

Colorado Department of Human Services

Department Description

November 1, 2008

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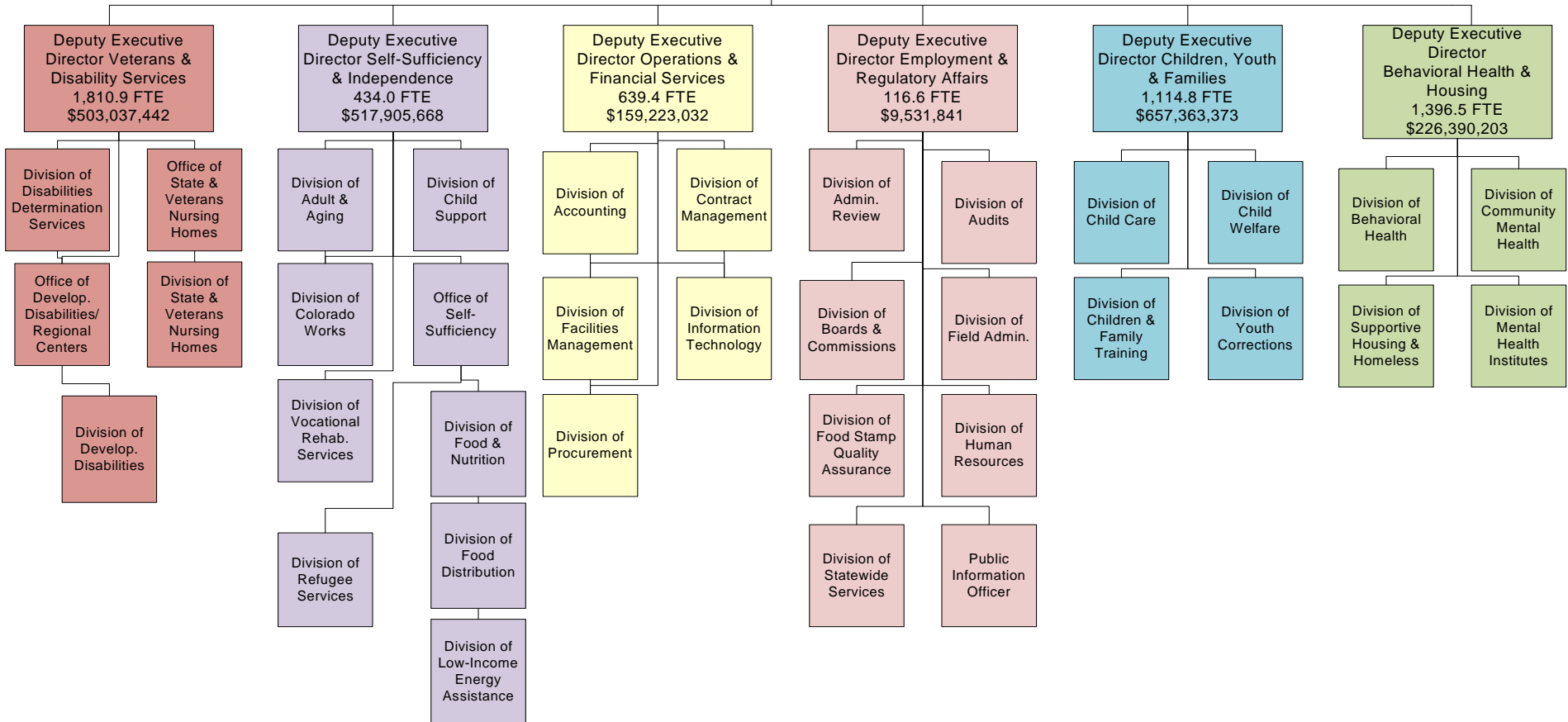
Colorado Department of Human Services
5,534.6 FTE
FY2008-09 Budget \$2,134,929,534

Karen L. Beye
Executive Director

Adoption Intermediary Commission Developmental Disabilities Planning Council Juvenile Parole Board State Board of Human Services

Office of Budget Services Office of Policy & Legislative Initiatives

Executive Director's Office and Centralized Appropriations
22.4 FTE
\$61,477,975



Effective Date: August 1, 2008

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Colorado Department of Human Services Background Information

The Department of Human Services is the second largest department in the Colorado state government in terms of the number of Full Time Equivalent (FTE) employees. The department's mission is accomplished through three distinct service delivery methods:

- 1) Services provided directly by state-operated facilities and programs;
- 2) Services administered by the state and operated by county departments of social services; and
- 3) Services delivered through contracts with public and private human service providers located throughout the state, such as Mental Health Centers, Community Centered Boards, and Area Agencies on Aging.

The department is a complex organization with a variety of statutory responsibilities. It has a FY 2008-09 appropriated operating budget of \$2,134,929,534 and has 5,534.6 appropriated FTE employees. In addition to managing state-funded programs, the department also administers and provides oversight for a variety of federally-funded programs. Details of individual program areas of the Colorado Department of Human Services follow.

Executive Director's Office

The Executive Director's Office is responsible for the activities of the department, which is directed by state law to manage, administer, oversee, and deliver human services in Colorado. The Executive Director of the Department of Human Services is Karen L. Beye. The Executive Director's Office includes staff and operating resources for the Executive Director, Office of Financial Services, the Office of Human Resources, Compliance, and Regulatory Affairs, and the Office of Policy and Legislative Initiatives.

Four offices provide services to adults, individuals with disabilities and aging populations.

Office of Self-Sufficiency: This office provides income, nutritional, and support services to those in need. Its mission is to assist families and individuals as they transition from welfare dependency and poverty to economic opportunity and independence. The following programs are offered: Colorado Works, Food Assistance, Food Stamp Program, Low Income Energy Assistance Program, Food Distribution Program, Electronic Benefit Transfer Services, Child Support Enforcement, Refugee Services, and Disability Determination Services.

Office of Adult, Disability, and Rehabilitation Services: The mission of the Office of Adult, Disability, and Rehabilitation Services (ADRS) is to ensure safety for Colorado's adults and individuals with disabilities and rehabilitation needs. This office promotes personal choice, independence, and improved quality of life and is responsible for overall policy development, coordination of services, management and administrative oversight for the Division for Developmental Disabilities, the three Regional Centers for persons with developmental disabilities at Wheat Ridge, Grand Junction and Pueblo, the Division of Vocational Rehabilitation, and the Division of Aging and Adult Services. Program goals of this office are to help clients develop and exercise their individual competencies and talents and achieve the highest possible levels of rehabilitation, employment, community participation and independence.

Office of Behavioral Health and Housing: This office is responsible for overall policy development, coordination of services, management and administrative oversight for the Alcohol and Drug Abuse Division, the Mental Health Institutes, the Division of Mental Health Community Programs, Supportive Housing and Homeless Programs, State and Veterans Nursing Homes, and the Traumatic Brain Injury (TBI) Program. It is also responsible for improving collaboration in programmatic initiatives with internal and external stakeholders.

Office of State and Veteran's Nursing Homes: The Office of State and Veterans Nursing Homes oversees five Veterans Nursing Homes, Fitzsimons, McCandless, Homelake, Rifle and Walsenburg, one State Nursing home in Trinidad and a Domiciliary located on the Homelake campus. The Office has approximately 800 employees and manages 720 facility beds and 46 domiciliary beds. The Office is 98% self funded through the 505 Enterprise Fund.

Three divisions provide services targeted to children, youth and families in Colorado.

Division of Youth Corrections (DYC): The mission of this office is to protect, restore, and improve public safety through a continuum of services and programs that effectively supervise juvenile offenders, promote offender accountability to victims and communities, and build skills and competencies of youth to become responsible citizens. The division is responsible for management and oversight of state-operated and privately contracted residential facilities, for parole program services and for community alternative programs that serve and treat youth aged 10-20 years who have demonstrated delinquent behavior. There are two major service continuums within the DYC system: 1) the detention continuum that consists of community-based detention services delivered through the 22 judicial districts and 479 secure detention beds located in eight state-operated facilities and community-based, privately operated staff secure detention beds; and 2) the commitment continuum that consists of assessment and residential care for committed youth and community-based parole supervision services.

Division of Child Care: The Department of Human Services is the state's lead agency in planning and implementing public child care policy. Through the Division of Child Care, the department is responsible for licensing of child care facilities, managing child care assistance (subsidy) programs for low-income families, and increasing the capacity and quality of child care. The overall goal of the division is to be the best in the nation at administering a program that promotes quality, accessible and affordable child care services.

Division of Child Welfare: This division administers or supervises the provision of a group of services intended to protect children from harm and to assist families in caring for and protecting their children. These services comprise the main thrust of Colorado's effort to meet the needs of children who must be placed or are at risk of placement outside of their homes for reasons of protection or community safety.

Four offices provide mission, administrative, and technical support services to the department.

Office of Human Resources, Compliance and Regulatory Affairs: This office is responsible for providing services that help ensure the financial, programmatic, legal and legislative accountability for the programs that the department operates and oversees, and is organized according to eight key functions: Field Administration, Boards and Commissions, Legislative and County Commissioner Liaisons, Communications, Human Resources, Audits, Food Stamp Quality Assurance and Administrative Review.

Office of Budget Services: The Office of Financial Services prepares, coordinates and monitors the operating budget, the capital construction budget, and the department's strategic planning efforts. The office also monitors and coordinates the approval and submission of all grants, works closely with all program areas to develop budget initiatives consistent with the department's goals and objectives, and is the primary contact with the Office of State Planning and Budgeting and the Joint Budget Committee.

Office of Operations: This office is comprised of five functional areas that provide financial and business services to both internal and external customers, as well as facilities management services for the department. The Accounting Division is responsible for financial monitoring and reporting, and employee payroll. The Division of Facilities Management provides building operations, maintenance, housekeeping and grounds services for all 24-hour client care facilities statewide and the management of department-wide leased space, energy management and vehicle fleet programs, as well as planning and technical services, including capital construction and controlled maintenance budget requests. The Procurement Division provides services in the areas of procurement, purchasing of goods and services, and materials handling. The Contract Management Unit directs and coordinates the department's contract management process. County Administration coordinates the allocation of county social services program funds.

Office of Information Technology Services (OITS): OITS is organized into three functional areas that include: Technical Operations, Application Systems Team Cluster, and Customer Support Services. Technical Operations provides support for 1) database, security, and telecommunications; and, 2) regional/statewide network services and support. The Application Systems Team Cluster manages, develops, maintains, and implements legislative enhancements to the department's application systems. The Customer Support Services function is responsible for help desk support, financial management, communications, and administrative support services.

Colorado Department of Human Services
Prior Year Legislation

HB08-1005 (Frangas, Boyd) Collaborative Management of Human Services

This bill amends the provisions of the “Collaborative Management Program” which provides incentives for counties and other community agencies to develop memoranda of understanding that authorize greater cooperation and to better serve children and families. The bill authorizes CDHS to use money from the program’s Cash Fund to contract for a statewide evaluation of the program and to develop and implement training and technical support to counties. Additionally, the bill adds DYC and Managed Service Organizations for substance abuse treatment to the list of mandatory local participants in the memoranda of understanding.

HB08-1031 (Pommer, Keller) Developmental Disabilities Waiting List Navigator

HB 08-1031 is one of several bills introduced by the 2007 Interim Committee on Long Term Health Care for Persons with Developmental Disabilities (DD Interim Committee). The introduced version of the bill would have created and funded a statewide “navigator” program to assist individuals with developmental disabilities and their families who are on the “wait list” for services to better understand the wait list process and how to access interim assistance from other sources while on the wait list for DD-funded services. Inadequate funding availability required the program to be reduced to a pilot program in one or more CCB service areas to test the costs and benefits of such a navigator program.

HB08-1047 (B. Gardner, Boyd) State Set Asides for Severely Disabled

This is a bill from the DD Interim Committee that is focused on increasing work opportunities for persons with severe disabilities through the state’s purchase of services process. The bill creates a set-aside program jointly operated by DPA and CDHS for nonprofit agencies that employ persons with severe disabilities to bid on certain types of services solicitations. DPA has the lead role in relation to state rules on “procurement,” and DHS has the lead in relation to nonprofit and disability issues.

HB08-1101 (B. Gardner, Renfroe) Developmental Disabilities Wait List for Services

HB08-1101 is a bill from the DD Interim Committee that establishes a process to address efforts by the legislature to reduce the “wait list” for DD services. As amended, the bill creates a developmental disabilities cash fund and requires the JBC and HHS Committees to hold a joint hearing and take public testimony each year on the status of the wait list and the availability of GF money to reduce it. While the bill does not commit the legislature to a specific appropriation, it does require the issues to be addressed as a joint JBC-HHS Committees priority each year. Both the department and OSPB will need to provide information to assist the committees, and closely monitor their funding recommendations and decisions.

HB08-1108 (Riesberg, Morse) Increase Funds for Older Coloradans Cash Fund

This bill increases the Older Coloradans Cash fund by \$3 million from proceeds from the state sales and use tax. CDHS’s role is to allocate the funds and monitor the services provided by the state’s 16 Area Agencies on Aging to older persons to assist them in retaining their independence.

HB08-1220 (Buescher, Keller) Developmental Disabilities Statutory Cleanup

HB08-1220 enables the state to comply with federal CMS/Medicaid requirements for the operation of our Home and Community Based Services Waivers for persons with developmental disabilities. The bill modifies and eliminates statutory provisions to comply with federal waiver requirements and current practices associated with services and supports for persons with developmental disabilities. One change required by the federal government, for example, authorizes CDHS to purchase services from Community Centered Boards or directly from service agencies – rather than through CCBs only.

HB08-1246 (Green, Keller) Abuse Caregiver Registry for Developmental Disability

This bill requires CDHS to develop a plan to create and implement a caregiver abuse registry to track employees of service providers who have a substantiated allegation of exploitation, mistreatment, neglect, physical abuse or sexual abuse of a person with developmental disabilities. Implementation of the bill is subject to the receipt of gifts, grants or donations to cover the estimated \$33,000 needed to hire a contractor to complete the study.

HB08-1250 (Pommer, Johnson) County Social Services Funds Relief

HB08-1250 revises the formula for allocating “county contingency” payments so that counties with the greatest financial need due to high caseloads and low assessed valuations get the funding. The bill also renames the fund to the “County Tax Base Relief Fund,” and allows for a redirection of the remaining money to assist in reducing the overall funding gap in the state’s share of the costs of county administration. The bill was the result of a work group including county and state representatives who were able to develop consensus on a long-standing contentious issue, and to bring the program back to its original intent while assisting all counties in the process.

HB08-1265 (Todd, Shaffer) Eligibility for Child Care Assistance Program

This bill allows counties to increase the maximum income eligibility for child care assistance from 225% of the federal poverty level to the federally allowed ceiling of 85% of the state’s median income (slightly above 300% of the poverty level). This change will allow counties to reduce the “cliff effect” some families experience as they move toward greater self-sufficiency when a slight increase in wages may result in the loss of child care support. This bill, initiated by the department, was one of many related to child care issues considered by the legislature. Because of the importance of child care in efforts to assist families become more self-

sufficient and to reduce the incidence of child poverty, it is likely to remain a priority area for both departmental and legislative policy and program initiatives.

HB08-1274 (King, Tupa) Address Confidentiality Program

HB08-1274 amends the “Address Confidentiality Program” that was created through legislation in 2007 to provide protection for victims of domestic violence, stalking and sexual assault. An amendment added to the bill at the request of CDHS allows a one-year window (to July 1, 2009) for CDHS and HCPF, in consultation with the Office of the Secretary of State, to determine the extent to which programs operated through the departments should be included as participants in the Address Confidentiality Program. While the department is supportive of efforts to protect the confidentiality of victims of domestic violence, there are complex technical, legal, fiscal and programmatic issues that will need to be evaluated prior to the next legislative session.

HB08-1342 (Kefalas, Ward) Child Support Enforcement Procedures

This is a bill from the Division of Child Support Enforcement that will help deter identity theft, unify the procedure for adding a subsequent-born child of the same parents to an existing support order, and require that actual income be used in calculating child support for incarcerated parents. The bill also offsets the loss of \$3.2 million from the Deficit Reduction Act by transferring the entire state share of retained collections to counties (they currently receive ½ of the total), generating \$1.65 million in Federal reimbursement.

HB08-1387 (Buescher, Veiga) Low-Income Energy Assistance Funding

This bill provides a three year extension to the funding authorization for energy-related assistance to low-income households from the Severance Taxes Trust Fund to help people pay their heating bills and to make home energy efficiency improvements. The bill also authorizes a study and recommendation process to determine how to improve the program’s operation, including whether to change The current split program between Energy Outreach Colorado and the Department of Human Services. Both the Governor’s Office of Energy Conservation and the CDHS will be key participants in potentially redesigning how energy assistance is provided to low income households.

HB08-1391 (Romanoff and Buescher, Keller) Mental Health Services Child Abuse Pilot

HB08-1391 creates a three year pilot program in 3 counties or groups of counties to provide mental health assessment and services for abused and neglected children ages 4-10 years and their siblings, and to and evaluate the effectiveness of such services. This bill attracted a lot of attention – as well as significant funding – toward the end of the 2008 session. The department is required to issue an RFP to select a contractor to develop and implement the pilot in three counties or groups of counties, and separately, the department is to select the pilot sites to work with the contractor.

HB08-1392 (McGihon, Tapia) Competency to Proceed

This bill establishes definitions and timelines for courts in cases where there is an issue of the defendant's competency to assist in his/her own defense. The bill's provisions streamline the competency evaluation process of criminal defendants in an effort to eliminate the backlog of defendants in county jails awaiting competency exams. To assist in clarifying statutes, the bill also separates the issues of "competency" and "not guilty by reason of insanity" and recodifies them into two sections of state law. The bill was initiated by the department in response to a lawsuit related to the backlog of cases awaiting space in the Colorado Mental Health Institute at Pueblo, and in an effort to have a more timely and efficient process for doing competency evaluations as well as restorations to competency.

HB08-1404 (Stafford, Keller) Study and Review the Child Welfare System

HB08-1404 provides legislative support and appropriations to assist in the implementation of the Governor's Executive Order creating a "Child Welfare Action Committee" to reform and improve Colorado's systems for the protection of children from abuse or neglect. The bill also clarifies that the State Department has access to employee files on county social services employees. Combined with the Governor's EO, the department will engage in an intensive and extensive review of the entire child protection system, including looking at different models than Colorado's state supervised-county administered child welfare system. An interim report and recommendations for consideration in the 2009 legislative session is due at the end of October, 2008.

SB08-004 (Keller, B. Gardner) State Employment of Persons with Developmental Disabilities SB08-004 is a bill that was introduced by the DD Interim Committee to identify and address issues and strategies for the State to become a model employer of persons with developmental disabilities. The bill requires the DPA and DHS to work together to create the State Employment Program for Persons with Developmental Disabilities, including the identification of any statutory, constitutional or other barriers to such employment. The department worked hard with the bill sponsors and others to develop a process that is focused on opening opportunities for persons with severe disabilities to obtain and retain meaningful state jobs.

SB08-099 (Sandoval, Stafford) Extend Medicaid Foster Care

SB08-099 expands Medicaid eligibility to young adults, under age 21, for whom the State made subsidized adoption or foster care payments immediately prior to the client turning age 18. This allows for coverage of young adults who were not eligible for Title IV-E federal funds while in foster care, but received state benefits. Coverage for young adults related to their Title IV-E eligibility was authorized through SB07-002. This bill is expected to provide \$1,428,800 million in extended Medicaid coverage for this population of young adults in FY 2008-09. The medical coverage is important to support the successful transition of young adults exiting the Child Welfare system.

SB08-155 (Cadman, A. Kerr) Centralize IT Management in OIT

SB08-155 consolidates Information Technology responsibility in the Governor’s Office of Information Technology. As an agency with multiple large IT systems, CDHS will be a major part of the implementation of this consolidated approach.

SB08-177 (Boyd, McGihon and Massey) Colorado Works Program Omnibus

This bill makes significant reforms to the Colorado Works Program (or the TANF – Temporary Assistance for Needy Families program.) For the first time more than two decades, the bill provides for an increase in the “basic cash assistance” to eligible families. The bill also addresses the recent growth in county reserves by establishing a 4-year phase-down, and creates a “Statewide Strategic Use Fund” to support multi-county and other special efforts designed to meet the goals of the program in assisting families achieve self-sufficiency. The department will be working with the Board of Human Services, counties, advocates, providers, other state agencies, and legislators to address the many action requirements outlined in the bill.

SB 08-183 (Mitchell, Todd) Paternity DNA Testing Child Support

This bill makes it possible for a man to be relieved from an order to pay child support if he presents genetic test results excluding him as the biological father of the child. It is difficult to estimate the fiscal or program impact as there is not an identifiable number of cases this bill will affect.

SB08-216 (Morse, White) County Match Residential Child Care

SB08-216 authorizes a 2-year extension of the sunset date on the required county share of the costs of placing a child in a residential care facility. The bill specifies that such contribution rate shall be 10% of the costs, which is approximately the percentage counties contributed to such costs prior to recent federal CMS changes that restricted the use of Medicaid funds for mental health services in such facilities. Without the extension of the 10% rate, counties would have faced a doubling of their requirement. Because of the relatively short sunset date on the extension of the match rate, the department will need to coordinate with OSPB, the JBC and counties on a longer range policy.

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Colorado Department of Human Services
Hot Issues

Child Welfare Division

1. Child Welfare Action Committee: It is anticipated that the Child Welfare Action Committee will make significant recommendations that could considerably transform the Child Welfare system. The Child Welfare Division will be supporting the efforts of the Child Welfare Action Committee formed in response to Governor Ritter's Executive Order B 006 08 issued April 16, 2008. The Executive Order followed a comprehensive review by the Department into 13 recent child deaths. The mission of the 25-member Action Committee comprised of statewide stakeholders is to provide recommendations to the Governor on how to improve Colorado's child welfare system.

The Action Committee will:

- Analyze Colorado's current state-supervised/county-administered child-welfare system to determine whether this system is most effective in protecting children.
- Examine the quality and quantity of training that child protection caseworkers should receive.
- Recommend ways to make the system more responsive to people reporting child maltreatment.
- Explore the role that independent oversight committees can play in ensuring that human service agencies are held accountable, and recommend how these bodies can be incorporated into Colorado's child welfare system.
- Develop recommendations as to how public/private partnerships can improve the services and care provided to children who reside within the welfare system.

The Child Welfare Division will be a resource for the Action Committee. Assistance will include provision of documentation, policies, procedures, and data as available; offering program expertise and feedback; coordination with stakeholders; and assisting with the interim report with required submission to the Governor by October 31, 2008, and the final report to the Governor due December 31, 2009.

2. Foster Care and Permanence Task Force: The Foster Care and Permanence Task Force made multiple recommendations that are expected to facilitate major change to the Child Welfare system. The General Assembly through Senate Bill 07-064 established the Task Force to examine the state of Colorado's system for the care of children who are removed from their biological parents due to concerns for the safety and well-being of the children. The Task Force was created to study the state's foster care and adoption system to identify problems and concerns and to then identify and recommend solutions to address the

concerns identified. The Foster Care and Permanence Task Force considered the strength of the current system, the quality work currently being done within the state and counties, and identified ways to improve the design, delivery, and outcomes for children in foster care and their families. The Child Welfare Division will be evaluating the recommendations to determine implementation strategies.

3. Federal Reviews: Colorado will be participating in two federal reviews in SFY 2008-09, the Title IV-E Foster Care Eligibility Review and the Child and Family Services Review (CFSR). The Title IV-E Foster Care Eligibility Review will occur June 22 – 26, 2009 and will focus on whether a child meets Title IV-E eligibility requirements for foster care maintenance payments. The CFSR will review Colorado's child welfare programs to ensure conformity with state plan requirements in Titles IV-B and Title IV-E of the Social Security Act. Each CFSR is a two-stage process consisting of a Statewide Assessment and an onsite review of child and family service outcomes and program systems. Colorado's second CFSR onsite review will occur March 16 - 20, 2009. The CFSR covers child protective services, foster care, adoption, family preservation, family support, and independent living. The review looks at the child and family service system as a whole, and holds the Child Welfare System accountable to how services from all agencies are being provided for children and families in the Child Welfare System. The onsite portion of the review includes: (1) case record reviews; (2) interviews with children and families engaged in services; and (3) interviews with community stakeholders, such as the courts and community agencies, foster families, and caseworkers and service providers.

At the end of the onsite review, if Colorado is determined not to have achieved substantial conformity in all the areas assessed, the Department will be required to develop and implement a Program Improvement Plan addressing the areas of nonconformity. No State has passed the first or second round of the CFSR thus far. The Department is currently facing penalties for non-compliance with the Program Improvement Plan from the first CFSR. Penalties could be applied for the second CFSR if a Program Improvement Plan is required and not successfully completed.

4. Administrative Case Management: On December 4, 2007, the federal Centers for Medicare and Medicaid Services (CMS) published interim final rules regarding case management and targeted case management to implement the requirements Deficit Reduction Act of 2005 (DRA). The federal rule became effective March 3, 2008 and eliminates eligibility for Medicaid reimbursement for some child welfare administrative case management activities. Preliminary estimates regarding the impact of the rule change project a \$1,500,000 reduction in Medicaid reimbursable expenditures.

Division of Child Care

1. Early Childhood Councils Advisory Team: The General Assembly through House Bill 07-1062 established the Early Childhood Councils Advisory Team, through the Lieutenant Governor's Office. The Department and the Lieutenant Governor's Office are engaged in discussions regarding governance and authority over the Early Childhood Councils specifically and over early childhood programs in general. The duties of the Advisory Team includes advising on the development of applications and criteria for the creation of new or newly defined councils, developing council infrastructure, quality improvement, and technical assistance, and the development and implementation of a statewide evaluation system of Early Childhood Councils. The Committee is in the process of defining its role and has developed "Deep Thinking" groups to address the aforementioned duties. Once the committee has completed its review, the committee will forward recommendations to CDHS for review and consideration.

The members of this committee are appointed by the Lt. Governor's Office and work in collaboration with CDHS, CDE and CDPH&E. It is comprised of representatives from the State and Local level, representative of cultural diversity and geographical regions of the state. The Early Childhood Councils are established to increase and sustain the availability, accessibility, capacity and quality of early childhood services throughout the state. This is done through the development of an early childhood comprehensive system established at the local level. Currently there are 31 councils representing 57 counties.

2. Contract with Colorado Department of Education (CDE): CDHS has been partnering with CDE for the past decade to develop and implement locally based Early Childhood Councils. The partnership is in the process of restructuring the delivery of services and CDE is working quickly to reconfigure key positions recently vacated, to be filled by mid July. Additionally, CDE has put in place additional management review and approval processes to help ensure optimal communications and interactions between CDE and CDHS

The Councils are responsible for creating integrated and effective services for children and families through collaborative and strategic planning, resource development and management of local resources. This "systems-based" approach is both innovative and ideal for Colorado's local control approach to public policy implementation.

3. Market Rate Survey: The General Assembly through Senate Bill 08-210 has created a Child Care Provider Reimbursement Rate Task Force to study the most effective and efficient way to adopt a statewide provider reimbursement rate set at the floor of each county's 75th percentile market rate or the provider's rate, whichever is lower, using market rate information. The Division of Child Care conducts a statewide market rate survey of child care rates every two years, as federally mandated. The Department contracts with Qualistar Early Learning to conduct this survey. The information is stored on a database with

market rates for approximately 80% of licensed providers in the state. Included in the survey is market rates sorted by provider type (child care centers and family child care homes) and by age of children served. The survey includes information for all 64 counties with specifics on range, median, 75th percentile, and average market rates. The information is used to give guidelines to counties in setting provider reimbursement rate.

Division of Youth Corrections

1. Progress Toward Reduction of Recidivism: The Division of Youth Corrections (DYC) in its participation in the Governor's Recidivism Reduction package has utilized a combination of flexible spending opportunities along with the Continuum of Care Initiative and Senate Bill – 94 to provide the most effective services in an effort to meet the rehabilitation needs of juvenile offenders. This effort has resulted in reducing the growth in the commitment average daily population (ADP), a reduction in the percentage of failed placements/program failures and an overall reduction in recidivism rates. A cross-system look at the impacts of recidivism will include on-going work with multiple systems including, Child Welfare, Mental Health, Substance Abuse and Judicial in an effort to identify and address the needs of offenders involved in multiple systems.

The most recent evaluation of DYC's Continuum of Care Initiative indicates that the Division has successfully decreased actuarial risk as determined by the Colorado Juvenile Risk Assessment, and increased the safety level for youth and staff, and has more successfully transitioned youth as demonstrated by an increase in the number of successful discharges from Parole. The evaluation also demonstrated a 13% decrease in the monthly commitment ADP over a 20-month period, a 1.5% decrease in the pre-discharge recidivism rate and a 6.3% decrease in the post-discharge recidivism rate for the FY 2005-06 discharge cohort as compared with the FY 2004-05 discharge cohort. Additionally, the evaluation witnessed a 16.4% decrease in the number of recommitments to DYC for youth discharged in FY 2006-07 as compared with youth discharged in FY 2004-05.

2. The Continuum of Care Initiative: The Colorado Division of Youth Corrections, as part of its ongoing efforts to systematically pursue and use the most advanced strategies available for juvenile rehabilitation, has undertaken a comprehensive systems improvement effort – the Continuum of Care Initiative as part of the strategy to reduce recidivism rates. This initiative has brought significant attention and improvements to the Division's continuum of services from pre-commitment (detention) services through commitment and parole. The flexible funding authorization contained in Footnote 86 of Senate Bill 07-239 is a central component of the overall Continuum of Care Initiative, allowing the Division to flexibly deploy funds to ensure the availability of the most effective services in the most appropriate settings to meet the rehabilitation needs of juvenile offenders served.

The initiative is based on principles of effective juvenile justice service delivery strategy that have been proven to work through research and practice. The Continuum of Care Initiative has been implemented through an integrated strategy-involving multiple, coordinated components: state-of-the-art assessment, enhanced treatment services within residential facilities, and improved transitions to and availability of appropriate community-based services.

Adult Disability and Rehabilitation Services

Division of Vocational Rehabilitation

1. Federal Funding Shortfall: The Division of Vocational Rehabilitation faces a shortfall in the availability of federal funding to operate the program and serve DVR consumers. This shortfall has required DVR to spend its available reserves on routine program operations, limiting the funding for important projects such as the development of an electronic case management system. For federal fiscal year 2008, Colorado's formula-allocated allotment of Federal Vocational Rehabilitation dollars was just 3.6% higher than the previous year. A small increase in current federal fiscal year funds (FFY 2009) has been approved by Congress; however additional increases based on the consumer price index are still pending. DVR requested additional federal funds through the annual reallotment process, which reallocates funds that other states will not spend. However, only a small amount was reallotted to Colorado. DVR has implemented an Order of Selection waiting list for services in order to stabilize expenditures within available federal funding.
2. Traumatic Brain Injury (TBIs) and Veterans Services: There is a need to provide services and support to veterans returning from active military duty who have sustained traumatic brain injuries (TBI) from blasts created by Improvised Explosive Devices (IED), and their families. Fort Carson expects approximately 30,000 soldiers to be on post in the next two years, with 5,400 to 6,000 screening positive for a traumatic brain injury and eligible for services through the Traumatic Brain Injury Trust Fund. Serving this population effectively will require a concerted effort, additional resources and cross-departmental collaboration. The Department is currently involved in a Veterans Initiative which encompasses many divisions within CDHS and other state, federal, and non-profit agencies across the State, and is also pursuing a budget initiative that would add resources to coordinate a seamless delivery system for services to Veterans with TBIs. In addition, CDHS is proposing the construction of a domiciliary care (assisted-living) facility on the grounds of the former Fitzsimons Air Force Base in close proximity to the new Veterans Hospital. The proposed domiciliary would be utilized to provide extensive physical and mental health rehabilitation services to veterans (including currently underserved veteran populations), while still allowing them to have more independence than is available in traditional nursing home settings.

Division for Developmental Disabilities

1. Regional Center Client Needs: The Regional Centers are serving a clientele with a growing intensity of clinical and security needs, and their needs have outstripped the resources appropriated to serve this population. In 2006, the Department conducted a study of the staffing requirements at the Regional Centers and identified a need for 279.2 additional FTE to provide the minimum level of services to this population and maintain client and staff well-being and safety. The additional FTE were based on the need for one staff person for every three clients during the day, one staff at night for behavioral settings with a second staff floating between four group homes, and two staff at night for medical settings. In addition to these ratios, the study included an allotment of staff for community outings. The Department presented a five-year plan for funding of the additional staff and was successful in obtaining a portion of the increased staffing for FY 2007-08 and FY 2008-09.

Since the staffing study, numerous persons have been referred for admission from the Department of Corrections, Community Centered Boards, and Mental Health Institutes who require ongoing, one-to-one supervision. The study in 2006 had no way of anticipating or identifying the influx of the current population that requires ongoing, one-on-one supervision and/or other enhanced staffing. The Department is updating the staffing study in 2008 to account for the changing population and other variables.

At the same time the Regional Centers began struggling to meet the needs of this more intense population, the federal Centers for Medicare and Medicaid Services (CMS) imposed a number of changes to the Medicaid waiver under which most of the Regional Center facilities operate. As a result of these changes, the Regional Centers are no longer able to meet the needs of residents under Medicaid waiver licensure and must convert licensure to Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR). ICF/MR regulations mandate closer supervision and enhanced staffing for clients, consistent with the ratios outlined in the staffing study. This meant the staff previously identified by the staffing study would now also be necessary to transition the Regional Centers to ICF/MR licensure.

Due to funding and survey constraints, the Department planned for the conversion to take place in three phases, beginning with the Wheat Ridge Regional Center (WRRC) in FY 2008-09, followed by the Grand Junction Regional Center (GJRC) in FY 2009-10 and the Pueblo Regional Center in FY 2010-11. The FY 2008-09 request for the WRRC was funded. However, given limited resources available under the reverse mark, the Department could not fund other critical needs within the Department and prioritize the second phase of this plan for the GJRC conversion in its FY 2009-10 budget request.

To manage the convergence of these multiple issues in a limited resource environment, the Department has prepared a plan for continued operation of the Regional Centers. The plan includes transitioning 71 current residents that are appropriate for community services to the community based system, maintaining 25 current vacancies, and closing a total of 96 beds to free up staff and associated resources. These will be retained to meet the needs identified in the staffing study for the remaining clients. Additionally, if the community transition is successful, the enhanced staffing will facilitate ICF/MR conversion for the remaining two Regional Centers without the need for large funding requests.

2. Definition of Developmental Disability: Based on a Declaratory Order issued by the Department of Human Services in response to a stakeholder request, the Division for Developmental Disabilities (DDD) is considering expanding the eligible population for developmental disabilities services, which could increase the number of individuals who will ultimately be put on a waiting list. At the same time, the Legislature this year funded an unprecedented amount of new resources to decrease the waiting list. The central issue of the request for the Declaratory Order was clarification of the term *substantial cognitive deficits* in the context of adaptive behavior similar to that of a person with mental retardation, which is used within the definition of developmental disability in rules. The definition of Developmental Disability has been a controversial topic for many years and there is a divergence of opinion as to what the eligibility criteria should be for services in the Colorado developmental disabilities service system. The Department plans to convene a broadly representative workgroup before the end of July 2008 in order to begin the more intensive process to review the definition and the complex public policy issues that are embedded in defining the eligible population for developmental disabilities services. The group will be charged with soliciting input from the broader constituency and working toward a consensus of opinion on a new definition that could be implemented in rules or, if need be, recommending that the definition in statute be changed. More immediately, *Rossart, et al. v. Colorado Department of Human Services*, a class action decision issued on behalf of persons who applied for developmental disability services in Colorado, states that all persons who were determined ineligible or who were determined no longer eligible for developmental disabilities services on the basis of not having a developmental disability have the right to a de novo review at the state level. While potential rule and/or statutory changes will not be effective prior to the completion of requested reviews, the Declaratory Order and/or any directives issued by DDD will potentially influence eligibility decisions made as a result.
3. Compliance with Federal Medicaid Waiver Requirements: The overall developmental disability system is currently undergoing substantial restructuring due to federal Centers for Medicare and Medicaid Services (CMS) requirements, which will result in potential reductions in reimbursement rates for some providers. CMS required the Department to remove certain program costs from the waiver program and their transition to the Medicaid State Plan, to increase financial oversight and accountability for the program, including steps to "unbundle" the costs in the comprehensive (residential) waiver program, and that "[a] state must have uniform rate determination methods or standards that apply to each waiver service." The Department

has implemented the use of an assessment tool, The Supports Intensity Scale, to determine the relative level of need of all adults being served. Along with the assessment tool, a new rate structure has been released to the system, which assigns a funding level to each person. This process will result in new funding levels for some individuals who have been receiving services for many years and this is causing some concern, especially among those service providers who face potential reductions in reimbursement rates for the individuals they serve. The Department has been working with the Legislature and the service providers to help mitigate the impact of the changes in order to facilitate a transition to the fee for service system with a new state established system of rates.

Aging and Adult Services

1. Martinez Lawsuit: A lawsuit was filed against the State seeking reimbursement for attorney fees for AND-SO clients who appeal their Supplemental Security Income (SSI) denials, with damages estimated as high as \$5,578,850. Recently the plaintiffs filed a lawsuit against the Social Security Administration for information regarding which individuals on AND-SO hired an attorney for an SSI appeal. This current legislative session HB 08-1307 was passed and signed by the Governor, prohibiting the State for reimbursing attorney fees for AND-SO clients seeking SSI benefits. This stopped any additional clients from being added to the class action lawsuit. The exact amount of damages will depend upon the data obtained from SSA and what the court allows. The Department anticipates final decisions by the court later in the year.

Office of Behavioral Health and Housing

1. High Security Forensic Institute: In June 2009, the Department will open the largest capital construction project in its history; a 200-bed, 200,000 square foot High Security Forensic Institute (HSFI) located on the campus of the Colorado Mental Health Institute at Pueblo (CMHIP). This state-of-the-art treatment facility was initiated by the Neiberger Settlement Agreement and will provide optimum rehabilitation opportunities for patients currently served in medium- and maximum-security units at CMHIP.
2. Increase in Services for Individuals with Acute Behavioral and Psychiatric Needs: The Colorado Mental Health Institutes are being asked to serve an increasing number of individuals with acute behavioral and psychiatric needs due to a dual-diagnosis of mental illness and developmental disability or traumatic brain injury. The Department is meeting with a variety of stakeholder groups to identify the specific services needed and explore options for increasing Institute capacity to provide short-term acute care to these individuals.

3. Behavioral Health Cabinet: The Governor has taken an unprecedented leadership role and priority in behavioral health for Coloradans by bringing together his Executive team to create a Behavioral Health Cabinet to discuss how behavioral health crosses many of the boundaries of State run programs and how the State can coordinate and integrate services across agency lines. The activities of the Behavioral Health Cabinet resulted in a major initiative to provide services in an integrated manner to the female offender population. Many of the goals of the Behavioral Health Cabinet are consistent with the recommendations of the House Joint Resolution 08-1050 Task Force to integrate services, funding, assessment and data in the provision of behavioral health services.
4. Licensure of Addiction Treatment Programs: Behavioral Health Services/Alcohol and Drug Abuse Division (BHS/ADAD) is planning to draft legislation to provide the Department of Human Services with statutory authority to decide final agency action regarding the licensure of addiction treatment programs in Colorado. The Attorney General's Office supports the Department having final agency action regarding licensing issues. Through this statutory change the Department will have increased ability to properly protect public safety and welfare from providers delivering substandard care.
5. Universal Substance Use Screening, Intervention and Treatment: Behavioral Health Services/Alcohol and Drug Abuse Division (BHS/ADAD) is in the second year of a 5-year federal SAMHSA grant aimed at implementing universal substance use screening, brief intervention and referral to treatment (SBIRT) within primary health settings. Research shows tremendous health cost savings by identifying high-risk drinkers or users early and preventing an escalation of their use. In an effort to sustain and truly institutionalize this change in primary health practice, BHS/ADAD is working with primary health providers to facilitate billing Medicaid for the screening and brief intervention services. Efforts continue nationwide to ensure that private insurance providers will also reimburse these cost saving interventions. BHS has initiated discussions with the Department of Healthcare Policy and Financing to examine possible legislative changes to adopt the proper SBIRT codes for Colorado's Medicaid program.
6. Supportive Housing and Homeless Program Funding: The Department's Supportive Housing and Homeless Programs' (SHHP), Homeless Assistance Programs and staff are at risk to be discontinued due to lack of sufficient state match for its federal grants. Unless funding is secured, this will return approximately 460 households to a state of homelessness; require the dissolution of the Office of Homeless Youth Services; end participation in inter-departmental and community initiatives on homelessness; and facilitate the loss of the Homeless Management Information System, which collects critical and federally required data on homeless persons in a seven county area. Historically, all SHHP staff positions and programs have been 100% federally funded with Department of Housing and Urban Development (HUD) Section 8 funds. A HUD regulatory change in 2004 disallows the use of Section 8 funds for homeless program activities. SHHP is currently using HUD reserves that accumulated prior to 2004, coupled with grant funding, to fund 6 FTE to administer the Shelter Plus Care Program, Office of

Homeless Youth Services, and Homeless Management Information System, and to participate in initiatives such as the Governor's Colorado Community Interagency Council on Homelessness. Assuming the same level of funding needs, the reserves will be depleted by July 2010.

Office of Self Sufficiency

1. ACSES Legacy Migration: The Automated Child Support Enforcement System (ACSES) that supports 143,000 child support cases needs to be replaced. It is 21 years old and is increasingly difficult to update, as changing laws and technical environments require. In addition, there is a concern about the ability to maintain the system with the existing software. The ACSES was built using software from Software AG; due to licensing issues with that firm, the State Division of Information Technologies (DoIT) asked all state agencies to move off of Software AG products as soon as possible. The Attorney General is involved in negotiations with the vendor to continue services in the interim, but the cost will exceed \$1 million. The Division of Child Support Enforcement, along with the Office of Information Technology, has embarked on a project to plan and migrate the ACSES to a technologically current operating platform. During this fiscal year, the Department will complete a feasibility study that will determine many of the new architectural details as well as set forth a defined strategic migration plan to replace the old ACSES with a new software application and platform to reliably support the work of CSE for years to come. This feasibility study will also result in a funding request for a legacy migration project.
2. Domestic Violence: Domestic violence is a critical problem in Colorado. In 2006, over 12,000 incidents of domestic violence were reported to law enforcement, including 25 homicides. In 2007, 6,341 individuals were turned away from domestic violence shelters due to lack of capacity, a 7% increase from 2006.

The intervention and prevention of domestic violence is imperative in the efforts to ensure safety and stability for Colorado's families. CDHS is embarking on several strategic efforts to enhance already existing endeavors and develop new strategies to address the issue of domestic violence, particularly as it intersects with child maltreatment. The Domestic Abuse Assistance Program intends to develop and deliver myriad approaches to address the issue including but not limited to multi-disciplinary training, an awareness campaign, stakeholder (community and State) partnerships, consultation and technical assistance, and to build upon internal capacity to promote best practices and services. Current service delivery includes administering funds and support to local domestic violence programs, training county and State staff, and providing training and consultation to other State and community agencies. These efforts will require interdepartmental collaboration and support, including resources and cooperation. The long-term effect will be a reduction of Colorado families and individuals experiencing domestic violence, a

community aware of the effects of domestic violence, and a system and community having the information and education to provide appropriate services.

3. Timely Processing of Assistance Payments Cases: Colorado is out of compliance with the federal law and state regulations in processing applications timely for Food Stamp and Colorado Works benefits. The Food Stamp Program has a federal requirement to process 95% of applications timely. The State was at 63.39% FFY 05, 65.57% FFY 06, and over 70% in mid-FFY 07. There is a risk for potential sanction if the State does not make significant improvement in the 95% requirement. The Colorado Works and Food Stamps programs are subject to the terms of a lawsuit settlement agreement specifying that the programs process applications within the Federal and State requirements.

4. Food Stamp Program Sanctions: Colorado's Food Stamp Program has four federal fiscal sanctions assessed following the implementation of a new statewide-automated system. The sanctions are as follows:
 - An over-issuance in December 2004 stemming from a "push-through" in benefits resulted in a federal sanction of \$1.1 million. This sanction was paid by the State.
 - An inappropriate implementation of an annual cost-of-living adjustment in October 2004, which resulted in a \$359,760 sanction.
 - An alleged incorrect issuance of retroactive and duplicate benefits in the amount of \$10,864,345 for the time period October 2004 – September 2005. The State filed suit against the USDA. Case is pending in Federal court.
 - USDA established a claim of \$3,455,347 for financial losses resulting from improper issuance of food stamp benefits October 2005 – September 2006. The State filed an appeal in May 2008. USDA will continue to perform a data mining process to review payments that were issued from the automated system for the next several years until such time FNS is satisfied that payments issued from the automated system are accurate. The State may face future sanctions from this process.

Office of State and Veterans Nursing Homes

1. New Domiciliary Care Facility at Fitzsimons: The Department of Human Services Office of State and Veterans Nursing Homes (SVNH) is proposing the construction of a domiciliary care (assisted-living) facility on the grounds of the Fitzsimons Medical Campus in order to maximize partnership opportunities with the new Veterans Administration Hospital and other programmatic settings on the Campus. The SVNH would like to expand their traditional service population to include treating

younger veterans who need wrap around services to address some of the debilitating physical and mental health issues previous war veterans experienced. The proposed domiciliary would be divided into two separate structures. One facility would provide services to the traditional assisted-living population. The second facility will provide short-term housing for homeless veterans reintegrating into society; as well as recently discharged veterans and their families while the veteran is receiving treatment. Soldiers returning from the Iraq and Afghanistan wars have experienced symptoms and functional impairments attributable to Post Traumatic Stress Disorder (PTSD), which is defined as severe and ongoing emotional reaction to an extreme psychological trauma. The need for providing wrap around and mental health services for current era war veterans can be reflected in the issues Vietnam veterans dealt with, where divorce, suicide, alcoholism and mental health issues impacted their lives because services addressing these issues were inadequate. Proposed services include occupational therapies, physical therapies, mental health services, substance abuse, job training and traumatic brain injury recovery. The purpose of having two distinct structures would allow the physical space to truly be built around distinct program needs.

2. Trinidad Nursing Home Financial Assessment: In order to improve on the efficiency of Department of Human Services operations, SVNH will complete assessment of divesting the Department of Human Services of the Trinidad State Nursing Home. The divestiture would result in an improvement in efficiency, policy and budget implications for the SVNH. The Trinidad State Nursing Home is the only non-veterans home owned and operated by DHS. It is not in the State of Colorado's best interests to compete with the private sector as a Medicaid only nursing home considering the constraints of the personnel, capital improvement and purchasing systems. The Trinidad Home operated at a deficit of \$919,598 in FY 2006-07 and a deficit of \$942,827 in FY 2007-08. These loses are absorbed by the state veterans nursing homes, resulting in fewer dollars being available for direct veteran patient care and reducing the ability to invest money into improving the physical condition of those homes.
3. Homelake Domiciliary Cottage Renovation: The Homelake Veterans Center will embark on a major renovation to the Domiciliary Cottages in September 2008. Funding sources include general fund, U.S. Department of Veterans Affairs construction grant funds and State Historical grant funds. The project includes major interior renovations and exterior restoration to 46 existing residential Domiciliary Cottages. The cottages were originally built between 1914 and 1939, and have undergone no significant renovations since their original construction. Each of the residential units' interiors will be demolished in its entirety, including the removal of hazardous asbestos containing materials. The cottage interiors will be rebuilt to meet current standards of health care, including all new partitions, insulation, interior finishes, lighting, heating, ventilation and air conditioning systems, new doors and windows, emergency call system, telecommunication systems, fire alarms and interior fixtures. All units, when complete, will have fully accessible interiors, and a raised, landscaped "boardwalk" will be constructed between the west and middle rows of cottages to provide a fully accessible public space for resident outdoor activities. The SVNH currently anticipates that the cottages will receive LEED™ certification at the gold level—this certification is due to improvements in energy-efficient lighting and plumbing fixtures, in addition to dramatically

increased insulation, window and door replacements, draught-tolerant landscaping and automated irrigation, a state-of-the-art geothermal HVAC system, as well as careful management of construction waste and utilization of recycled and environmentally preferable construction materials. If the project team is successful at incorporating a proposed solar thermal system into the domestic water distribution for the cottages, it is conceivable that LEED™ platinum level may be within reach. Additional advanced energy solutions being investigated at the campus include solar photovoltaic (PV) arrays incorporated into shade structures on the resident boardwalk, biomass boilers replacing the gas-fired boiler system and an ozone generator cleaning systems at the Center's main laundry. We are currently working with our energy performance contract partner, Siemens Building Technologies, and Community Energy Systems on feasibility analyses on each of these exciting fronts.

Office of Information Technology

1. Colorado Consolidation SB 08-155: The IT Consolidation bill defines the centralization of the management of state agency information technology resources in the Governor's Office of Information Technology (OIT). OIT's goal is to maintain the current level of support to all departments. Recognizing the scope of the effort for consolidation, CDHS will work closely with OIT to insure priorities are well communicated. It is very important that current services and current improvements to services continue as planned.

Office of Operations

1. Update of Federal Public Assistance Cost Allocation Plan: The Department is required to have a Public Assistance Cost Allocation Plan (PACAP) approved by the federal Division of Cost Allocation (DCA) in order to be eligible to receive federal funds. In SFY2008-09 the Department will conduct the first detailed review of its PACAP since SFY2000. The review will require teamwork and extensive involvement from CDHS subject matter experts, program accountants, cost accountants, management, Health Care Policy and Financing staff and consultants. The purpose of the review is to document and update both the Federal public assistance programs administered by the Department and the procedures by which the administrative costs are allocated to these programs. The review is required to reflect ongoing changes in the way the State operates, including changes in the administration of Medicaid programs and the statewide consolidation of information technology systems. The results of the review will impact the way the State earns federal revenues, and may impact the total amount of federal funds collected by the State.

Office of Human Resources, Compliance and Regulatory Affairs

1. Erosion of Audit Division Infrastructure: The CDHS Audit Division continues to perform daily audit procedures to review transactions for public assistance benefit issuance. In addition, staff continues to review internal processes and procedures and performs a number of internal audits and fraud investigations. Use of technology allows the Division to leverage limited resources, and the amount of money recouped for questionable expenditures was just under \$1 million in FY 2007-08. It's becoming increasingly apparent that years of budget cuts at both the State and county levels have resulted in an erosion of infrastructure in terms of human resources, technology, internal controls and support systems. There are more requests for investigations, audits, process and financial technical assistance ; as well as, training, than the unit can currently staff. The Audit Division continues to prioritize these requests based on risk and available resources.
2. Human Resources Workload: Human Resources workload is the number one issue that accounts for the department's 22% turnover among HR professionals. The increase in staff will lead to a stable staffing pattern. This will allow HR Specialists to develop institutional knowledge resulting increase efficiencies. Additional FTE will allow Human Resource Specialists to fill an estimated 2.3 Open Competitive positions per month. The decrease in the time it takes to fill a position will ensure facilities are fully staffed, thus supporting the Department's ability to achieve its goals and objectives.

The Department needs a pro-active approach to address the dramatic increase in workers compensation claims, costs, and settlements. The increase of on-the-job injuries requires the Department to redirect scarce financial resources to provide required staffing ratios in the 24/7 facilities.

The Department needs to provide training that enhances the skill levels for all levels of supervisors as well as line staff. In turn the Department gains and retains a more knowledgeable workforce, as well as reduced litigation and settlement costs brought on by lack of knowledge (i.e. a failure to follow the progressive discipline process).

Compensation issues, talent shortage in applicant pools (particularly for client care aids, dining services, custodians, nurses and IT professionals), pending employee retirements and the booming oil and gas industry on Colorado's western slope will only add to the agency's significant recruitment and retention issues. The rising cost of living expenses, and in particular gas prices, results in reduced net earnings for employees. The Department cannot take full advantage of the nationwide trend to approve flex place arrangements for employees as 60% of the agency's employees provide direct care services to youth, residents, clients and patients. Paradoxically, direct care employees and allied support functions (dining services, custodians) serve in entry-level positions and have the lowest salaries in the agency, yet these are the employees who are forced to commute to work and endure increasing prices at the gas pump.

CDHS Program Workload Indicators

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Care	Number of Staff Trained on Early Rating Scale.	n/a	15	15	34	65

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Care	Increase the satisfaction ratings of Licensing Specialists to at least 4 on a 5-point scale using the On-line Feedback Form that rates the quality of services delivered.	n/a	n/a	4	4.6	4.5

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Care	Average number of life/safety violations that are corrected by the licensing inspector during a supervisory visit.	3	3	2	3	3

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Care	Number of Child Care Providers Completing the Expanding Quality Toddler Training.	446	525	540	560	560

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Youth Corrections	Number of new commitments.	933	827	785	736	713

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Youth Corrections	Average Daily Population - Commitment.	1,453	1,425	1,290	1,210	1,172

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Youth Corrections	Average Daily Population - Parole.	509	537	515	482	458

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Youth Corrections	Average Daily Population - Committed Youth with Intervention and Treatment Level Substance Abuse Needs.	1,220	1,191	1,079	1,018	986

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Youth Corrections	Average Daily Population - Committed Youth with High Moderate to Severe Mental Health Needs.	862	647	432	405	393

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Youth Corrections	Average Daily Population - Committed Female Offenders.	185	158	150	141	136

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
State & Veterans Nursing Homes	Average number of residents served (average monthly census).	84.5%	87.0%	89.0%	90.0%	90.0%

Note: Estimate FY 2008-09 and projected FY 2009-10 kept at 90% level due to DOM Homelake construction and renovation.

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
State & Veterans Nursing Homes	Patient per Day (PPD) cost for raw food.	7.50	7.36	6.85	7.15	7.50

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
State & Veterans Nursing Homes	Patient per Day (PPD) cost for pharmaceuticals.	4.14	5.14	5.32	5.60	5.85
Note: Raw food and pharmaceuticals estimates and projections based on CPI index –assume 4.5% increase based on current data.						

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	CO Mental Health Institute Fort Logan Civil Units: Direct care staff-to-inpatient ratios (utilized FTE to average census).	1.48	staff = 193.9 avg census = 147.1 ratio = 1.32	staff = 200.2 avg census = 149.2 ratio = 1.34	staff = 200.2 avg census = 149.2 ratio = 1.34	staff = 200.2 avg census = 149.2 ratio = 1.34

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	CO Mental Health Institute Pueblo Civil Units: Direct care staff-to-inpatient ratios (utilized FTE to average census).	1.28	staff = 175.1 avg census = 126.2 ratio = 1.39	staff = 172.9 avg census = 129.1 ratio = 1.34	staff = 172.9 avg census = 129.1 ratio = 1.34	staff = 172.9 avg census = 129.1 ratio = 1.34

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	CO Mental Health Institute Pueblo Forensic Units: Direct care staff-to-inpatient ratios (utilized FTE to average census).	1.35	staff = 338.5 avg census = 243.0 ratio = 1.39	staff = 343.7 avg census = 277.6 ratio = 1.24	staff = 343.7 avg census = 277.6 ratio = 1.24	staff = 364.4 avg census = 299.6 ratio = 1.22

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	Evaluation referral trend, inpatient and outpatient (includes competency, sanity and mental condition exams)	Inpatient = 191	Inpatient = 219	Inpatient = 254	Inpatient = 289	Inpatient = 324
		Outpatient = 629	Outpatient = 621	Outpatient = 660	Outpatient = 699	Outpatient = 738
		<u>Total = 820</u>	<u>Total = 840*</u> *includes the 1-time addition of patients that had been on the wait list	Total = 914	Total = 988	Total = 1,062

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	Incompetent to Proceed restoration referral trend.	Inpatient = 164	Inpatient = 223	Inpatient = 215	Inpatient = 215	Inpatient = 215
		Outpatient = 5	Outpatient = 24	Outpatient = 15	Outpatient = 15	Outpatient = 15
		<u>Total = 169</u>	<u>Total = 247*</u> *includes the 1-time addition of patients that had been on the wait list	Total = 230	Total = 230	Total = 230

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	Number of inpatient admissions to the campus compared to prior years.	CMHIP = 2,090	CMHIP = 1,788	CMHIP = 1,902	CMHIP = 1,902	CMHIP = 1,921
		CMHIFL = 1,441	CMHIFL = 1,286	CMHIFL = 1,156	CMHIFL = 1,156	CMHIFL = 1,156
		<u>Total = 3,531</u>	<u>Total = 3,074</u>	Total = 3,058	Total = 3,058	Total = 3,077

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	Direct care RN FTE vacancy rate based on utilized FTE in the fiscal year (compared to rates between 10.2% and 12.0% from recent national surveys).	CMHIP rate = 7.9%	CMHIP FTE = 213.7 vacancies = 25.0 CMHIP rate = 11.7%	CMHIP FTE = 211.6 vacancies = 14.0 CMHIP rate = 6.6%	CMHIP FTE = 211.6 vacancies = 14.5 CMHIP rate = 6.9%	CMHIP FTE = 213.6 vacancies = 14.5 CMHIP rate = 6.8%
		CMHIFL = 9.8%	CMHIFL FTE = 80.0 vacancies = 11.4 CMHIFL rate=14.3%	CMHIFL FTE = 84.5 vacancies = 6.3 CMHIFL rate = 7.5%	CMHIFL FTE = 84.5 vacancies = 8.3 CMHIFL rate = 9.8%	CMHIFL FTE = 84.5 vacancies = 8.3 CMHIFL rate = 9.8%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	Direct care RN FTE turnover rate based on utilized FTE in the fiscal year (compared to rates between 13.9% and 21.3% from recent national surveys).	CMHIP rate = 11.6%	CMHIP FTE = 213.7 FTE left = 35.0 CMHIP rate = 16.4%	CMHIP FTE = 211.6 FTE left = 44.0 CMHIP rate = 20.8%	CMHIP FTE = 211.6 FTE left = 44.0 CMHIP rate = 20.8%	CMHIP FTE = 213.6 FTE left = 44.0 CMHIP rate = 20.6%
		CMHIFL = 20%	CMHIFL FTE = 80.0 FTE Left = 16.4 CMHIFL rate=20.5%	CMHIFL FTE = 84.5 FTE Left = 13.3 CMHIFL rate=15.7%	CMHIFL FTE = 84.5 FTE Left = 13.3 CMHIFL rate=15.7%	CMHIFL FTE = 84.5 FTE Left = 13.3 CMHIFL rate=15.7%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Mental Health Institutes	Percentage of the MHI population with TBI or DD diagnoses.	1.6%	Total patients CMHIP = 1,821 CMHIFL = 1,158 <u>TBI/DD patients</u> CMHIP = 110 CMHIFL = 71 MHI = 6.1%	Total patients CMHIP = 1,919 CMHIFL = 1,057 <u>TBI/DD patients</u> CMHIP = 114 CMHIFL = 89 MHI = 6.8%	Total patients CMHIP = 1,919 CMHIFL = 1,057 <u>TBI/DD patients</u> CMHIP = 114 CMHIFL = 89 MHI = 6.8%	Total patients CMHIP = 1,938 CMHIFL = 1,057 <u>TBI/DD patients</u> CMHIP = 114 CMHIFL = 89 MHI = 6.8%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Behavioral Health Services	Number of site reviews.	306	314	654	330	330

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Behavioral Health Services	Number of mental health consumer complaints about the public mental health system.	72	118	135	140	140

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Behavioral Health Services	Number of contracts, purchase orders and interagency agreements administered.	287	269	139	256	256

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Behavioral Health Services	Number of hours of training provided per year by Behavioral Health Services.	786	1167	2327	1764	1764

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Supportive Housing and Homeless Programs	Number of on-site file reviews competed for new housing admissions and re-determinations.	115	114	149	130	152

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Supportive Housing and Homeless Programs	Number of programs actively entering client data into Homeless Management Information System.	41	131	167	191	175

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Supportive Housing and Homeless Programs	Number of actions (new admissions, moves and departures) completed by Supportive Housing and Homeless Program staff to administer clients' housing assistance.	8352	8376	8456	9100	*9100

*A new formula is applied to determine actions that are more accurate and comprehensive than the system previously applied to determining actions. Applying the new formula retrospectively, the number of actions would be as follows: For FY 2005-06, 8652; for FY 2006-07, 8579; and for FY 2007-08, 8995

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Number of adult protection reports received during the fiscal year.	11,442	10,986	10,999	12,000	12,500

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Average number of people receiving Old Age Pension financial assistance (OAP A, B, and C) per month.	24,370	23,947	23,052	23,614	23,614

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Average number of people receiving Home Care Allowance assistance per month.	N/A	3,339	3,166	3,200	3,200

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Average monthly adult protection workload (workload includes ongoing open cases at the beginning of the month plus all new APS reports received during the month.	3,354	3,070	2,793	3,224	3,353

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Number of people receiving services through the Older American Act and State Funding for Senior Services programs.	33,576	33,842	36,190	36,500	36,500

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Average number of people receiving Aid-to-the-Needy Disabled - State Only financial assistance per month.	5,439	5,575	5,562	5,600	5,650

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Average number of people receiving Aid-to-the-Needy Disabled - Colorado Supplement financial assistance per month.	860	976	971	980	980

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Number of people receiving Aid-to-the-Blind - Colorado Supplement financial assistance.	4	1	1	1	1

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Aging and Adult Services	Number of meals provided to seniors.	1,878,479	1,889,441	1,978,820	2,000,000	2,000,000

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Number of case closures per state fiscal year due to stable and successful employment.	2,151	2,369	2,670	2,688	2,822

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Number of new DVR Applicants per state fiscal year.	6,948	7,339	8,130	8,516	8,942

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Total number of clients served by DVR per state fiscal year.	19,361	19,730	20,104	20,443	21,465

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Total number of food and vending services sites in the Business Enterprise Program.	59	74	Available 10/31/08	Available 10/31/08	Available 10/31/08

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Total number Business Enterprise Program agreements to operate cafeteria, snack shops, and vending machines.	Not Available	Not Available	37	39	41

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Number of Traumatic Brain Injury research grants awarded.	4	3	2	3	3

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Number of Traumatic Brain Injury education grants awarded.	15	15	15	21	22

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Number of Traumatic Brain Injury contracts administered. *Due to the size of the current research grants, they are administered as contacts and therefore are included in the number of contracts administered.	4	3	8*	8*	8

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Vocational Rehabilitation	Number of adults who received care coordination and purchased services through the Traumatic Brain Injury Trust Fund Program.	331	539	549	550	550

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Percentage of community programs for persons with disabilities that met critical health and safety requirements at the time of their monitoring visit, requiring no follow-up by the Division for Developmental Disabilities.	95.5%	95.0%	87.7%	95.0%	95.0%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of adults with developmental disabilities receiving residential services during the last month of the fiscal year. *Assumes 300 new resources.	3,652	3,701	4,111	3,995	4,295

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of adults with developmental disabilities on waiting list for residential services as of the last day of the fiscal year. * Projected growth adjusted to account for new resources appropriated for FY 2008-09.	1,308	1,544	1,551	1,658*	1,539*

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of adults with developmental disabilities receiving Supported Living Services during the last month of the fiscal year. *Assumes 300 new resources.	3,703	3,769	3,587	4,093*	4,393*

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of adults with developmental disabilities on waiting list for Supported Living Services as of the last day of the fiscal year. *Projected growth adjusted to account for new resources appropriated for FY 2008-09.	2,438	2,600	2,668	2,605*	2,461*

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Average daily census for Intermediate Care Facility for the Mentally Retarded (ICF/MR) placements. *During FY 2008-09, the Wheat Ridge Regional Center is targeted to convert to 100% ICF/MR. ** Adjusted for anticipated capacity reduction at the Regional Centers.	73.04	74.09	74.16	165.00*	153.00**

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Total number of new admissions to Regional Centers during the fiscal year.	21	28	25	15	15

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of adults with developmental disabilities on waiting list for Regional Center services as of the last day of the fiscal year.	54	58	78	96	100

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Average number of children receiving state funded early intervention services each month.	2,755	2,550	3,144	3,005	3,005

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Total number of families who received Family Support Services during the fiscal year. (unduplicated count)	3,651	4,070	3,796	3,665	3,665

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of families on waiting list for Family Support Services as of the last day of the fiscal year.	4,377	4,265	4,743	5,336	6,024

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of children receiving Children's Extensive Support Services during the last month of the fiscal year.	341	332	387	395	395

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of children on waiting list for Children's Extensive Support Services as of the last day of the fiscal year.	73	156	235	351	526

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Developmental Disabilities	Number of Program Quality Health and Safety surveys completed during the fiscal year.	214	220	163	236	236

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Support Enforcement	Percentage of cases with court orders.	86.2%	86.8%	87.2%	87.0%	87.0%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Support Enforcement	Percentage of arrears cases paying.	67.80%	69.10%	70.3%	71.3%	72.0%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Colorado Works Program	Number of sub-grantees awarded mini-grants as part of the Responsible Fatherhood Grant.	N/A	19	19	42	30

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Colorado Works Program	Number of State Management Reviews conducted per year.	7	15	16	26	26

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Disability Determination Services	Total cases completed.	32,825	31,900	32,700 Estimate thru May	32,900	33,400

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Food & Energy Assistance Programs	Number of management evaluations completed annually.	0	13	11	8	8

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Food & Energy Assistance Programs	Number of large counties out of compliance with timely processing of expedited food stamps.	0	10	9	6	4

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Food & Energy Assistance Programs	Number of large counties out of compliance with timely processing of regular food stamps.	0	10	9	6	4

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Refugee Services Program	Total number of refugee arrivals in Colorado during FFY (includes refugees, asylees, and secondary migrants).	1,178	1,225	1,340	1,400	1,500

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Welfare Services	Number of reviews conducted by State Child Welfare program staff.	65	60	60	60	60

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Welfare Services	Number of core worker trainings provided to caseworkers, supervisors and foster parents.	76	76	76	76	76

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Child Welfare Services	Number of complaints processed regarding Child Welfare issues.	144	124	125	125	125

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Total Number of all HR2's completed. HR2's are the official request form required for all HR actions, i.e. a request to fill a vacant position, funding changes, transfers, pay differential, leave, and separations.	2,905	3,506	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Number of positions filled. This includes open competitive, promotions, reappointments, reinstatements, creating new positions, reclassify/reallocate vacant and encumbered positions, reemployment, S positions, temporaries, transfers, voluntary demotions.	2,336	2,327	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Total number of applicants. This includes promotional and open competitive applicants. Includes only "1st time applicants" applying at CDHS due to the way data is reported from DPA.	2,381	3,022	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Total number of exams administered to applicants. This includes promotional and open competitive applicants.	NA	NA	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Number of employee's attending trainings conducted by workforce development staff. Two trainers statewide provide training, which includes mandatory supervisory/management training.	4,775	5,478	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Performance Management and Pay (PMAP) workload: plans, evaluations, and consultation. HR provides training and consultation to employees and managers, including dispute resolution, as well as technical duties related to mandatory tracking and the payment of awards.	16,200	17,100	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Number of grievances, corrective and disciplinary actions received, and number of appeals. These statistics will be further broken out as methods of tracking become more refined.	357	271	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Benefits--enrollment, FMLA, STD, Workers' Comp. Workload includes consultation (status meetings) with managers and employees, benefit enrollment (including new hires attending orientation), and providing recommendations in settlement agreements.	NA	NA	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Human Resources	Number of Position Description Questionnaires (PDQ) reviewed that resulted in position reclassifications or sustainments. The number of reallocations is reflective of the number of PDQ's HR provided consultation for, reviewed, and approved. A PDQ is the official job duty statement for each position in CDHS.	466	382	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Food Stamp Quality Assurance	The rate of cases dropped from the sample (drop-review rate) will remain below 5%. Increase our efforts in preventing errors and reducing fraud by lowering CDHS errors rates using federal standards.	0.45%	0.23%	Not Available	Not Available	Not Available

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Administrative Review	Increase the average daily number of quality assurance reviews from eight to twelve to maintain compliance with federal mandates for an identifiable statewide Quality Assurance System.	9.64	10.69	9.50	9.50	10.00

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Administrative Review	Increase the average number of monthly case/administrative reviews completed per FTE to maintain compliance with federal mandates for timely six- month periodic reviews of all children/youth in Out-of-Home placements.	60.3	56.4	58.0	58.0	58.0

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Current	Request	Request
Audit Division	Number of fraud allegations referred to the counties.	56	32	60	70	80

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Current	Request	Request
Audit Division	Number of fraud investigations performed.	4	4	11	4	4

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Current	Request	Request
Audit Division	Number of employees, customers, and stakeholders provided with human services related training (accounting, auditing, federal cost circulars, fraud prevention and awareness, etc).	628	363	1,291	1,300	1,350

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Current	Request	Request
Audit Division	Number of agencies notified about how much money they get from CDHS as the pass through agency for federal funds, and the requirements about how they can expend the dollars. This measure is tracked to ensure compliance with OMB A-133 federally mandated subrecipient monitoring responsibilities.	NA	NA	530	750	750

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Audit Division	Percent of CDHS receiving a risk assessment by the Internal Audit Unit – on a biennial basis.	Actual	Actual	Current	Request	Request
		NA	0%	100%	NA	100%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Procurement	Documented dollar savings on commodities (difference between high bid and low bid)	Actual	Actual	Actual	Estimate	Projected
		\$658,757	\$1,996,510	\$783,453	\$600,000	\$600,000

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Procurement	Increase percentage of dollar amount of purchases made on procurement card over previous year.	Actual	Actual	Actual	Estimate	Projected
		4%	16%	1%	4%	4%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Accounting	Number of repeat audit findings from the State Auditor's Office	Actual	Actual	Actual	Estimate	Projected
		4	5	Avail. Nov. 2008	3	2

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Accounting	Number of COFRS transactions.	Actual	Actual	Actual	Estimate	Projected
		1,311,890	1,372,877	1,398,239	1,500,000	1,565,000

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Accounting	Number of employees paid.	Actual	Actual	Actual	Estimate	Projected
		78,175	81,383	80,211	87,000	90,000

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Accounting	Number of monthly billings processed.	Actual	Actual	Actual	Estimate	Projected
		1,780	2,886	3,115	2,375	2,450

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Accounting	Number of periodic Federal Reports	128	128	184	160	160

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Cleanable square footage per FTE as compared to industry benchmark of 10,791 CSF/FTE.	15,595	15,644	15,251	14,992	10,791

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Maintained gross square feet per FTE as compared to industry benchmark of 19,751 GSF/FTE.	31,977	29,929	29,340	29,788	19,751

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Maintain vacancy rate for Division of Facilities Management housekeepers at or below 9%.	7.30	7.60	5.8	6.1	7.1

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Maintain vacancy rate for Division of Facilities Management maintenance employees at or below 6%.	12.10	11.50	8.9	6.3	9.5

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Percentage of monthly work orders that are completed as scheduled.	91.3%	89.5%	88.97%	92.0%	92.0%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Percentage of monthly preventative maintenance work orders that are completed.	92.9%	94.0%	91.01%	96.0%	96.0%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Percentage of monthly housekeeping inspections that are completed.	96.3%	98.0%	99.8%	98.0%	98.0%

Program	Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
		Actual	Actual	Actual	Estimate	Projected
Facilities Management	Percentage of monthly housekeeping inspections that are passed.	93.0%	96.0%	98.0%	96.0%	96.0%

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Department of Human Services Program Caseload Trends

Division of Child Welfare

The following table describes the major trends that have emerged in the Child Welfare Division over the past seven years:

Trends	<i>FY00-01</i>	<i>FY01-02</i>	<i>FY02-03</i>	<i>FY03-04</i>	<i>FY04-05</i>	<i>FY05-06</i>	<i>FY06-07**</i>
<i>Unduplicated Monthly Average Number of Children Served *</i>	24,671	27,997	28,916	29,284	29,520	30,456	31,915
% Change From Prior Yr	.78%	13.87%	3.28%	1.27%	0.81%	3.17%	4.79%
<u>Average Number of Subsidized Adoption Placements</u>	5,493	6,130	6,807	7,512	8,045	8,494	8,948
% Change From Prior Yr	14.99%	11.60%	11.04%	10.36%	7.10%	5.58%	5.35%
<u>Monthly Average Residential Mental Health Placements</u>	1,365	1,449	1,439	1,255	1,265	1,311	1,105
Residential Mental Health Placements as a % of all OOH	16.66%	17.92%	17.62%	16.50%	15.92%	15.97%	14.9%

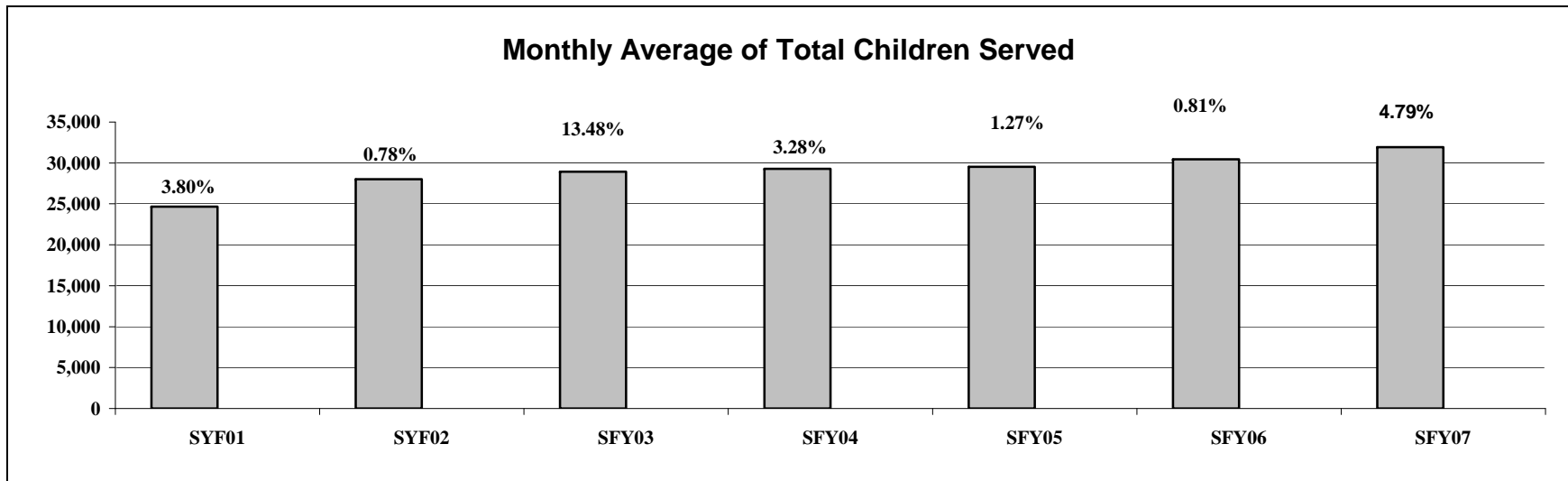
*Monthly Average – The monthly average uses an unduplicated count of children per month that had a Trails assessment or an involvement open during that month. The average is calculated based on the 12 months of data.

** FY 2007-08 data will be available in the Fall of 2008.

** Data from SFY01 through SFY06 reflect RTC placements. Data beginning in SYF07 reflects TRCCF and PRTF placements.

Monthly Average of Total Children Served:

The number of children in need of protection and families needing assistance in caring for their children continues to increase. Part of the increase is attributable to Colorado's population increase. The population for children ages 0-17 for FY 2006-07 has seen an overall increase of 1.7%. * FY08 data will be available in the Fall of 2008.



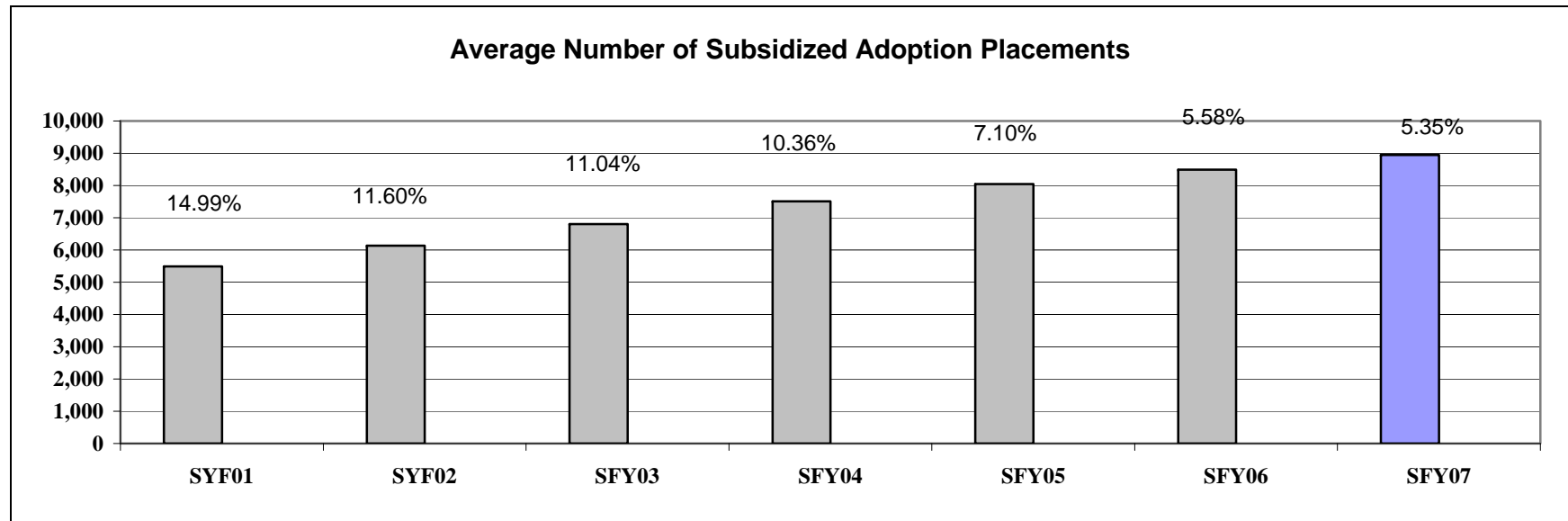
Counties are intervening in families earlier to decrease penetration into higher levels of care in the system and to also try to decrease length of time the family is involved with the county. This chart reflects the increase/decrease from the previous fiscal year.

Average Number of Subsidized Adoption Placements:

Colorado has seen an increase in the number of adoptions as a result of the 1997 Adoption and Safe Family Act (ASFA) that requires that permanency be achieved within 24 months of a child’s last entry into foster care when the child can no longer return home and the goal becomes adoption.

ASFA also requires that the county enter into a termination hearing when a child has been in out-of-home care for 15 of the last 22 months when no compelling reasons exist to maintain the child in foster care.

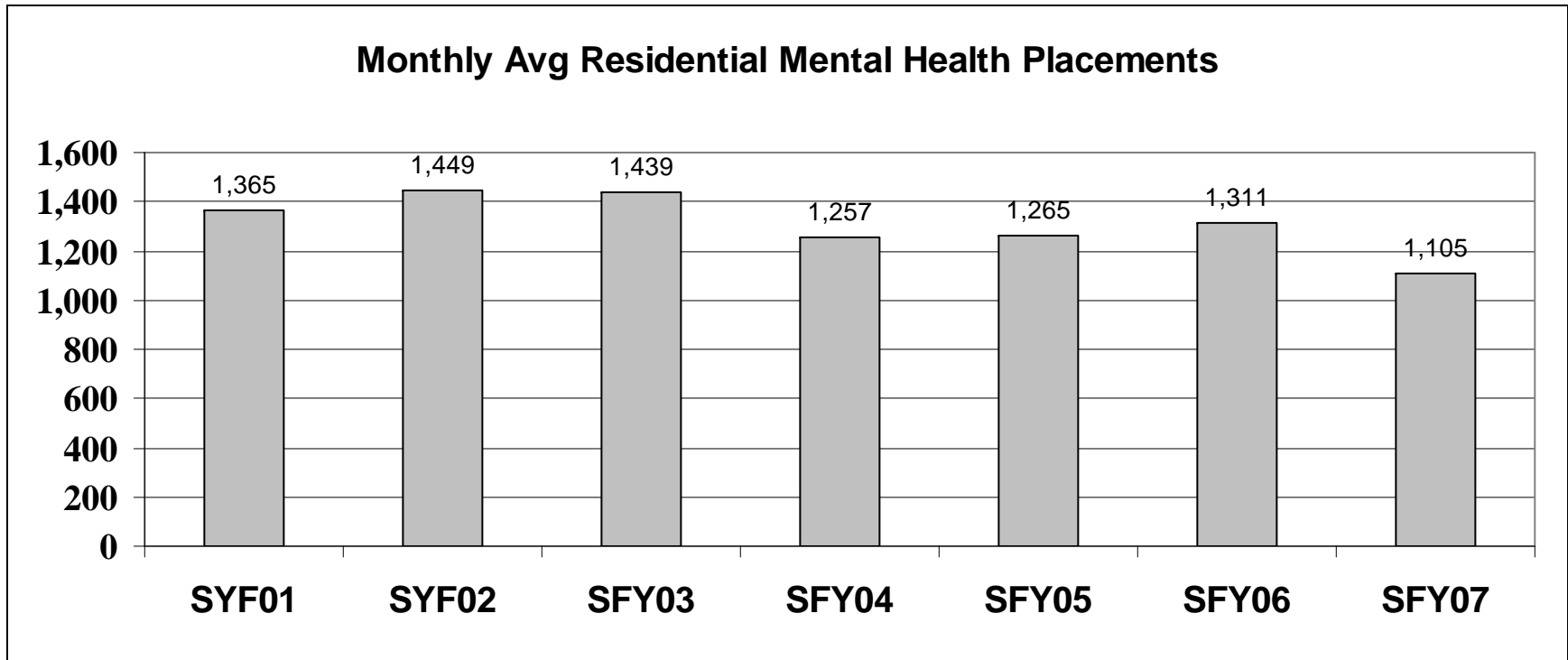
Since 1994 Colorado has been a concurrent planning state. Concurrent Planning means the simultaneous preparation of plans to: 1) assist the child's parents in completing a treatment plan that, when completed by the parents, will allow the child to safely return to the parents' home; and, 2) place the child in a setting that will become the child's permanent home if the parents are unable to successfully complete their treatment plan. This shift in practice, utilization of Expedited Permanency Planning through statute, and the use of Family Group Decision Making mediation, have all assisted in the adoption increase. The chart below reflects the increase from the previous fiscal.



Monthly Average of Residential Mental Health Placements

The number of children placed in residential mental health placements reached its peak in FY 2002 and decreased significantly after FY 2002-03. This decline in usage is largely a result of a shift in county practice to place children in lower levels of care. Changes in county practice and the redesign of residential mental health program is showing a drop in residential mental health placements for FY 2007.

The chart below compares the number of residential mental health placements for each year. Data from FY 2000-01 through FY 2005-06 reflect Residential Treatment Center (RTC) placements. Data beginning in FY 2006-07 reflects Therapeutic Residential Child Care Facility (TRCCF) and Psychiatric Residential Treatment Facility (PRTF) placements.

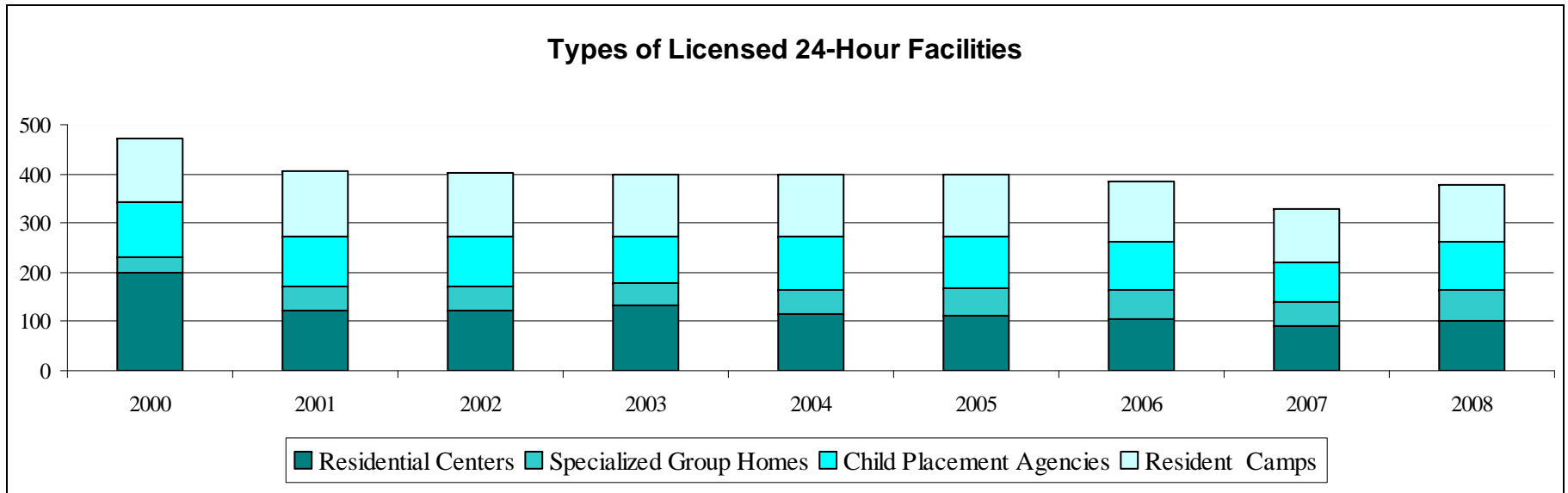


Division of Child Care

Types of Child Care Facilities

Less than 24-hour facilities make up the bulk of the caseload of the Division of Child Care. 24-hour facilities are complex facilities that care for difficult children but are few in number. The number of 24-hour facilities has been fairly static over the last five years. Family child-care homes continue to decline in numbers, as has been the trend over the last several years.

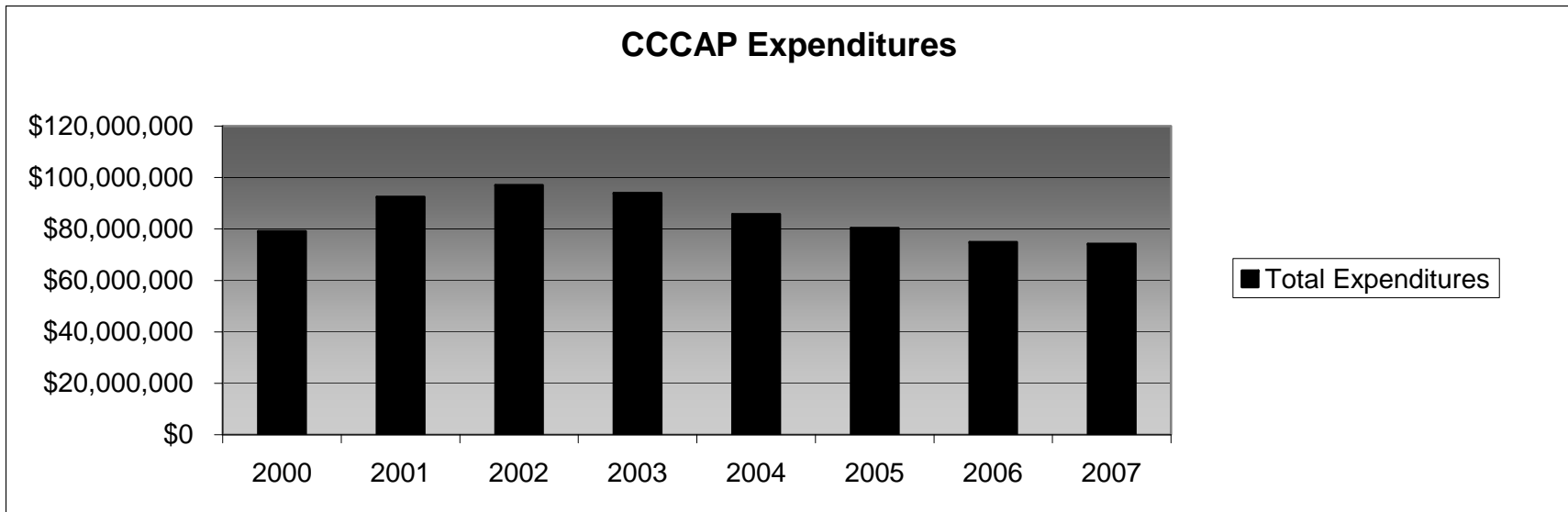
24-hour facilities have remained fairly stable over the last several years since an initial drop in residential centers in 2001.



Colorado Child Care Assistance Program (CCCAP)

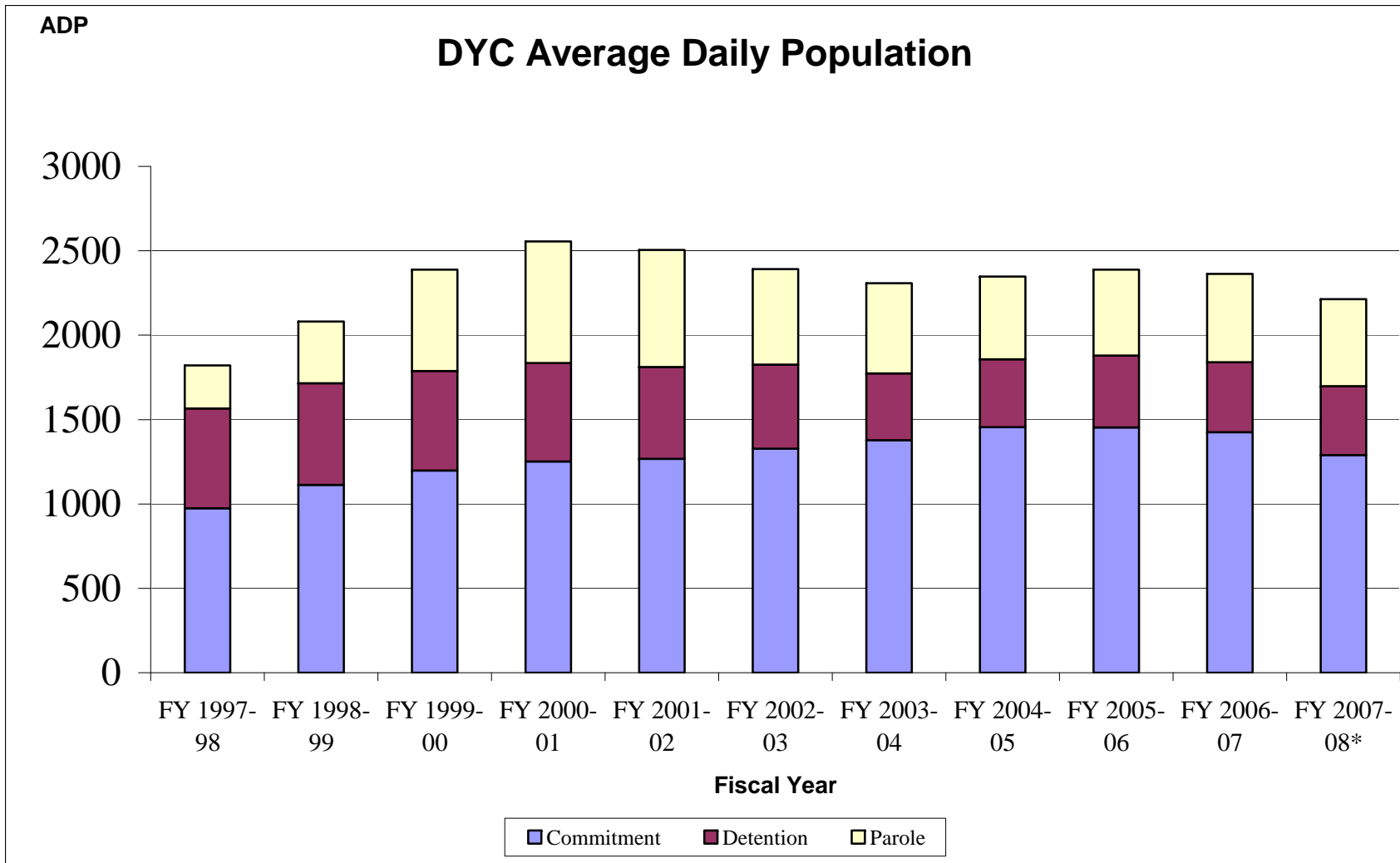
When this program began in July 1997, there were approximately 33,000 Colorado Child Care Assistance Program (CCCAP) children in care. By 2000, there were approximately 54,000 CCCAP children in care. Between FY 2003 and FY 2004 the number of children being served decreased by 9.4%, while total expenditures decreased by 8.7%. Between FY 2004 and FY 2005, the number of children served stayed level, while total expenditures decreased by 6.2%. Between, FY2005 and FY2006, the number of children served decreased by 11.6%, while the total expenditures decreased by 6.8%. Between, FY2006 and FY2007, the number of children served decreased by 4.5%, while the total expenditures decreased by 0.9%. FY2008 is expected to follow similar trends.

	2000	2001	2002	2003	2004	2005	2006	2007
Total Expenditures	\$79,087,713	\$92,525,940	\$97,070,905	\$93,915,311	\$85,739,790	\$80,426,556	\$74,927,197	\$74,253,133
Appropriation	\$59,957,161	\$68,383,264	\$65,048,303	\$71,336,427	\$72,376,513	\$73,135,526	\$75,768,237	\$74,739,133
TANF Transfer Spent	\$19,130,552	\$23,420,014	\$30,634,560	\$21,430,667	\$12,360,250	\$5,811,812	0	\$4,916,362
TANF Short Term Reserve		\$0	\$271,868	\$70,346	\$6,665	\$884,953	0	0
Local Share in Excess of Long Bill		\$722,661	\$1,116,174	\$1,077,872	\$996,361	\$145,502	0	0
County Only		\$0	\$0	\$0	\$0	\$448,763	0	0
Total Number of Children Served	54,000	55,000	53,830	47,479	42,986	42,795	37,809	36,085
Expenditure Per Child	\$1,465	\$1,737	\$1,807	\$1,979	\$1,997	\$1,879	\$1,982	\$2,058



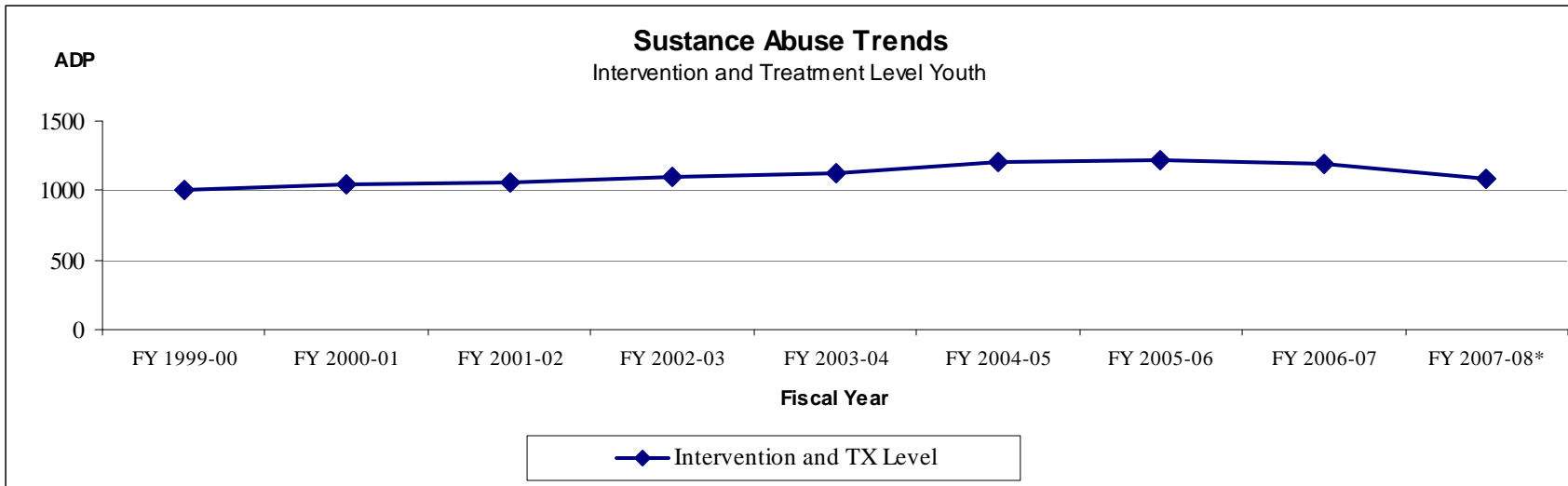
Division of Youth Corrections

The table below details trends in the Average Daily Population (ADP) of committed, detention, and parole youth over the last several years. The December 2007 Legislative Council Staff (LCS) juvenile commitment population projections indicate that the DYC commitment population will total 1,275 ADP in FY 2007-08 (to 1,210 ADP in FY 2008-09 and 1,172 ADP in FY 2009-10). The FY 2007-08 projection is 214.4 ADP lower, respectively, than the December 2006 LCS projections for the same fiscal year timeframe. The December 2007 LCS projection identifies the Division’s Continuum of Care Initiative as a factor influencing commitment populations downward. LCS states “...the on-going impact of the Continuum of Care Initiative, and a reduction in juvenile delinquency filings have served to lower the forecast from a year ago.” The LCS document also states that “continued and consistent funding” of the Division’s Continuum of Care Initiative “is expected to reduce growth in commitments, particularly in the near term.” The Division believes the reduction in commitment ADP for the past two fiscal years, and the reduction in projected commitment ADP, is likely a result of the Division’s Continuum of Care Initiative. FY 2006-07 represented the second year in 14 years that the Division has seen a *decrease* in the commitment ADP.

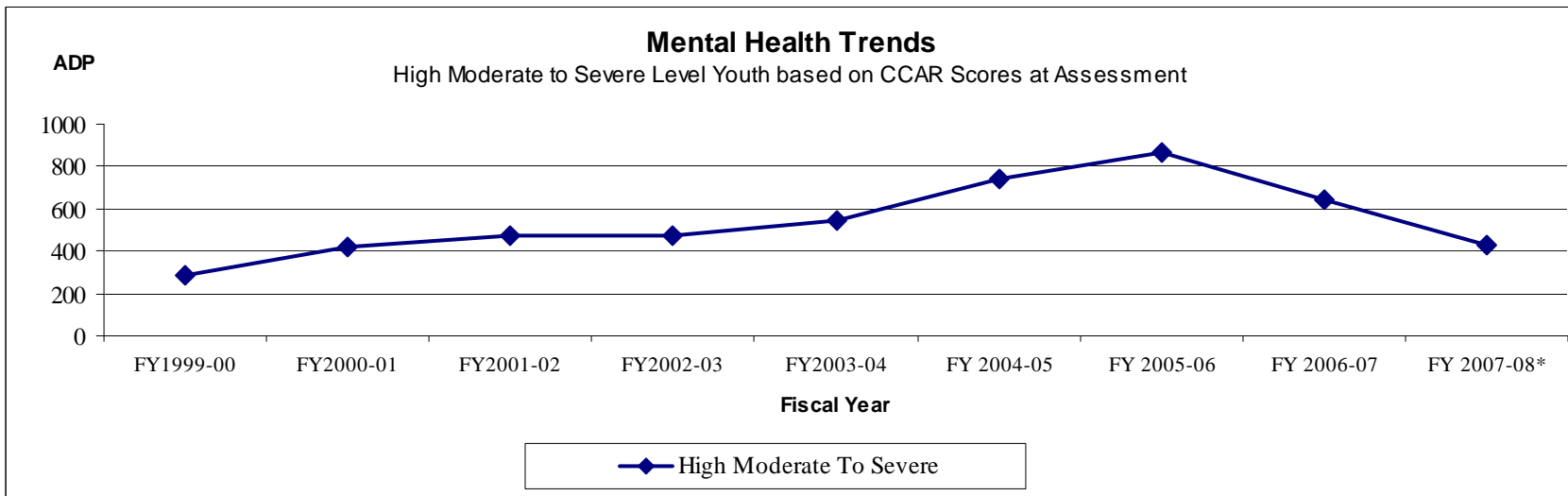


*FY 2007-08 is Actual through April 08

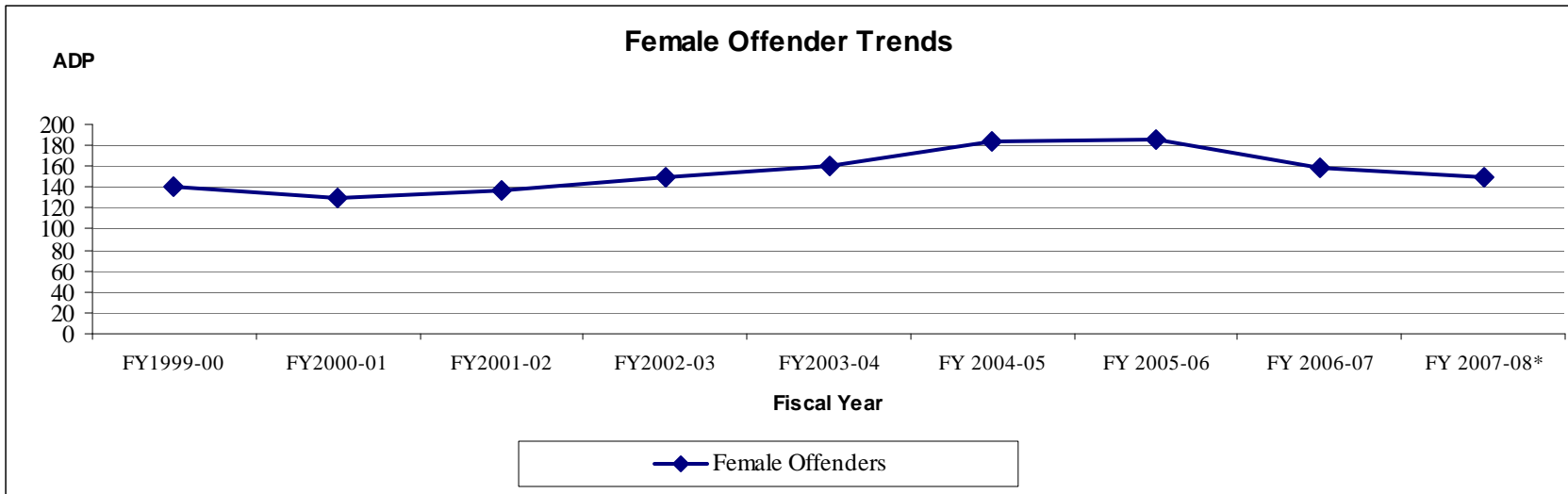
In addition to growth in the overall population of youth served by the Division, the following charts demonstrate growth trends for youth in the Division with high risk and/or high need profiles.



*FY 2007-08 is Actual through April 08



*FY 2007-08 is Actual through April 08



*FY 2007-08 is Actual through April 08

Office of Adult, Disability, and Rehabilitation Services (ADRS)

The Office of Adult, Disability, and Rehabilitation Services (ADRS) contains three Divisions, each administering a variety of programs. The programs managed by the Division of Aging and Adult Services (AAS) are: Old Age Pension (OAP), Aid to the Needy Disabled/Supplemental Security Income-Colorado Supplement (AND/SSI-CS); Aid to the Needy Disabled-State Only (AND-SO); Aid to the Blind/Supplemental Security Income-Colorado Supplement (AB/SSI-CS); Home Care Allowance; Adult Foster Care; Adult Protective Services (APS); Older Americans Act (OAA) programs; and State Funding for Senior Services (SFSS) programs. The Division for Developmental Disabilities provides: Comprehensive Residential and Day Program Services for adults (through the community-based system and at the State Operated Regional Centers), Intermediate Care Facilities for the Mentally Retarded (ICF-MR) and Nursing Facility Services; Supported Living Services for adults, and Child and Family Services, including early intervention services, family support services, family support loan fund, and the Children's Extensive Support program. The Division of Vocational Rehabilitation operates the federal vocational rehabilitation program in Colorado and manages the federal independent living program.

Aging and Adult Services (AAS)

Old Age Pension (OAP)

The Old Age Pension program, which provides financial assistance to eligible individuals age 60 and older, has three different grant payment categories (A, B and C). The grant standard for the Old Age Pension Program is currently at \$662 per month, which is equivalent to 76.35% of the poverty level (\$866 per month). There have been no measurable caseload trends in the OAP program over the last six fiscal periods. The table below contains the average monthly caseload by State Fiscal Year since FY 2005-06.

Average number of people receiving Old Age Pension financial assistance (OAP A, B, and C) per month.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
24,370	23,947	23,052	23,666	23,700

Aid to the Needy Disabled (AND)

Aid to the Needy Disabled/Supplemental Security Income-Colorado Supplement (AND/SSI-CS), established in 1969, provides supplemental income to individuals receiving Supplemental Security Income (SSI) payments, up to the Colorado standard of need of

\$637 (effective 1/1/08). This standard of need is equivalent to 73.5% of the current poverty level of \$866 per month. These payments are intended to assist the recipients to manage their monthly living expenses. The need standard is based on dollars appropriated to the program.

The federal SSI program is an entitlement program that provides financial assistance to persons with a disability that precludes them from securing or retaining employment for at least 12 months. Effective January 1, 2008, the maximum SSI grant is \$637. The Social Security Administration decreases a SSI recipient’s grant if he/she is married, lives with another person, or does not pay his or her fair share of the shelter costs. People who do not receive the full SSI grant due to being married or living with another person may qualify for the AND/SSI-CS program.

Average number of people receiving Aid-to-the-Needy Disabled - Colorado Supplement financial assistance per month.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
860	976	971	980	980

Aid to the Needy Disabled-State Only (AND-SO), established in 1953, is the only state assistance program that provides basic financial assistance to low-income persons aged 18 to 59. To receive assistance, individuals must have a disability expected to last six months or more. Effective April 1, 2006, the maximum grant payment is \$230 per month, which is 26.5% of the current poverty level of \$866 per month. No changes in grant levels for AND-SO have been implemented since 2006.

The AND-SO Program is linked to the federally funded and administered SSI Program. Persons who apply for AND-SO benefits must also apply for the federal program. As such, the AND-SO Program is an “interim assistance” program where state benefits are distributed pending an eligibility decision for SSI benefits. After approval for the SSI Program, the state is reimbursed for payments made from the AND-SO Program. To qualify for Aid to the Needy Disabled-State Only benefits, a person must be certified by a physician or other designated medical practitioner as being totally disabled and unable to work at any occupation for at least six months. Applicants must meet the income limit of \$230 per month, resource limit of \$2,000, citizenship/legal status, and Colorado residency requirements.

Average number of people receiving Aid-to-the-Needy Disabled - State Only financial assistance per month.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
5,439	5,575	5,562	5,676	5,700

Aid to the Blind/Supplemental Security Income-Colorado Supplement (AB/SSI-CS)

Aid to the Blind/Supplemental Security Income-Colorado Supplement (AB/SSI-CS) was established in 1969. The purpose of this program is to supplement the recipient’s income up to the current Colorado standard of need to enable recipients to meet their monthly living expenses. Effective January 1, 2008, the maximum SSI grant is \$637, which is 73.5% of the currently poverty level of \$866 per month.

The Social Security Administration decreases SSI recipients’ grant if they are married, live with another person, or do not pay their fair share of the shelter costs. Those who do not receive the full SSI grant due to being married or living with another person may qualify for the AB/SSI-CS program.

Number of people receiving Aid-to-the-Blind - Colorado Supplement financial assistance.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
4	1	1	1	1

Home Care Allowance (HCA)

The Home Care Allowances (HCA) program was transferred to the CDHS from Health Care Policy and Financing (HCPF), effective FY 2006-07. The purpose of the program is to provide financial grants to individuals, in order for the individual to receive personal care services from informal caregivers. The intent of the program is to keep individuals independent and in their own residences. There are three categories of Home Care Allowance, which are determined by the level of care required. All three levels of HCA were increased by \$53.85 effective April 1, 2008. The grant amounts are determined by available appropriation.

Average number of people receiving Home Care Allowance assistance per month.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
N/A	3,339	3,166	3,200	3,100

Adult Foster Care (AFC)

The Adult Foster Care (AFC) program was transferred to the CDHS from HCPF, effective FY 2006-07. The purpose of the program is to provide financial grants to individuals to be used for services provided in an assisted living facility for supervision and medication management. Recipients pay the facilities and are allowed to keep fifty dollars per month for personal needs. The current average caseload for AFC is five individuals. The monthly amount paid to providers for the AFC program was increased January 1, 2008.

Maintenance of Effort (MOE)

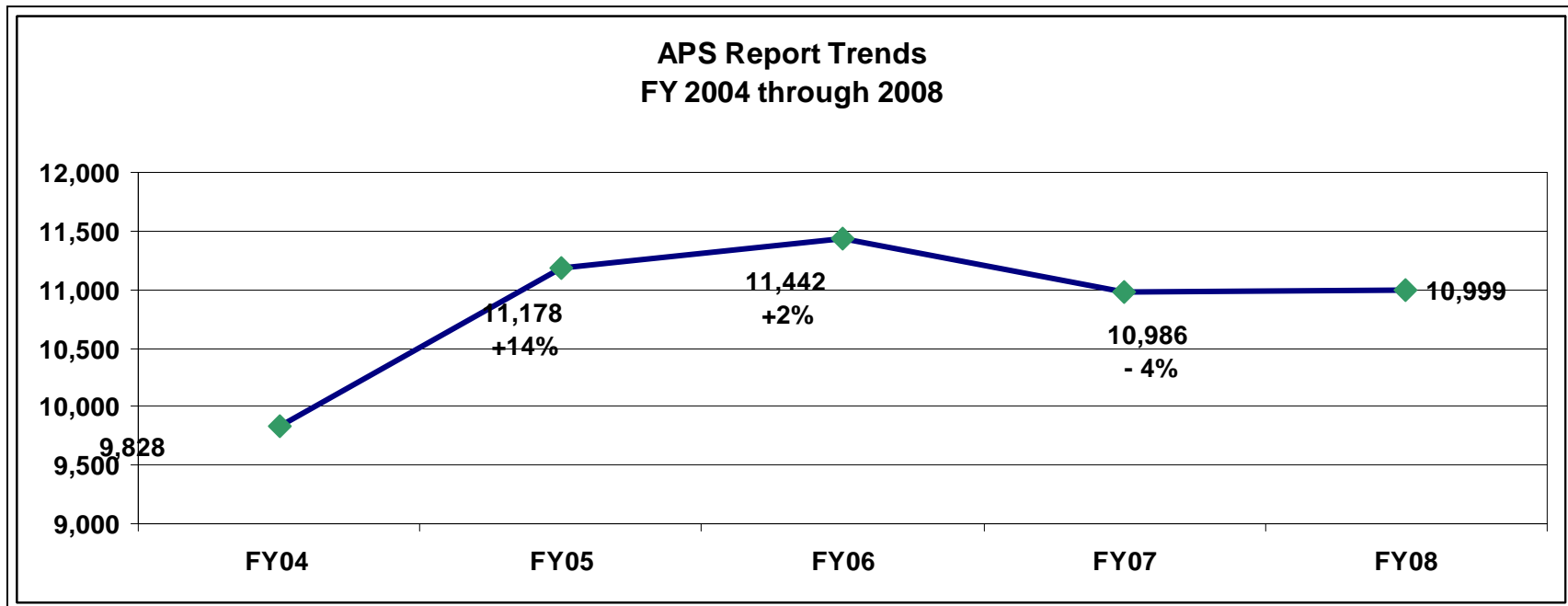
The MOE between the State and the Social Security Administration requires the state to expend the same amount of money in the current year as it did in the previous year in certain categories of assistance for individuals who receive Supplemental Security Income (SSI). When the state does not meet the MOE, it must make up the shortfall in the following year or risk losing federal Medicaid funding. In CY 2007, expenditures by the State in these programs for individuals receiving SSI was short just over \$1 million. In CY 2008, the State increased payments in both the Adult Foster Care and Home Care Allowance programs and was able to secure a roll-forward of excess Interim Assistance Reimbursements (IARs) to help make up the CY 2007 MOE shortfall and to meet the CY 2008 MOE. These increased payments are expected to make up the entire \$1 million with the excess IAR going to the AND-SSI supplement payments between now and December 2008 in order to meet the entire \$1,070,845 million shortfall. Meeting the MOE in any given year is an ongoing issue, and the financial consequences of not meeting it impact programs internal to the Department of Human Services, as well as other State programs. Therefore, impacts on the MOE must be carefully analyzed prior to implementing policy or programmatic change.

Adult Protective Services (APS)

Reports of abuse, neglect, and exploitation of at-risk adults ages 18 and over to Adult Protective Services have steadily increased over the past decade. Reports to county Adult Protective Services programs statewide have increased by 65%, from 6,643 reports in FY 2002 to 10,999 reports in FY 2008.

Number of adult protection reports received during the fiscal year.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
11,442	10,986	10,999	12,000	12,500



The increases in reports to Adult Protective Services in Colorado are likely attributable to an increase in the population of persons over the age of 60 years (those most susceptible to adult abuse); increased reporting by the public secondary to increased education and awareness about the existence and seriousness of adult abuse; and to a lesser but notable degree, improvement in the documentation of reports across county adult protection programs.

Older Americans Act (OAA) and State Funding for Senior Services (SFSS)

At the While funding for Older Americans Act programs has remained stable since 2002, there have been dramatic changes in the funding of State Funding for Senior Services (SFSS) and the Older Coloradoans Act programs during the same time period. Over the past two State fiscal years, the amount of the SFSS has increased from three million to ten million dollars. These additional funds will allow the Area Agencies on Aging (AAA) to maintain and supplement existing services provided through the Older Americans Act programs.

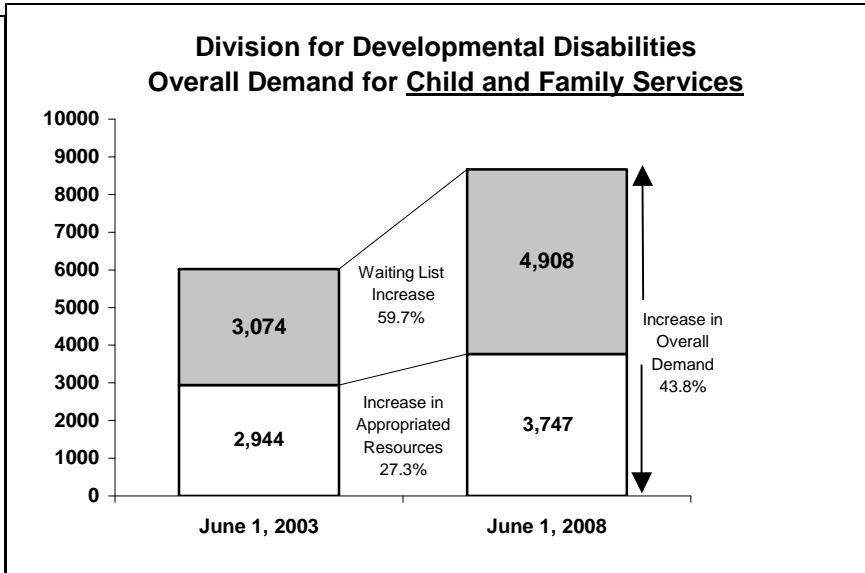
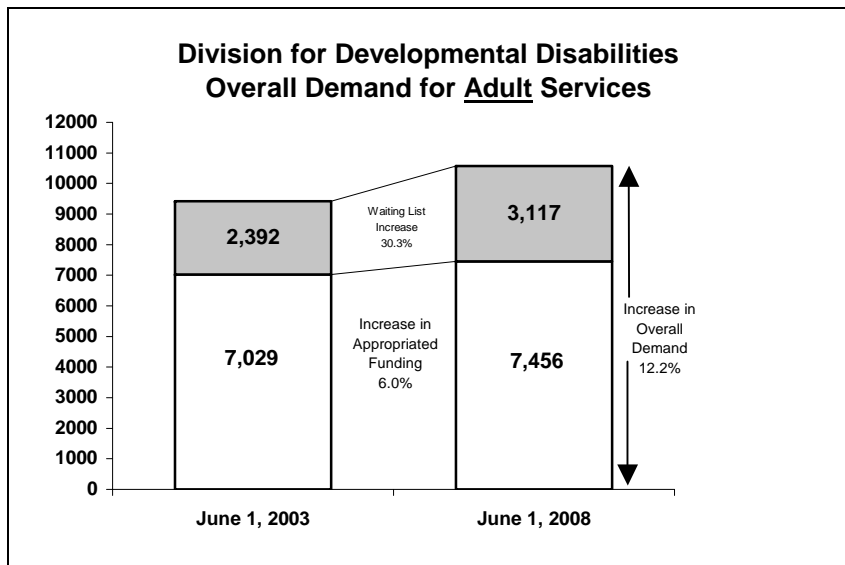
The total number of services delivered to recipients of State Funding for Senior Services and the Older Coloradoans Act has decreased because of a corresponding increase in the cost of delivering services (i.e., increases in fuel and food prices). The number of unique individuals served in these programs has been approximately 34,000. No significant caseload shifts are expected.

Number of people receiving services through the Older American Act and State Funding for Senior Services programs.

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Actual	Actual	Actual	Estimate	Projected
33,576	33,842	36,190	35,500	35,500

Division for Developmental Disabilities (DDD)

Between July 2004 and June 2008, the Division for Developmental Disabilities has had a 12.2% increase in its overall demand for adult services and a 43.8% increase in its overall demand for children and family services. For adult services the overall demand includes a 6.0% increase in appropriated resources from 7,029 to 7,456, and a 30.3% increase in the waiting list (those needing services within two years) from 2,392 in June 2003 to 3,177 in June 2008. For children and family services the overall demand includes a 27.3% increase in appropriated resources from 2,944 in June 2003 to 3,747 in June 2008, and a 59.7% increase in the waiting list (those needing services within two years) from 3,074 in June 2003 to 4,908 in June 2008.



The need for comprehensive residential services for adults with developmental disabilities is expected to increase as parents become unable, due to their own advancing age and/or declining health, to care for their adult family members with developmental disabilities at home. Eight percent of adults with developmental disabilities who are waiting for comprehensive services within the next two years and still living with their parents are themselves 40 years old or older, implying that their family caregivers are in their 60s or older. Additionally, twenty-five percent of adults with developmental disabilities on the waiting list are considered to be “high risk”, defined as: over age 40 and living with a parent, or a person who has co-occurring mental illness, maladaptive behavior, or a person who is non-mobile, medically fragile, or has an overall functioning level of profound.

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Projected
Number of adults with developmental disabilities receiving residential services during the last month of the fiscal year. <i>*Assumes 300 new resources</i>	3,652	3,701	4,111	3,995	4,295*
Number of adults with developmental disabilities on waiting list for residential services as of the last day of the fiscal year. <i>*Projected growth adjusted to account for new resources appropriated for FY 2008-09</i>	1,308	1,544	1,551	1,658*	1,539*
Number of adults with developmental disabilities receiving Supported Living Services during the last month of the fiscal year. <i>*Assumes 300 new resources.</i>	3,703	3,769	3,587	4,093*	4,393*
Number of adults with developmental disabilities on waiting list for Supported Living Services as of the last day of the fiscal year. <i>*Projected growth adjusted to account for new resources appropriated for FY 2008-09.</i>	2,438	2,600	2,668	2,605*	2,461*
Average number of children receiving state funded early intervention services each month.	2,755	2,550	3,144	3,005	3,005
Total number of families who received Family Support Services during the fiscal year. (unduplicated count)	3,651	4,070	3,796	3,665	3,665
Number of families on waiting list for Family Support Services as of the last day of the fiscal year.	4,377	4,265	4,743	5,336*	6,024
Number of children receiving Children's Extensive Support Services during the last month of the fiscal year.	341	332	387	395	395
Number of children on waiting list for Children's Extensive Support Services as of the last day of the fiscal year.	73	156	235	351	526
Number of Program Quality Health and Safety surveys completed during the fiscal year.	214	220	163	236	236
Percentage of community programs for persons with disabilities that met critical health and safety requirements at the time of their monitoring visit, requiring no follow-up by the Division.	95.5%	95.0%	87.7%	95.0%	95.0%

Regional Centers (RC)

The role of the Regional Centers is to address the needs of the most difficult population with developmental disabilities, i.e., individuals whose needs cannot be met safely through the traditional community-based system. The Regional Centers continue to pursue a goal of providing services in community-based settings whenever possible. However, along with an increase in the Colorado population has been an increase in the number of persons with developmental disabilities who, because of physically aggressive behaviors, sexual offenses, medical conditions or co-occurring diagnosis of developmental disability and mental illness, pose highly complicated challenges for safe and appropriate services in community settings.

People are referred to the Regional Centers through Community Centered Boards based on their individual plan from the Mental Health Institutes, the Department of Corrections, nursing facilities and the CCB community system, including persons with high needs who are waiting for services. Regional Centers provide active treatment programs including residential services, day programs, work therapy services, and medical care, based on individual assessments and habilitation plans. These active treatment programs are intended to result in increased independence and inclusion in the community.

The reduction in the bed capacity of the Regional Centers from 1,310 in 1980 to 403 in FY 2002-2003 represented a decrease of 71%. Overall bed capacity remains at 403 for on-campus homes and within the local communities, however future reductions may be considered. There is also an initiative to convert Regional Center funding from Medicaid waivers to ICF/MR in order to ensure appropriate funding and staffing levels. The estimate increase is shown in the chart below.

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Projected
Average daily census for Intermediate Care Facility for the Mentally Retarded placements. <i>(Does not include the Skilled Nursing Facility at the Grand Junction Regional Center).</i> <i>*During FY 2008-09, the Wheat Ridge Regional Center is targeted to convert to ICF/MR and there is an anticipated overall reduction in bed capacity. **Adjusted for anticipated capacity reduction at the Regional Centers.</i>	73.04	74.09	74.16	165.00	153.00
Total number of new admissions to Regional Centers during the fiscal year.	21	28	25	15	15

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Projected
Number of adults with developmental disabilities on waiting list for Regional Center services as of the last day of the fiscal year.	54	58	78	96	100

Division of Vocational Rehabilitation (DVR)

Field Services

The Division of Vocational Rehabilitation assists individuals whose disabilities result in barriers to employment to succeed at work and live independently. DVR is able to provide a variety of services to eligible individuals to help them obtain their employment goals, based on the individual's unique employment barriers, chosen employment goal, and personal circumstances.

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Projected
Number of case closures per state fiscal year due to stable and successful employment.	2,151	2,369	2,670	2,688	2,822
Number of new DVR Applicants per state fiscal year.	6,948	7,339	8,130	8,516	8,942
Total number of clients served by DVR per state fiscal year.	19,361	19,730	20,104	20,443	21,465

Business Enterprise Program

The Business Enterprise Program (BEP), mandated by the Federal Randolph-Sheppard Act of 1936, trains legally blind individuals and helps them establish, maintain, and manage food service locations in State and Federal government buildings and other facilities. The operations include large and small cafeterias, military dining halls, snack bars, convenience stores, and vending machine concessions in these buildings as well as State parks, rest areas, ports of entry, welcome centers, and youth corrections.

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Projected
Total number of food and vending services sites in the Business Enterprise Program.	59	74	Available 10/31/08	Available 10/31/08	Available 10/31/08
Total number of Business Enterprise Program agreements to operate cafeteria, snack shops, and vending machines.	Not available at this time	Not available at this time	37	39	41

Traumatic Brain Injury Trust Fund Program

The Colorado Traumatic Brain Injury (TBI) Trust Fund Program was created by Colorado statute in 2002 to improve the lives of state residents who have suffered traumatic brain injuries. The TBI Trust Fund strives to support all people in Colorado affected by traumatic brain injury through services, research and education.

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Projected
Number of Traumatic Brain Injury research grants awarded.	4	3	2	3	3
Number of Traumatic Brain Injury education grants awarded.	15	15	15	21	22
Number of Traumatic Brain Injury contracts administered. <i>*Due to the size of the current research grants, they are administered as contracts and therefore are included in the number of contracts administered.</i>	4	3	8*	8*	8
Number of adults who received services through the Traumatic Brain Injury Trust Fund Program. <i>*Due to the size of the current research grants, they are administered as contracts and therefore are included in the number of contracts administered.</i>	Not available at this time	539	549	550	550

Office of Behavioral Health and Housing

The divisions under the Office of Behavioral Health and Housing are as follows: Division of Behavioral Health, including community mental health and alcohol and drug abuse programs for non-Medicaid eligible individuals; the Mental Health Institute Division, including two state-operated psychiatric hospitals totaling 631 beds at Ft. Logan and Pueblo; and the Division of Supportive Housing and Homeless Programs, providing Section 8 housing vouchers to individuals with special needs. A brief summary of General Fund dollars and numbers served by program is shown in the table below.

MH Community Program	Community Mental Health Estimated Number Served (FY 2008-09)	General Fund \$s (FY 2008-09 Net General Fund)
Indigent (LB estimate)	11,262	\$35,283,427
Assertive Comm. Treatment	81	\$658,367
Enhanced MH Pilot	232	\$507,920
Early Childhood MH Services *	376	\$1,170,078
Alternatives Programs*	972	\$3,022,489
Residential Treatment for Youth (MGF <u>not</u> included)	66	\$765,033
Total DMH	12,989	\$41,407,314
Alcohol and Drug Abuse Division	ADAD Estimate Number Served (FY 2008-09)	General Fund \$s (FY 2008-09 Net General Fund)
Treatment and Detox Contracts	27,495 (Tx) /14,202 (Detox)	\$11,350,282
Case Management and Chronic Detox Clients	762	\$2,478
Short term- Residential Remediation and Treatment (STIRRT)	1,664 (Residential) / 920 (Continuing care)	\$3,367,254
High-Risk Pregnant Women Program	114 (Residential) / 284 (Outpatient)	\$506,849
Prevention Contracts (51)	78,000	\$34,336
Total ADAD	123,441	\$15,261,199

Mental Health Institutes	Number of Admitted Patients Served by the Institutes (FY 2008-09 Estimate) **	General Fund \$s (FY 2008-09)
CMHIFL (inpatients only)	1,334	\$20,575,857
CMHIP (in and outpatients)	5,510	\$57,699,370
Total MHIs	6,844	\$78,275,227
Total MHIs, ADAD and DMH	143,274	\$134,943,740
Supportive Housing and Homeless Programs		
	Estimate FY 2008-09	General Fund \$s (FY 2008-09)
Section 8 Vouchers	3,464	\$0
Shelter Plus Care Vouchers	460	\$0
Total SHHP	3,924	\$0

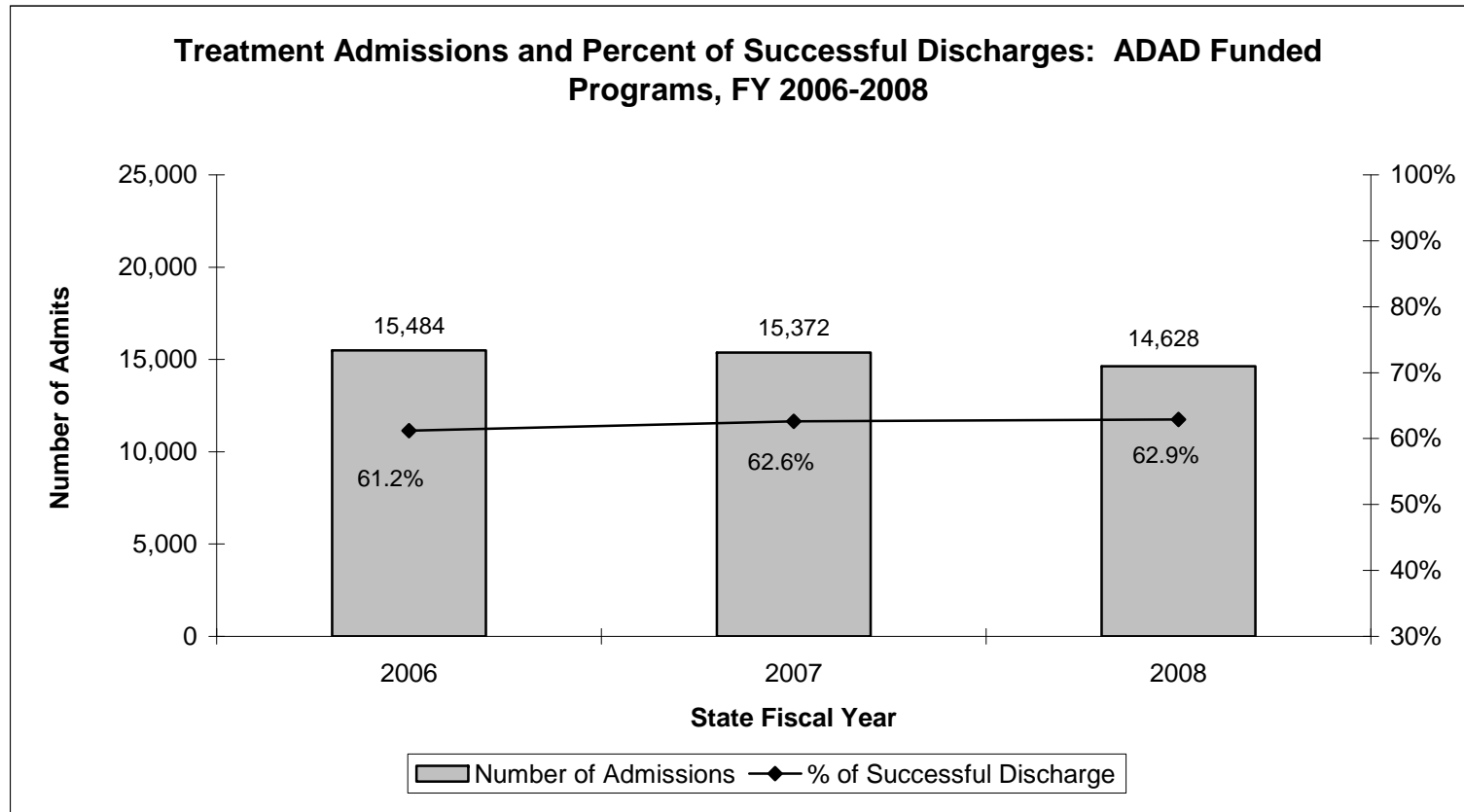
* Estimate based on total dollars divided by \$3,109 average annual cost for services.

** The number of admitted patients served reflects existing in- and out-patients on July 1, 2008, plus any additional admissions throughout the year, including those for outpatient Forensic evaluations or ancillary medical services provided to non-Institute clients, such as those from the Department of Corrections. The estimate for FY 2008-09 is based upon admission numbers from FY 2007-08.

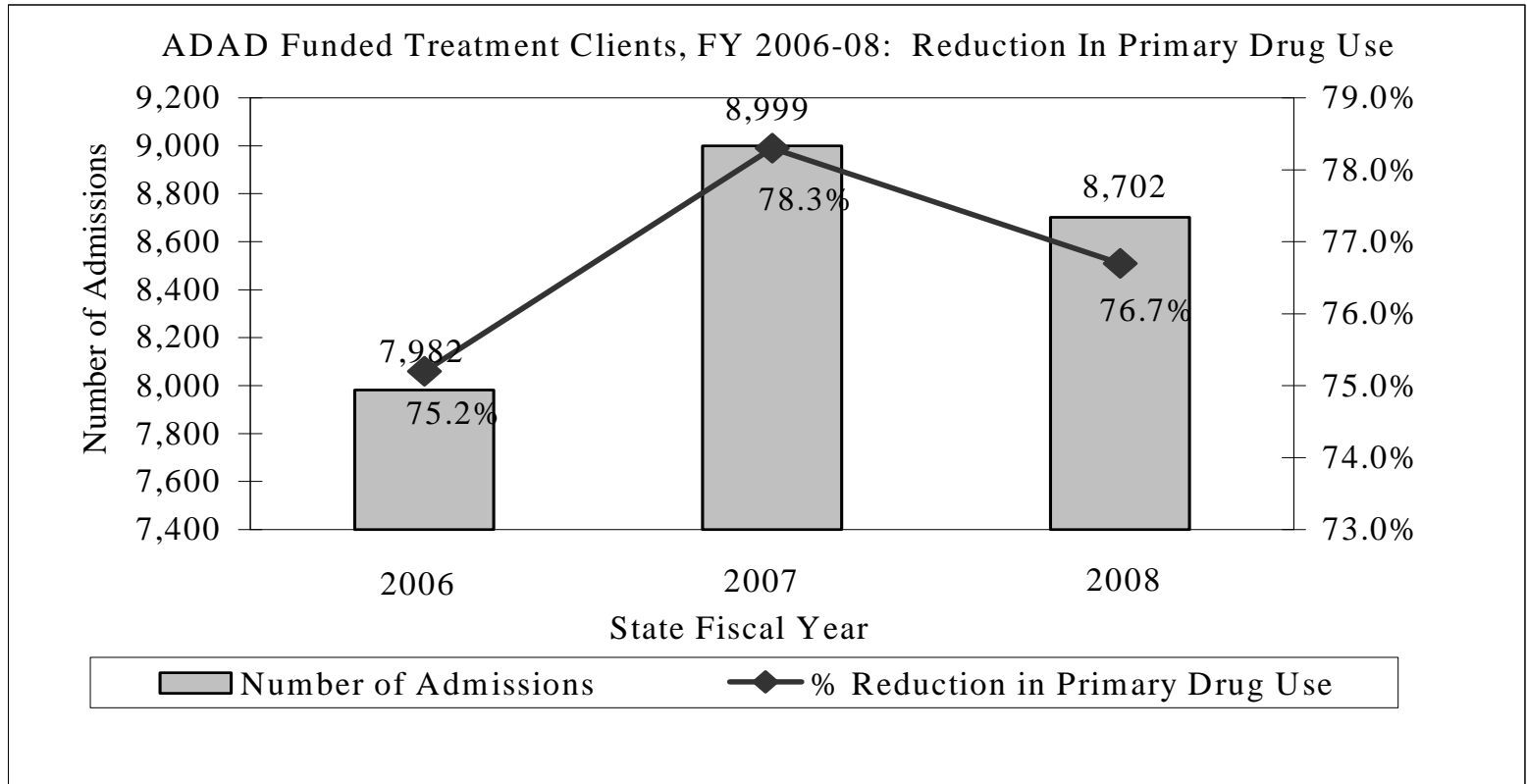
Behavioral Health Services

In FY 2006-07 the Alcohol and Drug Abuse Division and the Division of Mental Health were combined under joint administration, Behavioral Health Services, to encourage cross system treatment of the clients served by each Division. Although it will take several years to integrate service provision, contracting, and program quality/treatment monitoring activities, Behavioral Health Services is already working on administrative and data integration. The combining of these two Divisions was prompted by increasing recognition, both locally and nationally, that many clients of these two programs have co-occurring issues (e.g. substance abuse problems and mental illness) and that treatment is more effective when addressed jointly.

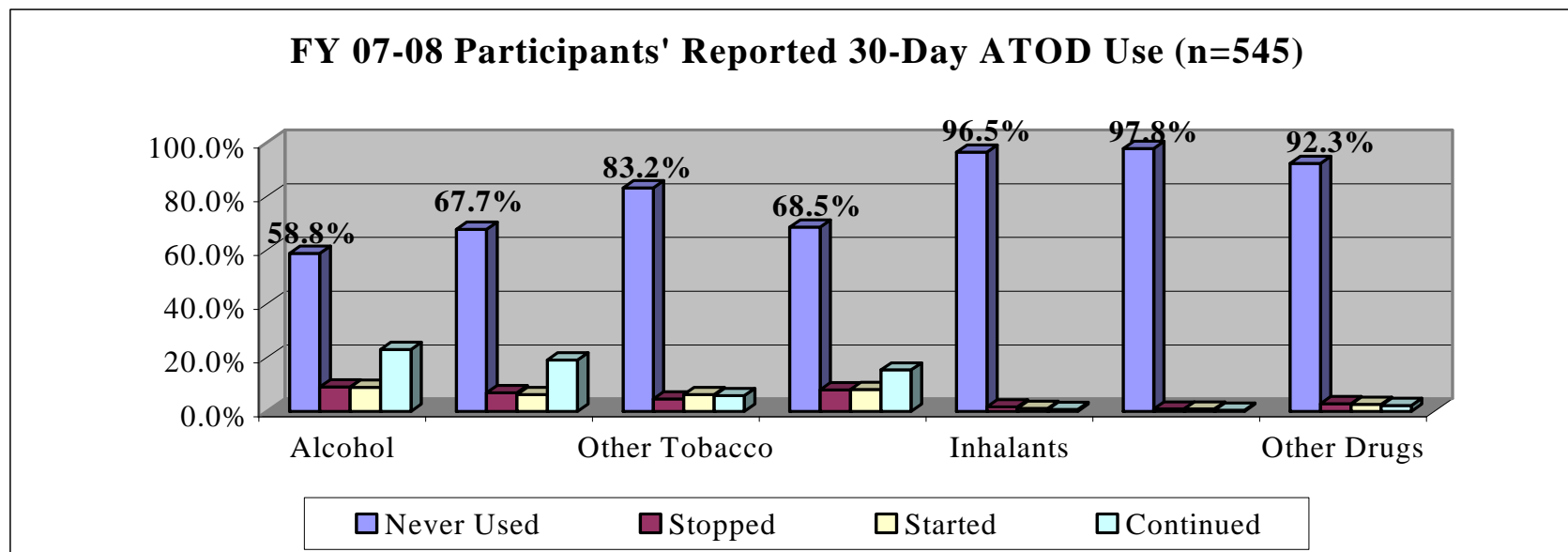
Alcohol and Drug Abuse Division



Successful discharges from treatment, or those individuals who accomplished a moderate to high achievement of their treatment goals, have increased consistently from fiscal year 2006. National studies indicate that clients who complete a moderate to high percentage of their treatment plans have a more successful treatment outcome: e.g., they are not as likely to relapse as clients completing less of their treatment plans. The increase from 61.2 % to 62.9% for these completions is a positive trend given those studies.



The percent of treatment clients who had a reduction in their primary drug use while in treatment has consistently increased from 75.2 % in FY 2005-06 to 78.3% in FY 2006-07, and then decreased slightly in FY 2007-08, to 76.7%. However, there was an overall 2.0% increase in the number of clients achieving reductions in the usage of their primary drug within this FY2006 to FY 2008 timeframe.



The Division collects data by contracted providers for high school age youth, grades nine through twelve regarding health and behavior issues, such as tobacco use, unhealthy dietary behaviors, alcohol and other drug use (ATOD) behaviors that contribute to unintentional injuries and violence, among other adverse effects. The prevention outcomes for FY 2007-08 demonstrate for most substances, Colorado is similar to the nation as a whole. Cigarette use is less prevalent while alcohol and marijuana use is more prevalent in Colorado. There were statistically significant decreases in 30-day use of alcohol (both any consumption and getting drunk), smokeless tobacco, and LSD/hallucinogens for surveyed youth ages 12 to 17 who had received prevention services. Statistically significant increases were noted in the disapproval of marijuana use showed a statistically significant increase over the course of services provided. There were statistically significant increases in participants' perception of risk related to smoking marijuana once or twice a week, smoking one or more packs of cigarettes per day, and having five or more drinks of alcohol once or twice a week.

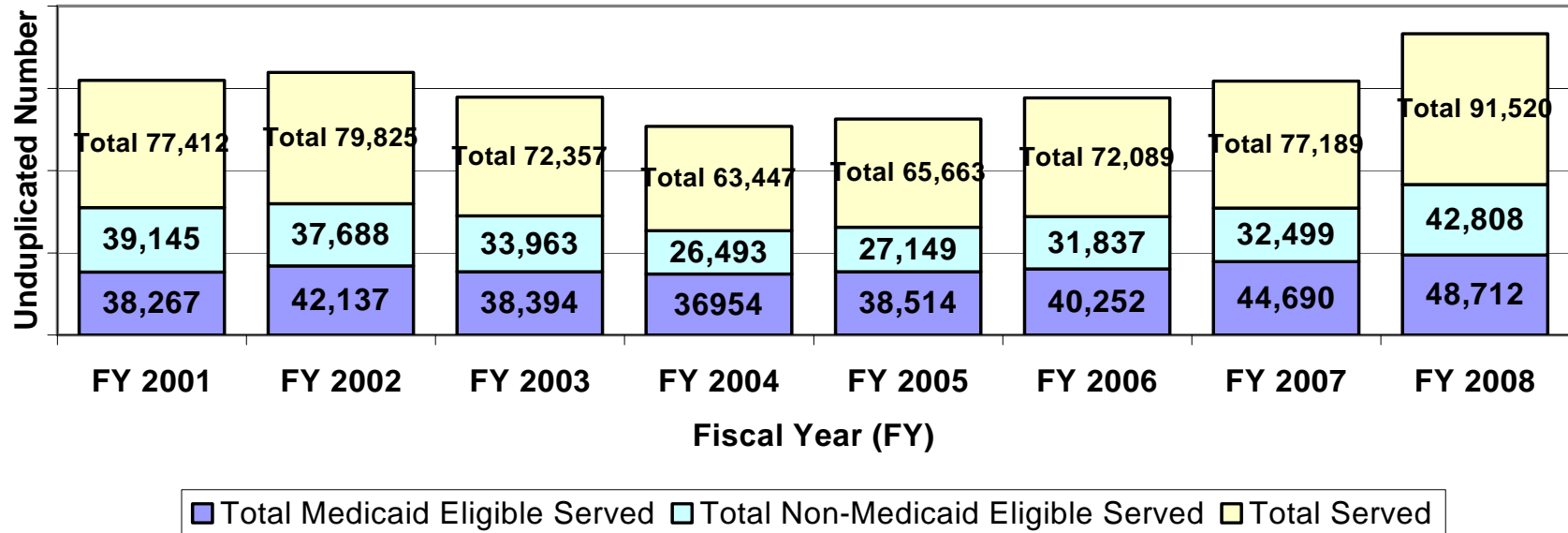
Division of Mental Health

Although the Division does not provide direct services and therefore does not have a 'caseload', it does track the number of Coloradans who receive mental health services in the state's public mental health system. The unduplicated number of persons served reflects the actual number of persons who were reported as having received any service within the fiscal year.

Comparatively, the population of persons with mental illness served in the public mental health system has fluctuated significantly over the past 6 years. In FY 2000-01 there were 77,412 persons served in the public mental health system. There was then a dramatic decline in FY 2003-04 with 63,447 persons were reported served, representing an 18% decrease. This downward trend then reversed. In FY 2006-07 with the population served reaching 77,189, representing a 17% increase. While trends fluctuated between FY 2000-01 and FY 2006-07, those not served in the public mental health system did not cease to have a serious mental illness nor need care; rather, they increasingly sought care in other systems, such as hospitals, community health clinics, and non-profit organizations; as well as, emergency rooms and criminal justice systems. The Division of Mental Health is addressing these trends by intensifying its collaborative and consultative efforts at both state and local levels. The intent of this collaboration is to identify ways to provide services to this population in a more efficient manner while increasing the quality of care provided across the public mental health system.

These trends have also exposed a gap in the mental health system between those persons with Medicaid and those who are non-Medicaid eligible. Largely due to budget reductions to general funds allocated to serve this population between fiscal years 2001-2005 and coinciding population growth the trend of serving fewer non-Medicaid eligible persons in the public mental health system has continued. As noted above, a portion of this population, who had previously accessed services through the community mental health centers, have sought care in other private systems or have entered other state-funded systems that provide similar care. Budget increases to general funds allocated to indigent persons with mental illness starting in FY 2006-07 have helped restored services to this large population, and the Division of Mental Health continues to work closely with the community mental health centers to meet the needs of this population.

Unduplicated Total of All Reported Served All Ages, FY 2001 to FY 2008



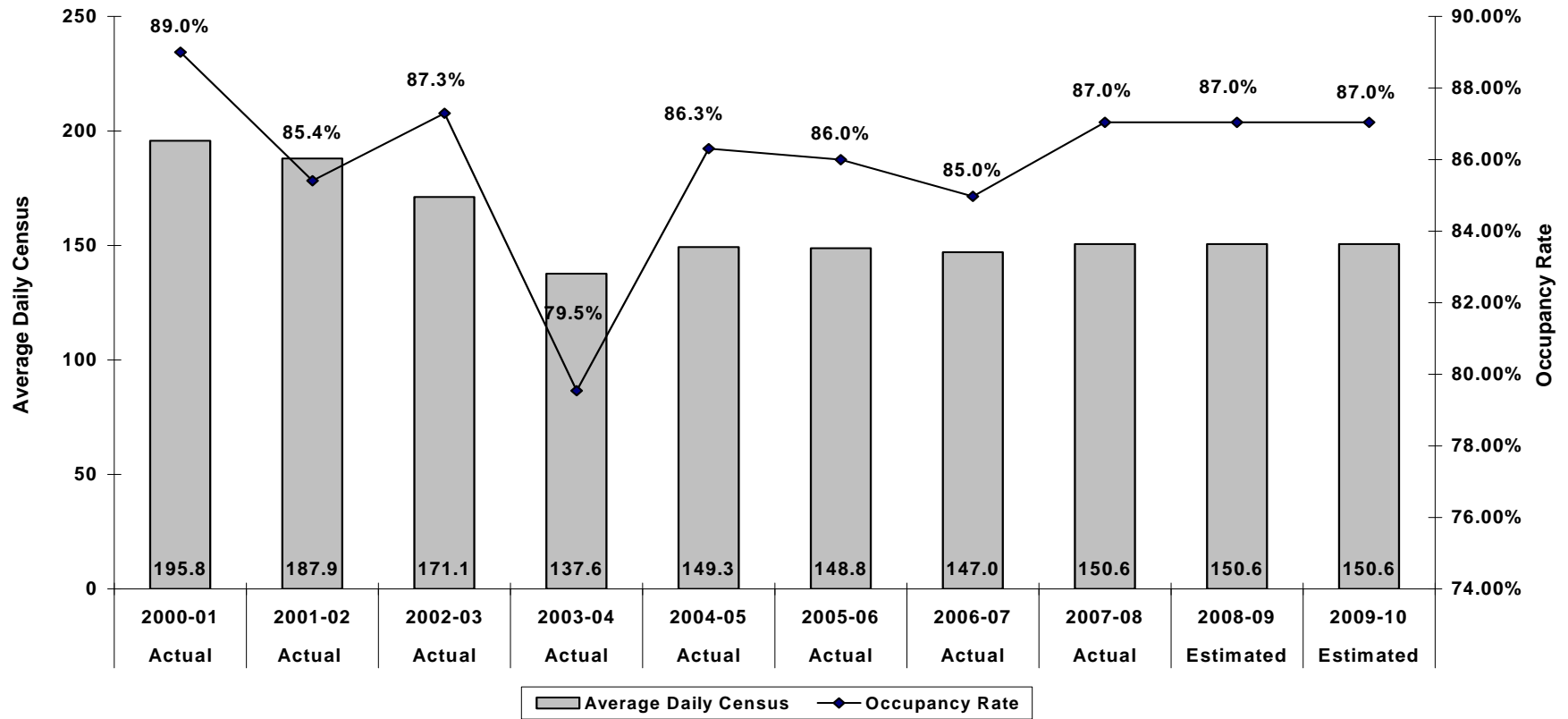
Mental Health Institutes Division

The Mental Health Institutes Division oversees and manages the two Colorado Mental Health Institutes. The Fort Logan Mental Health Institute, located in Denver, operates 153 inpatient psychiatric beds and 20 Therapeutic Residential Child Care Facility beds. The Colorado Mental Health Institute at Pueblo operates 298 inpatient beds for forensics patients at the Institute for Forensic Psychiatry (IFP); 140 inpatient beds for adult, adolescent, and elderly civil patients; and a 20-bed medical surgical unit. The IFP serves individuals referred by the courts for competency evaluations and restoration to competency to stand trial; and individuals found Not Guilty by Reason of Insanity (NGRI).

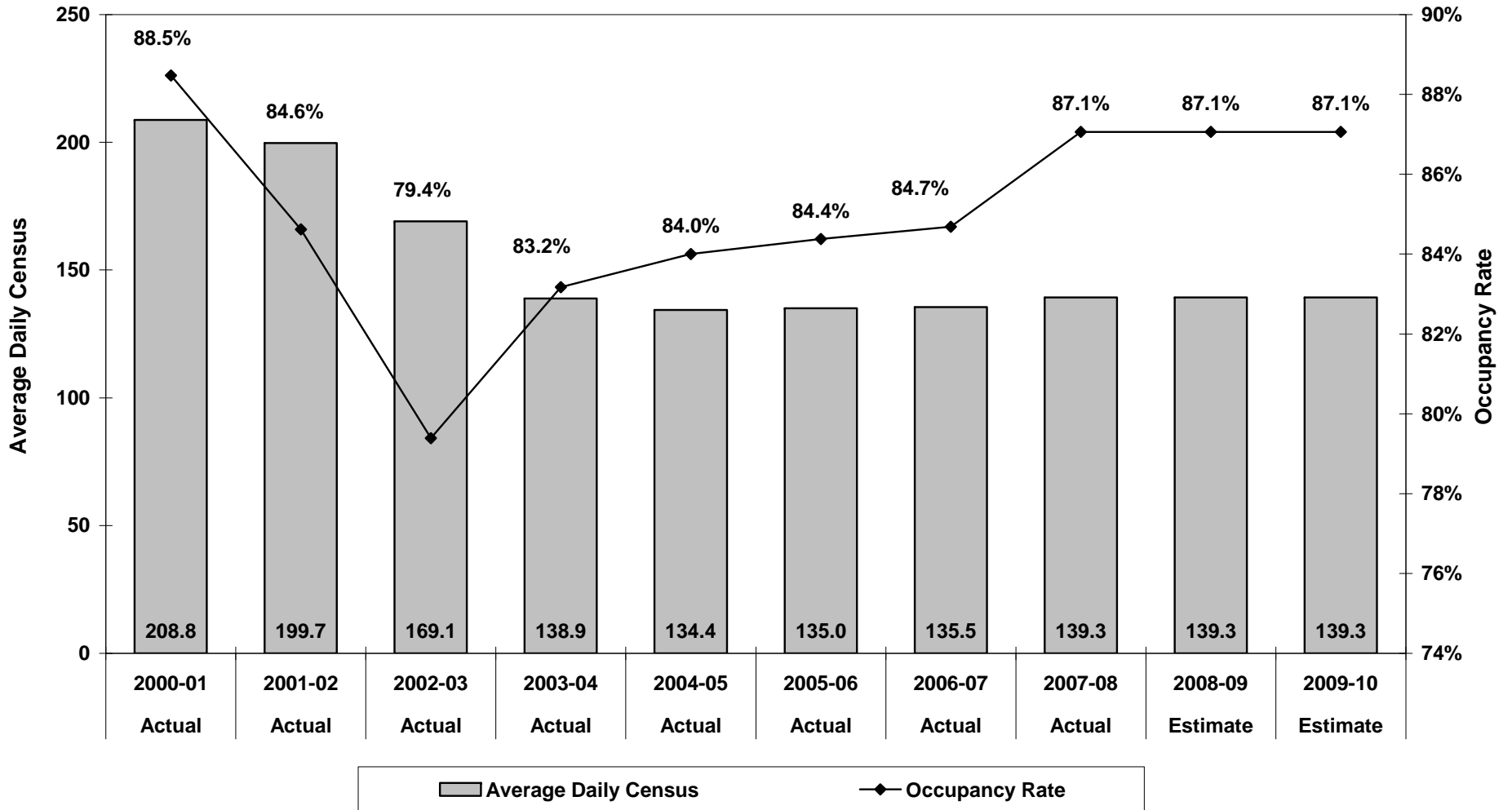
Institute civil unit census and occupancy rates. Following significant downsizing and civil bed closures implemented in FY 2002-03 and FY 2003-04, Institute civil census and occupancy rates have increased over the last five fiscal years. Increasing from a 79.5 percent occupancy rate in FY 2003-04, Fort Logan occupancy rates have ranged from 85 to 87 percent from FY 2004-05 to FY 2007-

08. Similarly, CMHIP civil occupancy rates have increased from 83.2 percent in FY 2003-04 to 87.1 percent in FY 2007-08. The following graphs detail the average daily attendance (ADA) and occupancy rates for the civil beds at each Institute.

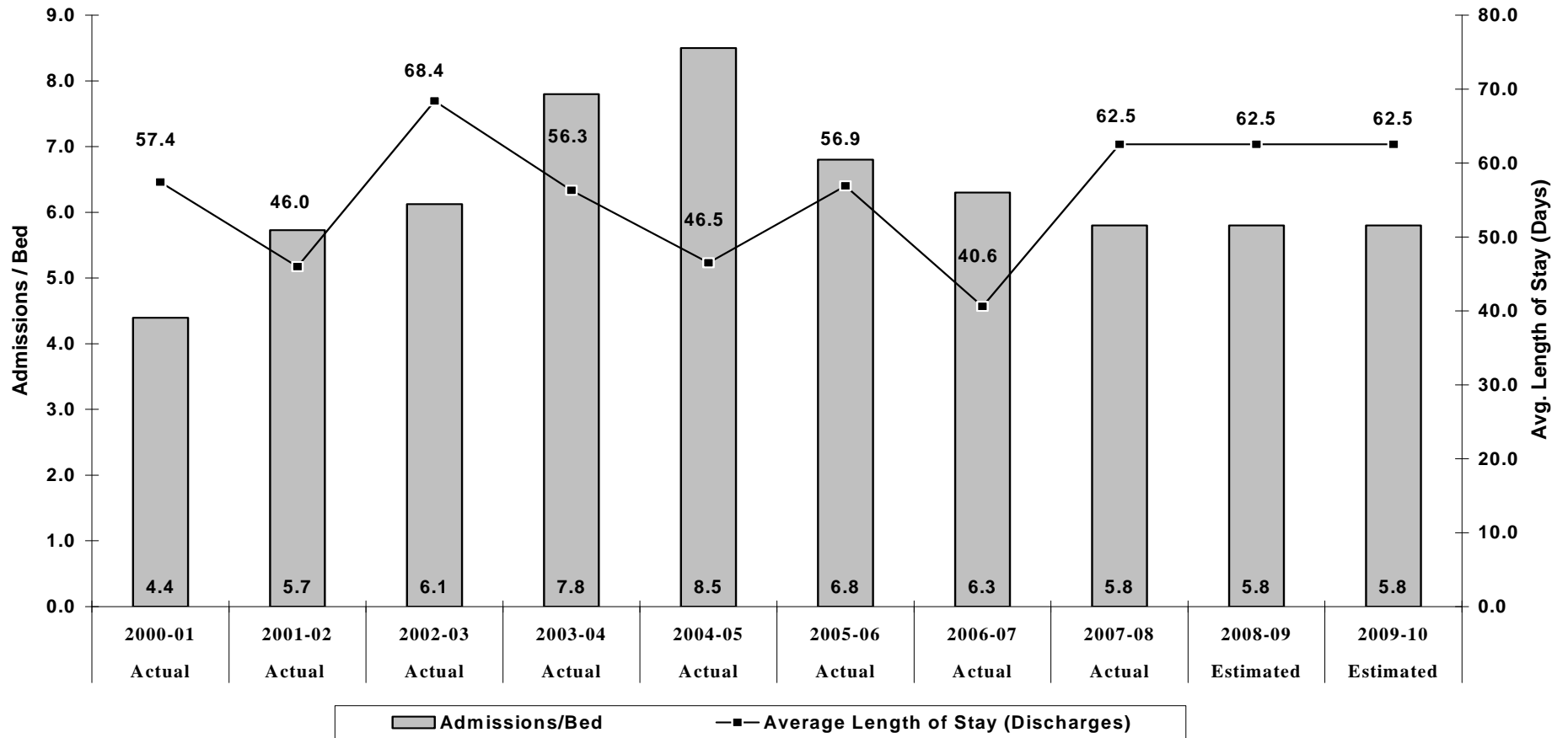
**Colorado Mental Health Institute at Ft. Logan
Average Daily Census and Occupancy Rate**



**Colorado Mental Health Institute at Pueblo
Average Daily Census and Occupancy Rate (Civil Beds)**

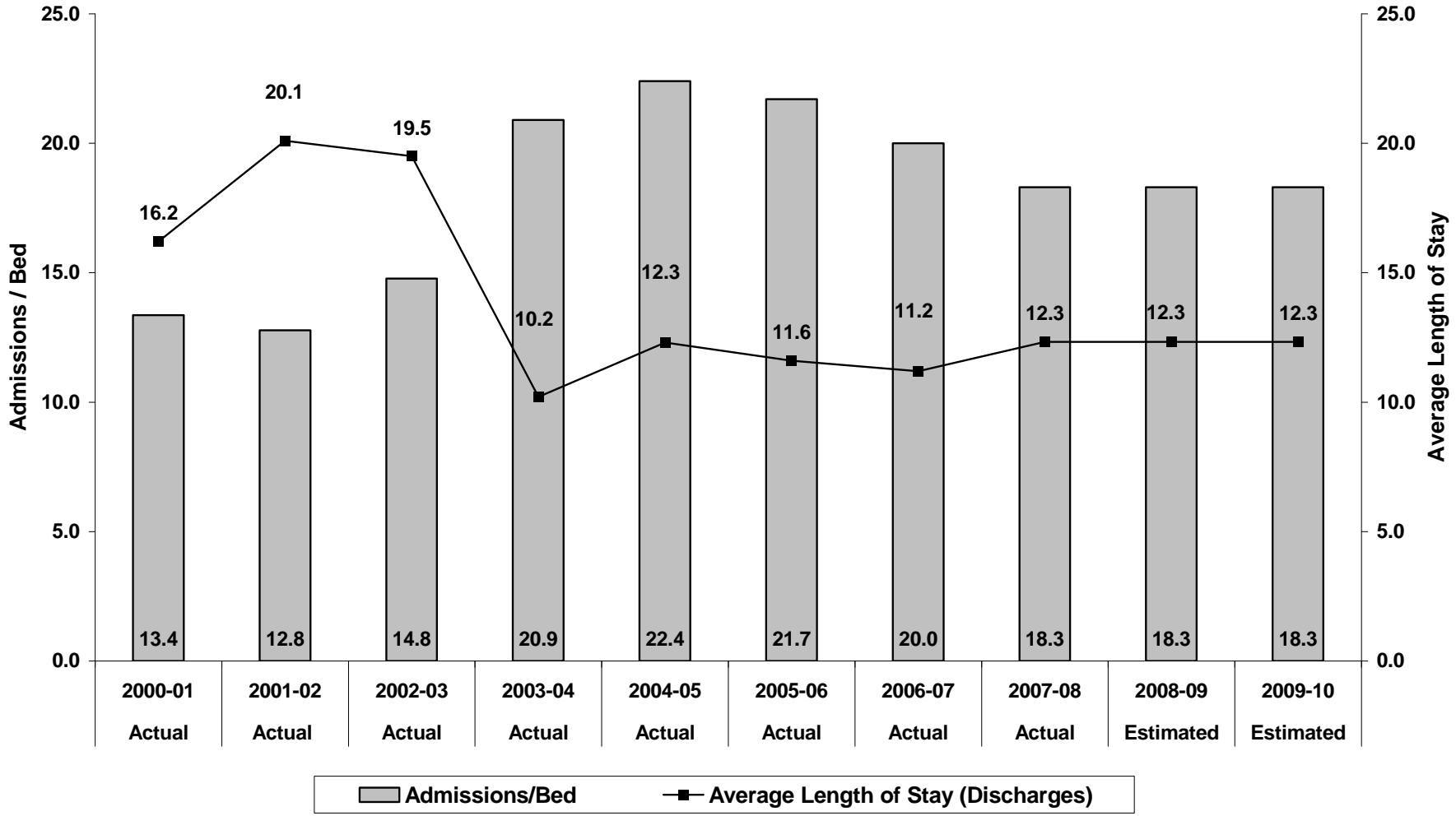


Ft. Logan Adult Services
Admissions Per Bed (94 total) and Average Length of Stay (Discharged Patients)

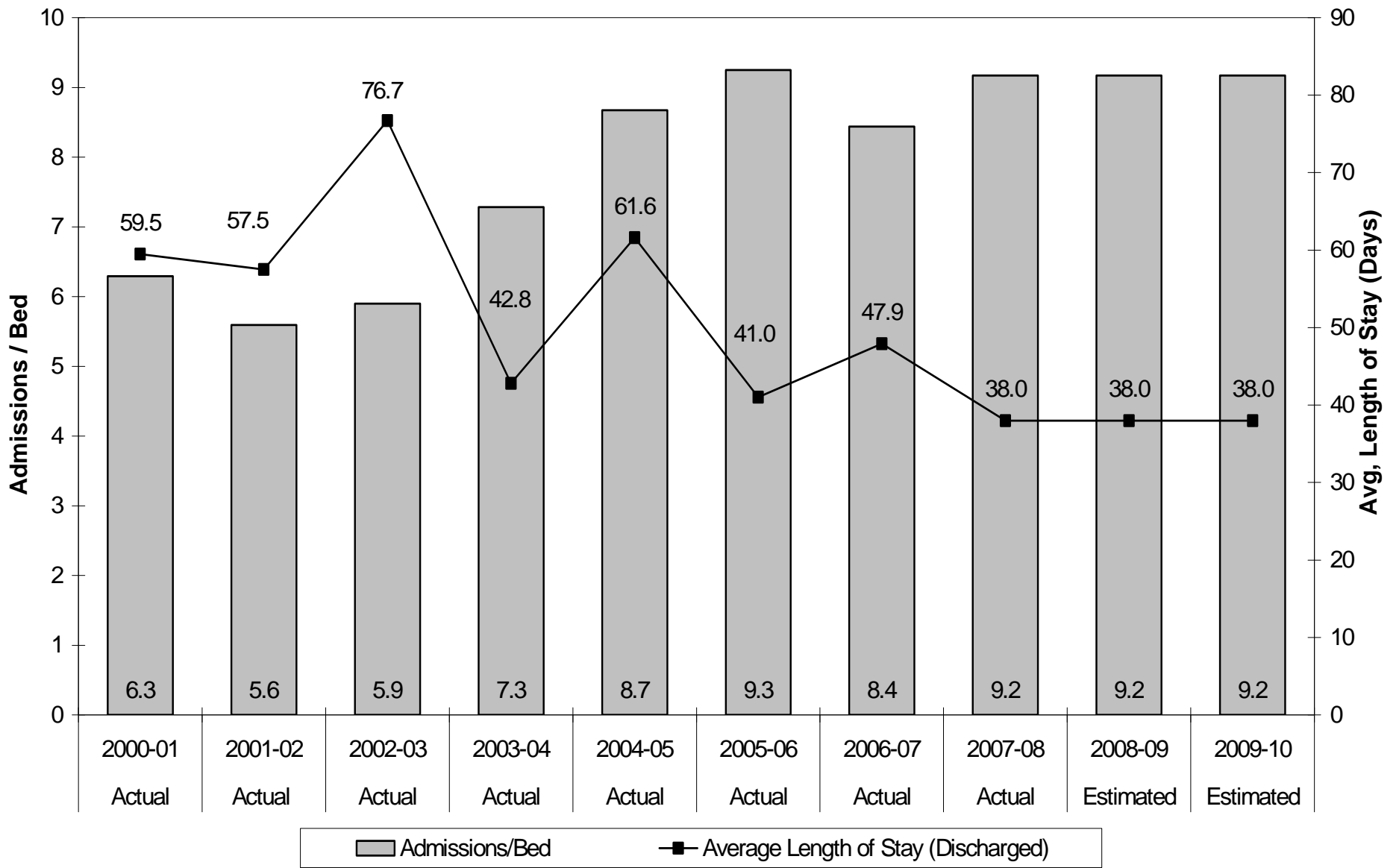


The following four graphs show the number of admissions per bed and the average lengths of stay at the Mental Health Institutes over the last nine years:

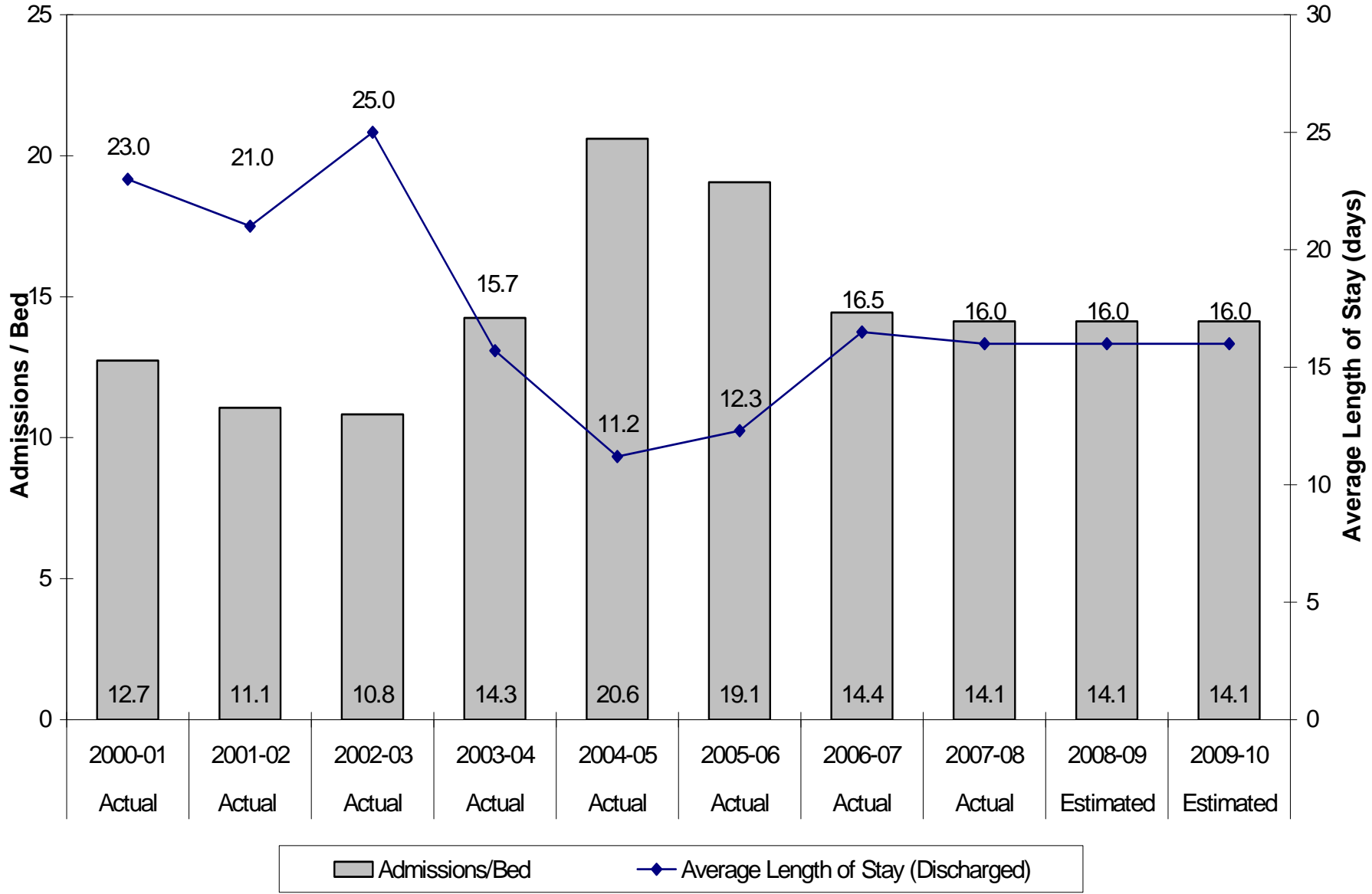
**Ft. Logan Adolescent Services
Admissions / Bed (18 total) and Average Length of Stay (Discharged Patients)**



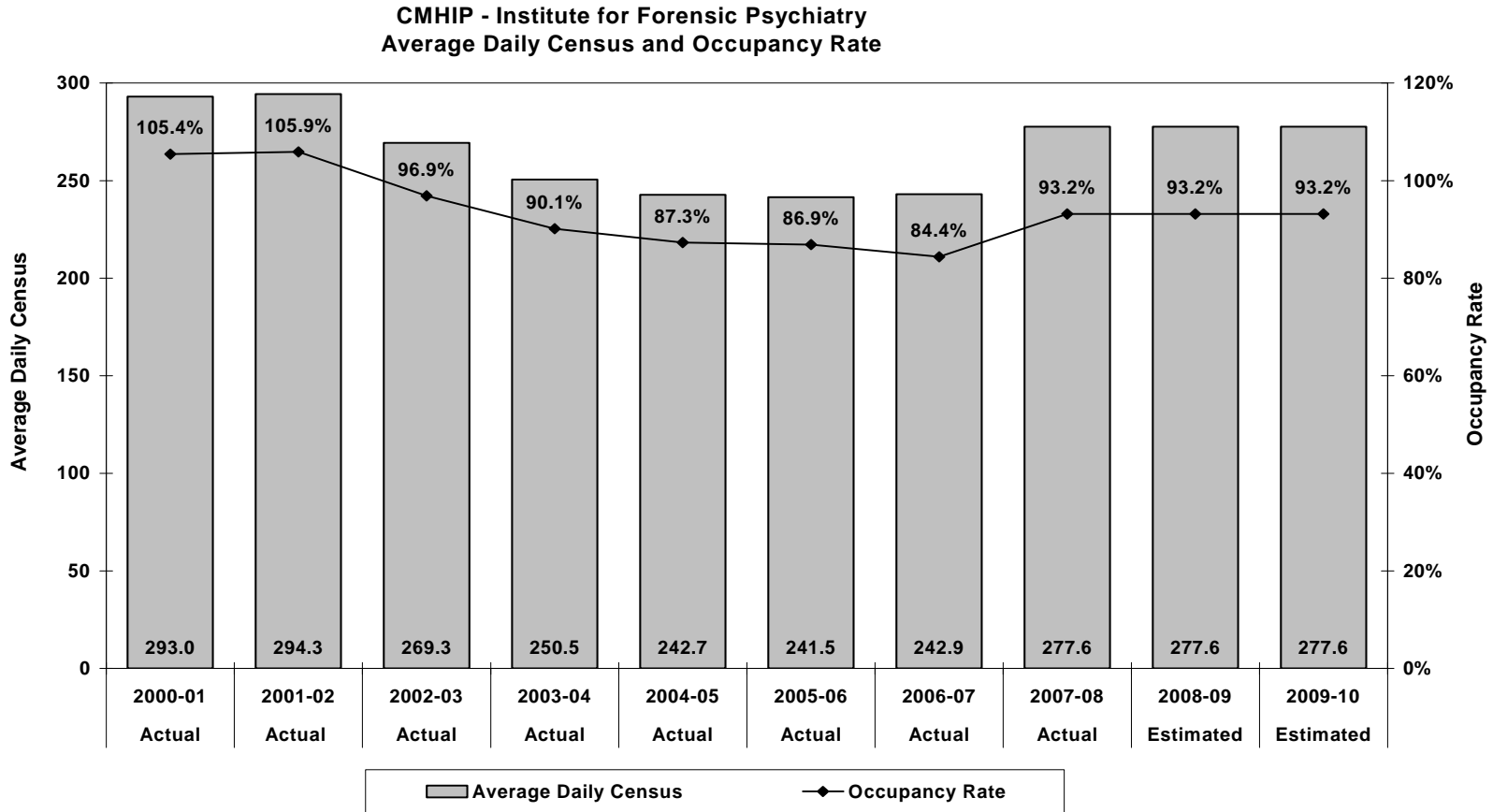
CMHIP Adult Services (units 67 & 69)
Admissions Per Bed & Average Length of Stay (Discharged Patients)



CMHIP Adolescent Services (LAU & OAU)
Admissions / Bed and Average Length of Stay (Discharged Patients)



CMHIP Institute for Forensic Psychiatry (IFP) census and occupancy rates. The following chart shows the actual and estimated average daily attendance and occupancy rates for the IFP from FY 2000-01 to FY 2009-10 (estimated). As the chart indicates, actual IFP occupancy rates have increased over the last several years; from 87.3 percent in FY 2004-05 to 93.2 percent in FY 2007-08. This increase is after the 20-bed expansion of IFP that occurred in January 2007 when the Department opened additional forensics beds to serve the increased demand for court ordered inpatient competency evaluations.



Note: IFP capacity increased from 278 beds to 298 beds in January 2007 as a result of and FY 2006-07 supplemental appropriation to address the competency evaluation and restoration waiting list.

Increases in IFP competency evaluations and restorations. Over the last several fiscal years, CMHIP has experienced a dramatic increase in number of forensics patients referred by the courts to CMHIP for inpatient competency evaluations and restorations. The number of inpatient competency evaluations increased by 185.4 percent (from 89 to 254) between FY 2003-04 to FY 2007-08. The number of inpatient competency restorations increased by 97.2 percent over the same period (from 111 restorations in FY 2003-04 to 215 in FY 2007-08). Based on actual data through August 2008, the number of inpatient evaluations conducted in FY 2008-09 is projected to grow to 274, while the number of inpatient restorations is projected to decline slightly to 204. The table below details CMHIP evaluations and restorations.

CMHIP IFP - Competency Evaluations and Restorations - Inpatient and Outpatient										
Fiscal Year	Exams				Restorations (ITPs)				% Increase from	
	In Pt	Out Pt	Total	% Increase	In Pt	Out Pt	Total	% Increase	Exams	ITPs
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-0.7%	27.6%
2003-04	89	416	505	18.5%	109	2	111	0.0%	17.7%	27.6%
2004-05	102	441	543	7.5%	135	1	136	22.5%	26.6%	56.3%
2005-06	191	629	820	51.0%	167	3	170	25.0%	91.1%	95.4%
2006-07	219	621	840	2.4%	223	24	247	45.3%	95.8%	183.9%
2007-08	254	660	914	8.8%	215	15	230	-6.9%	113.1%	164.4%
2008-09 projected	274	786	1060	16.0%	204	14	218	-5.4%	147.1%	150.1%

The number of referred inpatient exams and ITPs includes those awaiting admission.

CMHIP High Security Forensics Institute. In January 2007, the Department began construction of the 200-bed High Security Forensic Institute (HSFI) on the CMHIP campus. HSFI is scheduled to open in June 2009 and will replace existing Medium and Maximum Security forensic units. The new 200-bed High Security Forensic Institute (HSFI) combines the state's maximum and medium security forensic programs into a single facility. HSFI significantly improves the delivery of treatment to patients within the Institute in a secure setting that stresses safety and nurtures behavioral change in a normalizing environment. HSFI will also include a special needs unit to enhance treatment services for individuals with both a mental illness and a developmental disability. The unit will provide best practice services focused on ultimately transitioning these patients to the community or the least restrictive treatment environment. The unit will include higher nursing staff levels, as well as the addition of clinicians who are specialists in dealing with persons with developmental disabilities.

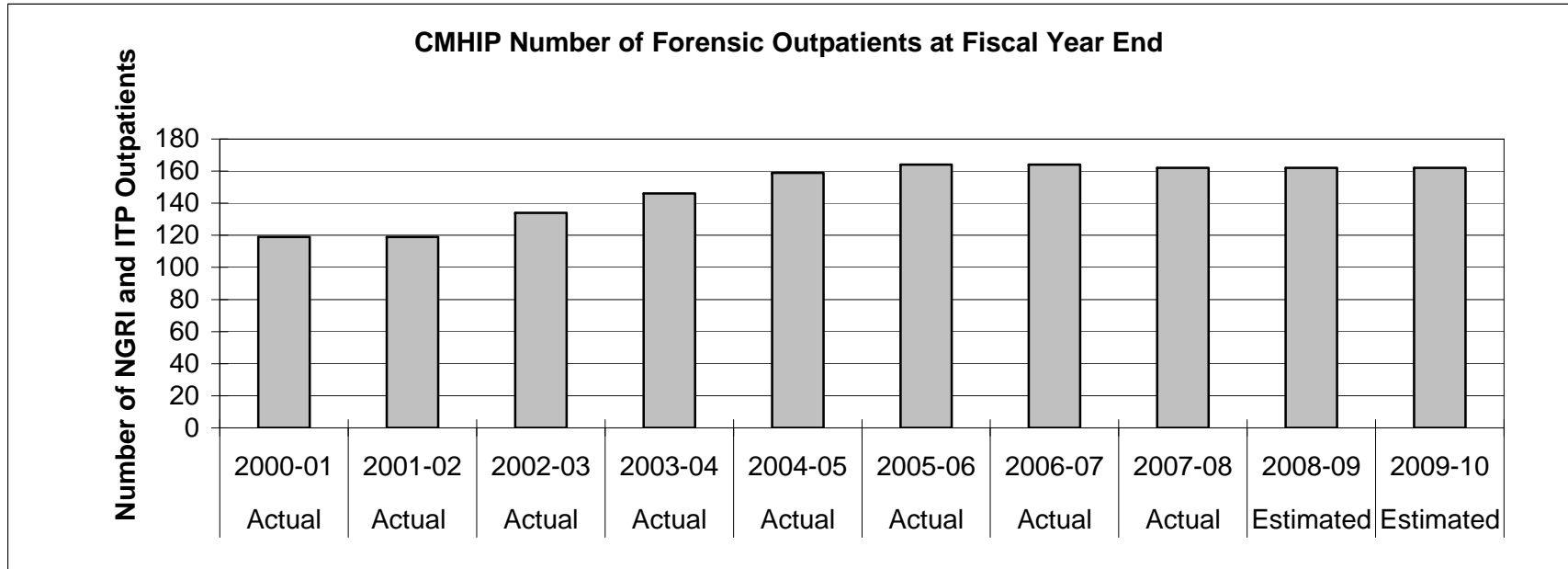
Forensic Community Based Services (FCBS) program. The 2002 Neiberger lawsuit settlement agreement resulted in significant patient treatment of persons determined by the courts to be Not Guilty by Reason of Insanity (NGRI) and ultimately many of these patients have been successfully released into the community. This process was facilitated by the enhanced inpatient treatment efforts and resources, as well as enhanced outpatient treatment and follow-up resources. The Forensic Community Based Services (FCBS) program was the tangible result of these efforts. FCBS staff provides co-monitoring and co-treatment for NGRI outpatients once they are conditionally released by the courts and are primarily supervised by the Community Mental Health Centers (CMHCs). Like the Mental Health Centers, the FCBS team provides case management services including those listed above for conditional release, as well as coordinating medical care, formulating and reviewing treatment plans, performing risk assessments, and attending court hearings. FCBS also reviews the quarterly status reports on CMHC-supervised conditionally released NGRI patients to ensure that appropriate treatments are provided and risks addressed, and to return any NGRI outpatients to a secure inpatient setting should they fail the criteria of conditional release or pose a threat to themselves or others.

During FY 2007-08, the General Assembly approved a Department request to enhance FCBS staffing and services and improve the monitoring of NGRI patients in the community. Specifically, the funding adds the following:

- 1.0 FTE case manager to perform periodic reviews of client records, court orders, treatment plans etc.;
- 1.5 FTE psychologist to provide technical assistance in the development and monitoring of treatment plans, medications etc;
- 1.0 FTE hospital security officer to accompany staff charged with retrieving individuals who are deteriorating and need to return to CMHIP for stabilization; and,
- 1.0 FTE for the Division of Behavioral Health to participate in critical incident reviews and enhanced monitoring of community mental health centers providing care to these patients.

In addition, the General Assembly provided \$100,000 to the CMHCs available on a “first come first served” request basis to fund services for FCBS conditional release clients that are not funded by any other sources.

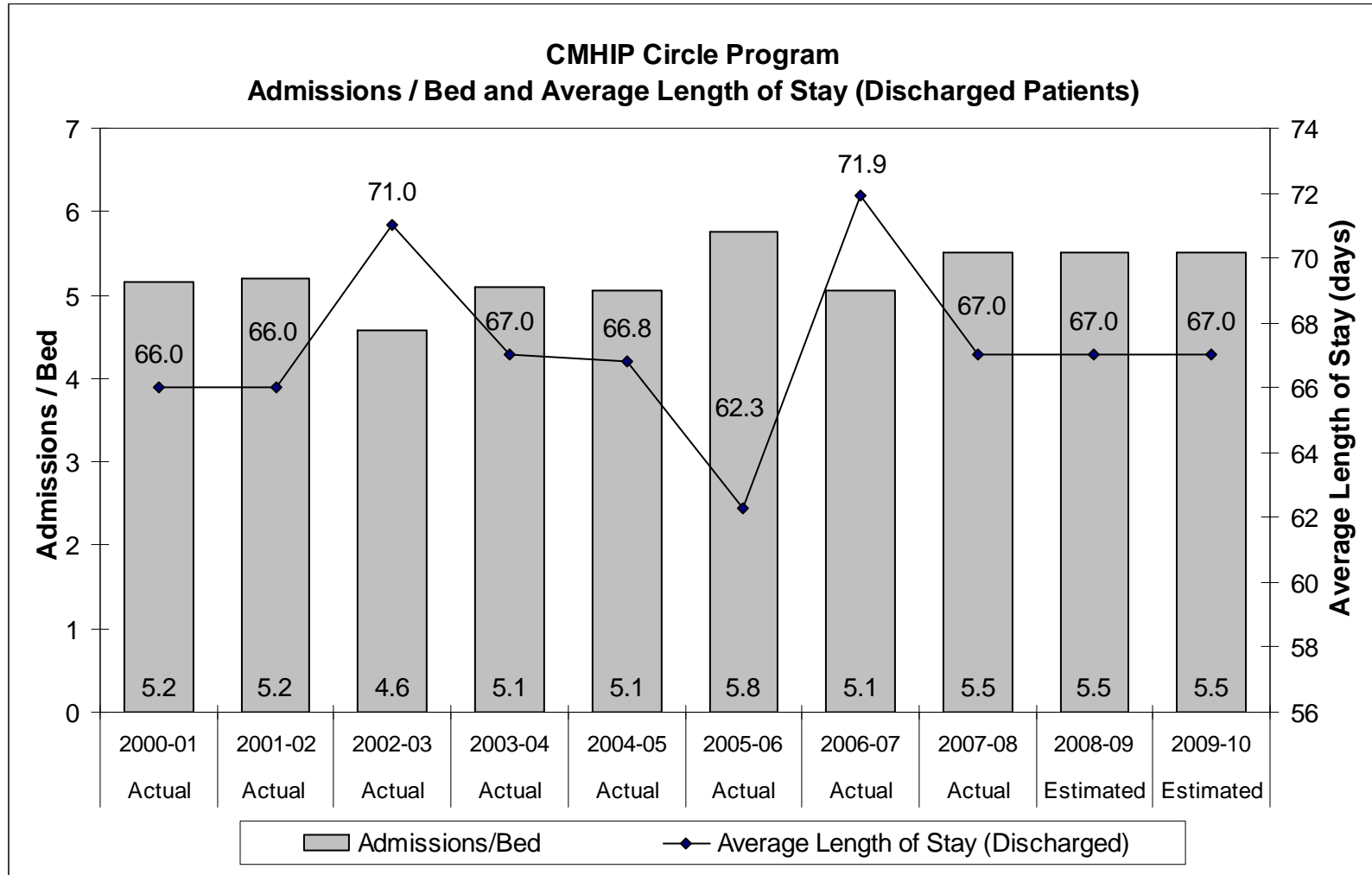
The following chart shows the number of forensic NGRI and ITP treated as outpatient clients over the last nine years:



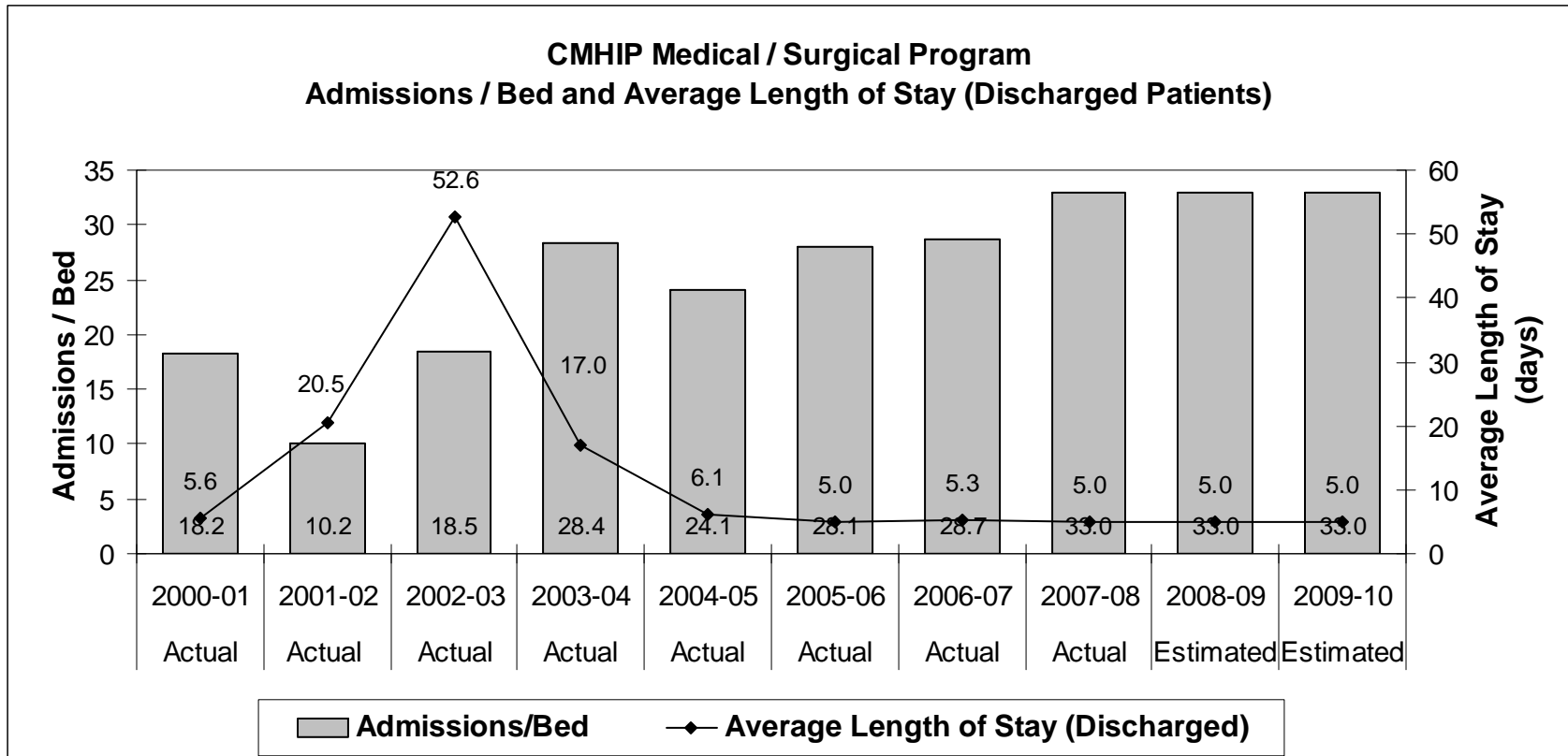
The High Intensity Forensic Community Placement Program (HIFCPP) is a program designed to facilitate community reintegration for severely affected patients adjudicated NGRI; it is part of FCBS. The relatively small caseloads, coupled with frequent patient-staff interaction and structure allowed this group of patients to be safely returned to the community, and in the vast majority of cases, to stay there. The following table shows the number of patients receiving support to reside in the community through the High Intensity Forensic Community Placement Program that was implemented in FY 2003-04:

Number of patients receiving support to reside in the community through the High Intensity Forensic Community Placement Program (HIFCPP)	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Actual	Actual	Actual	Estimated	Estimated
	N/A	30	30	30	32	31	30	30

The CMHIP Circle Program. The Circle Program at CMHIP is a 20-bed unit within the adult civil division. It provides state of the art residential dual diagnosis treatment for severely affected individuals. Dual diagnosis in the Circle program refers to patients suffering from severe psychiatric illness (e.g. schizophrenia, manic depressive illness) and co-morbid substance use disorders. This unit routinely is full and has a significant waiting list. The graph below displays occupancy trends over recent years.



The CMHIP General Hospital (Medical-Surgical Services Unit). The 20-bed CMHIP Medical-Surgical Unit (MSS) serves patients from the Institutes, Department of Corrections inmates, and is also open to county jail inmates from counties throughout Colorado. This general medical surgical unit provides non-emergent medical care (such as treatment for diabetes, pneumonia, etc.) and surgical services including endoscopy, general abdominal surgery and orthopedic procedures (e.g. knee and hip replacements).



The unit is staffed by Institute staff and by contract UCHSC physicians. The inpatient occupancy has varied dramatically over time and this relates directly to changes in contract arrangements between non-CMHIP entities and the hospital to provide medical surgical services to various populations. One of the key attributes of this unit, in addition to high quality care, is the secure nature of the unit.

This feature obviates the need for the Department of Corrections and county jails to allocate staff to oversee patients treated on the unit, as often occurs in community hospitals. The graph above displays MSS occupancy trends over recent years.

Supportive Housing and Homeless Programs

Within available resources, Supportive Housing and Homeless Programs (SHHP) will serve over 3,700 low-income families and individuals with disabilities and other special needs in FY 2008-09. This is an increase of 210 families and individuals served in FY 2007-08. While the need for subsidized housing continues to increase, funding from the U.S. Department of Housing and Urban Development (HUD) has remained flat. However, in May 2008, HUD awarded SHHP 210 additional housing vouchers that will be used to provide housing to homeless veterans.

Supportive Housing and Homeless Programs (SHHP) maintains a closed waiting list for the subsidized housing that it provides primarily to persons with disabilities and the homeless. The waiting list is only opened for new applications when the current number of persons on the waiting list falls below the number of persons who can be served in a two-year period. There are currently 1,185 family and individual households remaining on the waiting list, after accepting 1,329 new applications on one day in September 2007.

SHHP receives no state funds, further limiting SHHP's ability to provide rental assistance to persons with disabilities and persons who are homeless. Additionally, without state funding, opportunities to leverage federal funding with state match dollars are lost.

Additionally, SHHP is at risk to lose its funding for its homeless assistance programs. Historically, all of SHHP's staff salaries and benefits have been 100% federally funded by HUD Section 8 administrative funds. A HUD regulatory change in 2004 disallows the use of Section 8 administrative funds for homeless program activities. SHHP is currently using HUD reserves that accumulated prior to 2004, coupled with grant funding, to fund to administer the Shelter Plus Care Program, Office of Homeless Youth Services, and Homeless Management Information System, and to participate in initiatives such as the Governor's Colorado Community Interagency Council on Homelessness. Assuming the same level of funding needs, the reserves will be depleted by July 2010. If SHHP's homelessness activities are to continue, SHHP will require other sources of support for its homeless assistance programs.

Office of Self Sufficiency:

The programs under the Office of Self Sufficiency are as follows: Colorado Works; Disability Determination Services; Food and Energy Assistance Programs; Child Support Enforcement Program; and Colorado Refugee Services Program.

Colorado Works:

This program began July 1, 1997. The Aid to Families with Dependent Children (AFDC) caseload prior to implementation of Colorado Works reached a high point in FY 1993 of 42,449 cases. From this high point, the AFDC caseload dropped to an average monthly caseload of 31,894 - a decrease of 25% in caseload just prior to implementation of Colorado Works. With the implementation of Colorado Works, the rate of decline increased.

During the first full year of implementation, the average monthly caseload for basic cash assistance dropped from 31,894 to 22,735—a 29% decrease in one year. The caseload dropped every month from June 1998 (19,826) to October 2000 (10,471). After October 2000, however, the caseload steadily increased, reaching 14,930 during SFY 2006. During SFY 2008, the monthly caseload has averaged 9,763, representing a 21% decline from SFY 2007. We are currently examining the causes behind the caseload reduction.

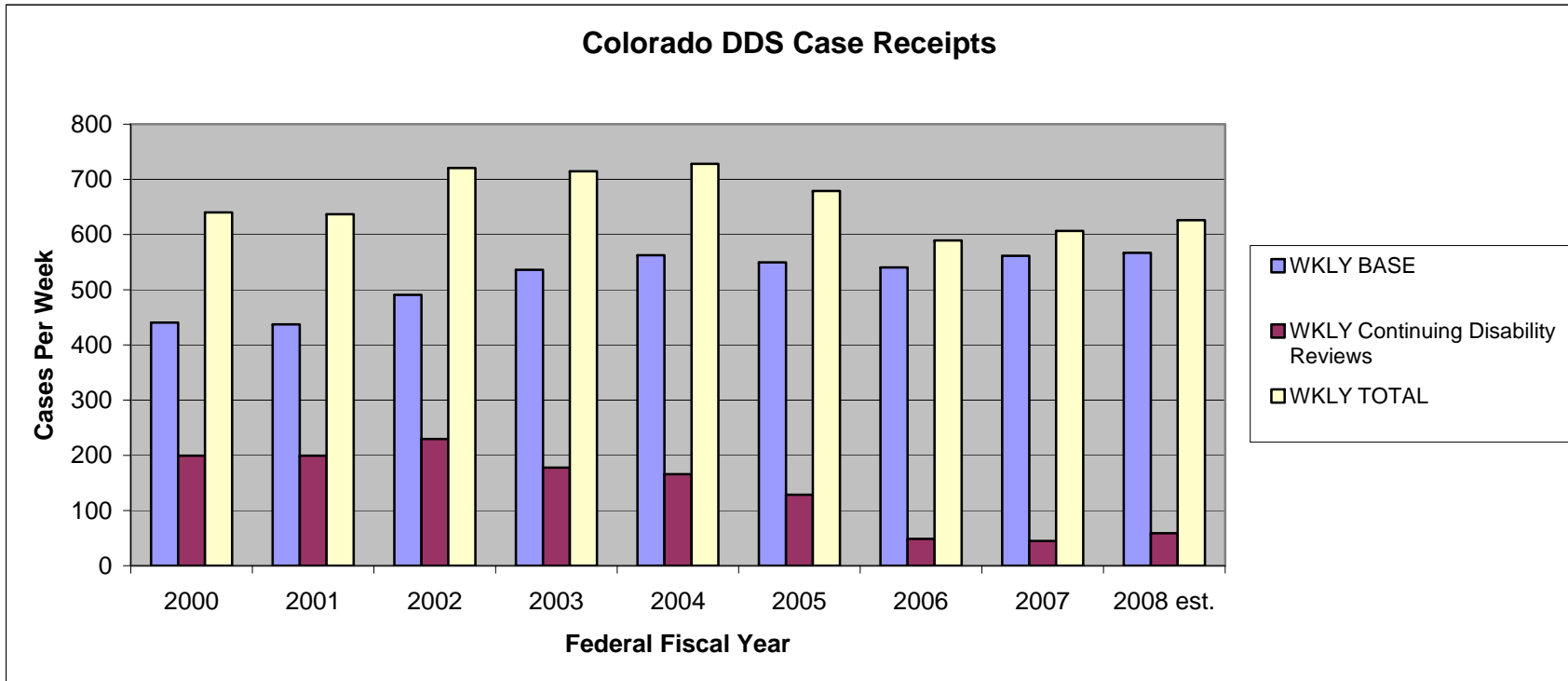
The dynamics of the Colorado Works caseload has shifted over the years with a more apparent presentation of individuals who experience employment related barriers that cause long-term dependency on public assistance. These barriers include mental health, substance abuse, homelessness, domestic violence and a significant number of individuals with disabilities. The Colorado Works program hopes to get a better understanding of the caseload dynamics and evolution through the Colorado Works program evaluation that resulted from implementation of HB04-1030 in 2004.

Disability Determination Services:

The Social Security Administration (SSA) and the Disability Determination Services (DDS) agencies continue to work cooperatively on redesign of the disability process. The Colorado DDS is one of 10 state agencies participating in prototype redesign that started in October 1999. The concept eliminated the reconsideration level of appeal while trying to improve the initial level of claim adjudication.

SSA announced its new approach to the disability processes in Spring 2006. Colorado adopted the Disability Service Improvement procedures in the summer of 2007. The expectation from SSA is a more timely process for claimants seeking disability benefits, with awards occurring sooner in the process.

The Division anticipates growth of initial claims of 1-2% for 2008 and following years. Further, it is anticipated that the SSA will release substantially more Continuing Disability Reviews to the states, increasing workload by over 30% in that area. Staffing up to meet this increase in volume with experienced DDS adjudicators will be a challenge during 2009.



Food and Energy Assistance Programs:

Low-income Energy Assistance Program (LEAP): The LEAP has more than doubled its caseload over the past several years, serving over 49,000 households in 1999-2000 and 107,000 households during the winter of 2005-2006. There are several reasons for this increase. First, natural gas and other heating fuel costs have risen significantly in recent years. Secondly, the LEAP embarked on an aggressive outreach campaign in 2000-2001, continuing every year thereafter. The LEAP, in collaboration with three major utility companies, ran ads on television, radio, bus benches and billboards during the coldest winter months. In 2006-2007, the LEAP caseload decreased to 93,359 households, and during the winter of 2007-2008 the program served 92,018 households. It appears there is a significant segment of the eligible population that is not applying for LEAP benefits. The program is examining the reasons for the decrease and whether any of it is due to the enactment of HB 06-1023, which added new requirements to the application process.

In addition to heating assistance, the program provides year-round furnace repair and replacement through its Crisis Intervention program and cost effective upgrades through the Weatherization program. The Weatherization program is contracted to the Governor's Energy Office.

Food Distribution Programs:

While FY 2007-2008 funding increased by 26% across the board for the commodity food programs, the actual delivery of commodities to families has slightly decreased due to:

- increasing food and delivery costs
- competition from private sector organizations
- farmers becoming strategic about their production and the marketplace
- option market demands and competitiveness among commodity food buyers and suppliers leading to uncertain product delivery schedules

Previously the amount of commodity food available each year was determined by the availability of surplus commodities on the open market. The value of commodities from one year to the next was driven by surplus foods, which fluctuate due to weather and market conditions. However, considering the factors listed above, food availability and costs are unstable, which makes managing the commodity food program more challenging. While the USDA is working to procure more funding and commodities for the various programs in the new Farm Bill, the ability of the Food Distribution Program to acquire and deliver enough commodities for Colorado's increasing need is still uncertain.

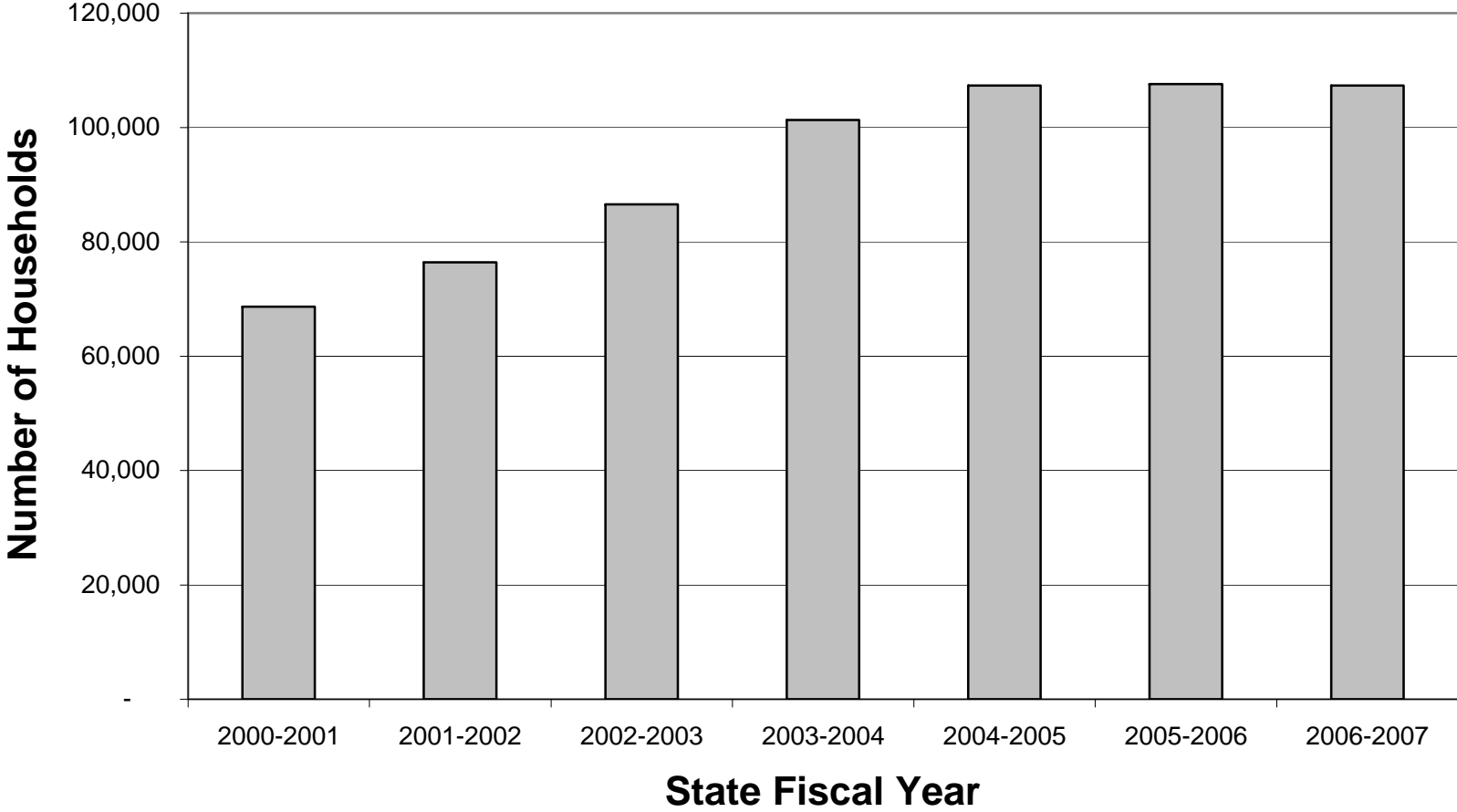
With the revision of the Farm Bill, there will no longer be a preferential treatment protocol from one program to the next. CSFP and WIC will now be able to be administered equally, enabling Colorado to better serve our elderly population.

State Fiscal Year	Commodities Delivered
FY 04-05	\$18,311,493
FY 05-06	\$17,102,491
FY 06-07	\$15,487,210
FY 07-08	\$20,827,317

Food Stamp Program:

The food stamp program averaged 107,355 caseloads per month for SFY 2006-07. This represents a 36% increase from SFY 2000-01. Program participation appears to have leveled off within the past three years, averaging 107,416 cases per month over the three-year span. During the first 10 months of SFY 2007-08, the average food stamp caseload was 107,069 cases per month, although the program has experienced a 2.5% increase in the number of monthly cases since December 2007. The continued increase in caseload impacts the program in the areas of monitoring, training, provision of technical assistance and quality assurance. An increase in caseload results in the need to strengthen program coordination, policy development, and training in order to meet federal timely and accuracy processing requirements and to ensure program access to those in need. Food Stamp staff will also need to ensure that mandatory onsite program reviews, which are imperative to effective supervision in a state supervised/county administered model of service delivery, are completed timely.

Average Monthly Food Stamp Caseload

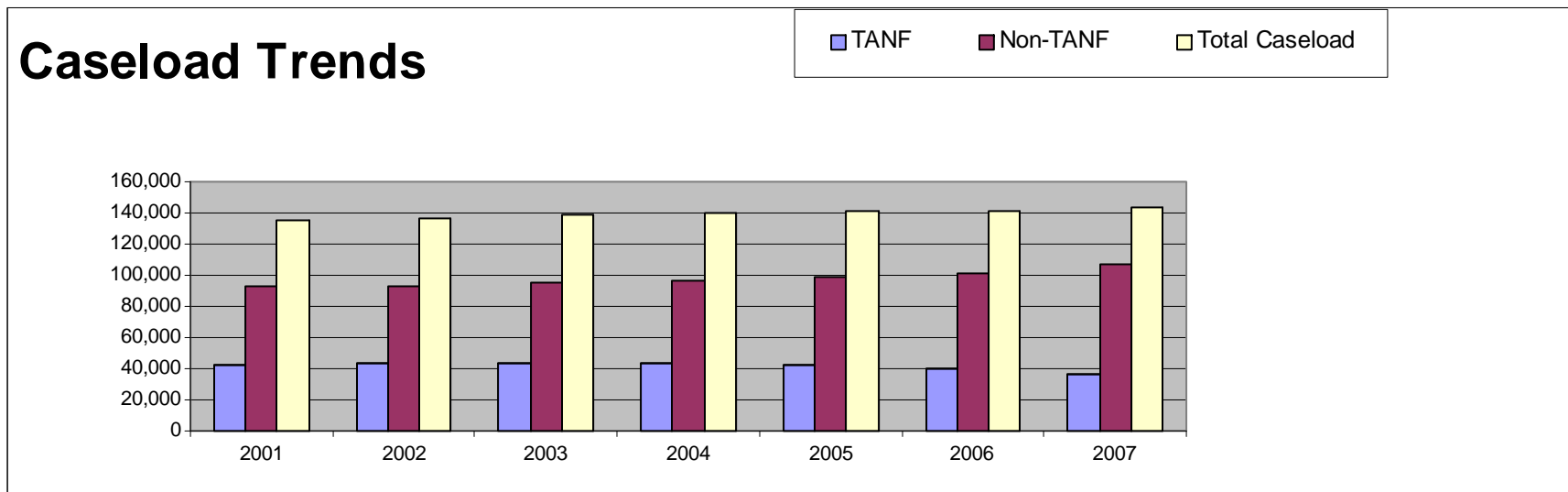


Child Support Enforcement Program:

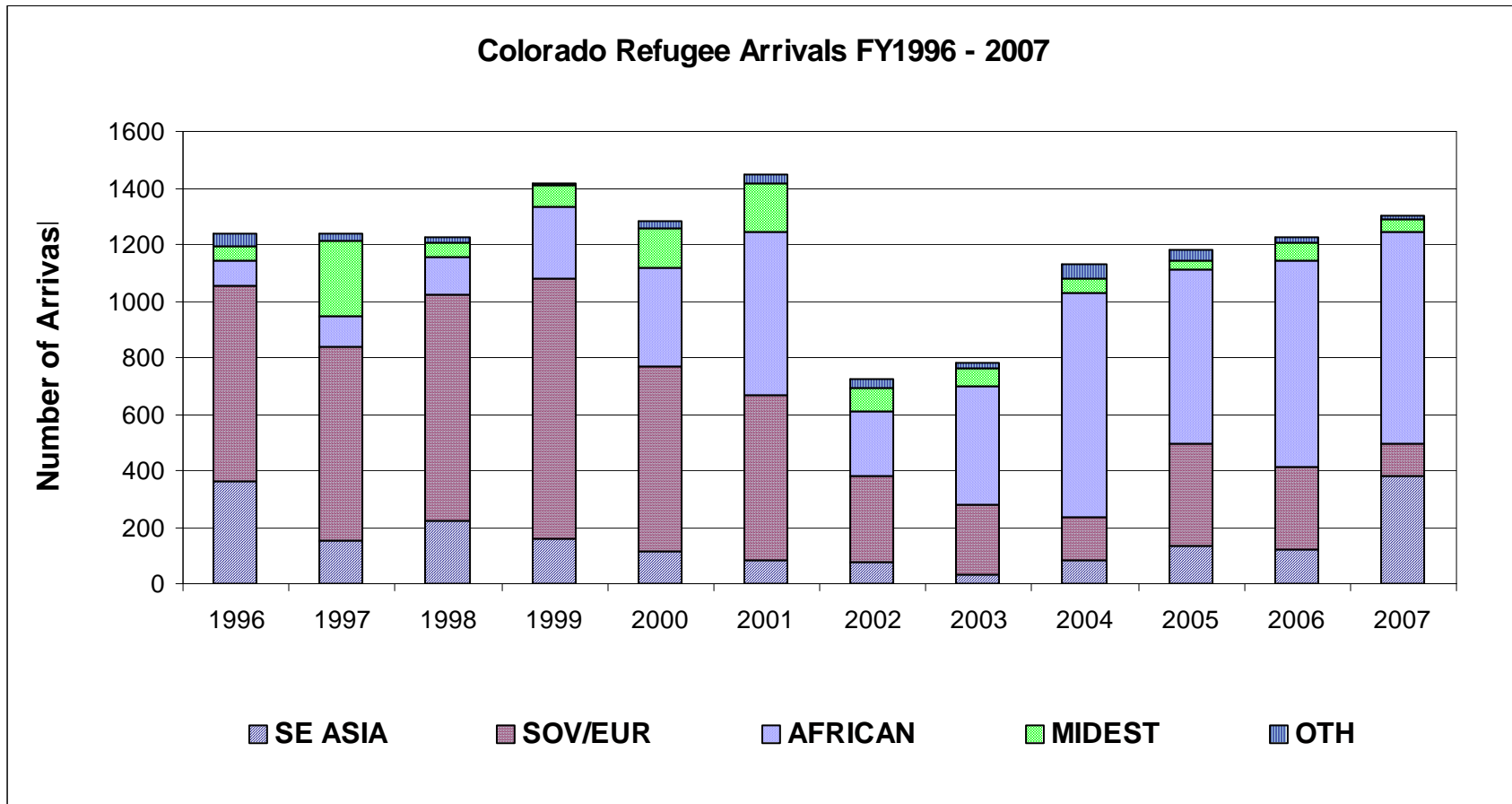
The total caseload in this program has been relatively stable at around 140,000 since 2001. The composition of the caseload has changed due to the focus on family self-sufficiency that was legislated in PRWORA (The Personal Responsibility and Work Opportunity Reconciliation Act) of 1996.

Since PRWORA, the TANF caseload has continuously declined while the non-TANF caseload has increased. The declining TANF caseload combined with an increased national emphasis to distribute arrears collections to former TANF recipients before reimbursing TANF arrears have resulted in more support being paid to families and a steady decrease in collections that reimburse the county, state and federal governments for their TANF expenditures.

In recent years, the program has stepped up its work with non-custodial parents, particularly fathers, to assist them in becoming more reliable payors of support. This has entailed ensuring that child support orders reflect current income, providing access to training and employment services, providing referrals to mediation services to address visitation issues, and being more proactive in communicating directly with non-custodial parents at appropriate points during the life of the case. These efforts have resulted in increases in total collections and the number of families receiving support. Colorado reached \$300 million in child support collections during 2007, up from \$200 million in 1999.



Colorado Refugee Services Program (CRSP):



There are approximately 1400 arrivals proposed for Colorado in FFY 2008. For FFY 2007, we had 1304 total arrivals. (By “arrival” we include all refugees, asylees, and secondary migrants who become eligible for services during the fiscal year.) The breakdown is as follows:

FFY 2007	
Africa	748
Europe and Central Asia	113
East Asia	381
Near East and South Asia	49
Latin America and Caribbean	13

Three significant trends will continue with respect to arriving populations:

First, there will continue to be a decline in the number of arrivals from the Former Soviet Union and Europe. Second, there will be a significant increase in the numbers of Burmese arrivals. The estimates are that over 25% of all resettlement in FFY 2008 will be Burmese. These are Burmese who have been in refugee camps on the Thai border for 10-15 years. Third, there will be a significant increase in the numbers of Iraqi arrivals. How many arrivals, and the allocation to various immigration categories through which they will enter the United States, remains a broadly discussed national issue. These are Iraqis who have recently fled Iraq, mostly to Syria and Jordan, because of the continuing insecurity and violence in Iraq.

Because of the changes in the arriving populations, refugee service providers are making staff changes to ensure that services continue to be provided in a linguistically and culturally appropriate manner.

FFY 2008 is the third year of a five-year Wilson-Fish cooperative agreement with the Office of Refugee Resettlement (ORR), a program under the Administration for Children and Families within the Department of Health and Human Services. The current model allows for comprehensive services, including cash assistance, from faith-based and community partners as specified in the grant. This allows the program to provide a continuum of services for up to five years after the initial date of entry by linguistically and culturally appropriate providers. CRSP anticipates increases in funding under several of its programs from ORR: Wilson-Fish, Refugee Social Services, and Cash and Medical Assistance. In addition, CRSP continues to receive federal TANF funds to provide linguistically and culturally specialized employment services for refugees.

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