

Colorado Department of Human Services

FY 2009-10  
Strategic Plan

November 1, 2008

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Bill Ritter, Jr.  
Governor

Karen L. Beye  
Executive Director

**Executive Letter  
FY 2009-10 Strategic Plan**

Enclosed is the FY 2009-10 Strategic Plan and Budget Request for the Colorado Department of Human Services.

As the Executive Director appointed by Governor Ritter in 2007, I have made a personal and organizational commitment to promote the safety, health, well-being and independence for all Coloradoans through leadership, innovation, accountability and transparency to human services programs throughout Colorado. The work of the Department over the past year has focused on programmatic advancement through improvement of individual and family outcomes, cross-system integration, and community partnerships.

Below are some highlights from the Department I would like to bring to your attention that focus on fulfilling Governor Ritter's promise of a better Colorado.

- ❑ At my direction the Department is undergoing reorganization. The focus of the reorganization is to put in place a leadership team that will be able to provide a cross system approach to the Human Services system in Colorado. The reorganization reduces the number of upper level managers. Six Deputy Executive Director positions have been created. Four of these positions, which provide leadership to specific programs, are created as Senior Executive Service (SES) positions. The two remaining positions will continue to be management-classified positions. I have also created a separate Director of Budget Services position. The result is a new Executive Management Team comprised of the six Deputy Executive Directors, the Director of Budget Services and the Director of Policy and Legislative Initiatives.
- ❑ The Department is working with Governor Ritter on a number of initiatives to address recidivism in adult and youth corrections. The Department is approaching this issue with proposals and programs to increase the mental health services to individuals in the child welfare system and to deliver specific services to youth who are statistically prone to be placed in the youth corrections system. The Department believes with these preventative measures the number of youth placed in the youth correction system and ultimately the adult correction system will be positively impacted.
- ❑ In Executive Order B 006 08, Governor Ritter created the Child Welfare Action Committee. The Department is working in partnership with the community through this committee to provide Governor Ritter recommendations on how to improve the Child

*Our Mission Is To Design And Deliver Quality Human Services That Improve The Safety And Independence Of The People Of Colorado.*

## Section 1. Executive Director's Letter

Welfare System in Colorado for the protection of children from abuse or neglect. In the 2008 legislative session House Bill 08-1404 was passed and signed by Governor Ritter. This bill provides support and funding to carry out the implementation of the Executive Order. The 2008 bill and the Executive Order empower the Department to engage in an intensive and extensive review of the entire child protection system, including looking at different models of organizational structure than Colorado's state supervised-county administered child welfare system. An interim report and recommendations for consideration in the 2009 legislative session is expected at the end of October 2008.

- The Department worked proactively to assure passage of Senate Bill 08-177 during the 2008 Legislative session. This bill makes significant reforms to the Colorado Works Program (or the TANF – Temporary Assistance for Needy Families program.) For the first time in more than two decades, the bill provides for an increase in the “basic cash assistance” to eligible families. In July 2008, the State Board of Human Services increased the basic cash grant by 30%. This increase is effective January 1, 2009. An example of this impact is that a family with one adult and two children will see their basic cash assistance payment increase from \$356 per month to \$462 per month. 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.
- In June 2009, construction will be completed on the State's new state-of-the-art, 200-bed, 200,000 square-foot, High Security Forensic Institute (HSFI) on the campus of the Colorado Mental Health Institute at Pueblo. The HSFI provides an opportunity for the Colorado public mental health system to employ the most current and effective treatment modalities for forensics patients. Governor Ritter's Colorado Promise recognizes that medication and treatment of the state's mentally ill are essential to these individuals' abilities to live independently and reduce their usage of more costly public systems, such as returning to a mental health institute, prison, or emergency room. This cutting edge facility allows the Department to provide services in a secure setting that maximizes safety for the public, staff and patients while minimizing many of the risks of the old facility, such as patient escapes, patient assaults on staff, and patient suicides.

The highlights listed above represent just a few of the new and innovative approaches to Human Services in Colorado the Department is undertaking. At the Department of Human Services we strive to achieve this goal of a better Colorado for all citizens and look forward to the year to come.

Karen L. Beye  
Executive Director

## **Section 2. Introduction, Statutory Authority, and Organizational Chart**

### **COLORADO DEPARTMENT OF HUMAN SERVICES**

#### **FY 2009-10 STRATEGIC PLAN INTRODUCTION**

The Colorado Department of Human Services administers directly or oversees the provision of a broad array of services to meet the needs of families and individuals of all ages through more than 5,500 employees and thousands of community-based service providers. The Department oversees the State's 64 county departments of social/human services, the State's public mental health and substance abuse treatment system, Colorado's system of community services for people with developmental disabilities, and community based services to older Coloradoans. The Department directly operates the State's juvenile corrections system, all state and veterans' nursing homes, state institutions for persons with mental illness or developmental disabilities, and vocational rehabilitation services to persons with disabilities.

The Veterans and Disability Services programs provide direct services to the States' vulnerable adult populations. Within this area, the Developmental Disabilities, Regional Centers, and State & Veterans Nursing Homes programs provide in-home; as well as, institutional care, counseling, and other services designed to help these populations to live, as much as possible, independent and full lives.

The Self-Sufficiency and Independence Programs are responsible for administering programs designed to increase the financial independence of Colorado's vulnerable populations. These include the:

- Colorado Works program provides Temporary Assistance for Needy Families (TANF), including financial aid, employment services, and support services for families,
- Child Support Enforcement services which establish paternity and enforce orders for child and medical support,
- Food Stamps and other food distribution programs
- Low Income Energy Assistance Program (LEAP) to provide financial assistance with heating and cooling bills,
- Job search assistance,
- Eligibility determination for federal assistance through the Social Security Disability and Supplemental Security Income programs, and
- Refugee services.

The Office also oversees the services provided by the Division of Adult and Aging. The Division of Aging and Adult Services provides oversight for and coordination of programs that allow the elderly and adults with disabilities to live independently.

The Department of Human Services provides funding and direct services for children throughout the State in the areas of child welfare and protective services, child care regulation and financial assistance to families, and youth corrections. Services provided include:

- Institutional care and custody for youth sentenced to serve time with the State for crimes committed,
- Training for counties in foster and adoptive parent recruitment and retention,
- Distribution of funds to counties for the provision of welfare services to children in both home situations and out-of-home placements,
- Early childhood development funding, and
- Child care licensing, funding and administration.

The Mental Health and Drug and Alcohol and Drug Abuse Services Division provides services for people who are mentally ill through community mental health services and through the Mental Health Institutes, funds alcohol and drug abuse treatment and prevention services and provides federal rental assistance through the Supportive Housing and Homeless Program.

## Colorado Department of Human Services Program Statutory Authority

The statutory authority for the Colorado Department of Human Services programs is found in the following Colorado Revised Statutes and the United States Code of Federal Regulations.

### Veterans & Disability Services:

Division of Developmental Disabilities and Regional Centers	Title 27, Article 10.5, Colorado Revised Statutes (2008) and Title 25.5, Article 6, Part 4, Colorado Revised Statutes (2008).
State and Veterans Nursing Homes	Title 26, Section 12, Colorado Revised Statutes (2008).
Colorado Commission on Aging and the Division of Aging and Adult Services	Older Coloradans Act - Title 26, Article 11, Parts 1 and 2, Colorado Revised Statutes (2008).
Home Care Allowance and Adult Foster Care	Title 26, Article 2, Section 122.3, Colorado Revised Statutes (2008).
Division of Vocational Rehabilitation	Title 26, Article 8, Colorado Revised Statutes (2008) and Title 34, Part 361, Code of Federal Regulations.
Independent Living Services	Title 26, Article 8.1 Colorado Revised Statutes (2008) and Title 34, Part 363, Code of Federal Regulations
Business Enterprise Program	Title 26, Article 8.5 Colorado Revised Statutes (2008) and Title 34, Part 395, Code of Federal Regulations
Ombudsman Program	Title 26, Article 11.5, Colorado Revised Statutes (2008).
Adult Protective Services	Title 26, Article 3.1, Parts 1 and 2, Colorado Revised Statutes (2008).
Colorado Traumatic Brain Injury Board	Title 26, Article 1, Section 302, Colorado Revised Statutes (2008).
Old Age Pension Program	Article XXIV of the Colorado State Constitution
Old Age Pension and Aid to the Needy Disabled Programs	Title 26, Article 2, Colorado Revised Statutes (2008).
Part C of the Individuals with Disabilities Education Act (IDEA)	Title 34, Section 303.300, Code of Federal Regulations.

**Self Sufficiency & Independence:**

Refugee Assistance Program	Title 8, Chapter 12, Subchapter IV, §1522, United States Code
Disability Determination Services	Title 42, Chapter 7, Subchapter II, §421, United States Code.
Colorado Child Support Enforcement Program	Title 26, Article 13, Colorado Revised Statutes (2008).
Colorado Works Program	Title 26, Article 2, Colorado Revised Statutes (2008).
Colorado Low Income Energy Assistance Program	Title 26, Article 2, Colorado Revised Statutes (2008).
Colorado Food Distribution Program	Title 26, Article 1, Colorado Revised Statutes (2008).
Colorado Food Stamp Program	Title 26, Article 2, Colorado Revised Statutes (2008).

**Children, Youth and Families:**

Child Welfare Services	Title 26, Article 5, Colorado Revised Statutes (2008) and Title 19, Children's Code, Colorado Revised Statutes (2008).
Child Care	Title 26, Article 6, Colorado Revised Statutes
Division of Youth Corrections	Titles 19-21 Article 2, The Colorado Juvenile Justice System, Colorado Revised Statutes (2008) and under Title 19, Children's Code, Colorado Revised Statutes (2008).

**Behavioral Health and Housing:**

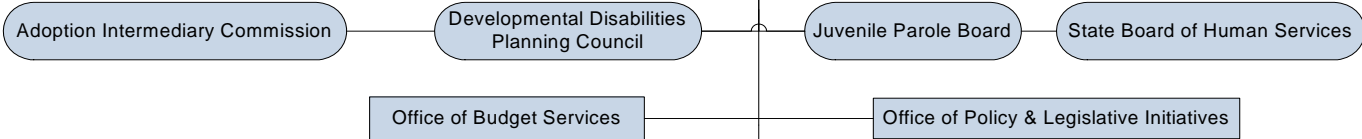
Mental Health Services	Title 27, Article 10, Section 101, Colorado Revised Statutes (2008):
Mental Health Institutes	Title 27, Article 13, Section 101 (1) and Title 27, Article 15, Section 102(1); Colorado Revised Statutes (2008):
Alcohol and Drug Abuse	Title 25, Article 1, Section 202, Colorado Revised Statutes (2008):
Homeless Youth Services Act	Title 26, Article 5.9, Section 102, Colorado Revised Statutes (2008):



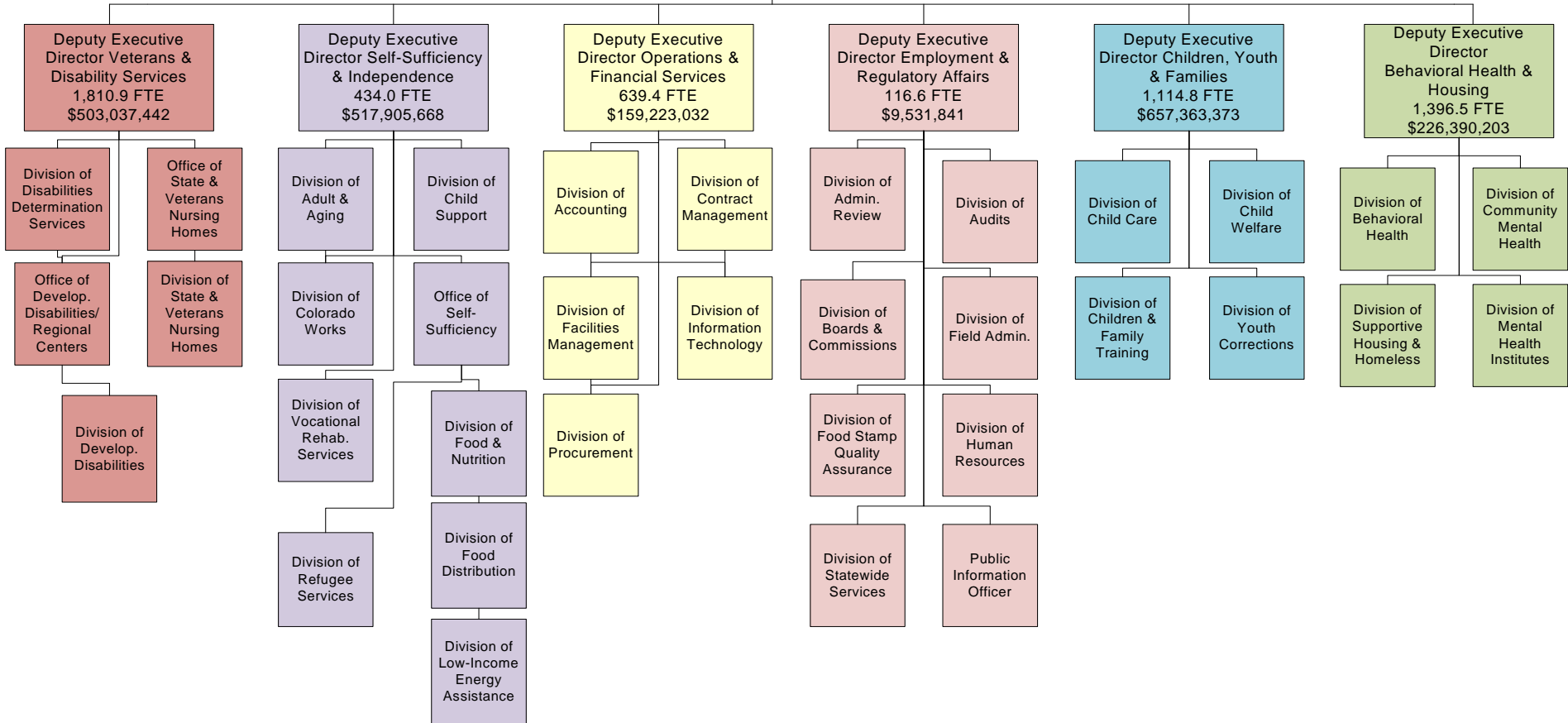


Colorado Department of Human Services  
5,534.6 FTE  
FY2008-09 Budget \$2,134,929,534

**Karen L. Beye**  
Executive Director



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



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### Section 3. Mission Statement

## Colorado Department of Human Services Mission Statement

The Colorado Department of Human Services currently uses a “Statement of Strategic Intent” to guide program development. This statement includes the following elements: 1) the vision; 2) the mission; 3) the guiding principles; and 4) the outcomes. The vision is a future state of affairs the department hopes to achieve. The mission is the method by which the vision will be achieved. By necessity, the department mission is broadly stated. The guiding principles are a set of statements designed to communicate how the employees in the department are expected to perform, and how they are expected to interact with each other internally and with customers and stakeholders externally. The outcomes describe the end results the department expects to achieve as goals and objectives are met.

#### Vision:

The Colorado Department of Human Services promotes the safety, health, wellbeing and independence for all Coloradoans through leadership, innovation, and accountability to human services programs throughout Colorado. The Department is committed to fulfilling Governor’s Ritter’s promise of a better Colorado through the improvement of individual and family outcomes, cross-system integration, and community partnerships.

#### Mission:

Our mission is to design and deliver quality human services that improve the safety and independence of the people of Colorado.

#### Guiding Principles:

To realize our vision, mission, and organizational goals, we are committed to the principles of:

- Demonstrating leadership that encourages internal teamwork, external partnerships, open communication, and mutual trust.
- Identifying the critical needs of our customers, devoting our resources to meeting those needs, and being accountable for the outcomes of our services.
- Focusing on results, quality, and continuous improvement, and on using state-of-the-art technology to be more efficient and effective.

- Delivering comprehensive services through the establishment and use of effective partnerships among public and private entities.
- Exhibiting high levels of integrity and fairness, and expressing respect for individuals and our cultural diversity. Offering opportunities for challenging, rewarding, results-oriented work in an environment that respects, values, and recognizes the contributions of departmental staff.

Outcomes:

We expect the following outcomes as our goals and objectives are achieved:

- Persons are able to provide financially for themselves and their families.
- Persons have positive and rewarding relationships with their families and their communities.
- Persons are able to achieve and maintain optimal physical and mental well-being.
- Persons are able to achieve and maintain personal responsibility.
- Persons do not harm themselves, others, or their communities.
- Persons are in stable and safe environments.

Employee Code of Conduct:

The CDHS strategic plan requires integration of the values specified in the Code of Conduct in the daily decision-making and behavior of CDHS employees.

The Code of Conduct specifies the values CDHS employees should integrate into their daily decision-making and behavior.

We expect our employees to conduct themselves according to the following guidelines:

- Treat all customers fairly.
- Be truthful, honest, and courteous to co-workers and to customers at all times.
- Listen actively and share information in open, honest, and appropriate ways.
- Demonstrate respect for all people and their ideas, and commit to resolve conflicts.
- Be considerate of fellow workers when performing job tasks.
- Accept responsibility for your own mistakes; ask for clarification and guidance when unsure about job duties.
- Communicate your needs clearly to people in our organization.
- Show support of departmental decisions through your actions.

- Assist customers and co-workers in a positive manner and follow through on commitments to them.
- Do your job proactively; don't wait to be told; see the problem, ask for guidance if needed; solve the problem and inform others what was done.
- Propose solutions to problems.
- Complete tasks, meet deadlines, and communicate any reason for delay.
- Stay current with technical knowledge available for your skill field.
- Adapt and be flexible when change happens.
- Take the initiative about seeking communication; don't always wait for it to come to you.
- Be committed to your job and present yourself as a good role model.
- Treat others as they wish to be treated.
- Have a CARE attitude (Caring Attitudes Respect Excellence).

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## **Section 4. Department Five Year Vision Statement**

### **Colorado Department of Human Services Five Year Vision Statement**

#### **Vision Statement**

The Colorado Department of Human Services promotes the safety, health, wellbeing and independence for all Coloradoans through leadership, innovation, and accountability to human services programs throughout Colorado. The Department is committed to fulfilling Governor's Ritter's promise of a better Colorado through the improvement of individual and family outcomes, cross-system integration, and community partnerships.

#### **Vision Narrative**

The Colorado Department of Human Services submits the FY 2009-10 Strategic Plan and Budget Request with the focus of fulfilling the promise of a better Colorado through the improvement of individual and family outcomes, cross-system integration, and community partnerships. The FY 2009-10 Budget Request seeks this outcome through the budget request and is highlighted by the requests in the following areas.

- ❑ The Department is requesting additional direct care staff for Regional Center High Needs Clients. These direct care staff support high needs individuals currently being served in Regional Centers for Persons with Developmental Disabilities who require dedicated, ongoing, one-to-one or greater staff supervision.
- ❑ The Department has submitted a number of requests in the Child Welfare area. As part of the Governor's recidivism package the Department is requesting funding for a Functional Family Therapy (FFT) program to serve children and their families with in-home services, with the goal of avoiding the higher cost out-of-home placements. The Department is currently conducting an organizational assessment to address gaps in the Child Welfare Division's supervisory responsibility. This assessment will establish the appropriate level of staffing need within the Division of Child Welfare to adequately carry out the Division's supervisory responsibilities over the county departments of social services.

The requests outlined above represent only a few of the Department's requests that seek to fulfill the Department's vision. The Department continues to be dedicated to serving all Coloradoans with strong and accountable leadership by providing the greatest value with resources available to the Department.

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**Section 5. Department Objectives, Performance Measures, Strategies, and Evaluation of Success**

**Colorado Department of Human Services  
Department Goals, Objectives and Measures**

**I. Prevention:**

**Department Goal #1:**

**Prevent the need for higher levels of service by providing effective intervention and prevention in the areas of treatment, education, life skills, and/or vocational training.**

Department Objective: Increase the percent of clients/consumers showing improved functioning after receiving prevention or intervention services.

*Performance Measure 1:*

Young children will have the enhanced capacity to improve their competencies and talents. Increase the percentage of infants and toddlers participating in early intervention services who improve their acquisition and use of knowledge and skills (i.e., motor, cognition, speech, language, etc.) over the baseline that will be established in December 2007.

*Description of Metrics:*

This performance measure establishes a baseline from which progress will be monitored for each child when they enroll into the Early Intervention Program. It is based on pre- and post-tests, which place each child’s acquisition and use of knowledge and skill at a percent of what is considered appropriate for their age level. The aggregate baseline for Colorado was established in FY 2007-08 at 97%. The goal of improved acquisition and use of knowledge and skill will result in these children being able to participate in regular education or to require a reduced level of special education support as they age.

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Benchmark	N/A	N/A	Establish baseline	97%	97%
Actual	N/A	N/A	97%		

Strategies to Meet the Performance Measure:

Upon enrolling into Early Intervention Services, each child's knowledge and skill level is evaluated and placed at a percent of what is appropriate for his or her age level. Every six months throughout the service delivery period, the child is re-evaluated and the data is compared to the previous assessment. As this follow-up data becomes available, the professionals providing early intervention services can adjust their intervention methods and strategies according to each child's individual level of progress. The Department of Human Services and the Department of Education are working together to develop new training programs so that local providers improve their understanding of how the Results Matter data for each child can be used to help achieve individual developmental goals.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Fiscal Year 2007-08 was the first year that the Department of Human Services measured improvement in knowledge and skill for the Early Intervention Program. The initial year's results, in which 97% of the six-month follow-up evaluations showed improvement, are impressive and suggest that Colorado's existing interventions are effective. It is important to note, however, that this data is measured nationally, and the official federally-established baseline for Colorado will not be set until FY 2010-11, once the measurement process has stabilized. Once these national benchmarks are established, the Colorado benchmarks will be adjusted accordingly.

*Performance Measure 2:*

The percentage of children who exited foster care to a finalized adoption in less than 24 months from foster care entry will exceed 50%. (The national average is 36.6%.)

*Description of Metrics:*

The population measured is children adopted from the foster care system.

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Benchmark	32%	50%	50%	50%	50%
Actual	51%	58.4%	55.9%		

Strategies to Meet the Performance Measure:

Strategies for improvement are to require counties to develop a work plan addressing how the county intends to meet or improve upon this measure. The State has provided county specific data, as well as statewide data to provide information to county supervisors and management that can be used to make improvements. The Child Welfare Division hosts the “Heart Gallery” a recruitment event that promotes adoption of children. The Division will also be hosting an awareness event in November 2008 with a goal of reaching 2000 people informing them about the need for more adoptive families.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Colorado continues to significantly exceed the national standard of 36.6% in this area. However, percentage of cases that successfully met this measure has declined. The Child Welfare Division is monitoring the data for this measure.

## II. Safety

**Department Goal #2:**

<b>Promote safety for the community, clients, and employees.</b>
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Department Objective: Reduce the percent of serious incidents involving the community, clients and employees.

*Performance Measure 3:*

To assure the safety, independence, and health and well being, of Colorado State Veterans Nursing Home (CSVNH) residents, the percentage of residents without falls will increase by 5% each year.

*Description of Metrics:*

A new tracking system was developed in FY 2007-08. Each CSVNH completes an investigation and root cause analysis whenever an individual falls or when a serious injury occurs. Information is analyzed to enable the nursing home staff to improve the fall intervention plan that is unique to the individual resident’s needs. The CSVNHs monitor and measure the number of falls and record these into the MyInnerview quality improvement on-line system. Census information is also entered into the MyInnerview system. MyInnerview produces graphs and tables showing the number of residents without falls per month by facility. The Office of State and Veterans Nursing Homes monitors the homes utilizing a dashboard that tracks the collected information. Successful fall intervention plans will reduce the number of falls thereby increasing safety for residents.

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Program Benchmark	NA	NA	80%	85%	90%
Actual	NA	75%	81%		

Strategies to Meet the Performance Measure:

CSVNHs will continue to address the chosen MyInnerview clinical quality of care indicators including *Residents without falls*. The percentage of residents without falls will increase through emphasis on fall prevention programs, supervision of residents at risk for falls, restorative nursing, and toileting programs. Best practices will be shared among the CSVNHs.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

CSVNHs average number of residents without falls for FY 2007-08 is 81%. This represents an increase of 7.7% from 75 to 81% during FY 2007-08 demonstrating success in meeting the benchmark.

*Performance Measure 4:*

Decrease recidivism and improve the stability and self-sufficiency of committed youth by achieving a rate of 75% of youth either employed or in school at discharge.

*Description of Metrics:*

Youth employment and enrollment in school are historically strong predictors of post-discharge success and thus reduced recidivism.

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Benchmark	75%	75%	75%	75%	75%
Actual	71%	73.4%	72.5%		

Strategies to Meet the Performance Measure:

The current strategies to improve the stability and self-sufficiency of committed youth who are either employed or in school at time of discharge include:

- The development of year round educational programs that allow for continuous educational opportunities regardless of when the youth enters the DYC system
- Comprehensive educational assessment
- The creation of Personal Learning Programs (PLP)
- Vocational and employment opportunities
- Transitional programming
- Assistance with higher education applications and applications for financial assistance (federal and local)
- Multiple education tracks (High School re-entry, diploma, GED, college prep)
- Assessment and treatment for learning disabilities – updated IEP’s
- Cooperation with local school districts to meet the educational needs of the youth
- Special programming based on the needs and individual needs of the youth

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

For FY 2007-08, the rate of 72.5% falls short of the benchmark by 2.5 %. The Division is examining ways to more accurately measure success in the area as youth may be excluded if they are not enrolled in a school or employed on the day of discharge. Therefore, the measure of success in this area has limitations as demonstrated by timing of the enrollment into school or the date of hire for employment. Also, youth who may be in between jobs at the date of discharge they are not counted. The plan is to identify ways through ongoing case management and planning that all youth who are in school or employed are counted as part of this measure in the future.

### III. Health and Well-Being

**Department Goal #3:**

**Improve the level of physical, mental and social functioning of individuals.**

Department Objective: Increase the percent of clients/consumers showing improved functioning.

*Performance Measure 5:*

Reduce overall symptom severity of persons with mental illness served in the public mental health system.

*Description of Metrics:*

Change in scores on overall symptom severity scale of Colorado Client Assessment Record (CCAR).

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Benchmark	NA	NA	44.6%	45.6%	47.6%
Actual	NA	43.6%	38.8%		

Strategies to Meet the Performance Measure:

The Division will take action to address this performance measure by continuing its work with Evidence Based Practices in each community. The Division plans to identify resources and technical assistance necessary to implement more EBPs statewide. The Division’s action plan includes continue to build on its collaboration with other state departments and agencies, namely HCPF regarding Medicaid community programs, to ensure a dynamic, integrated public mental health system.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

The FY 2007-2008 actual data is pending completion of Colorado Client Assessment Record (CCAR) data collection and validation. The Department expects that data will be available and reported by November 1, 2008. The Division expects to build on its established reliable measures of the number of evidence based and promising practices across the State. The Division will continue to work with providers and the community to train on using fidelity measures for these practices, as well as for implementing new ones. The Division expects to build on its established reliable measures of the number of evidence based and promising practices across the State. The Division will continue to work with providers and the community to train on using fidelity measures for these practices, as well as for implementing new ones. Continuing changes



to Medicaid program administration, a renewal of Medicaid program contracting process and further implementation of the recovery model and Evidence Based and Promising Practices all have the potential to impact the numbers of individuals served in the public mental health system. Currently, the Division relies on providers to self-report use of Evidence Based and Promising Practices, and does not capture data on the number of persons receiving these services. Also, there remains the question of whether these Evidence Based and Promising Practices maintain fidelity to their original models. The current trends of increasing admissions and decreasing average lengths of stay at the Institutes may fluctuate in the future and thus require further analysis and modifications to the goals.

*Performance Measure 6:*

Improve access to food and nutrition resources for children, seniors, and adults through the timely processing of federal food stamp benefits.

*Description of Metrics:*

Federal Food Stamp regulations require that 95% of all applications be processed within 7 days for expedited food stamps and 30 days for regular food stamps. The federal government measures all states on the timely processing of food stamp benefits using data reported by each state on Quality Assurance reviews.

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Benchmark	80%	82%	85%	95%	95%
Actual	70%	72%	71%		

Strategies to Meet the Performance Measure:

1. The State is expanding the definition of the criteria used to waive the requirement that there be an in-person interview to determine initial or on-going eligibility for Food Assistance benefits. This process has proven to reduce the interview time by approximately 20 minutes in other States and in one pilot county in Colorado, thereby allowing more time to complete all interviews, while also reducing case processing time overall.
2. Nine large counties were required to submit corrective action plans outlining the action steps that would be taken to bring their counties into compliance with the 95% processing rate. The State is in the process of approving the plans and will monitor them throughout the upcoming year for compliance.
3. The State is reviewing current regulations and simplifying rules and procedures, when appropriate. The State is also providing clarification of needed verification and procedures in order to eliminate unnecessary steps from being taken when processing cases to determine eligibility.
4. The State is monitoring various reports on the timely processing of cases. These reports are sent to the ten large counties, who work them weekly.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The State evaluates county performance through the weekly review of automated system reports and through the monthly review of Quality Assurance reports, which are required by USDA, Food and Nutrition Service.

In February 2008, the State received a verbal warning from USDA, FNS, that the State may be sanctioned in the upcoming federal fiscal year due to the State's history of not meeting the federal processing timeframes. The State has been working monthly with the ten large counties since February 2008 on improving the timeliness of application processing. A slight improvement was noted in the March 2008 Quality Assurance Timely Report, which is the most current report available at the time of the preparation of this document. Although the State has not noted a significant improvement in timely processing to-date, the State has set the expectation of improvement to 95% by December 2008.

*Performance Measure 7:*

Increase the number of individuals with developmental disabilities receiving appropriate community services and supports through Colorado’s developmental disabilities system.

*Description of Metrics:*

This measure illustrates the impact of how new funding provided for developmental disabilities services translates into additional people receiving appropriate community services and supports, thereby improving their physical, mental, and social functioning, as well as their general well-being. The number of adults served reflects the total number of people receiving Residential (Comprehensive) and Supported Living services during the fiscal year. The number of children served reflects the total number of people receiving Family Support, Early Intervention, or Children’s Extensive Support services during the fiscal year. The counts are unduplicated in that a person is only counted once if they transition from one program to another in the same category within the fiscal year. Benchmarks for current and prior fiscal years reflect the number of resources appropriated (a resource is the amount of funding necessary to serve one person for one fiscal year). For the request year, the benchmark reflects the number of resources requested in the annual budget request. It is important to note that there is not always a one-to-one correspondence between a resource appropriated and a person served. In the first year of appropriation, for example, an adult resource may serve more than one individual for a portion of the year.

Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Request
<b>Adult Programs</b>					
Benchmark (resources appropriated)	N/A	N/A	7,456	7,895.5	8162
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>5.57%</i>	<i>3.27%</i>
Actual (total served)	N/A	N/A	8,353		
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		

Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Estimate	Request
<b>Child and Family Programs</b>					
Benchmark (resources appropriated)	N/A	N/A	3,747	3,797	3,847
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>1.32%</i>	<i>1.30%</i>
Actual (total served)	N/A	N/A	11,463		
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		

Strategies to Meet the Performance Measure:

The Department works with the legislature on an ongoing basis to appropriate new resources as best as possible to keep up with the growth in demand for developmental disabilities services. The Division for Developmental Disabilities has developed internal processes and procedures to ensure that resources are allocated to community centered boards (CCBs) in a timely manner. Contracts with the CCBs require that they meet certain minimum expectations for enrollment. The Division provides ongoing technical assistance to CCBs regarding strategies to ensure newly appropriated funds are used to fill new openings as quickly as possible.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

During FY 2007-08, the Department served more individuals than the number estimated based on the amount of funds appropriated. This is systemic as there are a number of factors contributing to the one-to-many correspondence between resources appropriated and number of individuals served. Length of service is one such factor. For example, in the Early Intervention Program, one third of the children served turnover each year as they age out of services at age three. Therefore, in this program, two children will utilize one “resource” in any given year. Another factor allowing the children’s programs to serve more people than the number of resources appropriated has to do with the funding structure, as Community Centered Boards are allowed to manage a pool of dollars and to serve as many as possible within the available funds. Adult programs, in contrast, tend to serve closer to the actual number of appropriated resources due to the fee for service model required under federal Medicaid rules, and the fact that once enrolled, adult participants tend to remain in the program long-term.

## IV. Independence

**Department Goal #4:**

<b>Promote stability, permanence and self-sufficiency.</b>
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Department Objective: Increase percent of clients with improved stability or self-sufficiency, or who achieve permanence in their living environment.

*Performance Measure 8:*

Increase the amount of income added to the Colorado economy in the first three months of work as a result of vocational rehabilitation clients obtaining and maintaining employment toward self-sufficiency.

*Description of Metrics:*

This measure for the Division of Vocational Rehabilitation is quantified by totaling the income earned over the first three months of employment by DVR clients whose cases were closed during the state fiscal year because they maintained stable employment, and subtracting from it the total income earned by these same clients over a three month period prior to receiving services. A client must maintain stable employment for at least three months prior to closing his/her case. As the Division of Vocational Rehabilitation assists more people to secure jobs at higher rates of pay, higher benchmarks are achieved on this measure. The benchmarks are department standards.

Outcome	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Estimate	FY 2009-10 Request
Benchmark	N/A	N/A	\$7.6 million	\$8.5 million	8.8 million
Actual	\$6.7 million	\$7.2 million	\$8.3 million		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independent. The cost of vocational rehabilitation is paid back in increased tax revenues. According to national data, for every dollar spent on vocational rehabilitation services, a consumer earns \$11 in increased taxable earnings. DVR believes that when citizens with disabilities participate in society, everyone benefits. In the following fiscal year, one of DVR’s primary goals is to improve the quality and availability of providers from whom DVR purchases services. The strategies DVR will employ to achieve this goal include developing and conducting an on-going consumer survey to measure the quality of

services provided by DVR vendors, reviewing and updating provider standards and qualifications, reviewing and refining procedures for recruitment and registering of providers, and providing training for vendors who interact with DVR consumers.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

From FY 2005-06 to FY 2006-07, the amount of income added to the economy in the first three months of work increased by 6.9%, while it rose 13.25% between FY 2006-07 and FY 2007-08. Much of this increase can be explained by a 33% increase in the minimum wage (from \$5.15 to \$6.85), which became effective on January 1, 2007. This resulted in greater than average differences in wages for individuals between application and case closure. Because this measure does not adjust for increases to the minimum wage, it also shows that more income was added to the economy in FY 2007-08 than would be expected in a typical year where the minimum wage remains stable.

*Performance Measure 9:*

Integrated employment should be considered as the primary option for all persons receiving Day Habilitation Services and Supports. Increase the percentage of adults with developmental disabilities in the community enrolled in day services that have integrated employment.

*Description of Metrics:*

This measure for the Division for Developmental Disabilities illustrates the extent to which individuals receiving day services in the community participate in integrated employment. DDD rules emphasize and encourage integrated employment by individuals for whom it is a viable option. Some individuals are not able to work in integrated employment due to the nature of their disability, and others may choose not to work despite the efforts of staff. The benchmarks below are department standards, which were calculated from the FY 2006 total enrollment of 6,574 in day program and 1,981 in integrated employment. The projections assume that the total number enrolled each year in Day Habilitation will increase by approximately 100 persons. The measure targets a 5% increase each year in the actual number of persons employed after adjusting the total number enrolled in Day Habilitation for this assumption.

<b>Outcome</b>	<b>FY 2005-06 Actual</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Estimate</b>	<b>FY 2009-10 Request</b>
Benchmark	30.0%	30.9%	31.9%	33.0%	33%
Actual	30.1%	29.04%	27.07%		

Strategies to Meet the Performance Measure:

The Division for Developmental Disabilities' (DDD) rules specify that integrated employment should be the primary option for all persons receiving Day Habilitation Services and Supports. Integrated employment is employment in a variety of settings in which the participants interact with non-disabled individuals other than those providing services to them to the same extent that individuals employed in comparable positions would interact. The Division for Developmental Disabilities (DDD), in conjunction with the Division of Vocational Rehabilitation (DVR), provides annual training sessions to the community centered boards (CCBs) and provider agencies. The trainings are provided in an interagency collaborative model to improve understanding of roles and responsibilities, as well as the applicable rules and procedures for referral between systems for services. Under Senate Bill 08-005, the two agencies will be working together to develop a pilot program designed to improve employment outcomes for persons with developmental disabilities, and under Senate Bill 08-004 new procedures will be put in place to promote the hiring of state employees with developmental disabilities. DDD holds quarterly meetings with DVR, the Denver Metro area supported employment providers, and any others who wish to attend to review employment activities,



successes and challenges. The meetings are used to facilitate support among the agencies and share successful methods and strategies for securing and maintaining supported employment.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Performance in FY 2007-08 on this measure was somewhat lower than it has been in the past few years. Several factors may have contributed to the decrease from 29.04% in FY 2006-07; a new process for placement in enclaves was implemented that resulted in a short term overall decrease in the number of people placed in enclaves in FY 2007-08, however, the number of placements is expected to return to prior levels in the out years; some CCBs have indicated that due to a difficult economy, some businesses have closed in the past year, causing individuals to be caught in a lay-off; some individuals have chosen to "retire" or do volunteer, community participation activities, or they have gone to the Sheltered Workshop for guaranteed income.

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**Section 6. Program Performance Measures, Strategies, and Evaluation of Success**

**Colorado Department of Human Services  
Program Measures**

**Veterans and Disability Services Programs**

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Office of State & Veterans Nursing Homes	To assure the safety, independence, health and well being, of Colorado State Veterans Nursing Home (CSVNH) residents, the percentage of residents without falls will increase by 5% each year.	<b>Benchmark</b>	NA	NA	80%	85%	90%
		<b>Actual</b>	NA	75%	81%		

**Strategies to Meet the Performance Measure:**

CSVNHs will continue to address the chosen MyInnerview clinical quality of care indicators including *Residents without falls*. The number of residents without falls will increase through emphasis on fall prevention programs, supervision of residents at risk for falls, restorative nursing, and toileting programs. Best practices will be shared among the CSVNHs.

**Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:**

CSVNHs average number of residents without falls increased 7.7% from 75 to 81% during FY 2007-08 demonstrating success in meeting the benchmark.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Office of State & Veterans Nursing Homes	Resident safety, health and well being shall be assured as evidenced by the overall average number of deficiencies given to the State & Veterans Nursing Homes shall be <i>less than</i> the average number of deficiencies given statewide by the survey compliance agency.	<b>Benchmark</b>	9.40	8.56	10.8	9.0	9.0
		<b>Actual</b>	5	6	7.8		

**Strategies to Meet the Performance Measure:**

CSVNHs will continue to improve survey outcomes through the pre-survey (mock survey) process, Quality Assurance/Quality Improvement initiatives, increasing staff awareness and training about data usage from the MyInnerview reports.

**Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:**

The average number of deficiencies given statewide by the survey compliance agency is 10.8 for FY 2007-08. The CSVNH facilities were successful in exceeding the benchmark. The average number of deficiencies given to the CSVNHs is 7.8 for FY 2007-08, which is on average 3 fewer deficiencies than other long term care facilities in Colorado.

Program	Performance Measure	Outcome*	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Increase the number of individuals with developmental disabilities receiving appropriate community services and supports through Colorado's developmental disabilities system.	<b>Adult Programs</b>					
		Benchmark (resources appropriated)	N/A	N/A	7,456	7,895.5	8162
		<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>5.57%</i>	<i>3.27%</i>
		Actual (total served)	N/A	N/A	8,353		
		<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		
		<b>Child and Family Programs</b>					
		Benchmark (resources appropriated)	N/A	N/A	3,747	3,797	3,847
		<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>1.32%</i>	<i>1.30%</i>
		Actual (total served)	N/A	N/A	11,463		
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>				

This measure illustrates the impact of how new funding provided for developmental disabilities services translates into additional people receiving appropriate community services and supports, thereby improving their physical, mental, and social functioning, as well as their general well-being. \*The number of adults served reflects the total number of people receiving Residential (Comprehensive) and Supported Living services during the fiscal year. The number of children served reflects the total number of people receiving Family Support, Early Intervention, or Children's Extensive Support services during the fiscal year. The counts are unduplicated in that a person is only counted once if they transition from one program to another in the same category within the fiscal year. Benchmarks for current and prior fiscal years reflect the number of resources appropriated (a resource is the amount of funding necessary to serve one person for one fiscal year). For the request year, the benchmark reflects the number of resources requested in the continuation budget request. It is important to note that there is not always a one-to-one correspondence between a resource appropriated and a person served. In the first year of appropriation, for example, an adult resource may serve more than one individual for a portion of the year.

Strategies to Meet the Performance Measure:

The Department works with the legislature on an ongoing basis to appropriate new resources as best as possible to keep up with the growth in demand for developmental disabilities services. The Division for Developmental Disabilities has developed internal processes and procedures to ensure that resources are allocated to community centered boards (CCBs) in a timely manner. Contracts with the CCBs require that they meet certain minimum expectations for enrollment. The Division provides ongoing technical assistance to CCBs regarding strategies to ensure newly appropriated funds are used to fill new openings as quickly as possible.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

During FY 2007-08, the Department served more individuals than the number estimated based on the amount of funds appropriated. This is systemic as there are a number of factors contributing to the one-to-many correspondence between resources appropriated and number of individuals served. Length of service is one such factor. For example, in the Early Intervention Program, one third of the children served turnover each year as they age out of services at age three. Therefore, in this program, two children will utilize one “resource” in any given year. Another factor allowing the children’s programs to serve more people than the number of resources appropriated has to do with the funding structure, as Community Centered Boards are allowed to manage a pool of dollars and to serve as many as possible within the available funds. Adult programs, in contrast, tend to serve closer to the actual number of appropriated resources due to the fee for service model required under federal Medicaid rules, and the fact that once enrolled, adult participants tend to remain in the program long-term.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Families will have the enhanced capacity to provide for their child's needs. Increase the percentage of families participating in early intervention services who report that early intervention services have improved the family's ability to help their child develop and learn.	<b>Program Benchmark</b>	73%	75%	90%	91%	91%
		<b>Actual</b>	N/A	96%	91%		

Strategies to Meet the Performance Measure:

The Early Intervention Program has been designed to build parental capacity to help their child develop and learn. Parents are instructed about child development, what the implications are to their child’s specific delays, and methods to work with their child in everyday routines, activities and places. Each enrolled family participates in the development of an Individualized Family Service Plan, which incorporates appropriate strategies and methods of intervention, based on the child’s individual needs. The state and federal government provide ongoing training and technical assistance to the service coordinators that work directly with families. Transition planning occurs throughout the service delivery period, beginning at the time a family enters Early Intervention Services, to help the family prepare for pre-school services when their child reaches three years of age. The Division for Developmental Disabilities has developed a paraprofessional training program that will help expand the network of providers and a project with JFK Partners around a primary service provider model. Both of these projects will provide technical assistance to intervention teams regarding methods and strategies to better support parents in their role as their child’s first teacher.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

The Early Intervention Program is a participant in the Colorado Department of Education’s Results Matter program. The purpose of Results Matter is to positively influence the lives of children and families by using child, family, and system outcomes data to inform early childhood practices and policy. This survey of families participating in Early Intervention Services is one part of the larger effort. The survey was first deployed in FY 2006-07, receiving 422 responses with 96% of families indicating that services improved their ability to help their child develop and learn. The response rate of 17% was lower than anticipated FY 2006-07 and was only slightly higher for FY 2007-08, therefore, the baseline data established during these first two years is considered preliminary. Once a higher rate of return on the surveys is established and a pattern for the results is more definitive, the benchmarks will be adjusted accordingly.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Young children will have the enhanced capacity to improve their competencies and talents. Increase the percentage of infants and toddlers participating in early intervention services who improve their acquisition and use of knowledge and skills (motor, cognition, speech, language, etc.).	<b>Program Benchmark</b>	N/A	N/A	Establish baseline	97%	97%
		<b>Actual</b>	N/A	N/A	97%		

Strategies to Meet the Performance Measure:

Upon enrolling into Early Intervention Services, each child’s knowledge and skill level is evaluated and placed at a percent of what is appropriate for his or her age level. Every six months throughout the service delivery period, the child is reevaluated and the data is compared to the previous assessment. As this follow-up data becomes available, the professionals providing early intervention services can adjust their intervention methods and strategies according to each child’s individual level of progress. The Department of Human Services and the Department of Education are working together to develop new training programs so that local providers improve their understanding of how the Results Matter data for each child can be used to help achieve individual developmental goals.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

Fiscal Year 2007-08 was the first year that the Department of Human Services measured improvement in knowledge and skill for the Early Intervention Program. The initial year’s results, in which 97% of the six-month follow-up evaluations showed improvement, are impressive and suggest that Colorado’s existing interventions are effective. It is important to note, however, that this data is measured nationally, and the official federally-established baseline for Colorado will not be set until FY 2010-11, once the measurement process has stabilized. Once these national benchmarks are established, the Colorado benchmarks will be adjusted accordingly.



FY 2008-09	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Integrated employment should be considered as the primary option for all persons receiving Day Habilitation Services and Supports. Increase the percentage of adults with developmental disabilities in the community enrolled in day services who have integrated employment.	<b>Program Benchmark</b>	30.0%	30.9%	31.9%	33.0%	33.0%
		<b>Actual</b>	30.1%	29.04%	27.07%		

Strategies to Meet the Performance Measure:

The Division for Developmental Disabilities' (DDD) rules specify that integrated employment should be the primary option for all persons receiving Day Habilitation Services and Supports. Integrated employment is employment in a variety of settings in which the participants interact with non-disabled individuals other than those providing services to them to the same extent that individuals employed in comparable positions would interact. The Division for Developmental Disabilities (DDD), in conjunction with the Division of Vocational Rehabilitation (DVR), provides annual training sessions to the community centered boards (CCBs) and provider agencies. The trainings are provided in an interagency collaborative model to improve understanding of roles and responsibilities, as well as the applicable rules and procedures for referral between systems for services. Under Senate Bill 08-005, the two agencies will be working together to develop a pilot program designed to improve employment outcomes for persons with developmental disabilities, and under Senate Bill 08-004 new procedures will be put in place to promote the hiring of state employees with developmental disabilities. DDD holds quarterly meetings with DVR, the Denver Metro area supported employment providers, and any others who wish to attend to review employment activities, successes and challenges. The meetings are used to facilitate support among the agencies and share successful methods and strategies for securing and maintaining supported employment.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

Performance in FY 2007-08 on this measure was somewhat lower than it has been in the past few years. Several factors may have contributed to the decrease from 29.04% in FY 2006-07. These include a decrease in service provider participation; a new process for placement in enclaves was implemented that resulted in a short term overall decrease in the number of people placed in enclaves in FY 2007-08, however, the number of placements is expected to return to prior levels in the out years; some CCBs have indicated that due to a difficult economy, some businesses have closed in the past year, causing individuals to be caught in a lay-off; some individuals have chosen to "retire" or do volunteer, community participation activities, or they have gone to the Sheltered Workshop for guaranteed income.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities/ Regional Centers	Increase community safety and the safety of the treatment environment. Decrease the number of incidents where a Regional Center resident is unaccounted for, after an immediate search of the facility, residence, program site, and grounds.	<b>Program Benchmark</b>	22	32	35	35	35
		<b>Actual</b>	40 <i>(attributed to 30 individuals)</i>	36 <i>(attributed to 28 individuals)</i>	42 <i>(attributed to 32 individuals)</i>		

Strategies to Meet the Performance Measure:

The following actions were put in place during FY 2007-08 to limit the occurrence of critical incidents. These actions will be continued in FY 2008-09:

- Use enhanced supervision when persons are determined to be at higher risk;
- Ensure that persons are always under supervision, per policy;
- Contact 911 for support, as necessary;
- Work with local emergency response teams, such as law enforcement to establish ongoing relationships and protocols for assistance;
- Conduct ongoing visual checks of the treatment/program environment to ensure safety, and follow-up to address any areas of concern in a timely manner;
- Use Incident Response Teams, when necessary;
- Use behavioral planning and staff redirection techniques to assist persons served to engage in alternative positive behaviors;
- Provide training and education for direct care staff and other team members, family members, and volunteers.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

The Regional Centers have been faced with serving an increasingly challenging population presenting increasingly difficult behaviors. The goal is always to decrease the number of these incidents that occur. However, because of the nature of the population that the RCs expect to serve in the coming years, and the tendency for certain residents to wander frequently, the progress toward a significant reduction in incidents is expected to continue to be slow. As shown in the table above, the number of incidents increased by 14% from FY 2006-07 to FY 2007-08.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities/ Regional Centers	Provide a safe and secure residential environment for Regional Center residents. Decrease the rate of critical incidents*, as a percentage of the average daily census, at the Regional Centers.  <i>*Critical incidents involve exploitation, mental or psychological abuse, mistreatment, neglect, physical abuse, deaths, medical crisis, missing persons, serious criminal offense by a resident, serious injury to a resident, and victims of a crime.</i>	<b>Program Benchmark</b>	N/A	N/A	10.56%	10.24%	9.93%
		<b>Actual</b>	N/A	10.96%	10.13%		
The benchmarks assume a 3% reduction in the total number of critical incidents and no change to the average daily census.							

Strategies to Meet the Performance Measure:

The Regional Centers have recently been granted supplemental funding for staffing increases in order to maintain staffing ratios required by the Department of Public Health and Environment. The following actions have also been implemented and will continue in FY 2008-09 in order to reduce critical incidents:

- Use enhanced supervision when persons are determined to be at higher risk;
- Contact 911 for support, as necessary;
- Conduct ongoing visual checks of the treatment/program environment to ensure safety, and follow-up to address any areas of concern in a timely manner;
- Use Incident Response Teams, when necessary;
- Use behavioral planning and staff redirection techniques to assist persons served to engage in alternative positive behaviors;
- Provide training and education for direct care staff and other team members, family members, and volunteers to ensure that interventions provide residents with needed support during incidents involving challenging behaviors.
- Identify and support methods to ensure safety and health needs related to increased medical fragility and an aging population.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

Regional Centers serving the “hardest to serve” are increasingly challenged with incidents of a critical nature. The benchmarks assume a 3% reduction in the total number of critical incidents and no change to the average daily census. During FY 2007-08, the average number of incidents per quarter was reduced by 5.49%. The average daily census increased by 2%, resulting in an overall decrease in the rate of critical incidents from FY 2006-07 to FY 2007-08. The strategies listed above were implemented during FY 2007-08, during which staffing levels were inadequate to meet the needs of the population served, and played a significant role in the Regional Centers’ ability to meet the benchmark. Many of the incidents were unpreventable, as they involved medically fragile and aging individuals.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Provide adult services in the least restrictive setting. Increase the number of adults receiving 24-hour residential services who are able to be moved from institutional settings (Regional Centers, nursing facilities, and Mental Health Institutes) into community-based settings.	<b>Program Benchmark</b>	N/A	32	35	46	46
		<b>Actual</b>	32	35	40		

Strategies to Meet the Performance Measure:

Interagency agreements and protocols are in place to help facilitate the movement of individuals so that they are being served in the most appropriate setting for their needs. DDD also has protocols in place regarding preadmission screening and resident reviews for people with developmental disabilities who are referred for nursing facility placements. Nursing facilities are only used when needed and appropriate, and are most likely to witness movement throughout the year due to typical shorter lengths of stay with a primary focus on stabilization, as well as the factor that consumer choice plays in nursing facility placements. During FY 2008-09 the Department is engaging in a specific initiative to move approximately 20 individuals from Regional Centers to community placements in each of the next three years. The benchmarks have therefore been set at 46 total moves in FY 2008-09 and FY 2009-10, with 20 of these coming from Regional Centers. Once the specific initiative is completed, the benchmarks will be adjusted accordingly for future years.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

The normal pattern of movement fluctuates depending on individual circumstances. During the past few years, there has been a concentrated focus on ensuring that people were placed in settings most appropriate for their needs, which resulted in a slight increase in movements than was witnessed in past years. Movements from nursing facilities accounted for the majority of community moves during FY 2007-08.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Developmental Disabilities/ Regional Centers	Enhance quality of life and independence for persons residing at the state operated Regional Centers. The percentage of people residing at the Regional Centers who realize personal goals established as part of their individualized planning process.  <i>*Note: measurement is based on reviews of individual care plans and/or interviews with the client.</i>	<b>Program Benchmark</b>	N/A	N/A	N/A	Establish baseline	Improve over baseline
		<b>Actual</b>	N/A	N/A	N/A		

Strategies to Meet the Performance Measure:

Person Centered Planning is a formal planning approach to assist persons served to participate fully in the individual team planning process by defining personal likes and dislikes along with identified needs and wants. In line with this person-centered approach, persons served area assisted in establishing personal goals at the onset of the initial interview process, which are recorded in their Individualized Plan on an annual basis. Personal goals may be changed at the person’s discretion, and changes are recorded as an addendum to the annual Individualized Plan. It is the long-term goal of the Regional Centers to ensure that all persons served are given the opportunity to participate in Person Centered Planning, and to ensure that supports are reasonably provided for individuals to actualize personal goals identified in their plan. Grand Junction Regional Center has actively participated in such a program through Council Accreditation for several years, and regularly identifies goals for the majority of persons served. Pueblo Regional Center has actively identified personal goals in the Individualized Plans of approximately 50% of persons served, but due to recent reorganization of staff roles at Wheat Ridge Regional Center, and transition of case management services at the Regional Centers with pending conversion to ICF-MR licensure, it is expected that there may be some delay in capturing personal goals as identified in the Individualized Plan for all persons served. It is the goal of the Regional Centers to have personal goals identified in the Individualized Plan for all persons served by July 2009, and to provide necessary supports/services to assist persons to achieve personal goals across the coming years.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

The person-centered planning effort is a new initiative for the Regional Centers, and FY 2008-09 is the first year that the Department will measure performance in this area. The first set of data will be available at the end of the fiscal year.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Individuals with disabilities will succeed at work and be able to live independently. Of all individuals who exit the vocational rehabilitation program after receiving services, the percentage who maintain stable employment for at least 90 days will be above the national standard of 55.8%.	<b>National Benchmark</b>	55.8%	55.8%	55.8%	55.8%	55.8%
		<b>Program Benchmark</b>	56.8%	65.0%	60.2%	65%	66.5%
		<b>Actual</b>	63.8%	57.4%	63.2%		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independently. DVR conducts its business through nineteen offices located throughout Colorado, each serving individuals with all types of physical and mental disabilities. Consumer services are coordinated, purchased, and/or provided directly by Rehabilitation Counselors. In the following fiscal year, one of DVR’s primary goals is to “Increase the number and quality of employment outcomes.” The strategies DVR will employ to achieve this goal include:

- Identifying, exploring, and replicating effective practices that are employed by exemplary counselors;
- Monitoring caseload activity data and implementing effective strategies to improve service delivery for consumers; and
- Conducting employer outreach and education.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

In FY 2007-08, DVR counselors successfully closed 2,670 cases, out of a total of 4,227 case closures. This reflects a 63.2% success rate, which is significantly higher than the national standard of 55.8%. During FY 2006-07, performance on this measure shows a drop, with success rates lower than those achieved in FY 2005-06 and FY 2007-08. This was due to a concerted effort to update all case files, which resulted in a higher number of cases being closed without an employment outcome than would normally be expected, and therefore a lower success rate. However, it is important to note that the actual number of individuals whose DVR cases were closed due to a successful employment outcome has continued to grow each year from 2,151 in FY 2005-06 to 2,375 in FY 2006-07 to 2,670 in FY 2007-08.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Youth with disabilities are a successful component of Colorado's workforce. Of all youth 21 or younger at the time of application who exit the VR program after receiving services, the percentage who maintain stable employment for at least 90 days.	<b>Program Benchmark</b>	N/A	N/A	69.7%	73.0%	75%
		<b>Actual</b>	N/A	66.4%	70.1%		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independently. One area where DVR focuses efforts is in Transition Services for Youth and Young Adults, to assist youth with disabilities in making successful transitions from school to post-school activities, including further education or vocational training, employment and independent living. In the following fiscal year, one of DVR's primary goals is to continue to "Increase the number and quality of employment outcomes for youth and young adults. The strategies DVR will employ to achieve this goal will include:

- Identifying, exploring, and replicating effective practices that are employed by exemplary counselors in the School to Work Alliance Program; and
- Conducting employer outreach and education specifically to benefit youth with disabilities.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

In FY 2007-08, DVR counselors successfully closed 802 cases for youth 21 and younger, out of a total of 1,144 cases, which is a success rate of 70.1%. In 2007, the Colorado Division of Vocational Rehabilitation was selected by the Office of Special Education and Rehabilitative Services and the U.S. Department of Education as one of three states in the nation to participate in an in-depth assessment of promising transition policies, practices, strategies and management that promote collaboration and improve transition services for youth with disabilities.



Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Individuals with disabilities will develop the knowledge, skills and tools necessary to become independent in their employment endeavors. For the individuals whose vocational rehabilitation cases were closed because they maintained stable employment for at least 90 days, the percentage increase in average wages from application to closure.	<b>Program Benchmark</b>	N/A	N/A	369.6%	315%	330%
		<b>Actual</b>	N/A	346.0%	297.0%		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independent. Increased employment and independence for persons with disabilities is good for Colorado. Employment earnings replace the need for government subsidies from a variety of public assistance programs, such as Aid to the Needy Disabled, Supplemental Security Income (SSI), Social Security Disability (SSDI), Medicaid and Medicare. In the following fiscal year, one of DVR’s primary goals is to “Improve the quality and availability of providers from whom DVR purchases services. The strategies DVR will employ to achieve this goal will include:

- Developing and conducting an on-going consumer survey to measure the quality of services provided by DVR vendors
- Reviewing and updating provider standards and qualifications
- Reviewing and refining procedures for recruitment and registering of providers
- Providing training for vendors who interact with DVR consumers.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

Individuals whose cases were closed successfully with the Division of Vocational Rehabilitation (DVR) in FY 2007-08 earned nearly 300% more at case closure than they did when they applied for services, clearly demonstrating the value of DVR services. This increase is lower than the increase witnessed between FY 2005-06 and FY 2006-07, however this is primarily due to factors other than DVR’s performance. The State’s minimum wage increase in January 2007, from \$5.15 to \$6.85, reflected a 33% increase and impacted this measure in two ways:

- In FY 2006-07, the increase in wages from application to case closure were artificially inflated because the majority of consumers whose cases were closed in that year received a substantial pay increase solely due to the increase in the minimum

wage. This number was not necessarily a reliable estimate to use as a baseline for DVR's performance in FY 2007-08 and beyond.

- Wages at the time of application for those cases closed in FY 2007-08 were substantially higher than cases closed in earlier years, and the struggling economy over the last six to nine months has put a downward pressure on the average wage at closure. Therefore, the timing of these changes in economic factors has impacted both sides of this equation, resulting in an increase that is lower than it has been in years past.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Individuals with disabilities are essential to the success of Colorado's workforce. Increase the amount of income added to the Colorado economy in the first three months of work, as a result of vocational rehabilitation clients obtaining and maintaining employment toward self-sufficiency.	<b>Program Benchmark</b>	N/A	N/A	\$7.6 million	\$8.5 million	\$8.8 million
		<b>Actual</b>	\$6.7 million	\$7.2 million	\$8.3 million		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independent. The cost of vocational rehabilitation is paid back in increased tax revenues. According to national data, for every dollar spent on vocational rehabilitation services, a consumer earns \$11 in increased taxable earnings. DVR believes that when citizens with disabilities participate in society, everyone benefits. In the following fiscal year, one of DVR's primary goals is to "Improve the quality and availability of providers from whom DVR purchases services." The strategies DVR will employ to achieve this goal include:

- Developing and conducting an on-going consumer survey to measure the quality of services provided by DVR vendors
- Reviewing and updating provider standards and qualifications
- Reviewing and refining procedures for recruitment and registering of providers
- Providing training for vendors who interact with DVR consumers.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

From FY 2005-06 to FY 2006-07, the amount of income added to the economy in the first three months of work increased by 6.9%, while it rose 13.25% between FY 2006-07 and FY 2007-08. Much of this increase can be explained by a 33% increase in the minimum wage (from \$5.15 to \$6.85), which became effective on January 1, 2007. This resulted in greater than average differences in wages for individuals between application and case closure. Because this measure does not adjust for increases to the minimum wage, it also shows that more income was added to the economy in FY 2007-08 than would be expected in a typical year where the minimum wage remains stable.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Clients receive well-coordinated and effective case coordination services through the Traumatic Brain Injury Trust Fund. The percentage of Trust Fund clients who positively report they were connected to the appropriate resources and supports, and that those resources and supports facilitated their rehabilitation.	<b>Program Benchmark</b>	N/A	N/A	N/A	Establish baseline	Increase over baseline
		<b>Actual</b>	N/A	N/A	N/A		

Strategies to Meet the Performance Measure:

The Traumatic Brain Injury (TBI) Trust Fund Program matches each TBI Trust Fund client with a trained TBI care coordinator for one year of support in the development and implementation of an individualized care coordination plan. This plan includes access to purchased services of up to \$2,000 as well as connection to other community resources to increase the client’s ability to self-advocate and self case manage. In the final months of the care coordination, the care coordinator and client work together to develop a transition plan to improve the client’s ability to independently access and manage resources over time. During FY 2008-09, the program will train care coordinators in the use of a newly updated Self Advocacy for Independent Life (SAIL) workbook, which is designed to increase clients’ understandings of their brain injury, effective methods of self advocacy, methods of organization, and available tools and resources.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

This performance measure is new for FY 2008-09. Previously, the Traumatic Brain Injury program conducted a survey that measured client satisfaction on a 5-point scale. Out of the 518 surveys that were distributed, 193 were returned, which represents a response rate of 37%, and the average score for the surveys returned during FY 2007-08 was 4.2. This result exceeded the established benchmark score of 3.7. In future years, the program will report the percentage of clients reporting a positive experience with case coordination, as shown above.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Blind persons have opportunities for self-employment in order to achieve independence and self-sufficiency. Increase the percent of net income relative to gross sales, as averaged for all Business Enterprise Program locations.	<b>Program Benchmark</b>	NA	NA	N/A	Available 10/31/08	Available 10/31/08
		<b>Actual</b>	NA	NA	Available 10/31/08		

Strategies to Meet the Performance Measure:

Under the Randolph Sheppard Act, federal and state laws give priority to blind individuals to operate and manage food and vending services in federal and state government buildings and facilities. The Business Enterprise Program trains and places qualified legally blind business persons to manage these operations. New rules and monitoring protocols have been established and are being used by the Department to evaluate and train blind operators in appropriate business practices and evaluation tools used to improve overall performance. This will help the BEP Program to ensure operators are maintaining documentation sufficient to support reported sales and expenses, reporting only allowable business expenses, reporting all revenue earned, paying applicable taxes, and complying with the terms and conditions of the operator's agreement. Overall, this will increase BEP's ability to identify and maintain profitable locations, and close unprofitable ones.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

This is a new measure for the Business Enterprise Program. A baseline will be established at the end of FY 2008-09.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Blind persons have opportunities for self-employment in order to achieve independence and self-sufficiency. Increase the <i>average</i> monthly gross and net income of blind business operators in the Business Enterprise Program.	<b>Program Benchmark</b>	NA	NA	N/A	Available 10/31/08	Available 10/31/08
		<b>Actual</b>	NA	NA	Available 10/31/08		

Strategies to Meet the Performance Measure:

Under the Randolph Sheppard Act, federal and state laws give priority to blind individuals to operate and manage food and vending services in federal and state government buildings and facilities. The Business Enterprise Program trains and places qualified legally blind business persons to manage these operations. New rules and monitoring protocols have been established and are being used by the Department to evaluate and train blind operators in appropriate business practices and evaluation tools used to improve overall performance. This will help the BEP Program to ensure operators are maintaining documentation sufficient to support reported sales and expenses, reporting only allowable business expenses, reporting all revenue earned, paying applicable taxes, and complying with the terms and conditions of the operator's agreement.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

This is a new measure for the Business Enterprise Program. A baseline will be established at the end of FY 2008-09.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Vocational Rehabilitation	Blind persons have opportunities for self-employment in order to achieve independence and self-sufficiency. Increase the <i>minimum</i> monthly gross and net income reported by blind business operators in the Business Enterprise Program.	<b>Program Benchmark</b>	NA	NA	N/A	Available 10/31/08	Available 10/31/08
		<b>Actual</b>	NA	NA	Available 10/31/08		

Strategies to Meet the Performance Measure:

Under the Randolph Sheppard Act, federal and state laws give priority to blind individuals to operate and manage food and vending services in federal and state government buildings and facilities. The Business Enterprise Program trains and places qualified legally blind business persons to manage these operations. New rules and monitoring protocols have been established and are being used by the Department to evaluate and train blind operators in appropriate business practices and evaluation tools used to improve overall performance. This will help the BEP Program to ensure operators are maintaining documentation sufficient to support reported sales and expenses, reporting only allowable business expenses, reporting all revenue earned, paying applicable taxes, and complying with the terms and conditions of the operator's agreement, in order to help increase net income of operators. (Note: some operators may choose not to increase their income in order to maintain social security benefits).

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

This is a new measure for the Business Enterprise Program. A baseline will be established at the end of FY 2008-09.

**Self Sufficiency & Independence Programs:**

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Aging and Adult Services	Increase individual employment of older workers thereby decreasing reliance on public benefits and increasing self sufficiency. The number of eligible individuals aged 55 and older who gain unsubsidized employment as a result of the Senior Employment Program.	<b>Program Benchmark</b>	31	31	31	31	31
		<b>Actual</b>	40	32	26		

**Strategies to Meet the Performance Measure:**

The Senior Community Service Employment Program (SCSEP) is a subsidized employment program through the U.S. Department of Labor. People who move out of SCSEP into public or private employment are considered to be in unsubsidized employment. SCSEP provides job training and placement to people living at 125% of poverty or greater and are 55 years of age or older. The total number of participant slots that are available statewide for SCSEP depends on how many hours of subsidized employment can be paid at minimum wage within the resources available to SCSEP. Each program contractor is allocated a certain number of slots. Participant slots may turn over as participants either achieve success and find unsubsidized employment, or as they drop out of the program for a variety of reasons. Aging and Adult Services (AAS) is required by the U.S. Department of Labor to transition at least 30% of the slots from subsidized to unsubsidized employment by the end of each fiscal year. Currently, there are 102 slots available, which means that AAS must transition at least 31 participants into unsubsidized employment by the end of the fiscal year. During the month of June 2008, trainings for SCSEP participants were conducted at Workforce Centers statewide. In addition, a recent partnership between SCSEP, Independent Living Centers, Area Agencies on Aging, Workforce Centers, and Assistive Technology Partners will help develop and enhance training opportunities available to SCSEP participants. During FY 2008-09, a number of other actions will be taken to ensure that at least 31 participants obtain unsubsidized employment:

- Participants will be required to enroll with the local Workforce Center in their community, where they will be encouraged to become work ready certified;
- Participants will be encouraged to enroll in classes to update their computer, literacy, math, and communication skills;



- SCSEP contractors will increase the number of presentations to the business community and provide information on the On the Job Training program available to private for profit businesses. Businesses utilizing the On the Job Training will reduce hiring/training costs, and if the SCSEP participant is successful in this program the business must agree to hire the participant.
- Participants will be encouraged to attend a minimum of four job fairs a year.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

The number of SCSEP participants placed into unsubsidized employment has decreased over the past few years, partially due to a reduction in the number of available slots due to an increase in the minimum wage. During FY 2007-08, SCSEP placed 26 people, meeting 84% of the goal for the year. Nationally, SCSEP programs are required to meet 80% of their goal for the year. In addition to the participants' age (over 65) and the high rate of unemployment today, a change in the law in 2007 requires the program to serve individuals with substantial barriers to employment. For example, many participants served now are homeless, illiterate, have physical or mental illness, and/or live in rural areas where fewer jobs are available.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Aging and Adult Services	Minimize risk and maximize protection for at-risk adults. Of all instances of substantiated mistreated or self-neglect where adult protective services were provided to the individual, the percentage where risk was reduced.  <i>*Note: Risk reduction is measured based on the case worker's professional judgment of whether or not the services provided resulted in a reduced level of risk to the individual at the time of case closure.</i>	<b>Program Benchmark</b>	N/A	N/A	N/A	Establish baseline	Improve over baseline
		<b>Actual</b>	N/A	N/A	N/A		

Strategies to Meet the Performance Measure:

With client consent, county APS caseworkers provide casework and counseling services, which include: arranging, coordinating, delivering, and monitoring services to protect adults from mistreatment; assisting with applications for public benefits and referrals to community service providers; and initiating probate proceedings. The State develops methods for inter-program coordination through the development and implementation of protocols and co-operative agreements; develops and provides training to counties; and develops public education materials.

In an effort to assist caseworkers reduce risk in some of the most challenging cases, the State provided training in 2007 and 2008 on Dispute Resolution and Effectively Managing Challenging Situations, two areas that, unless effectively addressed by caseworkers, may result in continued risk to APS clients. In 2008, the State assisted 13 counties to develop an Adult Protection Team to promote collaboration between agencies, usually resulting in reduced risk to at-risk adults. In 2009, the State will continue to assist counties with development of AP teams and will continue to provide relevant training for APS caseworkers. Additionally, the State is working with Mental Health and the Long-term Care Ombudsmen programs to develop protocols that result in better collaborative processes for at-risk adults and generally result in reduction of risk.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

FY 2008-09 is the first year that this performance measure will be in place for the Adult Protective Services Program. It is anticipated that the first set of data will become available at the end of FY 2008-09.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Aging and Adult Services	Individuals who participate in the state's home delivered meals program maintain or improve their nutritional status. The percentage of program participants whose nutrition scores were maintained or improved after six months of continuous program services.  <i>*Note: Participants are assessed every six months from the on-set of services using the "Determine Your Nutritional Health" checklist. Nutrition scores are based on self-reported answers to the 10 risk factors that make up this checklist, which was developed by the Nutrition Screening Initiative..</i>	<b>Program Benchmark</b>	N/A	N/A	N/A	Establish baseline	Improve over baseline
		<b>Actual</b>	N/A	N/A	N/A		

Strategies to Meet the Performance Measure:

Nutrition programs across the state of Colorado are a vital component to helping seniors stay independent and healthy. Good nutrition can support active aging and poor nutrition can impair quality of life. The Older Americans Act and Older Coloradans Act provide funding for nutrition meals, nutrition screening, nutrition education and counseling, health promotion and disease prevention, and physical activities. At times, illness or hospitalization makes it difficult to prepare a nutritious meal. An older adult may be unable to undertake this task temporarily or for a longer period of time. In these situations, it is reassuring to know that a hot, nutritious meal will be delivered by a caring volunteer as part of the Home-Delivered Meals program.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

FY 2008-09 is the first year that this performance measure will be in place for the State Unit on Aging. It is anticipated that the first set of data will become available at the end of FY 2008-09.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Aging and Adult Services	Individuals who receive congregate or home delivered meals experience positive personal outcomes. The percentage of program participants who report that the meals they received enhanced their physical and/or emotional well-being.  <i>Note: Participants are encouraged to complete a survey every year throughout their participation in these two programs.</i>	<b>Program Benchmark</b>	N/A	N/A	N/A	Establish baseline	Improve over baseline
		<b>Actual</b>	N/A	N/A	N/A		

Strategies to Meet the Performance Measure:

Nutrition programs across the state of Colorado are a vital component to helping seniors stay independent and healthy. Good nutrition can support active aging and poor nutrition can impair quality of life. The Older Americans Act and Older Coloradans Act provide funding for nutrition meals, nutrition screening, nutrition education and counseling, health promotion and disease prevention, and physical activities. Meals can be provided in congregate (group) settings, or home-delivered if necessary. Senior centers, senior apartments, recreation centers, and churches are examples of locations that serve meals in a group setting. The social atmosphere makes mealtime a friendly, positive experience and helps promote conversation and community. Meals are designed to meet the current Dietary Reference Intakes and the Dietary Guidelines for Americans. At times, an illness or hospitalization makes it difficult to prepare a nutritious meal. An older adult may be unable to undertake this task temporarily or for a longer period of time. In these situations, it is reassuring to know that a hot, nutritious meal will be delivered by a caring volunteer as part of the Home-Delivered Meals program.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes

FY 2008-09 is the first year that this performance measure will be in place for the State Unit on Aging. It is anticipated that the first set of survey data will become available at the end of FY 2008-09.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Aging and Adult Services	Improve the standard of living for individuals living in poverty. Recipient income (as a percentage of the federal poverty level) for Colorado's Old Age Pension (OAP) and Aid to the Needy Disabled (AND) programs (Colorado Supplement and State Only).	<b>Program Benchmark</b>	OAP 78.34% AND-CS 66.54% AND-SO 23.35%	OAP 78.99% AND-CS 64.53% AND-SO 25.16%	OAP 79.41% AND-CS 76.35% AND-SO 28.19%	OAP 76.36% AND-CS 73.47% AND-SO 26.53%	OAP 76.36% AND-CS 73.47% AND-SO 26.53%
		<b>Actual</b>	OAP 78.99% AND-CS 64.53% AND-SO 25.16%	OAP 79.41% AND-CS 76.35% AND-SO 28.19%	OAP 76.36% AND-CS 73.47% AND-SO 26.53%		

Strategies to Meet the Performance Measure:

The Division of Aging and Adult Services works closely with the Office of State Planning and Budgeting (OSPB) and the Joint Budget Committee (JBC) each year to communicate the appropriation needs of the Adult Financial Services programs to improve the standard of living for those recipients living in poverty. The State Board of Human Services typically passes a cost of living adjustment (COLA) that is equal to the Social Security Administration's (SSA) grant adjustment to the Supplemental Security Income grants. The cost of living adjustment is normally effective in January of each year. This COLA is an important part of the State's plan to improve the standard of living for those individuals living in poverty.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The benchmarks and actuals for this measure compare a recipient's subsidized income level (after receiving financial assistance provided by one of these programs) to the federal poverty level. Actuals show that, even with financial assistance, individuals on these grant assistance programs are still living well below the poverty level. The goal each year is for subsidized income to remain at the same percentage or slightly higher, when compared to the federal poverty level. However, even with annual cost of living adjustments, it has been difficult to keep pace with increases in the federally established poverty level, which is difficult to predict during the COLA's planning phase. The federal poverty level has been increasing at a significantly higher rate than the SSA grant adjustment. For example, from FY 2006-07 to FY 2007-08, the SSI grant standard only increased by 2.1%, but the federal poverty level increased by 5.9%.

Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Support Enforcement	Percent of current child support paid during the calendar year.	Benchmark	62.40%	59.90%	61.90%	63.90%	65.90%
		Actual	57.90%	59.30%	60.90%		

Strategies to Meet the Performance Measure:

Recognizing that every child support case is different, Colorado CSE professionals are using back-to-basic and personalized strategies to address the nonpayment of current child support. CSE professionals are encouraged to review cases to determine the most appropriate enforcement strategy for that case. Early intervention strategies are being used to address nonpayment of current support as soon as the payments stop, rather than waiting for arrears to accrue to unmanageable amounts. Implementation of an alert system that provides immediate notice to CSE professionals of cases that have stopped paying ensures the right cases are being reviewed timely. In addition, reports and the automated system have been enhanced to assist in identifying cases where current support may no longer be due.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Colorado continues to experience improvement with this performance measure from year to year as we have for the nine years since it was established. This has occurred even though the program has acquired few new enforcement remedies in recent years. Current support collections have grown at a faster rate than overall collections for the past three years. So far this year, we are at 61.9%. Our goal, while ambitious, is meant to challenge and stretch both State and County staff to identify and implement strategies for continuous improvement.

Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Estimate	Estimate	Estimate	Request
Colorado Works Program	Increase actual work participation rates for each federal fiscal year in order to meet mandated federal rates and improve client and family independence and self-sufficiency.	Benchmark	25.00%	35.00%	40.00%	45.00%	50.00%
		Actual	30.00%	30.00%	35.00%		

Strategies to Meet the Performance Measure:

Like many states, Colorado Works implemented a strategy to increase work participation rates that allowed counties to segregate its funding from the block grant in such a way as to decrease the denominator of those participants who will count in the work participation rate. The targeted population for this type of segregated funding are the harder to employ participants who have multiple or significant barriers to employment. This will increase the work participation rate, without any additional cost to the counties or the state. Other strategies include working with counties to do a more thorough up-front assessment process to assure that participants who are not in need of regular on-going cash assistance receive short-term diversion payments, which are also not counted in the work participation calculation.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Because Colorado just implemented these two strategies in April 2008, the full effect of the benefits to the work participation rate will not be known for about another year. Thus our achievement for FFY07 and FFY08 are less than the benchmarks that were anticipated. Also, as the total caseload declines (Colorado is currently at an historic low caseload), the work participation rate slows since the remaining cases are the hardest to serve. Finally, the federal government has not notified us officially of our achieved rates for these years, and won't likely for another few months at the earliest.

Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Disability Determination Services	Quality – Percent of initial level claims with no decisional or documentation errors, as determined by SSA’s Quality Branch from a sample of initial decisions.	<b>Benchmark</b>	93.50%	93.40%	95.00%	95.00%	95.0%
		<b>Actual</b>	94.00%	95.10%	94.3%		

Strategies to Meet the Performance Measure:

Continued training and oversight is expected to improve quality in the coming year.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Last year was the first time in 17 years that DDS did not meet this goal. The loss of experienced case adjudicators and greater ratio of new and inexperienced adjudicators is the primary cause of the lower accuracy rate, which was still within 1% of the goal.



Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Food & Energy Assistance Programs	Achieve a Food Stamp combined payment error rate less than the national average.	<b>Benchmark</b>	<5.00%	<5.00%	<5.00%	<5.00%	<5.00%
		<b>Actual</b>	2.83%	7.42%	7.05%		

Strategies to Meet the Performance Measure:

1. Focus on reducing payment errors in the ten large counties where 82% of the Food Assistance caseload resides by meeting monthly with the counties and by creating, implementing, monitoring and evaluating plans to reduce the most commonly caused errors.
2. Reduce the number of errors caused when changes to income are reported but not act upon. This will be achieved through local and state review of case files; identifying procedural and training needs for individual workers, units or offices; and through correction of cases found in error to prevent future errors.
3. Propose State rule change for current standard utility allowance policy effective for October 1, 2008. The incorrect application of this policy is the cause of the second highest error element statewide.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The State has been able to show steady progress in reducing the payment error rate in Colorado. The official error rate is finalized and reported by USDA Food and Nutrition Services every June for the prior federal fiscal year. The error rate of 7.05% reported for the state year ending June 2008, actually reflects the Quality Assurance review period ending September 2007. The most current information, available from the CDHS Qualify Assurance Division for cases reviewed through March 2008, reflects an error rate of 3.68%. Cases will continue to be reviewed through the end of September 2008, and the final figures for the federal fiscal year ending at that time will be published in June 2009.

Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Food & Energy Assistance Programs	Increase the percentage of expedited food stamp applications processed within the seven (7) day federal guidelines.	<b>Benchmark</b>	90.00%	90.00%	90.00%	95.00%	95.00%
		<b>Actual</b>	N/A	63.18% (final)	62.86% through March 2008		

Strategies to Meet the Performance Measure:

1. Create and distribute an agency letter outlining the basic policy and verification documents needed for processing expedited applications by October 2008.
2. Monitor corrective action plans received by large counties to address and correct this deficiency.
3. Monitor and send weekly report of pending expedited applications to ten large counties to ensure cases are processed timely.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The Quality Assurance Division reports monthly on the results of cases reviewed for timeliness and this data is shared with the counties. The State showed slow progress in improvement in timely processing during FY07 due to focus on payment accuracy improvement. A comprehensive state corrective action plan was submitted and approved by FNS in 12/07 to improve timely processing.

Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Food & Energy Assistance Programs	Increase the percentage of food stamp applications processed within the thirty-day federal guidelines.	<b>Benchmark</b>	90.00%	90.00%	90.00%	95.00%	95.00%
		<b>Actual</b>	N/A	70.67%	70.49% through March 08		

Strategies to Meet the Performance Measure:

- 1) Monitor corrective action plans received by large counties to address and correct this deficiency.
- 2) Monitor and send weekly report of pending applications to ten large counties to ensure cases are processed timely.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The Quality Assurance Division reports monthly on the results of cases reviewed for timeliness and this data is shared with the counties. The State showed slow progress in improvement in timely processing during FY07 due to focus on payment accuracy improvement. A comprehensive state corrective action plan was submitted and approved by FNS in 12/07 to improve timely processing.

Program	Performance Measure	Outcome	FY-2005-06	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Refugee Services Program	Achieve and maintain 70% of CARES (Colorado Alliance for Refugee Empowerment and Success) employable refugee cases that achieve cash assistance terminations as the result of employment within eight (8) months after entry into the United States.	<b>Benchmark</b>	70.00%	70.00%	70.00%	70.00%	70.00%
		<b>Actual</b>	65.30%	60.8%	N/A (Year ends 9/30/08)		

Strategies to Meet the Performance Measure:

- 1) Develop career ladder opportunities in high demand industries such as long-term care and home health care.
- 2) Develop and implement new self-assessment tools for a better fit between a refugee's experiences and expectations.
- 3) Increase and better coordinate core employability services of ESL and culture of work (WorkStyles) training.
- 4) Increase depth and duration of cultural orientation programs provided by resettlement agencies.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The prior year outcomes were artificially low because Colorado, like most states, received an atypical surge of refugee arrivals during the last two months of the fiscal year. They count in our caseload denominator, but not in our employment placement numerator, because most received employment during the next (FY 2007-8) year. Colorado has no control over uneven arrival patterns, as the flow of arrivals is determined by the U. S. State Department. This outcome is still impressive compared to other states with comparably funded resettlement programs, and compared to employment placement outcomes in Colorado for the general population receiving TANF.

**Operations and Financial Services Programs:**

**Information Technology**

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Information Technology	Support the business requirements of the State users by providing a high level of DHS system application availability. Measured by the percent of time access to the system is available. The DHS program areas rely heavily on having access to their system applications to deliver service to their clients and to meet the goals of their mission.	<b>Program Benchmark</b>	99.8%	99.8%	99.8%	99.8%	99.8%
		<b>Actual</b>	99.6%	99.9%	99.92%		

**Strategies to Meet the Performance Measure:**

An essential component of consistent application availability is reliability and a high level of uptime for the technical architecture upon which CDHS applications reside. To that end CDHS OIT will maintain LAN and server uptime at a 99.8% availability rate. This will be accomplished by pro-active, ongoing maintenance and automated monitoring in order to reduce unscheduled outages to the maximum extent possible. All critical applications will benefit from systematic core maintenance practices, ongoing 24/7 support availability, and automated alerts to key technical staff when issues occur. Alert automation will include predictive alert capability when possible and appropriate.

**Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:**

Prior year measurements did, in fact, include extensive network uptime statistics. The very high targets for system availability (99.8%) that were set were actually met or exceeded.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Information Technology	Support the business requirements of the County users by providing a high level of access to DHS system applications. Measured by the percent of time access to the system is available. The County users/technicians rely heavily on having access to system applications provided by DHS to deliver benefits and service to their clients.	<b>Program Benchmark</b>	99.8%	99.8%	99.8%	99.8%	99.8%
		<b>Actual</b>	98.4%	99.4%	99.3%		

Strategies to Meet the Performance Measure:

An essential component of consistent application availability is reliability and a high level of uptime for the technical architecture upon which CDHS applications reside. To that end CDHS OIT will maintain LAN and server uptime at a 99.8% availability rate. This will be accomplished by pro-active, ongoing maintenance and automated monitoring in order to reduce unscheduled outages to the maximum extent possible. All critical applications will benefit from systematic core maintenance practices, ongoing 24/7 support availability, and automated alerts to key technical staff when issues occur. Alert automation will include predictive alert capability when possible and appropriate.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Prior year measurements did, in fact, include extensive network uptime statistics. The very high targets for system availability (99.8%) that were set were very closely met.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Information Technology	Provide DHS systems and infrastructure with a technology environment that protects electronic data that includes the personal data of Colorado benefits recipients. Measured by the number of security violations per year.	<b>Program Benchmark</b>	0	0	0	0	0
		<b>Actual</b>	0	0	0		

Strategies to Meet the Performance Measure:

An essential component of consistent application availability is reliability and security for the technical architecture upon which CDHS applications reside. To that end CDHS OIT will provide security options that will protect the personal data of Colorado benefits recipients. This will be accomplished by pro-active, ongoing security on the technical architecture. This will be accomplished also by the Security Control Center by verifying that all staff accessing the CDHS applications signs the CDHS compliance form. The CDHS Security Officer will verify that all staff accessing the CDHS applications take the HIPAA CBT and pass the HIPAA test.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Prior year measurements did, in fact, include extensive security around the personal data of Colorado benefits recipients. All staff that access personal data within the CDHS applications are required to sign a CDHS compliance form and take the HIPAA CBT and pass the HIPAA test before getting a user login.

**Employment & Regulatory Affairs:**

<b><u>Program</u></b>	<b><u>Performance Measure</u></b>	<b>Outcome</b>	<b>FY-2005-06</b>	<b>FY-2006-07</b>	<b>FY-2007-08</b>	<b>FY-2008-09</b>	<b>FY 2009-10</b>
			<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimate</b>	<b>Request</b>
Administrative Review Division	Decrease the error of completing timely six-month case reviews on all children/youth in Out-of-Home placements to meet the federal requirements of a minimum of 95%.	<b>National Benchmark</b>	95%	95%	95%	95%	95%
		<b>Actual</b>	38.40%	46%	62%		

**Strategies to Meet the Performance Measure:**

The Administrative Review Division (ARD) has used two primary strategies to achieve the National Benchmark:

1. In agreement with the Legislative Audit findings, monitoring and tracking where late reviews are occurring most frequently (e.g., in particular counties) as well as how late the reviews are and then using this information in creating protocols for scheduling reviews. The best way to decrease late reviews is to maintain timeliness on as many children as possible, and then use additional review slots to review those children who are late.
2. Submit Decision Items seeking to increase the number of Compliance Investigator II positions. As each fully trained Compliance Investigator II FTE can conduct approximately 55 out-of-home reviews each month, the number of reviews that can be conducted is directly tied to the number of FTE. The only way to conduct the number of reviews required each month is to be fully staffed in such a manner. The ARD continues to monitor both the number of children/youth requiring reviews as well as the number of reviews being conducted by each Compliance Investigator II FTE and uses this information for submitting Decision Items for any additional required FTE.

**Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:**

Since SFY 2006, the ARD has improved performance on this measure by 23.6%. This improvement was due to three reasons, two of which were directly related to increasing the number of fully trained Compliance Investigator II FTE available to conduct reviews.



**Children, Youth and Families**

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Care	Facilities participating in the Quality Improvement Environmental Rating Scales Assessment will increase their baseline scores and show continuous improvement until a level 3 or 4 star rating is achieved.	Benchmark	N/A	N/A	Establish Baseline	1,015	1,116
		Actual	N/A	N/A	923		

**Strategies to Meet the Performance Measure:**

The Division of Child Care tracks the points/star rating score of every provider participating in the School Readiness Quality Improvement Program. Program established baseline points for this measure in FY 2007-08, for all participating sites whose score was 0, 1, or 2 and that are expected to increase their baseline scores and show continuous improvement until a level 3 or 4 star rating score is achieved. Continuous improvement is best depicted through increase of total points, which then translates to star rating scores. Program expects a 10% improvement annually in total points of all sites with 0, 1, or 2 star rating score. Specific strategies to increase the scores of participating providers include professional development/educational services, coaching and mentoring to inform best practice in the classroom, and the provision of additional, enhanced educational materials for use in the providers' settings.

**Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:**

FY 2007-08 established baseline points of 923 at year-end.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Care	The Division will increase the number of facilities that successfully complete the probationary licensing process, through more frequent monitoring, coaching, technical assistance and training for providers. This will be tracked by a data system and compiled into a quarterly report to meet the Governor’s promise of a “Statewide Childcare Report Card.”	<b>Benchmark</b>	N/A	N/A	N/A	Establish Tracking System	N/A
		<b>Actual</b>	N/A	N/A	N/A		

Strategies to Meet the Performance Measure:

Design a system to track those facilities issued probationary licenses. This will be accomplished through the reorganization of the Division of Child Care identifying a staff member who will be responsible to monitor the progress of each facility during the probationary license period.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Data regarding those facilities issued probationary licenses will be maintained regarding the outcome of the probationary license period. Information will be maintained regarding the successful conversion of the license to a permanent license, the issuance of another probationary license, the denial of the renewal application for a license or the summary suspension or surrender of the license.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Care	Facilities participating in the Quality Improvement Environmental Rating Scales Assessment will increase their baseline scores and show continuous improvement until a level 3 or 4 star rating is achieved.	<b>Benchmark</b>	N/A	N/A	Establish Baseline	1,015	1,116
		<b>Actual</b>	N/A	N/A	923		

Strategies to Meet the Performance Measure:

The Division of Child Care tracks the points/star rating score of every provider participating in the School Readiness Quality Improvement Program. Program established baseline points for this measure in FY 2007-08, for all participating sites whose score was 0, 1, or 2 and that are expected to increase their baseline scores and show continuous improvement until a level 3 or 4 star rating score is achieved. Continuous improvement is best depicted through increase of total points, which then translates to star rating scores. Program expects a 10% improvement annually in total points of all sites with 0, 1, or 2 star rating score. Specific strategies to increase the scores of participating providers include professional development/educational services, coaching and mentoring to inform best practice in the classroom, and the provision of additional, enhanced educational materials for use in the providers' settings.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

FY 2007-08 established baseline points of 923 at year-end.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Care	Increase the percentage of families transitioning from Colorado Works (TANF) to the Child Care Assistance Program.	Benchmark	27	28	29	34	35
		Actual	27	27	33		

Strategies to Meet the Performance Measure:

- Legislation passed during the 2004 legislative session strengthening statute supporting the Colorado Child Care Assistance Program. HB04-1049 passed and was signed, making the county requirement to transfer families without application clearly a “shall” rather than a “may”. Additional language was added to statute to clarify when counties are and are not required to transfer families. Corresponding rules were passed through an emergency rule package and became effective August 6<sup>th</sup>, 2004.
- Supporting rule was adopted by State Board to enforce the statutory provision of HB04-1049.
- The CCCAP program provides monthly user group meetings, to maintain contact with local counties. These meetings provide technical assistance to counties as well as help identify barriers in county policy or agency rule that would hinder the successful transition of TANF recipients to the low-income program. County child care staff are trained to work cross-program with Colorado Works staff for implementation of the statute.
- Child Care State staff cross-train Colorado Works State staff on the issue of transitioning families from TANF child care to Low-income child care.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

FY 2007-08 outcomes exceeded the projected benchmark primarily due to the number of families who left the TANF program (Colorado Works) in the past year, creating a higher need for Low-Income child care. The difference in TANF numbers is partially reflective of changed federal TANF policy. Future year benchmarks were adjusted to accommodate this change.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Care	Decrease the number of life/safety violations incurred by providers. Life/Safety is defined as child abuse, neglect, and safety hazards in the child care environment.	<b>Benchmark</b>	n/a	6	3	n/a	xx
		<b>Actual</b>	n/a	n/a	xx		

Strategies to Meet the Performance Measure:

Design a system to track health and safety violations documented during a licensing visit to a child care facility. This will be accomplished through the implementation of the workflow system. Workflow is a computer system that will facilitate down loading the most current licensing data from the Trails and the CCCLS system onto the licensing specialist laptop/PC eliminating the need for the licensing specialist to build the ROI from scratch. It will allow for the Division of Child Care to enter/modify any licensing rules and severity related to rules as well as the most current rules and regulations. Workflow will have several ways in which the data collected and can be reported; for example: each regulation has a severity level attached so a report may be generated focusing on any chosen criteria such as a particular severity level or a specific violation type i.e. safety hazards.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Data regarding health and safety violations of child care providers will be maintained and analyzed. Once a baseline is set, the division will be able to monitor the decrease of the number of life/safety violations incurred by providers.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Welfare Services	Permanency through adoption will be achieved timely. Adoptions will be finalized within 12-months of the date the child becomes legally free for adoption.	<b>Benchmark</b>	N/A	N/A	53.7%	53.7%	53.7%
		<b>Actual</b>	N/A	N/A	50.9%		

Strategies to Meet the Performance Measure:

Strategies for improvement are to require counties to develop a work plan addressing how the county intends to meet or improve upon this measure. The State has provided county specific data, as well as statewide data to provide information to county supervisors and management that can be used to make improvements. The Child Welfare Division hosts the “Heart Gallery” a recruitment event that promotes adoption of children. The Division will also be hosting an awareness event in November 2008 with a goal of reaching 2000 people informing them about the need for more adoptive families.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Colorado’s goal exceeds the national standard of 45.5%. However, the data has fallen short of the Colorado goal and measures are being taken to meet the State expectation.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Welfare Services	Children are first and foremost protected from abuse and neglect. For children who were victims of substantiated or indicated abuse or neglect, the percentage of children that do not experience another incident of abuse or neglect within the following 6-month period, shall exceed the national standard.	<b>Benchmark</b>	94.60%	94.60%	94.60%	93.90%	93.90%
		<b>Actual</b>	96.24%	95.7%	95.65%		

Strategies to Meet the Performance Measure:

Strategies for improvement are to require counties to develop a work plan addressing how the county intends to meet or improve upon this measure. The State has provided county specific data, as well as statewide data to provide information to county supervisors and management that can be used to make improvements.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The State has successfully met this measure and continues to exceed the national standard.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Child Welfare Services	Children have permanency and stability in their living situations. The percentage of children that are reunified with their parents or caretakers when discharged from foster care within 12 months will exceed the national standard of 76.2%.	<b>National Benchmark</b>	76.2%	76.2%	76.2%	76.2%	76.2%
		<b>Actual</b>	80.00%	77.2%	76.8%		

Strategies to Meet the Performance Measure:

Strategies for improvement are to require counties to develop a work plan addressing how the county intends to meet or improve upon this measure. The State has provided county specific data, as well as statewide data to provide information to county supervisors and management that can be used to make improvements.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

There has been success in meeting this measure; however, the percentage of children for whom this measure was successfully met has declined. The Department is monitoring this measure. Steps are being taken in an effort to improve performance.



Program	Performance Measure	Program Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Youth Corrections	Improve public safety by reducing post-discharge recidivism to at or below 33%.	<b>Benchmark</b>	33%	33%	33%	33%	33%
		<b>Actual</b>	38.0%	37.9%	35.5%		
Recidivism Definition (post-discharge): A filing for a new felony or misdemeanor offense that occurred within one year following discharge from DYC.							

Strategies to Meet the Performance Measure:

The Division of Youth Corrections in an effort to meet the performance measures has identified 5 Key Strategies that are important in improving public safety by reducing post-discharge recidivism. The strategies include: providing the right services and the right time, delivered by quality staff, using proven practices, in safe environments, while embracing restorative justice principles.

Incorporated in the 5 Key Strategies are the Continuum of Care initiatives, using Evidence Based Approaches along with enhanced Assessment and continual Re-assessment as youth move through the DYC system. This approach allows for the matching of interventions and services based on the needs and risk factors of the individual youth that are utilized throughout the youths involvement in the DYC system including the Parole period.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

While modest, FY 2007-08 represents the second year of decline for post –discharge recidivism. In the Division of Youth Corrections annual evaluation (required by the State Legislature) the measure of the prevalence of new filings is determined for a cohort of discharged youth within one year of leaving the Division. Currently, the three-year data trend shows a decline approaching the 33% baseline set. It has been part of the Division’s long-term strategy to identify new initiatives and programming to target this statistic. This is demonstrated once again by the enhanced assessments and re-assessments to insure that the right services are being provided to the youth by matching the best services to meet the youth’s needs and risk factors in a way that will allow the youth the best opportunity to be successful as they move through the DYC system and back into the community.

Program	Performance Measure	Program Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Youth Corrections	Provide a safe and secure correctional environment for youth and staff by reducing the overall rate of critical incidents per ADP to at or below 6.5% in residential programs.	Benchmark	6.5%	6.5%	6.5%	6.5%	6.5%
		Actual	7.5%	8.0%	8.6%		

ADP Definition: The average number of youth present in a facility or program during the reporting period.

Strategies to Meet the Performance Measure:

Providing a safe and secure environment is a key strategy for the division. As part of the overall strategy the utilization of enhanced assessment tools has allowed the Division to place youth in the least restrictive environment with services and appropriate interventions that are based on the needs and risk factors demonstrated by the youth. The implementation of an advanced risk assessment instrument for ongoing assessment of the youth is incorporated into the strategic case planning used by the Client Managers and Parole Officers to insure that youth are placed in the most appropriate and effective placement. The Division has also developed resources including mental health, substance abuse, and offense specific services that are provided within the secure correctional environment to assist in creating a safe environment for both the youth and the staff.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

While this benchmark continues to be below the targeted 6.5% mark, safety for youth and staff in our most secure environments is a primary goal for the Division. There has been increased training and technical assistance to the staff within the facilities to address this issue. This increased awareness along with providing more services specific to their needs and risk factors within the secure facilities will allow for a decreased number of critical incidents per ADP.

The division has also focused on improving our statewide training program for all staff within the division. This strategy will allow staff within the secure environments to have the most recent, evidence-based training that will be consistent with the overall goal of creating the safest environments for youth and staff. Quality training along with appropriate assessment of the youths needs will have a positive impact on the Divisions ability to meet this established benchmark.

On a quarterly basis critical incidents are reviewed and analyzed to identify trends or the general nature of the critical incidents being reported. This process allows for the identification of issues that can be addressed either through training or the need for additional technical assistance. There has also been an increased emphasis on accurate and timely reporting of incidents and this may be artificially increasing the percentage over the last two years. The quarterly reviews and on-going training will assist in identifying the true nature of the data and assist in developing the strategies to impact this benchmark overall.

Program	Performance Measure	Program Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Youth Corrections	Ensure community safety by increasing the percentage of youth whose SB 91-94 community based detention case was closed and did not have any charges filed for an offense while their SB94 case was open.	<b>Benchmark</b>	85.0%	85.0%	85.0%	85.0%	85.0%
		<b>Actual</b>	96.5%	96.3%	95.3%		
SB 91-94 Description: SB 91-94 is a statewide collaborative effort that focuses on the appropriate placement of youth in the detention continuum. The Division of Youth Corrections contracts with each of the state's 22 judicial districts to implement locally developed plans to reduce the state's reliance on secure detention and effectively supervise youth in the community while they are awaiting disposition in juvenile cases.							

Strategies to Meet the Performance Measure:

The following strategies have been utilized to ensure community safety through he SB 91-94 community based detention services:

- Implementation of an advanced risk assessment instrument – the Colorado Juvenile Risk Assessment prescreen.
- Evidenced based approaches
- Increased mental health and substance abuse treatment services
- Supervision and tracking mechanisms
- Matching the appropriate interventions based on the youth's needs and risk factors.
- Placing youth in the least restrictive environment
- Strategic case planning based on the identified needs and risk factors of the youth.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The SB 91-94 program has continually shown success rates for this benchmark as demonstrated in FY 2007-08 less than 5% of youth with open SB 91-94 cases had new charges filed. The success is a result of the strategies listed above along with a strong local community collaboration focused on providing the best services to youth in the least restrictive environment with support systems in place to meet the needs and risk factors of the youth.

Program	Performance Measure	Program Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Youth Corrections	Improve the social functioning of committed youth by reducing pre-discharge recidivism to at or below 35%.	<b>Benchmark</b>	35%	35%	35%	35%	35%
		<b>Actual</b>	33.1%	39.1%	38.5%		
Recidivism Definition (pre-discharge): A filing for a new felony or misdemeanor offense that occurred prior to discharge from DYC.							

Strategies to Meet the Performance Measure:

The Division of Youth Corrections has implemented the following strategies to improve the social functioning of committed youth by reducing pre-discharge recidivism:

- Using evidence based approaches
- The implementation of the Continuum of Care Initiative
- Enhanced Parole programming to meet the needs and risk factor of the youth
- The implementation of the Colorado Juvenile Risk Assessment
- Mandatory and continuous assessment of the youth
- Matching appropriate services based on the needs and risk factors of the youth.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Pre-discharge recidivism rates are measured on an annual basis as required by the Colorado Legislature by evaluating a cohort of discharged youth to determine the rate of new filings received prior to discharge for the Division (this includes the periods of commitment and parole). In FY 2007-08 there was a slight decrease in the youth that recidivated while in the Division, in comparison to the prior year. Reductions in this area can be contributed to the strategies listed above.

Program	Performance Measure	Program Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Youth Corrections	Improve the stability and self-sufficiency of committed youth by achieving a rate of 75% of youth either employed or in school at discharge.	<b>Program Benchmark</b>	75%	75%	75%	75%	75%
		<b>Actual</b>	71%	73.4%	72.5%		

Strategies to Meet the Performance Measure:

The current strategies to improve the stability and self-sufficiency of committed youth who are either employed or in school ans time of discharge include:

- The development of year round educational programs that allow for continuous educational opportunities regardless of when the youth enters the NYC system
- Comprehensive educational assessment
- The creation of Personal Learning Programs (PLP)
- Vocational and employment opportunities
- Transitional programming
- Assistance with higher education applications and applications for financial assistance (federal and local)
- Multiple education tracks (High School re-entry, diploma, GED, college prep)
- Assessment and treatment for learning disabilities – updated IEP’s
- Cooperation with local school districts to meet the educational needs of the youth
- Special programming based on the needs and individual needs of the youth

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

For FY 2007-08, the rate of 72.5% falls short of the benchmark by 2.5 %. The Division is examining ways to more accurately measure success in the area as youth may be excluded if they are not enrolled in a school or employed on the day of discharge. Therefore, the measure of success in this area has limitations as demonstrated by timing of the enrollment into school or the date of hire for employment. Also, youth who may be in between jobs at the date of discharge they are not counted. The plan is to identify ways through ongoing case management and planning that all youth who are in school or employed are counted as part of this measure in the future.

## Behavioral Health and Housing

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Mental Health Institutes Division	Maintain the forensics wait list for admission of ITP and competency evaluation inpatients at an average of less than 24 days, and at no more than 28 days for any one patient.	<b>Program Benchmark</b>	NA	Avg. wait = <u>&lt; 24 days;</u> Number over 28 days = <u>0</u>	Avg. wait = <u>15.0 days;</u> Number over 28 days = <u>0</u>	Avg. wait = <u>15.0 days;</u> Number over 28 days = <u>0</u>	Avg. wait = <u>15.0 days;</u> Number over 28 days = <u>0</u>
		<b>Actual</b>	NA	Avg. wait = <u>10.2 days</u>	Avg. wait = <u>17.0 days</u>	Avg. wait = <u>15.0 days</u>	Avg. wait = <u>15.0 days</u>
			NA	Number over 28 days = <u>0</u>	Number over 28 days = <u>0</u>	Number over 28 days = <u>0</u>	Number over 28 days = <u>0</u>
Benchmark is based on meeting the objective and staying within 50% of the first year's average wait.							

### Strategies to Meet the Performance Measure:

The February 2007 settlement agreement for the *Zuniga* lawsuit stipulates that the Department ensure that all inmates referred as inpatients to the Colorado Mental Health Institute at Pueblo (CMHIP) for a competency exam or for restoration to competency to stand trial services, shall not wait longer than 28 days for admission to CMHIP. The agreement also requires that the average (mean) length of time for those awaiting admission shall not exceed 24 days. As of October 15, 2008, the Department and CMHIP have not exceeded these settlement agreement requirements. This success is largely attributable to the following actions taken by the Department:

- Opening of a 20-bed medium-security unit in January 2007 dedicated to the treatment of ITP patients;
- Conversion of an 18-bed maximum-security unit into a rapid turnaround center for competency exam patients;
- Accelerated use of contracted physicians to perform competency exams on an outpatient basis;
- Discharging a number of stabilized, long-term ITP patients to other facilities while still providing the court ordered status and evaluation reports;
- Creation of a monitoring database to track all referred patients to expedite admissions and patient processing, from the initial court order through evaluation, restoration and discharge;
- Increasing the placement of low-risk exam and restoration patients onto CMHIP civil units;
- Improving communication with jail and prison personnel to accelerate patient transport and enhance the quality of inmate care, thereby decreasing the number of patients requiring readmission after examination or restoration; and,

- Improving communication and coordination with the courts and jails to ensure that only those inmates who need to be placed in a inpatient bed at CMHIP are referred to CMHIP as inpatients.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

While CMHIP exceeded its target of a 15.0 day average wait time in FY 2007-08, the 17.0 average is well below the court ordered 24 days. The primary reasons for the increase are that the overall number of referrals continues to increase (469 referrals for inpatient exams and restorations in FY 2007-08 versus 442 in FY 2006-07); and even more significantly, those restoration patients that prove most difficult to treat and restore to competency (and thus discharge) represent a growing share of the population, thereby reducing the number of beds available for new admissions and increasing the average waiting time for a bed. The Department is confident that it will be able to continue to meet the benchmark and the settlement agreement terms until the new 200-bed High Security Forensics Institute (which will increase capacity by 12 beds) opens in June 2009.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Mental Health Institutes Division	Reduce the number of consumers readmitted to Mental Health Institute inpatient psychiatric units within 180 days (based upon admission to the campus) by one percent.	<b>Program Benchmark</b>	666	576	511	510	505
		<b>Actual</b>	CMHIP = 302	CMHIP = 236	CMHIP = 251	CMHIP = 248	CMHIP = 246
			CMHIFL = 280	CMHIFL = 280	CMHIFL = 264	CMHIFL = 261	CMHIFL = 258
MHIs = <u>582</u>	MHIs = <u>516</u>	MHIs = <u>515</u>	MHIs = <u>509</u>	MHIs = <u>504</u>			
Benchmark is based on actual data from FY 2004-05 (666 consumers)							

Strategies to Meet the Performance Measure:

Outreach to the Community Mental Health Centers (CMHCs) by Institute staff has also increased through continuity of care meetings with the CMHCs that address outpatient treatment needs, risk assessment skills, and discharging-physician-to-community-treatment-team discussions; all of these efforts to decrease the number of individuals readmitted. Over the last few years, the Institutes have greatly increased their contacts with the Colorado chapters of the National Alliance on Mental Illness (NAMI) in a two-way educational effort regarding the Institutes' services and the needs of mental health consumers. Finally, as noted in the Zuniga settlement wait list, CMHIP's emphasis on performing competency exams on an outpatient basis, as well as improved communication with jail and prison personnel to enhance the quality of care in those facilities, contribute towards decreasing the number of patients requiring readmission after examination or restoration.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

While readmissions within 180 days decreased (by 16, or 5.7 percent) from the prior fiscal year at the Colorado Mental Health Institute at Fort Logan (CMHIFL), the number of readmissions increased (by 15, or 6.4 percent) at CMHIP, resulting in a missed target for this objective for FY 2007-08. Of the 251 readmissions at CMHIP, 180 were to civil beds and most reflected the continuing problems that are targeted by the above strategies, including:

- The rapid readmission of patients with bipolar disorders who could not meaningfully participate in treatment in the community, as well as other patients who did not take prescribed medications and/or attend therapy;
- Requests from community providers to turnover beds (and thus discharge patients) as rapidly as possible to accommodate new admissions; and
- Inadequate resources in jails to administer and/or purchase prescribed medicines.



New strategies that could impact the readmission rate include the development of new treatment models on the Adult Civil units at CMHIP, and the continued development and implementation of the Recovery Program at both Institutes, which features patient empowerment and the teaching of long-term strategies for living a positive life with mental illness.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Supportive Housing and Homeless Programs	SHHP will receive a minimum score of 95% on HUD's Section 8 Management Assessment Program (SEMAP)	<b>National Benchmark</b>	95%	95%	95%	95%	95%
		<b>Actual</b>	100%	100%	97%	95%	95%

Strategies to Meet the Performance Measure:

*Purpose of the Section Eight Management Assessment Program:*

Supportive Housing and Homeless Programs (SHHP) operates as a Public Housing Agency (PHA). The Section Eight Management Assessment Program (SEMAP) is used to measure Public Housing Agency (PHA) performance and administration of the Housing Choice Voucher Program. The Department of Housing and Urban Development (HUD) rates each PHA annually on 14 performance indicators. An overall performance rating of high, standard, or troubled is then issued to the PHA.

*14 Key Indicators of Performance:*

The 14 SEMAP indicators evaluate whether the PHA is serving eligible families by allowing them to rent affordable and decent housing units at a reasonable subsidy cost as intended by federal housing legislation.

The 14 key indicators that HUD uses to measure SHHP's performance are:

- Proper selection of applicants from the housing choice voucher waiting list
- Sound determination of reasonable rent for each unit leased
- Establishment of payment standards within the required range of the HUD fair market rent
- Accurate verification of family income
- Timely annual reexaminations of family income
- Correct calculation of the tenant share of the rent and the housing assistance payment
- Maintenance of a current schedule of allowances for tenant utility costs
- Ensure units comply with the housing quality standards before families enter into leases and PHAs enter into housing assistance contracts
- Timely annual housing quality inspections

- Performing of quality control inspections to ensure housing quality
- Ensure that landlords and tenants promptly correct housing quality deficiencies
- Ensure that all available housing choice vouchers are used
- Expand housing choice outside areas of poverty or minority concentration
- Enroll families in the family self-sufficiency (FSS) program as required and help FSS families achieve increases in employment income

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

Fiscal Year 2006-07 was the second consecutive year in which Supportive Housing and Homeless Programs obtained a 100% score and a rating of High Performer on the Section Eight Management Assessment Program (SEMAP). In addition to the normal day-to-day administration of the Housing Choice Voucher program, several adjustments to administrative procedures and policies were made that further bolstered SHHP's high SEMAP rating:

- Implementation of an Incentive Based Administrative Fee Funding Program for partner agencies as it relates to timely submission of Annual Reexaminations, HQS Inspection Reports, and New Admission lease-ups.
- Consistent monitoring of HUD's Public Information Center (PIC) database which contains all current statistics as they relate to SHHP's tenants. This is done to ensure correct data has been submitted, and when discrepancies arise they are corrected and resubmitted.
- Revision of income verification procedures utilizing HUD's electronic income verification system known as the Enterprise Income Verification (EIV) as well as the WorkNumber.com. Supportive Housing and Homeless Programs has also negotiated access to CBMS for TANF and Food Stamps information and Family Support Registry (FSR) for Child Support information to assist in increasing the accuracy of income verifications.
- A sample of 28 program files were audited by SHHP to ensure compliance with pre-application and new admission requirements.
- A sample of 107 program files were audited by SHHP to ensure compliance with income and rent calculation requirements.
- A sample of 64 Housing Quality Standards (HQS) Quality Assurance inspections were performed to ensure inspections are being performed in compliance with HUD regulations.
- A new HQS procedure was introduced to create consistency among SHHP's partner agencies that perform inspections throughout the State.
- Training to partner agencies to ensure program knowledge is well established throughout Colorado.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Division of Mental Health	Increase the percentage of persons employed who are treated for mental illness in the public mental health system.	<b>Program Benchmark</b>	23.1%	23.8%	24.6%	25.4%	25.5%
		<b>Actual</b>	26.3%	23.7%	23.5%		

Strategies to Meet the Performance Measure:

The Division will take action to address this performance measure by continuing its work with Evidence Based Practices in each community. The Division plans to identify resources and technical assistance necessary to implement more Evidence Based Practices statewide. The Division's action plan includes continue to build on its collaboration with other state departments and agencies, namely HCPF regarding Medicaid community programs, to ensure a dynamic, integrated public mental health system.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

The FY 2007-2008 actual data is pending completion of Colorado Client Assessment Record (CCAR) data collection and validation. The data reported here is the current best estimate prior to a completed collection and final validation. The Department expects that completed data will be available and reported by November 1, 2008. The Division expects to build on its established reliable measures of the number of evidence based and promising practices across the State. The Division will continue to work with providers and the community to train on using fidelity measures for these practices, as well as for implementing new ones.

Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Division of Mental Health	Increase the percentage of school-aged children attending school who are treated for mental illness in the public mental health system.	<b>Program Benchmark</b>	85.0%	85.0%	85.0%	85.0%	85.0%
		<b>Actual</b>	85.0%	93.5%	93.5		

Strategies to Meet the Performance Measure:

The Division will take action to address this performance measure by continuing its work with Evidence Based Practices in each community. The Division plans to identify resources and technical assistance necessary to implement more Evidence Based Practices statewide. The Division’s action plan includes continue to build on its collaboration with other state departments and agencies, namely HCPF regarding Medicaid community programs, to ensure a dynamic, integrated public mental health system.

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Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Division of Mental Health	Increase the percentage of persons living independently who are treated for mental illness in the public mental health system.	<b>Program Benchmark</b>	78.0%	79.0%	80.0%	81.0%	82.0%
		<b>Actual</b>	79.5%	82.7%	84.2%		

Strategies to Meet the Performance Measure:

The Division will take action to address this performance measure by continuing its work with Evidence Based Practices in each community. The Division plans to identify resources and technical assistance necessary to implement more Evidence Based Practices statewide. The Division's action plan includes continue to build on its collaboration with other state departments and agencies, namely HCPF regarding Medicaid community programs, to ensure a dynamic, integrated public mental health system.

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Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Alcohol and Drug Abuse	Increase the percentage of clients successfully reducing the frequency of primary drug use between admission and discharge for all clients in outpatient treatment.	<b>Program Benchmark</b>	NA	NA	82.7%	85.4%	88.1
		<b>Actual</b>	78.1%	80.8%	81.7%		

Strategies to Meet the Performance Measure:

The Division will take action to address this performance measure by continuing its work with Evidence Based Practices in each community. The Division plans to identify resources and technical assistance necessary to implement more Evidence Based Practices statewide. The Division's action plan includes continue to build on its collaboration with other state departments and agencies, namely HCPF regarding Medicaid community programs, to ensure a dynamic, integrated public mental health system.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

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Program	Performance Measure	Outcome	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
			Actual	Actual	Actual	Estimate	Request
Alcohol and Drug Abuse	Increase the percentage of clients successfully reducing the frequency of primary drug use between admission and discharge for criminal justice clients in outpatient treatment.	<b>Program Benchmark</b>	NA	NA	88.0%	91.0%	94.0%
		<b>Actual</b>	72.3%	84.7%	88.7%		

Strategies to Meet the Performance Measure:

The Division will take action to address this performance measure by continuing its work with Evidence Based Practices in each community. The Division plans to identify resources and technical assistance necessary to implement more Evidence Based Practices statewide. The Division's action plan includes continue to build on its collaboration with other state departments and agencies, namely HCPF regarding Medicaid community programs, to ensure a dynamic, integrated public mental health system.

Evaluation of Success in Meeting Benchmarks – Explanation of Prior Year Outcomes:

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