stat Quarterly Report. This measure focuses on the number of program eligibility errors found during monthly Quality Assurance reviews. Each month, 31 elements of review are sampled and analyzed from different counties. This measure is cumulative, via Federal Fiscal Year, and as of this Quarterly Report, 186 elements have been analyzed since October 2016.
- *Child Injuries in Licensed Child Care That Require Medical Attention or Hospitalization:* To focus OEC efforts on performance in different programs, this measure will be moved to the CDHS C-Stat Dashboard in October 2017. Therefore, this will be the last time this measure is detailed in the C-Stat Quarterly Report. The CDHS C-Stat Dashboard is distributed along with the monthly C-Stat data and reviewed by Executive Management on a monthly basis, but is not reported as a part of the C-Stat Quarterly Report.

Measures

- [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 \(QRIS\)](#)
- [Colorado Child Care Assistance Program Income Verification Accuracy Rate](#)
- [Colorado Child Care Assistance Program Eligibility Activity Accuracy Rate](#)
- [Child Injuries in Licensed Child Care that Require Medical Attention or Hospitalization](#)



Early Care and Learning (ECL)

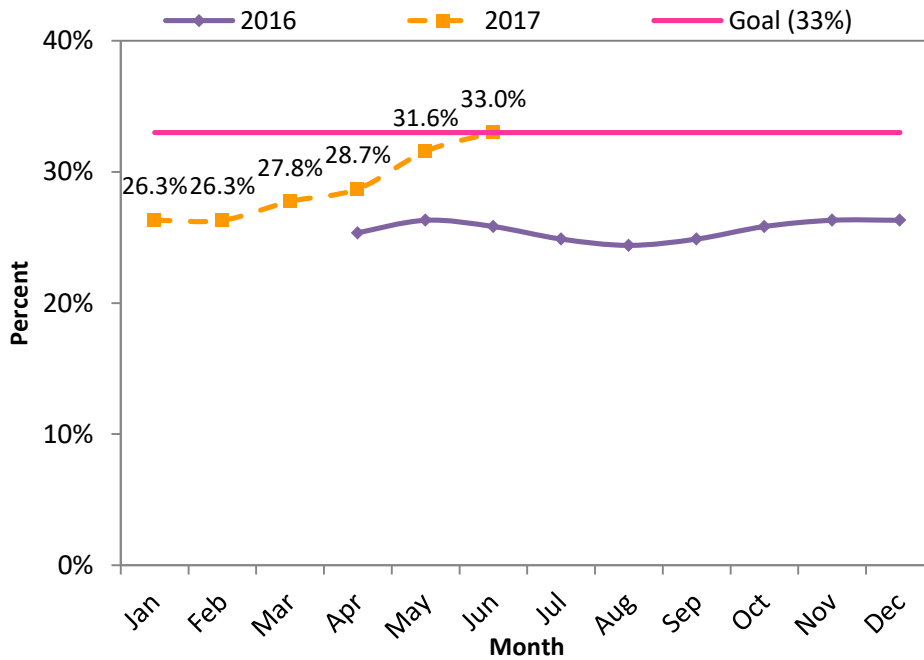
Measure: **Community Dispersion of Rated High-Quality CCCAP for Children Under 5**

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 28.7% to 33.0%. The goal was met in June 2017.





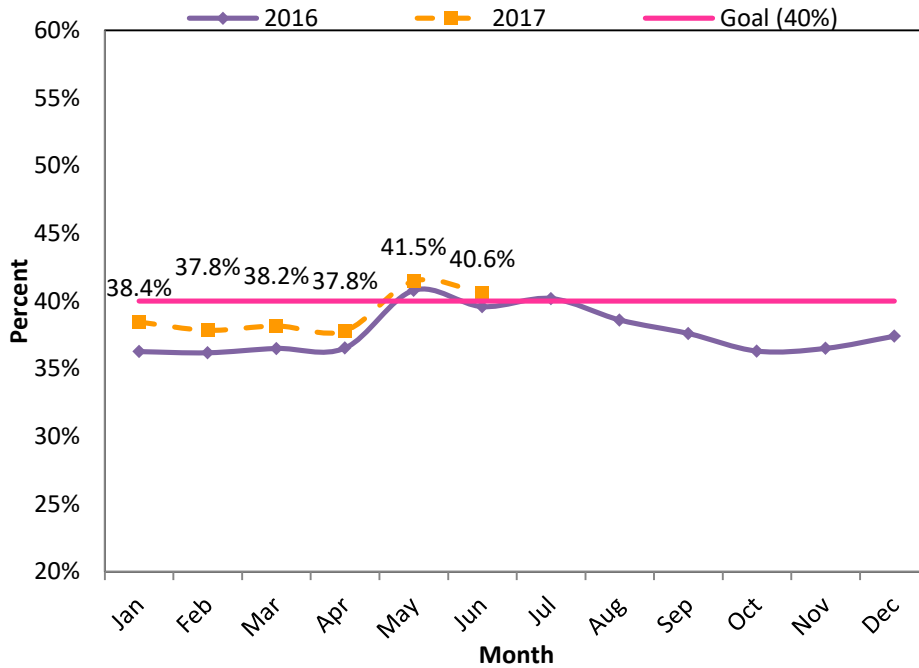
Early Care and Learning (ECL)

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: 7,492

Why this matters: Continuity of child care and the security and stability it provides is important to the emotional growth and development of Colorado's children.

Goal: **↑ 40%**



Trend: The Division’s performance in the most recent quarter ranged from 37.8% to 41.5%. The goal was met two out of the three month in the quarter. The trend in 2017 appears to closely follow the 2016 trend.





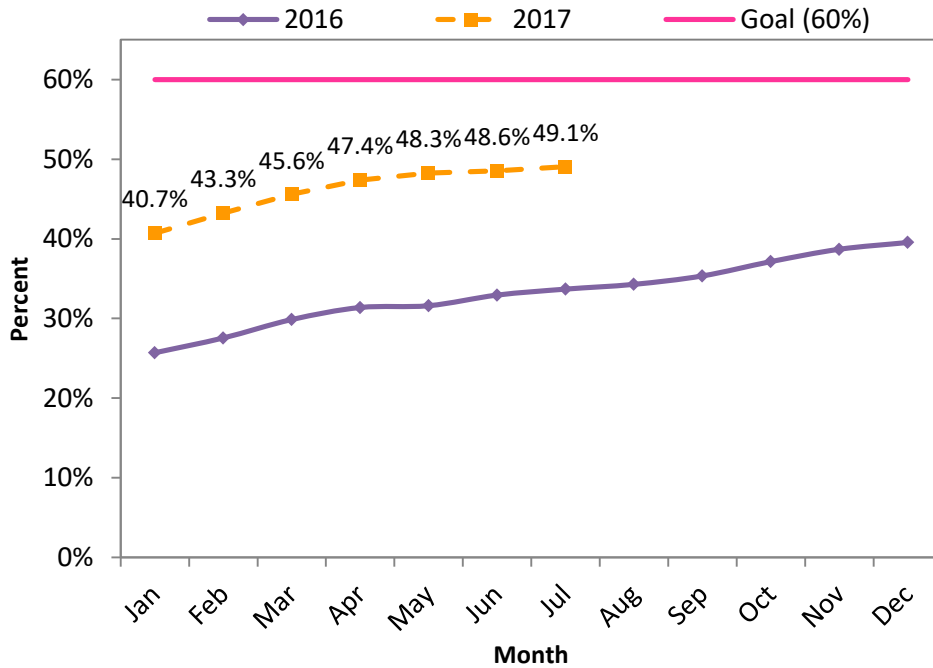
Early Care and Learning (ECL)

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: 4,209

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.





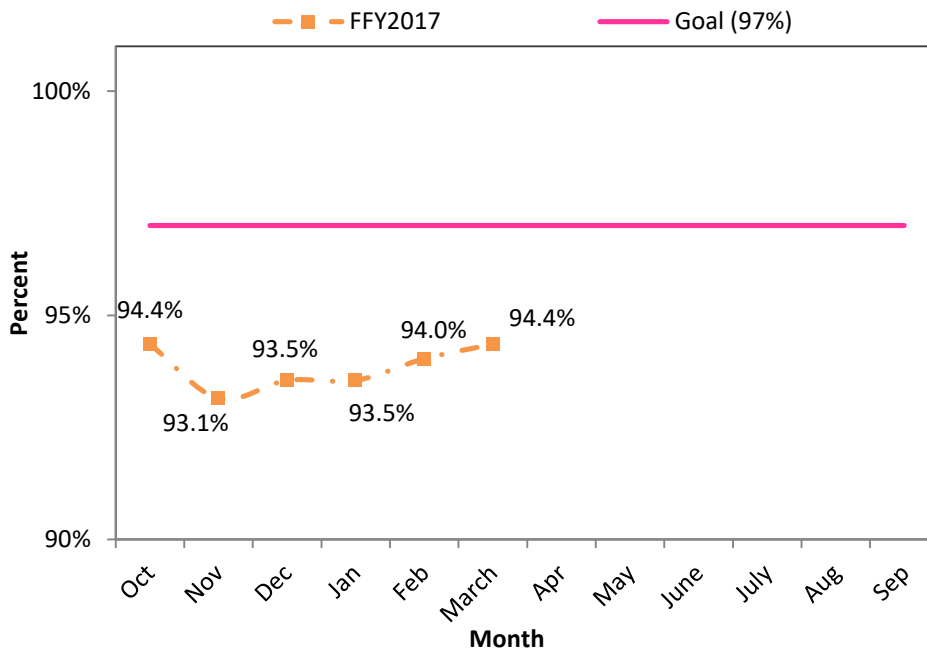
Early Care and Learning (ECL)

Measure: **Colorado Child Care Assistance Program Income Verification Accuracy Rate**

How it is measured: *Numerator:* Number of Income Verification Elements without a found error
Denominator: Total number of Income Verification Elements reviewed; cumulative denominator: 744

Why this matters: With a finite amount of money available to families across Colorado seeking subsidized child care, it is important to be accurate through the eligibility process to ensure the right families are enrolled and the amount of dollars allocated are correct.

Goal: **↑ 97%**



Trend: The Division’s performance in the most recent quarter ranged from 93.5% to 94.4%. The goal has not been met.





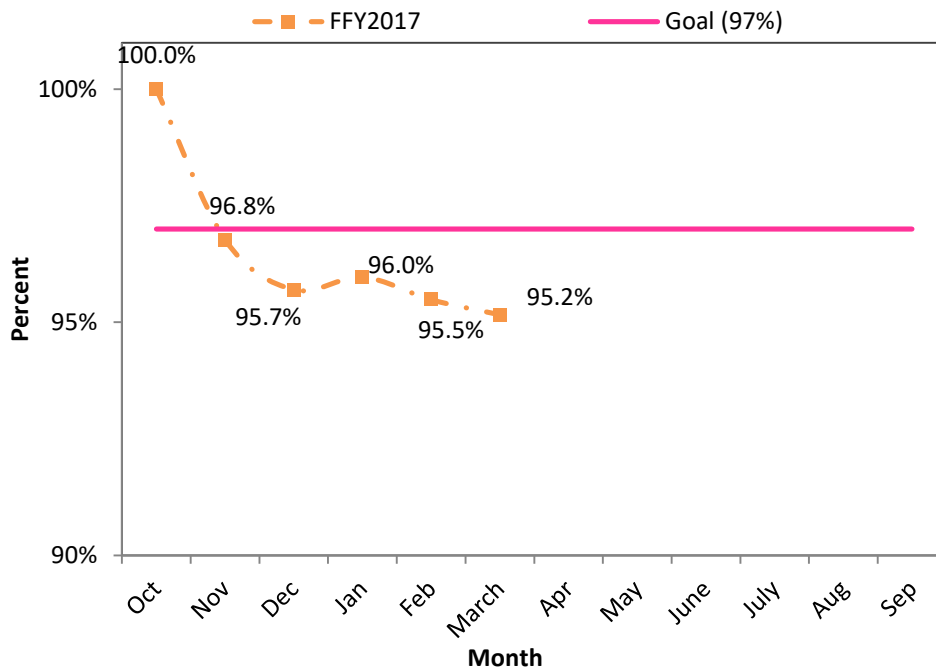
Early Care and Learning (ECL)

Measure: **Colorado Child Care Assistance Program Eligibility Activity Accuracy Rate**

How it is measured: *Numerator:* Number of Eligibility Activity Elements without a found error
Denominator: Total number of Eligibility Activity elements reviewed; cumulative denominator: 186

Why this matters: With a finite amount of money available to families across Colorado seeking subsidized child care, it is important to be accurate through the eligibility process to ensure the right families are enrolled.

Goal: **↑ 97%**



Trend: The Division’s performance in the most recent quarter ranged from 95.2% to 96.0%. The goal has not been met.



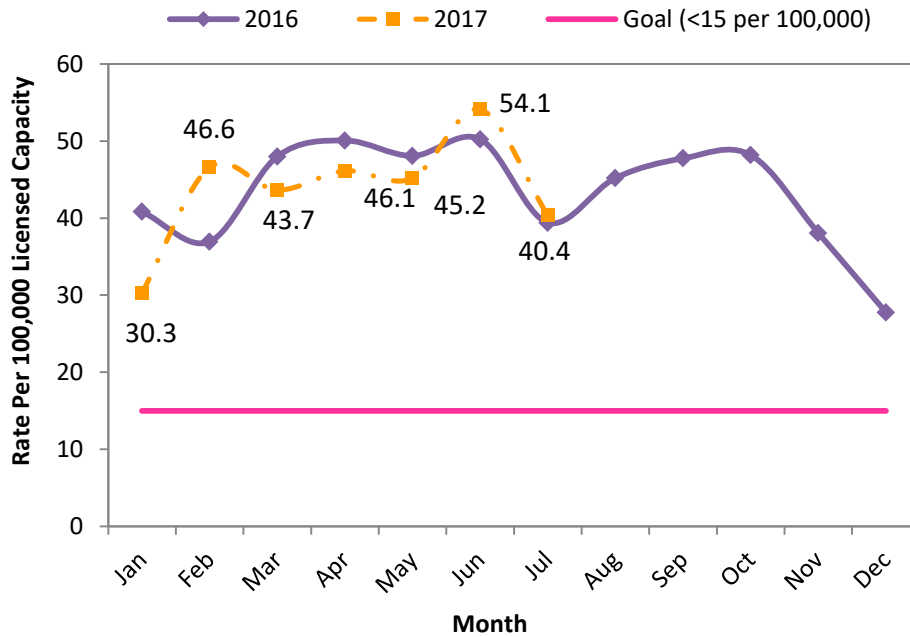
Early Care and Learning (ECL)

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

How it is measured: *Numerator:* Number of children with an injury requiring medical attention or hospitalization that occurred in licensed care in a given month
Denominator: Aggregate licensed capacity for facilities with an open license in a given month; average monthly denominator: 234,272

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 54.1 to 40.4. The goal was not met. The trend in 2017 appears to closely follow the trend that occurred in 2016.

Notes: This measure is moving to the dashboard.

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:* Over the last quarter, OEC has conducted a variety of analyses to better understand performance and to find ways to improve it. An analysis was done specifically looking at one Community Centered Board's (CCBs) rate of completion due to a unique situation where they, for a short period of time, were conducting their own evaluations. It was observed that performance increased during the period of time that the CCB was conducting their own evaluation. It is unclear if the correlation was causal based on this data alone. This analysis is complementary to a pilot OEC is conducting to determine the success rate of CCBs who internally screen referrals. Additionally, a comparative analysis was done looking at rates of success across school districts (Child Find) in completing eligibility.
- *Healthy Steps (HS): Percent of Expected Healthy Steps Visits that Occurred in the Past Month:* The Division of Community and Family Support has continued to refine the way this measure is constructed and has changed a few elements over the last quarter. These changes include: only including well child checks where the HS specialist was present; including home visits and sick visits in addition to well child checks; and changing the grace period for visits to be completed from two weeks after the expected visit to one week before the expected visit and one to two months after the expected visit, depending on the type of visit.
- *Colorado Community Response (CCR): Percent of Families with Positive Movement on the Economic Self-Reliance Scale:* This is the first time this measure has been included in the C-Stat Quarterly Report. It was first presented in C-Stat in May 2017. This measure shows the impact CCR services have on improving families' economic self-reliance. Families enrolled in CCR take the Colorado Family Support Assessment v2.0 (CFSA v2.0) upon entry and again upon exit. This measure looks at the comparison of these two data points.

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](#)
- [Colorado Community Response \(CCR\): Percent of Families with Positive Movement on the Economic Self-Reliance Scale](#)



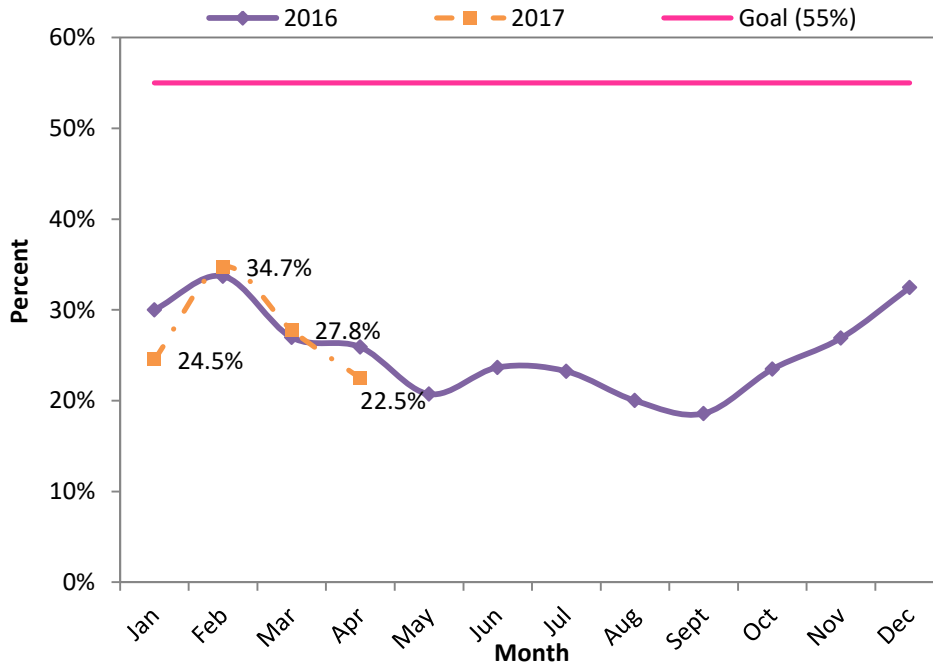
Community and Family Support (CFS)

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: 91

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 22.5% to 34.7%. The goal was not met.

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





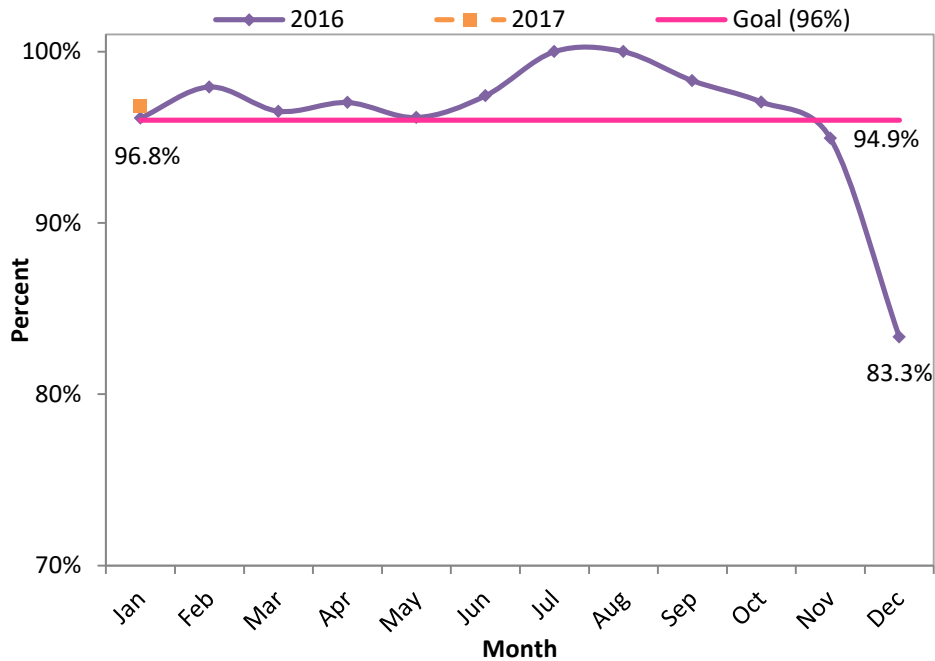
Community and Family Support (CFS)

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

How it is measured: *Numerator:* Number of children without a substantiated case of abuse or neglect within six months of closing CCR case
Denominator: Number of children whose family successfully completed CCR services; average monthly denominator: 110

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 83.3% to 96.8%. The goal was met in January 17.

Note: This measure has a six month lag due to performance being measured six months after the completion of CCR services.





Community and Family Support (CFS)

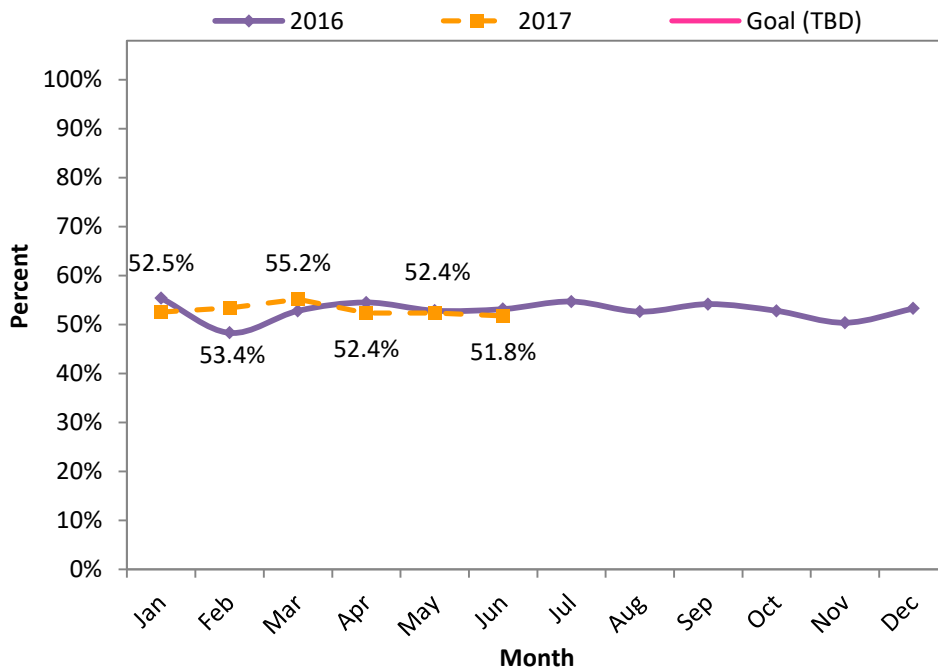
Measure: **Achieved Individualized Outcomes in Early Intervention**

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: 1,501

Why this matters: Research shows that the first three years are the most important time for developing and learning in a child’s life. Early Intervention 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 51.8% to 52.4%. A goal has not been determined.



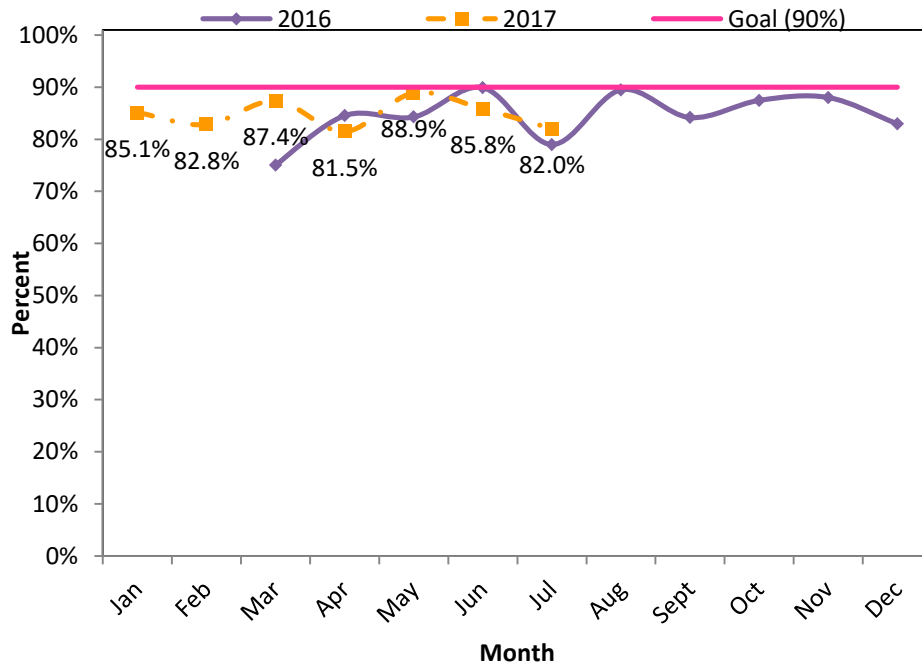
Community and Family Support (CFS)

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: 944

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 82.0% to 88.9%. The goal was not met.





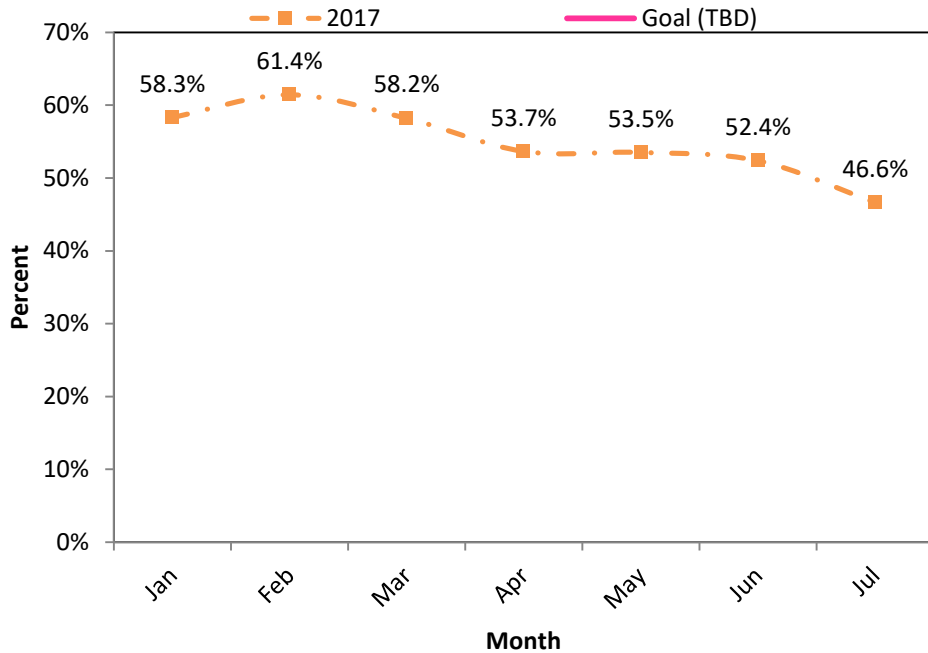
Community and Family Support (CFS)

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; average monthly denominator: 352

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 46.6% to 53.5%. A goal has not been determined.

Notes: The new methodology for this measure was presented in C-Stat for the first time in July 2017



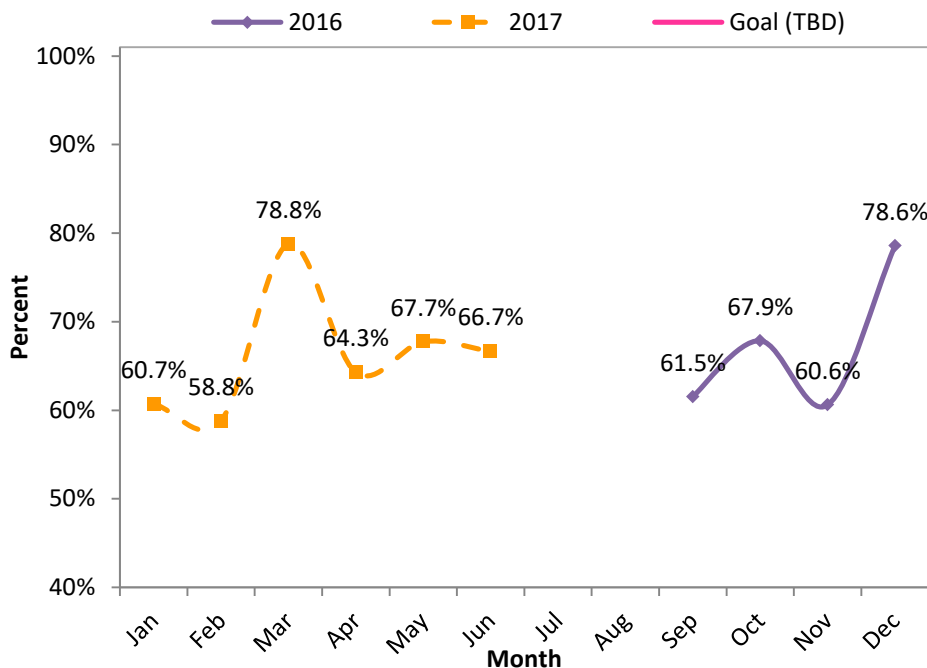
Community and Family Support (CFS)

Measure: **Colorado Community Response (CCR): Percent of Families with Positive Movement on the Economic Self-Reliance Scale**

How it is measured: *Numerator:* Number of families showing positive movement between entry and exit scores on the Economic Self Reliance scale from the Colorado Family Support Assessment v2.0 (CFSA v2.0)
Denominator: Number of families who exited the CCR program in the given month with a matching entry and exit CFSA v2.0; average monthly denominator: 19

Why this matters: Economic self-reliance refers to an individual being able to supply their own needs without external assistance. Understanding the impact CCR has on increasing a family’s economic self-reliance allows the program to potentially adjust their services to be more impactful.

Goal: **↑ To be determined**



Trend: The Division’s performance in the most recent quarter ranged from 64.3% to 67.7%. 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. The Office of Economic Security 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: Ki'i Powell

Deputy Director: Barry Pardus

Child Support Services

Summary

Description

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

Director: Larry Desbien

Executive Summary

- *Percent of Current Child Support Collected:* Child Support Services 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. Most recently, a survey was distributed to families to collect information on what leads to non-payment of their child support. The Division is also currently in Phase II of the Behavioral Interventions for Child Support Services Demonstration Program (BICS). Phase II is focused on increasing the communication between non-custodial parents and their local child support office by using behaviorally informed text messaging.

Measures

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



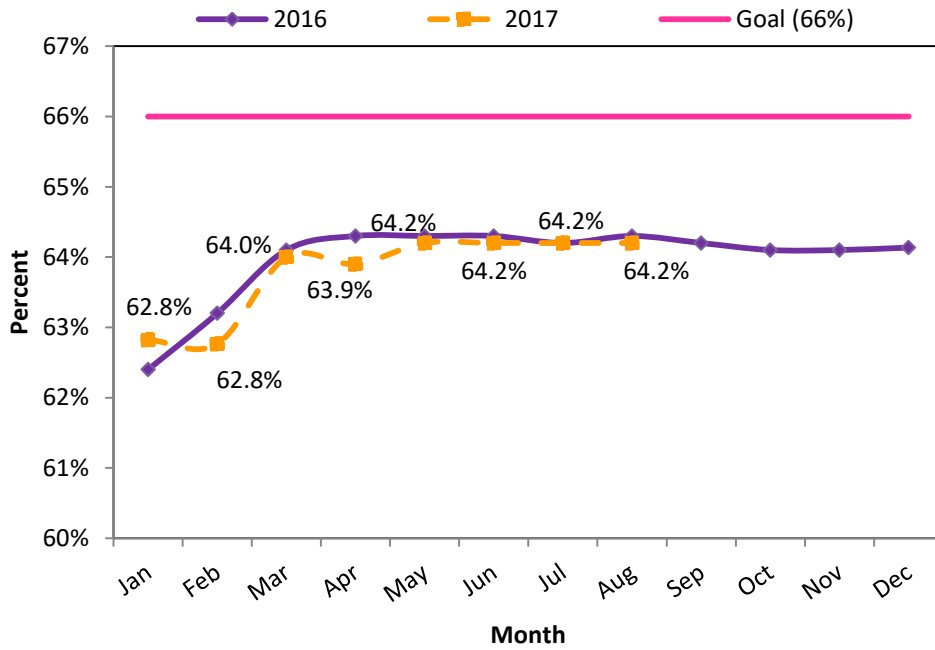
Child Support Services (CSS)

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 August 2017: \$265,919,417.52

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

Goal: **↑66%**



Trend: The Division’s performance in the most recent quarter remained steady at 64.2%.



Child Support Services (CSS)

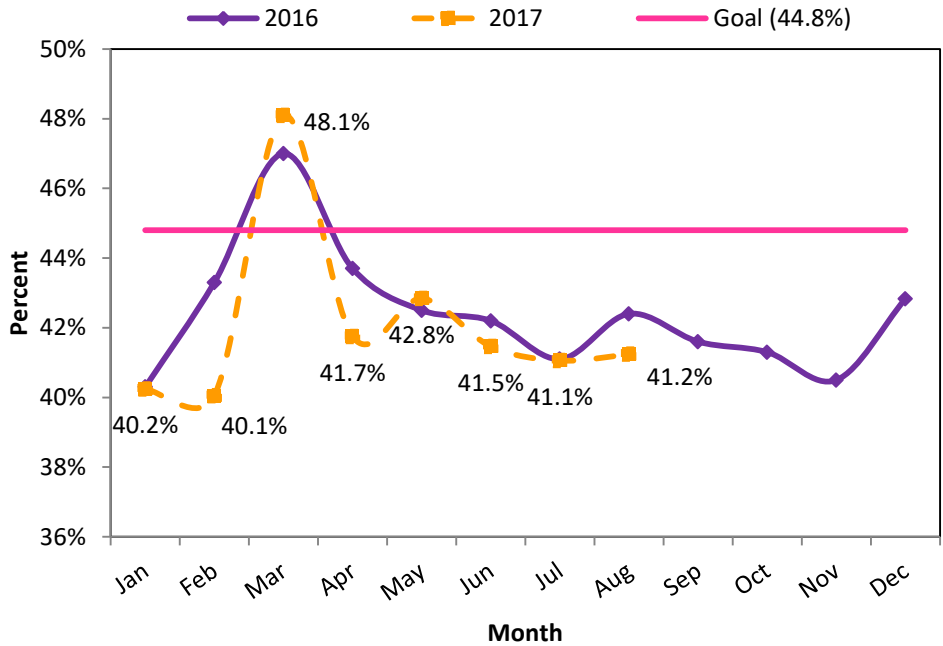
Measure: **Percent of Cases with an Arrears Payment**

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: 103,357

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 41.1% to 41.5%.

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 adults with low-income or with disabilities 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 Payment Accuracy Rate:* The Employment and Benefits Division has provided extensive training and technical assistance to counties to improve the Payment Accuracy Rate. The Division's performance remains above the previous year and has made steady improvement over the last five months. In the most recent quarter, the Payment Accuracy Rate surpassed the goal of 97% for three consecutive months.
- *Colorado Works All-Family Work Participation Rate (WPR):* The Division continues to implement key strategies for improving performance on WPR. These include 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 demonstrated continued improvement on this measure and outperformed the previous year.
- *Colorado Works Two-Parent Work Participation Rate (WPR):* A recent rule change has allowed two-parent Colorado Works households to be removed from the WPR by changing the funding source used to serve these households. As a result, the Two-Parent WPR measure will no longer be detailed in the C-Stat Quarterly Report. It is important to note that, despite this change in funding, two-parent households will continue to benefit from the Colorado Works program as they always have.

Measures

- [Adult Financial Payment Accuracy Rate](#)
- [Colorado Works Payment Accuracy Rate](#)
- [Colorado Works Entered Employment](#)
- [Colorado Works All-Family Work Participation Rate](#)
- [Colorado Refugee Services Program Entered Employment](#)
- [Colorado Refugee Services Program 90-Day Employment Retention](#)



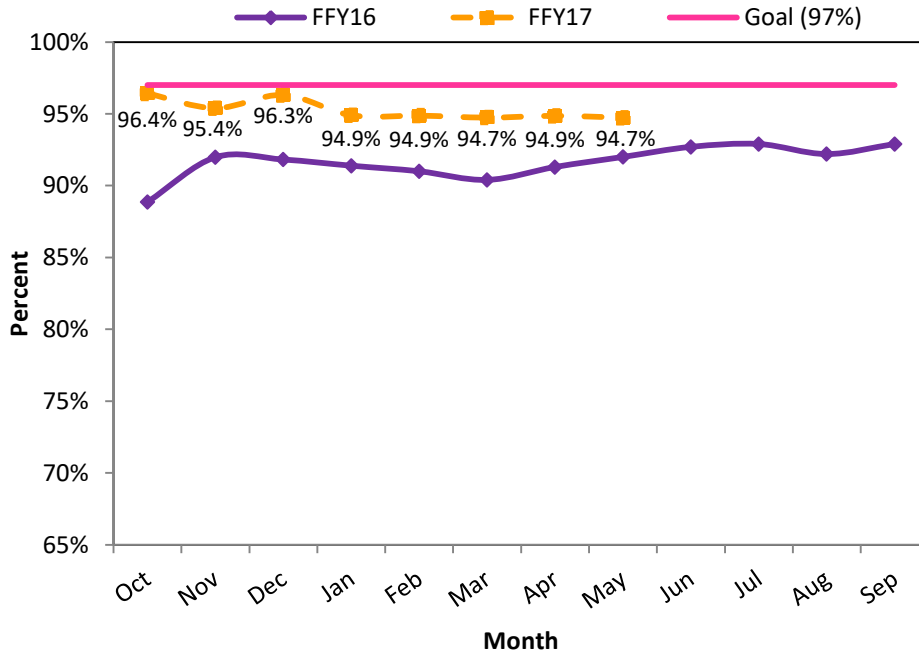
Employment and Benefits Division: Adult Financial (AF)

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: \$73,419

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 94.7% to 94.9% 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.



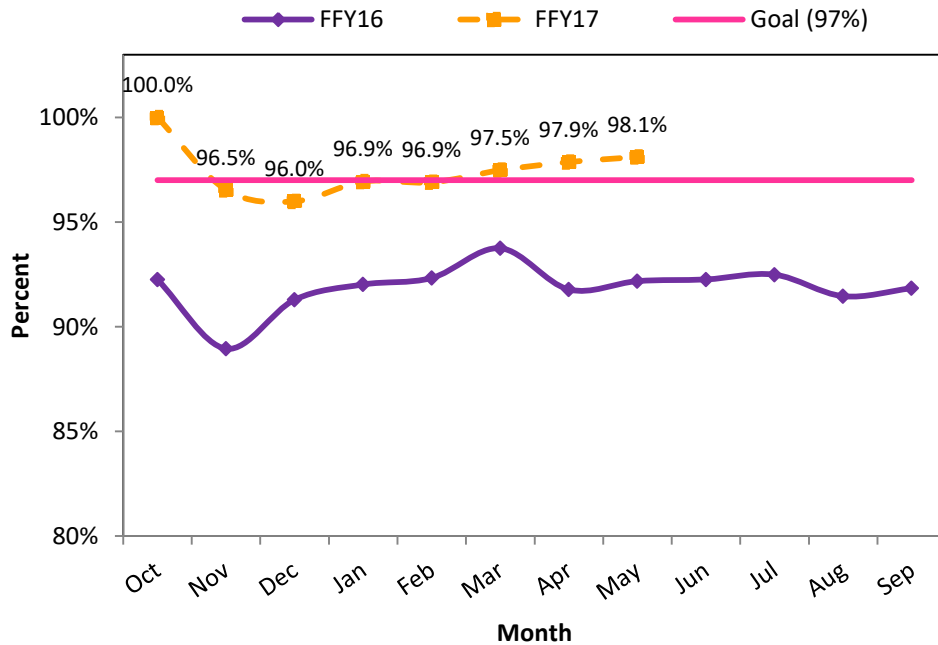
Employment and Benefits Division: Colorado Works (CW)

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: \$104,779

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 97.5% to 98.1% and met the goal for three consecutive months. 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.



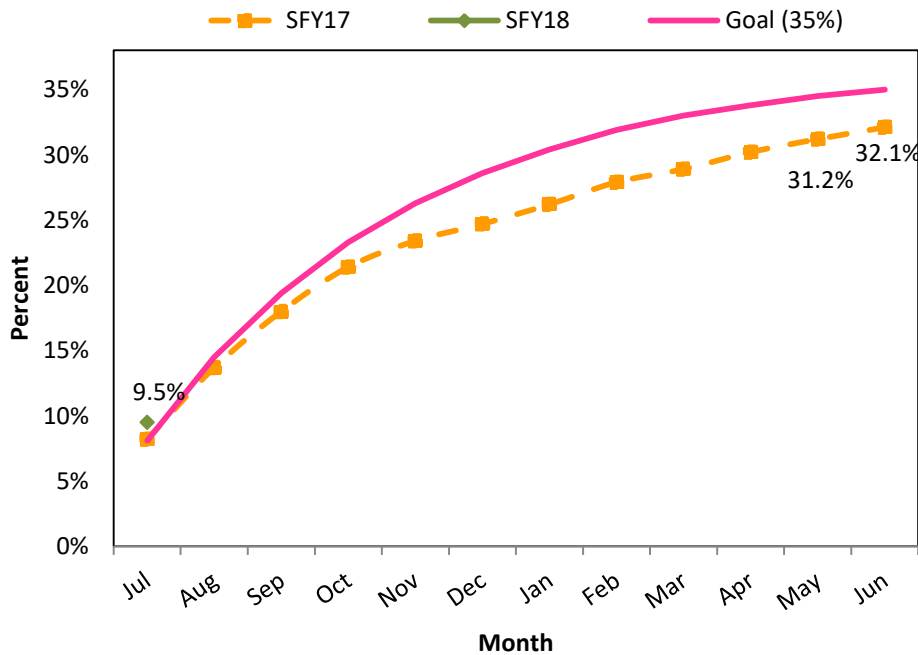
Employment and Benefits Division: Colorado Works (CW)

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: 10,914

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

Goal: **↑35%**



Trend: The Division’s entered employment rate did not meet the goal for state fiscal year 2017, finishing at 32.1%. The entered employment rate for SFY 2018 is above the pro-rated goal at 9.5% for July.

Notes: The state fiscal year begins July 1st, resetting the cumulative measurement.



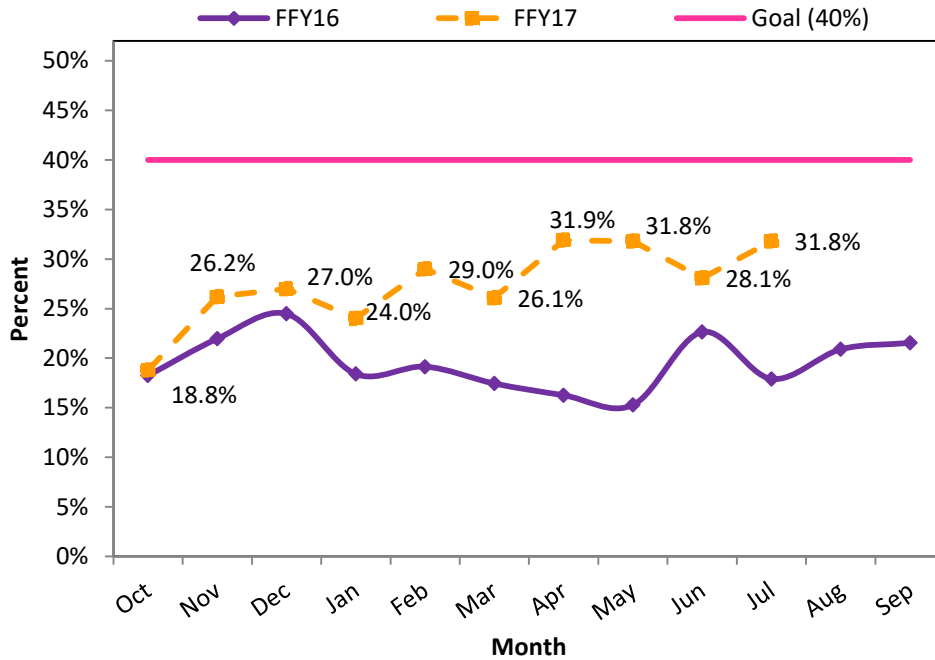
Employment and Benefits Division: Colorado Works (CW)

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: 8,504.11

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 28.1% to 31.8%. 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 monthly, and the sample’s weighted rates are reported to the federal Administration for Children and Families.



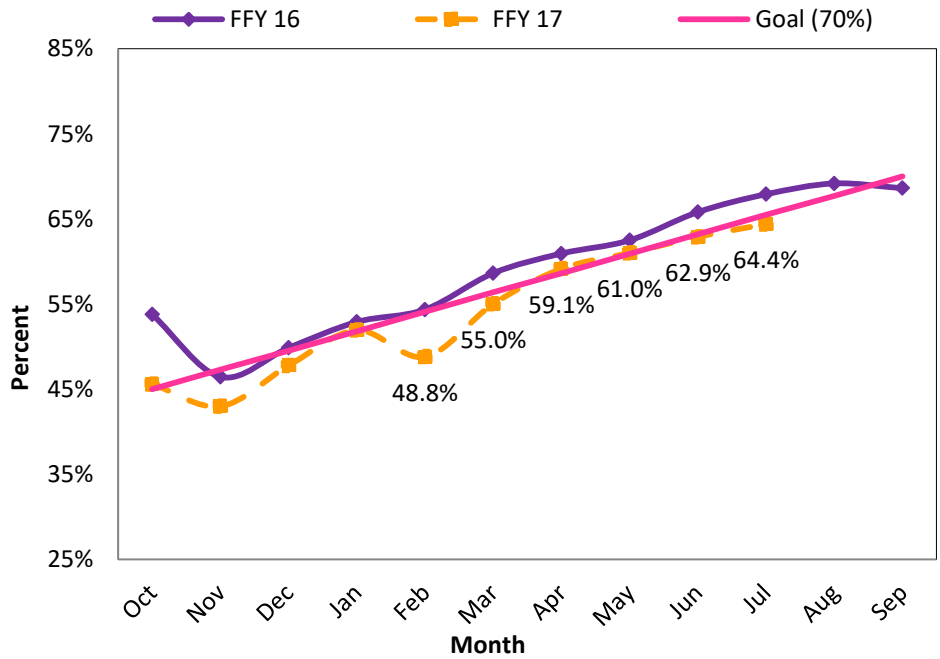
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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): 711

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.



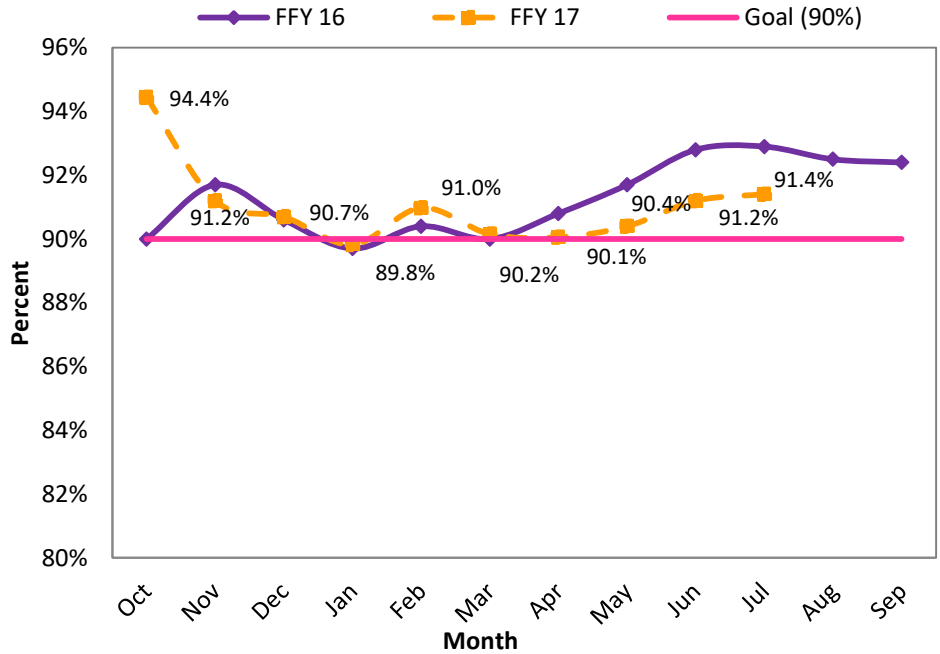
Employment and Benefits Division: Colorado Refugee Services Program (CRSP)

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: 514

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 90.4% to 91.4%, 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

- *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, as well as additional training and technical supports for counties.
- *Claim Rate:* A series of regional trainings were held with small and medium sized counties on claims policy and procedures. Additional trainings for large counties have been scheduled for October. The Division continues to provide county-specific training and technical support on claims as needed.
- *Impact Estimate:* The Division has a variety of efforts underway to increase the number of eligible residents who are enrolled in SNAP. This includes enhanced marketing and outreach plans, the strengthening of community partnerships, changes to state policy, and additional data analysis to identify underserved populations.

Measures

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



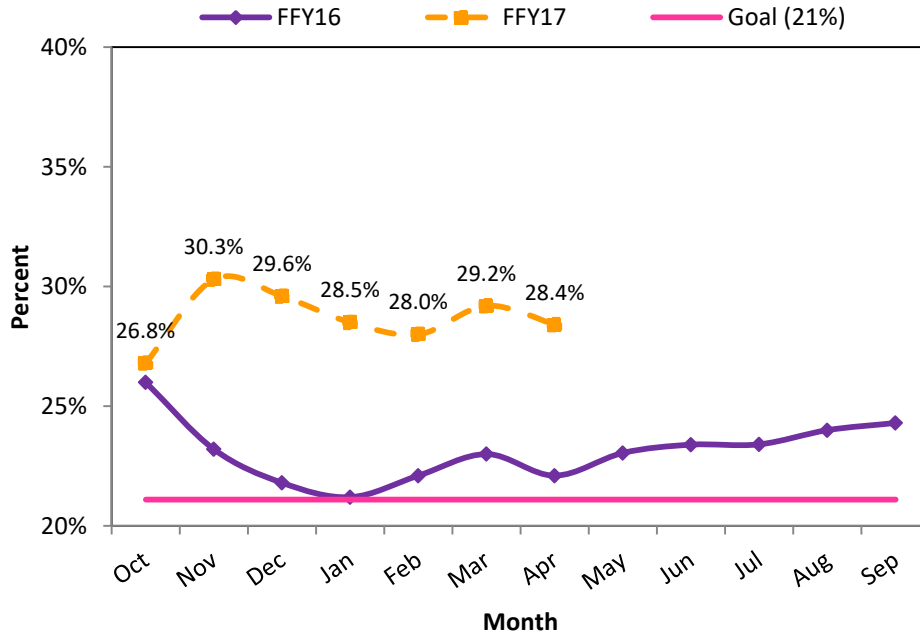
Food and Energy Assistance: Food Assistance (FA)

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: 363

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 remained worse than federal fiscal year 2016 and ranged from 29.2% to 28.0%. 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.



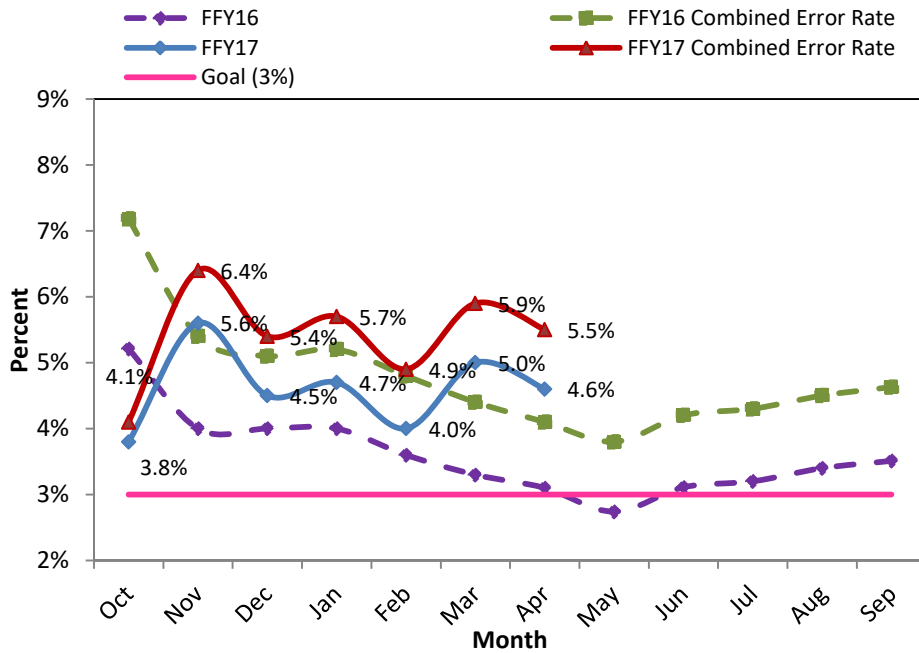
Food and Energy Assistance: Food Assistance (FA)

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: \$120,934

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. CDHS Quality Assurance staff compile the data for this measure. The federal fiscal year begins each year on October 1st, resetting the cumulative measurement.





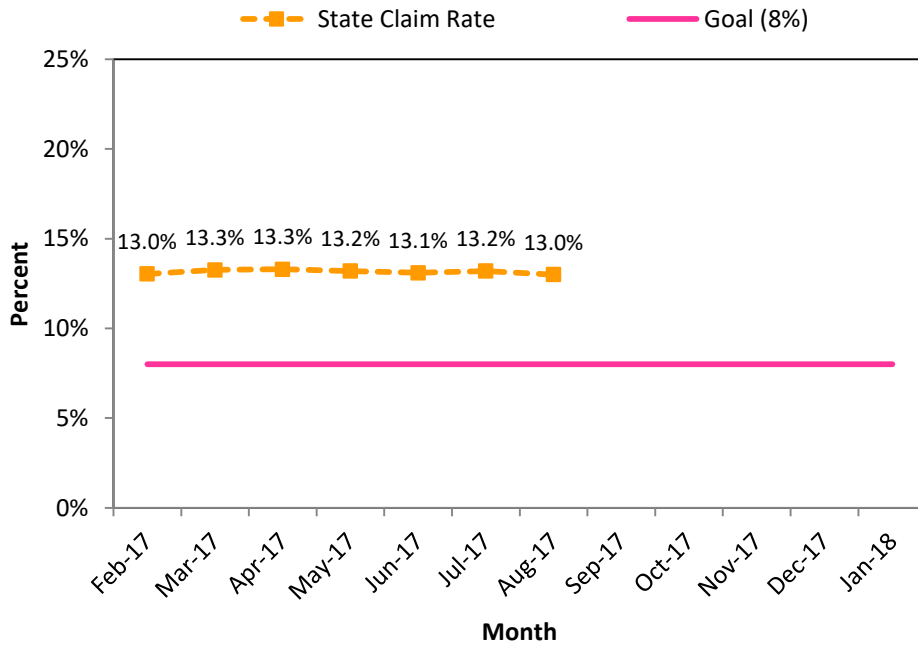
Food and Energy Assistance: Food Assistance (FA)

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: 224,823

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 at about 13%.

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



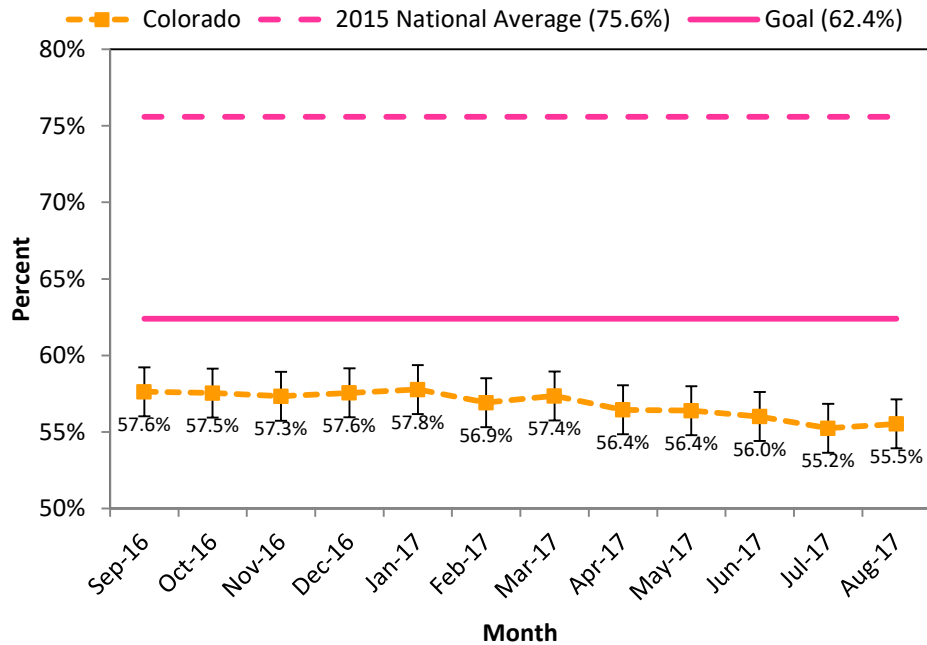
Food and Energy Assistance: Food Assistance (FA)

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 2016; denominator: 811,159

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 55.2% to 56.0%.

Notes: The numerator reflects the current caseload data. The denominator is based on the 2016 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 September 2016.

