



Colorado Department of Human Services

people who help people



FY 2010-11

COLORADO DEPARTMENT OF HUMAN SERVICES

DEPARTMENT DESCRIPTION

November 6, 2009

**Colorado Department of Human Services
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Colorado Department of Human Services
5,581.8 FTE
\$2,180,194,458
 \$670,638,807 GF \$359,676,315 CF \$449,135,870 RF \$700,743,466 FF



Veterans & Disability Services
 Deputy Executive Director - Tim Hall
 1,852.7 FTE
 \$522,717,372

Behavioral Health & Housing
 Deputy Executive Director - Joscelyn Gay
 1,380.2 FTE
 \$226,702,662

Self-Sufficiency & Independence
 Deputy Executive Director - Pauline Burton
 428.2 FTE
 \$543,132,412

Children, Youth & Families
 Deputy Executive Director - George Kennedy
 1,127.1 FTE
 \$664,849,578

Operations & Financial Services
 Deputy Executive Director - Reginald Jefferson
 650.0 FTE
 \$158,328,093

Employment & Regulatory Affairs
 Deputy Executive Director - Jenise May
 121.2 FTE
 \$10,257,280

Colorado Department of Human Services Background Information

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

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

The department is a complex organization with a variety of statutory responsibilities. The Department's FY 2009-10 appropriated operating budget is \$2,180,194,458 and 5,581.8 FTE. In addition to managing state-funded programs, the department also administers and provides oversight for a variety of federally-funded programs. Additional information on CDHS management structure and individual program areas is provided below.

Executive Director's Office

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

Beyond the Executive Director's Office the Department is split into six management units each led by a Deputy Executive Director. The six management units for the Department of Human Services are:

- Veterans & Disability Services
- Behavioral Health and Housing
- Self-Sufficiency & Independence
- Children Youth & Families

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- Operations and Financial Services
- Employment & Regulatory Affairs

The intent of the six management units is to provide a leadership structure that enables and facilitates a cross system approach to the Human Services programs in Colorado.

Veterans & Disability Services

Disability Determination Services:

Disability Determination Services (DDS) is the State Agency that makes the disability decisions for Social Security. DDS staff gathers medical information from the sources listed by clients and any new sources discovered in the process. DDS evaluates that evidence against Social Security Disability criteria. The criteria require that the applicant must have a medically determinable physical or mental impairment that is expected to result in death or which will last for at least 12 consecutive months, and which prevents them from performing the work related activities of their previous jobs or any other jobs which they might be able to perform based on their age, education, and work experience. The program is 100% federally funded through Title II and Title XVI of the Social Security Act. DDS is located in Aurora at Havana and Parker Road and has approximately 140 employees.

Division for Developmental Disabilities and Regional Centers (DDD):

The Division for Developmental Disabilities oversees services for adults and children with developmental disabilities through both community-based and state-operated services. Community-based services are administered through 20 Community Centered Boards and state-operated services are provided through three Regional Centers. The Division has approximately 1,000 employees. DD programs are primarily funded (approximately 83%) through Medicaid waivers through the Department of Health Care Policy & Financing (HCPF).

Office of State and Veteran's Nursing Homes:

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

Behavioral Health and Housing

Division of Behavioral Health

Colorado's public mental health system is currently operated by two departments, the Colorado Department of Human Services and the Colorado Department of Health Care Policy and Financing. Community services to Colorado's non-Medicaid eligible population (i.e. the Indigent) are provided by the community-based mental health programs overseen by Division of Behavioral Health. Services to the Medicaid-eligible population are provided through the State's Medicaid capitation program administered by the Colorado Department of Health Care Policy and Financing (HCPF).

The Division of Behavioral Health is designated as the State Mental Health Authority and the State Substance Abuse Authority. These respective authority designations allow the Division to collect almost \$30 million in block grant funding from the federal government. The Division's role is to provide leadership and oversight specifically for the public, community mental health system, including overseeing development of State policies, standards, rules and regulations; planning, contracting and allocation of State resources; program and contract monitoring; technical assistance; program evaluation and outcome measurement; as well as the development and maintenance of management information systems. A full array of services and supports is needed in order to maintain and enhance the quality of life of persons with mental illnesses. The public behavioral health system providers are required to provide all of the core services defined in the current state standards including assessment, case management/service coordination, inpatient treatment, public education, day treatment for children, home based/family support services, residential support services, interagency consultation, residential, vocational/ rehabilitative services, clinical treatment, interagency consultation and 24-hour emergency services. The specialty clinics provide all core services except residential, vocational and emergency services. Ancillary mental health services include respite care, consumer clubhouses and drop-in centers, peer counseling and support services, peer mentoring for children and adolescents, assertive community treatment, warm lines, specialized services for addressing adoption issues, early intervention services, supported living services, prevention services, recovery groups, supportive employment, and peer-run employment services. Division of Behavioral Health contracts for alcohol and drug abuse services through four Managed Service Organizations that in turn, subcontract with community providers for the provision of services.

Division of Mental Health Institutes

The Department of Human Services operates two mental health institutes (MHIs) at Fort Logan and Pueblo. The hospitals serve all indigent citizens in the State of Colorado who require inpatient services to manage severe mental illness. The hospitals provide comprehensive psychiatric, psychological, and medical treatment to patients placed under its care. They receive referrals from private providers in the community, nursing homes, community hospital emergency rooms, county jails, assisted living facilities, board and care homes and the Boys and Girls Ranch of Colorado. The hospitals also work collaboratively with the referral entity to obtain

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important clinical information, coordinate benefits, secure medical/psychiatric follow-up, and provide placement and rehabilitative services where necessary.

During FY 06-07, the hospitals admitted over 7,000 patients (on an inpatient and outpatient basis). These two state psychiatric hospitals have 354 beds combined, to provide psychiatric treatment to child, adolescent, adult and older adult (i.e., geriatric) patients. They also provide dual diagnosis services to seriously mentally ill and chemically dependent patients through the CIRCLE program (MHI-Pueblo) and provide residential treatment services to children and adolescents from the Division of Youth Corrections and the child welfare system (counties) at a Therapeutic Residential Child Care Facility (TRCCF; MHI-Ft. Logan). In addition, the Institute at Pueblo has the only forensic psychiatric hospital (The Institute for Forensic Psychiatry) in the state. The Institute for Forensic Psychiatry (IFP) has 298 beds to evaluate and treat individuals who have been ordered to the hospital based on a determination that they are as not guilty by reason of insanity (NGRI), incompetent to proceed (ITP) with a court hearing, or for various other types of court ordered examinations. The Institute at Pueblo also is the clearinghouse for court-ordered evaluations of various types, and during FY06-07, performed 844 such examinations. The Institute at Pueblo also oversees the Forensic Community-Based Services (FCBS) program, which monitors approximately 150 individuals who have been placed in the community after being deemed not guilty by reason of insanity and successfully treated as inpatients.

Division of Supportive Housing and Homeless

The Division of Supportive Housing and Homeless Programs (SHHP) administers the State's second largest rental assistance program (\$20 million). All of SHHP's rental assistance programs are specifically targeted to persons with special needs including those with physical, mental health, developmental, and substance abuse disabilities. SHHP partners with over 1000 private landlords and approximately 70 community-based service providers (mental health centers, centers for independent living, community centered boards, and others) across the State to provide 3,500 housing units coupled with Division of Behavioral Health. These housing units are commonly referred to as "Section 8" housing. There area currently 1,300 households on SHHP's waiting list for supportive housing and it will take approximately 2 years to exhaust this list.

Domestic Violence Program

The Domestic Violence Program (DVP), located within the Colorado Department of Human Services (CDHS), is dedicated entirely to funding and sustaining community-based domestic violence victim services organizations (CBDVVSOs) across the State. DVP ensures that services to victims of domestic violence and their children are readily available throughout Colorado's diverse communities.

The DVP is also responsible for:

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- Taking the lead for CDHS and state government to address domestic abuse policy and legislative initiatives;
- Working collaboratively and developing partnerships with state entities and community stakeholders;
- Ensuring that programmatic and administrative standards for CBDVVSOs are met and level of service provision is optimal;
- Conducting regular monitoring of CBDVVSOs through site visits and desk audits;
- Tracking statistical data related to CBDVVSOs service delivery;
- Analyzing data and developing relevant reports for program stakeholders; and,
- Delivering domestic violence-related training to CDHS and county departments of human/social services personnel.

In 2008, DVP administered funds and provided oversight to 44 community-based domestic violence victim services organizations (CBDVVSOs). These programs are located throughout the state and represent the majority of CBDVVSOs in Colorado. These CBDVVSOs provide crisis intervention, advocacy, prevention, and various support and skill building to assist victims in re-stabilizing their lives, as well as prevention through community education. CBDVVSOs funded by DVP represent rural and urban, shelter and non-shelter, and general and specialized services. Programs also provide direct services to victims in traditionally underserved areas and populations.

Self-Sufficiency & Independence

Division of Aging & Adult Services:

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. These programs are administered through the County Departments of Social (Human) Services or through regional Area Agencies on Aging.

Office of Self-Sufficiency:

The office of Self-Sufficiency is composed of four distinct divisions, the Division of Low Energy Assistance Program, Division of Colorado Refugee Services, Division of Food and Nutrition, and the Division of Food Distribution.

The Low Income Energy Assistance Program (LEAP) provides cash assistance to help families and individuals pay winter home heating costs or help with broken furnaces or wood stoves. The Colorado Refugee Services Program (CRSP) promotes effective resettlement and rapid self-sufficiency within eight months after entry into the United States for the 2,600 refugees who currently arrive in Colorado each year. The primary long-term purpose of CRSP is to prepare refugees for permanent and full integration with their new American communities. The Food and Nutrition Programs include the Food Assistance Program, Employment First Program, Electronic Benefits Transfer Program, and USDA Nutrition Program. The Division provides program oversight and

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direction to the 64 counties that determine eligibility for USDA Supplemental Nutrition Assistance Program and provide direct client assistance in 87 local offices.

Division of Vocational Rehabilitation (DVR):

The Division of Vocational Rehabilitation assists eligible individuals with disabilities to become productive members of the Colorado workforce and to live independently. Increased employment and independence for persons with disabilities is good for Colorado as employment earnings can replace the need for government benefits from a variety of public assistance programs. According to national data, for every dollar spent on vocational rehabilitation services, a consumer earns \$11 in increased taxable earnings. DVR provides services in communities across the state through 36 DVR offices.

Division of Colorado Works:

Colorado Works is the Temporary Assistance for Needy Families (TANF) program in Colorado. Colorado Works is designed to assist participants to terminate their dependence on government benefits by promoting job preparation, work and marriage, and to develop strategies and policies that focus on ensuring that participants are in work activities as soon as possible.

Division of Child Support Enforcement:

The Mission of the Colorado Child Support Enforcement program is to assure that all children receive financial and medical support from each parent. This is accomplished by locating parents, establishing paternity and support obligations, and enforcing those obligations. It is our vision that children can count on their parents for the financial, medical, and emotional support they need to be healthy and successful. The division provides services to the families involved in over 140,000 child support cases and collected in excess of \$320,000,000 in child support in 2008.

Children, Youth & Families

Division of Child Welfare: The Mission of the Division is to ensure the delivery of child welfare services are enhanced so that Colorado's children and families are safe and stable. Child Welfare constitutes a specialized set of services that are intended to strengthen the ability of a family to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning. Services are aimed at stabilizing the family situation and strengthening the family's capacity to care for their children. When safety is not possible within the family, services are focused on the child's need for a stable, permanent home as quickly as possible.

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

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

Division of Children & Family Training: The mission of this division is to provide a strength-based, family-centered, competency-based training program for Child Welfare Professionals and Para-professionals by delivering specialized courses for caseworkers, supervisors, case services aides, foster parents and other child and family serving personnel. The goal is to provide the opportunity for Colorado to develop a highly trained and highly skilled child welfare workforce that is dedicated to ensuring the safety, permanency, and well-being of Colorado's children. To accomplish this goal the division identifies essential training needs through communication with child welfare program staff, county directors, child welfare administrators, and other key stakeholders; establish and maintain a network of training providers who bring a high level of expertise in the child welfare system; facilitate the design and development of competency based curricula; and manage department resources for training in the most efficient and cost effective manner.

Operations & Financial Services:

Office of Operations: This office is comprised of six functional areas that provide financial and business services to both internal and external customers, as well as facilities management services for the department. The Accounting Division is responsible for financial monitoring and reporting, employee payroll, and billing and reimbursement of expenditures for the 64 counties. The Division of Facilities Management provides building operations, maintenance, housekeeping and grounds services for all 24-hour client care facilities statewide and the management of department-wide leased space, energy management and vehicle fleet programs, as well as

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planning and technical services, including capital construction and controlled maintenance budget requests. The Procurement Division provides services in the areas of procurement, purchasing of goods and services, and materials handling. The Contract Management Unit directs and coordinates the department's contract management process. County Administration coordinates the allocation of county social services program funds. The Health Insurance Portability and Accountability (HIPAA) program ensures that the privacy of health information is protected across the Department.

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

Employment & Regulatory Affairs

Employment and Regulatory Affairs: This office is responsible for providing services that assist in ensuring the financial, programmatic, legal and legislative accountability for the programs that the department operates and oversees, and is organized according to eight key functions: Field Administration, Boards and Commissions, County Commissioner Liaison, Communications, Employment Affairs, Audits, Food Stamp Quality Assurance and Administrative Review Division.

Field Administration: This Division provides State supervision and operational consultation to the 64 county departments of human/social services. Field Administrators are assigned to a specific number of counties, provide management consultation and problem-solving processes for county directors, perform compliance activities on their own counties, perform special assignments and projects, such as participating in fatality reviews, and produce materials that are helpful to the system as a whole.

Boards and Commissions: The Division manages and supports the statutory mandates of three Type 1 Boards (Juvenile Parole, State Board of Human Services, and the Developmental Disabilities Council) and two Type 2 Commissions (Commission for the Deaf and Hard of Hearing and the Commission for the Blind and Visually Impaired). The Division also manages and staffs two legal review units (Child Abuse and Neglect Dispute Review and Office of Appeals), the trails based background investigation unit, two programs for deaf and hard of hearing citizens, and provides Department program areas with internal technical assistance on legal issues as well as policy development and analysis.

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Employment Affairs: The Division of Employment Affairs includes Human Resources, Safety and Risk Management, Civil Rights, Workplace Violence, Legal Settlements, Americans with Disabilities Act (ADA) Coordination and the Employment Background Investigations Unit.

Human Resources staff recruit, screen, and hire state employees and administer the state health care and dental benefits system for employees. Human Resources also administers workers' compensation, Family Medical Leave and Short Term Disability. In addition, Human Resources provides technical assistance and guidance for supervisors, managers and employees in the full range of employment issues, including: grievance and discipline, performance management, and Fair Labor Standards Act.

The Safety and Risk Management Unit provides consultation and assistance in meeting the Department's mandatory safety program requirements, as well as in the development of unique business-based injury prevention programs based on the specific needs of the various agencies within CDHS.

The Civil Rights Unit provides consultative, investigations and training on civil rights issues to CDHS employees and prepares Departmental responses to requests from the Colorado Civil Rights Division and the U.S. Equal Employment Opportunity Commission.

The Legal Settlement Coordinator provides guidance and coordination between Department managers and the Attorney General's office for CDHS employment law issues.

Americans with Disability Act (ADA) Coordination includes providing training on reasonable work accommodations and acts as the primary contact for CDHS employees with disabilities seeking accommodation under the Act.

The Employment/Criminal Background Investigations Unit conducts background checks on applicants for CDHS positions having direct contact with vulnerable persons, as required by C.R.S. 27-1-101. CDHS also conducts drug screens for all new hires for positions with direct contact. This unit works in conjunction with the Division of Child Care to conduct criminal background investigation for licensed childcare facilities, as required by the Child Care Licensing Act. Background checks are also conducted for those providers that are defined as: "exempt child care facilities" and "exempt guest care facilities."

Audits: The Audit Division is responsible for monitoring Federal and State funds to ensure that the awards are used for authorized purposes in compliance with laws, rules and regulations, and grant provisions. This unit provides an independent resource that adds value to CDHS by providing audits, professional management services, analysis, and recommendations in order to aid CDHS

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management in the efficient and informed execution of its duties. Auditors comply with AICPA, GAO, and IIA professional standards while performing audits. The Audit Division is currently comprised of 7.0 FTE (5.0 for external monitoring and 2.0 for internal auditing).

Food Stamp Quality Assurance (FSQA): FSQA is responsible for completing the federally-mandated (Code of Federal Regulations (CFR) Title 7: Agriculture, Chapter II, Subchapter C, Part 275, Subpart C, D, E, F, G) Supplemental Nutrition Assistance Program (SNAP, formerly known as USDA FNS Food Stamp Program) quality control function, including operation of the federal data collection and reporting system. The SNAP Quality Control System measures the accuracy of State eligibility and benefit determinations for the Colorado CDHS Food Assistance Program (FAP). The Division collects, analyzes, evaluations and provides error reduction planning regarding accuracy of benefit determination to the Food Assistance Program, the county offices and to USDA Food and Nutrition Services (FNS) SNAP Quality Control.

The Division has contact through a face-to-face interview with the FAP recipient who is selected through a statistically random sample of cases from the Food Assistance Program. Contacts are made with County offices to conduct a review of the county case file, with collateral contacts to verify information and comparison to actual payments made to the recipient. Written findings and case specific reports are provided to Food Assistance Program and county offices for each review. Monthly and annual planning are coordinated with Food Assistance Program to improve the efficiency of the program and to provide better customer service to the Food Assistance population.

Administrative Review Division (ARD): Is the independent, third-party-review system for Colorado, which means ARD is not responsible for program structure or policy and is not the direct service provider for children and families. The ARD functions as Colorado's Quality Assurance entity (as outlined in 45 CFR 1355.34 (c)(3)) and fulfills this role by combining several required functions. Specifically, the Quality Assurance System is comprised of both quantitative and qualitative data collected from Periodic Six-Month Administrative Reviews and Case Reviews, IV-E Reviews, In-Home Service Reviews, and stakeholder Surveys. This combination reduces duplication and associated costs, therefore improving efficiencies. It also allows the capture, analysis, and reporting of findings/data from one central office. The ARD provides crucial process and outcome-related reports to both the State Department of Human Services and the various county departments of human/social services. The ARD works collaboratively with both the Division of Child Welfare and the Division of Youth Corrections to improve services for Colorado's children and families while maintaining an independent viewpoint guided by the mission of ensuring the safety, permanency, and well-being of Colorado's children.

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Prior Year Legislation**

SB09-005 and SB09-133 – Traumatic Brain Injury Program (Spence/Primavera)

SB005 expands the definition of traumatic brain injury to include blast injuries and gives the program flexibility in board makeup and spending for services, research and education. SB133 increases surcharges on some traffic violations and credits the money to the Traumatic Brain Injury Trust Fund.

Fiscal Impact: For SB133, \$730,525 is the estimated revenue (cash funds) to be collected for the surcharge in 2009-10.

SB09-007/SB09-239 Involuntary Commitment Medical Professionals (Veiga/Riesberg)

Maintains the requirement that a licensed physician be the person authorized to examine, certify and testify with regard to court proceedings for the long-term involuntary commitment of individuals involved with drug and alcohol abuse. This bill reversed an amendment to HB08-1061 passed in 2008 which would have taken effect July 1, 2009, which allowed Advance Practice Nurses to examine, certify and testify for the long-term commitment of alcohol and drug abusers. SB09-239 contains a provision that will require the Department of Human Services to review over the summer the involuntary commitment system as it pertains to alcohol and drug abusers and determine whether the system can be expanded to include advance practice nurses with doctoral degrees or specialties in psychiatry. The review also will determine whether the system is working appropriately for alcohol and drug abusers in rural areas.

Fiscal Impact: None.

SB09 - 044 Administrative Procedures Act Cleanup (Boyd/Hullinghorst)

Gives the Department of Human Services final action authority for provider appeals. Allows indigent parties appealing an administrative law judge (ALJ)'s decision to file an audio recording in lieu of a costly written transcript. Clarifies rulemaking by the State Board and the Executive Director.

Fiscal Impact: Minimal – Cost of additional provider appeals to be absorbed by the Appeals Unit

SB09 – 053 Colorado Works Assign Child Support (Tochtrop/Schafer)

Conforms Colorado law to the federal requirement that allows custodial parents who qualify under the federal Temporary Assistance for Needy Families (TANF) Block Grant to keep back child support rather than assigning their rights to that support to the state. The change is mandated by the Federal Deficit Reduction Act of 2005 and takes effect Oct. 1, 2009.

Fiscal Impact: None

SB 09 - 056 Trinidad State Nursing Home (Kester/Riesberg)

Authorizes the Department of Human Services and the Executive Director to transfer title of the nursing home to another owner.. The language of the bill states that the DHS Executive Director will work with Las Animas county commissioners and Trinidad officials and “shall encourage and entertain bids that include an assurance of continuity of care for residents and an employee retention plan.”

Fiscal Impact: Possible one-time revenue if sale occurs. If sold, the Department would incur estimated costs of \$335,000 for payment of accrued leave to departing FTE.

SB09-068 and HB09-1007 – Domestic Abuse Services (Morse/McCann and Frangas/Newell)

HB09-1007 improves child protection efforts by adding domestic violence experts to interagency oversight groups that provide collaborative management of multi-agency services for children and families. SB09-068 provides funding for domestic abuse services by raising fees on divorce petitions and responses and on marriage licenses.

Fiscal Impact: SB068 revenue of \$843,430 is expected to be generated from fees for the Colorado Domestic Abuse Program Fund.

SB09 - 144 Accessibility Deaf and Hard of Hearing (Kester/Gagliardi)

Allows upgrade of technology for Deaf and Hard of Hearing Coloradans. Clarifies that the Department of Human Services will appoint interpreters and auxiliary services for courts within the State Judicial System, not the municipal courts. Creates a grant program using Disabled Telephone Users Fund (DUTF) money for training and other efforts related to deaf Coloradans. Creates a system navigator specialist to assist the deaf and hard of hearing.

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Fiscal Impact: From the DTUF \$135,189 cash funds will be used for 1.6 FTE in 2009-10. The 1.6 FTE include a coordinator for deaf and hard of hearing in the court system and two part-time navigator specialists to provide technical assistance and public awareness. DTUF is funded through a monthly fee on residential telephone lines. The bill will increase the monthly fee on telephones by 0.5 cent in FY2009-10 and 0.9 in out years.

SB09 – 164 Child Welfare Training Academy (Newell/Miklosi)

Creates a Child Welfare Training Academy in the Colorado Department of Human Services. Requires new child welfare workers and new supervisors to undergo training before assuming their duties. Standardizes and mandates training across the state. Assists counties with recruitment and retention of qualified child protection workers.

Fiscal Impact: For the program \$885,668 (GF=\$501,275; Fed=\$384,393) in funding is appropriated in SB09-259, the 2009 Long Bill. Future monies will be contained in the base budget.

SB09 - 245 – Kinship Placement and Guardianship (Sandoval/Schafer)

Conforms Colorado Children's Code to the Fostering Connections to Success and Increasing Adoptions Act of 2008", Public Law 110-351, federal law. Creates the Kinship Guardianship Assistance Program subject to available appropriations, to provide cash assistance for kinship foster parents. Promotes permanent families for youth and children through relative guardianship and adoption. Changes statute to require that county departments of social services contact grandparents and relatives within 30 days instead of 90 days.

Fiscal Impact: In FY 2009-10 the program will begin implementation with system costs of \$89,000 appropriated and savings of \$22,975 for assistance payment changes for a net increase for the program of \$63,025 (\$72,215 GF, with savings of \$3,446 CF and \$5,774. In 2010-11 the program is anticipated to save \$249,950.

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**Colorado Department of Human Services
Hot Issues**

Office of Veteran's & Disability Services

Division for Developmental Disabilities

1. Compliance with Federal Medicaid Waiver Requirements: The overall developmental disability system is currently undergoing substantial restructuring due to federal Centers for Medicare and Medicaid Services (CMS) requirements. CMS required the Department to move certain program costs from the waiver program to the Medicaid State Plan, to increase financial oversight and accountability for the program, including steps to "unbundle" the costs in the comprehensive (residential) waiver program, and that "[a] state must have uniform rate determination methods or standards that apply to each waiver service." The Department has implemented the use of an assessment tool, The Supports Intensity Scale, to determine the relative level of need of all adults being served. Along with the assessment tool, a new rate structure has been released to the system, which assigns a funding level to each adult in the Comprehensive Services (HCBS-DD) and Supported Living Services (HCBS-SLS) Medicaid waiver programs. This process has resulted in new funding levels for some individuals who have been receiving services for many years and this is causing some concern, especially among those service providers who face potential reductions in reimbursement rates for the individuals they serve. The Department has been working with the Legislature and the service providers to help mitigate the impact of the changes in order to facilitate a transition to the fee for service system with a new state established system of rates.

Statewide standardized service rates for the Comprehensive Services program were released in FY 2008-09, and standardized rates for the Supported Living Services program, as well as the Children's Extensive Support Medicaid waiver program, were effective July 1, 2009. In most cases, this means a specific rate for an ongoing service or case, where previously, the amount paid for a service had been individually negotiated at the local level between the service provider and Community Centered Board. Standardization of rates across the state will result in rate changes (increases and decreases) for services.

DDD has worked collaboratively with input from consumers, families, advocates, Community Centered Boards (CCB), service providers, and the Department of Health Care Policy and Financing (HCPF) to minimize any negative impact on services currently being provided. The Department will be monitoring actual implementation during FY 2009-10 to determine if there is a need and justification for making any further adjustments to the rates.

2. Community Centered Board (CCB) Mandated Functions: Medicaid reform in the developmental disabilities system has required implementation of a fee for service reimbursement system. CCB's serve as Colorado's single entry point for developmental disabilities services. In the past, CCB functions were funded under a capacity model of reimbursement. The system allowed CCB's greater flexibility in the use of available funds to cover service provision. Under the new fee for service system, not all functions are directly funded, for example, eligibility determination for developmental disability services and some may be under funded for example, mistreatment, abuse, neglect, and exploitation (MANE) investigations, when compared to CCB actual costs. In Spring 2009, the Division for Developmental Disabilities (DDD) contracted with Myers and Stauffer, LC to perform a financial study of activities performed by CCB's to determine if each activity is mandated and if payments made for mandated activities are adequate, and included recommendations regarding CCB operations and processes that could be improved or streamlined. Based on the results of the study, the Department will develop a work plan to determine the next steps.

3. Growth in Demand for Early Intervention Services: Early intervention services are only available to very young children between the ages of birth and three years. These are the formative years and therefore, a critical time in a child's development. The Department of Human Services has administered early intervention services for more than forty years for infants and toddlers who have significant developmental delays or disabilities. The Division for Developmental Disabilities within the Department has been the lead agency for the federal Individuals with Disabilities Education Act, Part C grant since 2005. Since that time, the Department has worked collaboratively with the Legislature, Community Centered Boards and others to expand access to all available funding sources to address the needs of eligible children through a Coordinated System of Payment for early intervention services.

The demand for early intervention services, at the current service level and cost, shall exceed available funding. Some of the larger CCB service areas are experiencing double digit growth in demand. For FY 2009-10, a 9.9% statewide growth is predicted. The federal Part C grant did receive additional funding through the American Recovery and Reinvestment Act (ARRA). The majority of these funds will be directed toward direct services for infants and toddlers; however, these funds are only available for two years. Colorado must provide an assurance that all eligible children will be served and unless new funding is accessed, there will likely be a waiting list for early intervention services beginning in FY 2010-11, if not before.

4. Regional Center Client Needs: The Regional Centers are serving a clientele with a growing intensity of clinical and security needs, and their needs have outstripped the resources appropriated to serve this population and maintain client and staff well-being and safety. A five-year plan has been developed to implement a combination of new funding for direct care FTE in

combination with a reduction of the Regional Center census to bring the staffing ratios into compliance in order ensure the health and safety of Regional Center residents and staff. Additionally, as a result of changes to the Medicaid waivers that fund Regional Center services, the Regional Centers are no longer able to meet the needs of residents under Medicaid waiver licensure and must convert licensure to Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR). ICF/MR regulations mandate closer supervision and enhanced staffing for clients. The conversion to ICF/MR licensure is planned to take place in three phases. The Wheat Ridge Regional Center will be converted to ICF/MR by the end of FY 2008-09. The time table for additional conversions at the Grand Junction and Pueblo Regional Centers will be requested in future budget years as state revenue projections improve. In the interim, the Regional Centers will continue to implement the remaining components of the plan, that do not include additional resources. These include transitioning 71 current residents that are appropriate for community services to the community based system, maintaining 25 current vacancies, and closing a total of 96 beds to free up staff and associated resources. The staff and resources will be retained to meet the needs of the remaining clients and facilitate ICF/MR conversion for the remaining two Regional Centers.

5. Medicaid Funding for Sheltered Workshops: Federal Medicaid regulations prohibit the use of Medicaid funds in the support of sheltered work (also known as Non-Integrated Work Services - NIWS). There are currently more than 1,000 individuals who receive Non-Integrated Work Services in a sheltered workshop. DDD implemented a three-year plan to either significantly reduce or eliminate State funding for sheltered workshops by July 1, 2012. This change will likely have an impact on many individuals, their families and service providers. DDD is working closely with stakeholders to implement this transition to ensure the process is open and transparent. A stakeholder workgroup of 12 members has been convened to examine all options to ensure the development of the most effective and efficient approaches to making this change by building service and funding alternatives.

6. Definition of Developmental Disability: Based on a Declaratory Order issued in March 2008 by the Department of Human Services in response to a stakeholder request, the Department convened a Task Force to review the current definition of Developmental Disability used in Colorado and make recommendations for any needed changes. The Task Force concluded that the existing definition in State statute is still appropriate, however, the rules implementing the statute more narrowly applied the definition than was needed. The Division has formed a work group to address this issue as recommended by the Task Force. An expanded interpretation of the definition could increase the number of eligible individuals who, without adolescent resources, may ultimately be put on a waiting list as well as the number of individuals seeking eligibility determination through the Community Centered Board (CCB) system. This change will have cost implications for the State.

Disability Determination Services

1. Disability Determination Services (DDS) is a 100% federally funded program that provides the Social Security Administration (SSA) with medical disability decisions for Colorado residents who apply for benefits under the Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) programs. The DDS faces the challenge of a large increase (+20%) in initial caseload, and the SSA estimates continued high case volume, combined with a large increase in release of Continuing Disability Review (CDR) level work. It is estimated that the CDR level work will double over the next two years. For SFY 2007-08, DDS completed 32,593 cases. Currently, DDS estimates the completed workload for the SFY 08-09 at 32,243, however, the initial claims backlog has increased by more than 19% (4,500) during this year. SSA controls the release of CDR cases to manage the total workload. For the SFY 09-10 the total workload is projected to increase by 5.8% to about 39,700 when compared to this year.

State and Veterans Nursing Homes

1. New Domiciliary Care Facility at Fitzsimons: The Department of Human Services Office of State and Veterans Nursing Homes (SVNH) is proposing the construction of a domiciliary care (assisted-living) facility on the grounds of the Fitzsimons Medical Campus in order to maximize partnership opportunities with the new Veterans Administration Hospital and other programmatic settings on the Campus. The SVNH would like to expand their traditional service population to include treating younger veterans who need wrap around services to address some of the debilitating physical and mental health issues previous war veterans experienced.
 - Update – The Department is still very committed to the Fitzsimons Domiciliary program. This project was initially ranked highly in the Governor’s Capital Development priority list however; state fiscal constraints prevented funding from being allocated. The Department applied to the U. S. Department of Veterans Affairs for a construction grant and will continue to explore funding opportunities to provide the 35% construction match required.
2. Trinidad Nursing Home Financial Assessment: In order to improve on the efficiency of Department of Human Services operations, SVNH will complete assessment of divesting the Department of Human Services of the Trinidad State Nursing Home. The divestiture would result in an improvement in efficiency, policy and budget implications for the SVNH. The Trinidad State Nursing Home is the only non-veterans home owned and operated by DHS. It is not in the State of Colorado’s

best interests to compete with the private sector as a Medicaid only nursing home considering the constraints of the personnel, capital improvement and purchasing systems. The Trinidad Home operated at a deficit of \$919,598 in FY 2006-07 and a deficit of \$942,827 in FY 2007-08. These losses are absorbed by the state veterans nursing homes, resulting in fewer dollars being available for direct veteran patient care and reducing the ability to invest money into improving the physical condition of those homes.

- Update – The General Assembly passed and Governor Ritter signed into law Senate Bill 09-056 Concerning the Trinidad State Nursing Home. This legislation allows the Department of Human Services to divest the Trinidad State Nursing Home, with the expectation that the buyer will continue to operate the property as a nursing home maintaining jobs and care in the Trinidad community.
3. Homelake Domiciliary Cottage Renovation: The Homelake Veterans Center began a major renovation to the Domiciliary Cottages in September 2008. Funding sources included general fund, U.S. Department of Veterans Affairs construction grant funds and State Historical grant funds. The project includes major interior renovations and exterior restoration to 46 existing residential Domiciliary Cottages. The cottages were originally built between 1914 and 1939, and have undergone no significant renovations since their original construction. The cottage interiors will be rebuilt to meet current standards of health care, including all new partitions, insulation, interior finishes, lighting, heating, ventilation and air conditioning systems, new doors and windows, emergency call system, telecommunication systems, fire alarms and interior fixtures. All units, when complete, will have fully accessible interiors, and a raised, landscaped “boardwalk” will be constructed between the west and middle rows of cottages to provide a fully accessible public space for resident outdoor activities. The SVNH currently anticipates that the cottages will receive LEED™ certification at the platinum level. Along with providing the veteran residents a new, state-of-the-art, fully accessible living center, the improvements made to the Domiciliary Cottages and the Homelake campus are projected to result in over \$100,000 in annual energy savings.

Division of Vocational Rehabilitation

1. Vocational Rehabilitation Services Wait List: Effective October 17, 2008, the Division of Vocational Rehabilitation (DVR) began operating under an active Order of Selection (OOS) as a mechanism to continue operating the public vocational rehabilitation program when there are not sufficient resources to serve everyone who requires services. The OOS created a wait list for vocational rehabilitation services to individuals with disabilities in Colorado. As of June 2009, there are over

2,500 individuals on the wait list. The Division will be able to address a portion of the wait list need through funds received under the American Recovery and Reinvestment Act (ARRA).

2. Traumatic Brain Injury Program: CDHS is leading the implementation of the Governor's Executive Order on Traumatic Brain Injury through a multi-department initiative to increase collaboration and effectiveness of state services to the growing population of people living with the effects of traumatic brain injury (TBI). The initiative provides for multiple Departments to join together in a coordinated and collaborative effort to share information, planning, and resources for more effective provision of services to Coloradans who experience the effects of TBI. The initiative includes the Departments of Corrections, Health Care Policy and Financing, Higher Education, Human Services, Labor and Employment, Military and Veteran's Affairs, Personnel and Administration, Public Health and Environment, Public Safety, Regulatory Agencies, Transportation, and Education. The initiative will produce a report by October 1, 2009 with recommendations that:
 - Identify and coordinate the activities of state agencies currently involved in services or other functions related to TBI.
 - Promote horizontal collaborative systems that eliminate "silos" of funding and services.
 - Develop a mechanism to allow communication across departments.
 - Provide accessible educational opportunities statewide
 - Develop public/private partnerships
 - Build a method to accurately collect data on incidence and identify unmet needs.
3. ARRA Funds: DVR has been awarded over \$8 million in funds through the American Recovery and Reinvestment Act for 3 programs - Vocational Rehabilitation (\$ 7.3 million), Independent Living (\$ 242,913), and Older Individuals who are Blind (\$ 497,578). DVR is working with partners and stakeholders concerning the use of these funds. DVR will be using a portion of the Vocational Rehabilitation ARRA funds to take individuals off of the wait list and begin providing them with services.
4. ARRA Funds. DVR has a unique opportunity to purchase a Commercial Off the Shelf (COTS), fully integrated, comprehensive case management software system using funds received from the American Recovery and Reinvestment Act (ARRA). Implementation of this system is consistent with the three primary guiding principles for use of these funds:
 - Spend funds quickly to save and create jobs.
 - Ensure transparency, reporting and accountability
 - Invest one-time ARRA funds thoughtfully to minimize the "funding cliff."The system will greatly improve the efficiency of processes, produce consistent and timely reports, increase staff proficiency as counselors will be able to have real-time data entry and retrieval of all consumer information, improve the management of DVR for both administrators and individual counselors, and increase efficiencies for quality assurance and

appeals processes. Counselors will be able to spend more time providing assessment, counseling and guidance to individuals with disabilities in order to reach mutually agreed upon vocational goals. Once those goals are realized, these DVR consumers will be highly trained and skilled citizens ready for employment.

Aging and Adult Services

1. ARRA Funding for Seniors: The American Recovery and Reinvestment Act (ARRA) added \$1,265,254 to the Senior Nutrition Program funding to the Area Agencies on Aging (AAA) and the funds will be available beginning July 1, 2009. The Division estimates that the ARRA funding will provide 138,673 congregate meals for 4,070 unduplicated consumers and 65,367 home delivered meals for 2,944 unduplicated consumers. The Senior Community Service Employment program (SCSEP) received \$240,104 in ARRA funds. The Division estimates that an additional 25 older workers will receive job training, subsidized employment, and job placement assistance through these funds.

Office of Employment and Regulatory Affairs

1. Audit Division is receiving more fraud referrals: The CDHS Audit Division continues to provide a toll free fraud hot line for the Department. Most of the calls continue to be for allegations of client fraud and are referred to counties for further investigation. However, some calls are internal allegations of fraud that require follow-up on the part of the Audit Division. In FY 2008-09, 185 allegations were received compared with 60 in FY 2007-08. There are more requests for investigations, audits, process and financial technical assistance; as well as, training, than the unit can currently staff. The Audit Division continues to prioritize these requests based on risk and available resources.
2. Human Resources Workload: Human Resources workload is the number one issue that accounts for the department's 22% turnover among HR professionals. The Department's Human Resources Unit continues to identify solutions to achieve a stable staffing pattern that affords the opportunity to recruit and retain a committed HR workforce. This will allow HR Specialists to achieve longevity, develop valuable institutional knowledge, and pinpoint opportunities to increase efficiencies. An experienced HR workforce will allow specialists to fill critical positions in a timely manner, and will ensure facilities are fully staffed, thus supporting the Department's ability to achieve its goals and objectives.

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

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

Compensation issues, talent shortage in applicant pools (particularly for client care aids, dining services, custodians, nurses and IT professionals), pending employee retirements will only add to the agency's significant recruitment and retention challenges. The Department cannot take full advantage of the nationwide trend to approve flex place arrangements for employees as 60% of the agency's employees provide direct care services to youth, residents, clients and patients in 24/7 facilities.

3. Food Stamp Quality Assurance Division (FSQA) workload: This is a federally mandated function to audit the state's Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp Program). The economy has increased the applicants and recipients in this program, which in turn has increased the caseload for this program. The caseload for the negative case reviews (those households who are denied benefits from the program) has increased 444% since the implementation of CBMS in September 2004, in part because of the economy, but also because system related issues are still being corrected. However, these denied cases still drive auditing requirements for FSQA. The caseload for the active case reviews (those households who receive benefits from the program) has increased 132% during this same period of time. There has been no increase in staff and instead the division is carrying three vacant positions. The division continues to complete the workload as required through exempt staff working a lot of overtime in order to meet all federally mandated deadlines within acceptable accuracy levels.

Office of Behavioral Health and Housing

1. U.S Department of Justice, Bureau of Alcohol, Tobacco and Firearms (ATF) Waiver Process: Currently, there is a long-standing process in which the Department of Public Safety provides lists of individuals who have been involuntarily hospitalized for mental illness to the ATF, where they are added to a list that prevents them from possessing a firearm. States are now being required to establish a 'relief' process, whereby individuals can petition to have their names removed from this list. This process will likely require a statutory change that will likely raise a number of controversial issues and possibly pit

those in the mental health advocacy community against the law enforcement community. The Department of Human Services is currently working in collaboration with the Department of Public Safety, which will be charged with implementing this process.

2. The Behavioral Health Cabinet and the Transformation Transfer Initiative: In 2007, Governor Bill Ritter, Jr. authorized an unprecedented meeting of some of his Cabinet members to discuss the cross-system impacts of mental health and substance abuse (i.e. behavioral health) in Colorado. Out of this meeting, the Governor authorized the creation of a Behavioral Health Cabinet lead by the Executive Directors of the Departments of Corrections, Health Care Policy and Financing (the state's Medicaid agency), Human Services, Labor and Employment, Local Affairs, Public Health and Environment and Public Safety; other members included the State's Chief Medical Officer and the Director of the Governor's Office of Policy and Initiatives. This Cabinet is currently meeting to develop recommendations on how to best create a coordinated care system across state agencies for individuals with behavioral health needs, including statewide standards and outcomes for behavioral health services across state agencies. Specifically, the Cabinet is charged with integrating behavioral health services, funding and administrative processes in Colorado. In addition, the Governor's Office and each Department have designated high-level staff within each agency and a broad, representative group of stakeholders to help prioritize transformation activities, perform policy review and development, and implement activities as identified.
3. Increase in Services for Individuals with Acute Behavioral and Psychiatric Needs: The Colorado Mental Health Institutes are being asked to serve an increasing number of individuals with acute behavioral and psychiatric needs due to a dual-diagnosis of mental illness and developmental disability or traumatic brain injury. The Department is meeting with a variety of stakeholder groups to identify the specific services needed and explore options for increasing Institute capacity to provide short-term acute care to these individuals and to develop options that are one step below inpatient hospitalization.
4. Needed Mental Health and Substance Abuse Services for Offender Population: Although not definitely demonstrated as a cause, deinstitutionalization along with other trends, for example, arrests for drug offenses and under-funding of the community mental health system, have contributed to an increase in the number of individuals with mental illness who are incarcerated or supervised by the criminal justice system.¹ In Colorado, the number of incarcerated and supervised offenders who suffer from mental illness is on the rise. For example, the Colorado Division of Probation Services conservatively estimates that, of the entire population of 81,556 supervised offenders, 60 percent (or 48,933) have substance abuse problems,

¹ Reuland, M., Schwarzfeld, M., Draper, L. (2009). *Law enforcement responses to people with mental illnesses: A guide to research-informed policy and practice*. New York, NY: Council of State Governments Justice Center.
(Available at <http://consensusproject.org/downloads/le-research.pdf?>)

13 percent (or 10,602) suffer from mental illness, and 7 percent (or 5,709) exhibit co-occurring disorders (substance abuse and mental illness).² Along with the need for increased treatment is the corresponding necessity to increase service capacity in the state of Colorado to accommodate roughly 19,000 offenders with mental illness and 77,000 offenders with substance abuse issues (derived from the estimates above).

5. Homelessness and Homelessness Prevention: CDHS received a \$1 million HUD grant to provide housing to 210 homeless veterans in partnership with the Denver and Colorado Springs VA medical Centers that will provide intensive case management and supportive services. In November 2008, SHHP and the Department of Education are partnering together to offer several community events to bring awareness to the issues associated with youth homelessness, such as a youth resource fair and a professional development conference for persons working with homeless youth. Governor's approval is pending to establish November 2008 as Homeless and Runaway Youth Awareness Day. Cities throughout the State are requesting their mayors to issue similar proclamations. In addition, SHHP administers a Shelter Plus Care Program to 460 disabled individuals and families who were previously disabled. All receive supportive behavioral health services. In spite of these efforts, affordable housing coupled with appropriate services continues to be a significant need across a number of the populations served by this Department including foster care children transitioning to adulthood, persons with mental illness or substance abuse needs, and families in the self-sufficiency programs.

Office of Operations

1. Erosion of Operating Funds to Maintain 24-Hour Residential Care Facilities: The Department is facing an ever increasing crisis with regard to maintaining the over 285 facilities, many of which provide 24-hour residential care. Analysis by the Office of the State Architect suggests that a reinvestment of 3 to 4% of asset value per year is necessary to provide optimal facilities maintenance. In contrast, the Department of Human Services has received an average of 0.46% for the past seven years. Coupling the lack of facilities maintenance funding with the fact that the Department has one of most aged inventory of facilities in the State, an average of over 55 years old, and the lowest facility condition index (FCI) in the State, and the problem is clear. Controlled Maintenance (CM) over the past seven years has only addressed a small portion of the Department's life safety maintenance backlog, and CM funding has actually been reduced in recent years. The lack of new capital funding, the reduction in CM funding, and the stagnant level of facilities maintenance funding presents a real and tangible risk to the Department. The result is an increase in the number of expensive emergency maintenance repairs and the

² Personal communication, Sherri Hufford (Management Analyst, Div. of Probation Services) May 13, 2009.

increasing likelihood of a catastrophic system failure. Unfortunately, the Department lacks the redundant capacity to accommodate the impact of such a failure on a 24-hour residential care facility.

Office of Children, Youth, and Families

Child Welfare Division

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

The Action Committee will:

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

The Child Welfare Division will continue to be a resource for the Action Committee. Assistance will include provision of documentation, policies, procedures, and data as available; offering program expertise and feedback; coordination with stakeholders; and assisting with the final report to the Governor due December 31, 2009. The Division will also implement recent legislation recommended by the Child Welfare Action committee including SB09-245 to conform with Federal Public Law 110-351 relating to kinship; SB09-104 requiring the provision of verifiable documents to youth emancipating from foster care; SB09-079 that improves the ability of birth siblings to maintain long-term connections and SB09-164 that establishes the Child Welfare Training Academy.

2. The Division of Child Welfare has completed planning on the re-organization of the Division in an effort to better meet the Division's legislative and regulatory requirements and to articulate the functions, expectations and performance of the division. With the additional funding and additional FTE provided through SB09-259, The Division will initiate change management planning to implement the strategic reorganization of the Division.
3. Federal Reviews: Colorado will be participated in two federal reviews in FY 2008-09, the Title IV-E Foster Care Eligibility Review and the Child and Family Services Review (CFSR). The Title IV-E Foster Care Eligibility Review will occur June 22 – 26, 2009 and will focus on whether a child meets Title IV-E eligibility requirements for foster care maintenance payments. The CFSR reviewed Colorado's child welfare programs to ensure conformity with state plan requirements in Titles IV-B and Title IV-E of the Social Security Act in March of 2009. The CFSR covers child protective services, foster care, adoption, family preservation, family support, and independent living. The review looked at the child and family service system as a whole, and the Child Welfare System accountability as to how services from all agencies are being provided for children and families in the Child Welfare System. The onsite portion of the review included: (1) case record reviews; (2) interviews with children and families engaged in services; and (3) interviews with community stakeholders, such as the courts and community agencies, foster families, and caseworkers and service providers.

The Department will be required to develop and implement a Program Improvement Plan (PIP) addressing the areas of nonconformity. No State has passed the first or second round of the CFSR thus far. The Department has made significant progress in the Program Improvement Plan from the first CFSR. Penalties could be applied for the second CFSR if a Program Improvement Plan is required and not successfully completed.

Division of Child Care

1. American Recovery and Reinvestment Act: The Division of Child Care received 24 million dollars. The \$24 million will be spent over FY 2008-09 and 2009-10. For SFY 2008-09, there will be \$10,569,228 spent for direct services in the Child Care Assistance Program. County departments of human/social services through the allocation process will spend those monies.

For FY 2009-10, there is projected spending of \$10,569,227 spent for direct services in the Child Care Assistance Program. County departments of human/social services through the allocation process will spend those monies. Additionally, there is projected spending of \$3,173,850 for Quality Activities (as defined and mandated through ARRA). Those funds will be spent through contracts with community partners.

2. Child Care Automated System (CHATS) Replacement: Approved through SB07-239, Capital Construction Budget, Part V. The Division of Child Care (DCC), OIT-CDHS, and Deloitte Consulting will team to transfer, customize, and implement a system to replace the existing CHATS system. The new CHATS system will be a fully integrated web-based system that will automate the core business functions that support State and County childcare business processes. Core functions include real-time attendance tracking using POS terminals, case management, eligibility determination, and financial management.

The total project duration is May 2009 to April 2011 during which time the system will be implemented in a phased manner during the first 18 months (phased roll-out to all counties).

Division of Youth Corrections

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

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

2. The Continuum of Care Initiative: The Colorado Division of Youth Corrections, as part of its ongoing efforts to systematically pursue and use the most advanced strategies available for juvenile rehabilitation, has undertaken a comprehensive systems improvement effort – the Continuum of Care Initiative as part of the strategy to reduce recidivism rates. This initiative has

brought significant attention and improvements to the Division's continuum of services from pre-commitment (detention) services through commitment and parole. The flexible funding authorization contained in Footnote 86 of Senate Bill 07-239 is a central component of the overall Continuum of Care Initiative, allowing the Division to flexibly deploy funds to ensure the availability of the most effective services in the most appropriate settings to meet the rehabilitation needs of juvenile offenders served.

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

3. DYC :Parole Task Force: Over the last year, the Division formed a Parole Task Force, which is currently engaged in a multi-staged process involving the current structure and practices of community transition and parole. This process will include systemic enhancements to parole structure, policy and staff training. More than 15 Division employees are engaged in this task force, and the Division will be adding key external stakeholders as the process moves forward.
4. Development of Multi-disciplinary Team Approach: An outcome of the work of the Parole Task Force is the adoption of a Multi-Disciplinary Team decision-making model to be employed with the committed population. The Division is currently in the process of developing implementation and change management plans to lay the groundwork for this major systems improvement. Again, the Division will be engaging external stakeholders (primarily private residential and non-residential services providers) to assist with this change.

Office of Self Sufficiency

1. Food Assistance Caseload Growth: With the conditions of the current economic environment the Food Assistance Program (formerly know as Food Stamp Program) is experiencing unprecedented program participation. When April 2009 data is compared to October 2007 data, the Food Assistance Program has experienced a 33% increase in the number of households receiving benefits rising from 106,171 to 141,583. An additional 35,412 households and 79,727 individuals receive benefits. Beginning in September of 2008 through to the present, the caseload continues to grow 2% to 4% each month.

The American Reinvestment and Recovery Act provided approximately \$1.2 million in Food Assistance administrative funds (100% federal funds) in FFY 2009.

2. TANF Contingency: The State of Colorado has an opportunity to draw down up to \$68 million federal TANF funds made available by the American Recover and Reinvestment Act of 2009 (ARRA).
 - The State qualifies for Emergency Fund dollars based on increased Federal Fiscal Year (FFY) 2009 and FFY 2010 expenditures (relative to a base year) in each of three categories: basic assistance, non-recurrent short-term benefits and subsidized employment. The Fund would reimburse the State 80% of any increased expenditures in those categories. For instance, if the State spent \$100 on subsidized employment in the base year, and \$200 in FFY 09, the Fund would reimburse for 80% of the difference, or \$80.
 - Caseload and expenditure increase that are naturally occurring will likely qualify Colorado for about \$40 million in reimbursements (total, both federal fiscal years).
 - These figures are based on Departmental estimates. Funding is not automatic, and the federal government will ultimately determine the amount for which a state may qualify.

3. ACSES Legacy Migration: The Automated Child Support Enforcement System (ACSES) that supports 143,000 child support cases needs to be replaced. It is 21 years old and is increasingly difficult to update, as changing laws and technical environments require. In addition, there is a concern about the ability to maintain the system with the existing software. The ACSES was built using software from Software AG; due to licensing issues with that firm, the State Division of Information Technologies (DoIT) asked all state agencies to move off of Software AG products as soon as possible. The Attorney General is involved in negotiations with the vendor to continue services in the interim, but the cost will exceed \$1 million. The Division of Child Support Enforcement, along with the Office of Information Technology, has embarked on a project to plan and migrate the ACSES to a technologically current operation platform. During this fiscal year, the Department will complete a feasibility study that will determine many of the new architectural details, as well as, set forth a defined strategic migration plan to replace the old ACSES with a new software application and platform to reliably support the work of CSE for years to come.

4. CBMS Modernization: Cooperatively with HCPF and OIT, the Department will be making changes to the Colorado Benefits Management System (CBMS) to streamline the systems. The first step to modernize CBMS will be the implementation of the Web Portal, which will allow customers to screen and apply for benefits using the Internet. The second initiative for CBMS Modernization is Intelligent Data Entry. This enhancement is planned to minimize cross program contention, streamline

worker processes and provide powerful navigation tools. Online application availability is scheduled for early 2010 and the planning/analysis for Intelligent Data Entry is scheduled through 2010.

**Colorado Department of Human Services
Workload Reports**

Veterans and Disability Services – Workload Reports

Office of State and Veterans Nursing Homes
 Division for Developmental Disabilities
 Division of Disability Determination Services

Office of State and Veterans Nursing Homes – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Projected	Projected
Average number of residents served (average monthly census).	84.5%	87.0%	89.0%	83.4.0%	90.0%	90.0%

Note: Estimate FY 2008-09 and projected FY 2009-10 and FY 2010-11 kept at 90% level due to DOM Homelake construction and renovation

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Estimate	Projected	Projected
Patient per Day (PPD) cost for raw food.	\$7.50	\$7.36	\$6.85	\$7.96**	\$8.35	\$8.60
Patient per Day (PPD) cost for pharmaceuticals.	\$4.14	\$5.14	\$5.32	\$6.56**	\$6.90	\$7.11

**FY 08-09 data is valid through May 30, 2009

Department Description FY 2010-11 BUDGET REQUEST

Division for Developmental Disabilities – Workload Indicators

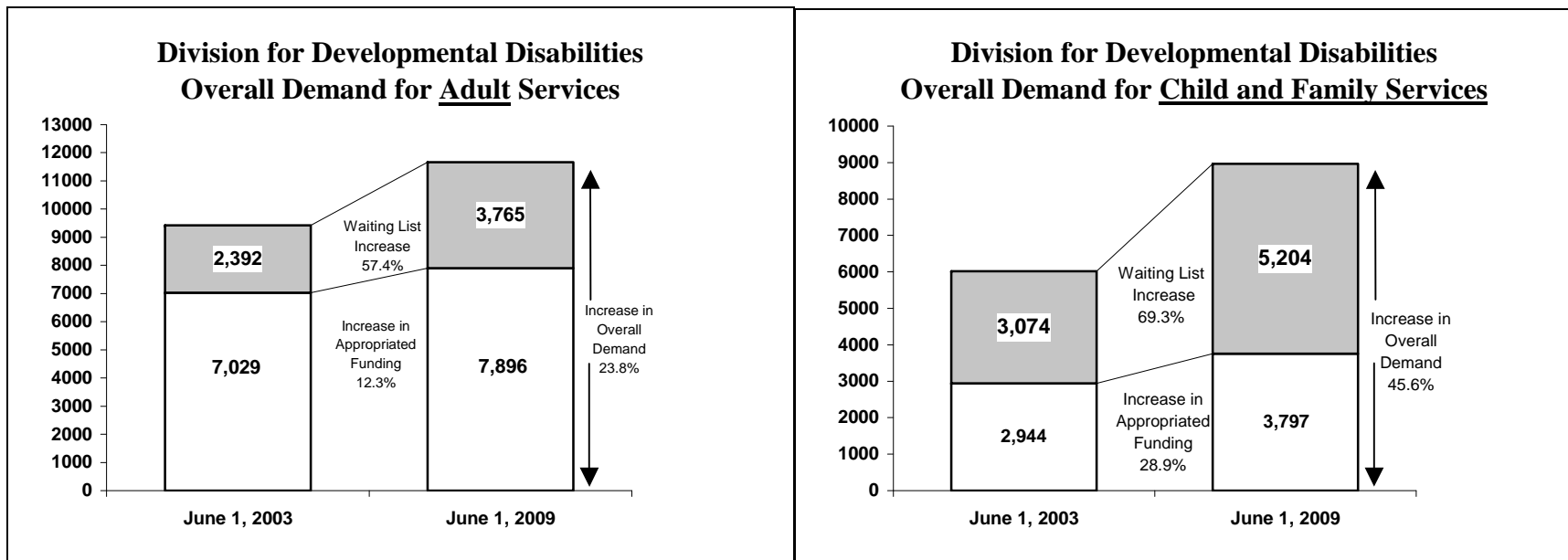
Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Estimate	Projected
Number of adults with developmental disabilities receiving residential services during the last month of the fiscal year. <i>*Assumes no new funding.</i>	3,701	4,111	4,199 As of 4/1/09	4,199*	4,199*
Number of adults with developmental disabilities on waiting list for residential services as of the last day of the fiscal year. <i>*Projected growth - assumes no new funding .</i>	1,544	1,551	1,250 As of 4/1/09	1,450*	1,650*
Number of adults with developmental disabilities receiving Supported Living Services during the last month of the fiscal year. <i>*Assumes no new funding</i>	3,769	3,587	3,603* As of 4/1/09	3,603*	3,603*
Number of adults with developmental disabilities on waiting list for Supported Living Services as of the last day of the fiscal year. <i>*Projected growth - assumes no new funding.</i>	2,600	2,668	2,515 As of 4/1/09	2,715*	2,915*
Average number of children receiving early intervention services each month. <i>*Assumes a 8.4% growth in demand each year</i>	2,550	3,144	5,190 As of 4/1/09	5,626*	6,099*
Total number of families who received Family Support Services during the fiscal year. (unduplicated count)	4,070	3,796	3,112 As of 4/1/09	3,112	3,112
Number of families on waiting list for Family Support Services as of the last day of the fiscal year.	4,265	4,743	4,908 As of 4/1/09	5,073	5,238
Number of children receiving Children's Extensive Support Services during the last month of the fiscal year.	332	387	381 As of 4/1/09	395	395
Number of children on waiting list for Children's Extensive Support Services as of the last day of the fiscal year.	156	235	296 As of 4/1/09	357	418
Number of Program Quality Health and Safety surveys completed during the fiscal year.	220	163	150 As of 4/1/09	192	192

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Estimate	Projected
Percentage of community programs for persons with disabilities that met critical health and safety requirements at the time of their monitoring visit, requiring no follow-up by the Division.	95.0%	87.7%	94% As of 4/1/09	95.0%	95.0%

Division for Developmental Disabilities - Caseload Trends

Name of Trend: DDD overall demand for Adult and Child and Family Services

Trend Exhibit:



Description of Trend: Between June 2003 and June 2009, the Division for Developmental Disabilities has had a 23.8% increase in its overall demand for adult services and a 45.6% increase in its overall demand for child and family services. For adult services, the overall demand includes a 12.3% increase in appropriated funding from 7,029 to 7,896 enrollment authorizations, and a 57.4% increase in the waiting list (those needing services within two years) from 2,392 in June 2003 to 3,765 in June 2009. For child and family services, the overall demand includes a 28.9% increase in appropriated funding from 2,944 in June 2003 to 3,797 enrollment authorizations in June 2009, and a 69.3% increase in the waiting list (those needing services within two years) from 3,074 in June 2003 to 5,204 in June 2009.

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

Department Description FY 2010-11 BUDGET REQUEST

Regional Centers – Workload Indicators

	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Estimate	Projected*
Average daily census for Intermediate Care Facility for persons with Mental Retardation (ICF/MR) placements. <i>(Does not include the Skilled Nursing Facility at the Grand Junction Regional Center).</i> *By the Fall 2009, the Wheat Ridge Regional Center is targeted to convert to ICF/MR and there is an anticipated overall reduction in bed capacity. **Adjusted for anticipated capacity reduction at the Regional Centers.	74.09	74.16	106 As of 6/1/09	201	201
Total number of new admissions to Regional Centers during the fiscal year.	28	25	17	15	15
Number of adults with developmental disabilities on waiting list for Regional Center services as of the last day of the fiscal year.	58	78	86 As of 6/1/09	100	153

Regional Centers - Caseload Trends

Name of Trend:

Trend Exhibit:

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

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

Analysis of Trend: The reduction in the bed capacity of the Regional Centers from 1,310 in 1980 to 358 in FY 2008-09 represented a decrease of 72.7%. A census reduction plan will continue until the Regional Center bed capacity is at 307. There is also an initiative to convert Regional Center funding from Medicaid waivers to ICF/MR in order to ensure appropriate funding and staffing levels.

Department Description FY 2010-11 BUDGET REQUEST

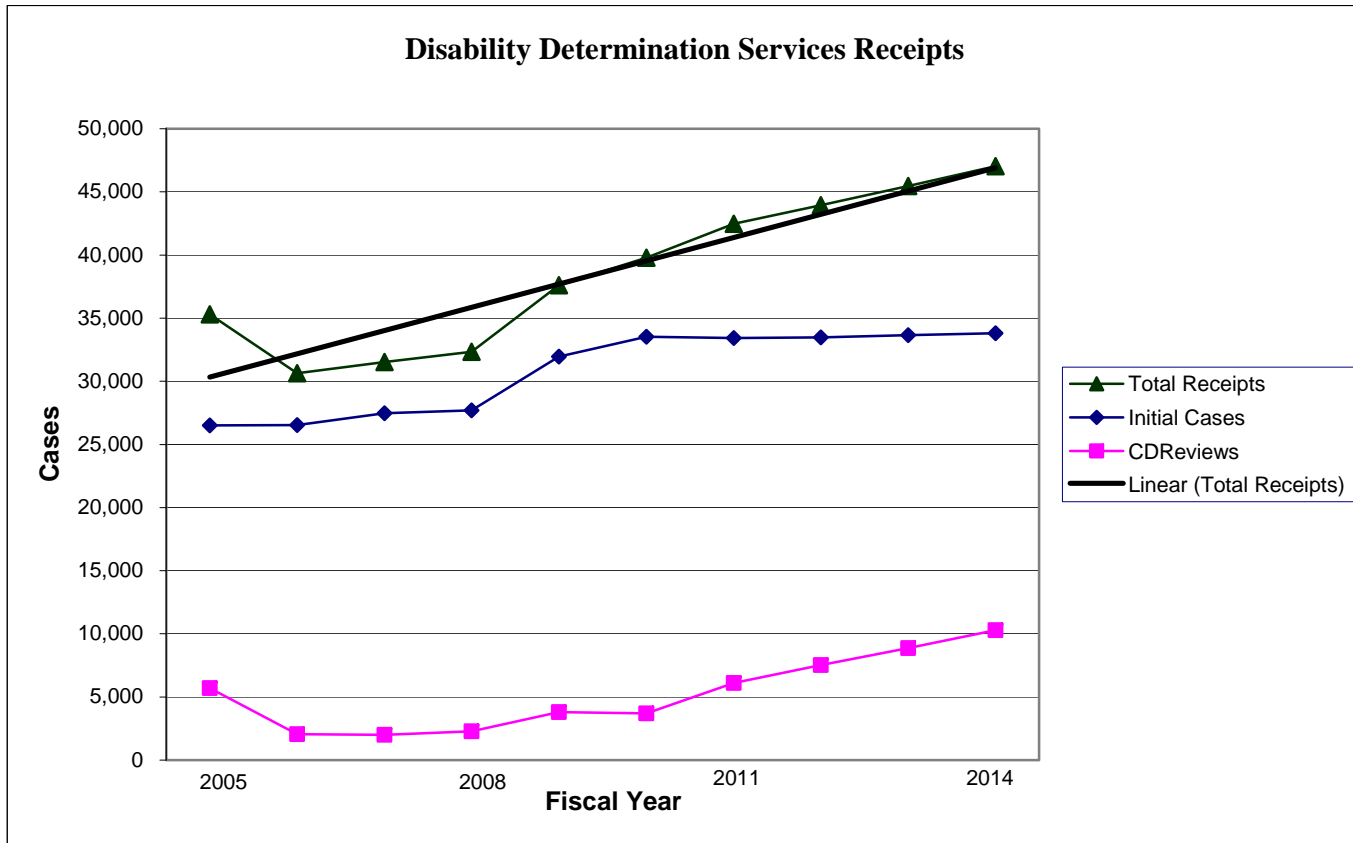
Division of Disability Determination Services– Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Total cases completed.	32,825	31,900	32593	32,300 Estimate thru May	33,500	35,000

Division of Disability Determination Services– Caseload Trends

Name of Trend: Increase in Disability Claims Caseload

Trend Exhibit



Description of Trend: The Division had anticipated growth of initial claims of 1-2% for 2008 and following years. However, since late 2008, case growth has increased by 19%. Further, it is anticipated that the SSA will release substantially more Continuing Disability Reviews (CDR) to the states in 2011, increasing workload by over 30% in that area. Staffing up to meet this increase (+45% from 2008 to 2014) in volume with experienced case adjudicators will be a challenge the next several years.

Analysis of Trend:

Colorado adopted the SSA Disability Service Improvement procedures in the summer of 2007, moving to mostly electronic case records. The expectation from SSA is a more timely process for claimants seeking disability benefits, with awards occurring sooner in the process, but the unanticipated large increase in case volume has pushed average processing time higher for most claims. The rapid rise in claims is believed a function of several factors. First, the poor economy has resulted in persons with marginal employment skills to be laid off and replaced with higher skilled workers seeking employment. Many unemployed persons are seeking any assistance for which they think they might be qualified. Others are advised that they must first file for disability benefits, and only after they are denied would they be reviewed for alternative benefits programs. Thus nationally, initial applications are up 14% while Colorado is up over 19% from last year. The aging of the large 'baby boomer' generation is also a factor, as older workers are more likely to develop more physical medical problems than younger age groups. Colorado's Fort Carson generates a substantial number of Military Casualty cases that are given priority processing by the DDS. Lastly, the mental stress of the poor economy as it impacts individuals and families may result in more medical issues for which persons seek disability benefits.

SSA actuaries estimate that the growth in initial case filings will flatten out in the coming years as the economy improves. However, SSA has been instructed by Congress to increase the number of Continuing Disability Review (CDR) claims released to the DDS, as federal studies show this is a cost-effective way to reduce benefit payout in future years. This caseload will more than double by 2013. While SSA and the DDS work together to improve the efficiency of the disability process, the modest gains expected do not keep pace with the growth in caseload. Thus DDS staffing will need to grow in order to process the work. Yet to train a disability adjudicator to journeyman status takes from two to four years. The recent rapid caseload increase has resulted in a substantial gap in trained staff to complete the work, causing a rise in the pending workload (up nearly 70% in the past nine months).

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V. WORKLOAD REPORTS

Office of Behavioral Health – Workload Reports

- Division of Mental Health Institutes
- Division of Behavioral Health Services
- Division of Supportive Housing and Homeless Program
- Domestic Violence Program

The divisions under the Office of Behavioral Health and Housing are as follows: Division of Behavioral Health, including community mental health and alcohol and drug abuse programs for non-Medicaid eligible individuals; the Mental Health Institute Division, including two state-operated psychiatric hospitals totaling 623 beds at Ft. Logan and Pueblo, the Division of Supportive Housing and Homeless Programs providing Section 8 housing vouchers to individuals with special needs, and the Domestic Violence Program dedicated to funding, training and sustaining domestic violence victim services. The reports below highlight key workload measurements for the respective divisions.

Mental Health Institute Division – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
CO Mental Health Institute at Fort Logan - Civil Units: Direct Care Staff to-Patient Ratio (including TRCCF)	1.40	1.32	1.35	1.38	1.31	1.21
CO Mental Health Institute at Pueblo - Civil Units: Direct Care Staff to-Patient Ratio	1.24	1.39	1.34	1.33	1.33	1.33
CO Mental Health Institute at Pueblo - Forensic Units: Direct Care Staff to-Patient Ratio	1.34	1.39	1.29	1.23	1.15	1.15

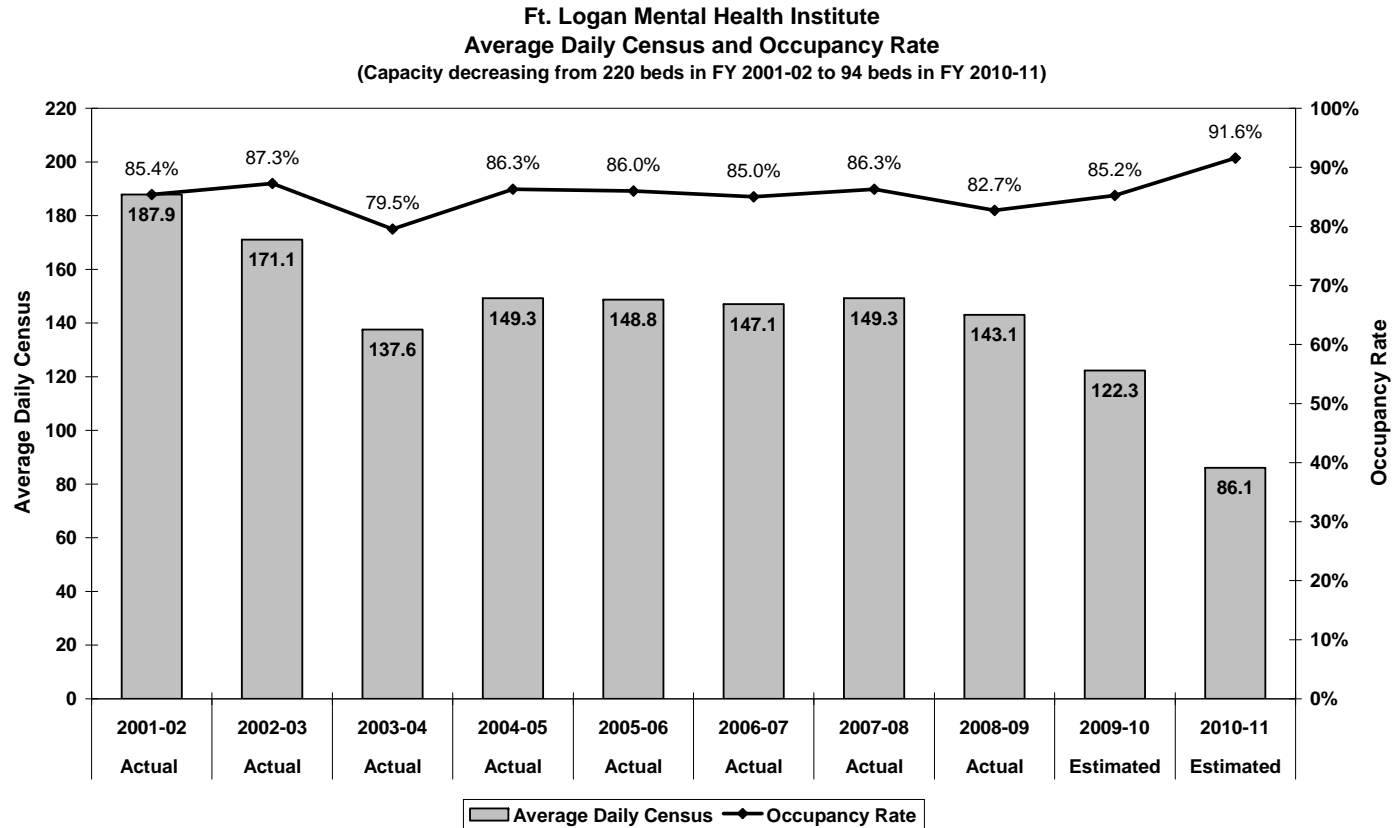
Department Description FY 2010-11 BUDGET REQUEST

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
CO Mental Health Institute at Pueblo: Number of Inpatient and Outpatient Competency Evaluations Performed (including competency, sanity and mental condition exams)	820	840	914	954	1,005	1,005
CO Mental Health Institute at Pueblo: Number of Inpatient Incompetent to Proceed Restorations Performed	170	247	232	188	188	188
Number of Inpatient Admissions - Both Institutes	3,197	3,074	3,058	2,909	2,364	2,045
Registered Nurse Vacancy Rate (based on utilized FTE)	CMHIP: 7.9% Fort Logan: 11.0%	CMHIP: 11.7% Fort Logan: 14.3%	CMHIP: 6.6% Fort Logan: 7.5%	CMHIP: 9.2% Fort Logan: 10.9%	CMHIP: 9.7% Fort Logan: 6.4%	CMHIP: 9.7% Fort Logan: 8.7%
Registered Nurse Turnover Rate (based on utilized FTE)	CMHIP: 11.6% Fort Logan: 24.3%	CMHIP: 16.4% Fort Logan: 20.5%	CMHIP: 20.8% Fort Logan: 15.7%	CMHIP: 15.6% Fort Logan: 15.7%	CMHIP: 15.4% Fort Logan: 15.4%	CMHIP: 15.4% Fort Logan: 11.9%
Institute Population with a TBI or DD Diagnoses.	CMHIP: 6.5% Fort Logan: 8.3%	CMHIP: 6.0% Fort Logan: 6.1%	CMHIP: 5.9% Fort Logan: 8.4%	CMHIP: 7.6% Fort Logan: 7.7%	CMHIP: 8.8% Fort Logan: 7.8%	CMHIP: 8.8% Fort Logan: 8.4%

Mental Health Institutes – Caseload Trends

Name of Trend: Average Daily Census and Occupancy Rate: Fort Logan Mental Health Institute

Trend Exhibit:

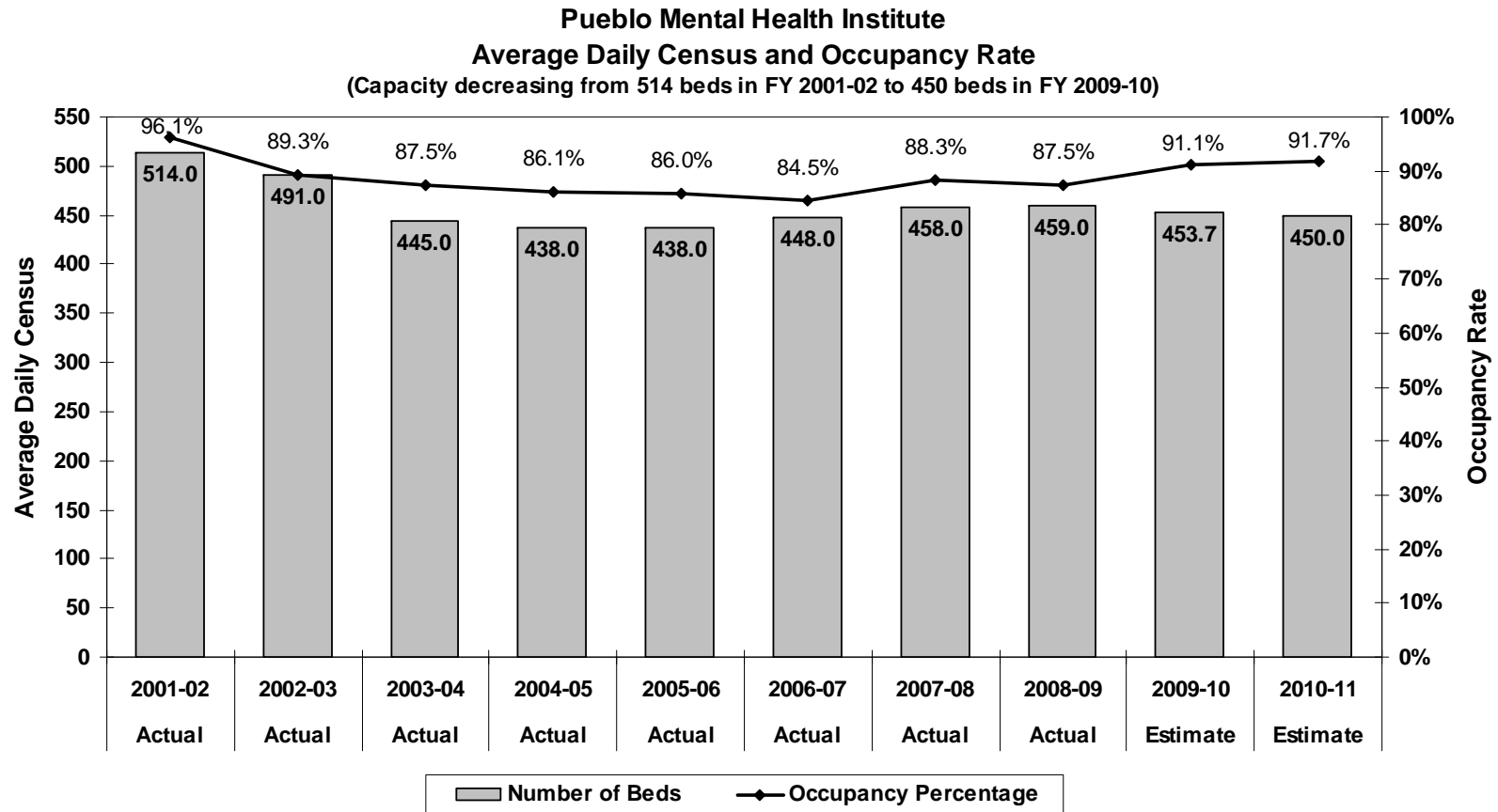


Description of Trend: This trend details the Average Daily Census and occupancy rate for the Fort Logan Mental Health Institute over the last several years.

Analysis of Trend: Following significant downsizing and civil bed closures implemented in FY 2002-03 and FY 2003-04, the Fort Logan occupancy rate and Average Daily Census (ADC) has remained relatively constant over the over the last five fiscal years.

Name of Trend: Average Daily Census and Occupancy Rate: Colorado Mental Health Institute at Pueblo

Trend Exhibit:

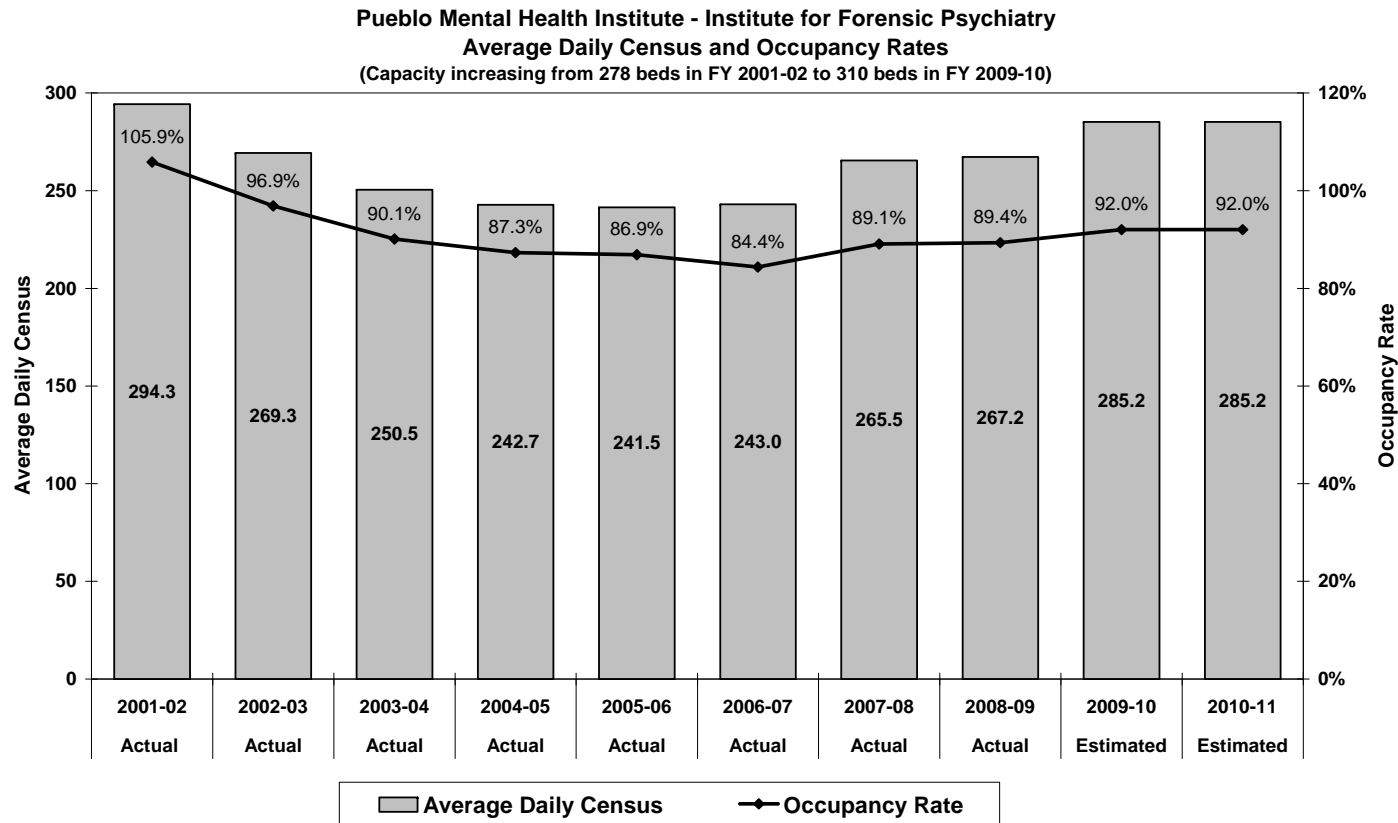


Description of Trend: This trend details the Average Daily Census and Occupancy Rate for the Colorado Mental Health Institute at Pueblo over the last several years.

Analysis of Trend: Following significant downsizing and civil bed closures implemented in FY 2002-03 and FY 2003-04, the Colorado Mental Health Institute at Pueblo (CMHIP) census and Average Daily Census (ADC) has remained relatively constant over the over the last five fiscal years.

Name of Trend: Average Daily Census and Occupancy Rate: Colorado Mental Health Institute at Pueblo - Institute for Forensic Psychiatry.

Trend Exhibit:



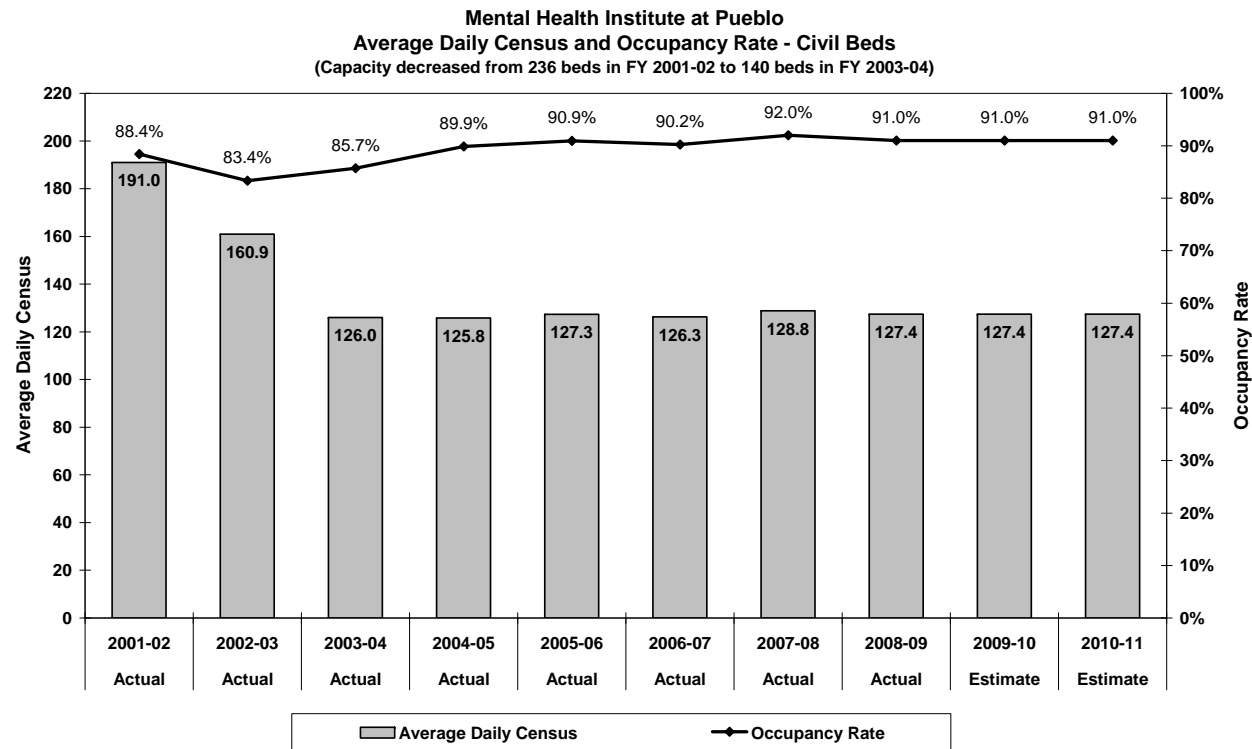
Note: IFP capacity increased from 278 beds to 298 beds in January 2007 as a result of and FY 2006-07 supplemental appropriation to address the competency evaluation and restoration waiting list. An additional 12 beds (for a total of 310 beds) became available June 1, 2009 with the opening of the High Security Forensic Institute.

Description of Trend: This trend details the Average Daily Census and Occupancy Rate for the Colorado Mental Health Institute at Pueblo, Institute for Forensic Psychiatry (IFP) over the last several years.

Analysis of Trend: As the exhibit indicates, IFP occupancy rates have increased gradually over the last several years; from 87.3 percent in FY 2004-05 to 89.4 percent in FY 2008-09. This increase has occurred despite the addition of 20 beds that occurred in January 2007 when the Department opened additional forensics beds to serve the increased demand for court ordered inpatient competency evaluations. The High Security Forensic Institute opened on June 1, 2009 and added an additional 12 beds to the CMHIP IFP capacity for a total of 310 inpatient forensic beds. Given the continual waiting list for admissions for competency evaluations and restoration to competency services, the CMHIP IFP occupancy rate is projected to grow to 92.0% in the current fiscal year (FY 2009-10).

Name of Trend: Average Daily Census and Occupancy Rates: Colorado Mental Health Institute at Pueblo Civil Beds

Trend Exhibit:



Description of Trend: This trend details the Average Daily Census and Occupancy Rate for the Colorado Mental Health Institute at Pueblo, Civil Beds over the last several years.

Analysis of Trend: Following significant downsizing and civil bed closures implemented in FY 2002-03 and FY 2003-04, the Colorado Mental Health Institute at Pueblo (CMHIP) civil occupancy rate and Average Daily Census (ADC) grew from 85.7% in FY 2003-04 to 91.0% in FY 2008-09, in part due to the use of civil beds for low risk patients needs inpatient competency evaluations and restoration to competency services.

Name of Trend: Competency Evaluations and Incompetent to Proceed Restorations (Inpatient and Outpatient)

Trend Exhibit:

CMHIP Exams (sanity, competency, mental condition, etc.) and ITP Referrals (Competency Restorations) per Fiscal Year										
Fiscal Year	Exams				Restorations (ITPs)				% Change from FY 2000-01	
	In Pt	Out Pt	Total	Annual % Change	In Pt	Out Pt	Total	Annual % Change	Exams	ITPs
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-0.7%	27.6%
2003-04	89	416	505	18.5%	109	2	111	0.0%	17.7%	27.6%
2004-05	102	441	543	7.5%	135	1	136	22.5%	26.6%	56.3%
2005-06	191	629	820	51.0%	167	3	170	25.0%	91.1%	95.4%
2006-07	219	621	840	2.4%	223	24	247	45.3%	95.8%	183.9%
2007-08	254	660	914	8.8%	217	15	232	-6.1%	113.1%	166.7%
2008-09	306	648	954	4.4%	170	18	188	-19.0%	122.4%	116.1%

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

Description of Trend: Increase in Competency Evaluations and Incompetent to Proceed Restorations (Inpatient and Outpatient)

Analysis of Trend: Over the last several fiscal years, CMHIP has experienced a dramatic increase in number of forensics patients referred by the courts to CMHIP for inpatient competency evaluations and restorations. The number of inpatient competency evaluations increased by 185.4 percent (from 89 to 254) between FY 2003-04 to FY 2007-08 and reached a total of 306 in FY 2008-09. The number of inpatient competency restorations increased by 97.2 percent over the same period; from 111 restorations in FY 2003-04 to 217 in FY 2007-08.

Division of Behavioral Health – Workload Indicators
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Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of site reviews.	306	314	654	502	529	549
Number of mental health consumer complaints about the public behavioral health system.	72	118	135	169	187	205
Number of contracts, purchase orders and interagency agreements administered.	287	269	139	238	245	245
Number of hours of training provided per year by Division of Behavioral Health.	786	1,167	2,327	2,581	2,324	2,357

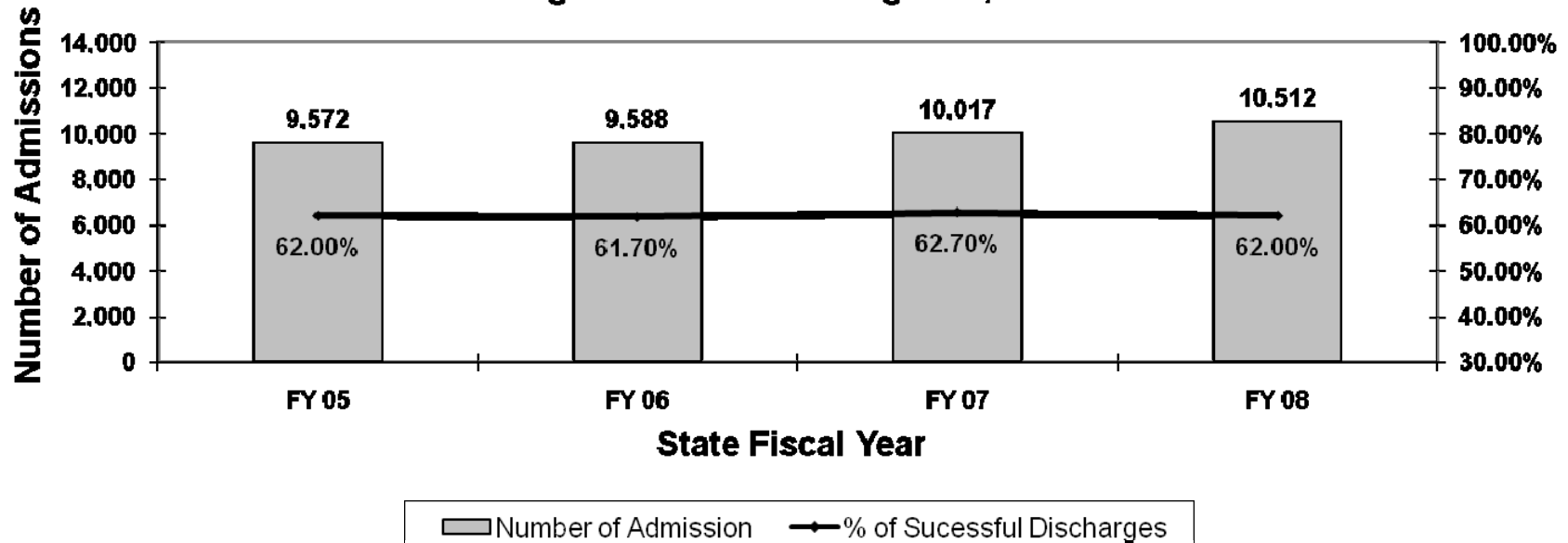
Division of Behavioral Health – Caseload Trends

Name of Trend: Treatment Admissions and Percent of Successful Discharges: Alcohol and Drug Abuse Programs, FY 2005 - 2008.

Trend Exhibit:

Treatment Admissions and Percent of Successful Discharges:

Alcohol and Drug Abuse Funded Programs, FY 2005 to 2008



Description of Trend: This trend details the number of admissions into alcohol and drug treatment programs and the percent of those who have been successfully discharged with moderate to high achievement.

Analysis of Trend:

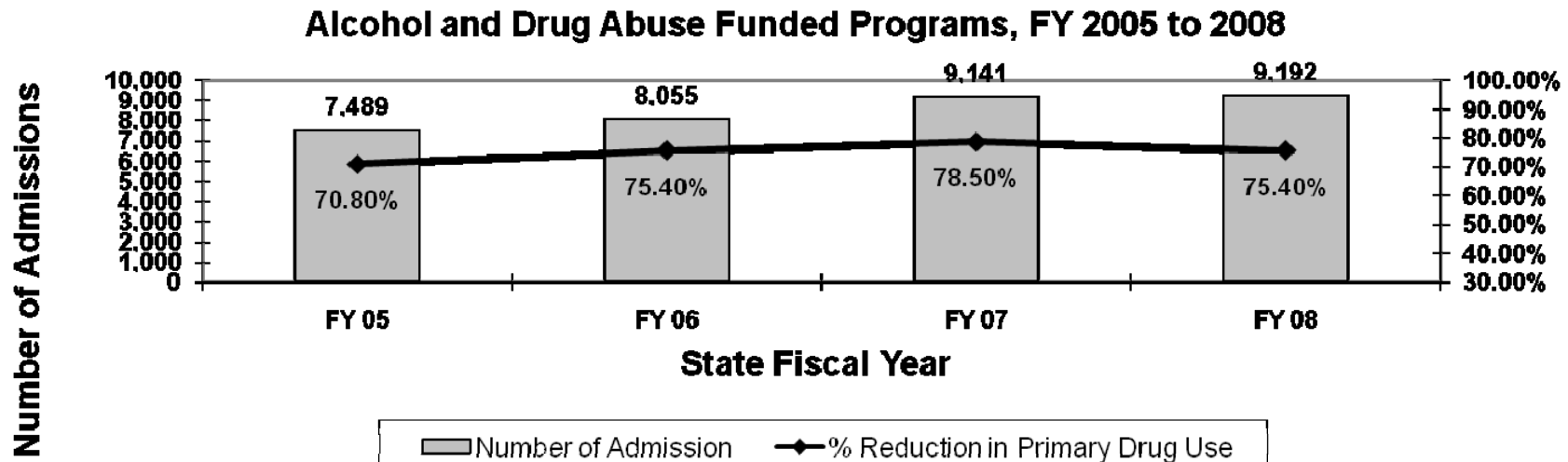
Successful discharges from treatment, or those individuals who accomplished a moderate to high achievement of their treatment goals, have remained consistent from fiscal year 2005. National studies indicate that clients who complete a moderate to high percentage of

their treatment plans have a more successful treatment outcome: e.g., they are not as likely to relapse as clients completing less of their treatment plans. The trend has remind essentially consistent in a 62% successful discharge trend since 2005 to 2008.

Name of Trend: Alcohol and Drug Treatment Clients, FY 2005-2008: Reduction In Primary Drug Use.

Trend Exhibit:

Treatment Admissions and Percent Reduction in Primary Drug Use:



Description of Trend: This trend details the number of admissions into drug treatment programs and the percent of those who had a reduction in their primary drug use while in treatment.

Analysis of Trend:

The percent of treatment clients who had a reduction in their primary drug use while in treatment has consistently increased from 70.8% in 2005 to a high of 78.5% in 2007 and a slight dip to 75.4% in 2008. This represents an overall increase in the number of clients achieving reductions in the usage of their primary drug within this timeframe.

Name of Trend: Alcohol and Drug Prevention, FY 2005-2008: Prevent and Reduce levels of alcohol and drug use among children and adolescents.

Trend Exhibit: 30 – Day ATOD Use from fiscal years 2005-2006, 2006-2007, and 2007-2008

Past 30-day ATOD use was measured by the 30-day Use scale taken from the *Monitoring the Future Survey* (1996). The measure assesses an adolescent’s substance use within the 30 days prior to entering the program and within the 30 days prior to the end of the first year of services. “*True prevention,*” would be reflected by either stable or reduced levels of ATOD use from the beginning to the end of the program year.

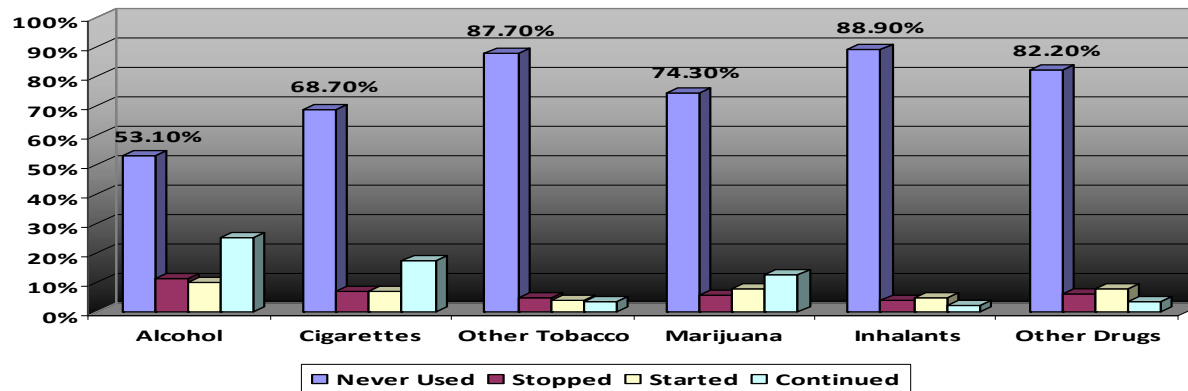
Never Used = Youth report “no use” at pre-test and post-test

Stopped = Youth reported "use" at pre-test and "no use" at post-test

Started = Youth reported “no use” at pre-test and “use” at post-test

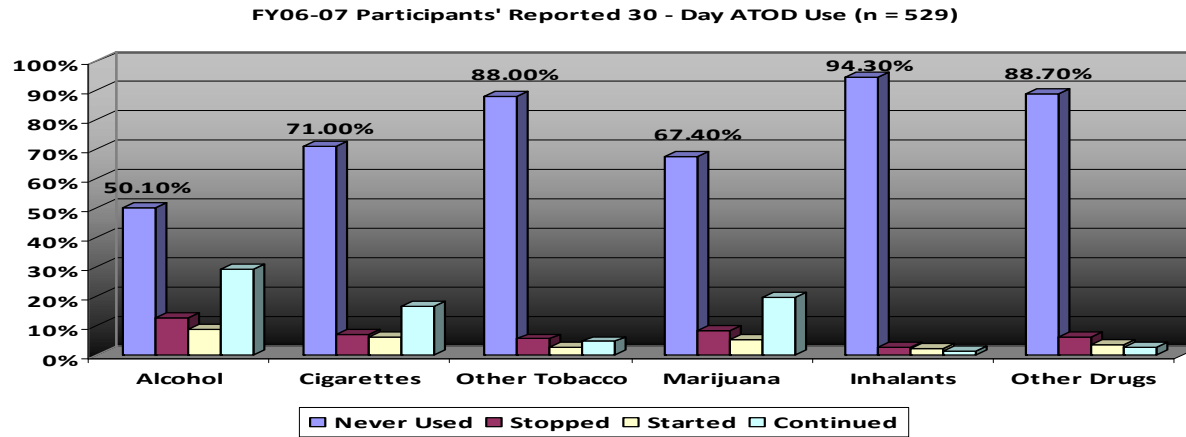
Continued = Youth reported “use” at pre-test and “use” at post-test

FY05-06 Participants' Reported 30 - Day ATOD Use (n = 407)



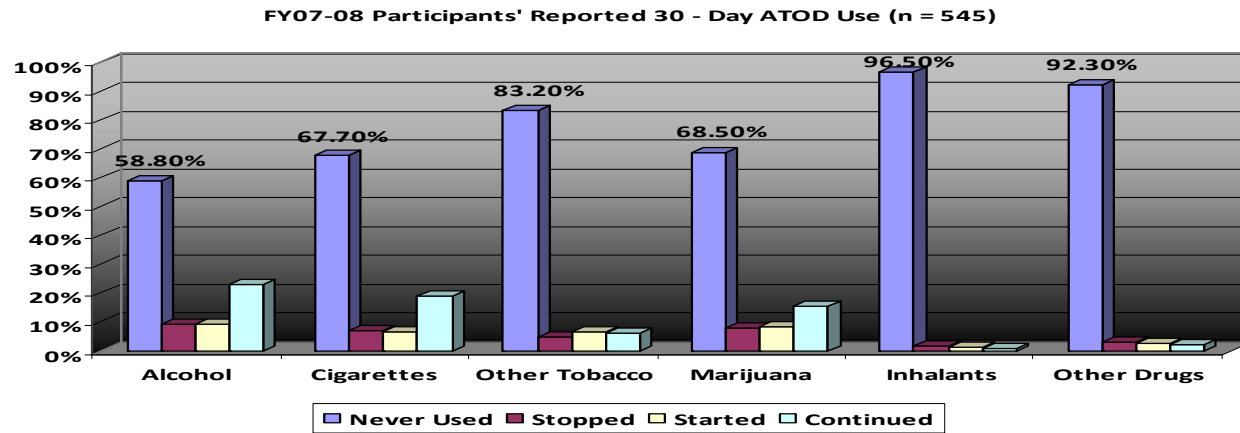
FY05-06

30 - Day Use (n = 407)	Never Used	Stopped	Started	Continued
Alcohol	53.10%	11.50%	10.10%	25.30%
Cigarettes	68.70%	6.90%	6.90%	17.50%
Other Tobacco	87.70%	4.90%	3.90%	3.60%
Marijuana	74.30%	5.50%	7.80%	12.50%
Inhalants	88.90%	3.90%	4.90%	2.20%
Other Drugs	82.20%	6.30%	8.00%	3.50%



FY06-07

30 - Day Use (n = 529)	Never Used	Stopped	Started	Continued
Alcohol	50.10%	12.40%	8.40%	29.10%
Cigarettes	71.00%	6.70%	5.80%	16.50%
Other Tobacco	88.00%	5.30%	2.30%	4.40%
Marijuana	67.40%	8.10%	5.10%	19.30%
Inhalants	94.30%	2.30%	2.10%	1.30%
Other Drugs	88.70%	5.80%	3.30%	2.30%



FY07-08

30 - Day Use (n = 545)	Never Used	Stopped	Started	Continued
Alcohol	58.80%	9.10%	9.00%	23.10%
Cigarettes	67.70%	6.90%	6.30%	19.10%
Other Tobacco	83.20%	4.60%	6.30%	5.90%
Marijuana	68.50%	8.00%	8.10%	15.40%
Inhalants	96.50%	1.70%	1.10%	0.70%
Other Drugs	92.30%	2.90%	2.60%	2.20%

Description of Trend: This trend details the result of focus on individual-level outcomes obtained as a result of direct prevention services that followed the selective and indicated strategies. The primary target populations were youth between the ages of 7-17 years, who along with their parents/families were experiencing multiple risk factors and, therefore, may be considered to be at high risk for substance use.

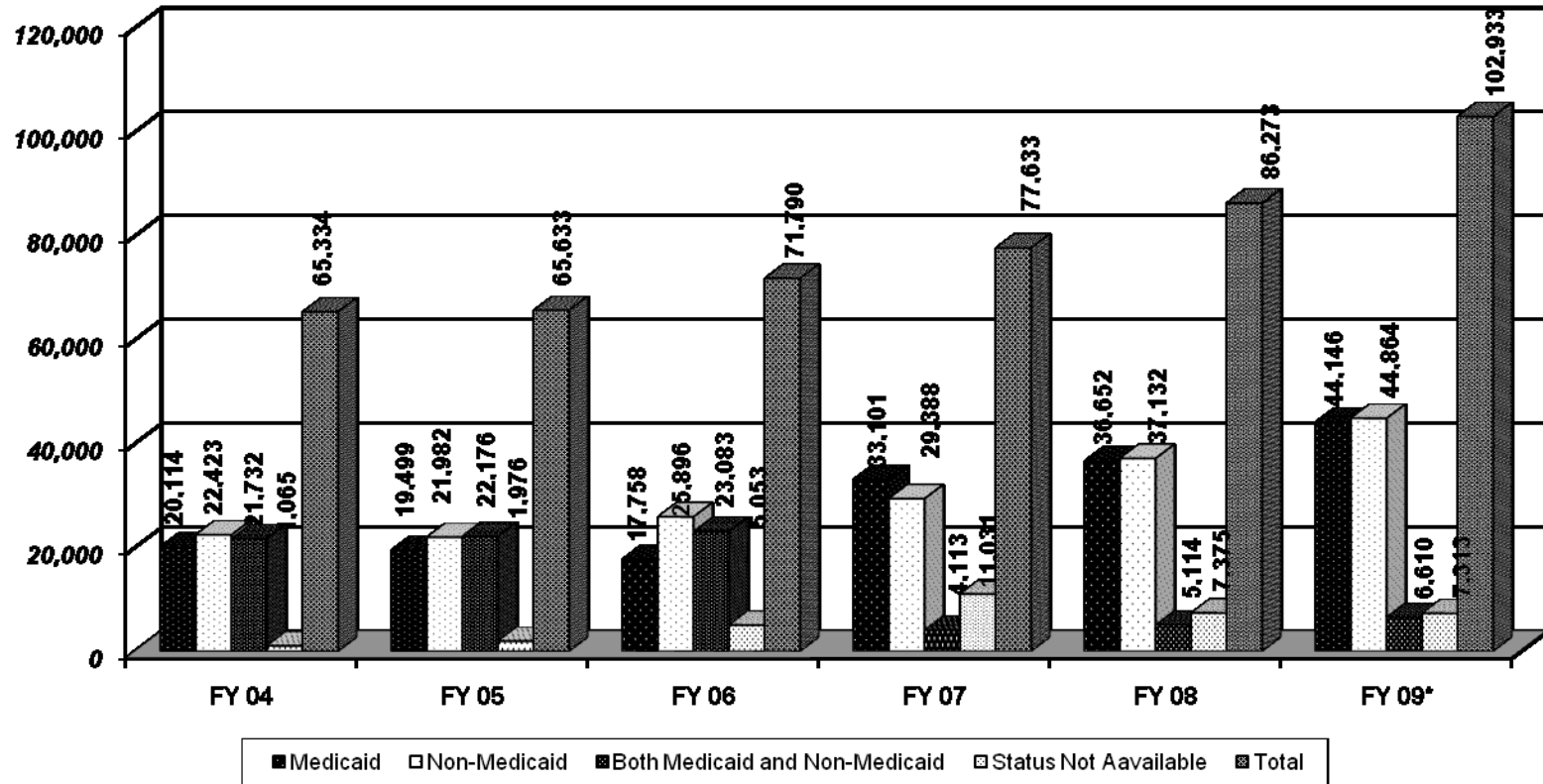
Analysis of Trend:

A primary goal of the Division of Behavioral Health Prevention Services is to prevent and reduce levels of alcohol and drug use among children and adolescents. The Division is not able to provide a detailed trend analysis due to insufficient number of years to compare and the variation in data. Future analysis should provide better trending.

Division of Behavioral Health – Caseload Trends

Name of Trend: Unduplicated count of all persons served in the behavioral health system, FY 2005 - 2008.

Trend Exhibit:



Description of Trend: This trend details the number of all unduplicated count of person’s served in the behavioral health system by payer source.

Analysis of Trend:

These trends have exposed a considerable increase in the mental health system serving both Medicaid and non-Medicaid eligible populations. There has been a significant increase in growth serving both populations with Non-Medicaid growing from 34.4% served in 2005 to 43.0 % served in 2008 growing around 10%; Medicaid growing from 30.7% served in 2005 to 42.5% served in 2008 growing around 12%. Budget increases to general funds allocated to indigent persons with mental illness starting in FY 2006-07 have helped restore services to this large population, and the Division of Behavioral Health continues to work closely with the community mental health centers to meet the needs of this population.

Supportive Housing and Homeless Programs – Workload Indicators

Workload Indicator	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Approp.	Projected
Number of file reviews completed for new housing admissions and re-determinations	169	175	175
Number of programs actively entering client data into Homeless Management Information System.	200	**xx	**xx
Number of actions (new admissions, moves and departures) completed by Supportive Housing and Homeless Program staff to administer clients' housing assistance.	*9640	9200	9200

*A new formula that is more accurate and comprehensive than the system previously applied to determining actions is applied to determine actions. Applying the new formula retrospectively, the number of actions would be as follows: For FY 2005-06, 8652; for FY 2006-07, 8579; and for FY 2007-08, 8995. **No reported data due to program and grant termination.

Supportive Housing and Homeless Programs – Caseload Trends

Name of Trend: Supportive Housing and Homeless Review of Comprehensive Services

Trend Exhibit: Not Applicable

Description of Trend: The following data reflects the total services of all Supportive Housing and Homeless Programs provided to low-income families and individuals with disabilities and other special needs in previous fiscal years and the upcoming FY 2009-10.

Analysis of Trend:

Within available resources, Supportive Housing and Homeless Programs (SHHP) will serve over 3,700 low-income families and individuals with disabilities and other special needs in FY 2009-10. This is an increase of 100 families and individuals served in FY 2008-09. While the need for subsidized housing continues to increase, funding from the U.S. Department of Housing and Urban Development (HUD) has not kept pace with this increased need. However, in June 2009, HUD awarded SHHP 100 additional

housing vouchers that will be used to provide housing to disabled individuals who have been waiting for housing in an elderly/disabled HUD subsidized building, but fail to reach the top of the list due to owner established preferences for seniors.

Supportive Housing and Homeless Programs (SHHP) maintains a closed waiting list for the subsidized housing that it provides primarily to persons with disabilities and to persons who are homeless. The waiting list is only opened for new applications when the current number of persons on the waiting list falls below the number of persons who can be served in a two-year period. There are currently 525 family and individual households remaining on the waiting list, after accepting 1,329 new applications on one day in September 2007.

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

Additionally, SHHP is at risk to lose its funding for its homeless assistance programs. Historically, all of SHHP's staff salaries and benefits have been 100% federally funded by HUD Section 8 administrative funds. A HUD regulatory change in 2004 disallows the use of Section 8 administrative funds for homeless program activities. SHHP is currently using HUD reserves that accumulated prior to 2004, coupled with grant funding, to administer the Shelter Plus Care Program, the Office of Homeless Youth Services, and to participate in initiatives such as the Governor's Colorado Community Interagency Council on Homelessness. Effective September 1, 2009 the Homeless Management Information System, which SHHP has administered since January 2005, will transition to the Colorado Coalition for the Homeless due to SHHP's insufficient funding to meet grant match requirements and other costs associated with grant administration. If SHHP's current homelessness activities are to continue, SHHP will soon require other sources of support for its homeless assistance programs.

Domestic Violence Program – Workload Indicators

Workload Indicator	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Approp.	Projected
Number of training sessions developed and delivered for managers, and staff in county and state government.	17	20	20
Number of contracts executed annually.	43	46	50
Number of monitoring activities (site visits and desk audits) conducted at CBDVVSOs.	11	16	20

Division of Domestic Violence Program – Caseload Trends

Name of Trend: Children Services within Domestic Violence Program

Trend Exhibit: Not Applicable

Description of Trend: Children services are a funded component of DVP’s 24-7 crisis operations providing a wide array of domestic violence advocacy and confidential services to victims and their children over the following fiscal year (FY 08-09).

Analysis of Trend: The admission of children to residential shelters is an important caseload trend to evaluate as it allows DVP to monitor the critical health, well-being, and program services being offered to Colorado’s children. Data from FY 2008-2009 reveal that currently 22% of Colorado’s population between ages of 0-17 is receiving services in domestic violence programs. The teen population (13-17 ages) also figures into this analysis because teen dating violence education services are available for many of these victims.

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**Colorado Department of Human Services
Workload Reports**

Self Sufficiency and Independence – Workload Reports

- Division of Child Support Enforcement
- Division of Colorado Works
- Division of Food Assistance
- Division of Food Distribution
- Division of Low-Income Energy Assistance
- Division of Refugee Services
- Division of Aging and Adult Services
- Division of Vocational Rehabilitation

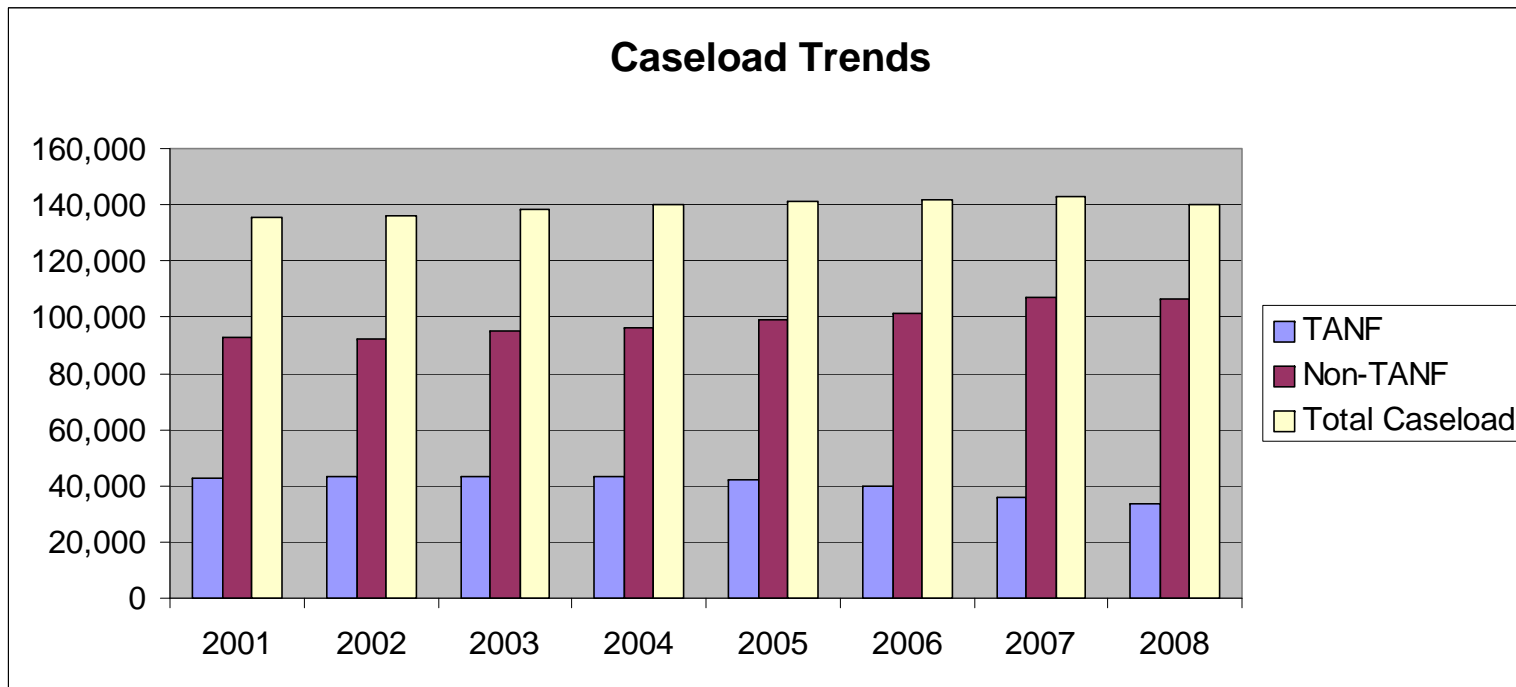
Division of Child Support Enforcement – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Percentage of cases with court orders.	86.2%	86.8%	87.2%	88.2%	88.2%	88.2%
Percentage of arrears cases paying.	67.8%	69.1%	70.3%	71.5%	71.5%	72.7%

Division of Child Support Enforcement – Workload Indicators

Name of Trend: Number of Open Cases at End of Year

Trend Exhibit:



Description of Trend: This trend details the number of child support cases being enforced throughout the state each year, broken down between TANF and non-TANF cases. While the caseload has remained relatively stable at around 140,000 cases since 2001, the proportion of cases that are TANF have steadily fallen, while the non-TANF cases have increased.

Analysis of Trend: The declining TANF caseload, a policy change that distributes arrears collections to former TANF recipients before reimbursing State TANF arrears, and the continuing closure of AFDC/TANF arrears only cases as they are paid off, have all contributed to this shift from TANF to non-TANF cases. This has also resulted in more support being paid to families and a steady decrease in collections that reimburse the county, state and federal governments for their TANF expenditures. In 2008, over 95% of the child support that was collected went to families. There has been an increase in the active TANF caseload recently due to the economy; thus, the trend line for 2010 will reflect an increase in both TANF and total cases. It is not anticipated that this will reverse the long-term trend from TANF to non-TANF cases.

In recent years, the program has stepped up its work with non-custodial parents, particularly fathers, to assist them in becoming more reliable payors of support. This has entailed ensuring that child support orders reflect current income, providing access to training and employment services, providing referrals to mediation services to address visitation issues, and being more proactive in communicating directly with non-custodial parents at appropriate points during the life of the case. These efforts have resulted in increases in total collections and the number of families receiving support. Colorado reached \$320 million in child support collections during 2008, up from \$300 million the year before.

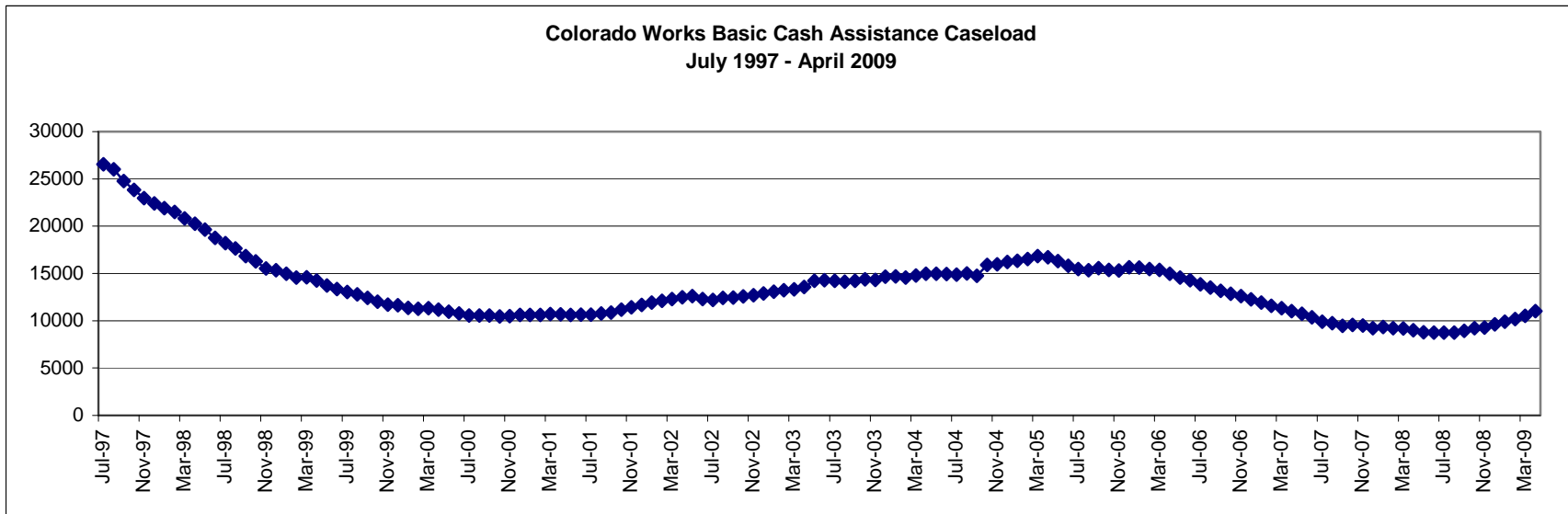
Division of Colorado Works – Workload Indicators
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Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of sub-grantees awarded mini-grants as part of the Responsible Fatherhood Grant.	N/A	19	42	30	27	28
Number of State Management Reviews conducted per year.	7	15	13	29	22	22

Division of Colorado Works – Caseload Trends

Name of Trend: Monthly Basic Cash Assistance Caseload

Trend Exhibit:



Description of Trend: This trend details the monthly basic cash assistance caseload since the beginning of the program in 1997.

Analysis of Trend: The Colorado Works basic cash assistance caseload follows a familiar pattern that seems to be tied (with some lag effect) to the fortunes of the economy at large. From July 1997 to approximately July 2000, the caseload saw a steady and rapid decline of about 60%. Much of this was likely due to the relatively strong economy, but much is also likely due to programmatic intervention. From July 2000 to July 2001, caseload remained relatively flat, but then started increasing steadily for approximately four years, until about July 2005, coinciding, in part with a lagging economy. The increase in caseload from July 2000 to July 2005 was about 47%. Beginning again in the late Spring/early Summer of 2005 caseloads again began to decrease, reaching their lowest

point in July 2008 – a caseload decrease of about 44%. Finally, it appears that caseloads are on the rise again, and through April 2009, caseloads have increased about 26%, from 8,733 to 11,032. This latest increase in caseload is likely due to the economic downturn and appears that it might be an even steeper increase than the period of caseload incline that began in July 2001. When compared to the first nine months of caseload increase from July 2001 to April 2002, the increase now (26%) is much more dramatic than it was then (17%). It is likely caseloads will continue to increase, although it is unknown if it will increase steadily for four years as was the case during the last economic downturn.

Division of Food Assistance – Workload Indicators

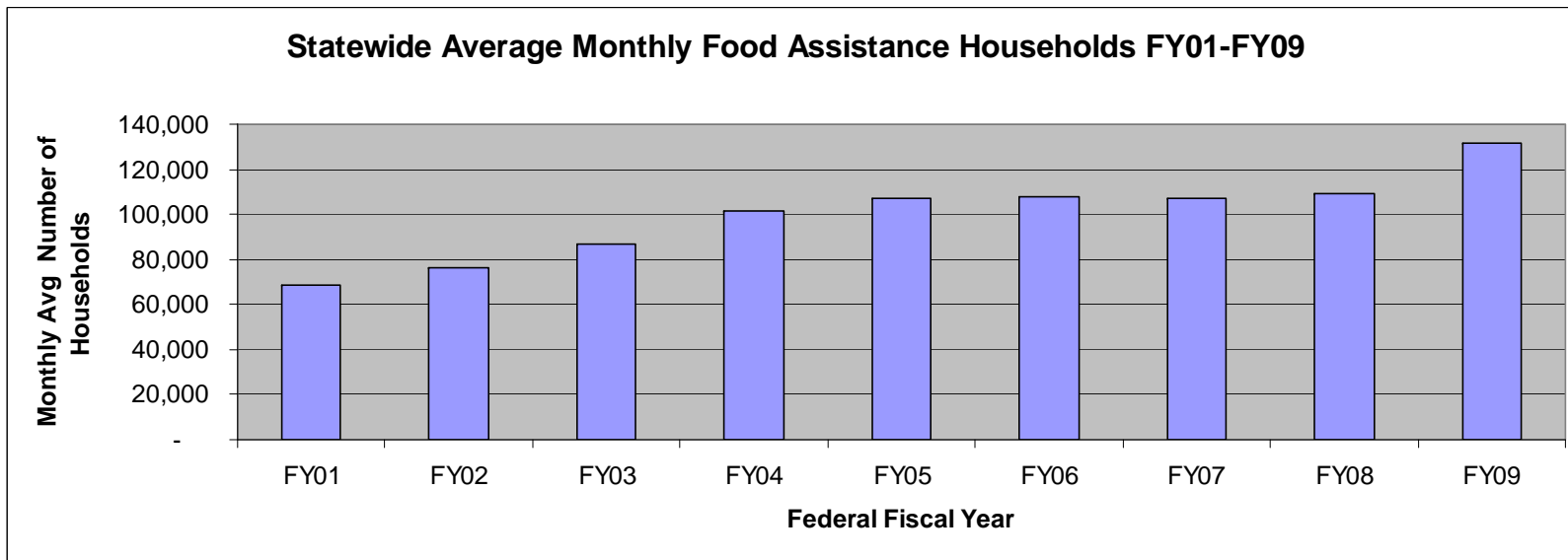
Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Actual	Approp.
Number of management evaluations completed annually.	0*	13	11	8	7
Number of large counties out of compliance with timely processing of expedited food stamps.	0*	10	9	7*	2
Number of large counties out of compliance with timely processing of regular food stamps.	0*	10	9	5*	2

*QA Date through February 2009

Division of Food Assistance – Caseload Trends

Name of Trend: Average Monthly Food Assistance Caseload

Trend Exhibits:



For data through May 2009

Description of Trend: The Food Assistance Program has experienced a 20% increase in the monthly average number of households and individuals receiving benefits when compared with federal fiscal year 2008.

Analysis of Trend: The Food Assistance Program is serving unprecedented numbers of households and individuals in Colorado, following the passage of the Farm Bill in October 2008, a downturn in the economy, and the passage of the American Recovery and

Reinvestment Act in April 2009. In times of economic difficulty, the program is responding as intended, by providing necessary food assistance to eligible low-income households. The impact on the local offices that administer the program has been immense, with long lines of individuals waiting to apply. Ten large counties, primarily located along the Front Range and Grand Junction, carry 84% of the increased workload, over 20,000 additional households. Fewer than one million dollars in federal funds for FY09 and another million in FY10 were allocated to ten large counties in May 2009 to hire additional staff to assist with the processing of the increased number of applications. These one-time funds, provided by USDA Food and Nutrition Services will expire in September 2010.

The program continues to grow at an average rate of 2% each month over the prior month; a trend that began in September 2008. If this trend continues, the program will experience a 24% increase in the monthly average number of households receiving benefits when compared with 2008-2009. Assuming the rate slows, the program is projecting a 15% increase over the prior year for 2009-2010.

Although measures have been taken over the past eighteen months to improve state and local operations, county offices have not been able to comply with the 95% timely application processing rate, as required by federal regulation. For Quality Assurance data through February 2009, the State is processing 75% of applications timely. If the State is unable to meet federally required timeframes for processing, it is under risk for fiscal sanction.

Division of Food Distribution – Workload Indicators

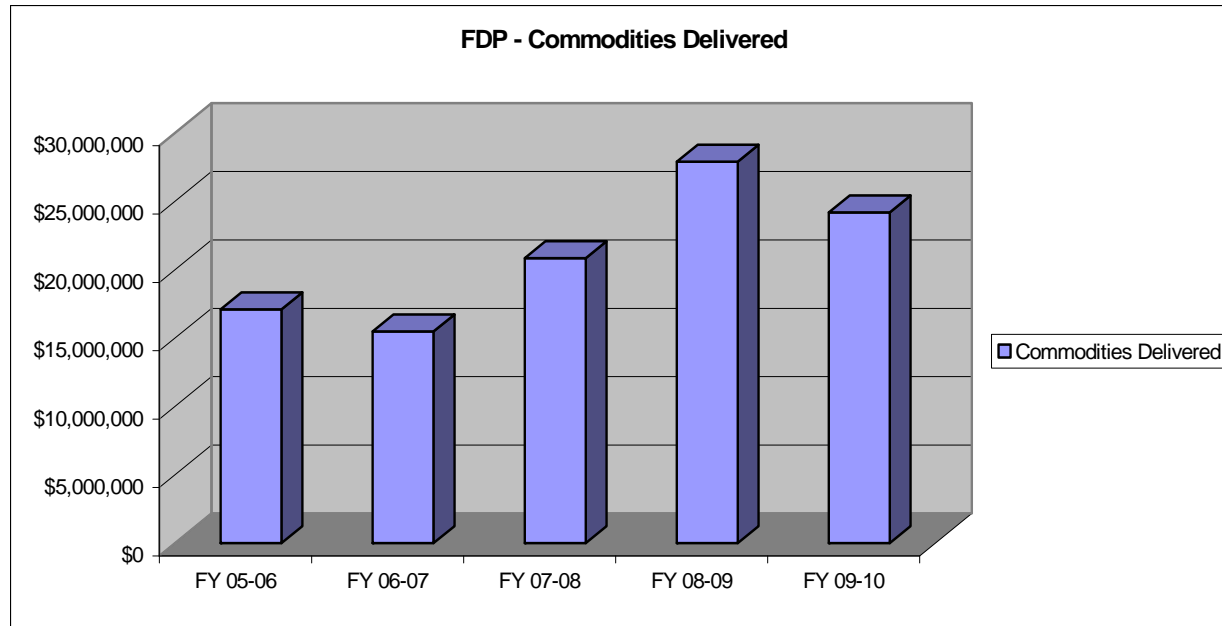
Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Actual	Approp.
Number of management evaluations completed annually for Household Programs	11*	12	13	14	16
Number of IT Training to RAs pertaining to commodity food ordering.	2*	3	4	4*	5

Division of Food Distribution – Caseload Trends

Name of Trend: Dollar Amount of Commodities Delivered to Citizens in Need.

Trend Exhibit:

State Fiscal Year	Commodities Delivered
FY 05-06	\$17,102,491
FY 06-07	\$15,487,210
FY 07-08	\$20,827,317
FY 08-09	\$27,900,859
FY 09-10	\$24,187,706



Description of Trend: The Food Distribution Program receives commodities from the USDA to be distributed to the needy based on prescribed qualifying guidelines. The entitlement value of commodities can fluctuate on a year-to-year basis as illustrated in the graph above. However, the actual needs of the community have not decreased. One of the most significant economic factors that contributed to the price fluctuations was the implementation of price controls by the Agricultural Industry, which affects the supply and demand of the market. Going forward, based on the current year-to-date economic outlook, economic factors would suggest that future year entitlement funding should stay consistent unless there is another economic breakdown.

Analysis of Trend: The FY 2009-2010 funding has decreased by 13% across the board for commodity food programs, leading to a decrease in the amount of commodities for recipients. Several factors have contributed to the decrease, such as:

- Funding structures, such as a 12% inflationary allowance, that's used to calculate entitlement dollars. The inflationary allowance was met last year, which caused entitlement dollars to decrease this year.

- A decrease in the volume of commodity goods available so the market is not over run with surplus commodities. However, a smaller amount of commodity goods means that there are less farmers and/or ranchers willing to bid on USDA commodity contracts
- The implementation of production controls in commodity pricing to compensate for the decreased demand in the local marketplace and the international need for USA agricultural goods.
- Option market demands which indicate production controls and competitiveness among commodity food buyers and suppliers have declined. Given that the current economy outlook is sluggish, and future markets are expected to level off at best, prudent long term economic strategies would entail cutting commodity production, implementing stringent volume and pricing controls in the hopes of either maintaining current commodity pricing or driving prices upward to promote future commodity market stimulation.

The USDA has begun to explore buying a greater variety of healthier foods such as whole grain products. It has also increased its buying efforts for certain commodities, such as turkey and pork, in sectors that have been hit hard by the economy to help stabilize market prices. The increased purchase of turkey and pork has created a short-term surplus of these commodities. As a result, the USDA has awarded Colorado several additional truckloads of bonus pork and turkey commodities. Bonus commodities are considered supplemental and do not count against state entitlement dollars. Nevertheless, while the economy is starting to show signs of recovery, unemployment rates continue to rise which means a statewide increase in the need for commodity food. The USDA has used funding from the Farm Bill Reauthorization legislation and the American Recovery and Reimbursement Act (ARRA) to buy agricultural products and stimulate the market place. However, the Colorado Food Distribution Program (FDP) is tasked to utilize these goods in the most efficient way possible, thus FDP must be constantly proactive in monitoring supply and demand trends to ensure that Colorado's needs continue to be addressed.

Low Income Energy Assistance – Workload Indicators
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None.

Low Income Energy Assistance – Caseload Trends

Name of Trend: Number of Families Receiving LEAP Benefits

Trend Exhibit:

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Projected	Projected
LEAP Approved Cases	93,359	92,018	105,669	121,519	139,747

Description of Trend: The LEAP has more than doubled its caseload over the past ten years, serving over 49,000 households in 1999-2000 and 106,000 households during the winter of 2008-2009.

Analysis of Trend: There are several reasons for this increase. First, natural gas and other heating fuel costs have risen significantly in recent years. Secondly, the LEAP embarked on an aggressive outreach campaign in 2000-2001, continuing every year thereafter. The LEAP, in collaboration with three major utility companies, ran ads on television, radio, bus benches and billboards during the coldest winter months. In 2006-2007, the LEAP caseload decreased to 93,359 households, and during the winter of 2007-2008 the program served 92,018 households. During the 2008-2009 season, LEAP’s caseload jumped about 15%. While energy costs were relatively low due to a mild winter, the economic downturn caused many more Colorado households to seek LEAP assistance.

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

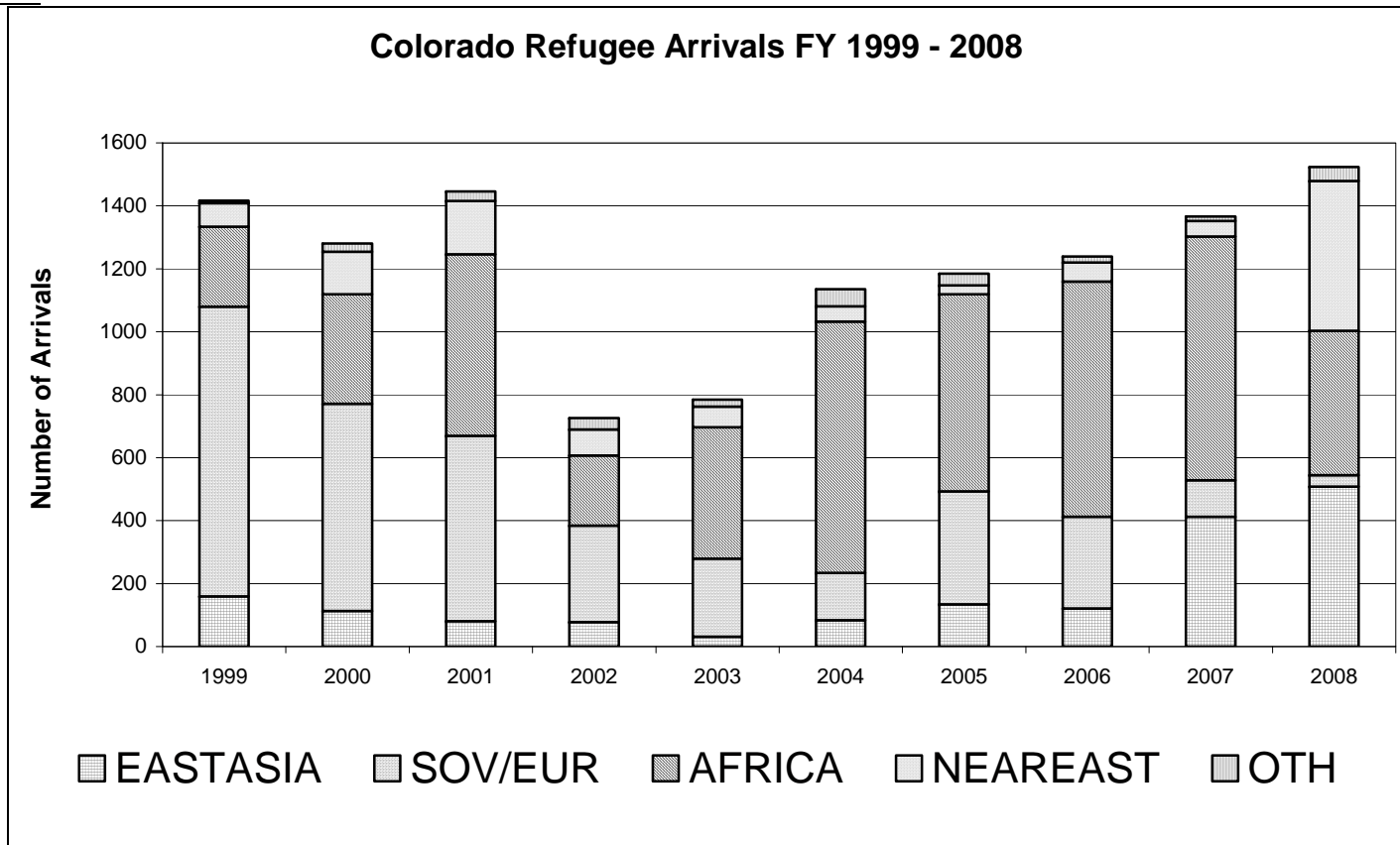
Division of Refugee Services – Workload Indicators
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Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Projected	Projected
Total number of refugee arrivals in Colorado during FFY (includes refugees, asylees, and secondary migrants)	1,239	1,366	1,523	2,442	2,626

Division of Refugee Services – Caseload Trends

Name of Trend: Total Number of Refugee Arrivals in Colorado During FFY (includes refugees, asylees, and secondary migrants)

Trend Exhibit:



Description of Trend: The number and country of origin of refugees arriving in Colorado has changed over the years due to the number of refugees internationally, federal policy changes, and secondary migration within the U.S.

Analysis of Trend: There are approximately 2442 arrivals projected for Colorado in FFY 2009. For FFY 2008, we had just 1523 total arrivals. (By “arrival” we include all refugees, asylees, and secondary migrants who become eligible for services during the fiscal year.) This represents a significant increase over the prior years. Because of the changes in the arriving populations, refugee service providers are making staff changes to ensure that services continue to be provided in a linguistically and culturally appropriate manner. The breakdown by region for the arriving refugees is as follows:

FFY 2008	
Africa	459
Europe and Central Asia	36
East Asia	739
Near East and South Asia	245
Latin America and Caribbean	44

First, there will continue to be a decline in the number of arrivals from the Former Soviet Union and Europe, as well as from Africa. Second, there will be a significant increase in the numbers of Bhutanese, Burmese and Iraqi arrivals. The Bhutanese (ethnic Nepalis who were forced out of Bhutan and denied citizenship in Nepal) are the largest arriving population, constituting about 23% of the caseload. Burmese (who have been in refugee camps on the Thai border for 10-15 years) constitute about 14% of the arriving population. Iraqis (who have recently fled Iraq, mostly to Syria and Jordan, because of the continuing insecurity and violence in Iraq) constitute about 13% of the arriving population. About 29% of the caseload comes from another thirty countries. Third, a significant percentage of the total caseload, about 21%, is now constituted by secondary migrants, who are refugees who were resettled in another state but who voluntarily move to Colorado because of expectations of better employment and more welcoming communities. Secondary migration continues to occur primarily in Greeley and Ft. Morgan because of meat packing opportunities, and has had a significant impact on social services and social networks in those towns.

FFY 2009 is the fourth year of a five-year Wilson-Fish cooperative agreement with the Office of Refugee Resettlement (ORR), a program under the Administration for Children and Families within the Department of Health and Human Services. The current model allows for comprehensive services, including cash assistance, from faith-based and community partners as specified in the grant. This allows the program to provide a continuum of services for up to five years after the initial date of entry by linguistically and culturally appropriate providers. CRSP anticipates increases in funding under several of its programs from ORR: Wilson-Fish, Refugee Social

Services, and Cash and Medical Assistance. In addition, CRSP continues to receive federal TANF funds to provide linguistically and culturally specialized employment services for refugees.

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Department Description FY 2010-11 BUDGET REQUEST

Division of Aging and Adult Services – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of adult protection reports received during the fiscal year.	11,442	10,986	10,999	10,470	11,000	11,250
Average number of people receiving Old Age Pension financial assistance (OAP A, B, and C) per month.	24,370	23,947	23,052	23,560	23,800	23,800
Average number of people receiving Home Care Allowance assistance per month.	N/A	3,339	3,166	3,143	3,200	3,200
Average monthly adult protection workload (workload includes ongoing open cases at the beginning of the month plus all new APS reports received during the month).	3,354	3,070	2,793	2,668	2,800	2,800
Number of people receiving services through the Older American Act and State Funding for Senior Services programs.	33,576	33,842	36,190	38,881	39,000	39,000
Average number of people receiving Aid-to-the-Needy Disabled - State Only financial assistance per month.	5,439	5,575	5,562	5,933	6,700	0
Average number of people receiving Aid-to-the-Needy Disabled - Colorado Supplement financial assistance per month.	860	976	971	922	890	890
Number of people receiving Aid-to-the-Blind - Colorado Supplement financial assistance.	4	1	1	1	1	1
Number of meals provided to seniors.	1,878,479	1,889,441	1,978,820	2,039,964	2,050,000	2,050,000

Department Description FY 2010-11 BUDGET REQUEST

Division of Aging and Adult Services– Caseload Trends

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

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Estimate	Projected
24,370	23,947	23,052	23,560	23,800	23,800

Description of Trend:

The Old Age Pension caseload increased by 2.2% from FY 2007-08 to FY 2008-09 for an average caseload increase of 508 recipients.

Analysis of Trend: The Old Age Pension program, which provides financial assistance to eligible individuals age 60 and older, has three different grant payment categories (A, B and C). The grant standard for the Old Age Pension Program is \$699 per month (effective January 1, 2009), which is equivalent to 77.45% of the poverty level (\$902.50 per month). There have been no significant measurable caseload trends in the OAP program over the last six fiscal periods.

Department Description FY 2010-11 BUDGET REQUEST

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

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Estimate	Projected
860	976	971	922	890	890

Description of Trend: Aid to the Needy Disabled/Supplemental Security Income-Colorado Supplement (AND/SSI-CS), established in 1969, provides supplemental income to individuals receiving Supplemental Security Income (SSI) payments, up to the AND/SSI-CS standard of need of \$637 (effective 1/1/08). The SSI need standard is \$674 effective January 1, 2009. A cost of living increase was not passed on to AND/SSI-CS grant standard in January 2009 to keep pace with the SSI grant standard. Average caseload is expected to drop from 971 in FY 2007-08 to approximately 890 in FY 2009-10. This standard of need is equivalent to 70.58% of the current poverty level of \$902.50 per month. These payments are intended to assist the recipients to manage their monthly living expenses. The grant standard is adjusted to stay within available appropriations.

Analysis of Trend: The federal SSI program is an entitlement program that provides financial assistance to persons with a disability that precludes them from securing or retaining employment for at least 12 months. Effective January 1, 2009, the maximum SSI grant is \$674. The Social Security Administration decreases a SSI recipient's grant if he/she is married, lives with another person, or does not pay his or her fair share of the shelter costs. People who do not receive the full SSI grant due to being married or living with another person may qualify for the AND/SSI-CS program.

Department Description FY 2010-11 BUDGET REQUEST

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

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Estimate	Projected
5,439	5,575	5,562	5,933	6,700	0

Description of Trend: Aid to the Needy Disabled-State Only (AND-SO), established in 1953, is the only state assistance program that provides basic financial assistance to low-income persons aged 18 to 59. To receive assistance, individuals must have a disability expected to last six months or more. Effective January 1, 2009, the maximum grant payment is \$200 per month, which is 22.16% of the current poverty level of \$902.50 per month. The grant standard is lowered to stay with the available appropriation. Effective January 1, 2010 the AND-SO program is suspended due to lack of available appropriations resulting from the State’s budget shortfalls.

Analysis of Trend: The AND-SO Program is linked to the federally funded and administered SSI Program in that persons who apply for AND-SO benefits must also apply for the federal SSI program. As such, the AND-SO Program is an “interim assistance” program where State benefits are distributed pending an eligibility decision for SSI benefits. After approval for the SSI Program, the State is reimbursed for payments made from the AND-SO Program. To qualify for Aid to the Needy Disabled-State Only benefits, a physician or other designated medical practitioner must certify a person as being totally disabled and unable to work at any occupation for at least six months. Prior to January 1, 2010, applicants must meet the income limit of \$200 per month, resource limit of \$2,000, citizenship/legal status, and Colorado residency requirements. The program is suspended indefinitely effective January 1, 2010.

Department Description FY 2010-11 BUDGET REQUEST

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

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Estimate	Projected
4	1	1	1	1	1

Description of Trend: Aid to the Blind/Supplemental Security Income-Colorado Supplement (AB/SSI-CS) was established in 1969. The purpose of this program is to supplement the recipient's income up to the current Colorado standard of need to enable recipients to meet their monthly living expenses. Effective January 1, 2008 the AB/SSI-CS grant standard is \$637, which is 70.58% of the currently poverty level of \$902.50 per month. Effective January 1, 2009 the maximum SSI grant is \$674.

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

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

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Estimate	Projected
N/A	3,339	3,166	3,143	3,200	3,200

Description of Trend: The Home Care Allowances (HCA) program was transferred to the CDHS from Health Care Policy and Financing (HCPF), effective FY 2006-07. The purpose of the program is to provide financial grants to individuals, in order for the individual to receive personal care services from informal caregivers. The intent of the program is to keep individuals independent and in their own residences. There are three categories of Home Care Allowance, which are determined by the level of care required. The three HCA grant levels effective July 1, 2009 are 1) \$164.15; 2) \$306.15; and 3) \$439.15. The grant amounts are determined by available appropriation.

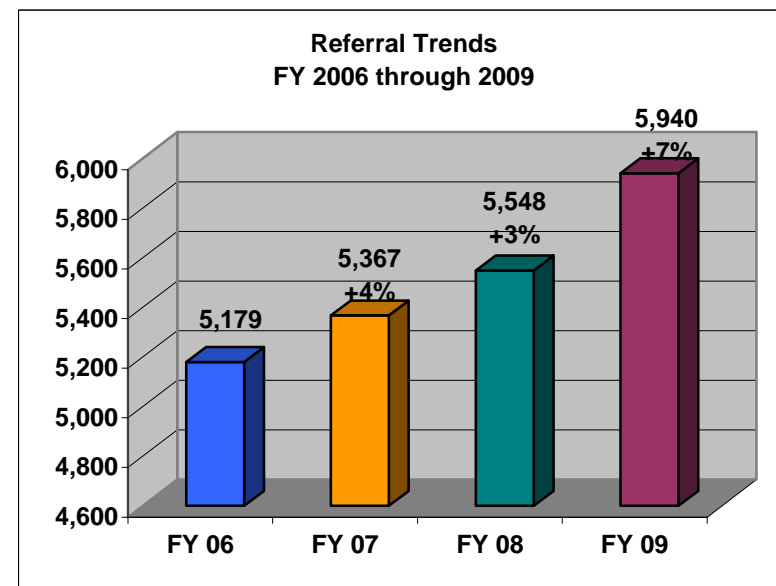
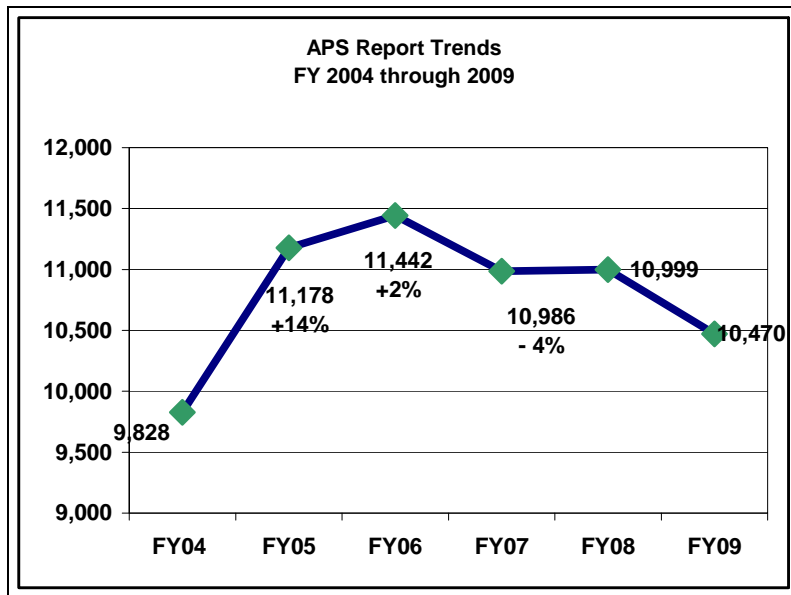
Analysis of Trend: No significant changes in caseload are anticipated as the appropriation has not changed over the past several years.

Department Description FY 2010-11 BUDGET REQUEST

Name of Trend: Number of adult protection reports received during the fiscal year.

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Estimate	Projected
11,442	10,986	10,999	10,470	11,000	11,250



Description of Trend: Reports to Adult Protective Services (APS) of abuse, neglect, and exploitation of at-risk adults ages 18 and over have increased by more than 100% over the past decade, from 5,019 in FY 2000-01 to 10,470 in FY 2008-09. Recently, reports have stabilized. However, of the 10,470 reports, reports classified as referrals, which require further investigation by APS caseworkers, have increased 14.69% since FY 2005-06.

Analysis of Trend: The increases in reports to Adult Protective Services in Colorado since FY 2001 are likely attributable to an increase in the population of persons over the age of 60 years (those most susceptible to adult abuse) and to an increase in awareness

about the existence and seriousness of adult abuse. Increases in the percentage of referrals requiring additional investigation are most likely attributable to increased education to community and professional groups about what and when to make a report to APS, and to a lesser but notable degree, improvement in the documentation of reports across county adult protection programs. The increased percentage of referrals (versus reports that do not require additional investigation) seen since FY 2005-06 generates additional workload for APS caseworkers beyond what the overall number of reports would indicate.

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

Trend Exhibit:

FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Actual	Actual	Actual	Actual	Budget	Projected
33,576	33,842	36,190	38,881	39,000	39,000

Description of Trend: Funding for Older Americans Act programs has received slight increases since 2002. The American Recovery and Reinvestment Act (ARRA) added \$1,265,254 to the Senior Nutrition Program funding to the Area Agencies on Aging (AAA) beginning July 1, 2009. State Funding for Senior Services (SFSS) received significant increases from \$3,000,000 in FY 2005-06 to \$10,000,000 in FY 2008-09. However, SFSS was reduced to \$9,000,000 in FY 2009-10 due to State budget constraints, but the reduction in funding was offset by the addition of the ARRA funding. The Area Agencies on Aging (AAA) will be able to maintain and supplement existing services provided through the Older Americans Act programs.

Analysis of Trend: The total number of services delivered to recipients of State Funding for Senior Services and the Older Coloradans Act has increased due to the funding increases since FY 2005-06, despite increases in the cost of delivering services (i.e., increases in fuel and food prices). The number of unique individuals served in these programs has risen 15.8% from 33,576 in FY 2005-06 to 38,881 in FY 2008-09. No significant caseload shifts are expected in FY 2009-10 or FY 2010-11.

Department Description FY 2010-11 BUDGET REQUEST

Division of Vocational Rehabilitation – Workload Indicators

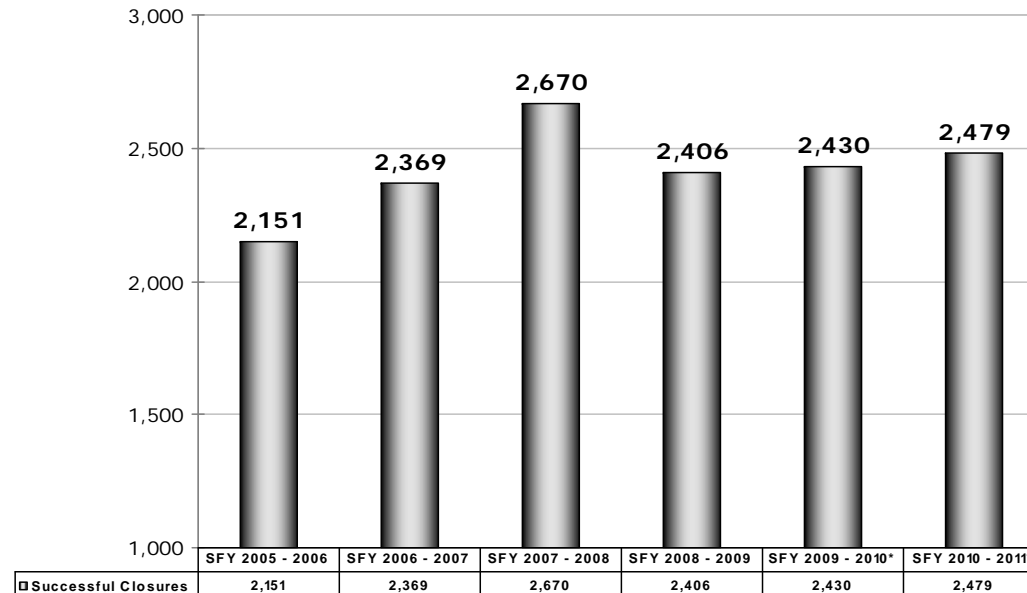
Workload Indicators	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of Division of Vocational Rehabilitation case closures per state fiscal year due to stable and successful employment.	2,151	2,369	2,670	2,406	2,430	2,479
Number of new Division of Vocational Rehabilitation Applicants per state fiscal year.	6,948	7,339	8,126	6,563	6,629	6,761
Total number of clients served by the Division of Vocational Rehabilitation. state fiscal year.	19,361	19,730	20,101	19,057	19,248	19,633
Total number Business Enterprise Program agreements to operate cafeteria, snack shops, and vending machines.	Not Available	Not Available	37	39	40	42
Number of Traumatic Brain Injury research grants awarded.	4	3	2	3	3	5
Number of Traumatic Brain Injury education grants awarded.	15	15	15	21	20	24
Number of Traumatic Brain Injury contracts administered. *Includes research grants.	4	3	8*	8*	10*	11*
Number of adults who received care coordination and purchased services through the Traumatic Brain Injury Trust Fund Program.	331	539	549	550	558	398

Department Description FY 2010-11 BUDGET REQUEST

Division of Vocational Rehabilitation – Caseload Trends

Name of Trend: Number of Case Closures per State Fiscal Year Due to Stable and Successful Employment.

Trend Exhibit:

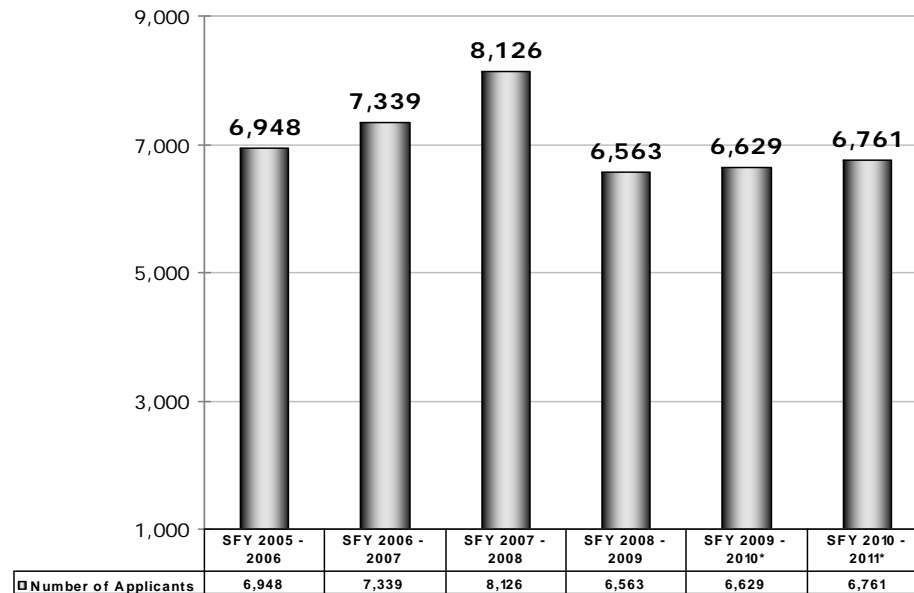


Description of Trend: This is the number of DVR consumers who have successfully attained employment and have been working at the job for at least 90 days

Analysis of Trend: In State Fiscal Year 2008-09, DVR had to activate its Order of Selection, which requires all new applicants to be put on a wait list after being determined eligible for services. Therefore, as DVR was actively serving fewer individuals, there were fewer successful employment outcomes. With the current economic conditions, which include the current hiring freeze, DVR does not anticipate the number of case closures increasing much more than 1% or 2% over the next few years.

Name of Trend: Number of New Applicants per State Fiscal Year

Trend Exhibit



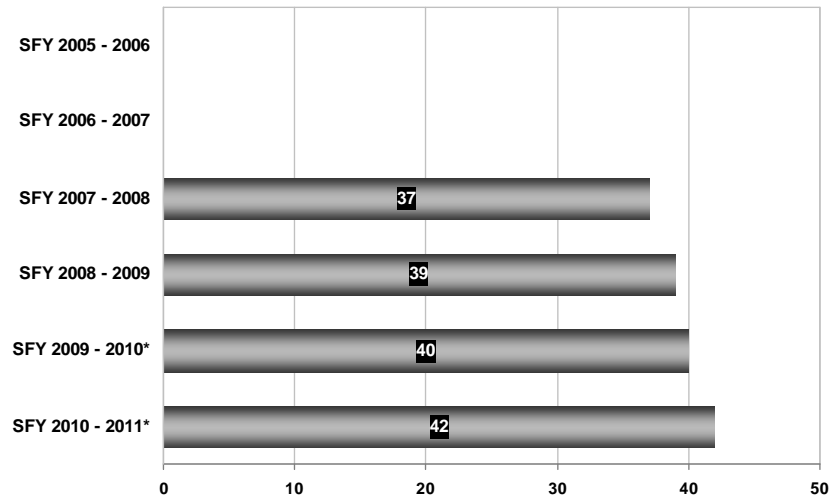
Description of Trend: This is the number of consumers who have applied for services with DVR.

Analysis of Trend: In State Fiscal Year 2008-09, DVR had to implement Order of Selection, which requires all new applicants to be put on a wait list after being determined eligible for services. Some individual choose not to apply once they know there is a wait list, therefore, the number of overall applicants has decreased. DVR continues to be on Order of Selection, therefore does not anticipate the number of applicants rising significantly over the next few years.

Department Description FY 2010-11 BUDGET REQUEST

Name of Trend: Total Number Business Enterprise Program (BEP) Agreements to Operate Cafeteria, Snack Shops, and Vending Machines.

Trend Exhibit:

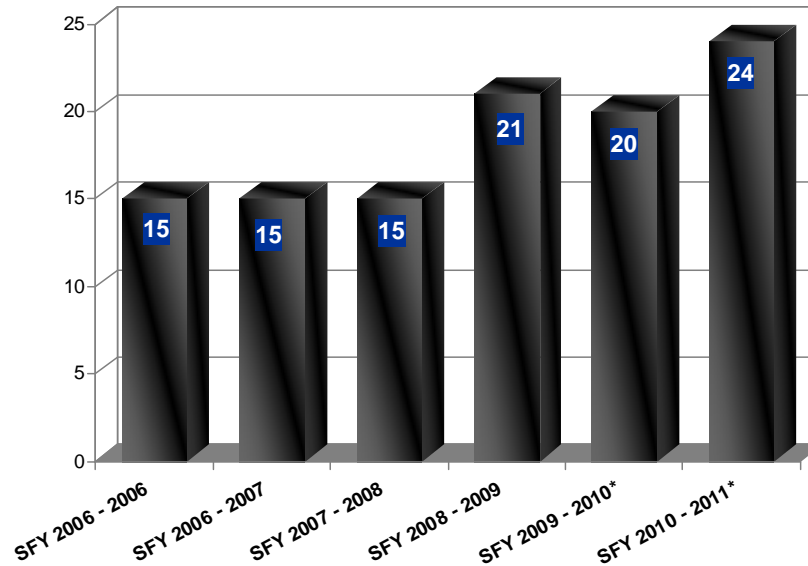


Description of Trend: This is the number of agreements BEP has successfully negotiated with various sites around the state to provide BEP entrepreneurs with food and vending concessions.

Analysis of Trend: In SFY 2009-10, BEP only anticipates adding one new site. However, BEP is working to get agreements with two additional sites that will be operational in SFY 2010-11.

Name of Trend: Number of Traumatic Brain Injury (TBI) Education Grants Awarded.

Trend Exhibit:



Description of Trend: Along with the Care Coordination and Services offered by the TBI Trust Fund, the Trust Fund has an Education Grant Program and Research Grants Program. This trend shows the Educational Grants awarded to Colorado organizations and individuals to conduct education and training programs about TBI. The TBI Trust Fund promotes education for individuals with traumatic brain injuries and to assist educators, parents, and professionals, such as law enforcement, in the identification of traumatic brain injuries so as to assist such persons in seeking proper medical intervention or treatment.

Analysis of Trend: With the passage of SB 09-133 raising penalties for some driving offenses and thereby increasing funding revenue for the Trust Fund, the TBI Trust Fund, will be able to increase the number of Educational Grants by over 20% by SFY 2010-11.

**Colorado Department of Human Services
Workload Reports**

Children Youth & Families – Workload Reports

Division of Child Welfare
 Division of Child Care
 Division of Children & Family Training
 Division of Youth Corrections

Division of Child Welfare – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of reviews conducted by State Child Welfare program staff.	65	60	60	137**	120	120
Number of core worker trainings provided to Child Welfare caseworkers, supervisors and foster parents.	68	87	87	105	232	232
Number of complaints processed regarding Child Welfare issues.	144	124	125	147	135	135

**This number is higher because of the increased number of IV-E reviews that counties assisted state staff to complete in preparation of the Federal Title IV-E Review.

Department Description FY 2010-11 BUDGET REQUEST

Workload Indicator	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Monthly Average of Total Children Served*	28,916	29,284	29,520	30,456	31,915	33,402	34,754
% Change From Prior Yr	3.28%	1.27%	0.81%	3.17%	4.79%	4.66%	4.05%
Monthly Average Number of Subsidized Adoption Placements	6,807	7,512	8,045	8,494	8,948	9,461	9,878
% Change From Prior Yr	11.04%	10.36%	7.10%	5.58%	5.34%	5.73%	4.41%
Monthly Average Residential Mental Health Placements***	1,439	1,255	1,265	1,311	1,103	1,112	1,044
RMH Placements as a % of all OOH	17.62%	16.50%	15.92%	15.97%	14.8%	15.4%	14.7%

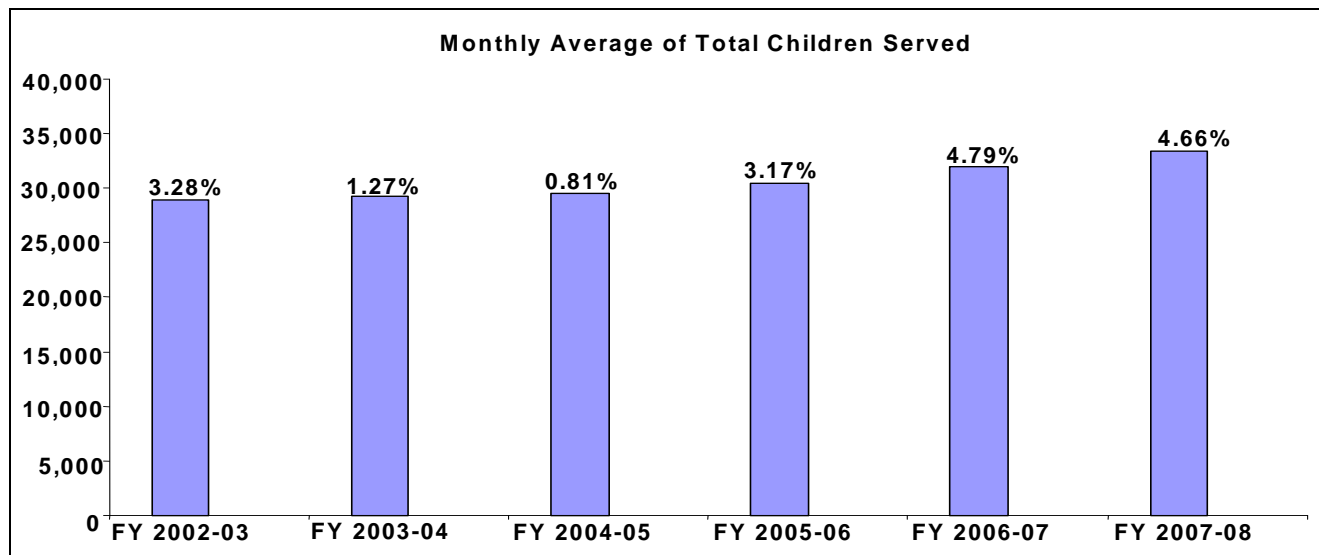
** Monthly Average – The monthly average uses an unduplicated count of children per month that had a Trails assessment or an involvement open during that month. The average is calculated based on the 12 months of data.

*** Data from SFY03 through SFY06 reflect RTC placements. Data beginning in SYF07 reflect TRCCF and PRTF placements.

Division of Child Welfare – Caseload Trends

Name of Trend: Monthly Average of Total Children Served

Trend Exhibit:



Description of Trend: This trend details the change in the average number of children that were involved in the Child Welfare system between fiscal years.

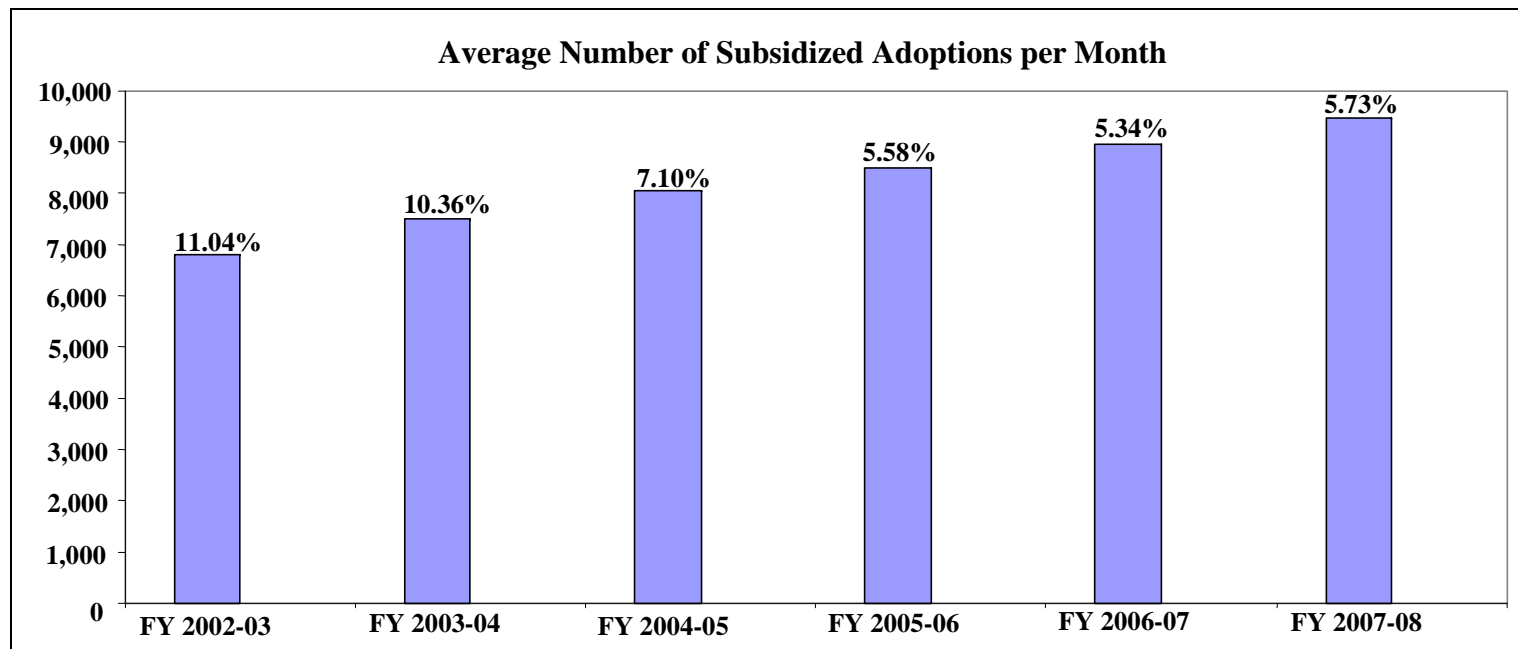
Analysis of Trend: The table above details trends in the average in need of protection and families needing assistance in caring for their children continues to increase. Part of the increase is attributable to Colorado’s population increase. The population for children ages 0-17 for FY 2007-08 has seen an overall increase of 1.7%. Counties are intervening in families earlier to decrease

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

* FY09 data will be available in the Fall of 2009.

Name of Trend: Monthly Average Number of Subsidized Adoption Placements

Trend Exhibit:



Description of Trend: This trend reflects the increase in subsidized adoptions from FY 2002-03 through FY 2007-08.

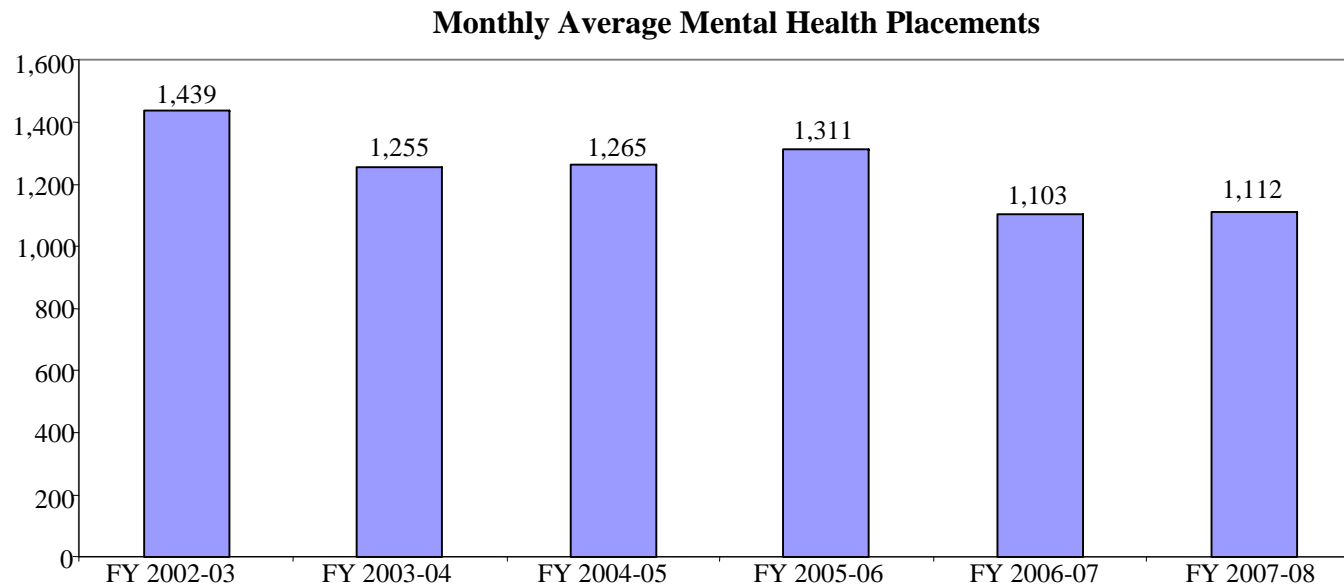
Analysis of Trend: Colorado has seen an increase in the number of adoptions as a result of the 1997 Adoption and Safe Family Act (ASFA) that requires that permanency be achieved within 24 months of a child's last entry into foster care when the child can no longer return home and the goal becomes adoption.

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

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

Name of Trend: Monthly Average Number of Residential Mental Health Placements

Trend Exhibit:



Description of Trend: This trend compares the number of residential mental health placements for each year. Data from FY 2002-03 through FY 2005-06 reflect Residential Treatment Center (RTC) placements. Data beginning in FY 2006-07 reflect Therapeutic Residential Child Care Facility (TRCCF) and Psychiatric Residential Treatment Facility (PRTF) placements.

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

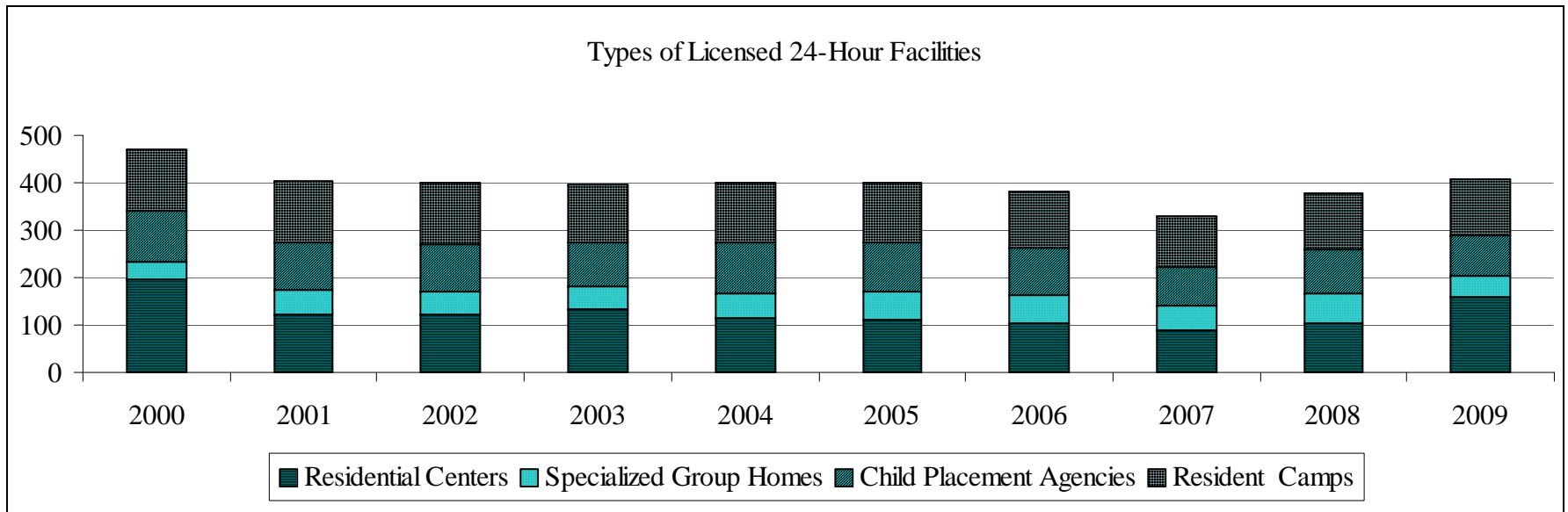
Division of Child Care – Workload Indicators
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Workload Indicators	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of Staff Trained on Early Rating Scale.	n/a	15	15	15	15	15
Increase the satisfaction ratings of Licensing Specialists to at least 4 on a 5-point scale using the On-line Feedback Form that rates the quality of services delivered.	n/a	n/a	4.0	4.3	4.5	4.5
Number of Child Care Providers Completing the Expanding Quality Toddler Training.	446	525	540	555	650	650

Division of Child Care – Caseload Trends

Name of Trend: Types and numbers of Licensed 24-Hour Facilities

Trend Exhibit:



Description of Trend: Represents the number of Residential Centers, Specialized Group Homes, Child Placement Agencies, and Residential Camps that comprise the list of 24-hour facilities licensed by the Division of Child Care.

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

Department Description FY 2010-11 BUDGET REQUEST

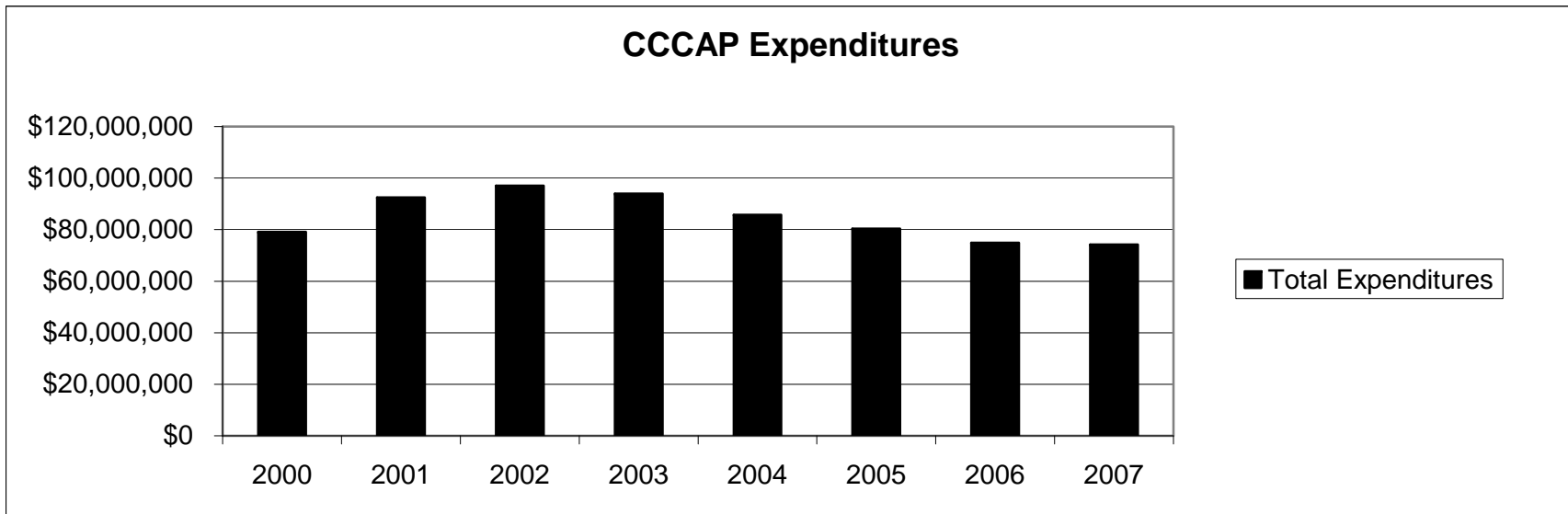
facilities have remained fairly stable over the last several years since an initial drop in residential centers in 2001, however, statistics show that there was a 36 % increase in Residential Centers from 2008 to 2009.

Division of Child Care – Caseload Trends
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Name of Trend: Colorado Child Care Assistance Program (CCCAP)

Trend Exhibit:

	2001	2002	2003	2004	2005	2006	2007	2008
Total Expenditures	\$92,525,940	\$97,070,905	\$93,915,311	\$85,739,790	\$80,426,556	\$74,927,197	\$74,253,133	\$86,589,306
Appropriation	\$68,383,264	\$65,048,303	\$71,336,427	\$72,376,513	\$73,135,526	\$75,768,237	\$74,739,133	\$75,668,323
TANF Transfer Spent	\$23,420,014	\$30,634,560	\$21,430,667	\$12,360,250	\$5,811,812	\$0	\$4,916,362	\$10,677,805
TANF Short Term Reserve	\$0	\$271,868	\$70,346	\$6,665	\$884,953	\$0	\$0	\$83,096
Local Share in Excess of Long Bill	\$722,661	\$1,116,174	\$1,077,872	\$996,361	\$145,502	\$0	\$0	\$0
County Only	\$0	\$0	\$0	\$0	\$448,763	\$0	\$0	\$0
Total Number of Children Served	55,000	53,830	47,479	42,986	42,795	37,809	36,085	37,260
Expenditure Per Child	\$1,737	\$1,807	\$1,979	\$1,997	\$1,879	\$1,982	\$2,058	\$2,323



Description of Trend: Represents the comparison of the Child Care Assistance Program (CCAP) annual total expenditures to spending authority, and utilizes the number of children served to determine a cost per child.

Analysis of Trend: When this program began in July 1997, there were approximately 33,000 Colorado Child Care Assistance Program (CCCAP) children in care. By 2000, there were approximately 54,000 CCCAP children in care. Between FY 2003 and FY 2004 the number of children being served decreased by 9.4%, while total expenditures decreased by 8.7%. Between FY 2004 and FY 2005, the number of children served stayed level, while total expenditures decreased by 6.2%. Between, FY2005 and FY2006, the number of children served decreased by 11.6%, while the total expenditures decreased by 6.8%. Between, FY2006 and FY2007, the number of children served decreased by 4.5%, while the total expenditures decreased by 0.9%. FY2007 to FY2008 saw marked increases in both expenditures and children served; by 14.2% and 3.2% respectively. Due to statewide economic conditions, we anticipate the increase to continue in FY2009.

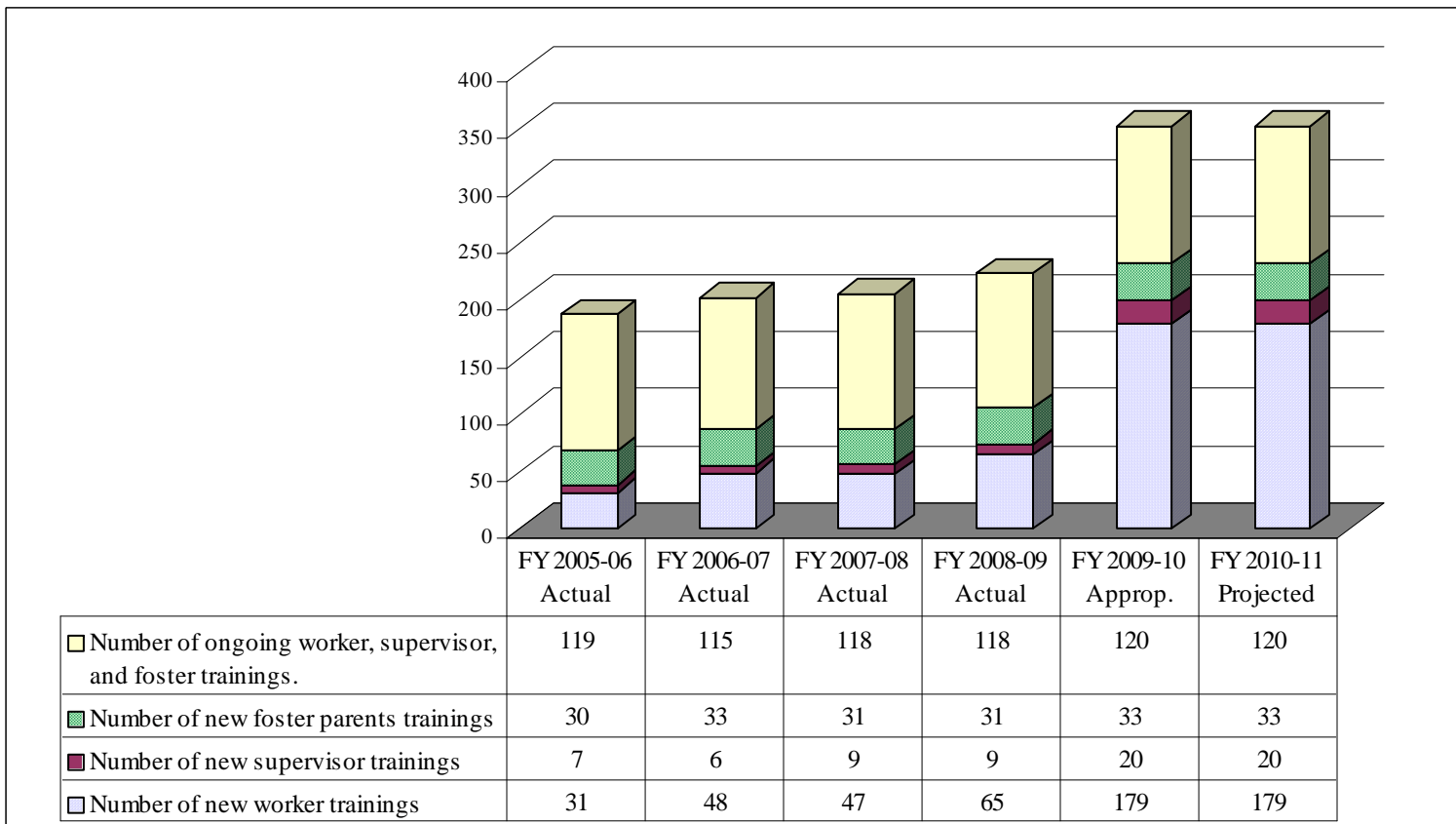
Division of Children & Family Training – Workload Indicators
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Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of new worker trainings	31	48	47	65	179	179
Number of new supervisor trainings	7	6	9	9	20	20
Number of new foster parents trainings	30	33	31	31	33	33
Number of ongoing worker, supervisor, and foster trainings.	119	115	118	118	120	120

Division of Children & Family Training – Trainee Trends

Name of Trend: Number of core and ongoing trainings by fiscal year.

Trend Exhibit:



Description of Trend: This trend details the number of trainings offered by fiscal year. The trainings are categorized by core trainings for new workers, core trainings for new supervisors, core trainings for new foster parents, and ongoing trainings for workers, supervisors and foster parents. The trend shows an increased availability of core trainings for new workers and supervisors starting FY 2009-2010.

Analysis of Trend: The increased availability of training offerings for new workers and supervisors starting FY 2009-2010 is directly attributable to SB-09-164 which creates the Child Welfare Training Academy. The increased availability of trainings sessions for new workers and supervisors will dramatically lower the time frame for these groups to be trained on best practices post hire. It will also ensure that new workers and supervisors will have successfully completed both live classroom instruction and structured on the job training and received certification from the Training Academy before they assume primary responsibility for caseloads.

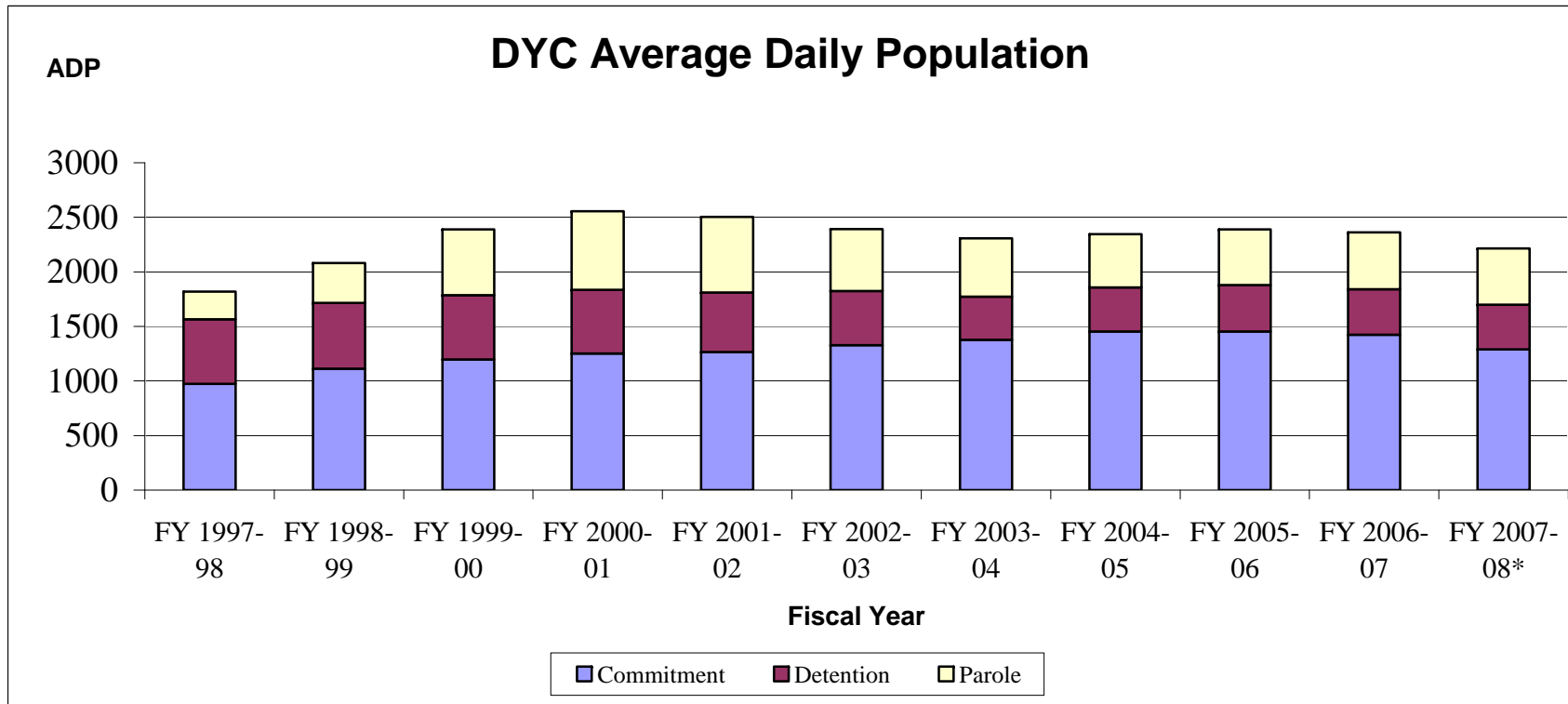
Division of Youth Corrections – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of new Youth Corrections commitments.	933	827	795	697	782	798
Youth Corrections Average Daily Population – Commitment.	1,453	1,425	1,288	1,227	1,175	1,113
Youth Corrections Average Daily Population – Parole.	509	537	509	438	460	443
Youth Corrections Average Daily Population – Committed Youth with Intervention and Treatment Level Substance Abuse Needs.	1,220	1,191	1,085	1,055	1,061	1,067
Youth Corrections Average Daily Population - Committed Youth with High Moderate to Severe Mental Health Needs.	862	647	421	316	331	347
Youth Corrections Average Daily Population - Committed Female Offenders.	185	158	152	157	157	157

Division of Youth Corrections – Caseload Trends

Name of Trend: Average Daily Population (ADP) of committed, detention, and parole youth.

Trend Exhibit:



Description of Trend: This trend details the Average Daily Population (ADP) of committed, detention, and parole youth over the last several years. The December 2007 Legislative Council Staff (LCS) juvenile commitment population projections indicate that the DYC commitment population will total 1,275 ADP in FY 2007-08 (to 1,210 ADP in FY 2008-09 and 1,172 ADP in FY 2009-10).

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