



Colorado Department of Human Services

people who help people



FY 2011-12

COLORADO DEPARTMENT OF HUMAN SERVICES

DEPARTMENT DESCRIPTION

November 1, 2010

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**Colorado Department of Human Services
Department Description**

FY 2011-12

November 1, 2010

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Colorado Department of Human Services
5,177.4 FTE
\$2,153,111,241
 \$639,803,262 GF \$344,632,848 CF \$429,957,794 RF \$738,717,337 FF



Veterans & Disability Services
 Deputy Executive Director – Jenise May (Interim)
 1,776.7 FTE
 \$511,604,531

Behavioral Health & Housing
 Deputy Executive Director - Joscelyn Gay
 1,268.8 FTE
 \$215,936,670

Self-Sufficiency & Independence
 Deputy Executive Director – Pauline Burton
 404.2 FTE
 \$574,547,412

Children, Youth & Families
 Deputy Executive Director - George Kennedy
 1,121.4 FTE
 \$629,641,585

Operations & Financial Services
 Deputy Executive Director - Reginald Jefferson
 461.3 FTE
 \$160,218,491

Employment & Regulatory Affairs
 Deputy Executive Director - Jenise May
 122.6 FTE
 \$10,550,885

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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 2010-11 appropriated operating budget is \$2,153,111,241 and 5,177.4 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

Division of 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).

Division of State and Veteran's Nursing Homes:

The Division 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.

**Colorado Department of Human Services
Prior Year Legislation**

HB 10-1065 – Escape Stops Commitment Clock (McCann/Tochtrop)

HB1065 clarifies in statute that the commitment clock stops when an escaped youth from the Division of Youth Corrections is on the run. It prohibits counting any time that a youth spends on escape status toward completion of the youth's original commitment time. The bill codifies current Division practice.

Fiscal Impact: None

HB 10-1106 – Bring Colorado Into Federal Compliance (Casso/Sandoval)

HB1106 brings Colorado statute into compliance with federal law in two areas of child welfare: a) the Multi-ethnic Placement Act of 1994, amended in 1996, which forbids agencies that receive federal dollars from delaying or denying the placement and/or adoption of a child solely on the basis of race and national origin; and b) the Adam Walsh Child Protection and Safety Act of 2006, which requires group home parents and persons working in a 24-hour child care facility to undergo an FBI fingerprint-based criminal background check.

Fiscal Impact: No General Fund impact to CDHS. The bill increases cash fund revenue and expenditures in the Department of Public Safety by roughly the same amount for the background checks.

HB 10-1146 – Limit Home Care Allowances (Hullinghorst/Tochtrop)

HB1146 implements Legislative Audit Committee recommendations to address “overlap and redundancy” of services between the Home Care Allowance program under the Department of Human Services and the Home and Community Based Services program under Health Care Policy and Financing. The bill specifies that a person cannot simultaneously receive services funded under both programs. Fiscal Impact:

No General Fund impact but appropriations adjustments are needed. All costs, savings and transfers, including \$490,000 in reappropriated funds for CBMS changes, are done within existing appropriations, including transfers between the Departments of Health Care Policy and Financing and Human Services.

HB10-1213 – Eliminate Initial Assessments for Persons with DD (Acree/Keller)

HB1213 eliminates the statutory requirement that individualized plans be developed for persons on the developmental disabilities wait list. Such plans would not be developed until the individual is enrolled into a developmental disabilities program.

Fiscal Impact: None. There is an assumption that savings in staff time realized by Community Centered Boards which develop the Individualized Plans would go towards increasing other services.

HB 10-1226 – Testing A Different Response To Child Abuse Reports (Kefalas/Spence)

HB1226 creates a pilot program in five counties to allow child protection workers to handle less severe child abuse and neglect reports in a less adversarial manner, engaging the family and providing services for them rather than conducting an investigation which would result in an adversarial court process.

Fiscal Impact: Funded by a \$1.8 million federal grant.

HB 10-1359 – Standardize Change of Venue in Child Welfare Cases (McCann/Steadman)

HB1359 requires uniformity across the state regarding time lines in change of venue cases involving child abuse and neglect cases.

Fiscal Impact: None

HB 10-1384 - Enforce Old Age Pension Sponsorship Agreements (Lambert/White)

HB1384 aligns eligibility of non-citizens for the Old Age Pension cash assistance program with federal qualifications for public benefits. It requires that a non-citizen be in the country for five years before accessing public benefits, including OAP; considers a sponsor's income when determining the immigrant's eligibility and enforces signed sponsorship agreements; and adds safeguards to ensure that older non-citizens are protected from abuse, abandonment etc.

Fiscal Impact: \$46,000 estimated expenditures in 2009-10 to update CBMS; estimated savings of \$13.4 million in 2011-10 as a result of barring qualified aliens from accessing OAP cash benefits for five years after entering the United States.

SB 10-068 – Streamline Eligibility for Colorado Works (Boyd/Massey)

SB068 simplifies eligibility requirements for cash and service assistance under Colorado Works by matching some criteria with those of other programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicaid.

Fiscal Impact: \$966,000 expenditures from federal TANF block grant for systems changes to CBMS.

SB 10-171 – Create a Child Protection Ombudsman Program (Newell/Gagliardi)

SB171 gives the Colorado Department of Human Services authority to create a child protection ombudsman program by contract with a public or private non-profit agency. The office will have the authority and responsibility to receive, formally investigate or informally address complaints about the public child welfare system, and when appropriate, make findings and recommendations.

Fiscal Impact: \$175,000 General Fund for FY2010-11. The Department is authorized to accept gifts, grants and donations to support the ombudsman program.

SB 10-152 – Feedback to Mandatory Reporters (Newell/Gagliardi)

SB152 requires county departments of human/social services to give feedback to certain mandatory reporters who have made a report of child abuse or neglect within 30 days of the report. Such feedback could assist mandatory reporters, such as teachers and doctors, in monitoring a child more closely and providing necessary supports.

Fiscal Impact: None. Long-term, it could result in savings or cost avoidance to counties.

SB 10-153 (Boyd/Frangas) and SB 10-175 (Boyd/Riesberg) – Behavioral Health Reform

SB153 and SB175 are companion bills aimed at coordinating and transforming the behavioral health care system in Colorado. SB153 sets forth a policy direction for integrating behavioral health care services and creates a behavioral health transformation council.

SB175 relocates several sections of statute concerning behavioral health, substance abuse treatment and mental health under one title, namely Title 27 of the Colorado Revised Statutes.

Fiscal Impact: None

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**Colorado Department of Human Services
Hot Issues**

Office of Veteran's & Disability Services

Division for Developmental Disabilities

1. De-Institutionalization: The Regional Centers continue to place individuals into community-based service systems, as evidenced by the movement of 29 individuals from the Grand Junction Regional Center's Skilled Nursing Facility to community residential providers in FY 2010. Currently, there are 312 individuals receiving service in the three state-operated Regional Centers and plans are in the development stage to secure community placement for 100 of these individuals within the next three years. This de-institutionalization is consistent with Colorado's Olmstead Plan in providing services for people with disabilities in integrated community settings. Further de-institutionalization efforts may also help Colorado secure federal funding for the expansion of community-based services through the Patient Protection and Affordability Act of 2010.

2. Conflict of Interest in the Community Centered Board (CCB) System: Results of the State Auditor's Office 2009 audit of the Home and Community Based Services (HCBS) waiver for people with developmental disabilities indicated the potential for conflict of interest initially identified by the Centers for Medicare and Medicaid Services (CMS), and further examined in a December 2007 study by the University of Southern Maine (USM), Muskie School of Government, had not been resolved. In Spring 2010, the Colorado Department of Human Services (CDHS) and Health Care Policy and Financing (HCPF) convened a stakeholder task force to evaluate options for system re-design to resolve the conflict of interest issues inherent in the CCB system. This task force completed its work June 2010 with a report describing their recommendations to be presented to the Legislative Audit Committee (LAC) in August 2010 by the Departments. After presentation to the LAC, the Departments will develop implementation plans for the accepted and/or revised recommendations for FY 2011.

Options recommended unanimously are to have independent third party entities or the state perform functions such as information and referral, eligibility determination, wait list management, and incident/investigation management. Two options for the service planning and service delivery conflicts will be presented as there was considerable support for each of the following:

- a) Service planning contracted by the state to one or several agencies, delivered consistently state-wide, independent of service provision, and with a local presence

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- b) Service planning agencies (currently CCBs) continue to have services but individuals and families have the option to choose one of the single entry point agencies serving other waiver populations
3. Family Caregiver Act and Consumer Directed Attendant Support Services (CDASS): CDHS is in the process of developing rules and regulations regarding the Family Caregiver Act (Senate Bill 08-002) that allows individuals with developmental disabilities to receive services by while residing in the family home and for family members to be paid to deliver services. After the Senate Bill went into effect in July 2008, changes were required in the Medicaid Home and Community Based Services waivers for people with developmental disabilities in order to allow for implementation of the legislated requirements. FY 2010 saw the approval of the HCBS waivers by CMS allowing residential habilitation to be provided to waiver participants residing in the family home and included approval of family members living in the family home as qualified paid staff. Additionally, an option for individuals to participate in the CDASS benefit of the waiver that allows individuals and/or their guardians to determine and employ persons of their own choosing to assist them with attendant support was authorized in the waiver renewals of FY 2010. CDHS will complete implementation of sections of Senate Bill 08-002 for which existing rules and regulations exist by September 2010 and will complete the rule process for the remainder of the requirements and the CDASS benefit by late Spring 2011.
4. Medicaid Waiver Simplification: CDHS and HCPF have begun discussing the possible combination of the eleven Medicaid waivers in Colorado into two waivers, one for children and one for adults. Current waivers have inconsistent usage as evidenced by some waivers being underutilized and others having wait lists. Combining children's waiver into one waiver and adult waivers into another may allow for more effective use of all available waiver resources. The Departments plan to present options for stakeholders to consider in Fall 2010 as well as develop an initial budget analysis to ensure budget neutrality of any alternative. Depending on the outcome of these actions, the Departments will prepare legislation for FY 2013 to effect changes in the waivers for Colorado.

Division of 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 (+26% in past 21 months) 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 2008-09, DDS completed 32,253 cases. Currently, DDS estimates the completed workload for the SFY 09-10 at 36,240, however, the initial claims backlog remains high at 11,028 SSA controls the release of CDR cases to manage the total workload. For SFY 10-11 the total workload is projected to increase by 3.1% to about 41,000 when compared to this past year.
2. Staffing: The DDS has hired 35 staff (32 examiner trainees) in the past 18 months, with another 17 trainee hires planned in September. However, the DDS has attrited 20 experienced examiners and five trainees in the time, along with eight promotions to non-adjudicative duties. The loss of experienced staff has made it more difficult to process the caseload. Expected constraints in federal and state budgets in the coming years may result in limited ability to replace separated staff as well as hire additional staff needed to address the growing caseload projected by SSA.

Division of State and Veterans Nursing Homes

3. New Domiciliary Care Facility at Fitzsimons: The Department of Human Services Office of State and Veterans Nursing Homes (SVNH) is proposing the construction of a domiciliary care (assisted-living) facility on the grounds of the Fitzsimons Medical Campus in order to maximize partnership opportunities with the new Veterans Administration Hospital and other programmatic settings on the Campus. The SVNH would like to expand their traditional service population to include treating younger veterans who need wrap around services to address some of the debilitating physical and mental health issues previous war veterans experienced. The 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% match required by Veterans Affairs.
4. Trinidad State Nursing Home: Since 1998 the Trinidad State Nursing Home has lost \$3,758,085, which has been subsidized by the State Veterans Nursing Homes. Advocates believe there was a \$1 million surplus in the fund from Trinidad prior to 1998, which would still make the overall loss \$2,758,085. The subsidy puts at risk the \$10.5 million received annually from the U.S. Department of Veterans Affairs that can only be applied toward the care of veterans in certified State Veterans Nursing Homes.

Department Description FY 2011-12 BUDGET REQUEST

The Trinidad State Nursing Home cannot make a profit within the state system. Trinidad's payroll costs are 77% of their total costs. Salaries cannot be reduced because of the State personnel system. Furthermore the average cost per day in fiscal year 2010 was \$213.64 per day and their Medicaid reimbursement rate is only \$203.01 per day. 85% of Trinidad's residents are funded through Medicaid. The Department of Human Services cannot continue to own and operate Trinidad without an influx of general fund – both for operating and to address the \$8.5 million needed in capitol development renovations.

Office of Employment and Regulatory Affairs

1. **Training:** Employment-related training programs for CDHS employees are not adequate to meet the needs of a large and diverse government agency. Many employees hired since 2003, when most of the Department's training staff was separated in a layoff, have not received basic training in key areas such as workplace violence prevention, sexual harassment prevention, workplace safety, Civil Rights, grievance resolution and disciplinary issues. The result has been an increase in employment-related disputes ending in appeals and lawsuits, requiring increasing amounts of costly attorney time. Employment law cases in CDHS drove charges from the Attorney General's Office to more than \$300,000 in FY 2010.
2. **Workers Compensation:** In SFY 2009-10, CDHS experienced 992 workers' compensation claims representing a 1.4% increase over FY 2008-09. The total cost of these claims stood at \$5,810,657 as of August 21, 2010. If the zero dollar claims are subtracted from the 992 claims filed, the revised total number is 809. This number is the same as the number of claims for FY 2008-09. However, the cost of claims as of July 20, 2010 was 31.2% higher than for the same period a year earlier. As always, the cost of claims for the past fiscal year will continue to grow over the next two to three years as some of these claims remain open.
3. **New Workers/Staffing Issues:** Recent budget shortfalls have caused many jobs to remain vacant in the Department in order to meet budget restrictions. While crucial program and direct care staff positions are being filled, important support and ancillary positions needed to meet heavy workloads and to assure program quality cannot be hired. The result is an even heavier workload for the remaining staff that relates to increases in injuries, stress and other workers' compensation claims. In addition, new employees are being hired at the bottom of the salary range for their positions with no hope of progressing up the salary ladder or for any salary increase for the foreseeable future, regardless of the quality of the work they are expected to perform.

Office of Behavioral Health and Housing

1. Demand for competency evaluations/restorations: The Zuniga lawsuit established timelines for admissions to CMHIP for competency evaluations and restorations. The lawsuit ended June 1, 2009 with the opening of the new high-security forensic building, but the pressure for these services continues. Since the lawsuit, CMHIP has tried to maintain the timelines imposed in Zuniga, but has exceeded these timelines a dozen times in recent months. June 1, 2010, DHS negotiated an agreement with DOC to loan eight beds from the unit housing Department of Corrections' inmates in the new forensic institute to relieve some of this pressure. It is not clear whether this arrangement will be viable long-term. If it is not viable, the state will be faced with providing staffing for a new unit to accommodate the increase in demand for competency evaluations and restorations or run the risk of a re-opening of the lawsuit.
2. Health Care Reform, the Behavioral Health Cabinet and Behavioral Health Transformation Council: During the 2010 legislation session, the Legislature passed S.B. 10-153 establishing the Behavioral Health Transformation Council to advise and guide a transformation of the behavioral health care system from one that is fragmented and siloed, into one that is efficient and effective for consumers. At the same time in early 2010, Congress passed sweeping health care reform legislation, which included the provision of substance abuse and mental health services as basic health benefits. In addition, in January 2010, all health insurance carriers were required to include mental health and substance abuse benefits at equal levels to physical health care. These initiatives have the potential to bring significant changes to the behavioral health service system in Colorado by expanding access to Medicaid health care benefits and including behavioral health services within the covered benefit package.

Office of Operations

3. Utilities: The Department has had difficulty keeping pace with rising utility cost while overall budgets are being reduced. The Department has implemented all reasonable measures to control costs. However, since utilities represent an essential cost of doing business, particularly for direct-care facilities, the Department has been forced to absorb over-expenditures. This has led to a reduction in other essential services such as ongoing maintenance and repair. There are three components to the Department's utility budget: utility purchases; performance contracts; and, energy managements systems. Market factors and external forces that increase or decrease the need for funding impact each of these components. Utility expenditures include natural gas, electricity, water and wastewater expenses for the Department's residential facilities (Division of Youth Corrections (DYC), Mental Health Institutes, and Regional Centers for Persons with Developmental Disabilities) as well as related support facilities. Also included is funding for energy performance contracts, pursuant to Section 24-30-2001 C.R.S.

(2010). The installation of sophisticated heating and cooling systems (HVAC) via performance contracting initiated an increase in the use of energy management systems. These systems provide monitoring and control of the HVAC systems to ensure continued high energy performance and detect malfunctions with an increased number of control points and sensors. The old and outdated HVAC systems provided little in the way of energy performance control or monitoring. Management of the utility budget has become extremely challenging given the volatility in commodities costs, the lack of flexibility in consumption at direct-care facilities, and overall revenue shortfalls.

Office of Children, Youth, and Families

Child Welfare Division

1. Child and Family Services Review: The 2009 Child and Family Services Review (CFSR) Performance Improvement Plan (PIP) is being negotiated with the Department of Health and Human Services Administration for Children and Families (ACF). The PIP's framework is based on broad strategies that will result in improvement of 19 of the 23 program items and 9 of the 22 systemic factors. Starting with the ACF Children's Bureau approval date, the PIP will be in effect for two years. The Estimated Annual Penalty for not achieving improvement within the 2-year time frame is \$1,372,077. Compliance will depend upon significant practice changes involving more caseworker time, improved supervisory techniques, and increased monitoring and evaluation by DCW.
2. Office of the Child Ombudsman: 2010 Legislation established this new office to respond to complaints against local county departments of social services. A workgroup was formed and will submit a detailed work plan for the establishment of the Office of Child Protection Ombudsman no later than September 20, 2010. Sufficient funding must be in place from general fund, gifts, grants or donations to ensure the program is sustainable. An initial general fund appropriation of \$175,000 is available in FY 10-11.
3. Work With Tribes on Child Welfare: The Division of Child Welfare has been working with the Southern Ute and Mountain Ute Tribes on the delivery of child welfare services and collection of Title IV-E funds. A holdout of \$950,000 is taken from the child welfare block to provide funding for the Tribes tin out of home care. The Division is working with the Tribes to insure Title IV-E determinations are accurate so that a claim can be made for federal reimbursement.
4. Federal Title IV-E Issue: The State has experienced a decline of Title IV-E revenues for a number of years. Among the factors that impact the claims for federal revenue include a decrease in foster care maintenance for Title IV-E claimable

children/youth due to a decrease in overall placements and a decrease in the overall length of stay for those IV-E claimable clients who are in out of home care. This also impacts the Title IV-E administration claiming. In addition one of the criteria used in determining eligibility is the July 1996 AFDC need standard. As salaries and wages have increased over the years, the number of eligible children declines. The Division is working with counties insure timely determinations of eligibility.

Division of Child Care

1. Standardization of Child Care Eligibility: County departments of social/human services are authorized to set the child care eligibility standards for their communities. This has impacted the ability of clients to move between counties and maintain their eligibility for services. The Division of Child Care convened a group of county directors to review this issue to determine if statewide eligibility would benefit the services to children and families. The work group has also studied the allocation formula used to determine local funding and the impact of education and training eligibility criteria. At this point the work group recommends that the counties continue to determine eligibility based on local need and preference. The State Department of Human Services will continue to review the recommendations with the goal of ensuring consistent access to childcare services throughout the state.
2. Demand for Child Care Services: The demand for childcare services continue to increase throughout the State of Colorado. Due to economic conditions, many low to moderate income families need assistance to maintain their employment or return to school for training. County departments continue to overspend their allocations as the demand rises and federal revenues are insufficient to meet the demand. In addition ARRA funding for childcare services has expired and there will be a significant decrease in the amount of available dollars if federal funding is not continued at current levels.

Division of Youth Corrections

1. 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 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-

Department Description FY 2011-12 BUDGET REQUEST

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.

2. House Bill 1451 Justice Assistance Grant Project: The Division of Youth Corrections received a two-year Byrne Memorial/Justice Assistance Grant of \$1.8 million dollars to provide training and programming resources to selected County HB 1451 Collaborative Partnerships. Counties were trained on the Colorado Juvenile Risk Assessment (CJRA) in February and March of 2010. Nine counties were awarded funds to provide evidence-based services to multi-system involved youth. Programs began providing services in February and March. The Division will be conducting on-going trainings in evidence-based practices and providing program evaluation through the life of the grant. The overall goal of these funds is to increase and enhance counties' ability to provide evidence-based services to multi-system involved youth and families. Ultimately, through the HB 1451 collaboratives, the Division believes that fewer youth will be committed to the Division.

Office of Self Sufficiency & Independence

1. LITAP Legislative Audit: The Low Income Telephone Assistance Program (LITAP) provides a combination of State and federal benefits to low income telephone subscribers to assist with monthly local telephone access. The Department of Regulatory Agencies (DORA) Public Utilities Commission (PUC) provides general oversight of LITAP and the Department is responsible for eligibility certification. The State Auditor's May 2010 Performance Audit report raised issues regarding whether or not the PUC and the Department have exercised adequate controls in administering LITAP. The Department agrees with the findings of the report and began addressing the issues raised in the report prior to the audit being initiated. Specifically, the Department has developed a new LITAP registration system that is providing better customer service for applicants while also ensuring appropriate program controls for the certification process. The audit report questions whether or not the State subsidy of the program should continue based on program need and State capacity to administer the program. The Department will work with the General Assembly during the 2011 legislative session to help inform this discussion.

Division of Aging and Adult Services

1. AND Maintenance of Effort: The State operated under a Maintenance of Effort (MOE) Agreement with the Social Security Administration which specifies that the State maintain or exceed the highest previous expenditure level. Failure to meet the MOE target amount results in a corrective action and the State risks sanction against the Federal matching funds toward the Medicaid program (approximately \$1 Billion). Colorado has been on a corrective action for three years and is currently struggling with meeting the CY2010 MOE requirement.

Division of Colorado Works

1. Financial Audits of Contracts: Risk-based audits conducted by the Department of TANF-funded contracts issued by selected counties found a high percentage of questioned costs. This has resulted in a statewide audit of all, along with statewide training and improved contracting policies and practices.
2. TANF Future Financial Plan: Colorado receives a fixed amount in its TANF block grant from the federal government, an amount that has been constant since the creation of the TANF/Colorado Works program in SFY 1997. While State and county TANF expenditures for the first several years resulted in the build up of substantial reserves at both the State and county level, those reserves are rapidly disappearing as the annual rate of expenditure of the TANF block grant exceeds the annual revenue. This is caused by a combination of: a decline of 27% in the real current value of the federal block grant; increased caseloads; budget refinancing decisions driven by declining state GF revenues; and other budget or policy changes.

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**Colorado Department of Human Services
Workload Reports**

Veterans and Disability Services – Workload Reports

Division 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 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Projected
Average number of residents served (average monthly census).	87.0%	89.0%	82.16%	82.07%	87.19%	87.19%

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 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Estimate	Approp.	Projected
Patient per Day (PPD) cost for raw food.	\$7.36	\$6.85	\$6.99	\$6.78	\$6.82	\$7.02
Patient per Day (PPD) cost for pharmaceuticals.	\$5.14	\$5.32	\$5.63	\$5.94	\$6.55	\$6.75

Note: Raw food and pharmaceuticals projection for FY 2011-12 based on FY 2010-11 plus 3% increase.

Department Description FY 2011-12 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	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of adults with developmental disabilities receiving residential services during the last month of the fiscal year. *Assumes no new funding.	3,701	3,803	3,895	4,338	4,338*	4,338*
Number of adults with developmental disabilities on waiting list for residential services as of the last day of the fiscal year (Medicaid HCBS waiver and state programs combined) *Assumes 5% annual growth in demand	1,544	1,780	1,325	1,352	1,420*	1,491*
Number of adults with developmental disabilities receiving Supported Living Services during the last month of the fiscal year. *Assumes no new funding.	3,769	3,793	3,793	4,166	4,166*	4,166*
Number of adults with developmental disabilities on waiting list for Supported Living Services as of the last day of the fiscal year. (Medicaid HCBS waiver and state programs combined) *Assumes 5% annual growth in demand.	2,600	2,762	2,484	1,857	1,950*	2,048*
Average number of children receiving early intervention services each month. *Assumes a 5.4% annual growth in demand	3,791	3,951	4,053	5,611	5,915*	6,234*
Total number of families who received Family Support Services during the fiscal year.	4,070	3,800	3,800	4,744	4,744*	4,744*
Number of families on waiting list for Family Support Services as of the last day of the fiscal year. *Assumes a continued 12.6% annual average growth in demand.	4,265	4,153	4,041	4,679	5,269*	5,933*

Department Description FY 2011-12 BUDGET REQUEST

Workload Indicator continued	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of children receiving Children's Extensive Support Services during the last month of the fiscal year. *Assumes no new funding.	332	350	360	429	395*	395*
Number of children on waiting list for Children's Extensive Support Services as of the last day of the fiscal year. *Assumes a 5% annual growth in demand.	156	239	322	291	306*	321*
Number of Program Quality Health and Safety surveys completed during the fiscal year.	220	228	236	163	192	192

Department Description FY 2011-12 BUDGET REQUEST

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	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%	95.0%	95.0%	83%	95.0%	95.0%

Division for Developmental Disabilities - Caseload Trends

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

Description of Trend: Description of Trend: Between June 2007 and June 2010, the overall demand for adult services decreased by 8.7% and the overall demand for child and family services increased by 29.9%. The overall demand for early intervention services increased by 48.0%. For adult services, the overall demand includes a 13.8% increase in persons receiving appropriated services from 7,470 to 8,504, and a 22.5% decrease in the waiting list (those needing services within two years) from 4,144 in June 2007 to 3,209 in June 2010. For child and family services, the overall demand includes a 17.5% increase in persons receiving appropriated services from 4,402 in June 2007 to 5,173 in June 2010, and a 12.4% increase in the waiting list (those needing services within two years) from 4,421 in June 2007 to 4,970 in June 2010. For early intervention services, the overall demand includes a 48.0% increase in persons receiving appropriated services from 3,791 in June of 2007 to 5,611 in June 2010.

Analysis of Trend: There continues to be a need for comprehensive residential services for adults with developmental disabilities 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, 24% 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 2011-12 BUDGET REQUEST

Regional Centers – Workload Indicators

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.*	Projected**
Average daily census for Intermediate Care Facility for persons with Mental Retardation (ICF/MR) placements. *The Wheat Ridge Regional Center converted from HCBS waiver group homes to ICF/MR licensing and there was an overall increase in bed capacity as of July 2010. **Adjusted for anticipated capacity reduction at the Regional Centers in the ICF/MR program due to transferring residents to the community.	74.09	38.00	TBD	99.01	160	130
Total number of new admissions to Regional Centers during the fiscal year.	28	25	25	7	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	60	65	60	60	60

Department Description FY 2011-12 BUDGET REQUEST

Regional Centers - Caseload Trends

Name of Trend: Service for Individuals with Complex Needs

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY2011-12
Total cases completed.	Actual	Actual	Actual	Actual	Approp.	Projected
	31,900	32,593	32,253	36,240	36,000	36,200

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.

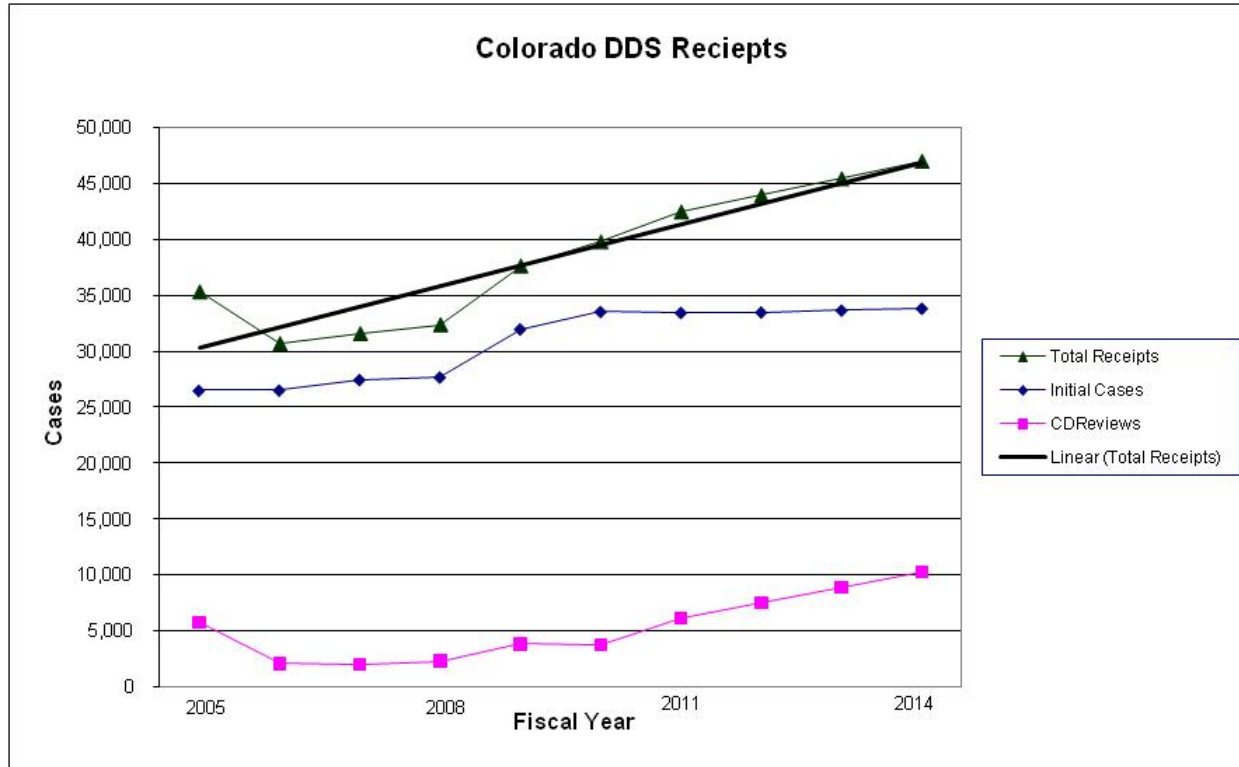
People are referred to the Regional Centers from the community based on their Service Plan from the Mental Health Institutes, the Department of Corrections, nursing facilities and the Community Centered Board system, including persons with high needs who are waiting for services. Regional Centers provide active treatment programs including residential services, day programs, work therapy services, behavioral 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%. In FY 2009-10, the Skilled Nursing Facility at the Grand Junction Regional Center was closed and 29 people were transitioned to community-based services. Another 20 people were transferred from the three Regional Centers to the community as part of the Department’s work to de-institutionalize services. These reductions resulted in lowering the Regional Center census to 299 in FY 2009-10.

Division of Disability Determination Services– Caseload Trends

Name of Trend: Increase in Disability Claims Caseload

Trend Exhibit



Department Description FY 2011-12 BUDGET REQUEST

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY2011-12
Total cases completed.	Actual	Actual	Actual	Actual	Approp.	Projected
	31,900	32,593	32,253	36,240	36,000	36,200

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 Social Security Administration 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 over 75% in the past 24 months). Assistance from Federal disability case processing sites is helping reduce this pending caseload.

V. WORKLOAD REPORTS

Office of Behavioral Health – Workload Reports

Mental Health Institute Division
 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, which oversees the two state-operated psychiatric hospitals 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 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Request
CO Mental Health Institute at Fort Logan - Civil Units: Direct Care Staff to-Patient Ratio (including TRCCF)	1.32	1.34	1.38	1.46	1.35	1.35
CO Mental Health Institute at Pueblo - Civil Units: Direct Care Staff to-Patient Ratio	1.39	1.34	1.33	1.42	1.42	1.42
CO Mental Health Institute at Pueblo - Forensic Units: Direct Care Staff to-Patient Ratio	1.39	1.29	1.23	1.30	1.30	1.30

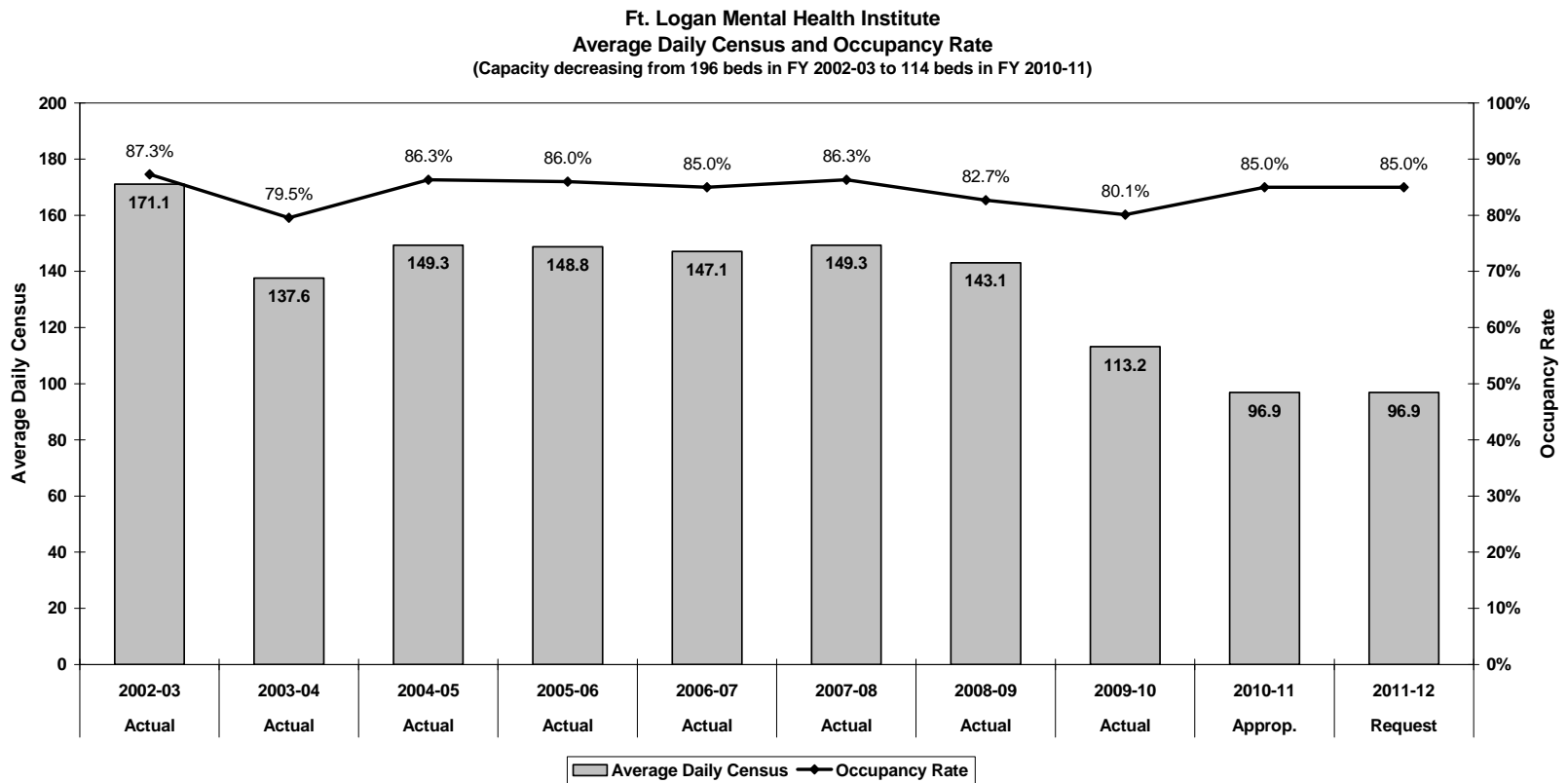
Department Description FY 2011-12 BUDGET REQUEST

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Request
CO Mental Health Institute at Pueblo: Number of Inpatient and Outpatient Competency Evaluations Referred (including competency, sanity and mental condition exams)	840	914	954	987	1,026	1,063
CO Mental Health Institute at Pueblo: Number of Inpatient Incompetent to Proceed Restorations Referred	247	232	188	229	232	259
Number of Inpatient Admissions - Both Institutes	2,997	2,989	2,831	2,245	2,126	2,126
Registered Nurse Vacancy Rate (based on utilized FTE)	CMHIP: 11.7% Fort Logan: 14.3%	CMHIP: 6.6% Fort Logan: 7.5%	CMHIP: 9.2% Fort Logan: 10.9%	CMHIP: 7.0% Fort Logan: 8.9%	CMHIP: 7.0% Fort Logan: 9.6%	CMHIP: 7.0% Fort Logan: 9.6%
Registered Nurse Turnover Rate (based on utilized FTE)	CMHIP: 16.4% Fort Logan: 20.5%	CMHIP: 20.8% Fort Logan: 15.7%	CMHIP: 15.6% Fort Logan: 15.7%	CMHIP: 13.7% Fort Logan: 46.8%	CMHIP: 13.7% Fort Logan: 12.9%	CMHIP: 13.7% Fort Logan: 12.9%
Institute Population with a TBI or DD Diagnoses.	CMHIP: 6.0% Fort Logan: 6.1%	CMHIP: 5.9% Fort Logan: 8.4%	CMHIP: 7.6% Fort Logan: 7.7%	CMHIP: 5.9% Fort Logan: 6.5%	CMHIP: 5.9% Fort Logan: 6.1%	CMHIP: 5.9% Fort Logan: 6.1%

Mental Health Institutes – Caseload Trends

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

Trend Exhibit:

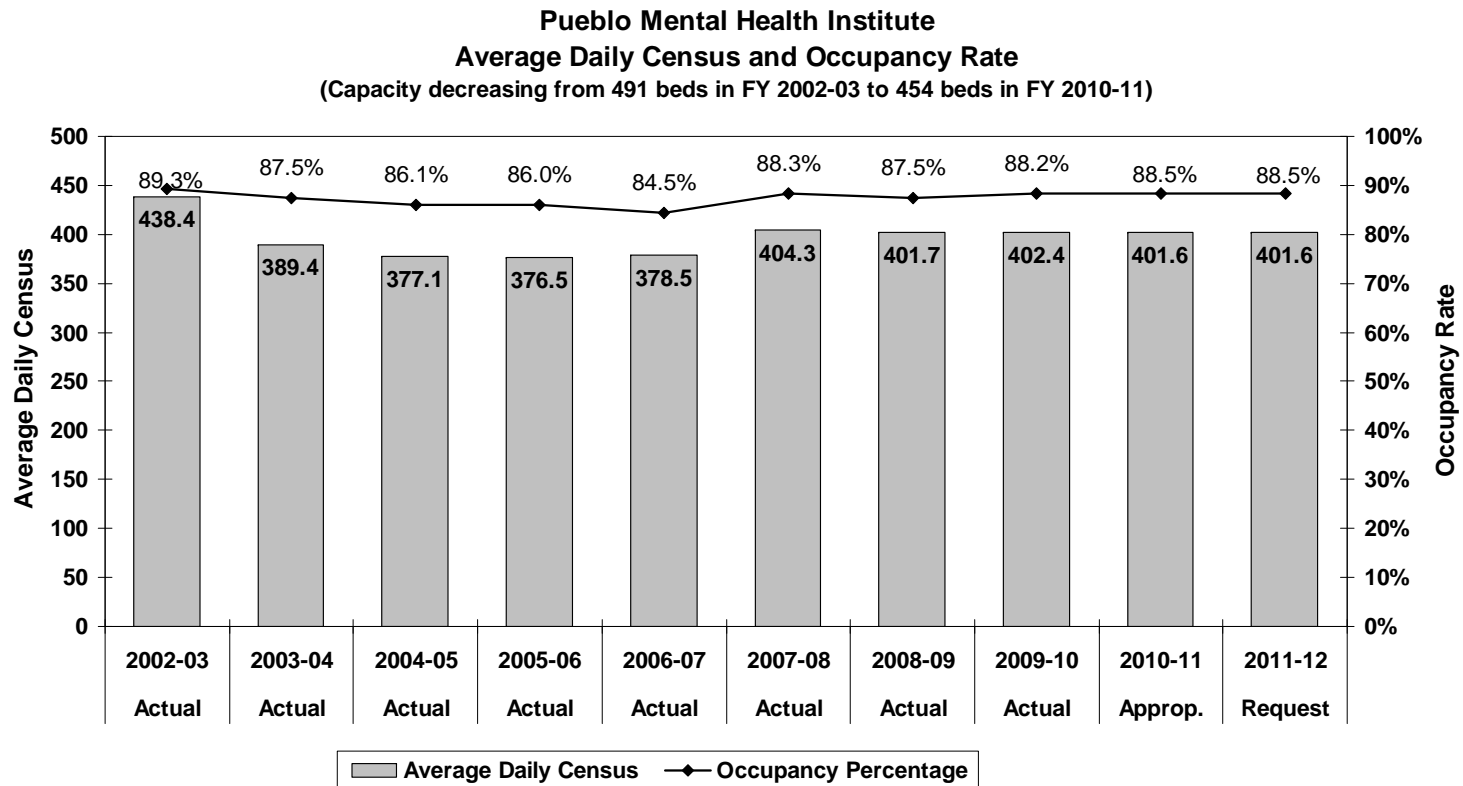


Description of Trend: This trend details the Average Daily Census and occupancy rate for the Fort Logan Mental Health Institute over the last several years.

Analysis of Trend: The Fort Logan occupancy rate 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:

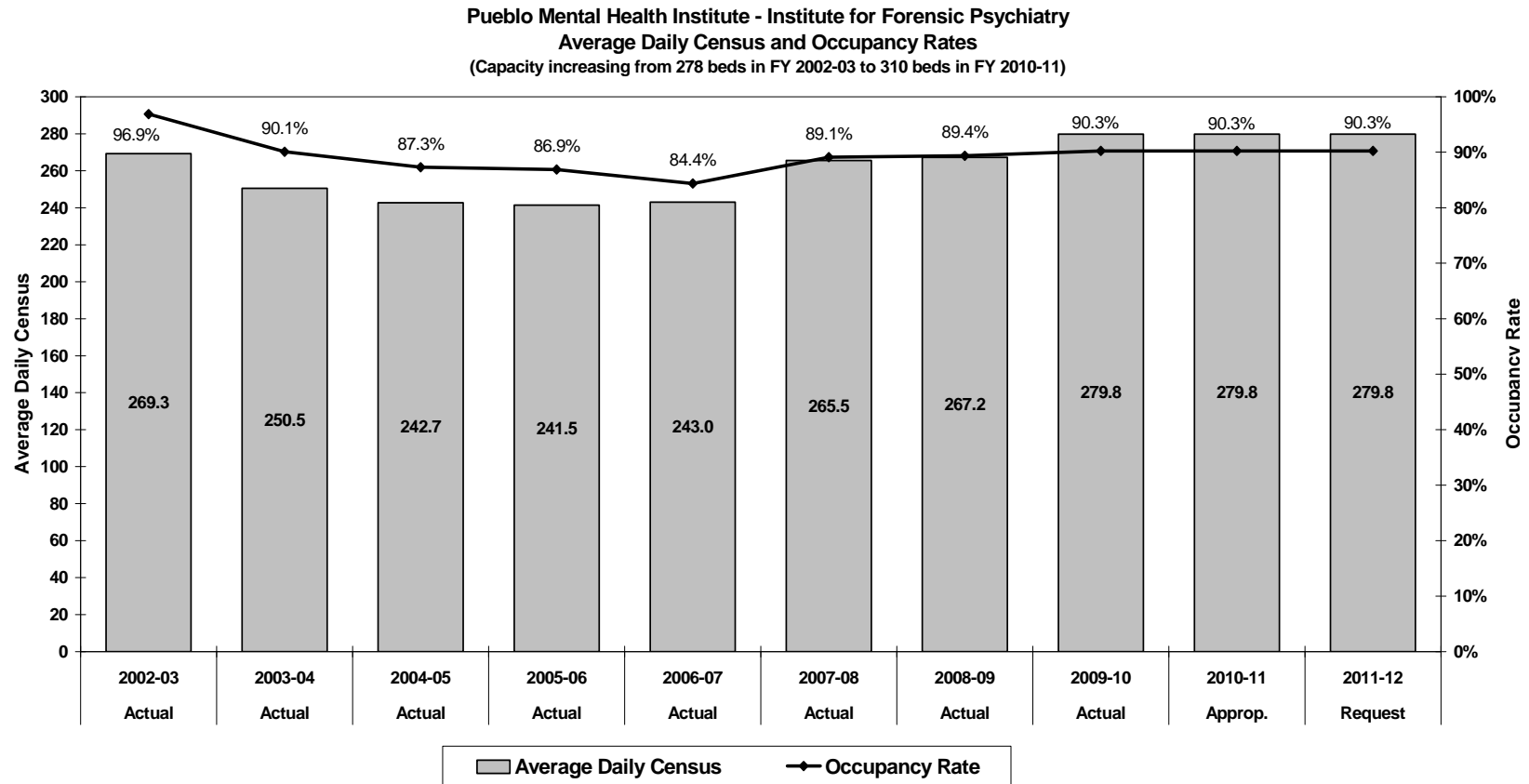


Description of Trend: This trend details the Average Daily Census and Occupancy Rate for the Colorado Mental Health Institute at Pueblo over the last several years.

Analysis of Trend: The Colorado Mental Health Institute at Pueblo (CMHIP) 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 - Institute for Forensic Psychiatry.

Trend Exhibit:

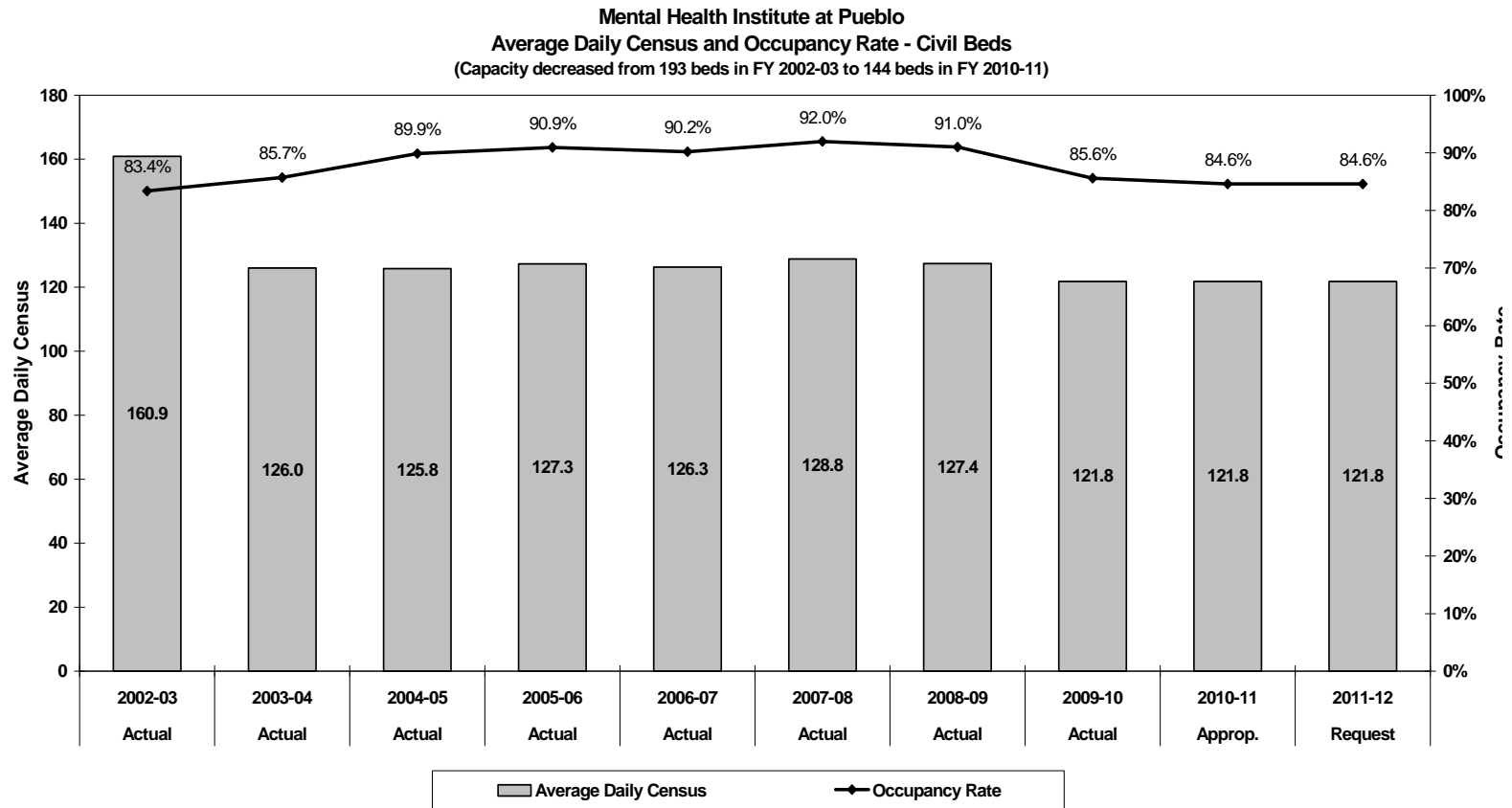


Description of Trend: This trend details the Average Daily Census and Occupancy Rate for the Colorado Mental Health Institute at Pueblo, Institute for Forensic Psychiatry (IFP) over the last several years.

Analysis of Trend: As the exhibit indicates, IFP occupancy rates have increased gradually over the last several years; from 84.4 percent in FY 2006-07 to 90.3 percent in FY 2009-10. 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.

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: The Colorado Mental Health Institute at Pueblo (CMHIP) civil occupancy rate and Average Daily Census (ADC) declined from 91.0% in FY 2008-09 to 85.6% in FY 2009-10.

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

Trend Exhibit:

CMHIP Exams (sanity, competency, mental condition, etc.) and ITP Refererals (Competency Restorations) per Fiscal Year										
Fiscal Year	Exams				Restorations (ITPs)				% Change from	
	In Pt	Out Pt	Total	% Change	In Pt	Out Pt	Total	% 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%
2009-10	321	666	987	3.5%	208	21	229	21.8%	130.1%	163.2%
2010-11 projected	334	692	1,026	3.9%	211	21	232	1.4%	139.1%	167.0%
2011-12 projected	346	718	1,063	3.7%	235	24	259	11.6%	147.9%	198.0%
2012-13 projected	359	745	1,104	3.8%	251	25	276	6.5%	157.3%	217.4%

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 examinations increased by 215 percent (from 102 to 321) between FY 2004-05 to FY 2009-10.

Department Description FY 2011-12 BUDGET REQUEST

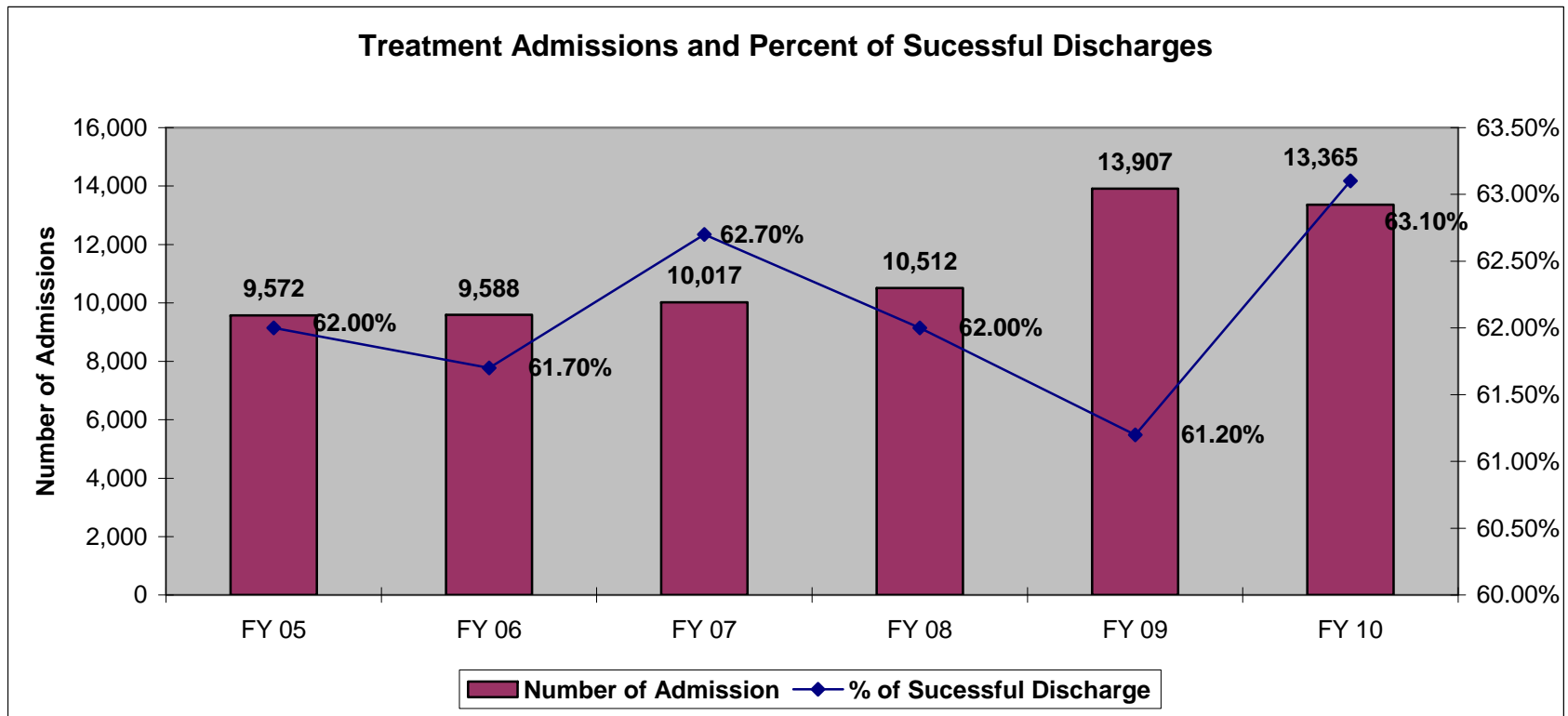
Division of Behavioral Health – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Actual	Appropriated	Request
Number of site reviews.	306	314	654	502	360	385	385
Number of mental health consumer complaints about the public behavioral health system.	72	118	135	169	218	220	220
Number of contracts, purchase orders and interagency agreements administered.	287	269	139	238	288	300	300
Number of hours of training provided per year by Division of Behavioral Health.	786	1167	2327	2581	2993	3080	3080

Division of Behavioral Health – Caseload Trends

Name of Trend: Treatment Admissions and Percent of Successful Discharges: Substance Use Disorder Treatment Program, FY 2006 - 2010.

Trend Exhibit:



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

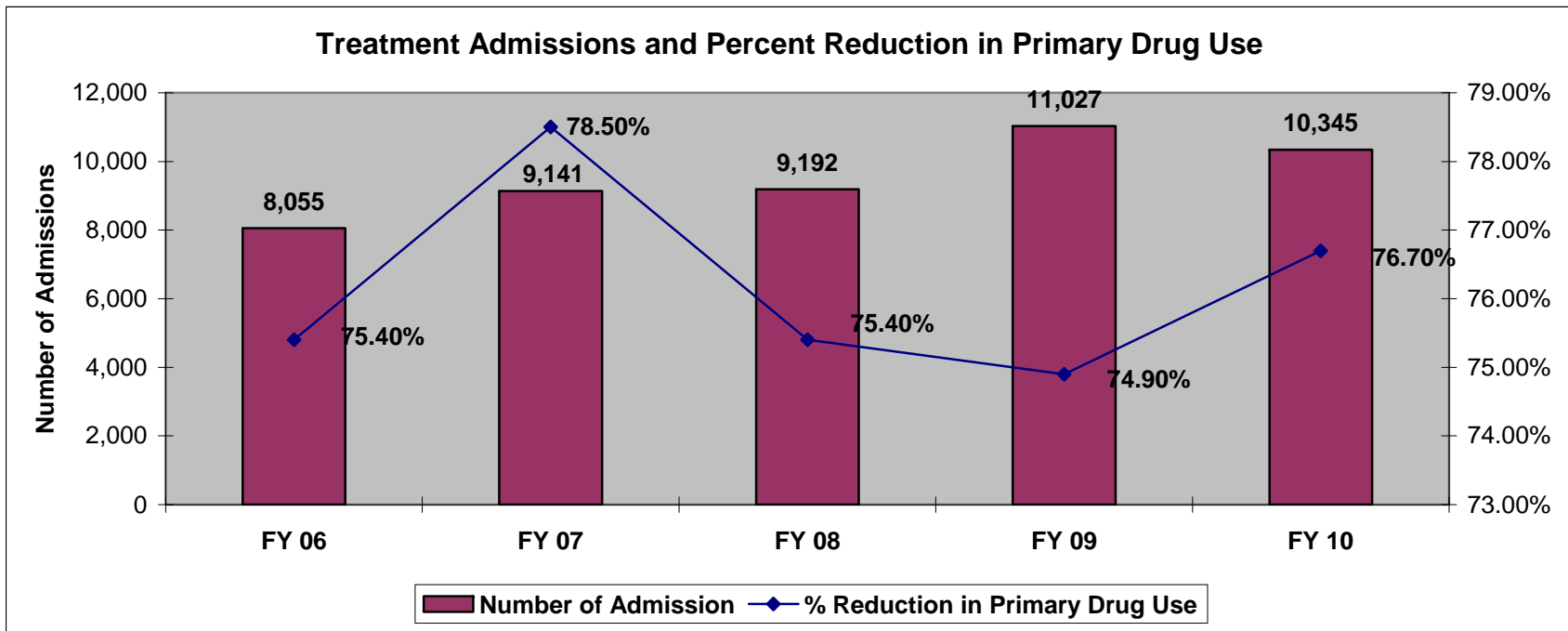
Analysis of Trend:

Successful discharges from treatment, or those individuals who accomplished a moderate to high achievement of their treatment goals, have remained somewhat consistent from fiscal year 2006. National studies indicate that clients who complete a moderate to high percentage of their treatment plans have a more successful treatment outcome: e.g., they are not as likely to relapse as clients completing less of their treatment plans. The trend has remained essentially consistent in a 62% average successful discharge trend since 2006 to 2010.

Division of Behavioral Health – Caseload Trends

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

Trend Exhibit:



Description of Trend: This trend details the number of admissions into substance use disorder 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 is somewhat consistent from fiscal year 2006. The trend has remained essentially consistent in a 75% average successful discharge trend since 2006 to 2010. This represents an overall increase in the number of clients achieving reductions in the usage of their primary drug within this timeframe.

Division of Behavioral Health – Caseload Trends

Name of Trend: Substance Use Disorder Prevention, FY 2005-2009: Prevent and reduce levels of alcohol and drug use among children and adolescents.

Trend Exhibit:

30 – Day Alcohol, Tobacco, or Other Drugs (ATOD) Use from fiscal years 2005-2006, 2006-2007, 2007-2008, and 2008-2009

Past 30-day ATOD use was measured by the 30-Day Use scale, the same scale used by the national *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. That is, those who had reported not using at the pretest, or the before the program measure, would continue not to use by the end of the program as reported on the posttest measure, and those who had reported use at pre-test would report no use at posttest.

There are four groups that can be compared:

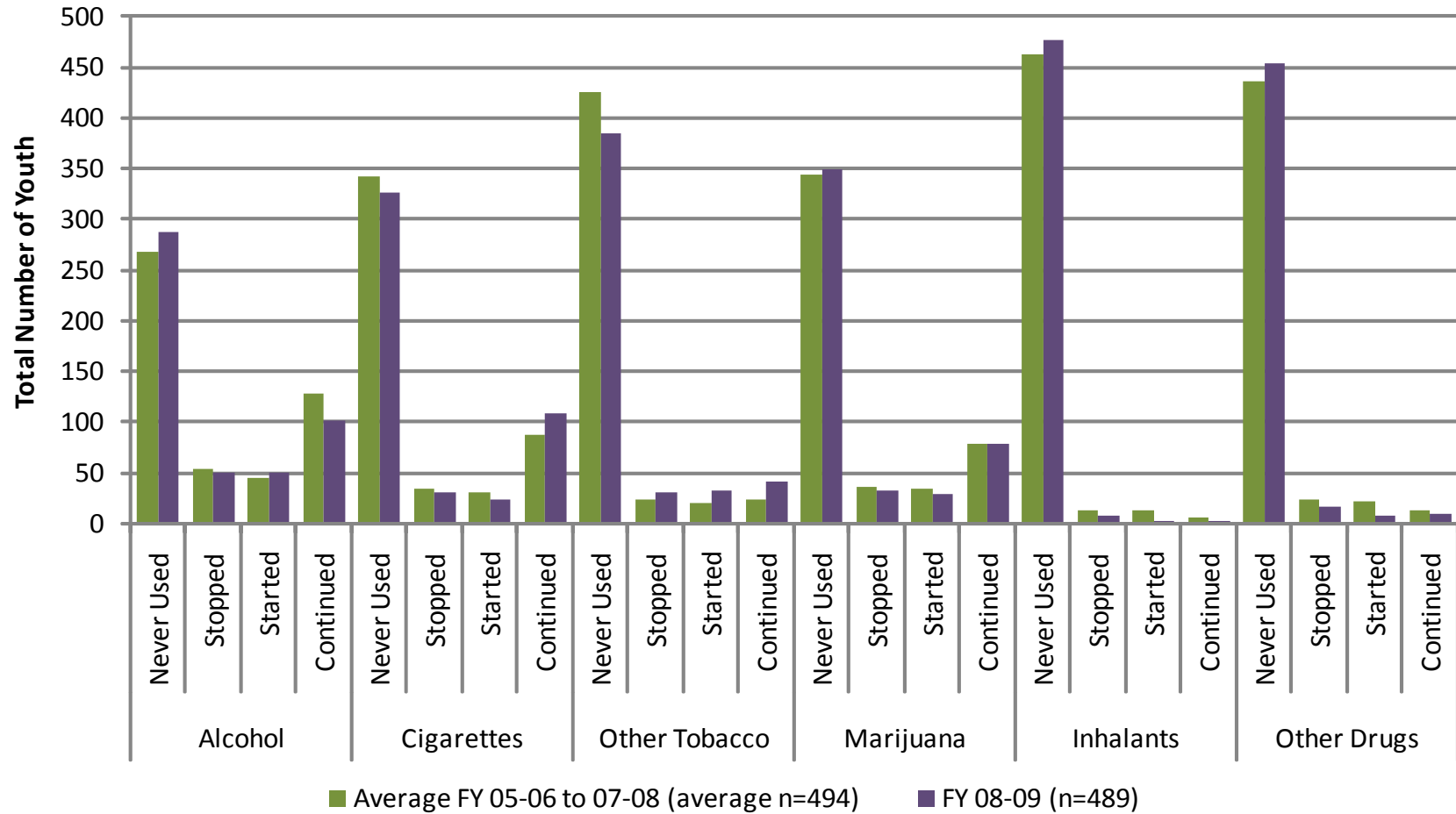
Never Used = Youth reporting “no use” at pre-test and post-test

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

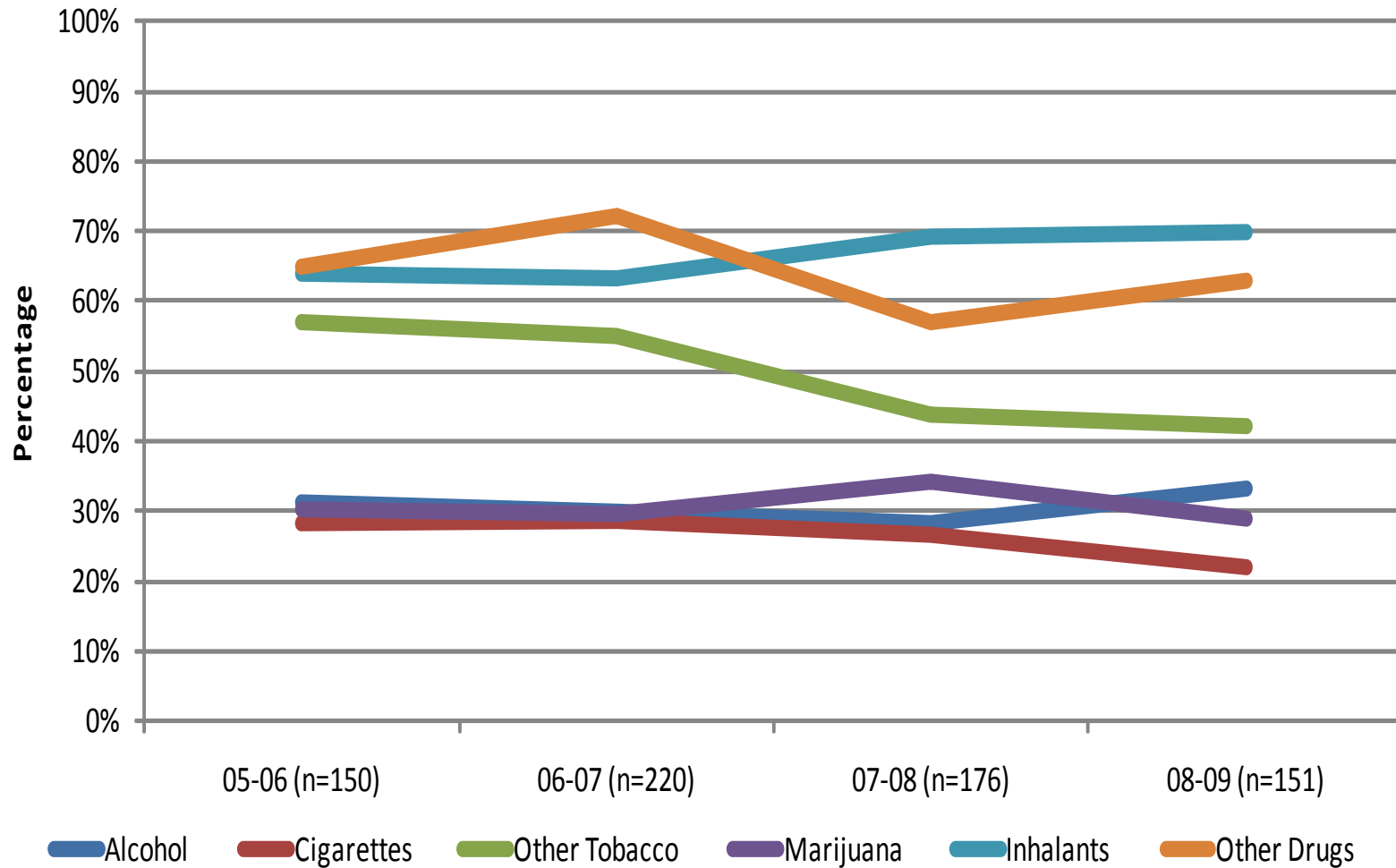
Started = Youth reporting “no use” at pre-test and “use” at post-test

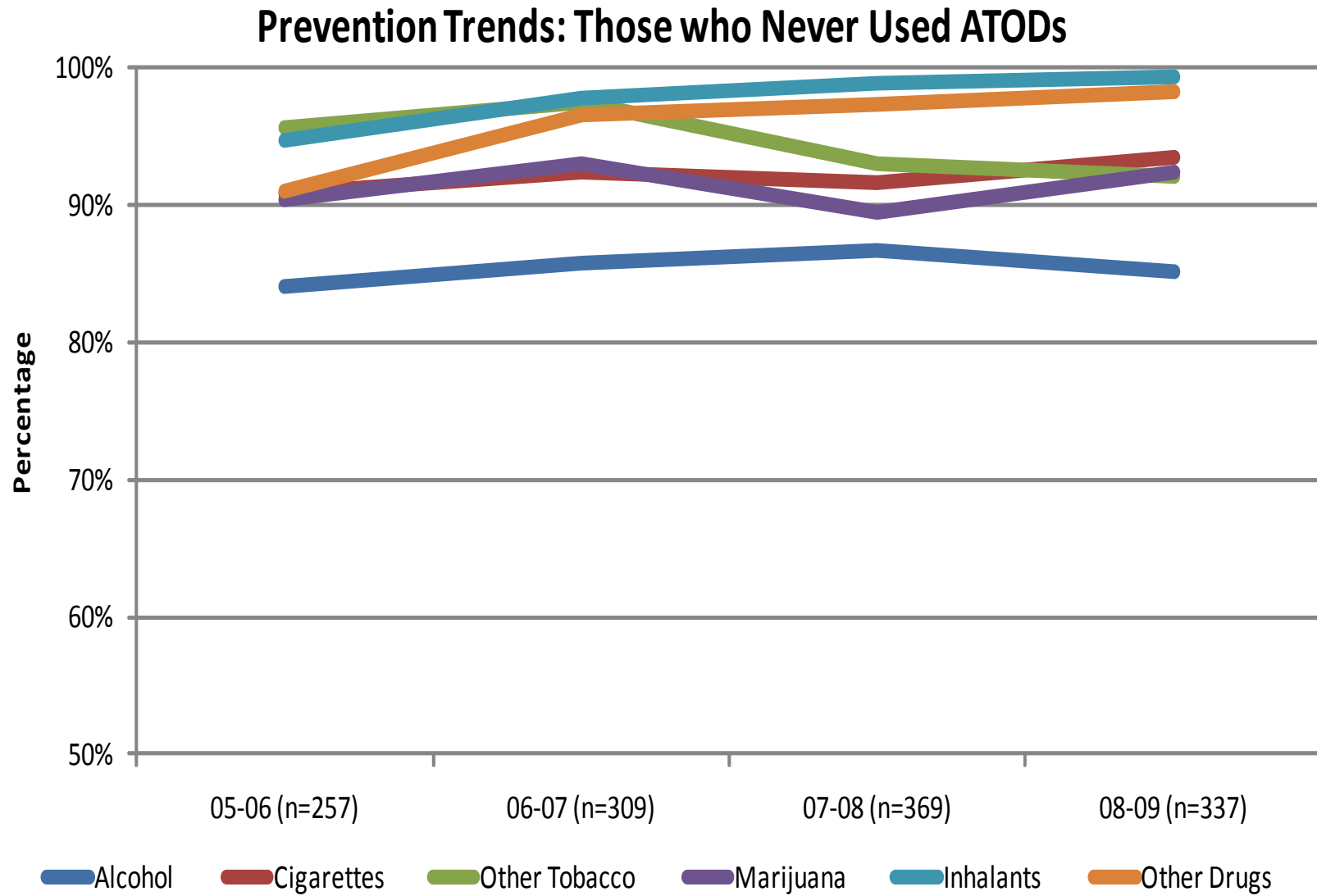
Continued = Youth reporting “use” at pre-test and “use” at post-test

Prevention Trends in Participants' Reported 30-day ATOD Use



Prevention Trends: Those who Stopped Using ATODs





Description of Trend: This trend details youth program outcomes based on status: “never used,” “stopped,” “continued,” and “started” use over a four-year period, FFY 05-06 through FFY 08-09. 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. One important note in evaluating the trend exhibits is that, for the most part, DBH-funded prevention services work with different populations of children each year. Therefore, these trends are not longitudinal (showing prevention in one group over time), but rather cross-sectional (comparing a different slice of the population each year).

The first trend exhibit, entitled “Prevention Trends in Participant’s Reported 30-day ATOD Use,” details the prevention and reduction of alcohol and other drug use among children in Colorado, comparing FY 2008-2009 levels with those of an average of the previous three fiscal years. It is clear that (in terms of raw numbers), those that never used alcohol, marijuana, inhalants, and other drugs increased in FY 2008-2009 compared to the earlier years.

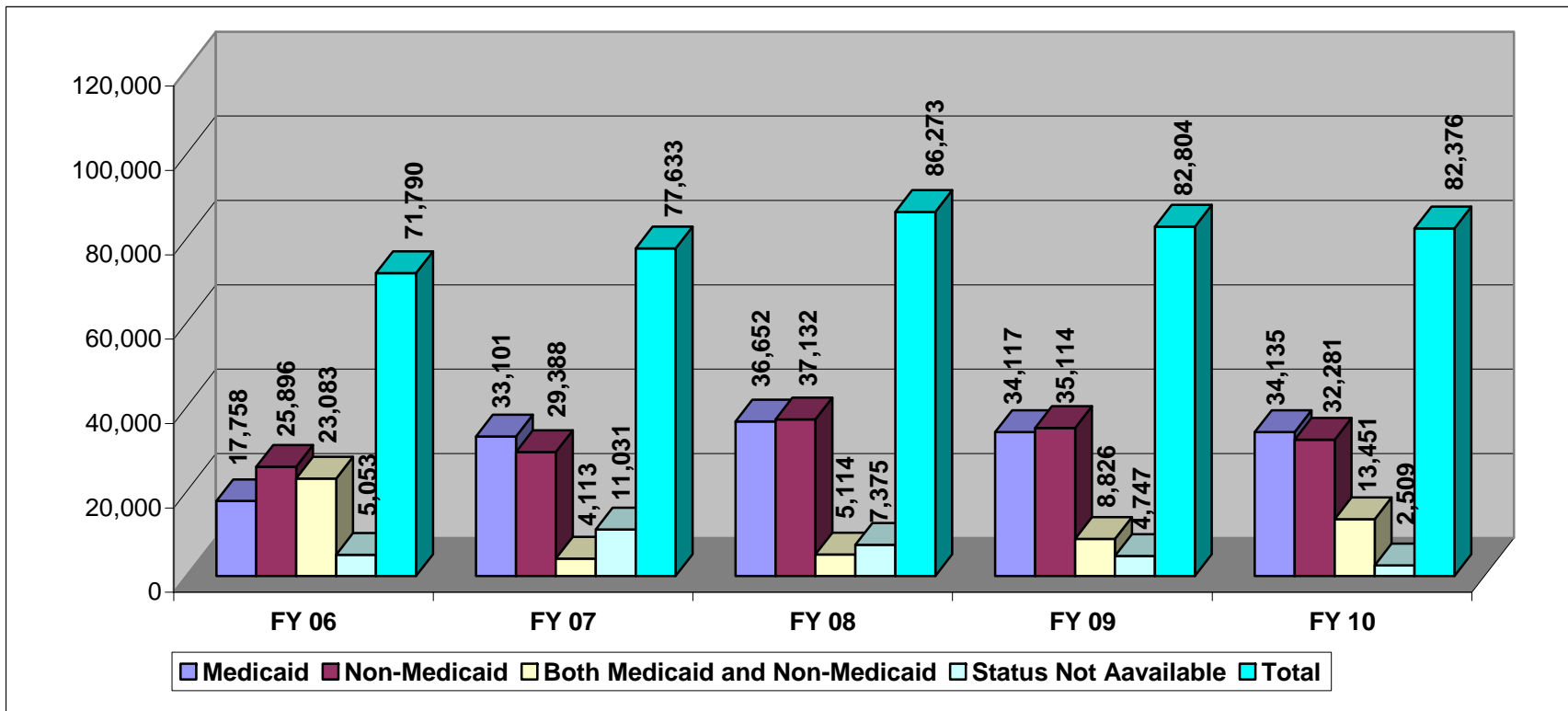
The second and third exhibits show the trends over time from prevention and reduction of alcohol and other drug use. The second exhibit details the trend over time in ATOD reduction, or the percentage of children who had used a substance in the 30 days preceding the direct prevention services who no longer used that substance when the direct services were over. With the exception of “other tobacco,” which exhibited a slight downward trend, and “inhalants,” which showed a small increase in reduction, most substances showed no trend. Based on this limited time period, it appears that prevention programs were generally better at reducing ATOD use for “inhalants,” and “other drugs.” Over 60 percent of users of “inhalants” and “other drugs” quit by the end of the direct services, compared to around 30 percent for “alcohol,” “cigarettes,” and “marijuana.”

The third exhibit shows the trend over time for the percentage of those who had never used at the beginning of the direct services who continued to report not using ATODs at the end of the direct services, which is a measure of prevention. The trends for “alcohol” and “other drugs” show increases in prevention while the other substances appear mostly stable over time. The striking fact of these prevention numbers is how high they all are over time, indicating that the direct services were extremely successful in helping children who were already refusing ATOD use to continue their healthy behavior.

Division of Behavioral Health – Mental Health Caseload Trends

Name of Trend: Unduplicated count of all persons served in the behavioral health/mental health system, FY 2006 - 2010.

Trend Exhibit:



Note: For FY 10, the figures are projected based upon 12 times the average of 10 months of data.

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

Analysis of Trend:

These trends have exposed a considerable increase in the behavioral helath/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 36% served in 2006 to 40% served in 2010; Medicaid growing from 24% served in 2006 to 41% served in 2010. 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 2009-10	FY 2010-11	FY 2011-12
	Actual	Approp.	Request
Number of file reviews completed for new housing admissions and re-determinations	227	175	175
Number of actions (new admissions, moves and departures) completed by Supportive Housing and Homeless Program staff to administer clients' housing assistance.	10,604	9200	9200

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 2010-11.

Analysis of Trend:

Within available resources, Supportive Housing and Homeless Programs (SHHP) will serve over 4,000 low-income families and individuals with disabilities and other special needs in FY 2010-11. 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, FY 2009-10 HUD awarded SHHP 100 additional Veterans Affairs Supportive Housing (VASH) housing vouchers that are used to provide housing to homeless veterans.

Supportive Housing and Homeless Programs (SHHP) maintains a closed waiting list for the subsidized housing that it provides primarily to persons with disabilities and 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

Domestic Violence Program – Workload Indicators

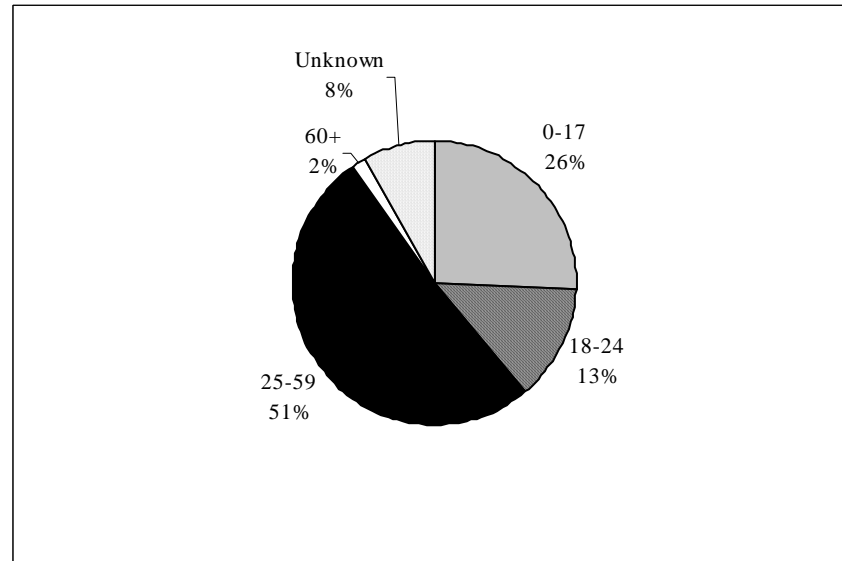
Workload Indicator	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Approp.	Request
Number of training sessions developed and delivered for managers, and staff in county and state government.	* 33	* 28	* 40
Number of contracts executed annually.	* 49	* 52	49
Number of monitoring activities (site visits and desk audits) conducted at CBDVVSOs.	* 17	* 42	24

** These numbers include the SSUF (Strategic Statewide Use Fund) Co – Location Project activities.*

Division of Domestic Violence Program – Caseload Trends

Name of Trend: Children and Teen Services within funded programs

Trend Exhibit:



Description of Trend: Children services are a funded component of DVP’s 24-7 crisis operations providing a wide array of domestic violence crisis, advocacy and confidential services to victims and their children over the following fiscal year (FY 09-10).

Analysis of Trend: The services provided by local DVP funded crisis centers to children 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 who have been exposed to domestic violence. Data from FY 2008-2009 revealed that 22% of those receiving services were between ages of 0-17. Data for 2009-2011 shows an increase to 26%. The teen population (13-17 ages) also figures into this analysis because teen dating violence education services are available for many of these victims and Colorado’s crisis centers and service delivery systems are exploring this population’s needs through research and projects. Children exposed to domestic violence often become targets and are significantly impacted. Teenage victims need safety planning and supportive services to help develop new and healthy dating relationships.

**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

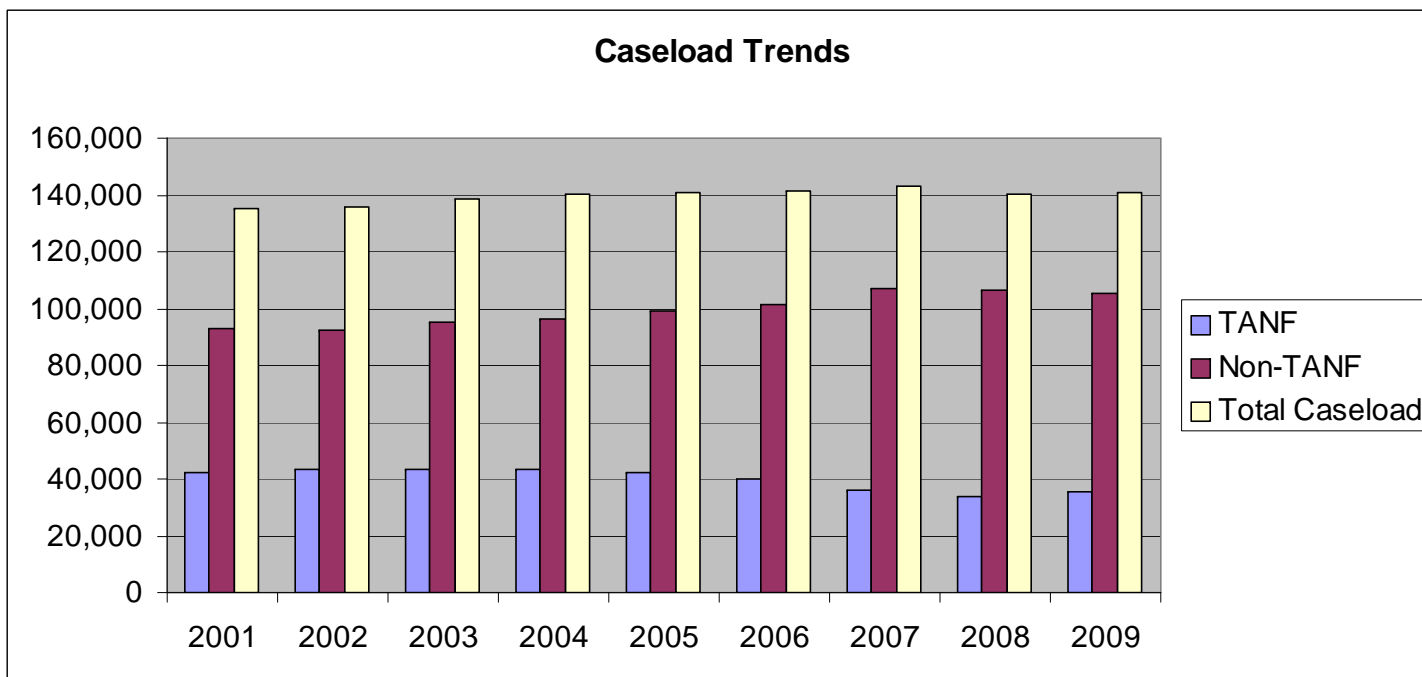
Division of Child Support Enforcement – Workload Indicators

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Projected
Percentage of cases with court orders.	86.8%	87.2%	88.2%	87.9%	88.2%	88.4%
Percentage of arrears cases paying.	69.1%	70.3%	71.5%	70.3%	70.3%	71.5%

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 for a number of years, 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 2009, 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; however, it is not anticipated this will reverse the long-term trend from TANF to non-TANF cases.

The program has evolved in how it works with non-custodial parents to assist them in becoming more reliable payors of support and to avoid the build-up of past-due 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 steady increases in the number of families receiving support.

In 2009, for the first time since the inception of the Child Support program in 1975, some performance measures declined. Because the program has mechanisms to adjust to downturns in the economy through the modification of child support orders and the attachment of unemployment payments, the impact to children and families was not as pronounced. Nonetheless, the effects of the deepest recession since the Great Depression of the 1930s were felt in the CSE Program, as they were elsewhere.

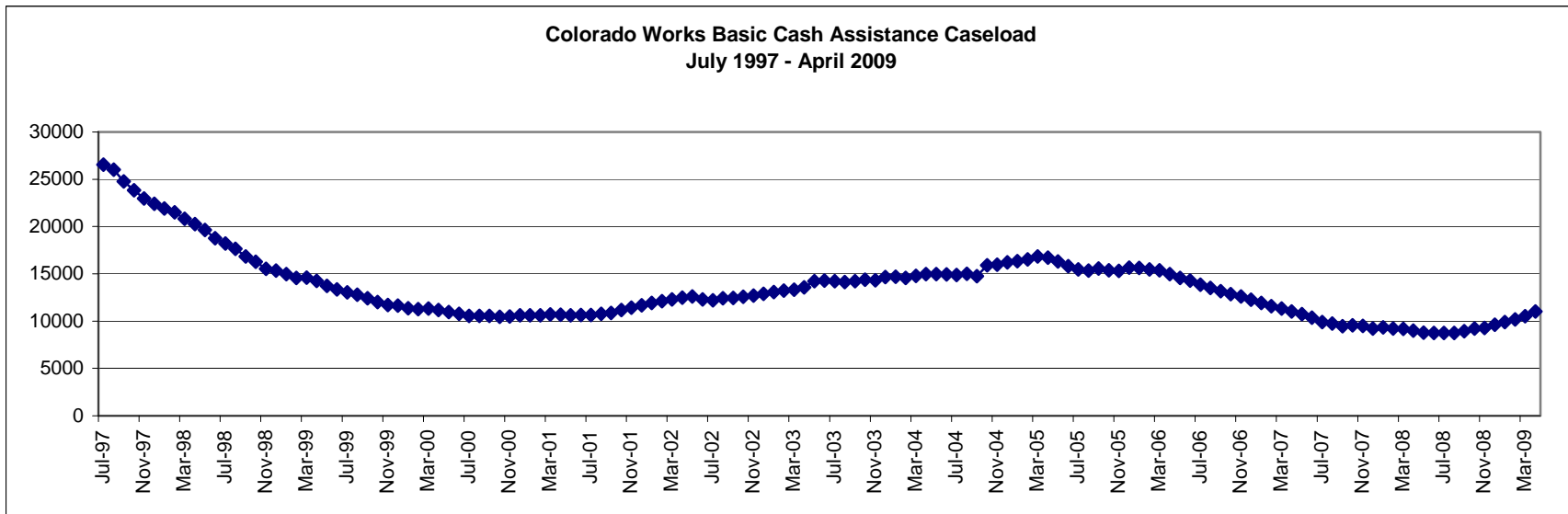
Division of Colorado Works – Workload Indicators
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Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of sub-grantees awarded mini-grants as part of the Responsible 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	Actual
Number of management evaluations completed annually.	0	13	11	8	8
Number of large counties out of compliance with timely processing of expedited food stamps.	0	10	9	7*	9**
Number of large counties out of compliance with timely processing of regular food stamps.	0	10	9	5*	4**

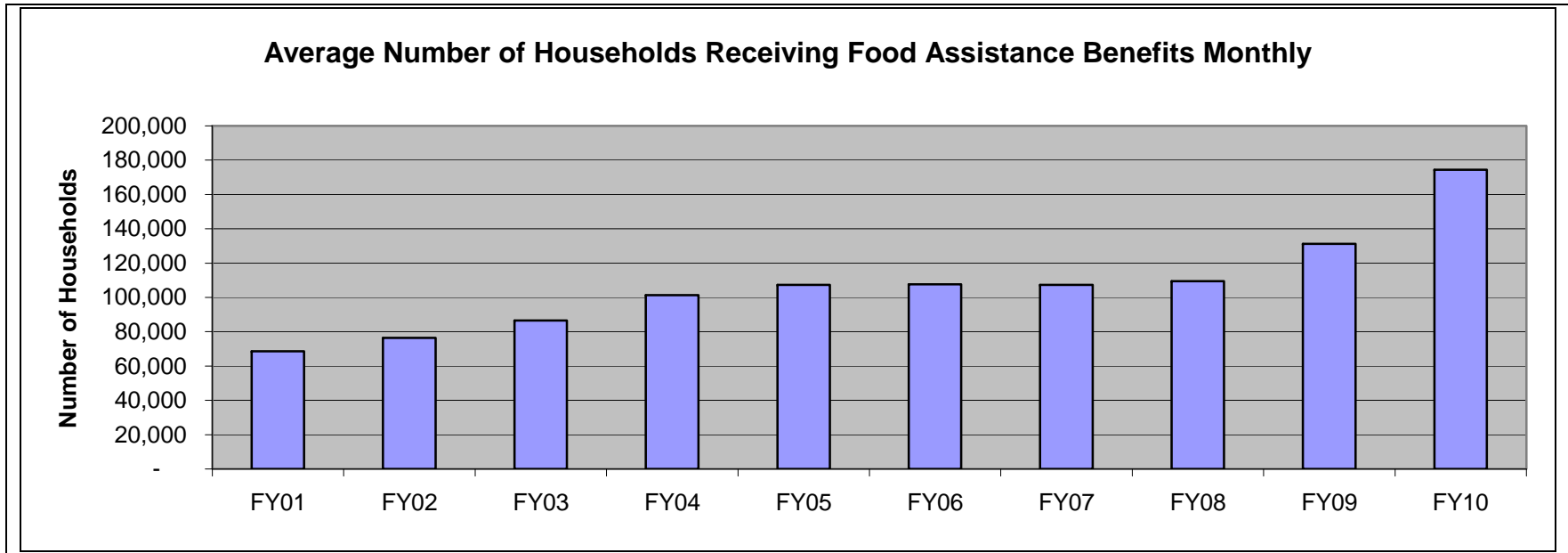
*QA data through February 2009

**QA data through March 2010

Division of Food Assistance – Caseload Trends

Name of Trend: Average Monthly Food Assistance Caseload

Trend Exhibits:



Source: FNS-388 for data through July 2010

Description of Trend: The Food Assistance Program has grown by 26% in the monthly average number of households and individuals receiving benefits when compared with federal fiscal year 2009.

Analysis of Trend: In response to the current economy, Colorado's Food Assistance Program continues to serve unprecedented numbers of households and individuals, following a trend that began with the downturn in the economy in the summer of 2008. Additionally, the American Recovery and Reinvestment Act in April 2009, increased the monthly amount of benefits by 13.6%. The program is responding as intended, by providing critical food assistance to eligible low-income households statewide with an additional 65,000 households being served. The impact on the local offices that administer the program and the State office that provides direction, support, training, and monitoring has been immense. Ten large counties, primarily located along the Front Range and Grand Junction, carry 84% of the increased workload. Approximately four million dollars in additional one-time federal funds, provided by USDA Food and Nutrition Services through the American Recovery and Reinvestment Act of 2009 and the Department of Defense Appropriations Act 2010, were allocated to the ten large counties to assist with the cost of administration to process the increased number of applications. These funds will expire in September 2011.

The program continues to grow each month, although the rate of growth began to change in January 2010. From June 2008 through December 2009, the rate of growth averaged at least 2% over the prior month. Beginning in January 2010, the trend slowed and the rate of growth now averages a 1% increase over the prior month. Even with this slowdown, the program is projected to have a final growth rate of 28% over the prior year, and a 65% rate of growth over federal year data for 2007.

Although measures have been taken over the past twenty-four months to absorb the increased workload at both the state and local levels and to simplify business process operations, county offices have been unable to comply with the 95% timely application processing rate, as required by federal regulation. Although the timely processing rate improved by 32%, Quality Assurance data through March 2010 reflects an overall rate of 82.58%. 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

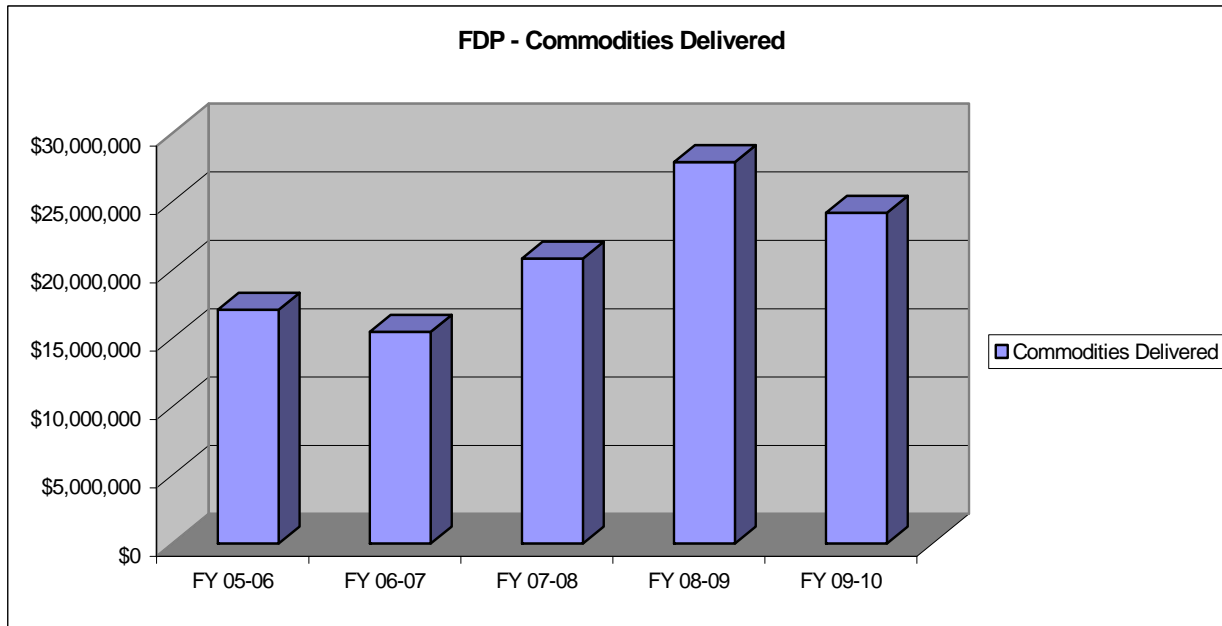
Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
	Actual	Actual	Actual	Actual	Approp.
Number of management evaluations completed annually for Household Programs	11*	12	13	14	16
Number of IT Training to RAs pertaining to commodity food ordering.	2*	3	4	4*	5

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 outlook, economic factors would suggest that future year entitlement funding should stay consistent.

Analysis of Trend: The FY 2009-2010 funding for commodity food programs has decreased by 13% across the board, 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 are 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 there are fewer farmers and 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 US agricultural goods.
- Option market demands which indicate production controls and competitiveness among commodity food buyers and suppliers have declined.

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 results in 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 vigilant and proactive in monitoring supply and demand trends to ensure that Colorado's needs continue to be addressed.

Low Income Energy Assistance – Workload Indicators

None.

Low Income Energy Assistance – Caseload Trends

Department Description FY 2011-12 BUDGET REQUEST

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	Actual	Projected
LEAP Approved Cases	93,359	92,018	105,669	123,389	141,897

Description of Trend: After many years of stable caseloads, LEAP's caseload has risen over 30 percent over the last two years.

Analysis of Trend: The simple reason for this increase in LEAP caseloads is the current state and national economic condition. While relative heating costs have stabilized, Colorado's unemployed and underemployed households do not have enough income to pay for their winter heating costs. These households must make difficult decisions regarding whether or not to pay the heating bill or to buy food, medicine, or pay other essential bills.

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.

Department Description FY 2011-12 BUDGET REQUEST

Division of Refugee Services – Workload Indicators

Workload Indicator*	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Projected	Projected
Total number of refugee arrivals in Colorado during FFY (includes refugees, asylees, and secondary migrants)	1,366	1,523	2,157	2,626	2,534

* Note that the Colorado Refugee Services Program operates on a federal fiscal year, October thru September.

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:

COLORADO REFUGEE ARRIVALS (ALL STATUSES) BY MAJOR POPULATIONS

	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Projected	FY 2010-11 Projected	TOTAL
Burma	372	472	469	421	399	2,133
Bhutan	11	253	609	588	524	1,985
Somalia	332	165	326	294	212	1,329
Iraq	15	213	300	323	323	1,174
Dem. Republic of Congo	37	58	33	228	256	612
All Others	599	362	420	772	820	2,973
TOTAL	1,366	1,523	2,157	2,626	2,534	10,206

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: The dominant arrival populations captured in the above trend data continue to be constant. However, these populations represent the full range of challenges faced by the Colorado Refugee Services Program (CRSP) and its public and private partners. The population ranges from the highly educated Iraqis who arrive with unrealistically high expectations about what their life will be like in the United States and their ability to recapture careers and status left behind in Iraq, to the semi-literate Burmese for whom resettlement in the United States represents a quantum leap forward in terms of employment and cultural expectations. The ever broader range of assets and deficits in the caseload requires ever broader case management strategies and resources. While CRSP and its contractors have met the challenge to develop innovative means to work with such a diverse caseload, the federal resources for effective refugee resettlement have not expanded proportionate to the challenges.

Department Description FY 2011-12 BUDGET REQUEST

Division of Aging and Adult Services – Workload Indicators

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Estimated	Projected
Number of adult protection reports received during the fiscal year.	10,986	10,999	10,470	11,000 (Estimate – data available 9/10/2010)	11,250	11,250
Average number of people receiving Old Age Pension financial assistance (OAP A, B, and C) per month.	23,947	23,052	23,560	23,993	22,000	22,000
Average number of people receiving Home Care Allowance assistance per month.	3,339	3,166	3,143	3,058	3,100	3,100
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.	3,070	2,793	2,668	2,800 (Estimate – data available 9/10/2010)	3,050	3,100
Number of people receiving services through the Older American Act and State Funding for Senior Services programs.	33,842	36,190	38,881	39,168	39,168	39,168
Average number of people receiving Aid-to-the-Needy Disabled - State Only financial assistance per month.	5,575	5,562	5,933	6,614	6,700	6,700
Average number of people receiving Aid-to-the-Needy Disabled - Colorado Supplement financial assistance per month.	976	971	922	902	900	900
Number of people receiving Aid-to-the-Blind - Colorado Supplement financial assistance.	1	1	1	1	1	1
Number of meals provided to seniors.	1,889,441	1,978,820	2,039,964	2,069,413	2,069,413	2,069,413

Department Description FY 2011-12 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 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
23,947	23,052	23,560	23,993	22,000	22,000

Description of Trend: The Old Age Pension caseload increased by 1.8% from FY 2008-09 to FY 2009-10 for an average caseload increase of 433 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. However, effective July 1, 2010, there was a significant change in policy through HB 10-1384, which implements a five-year bar from benefits for qualified aliens, unless they meet one of the allowable exceptions. This policy change is expected to reduce OAP caseload by approximately 2,000 recipients in FY 2010-11.

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

Trend Exhibit:

FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
976	971	922	902	900	900

Department Description FY 2011-12 BUDGET REQUEST

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. The \$37 per month difference in the SSI and AND/SSI-CS grant standard was expected to decrease caseload from FY 2007-08, which occurred in both FY 2008-09 (5% decrease) and FY 2009-10 (2% decrease). This standard of need is equivalent to 70.58% of the current Federal Poverty Guidelines of \$902.50 per month for an individual. 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.

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

Trend Exhibit:

FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
5,575	5,562	5,933	6,614	6,700	6,700

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 for an individual. The grant standard is lowered to stay with the available appropriation.

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

Department Description FY 2011-12 BUDGET REQUEST

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. As of January 1, 2009, applicants must meet the income limit of \$200 per month, resource limit of \$2,000, citizenship/legal status, and Colorado residency requirements.

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

Trend Exhibit:

FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
1	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 for an individual. 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 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
3,339	3,166	3,143	3,058	3,100	3,100

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.

Department Description FY 2011-12 BUDGET REQUEST

The three HCA levels effective September 1, 2010, are 1) \$200; 2) \$342; and 3) \$475. The approved amounts are determined by available appropriation. HB 10-1146 implements changes to the HCA program effective January 1, 2011. Clients will no longer be allowed to receive both Home and Community Based Services (HCBS) and Home Care Allowance benefits during the same month.

Clients will need to choose between the programs. Most clients are expected to choose HCBS services. This is expected to free up HCA funding to expand HCA benefits to SSI recipients.

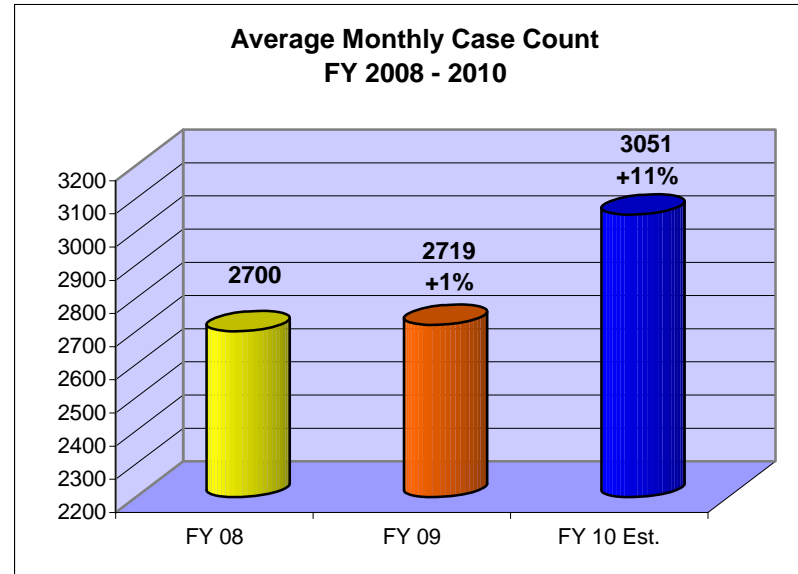
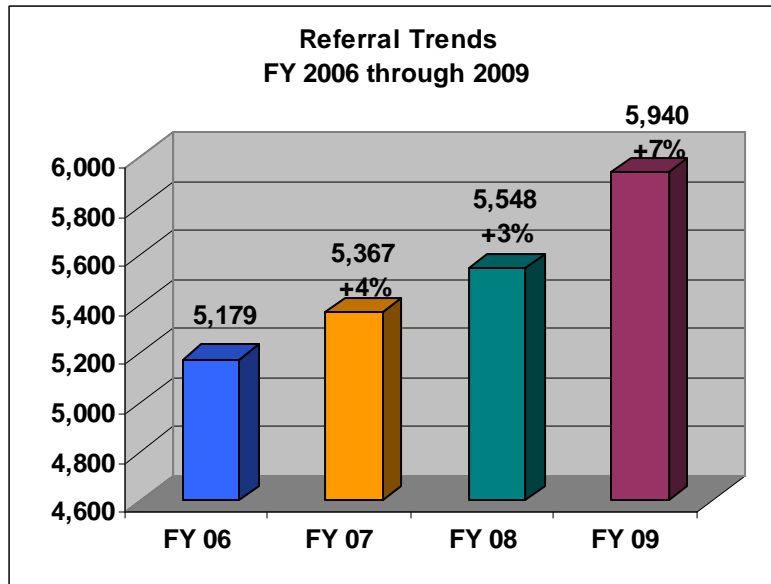
Analysis of Trend: The changes due to HB 10-1146 are not expected to change HCA caseload. Some clients will come off of the HCA program, but are expected to be replaced with new SSI eligible clients.

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

Trend Exhibit:

FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2010-11
Actual	Actual	Actual	Actual	Estimated	Projected
10,986	10,999	10,470	11,000*	11,250	11,250

**FY 2009-10 data is not available until September 10, 2010.*



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. Further, of the 10,470 reports, those reports classified as referrals, which require further investigation by APS caseworkers, have increased 14.69% since FY 2005-06. The average number of ongoing cases and new report to APS each month (Average Monthly Case Count) continues to rise.

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, as indicated by the Average Monthly Case Count (AMCC). This increase in the AMCC can be attributable in part to the increased complexity of issues faced by at-risk adults that are being abused, neglected, and exploited.

Department Description FY 2011-12 BUDGET REQUEST

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

Trend Exhibit:

FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Actual	Actual	Actual	Actual	Budget	Projected
33,842	36,190	38,881	39,168	39,168	39,168

Description of Trend: Funding for Older Americans Act and State Funding for Senior Services increased between FY07 and FY10. In FY10, the increase was due to additional federal funding for these programs. The American Recovery and Reinvestment Act (ARRA) added \$1,265,254 to the Senior Nutrition Program funding to the allocations for the Area Agencies on Aging (AAA). State Funding for Senior Services (SFSS) received significant increases from \$3,000,000 in FY 2005-06 to \$10,000,000 in FY09. However, SFSS was reduced to \$9,000,000 in FY10 due to State budget constraints. Through a combination of ARRA funds and an increase in Older Americans Act funding, a net increase of 7% was given to the AAAs in FY10. In FY 11, the net change in funding is -3%. The Area Agencies on Aging (AAA will likely need to adjust service delivery downward to meet the new allocation.

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. The number of unique individuals served in these programs has risen 16.65% from 33,576 in FY06 to 39,168 in FY10. Due to reductions in funding, no significant caseload shifts are expected in FY 2010-11.

Division of Vocational Rehabilitation – Workload Indicators

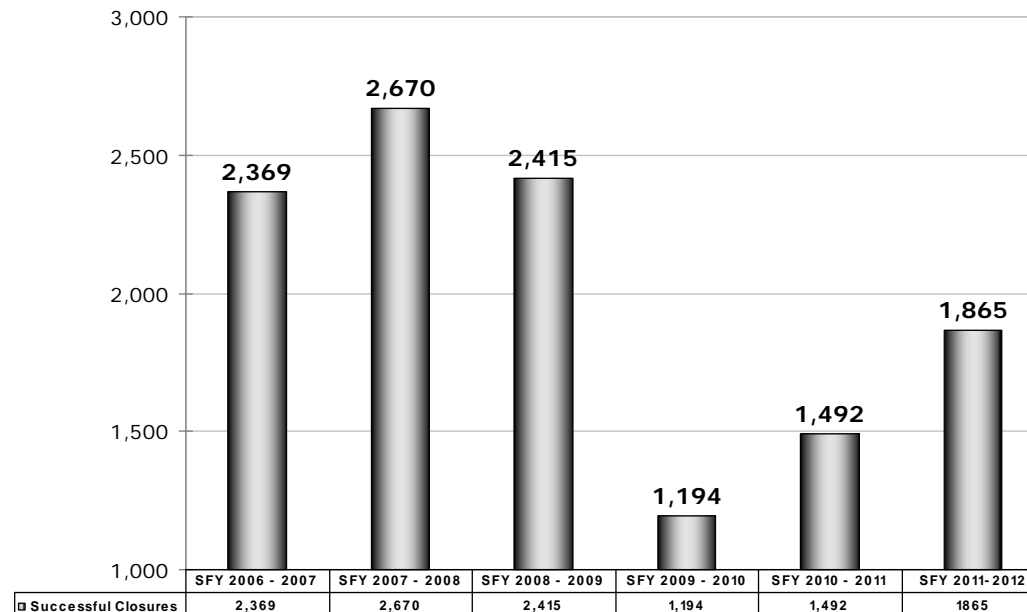
Workload Indicators	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of Division of Vocational Rehabilitation case closures per state fiscal year due to stable and successful employment.	2,369	2,670	2,415	1,194	1,492	1,865
Number of new Division of Vocational Rehabilitation Applicants per state fiscal year.	7,339	8,126	6,554	6,239	7,175	8,251
Total number of clients served by the Division of Vocational Rehabilitation. state fiscal year.	19,730	20,101	19,090	17,951	19,746	20,733
Total number Business Enterprise Program agreements to operate cafeteria, snack shops, and vending machines.	Not Available	37	39	46	47	47
Number of Traumatic Brain Injury research grants awarded.	3	2	3	4	6	6
Number of Traumatic Brain Injury education grants awarded.	15	15	21	23	29	35
Number of Traumatic Brain Injury contracts administered. *Includes research grants.	3	8*	8*	10*	11*	12*
Number of adults who received care coordination and purchased services through the Traumatic Brain Injury Trust Fund Program.	539	549	550	569	575	595

Department Description FY 2011-12 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:



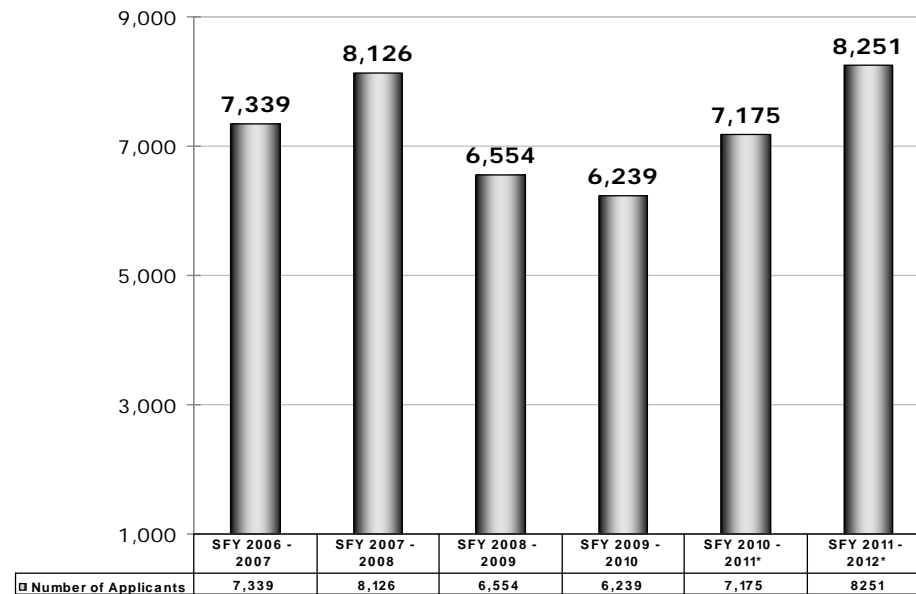
Description of Trend: This is the number of DVR consumers who have successfully attained employment and have been working at the job for at least 90 days

Analysis of Trend: In 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. Since DVR was actively serving fewer individuals, and because of current economic conditions, there were significantly fewer successful employment outcomes in FY 2009-10. As of June 2010, all individuals were removed from the wait list and DVR is now serving all individuals who are eligible for services. DVR anticipates the number of successful case closures to increase over the next few years.

Department Description FY 2011-12 BUDGET REQUEST

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

Trend Exhibit



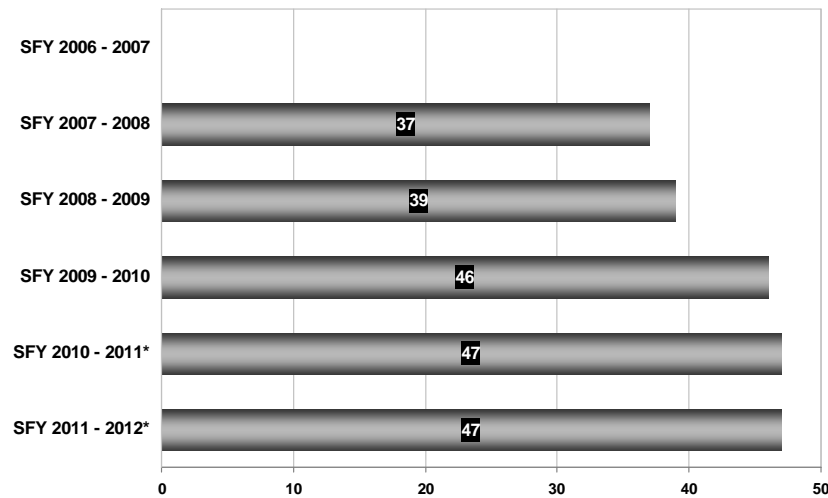
Description of Trend: This is the number of consumers who have applied for services with DVR.

Analysis of Trend: In State Fiscal Year 2008-09, DVR had to implement an 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 decreased. As of June 2010, all individuals were removed from the wait list and DVR is now serving all individuals who are eligible for services, thus the number of applicants is expected to increase.

Department Description FY 2011-12 BUDGET REQUEST

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

Trend Exhibit:



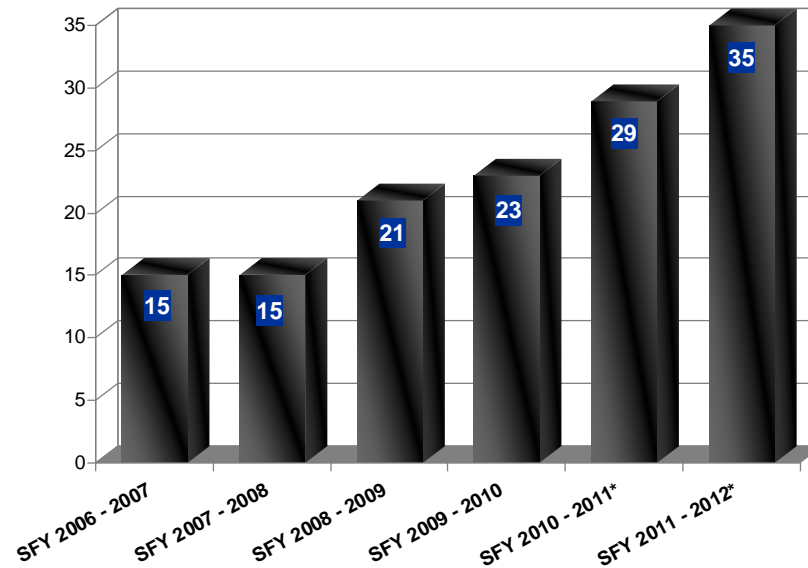
Description of Trend: This is the number of agreements BEP has successfully negotiated with various sites around the state to provide BEP entrepreneurs with food and vending concessions.

Analysis of Trend: In SFY 2010-11 BEP is working on several additional sites. This includes the addition of 2 Federal prisons, 1-2 facilities with the statewide agreement with the United States Postal Service (USPS) and 2 additional facilities at the National Renewable Energy Labs (NREL).

Department Description FY 2011-12 BUDGET REQUEST

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 09-005 the TBI Program gained greater flexibility on the percent of revenue allowed to spend on each program area. Because of this the Program is able to provide more funds for the Education Grant program and increase the number of grants awarded. The TBI Program needs additional FTE in order to support the increase in work load associated with the increase of funding and subsequent increase in contracts across programmatic areas.

**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 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual.	Approp.	Projected
Number of reviews conducted by State Child Welfare program staff.	60	60	137**	110	102	102
Number of core worker trainings provided to Child Welfare caseworkers, supervisors and foster parents.	87	87	105	115	111	111
Number of complaints processed regarding Child Welfare issues.	124	125	147	167	155	155
**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 2011-12 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	FY 2009- 10
Monthly Average of Total Children Served*	28,916	29,284	29,520	30,456	31,915	33,402	34,754	34,744
% Change From Prior Yr	3.28%	1.27%	0.81%	3.17%	4.79%	4.66%	4.05%	-0.03%
Monthly Average Number of Subsidized Adoption Placements	6,807	7,512	8,045	8,494	8,948	9,461	9,878	10,273
% Change From Prior Yr	11.04%	10.36%	7.10%	5.58%	5.34%	5.73%	4.41%	4.00%
Monthly Average Residential Mental Health Placements***	1,439	1,255	1,265	1,311	1,103	1,112	1,044	845
RMH Placements as a % of all OOH	17.62%	16.50%	15.92%	15.97%	14.8%	15.4%	14.7%	12.6%

** 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.

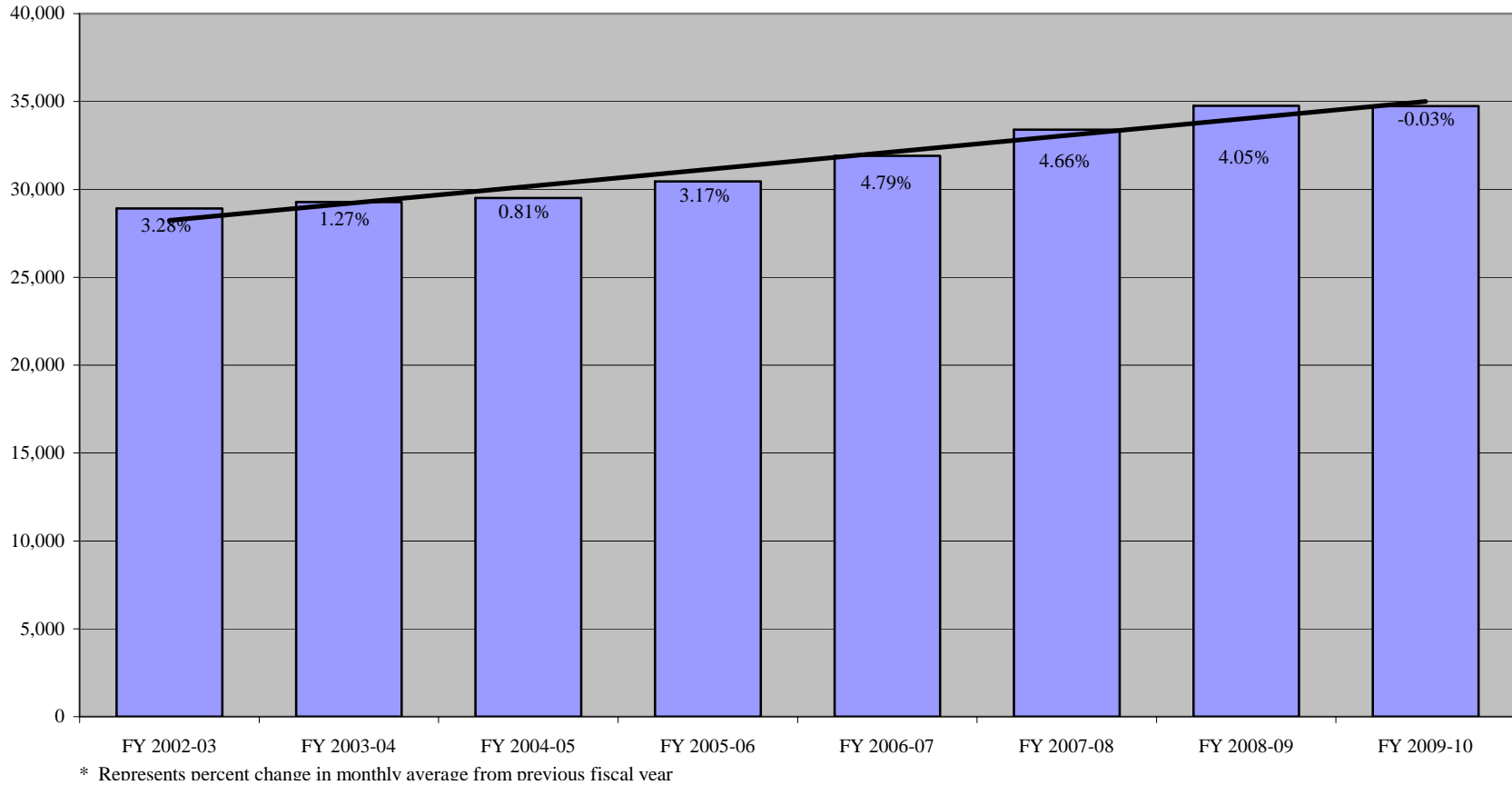
Division of Child Welfare – Caseload Trends

Name of Trend: Monthly Average of Total Children Served

Trend Exhibit:

Department Description FY 2011-12 BUDGET REQUEST

Monthly Average of Total Children Served



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.

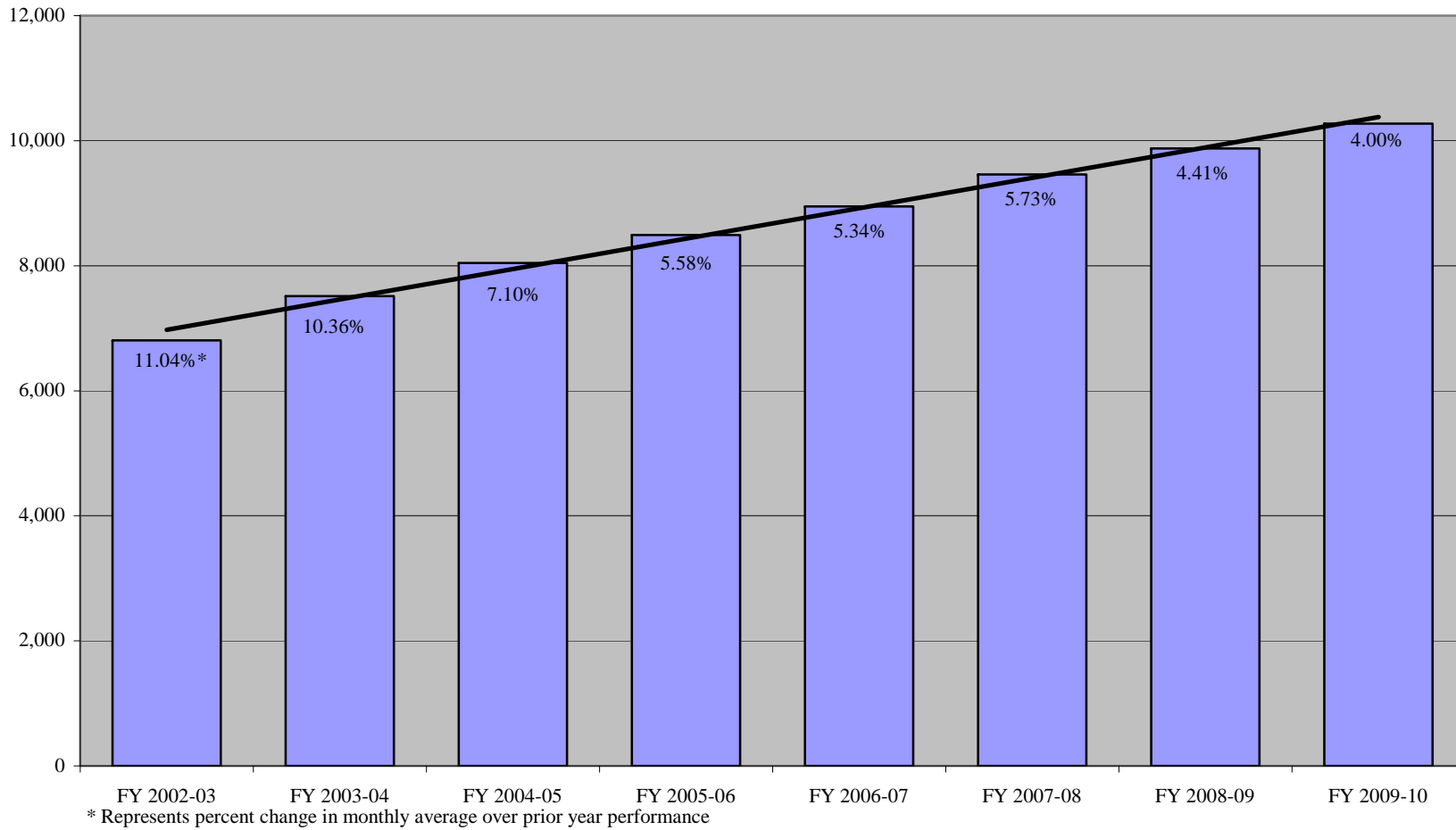
Analysis of Trend: The table above details trends in the average in need of protection and families needing assistance in caring for their children continues to increase. Part of the increase is attributable to Colorado's population increase. The population for children ages 0-17 for FY 2007-08 has seen 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. Note that during FY 2009-10 there was no increase in the average number of children that were involved in the child welfare system. In fact, there was a decrease of 10 individuals when compared to FY 2008-2009 totals.

Name of Trend: Monthly Average Number of Subsidized Adoption Placements

Department Description FY 2011-12 BUDGET REQUEST

Trend Exhibit:

Monthly Average Number of Subsidized Adoption Placements



Description of Trend: This trend reflects the increase in subsidized adoptions from FY 2002-03 through FY 2009-10.

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.

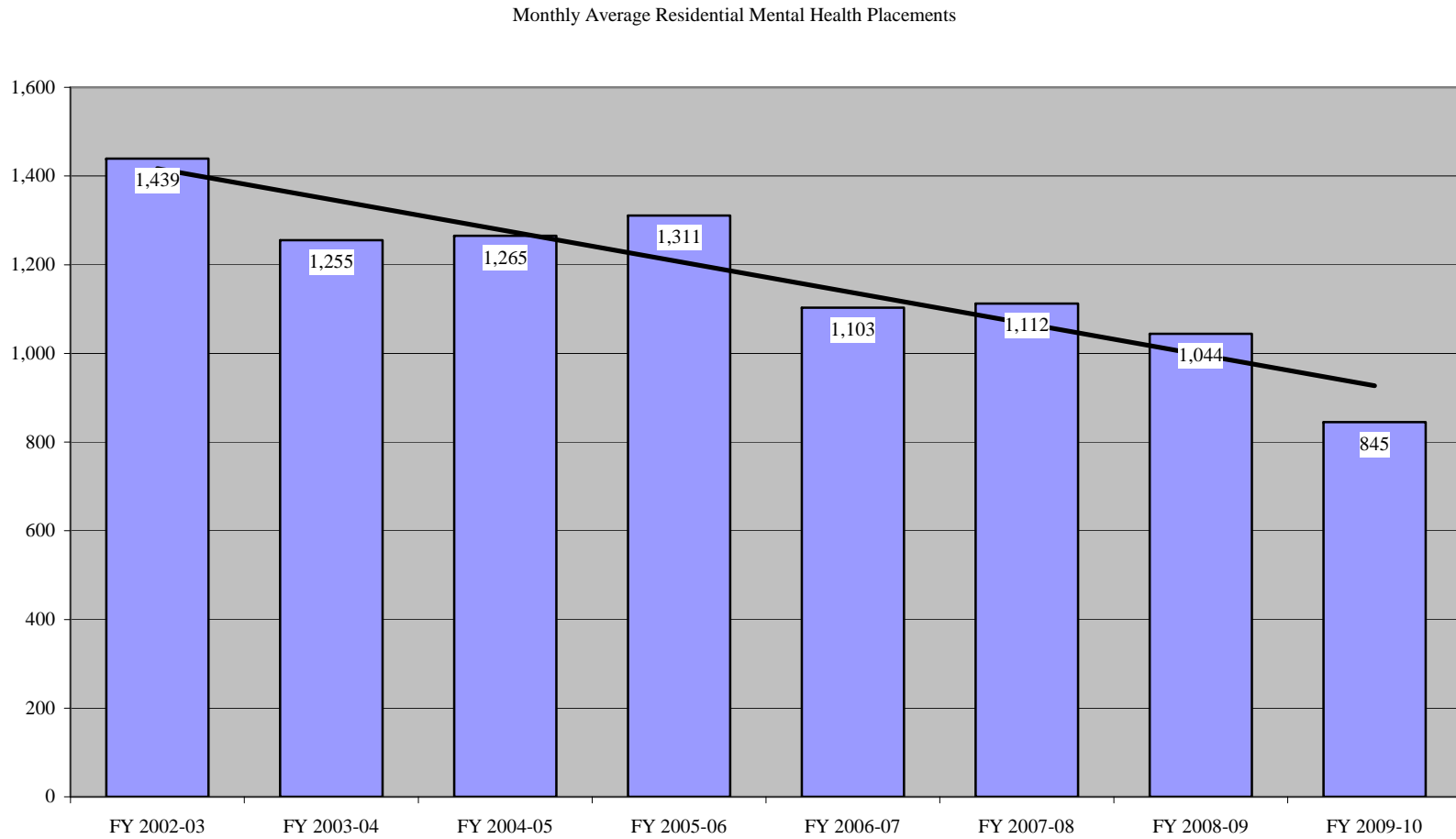
ASFA also requires that the county enter into a termination hearing when a child has been in out-of-home care for 15 of the last 22 months when no compelling reasons exist to maintain the child in foster care.

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.

Department Description FY 2011-12 BUDGET REQUEST

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

Trend Exhibit:



Department Description FY 2011-12 BUDGET REQUEST

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 2009-10.

Department Description FY 2011-12 BUDGET REQUEST

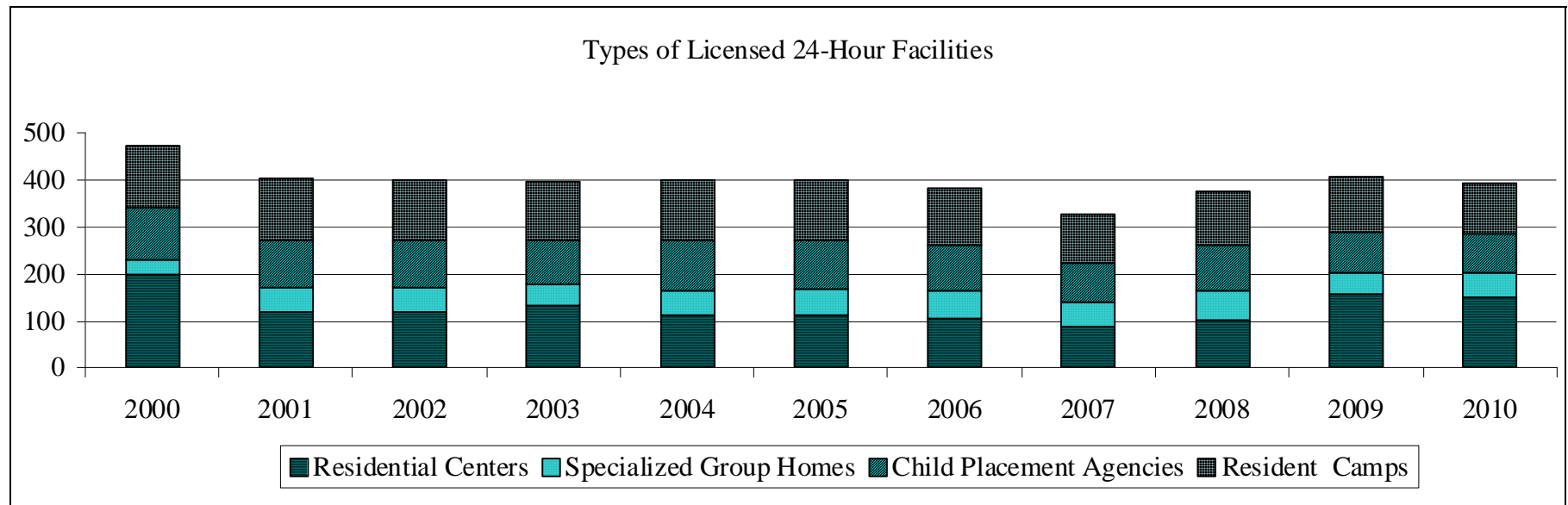
Division of Child Care – Workload Indicators

Workload Indicators	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual.	Approp	Request
Number of Staff Trained on Early Rating Scale.	15	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.	4.0	4.3	4.5	4.5	4.5	4.5
Number of Child Care Providers Completing the Expanding Quality Toddler Training.	540	555	650	924	1000	1000

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.

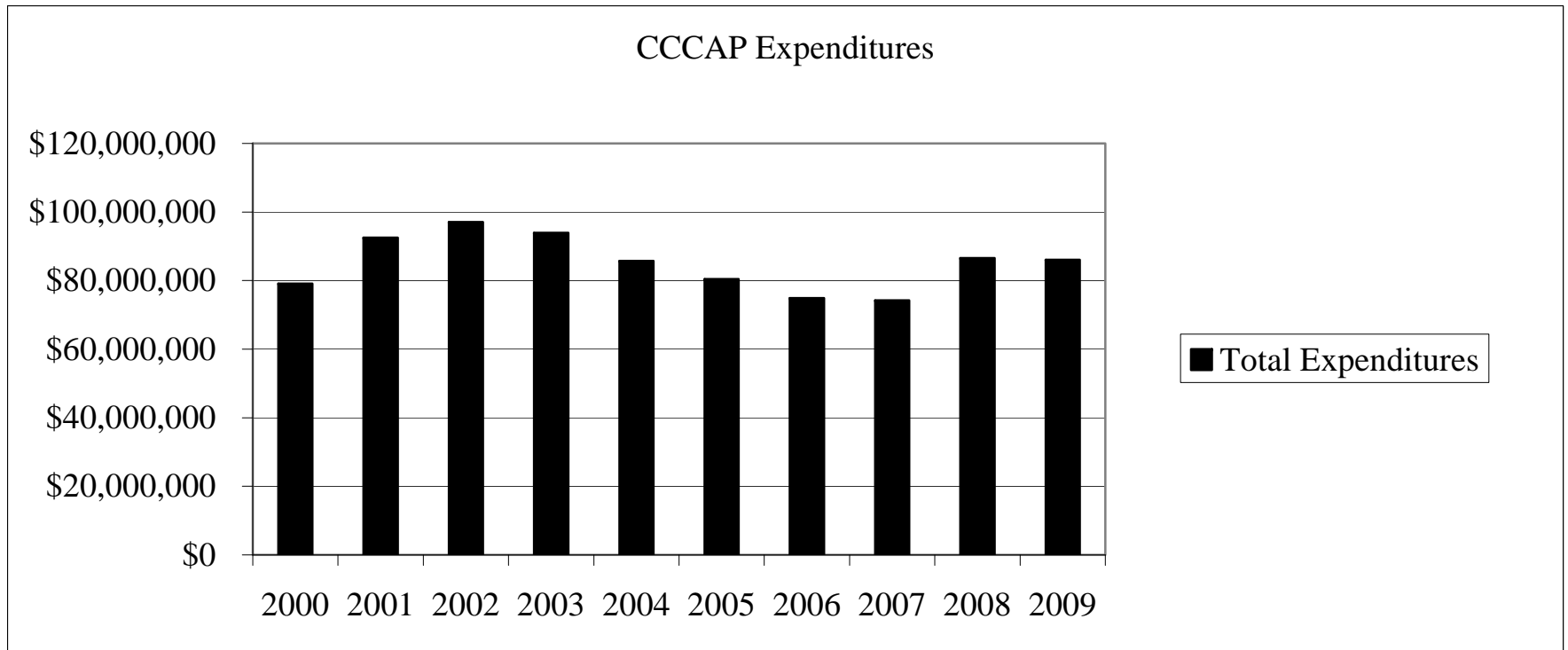
Analysis of Trend: Less than 24-hour facilities make up the bulk of the caseload of the Division of Child Care. 24-hour facilities are complex facilities that care for difficult children but are few in number. The number of 24-hour facilities has been fairly static over the last five years. Family child-care homes continue to decline in numbers, as has been the trend over the last several years. 24-hour 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, with a slight reduction in 2010.

Department Description FY 2011-12 BUDGET REQUEST

Name of Trend: Colorado Child Care Assistance Program (CCCAP)

Trend Exhibit:

	2004	2005	2006	2007	2008	2009
Total Expenditures	\$85,739,790	\$80,426,556	\$74,927,197	\$74,253,133	\$86,589,306	\$86,086,015
Appropriation	\$72,376,513	\$73,135,526	\$75,768,237	\$74,739,133	\$75,668,323	\$74,968,579
TANF Transfer Spent	\$12,360,250	\$5,811,812	\$0	\$4,916,362	\$10,677,805	\$10,731,866
TANF Short Term Reserve	\$6,665	\$884,953	\$0	\$0	\$83,096	\$0
Local Share in Excess of Long Bill	\$996,361	\$145,502	\$0	\$0	\$0	\$0
County Only	\$0	\$448,763	\$0	\$0	\$0	\$0
Total Number of Children Served	42,986	42,795	37,809	36,085	37,260	39,969
Expenditure Per Child	\$1,997	\$1,879	\$1,982	\$2,058	\$2,323	\$2,154



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. From FY2008 to FY2009, the number of children rose 6.8%, with a slight (less than 1%) decrease in expenditures. Due to statewide economic conditions, we anticipate the number of children receiving care to increase in FY2010-11.

Department Description FY 2011-12 BUDGET REQUEST

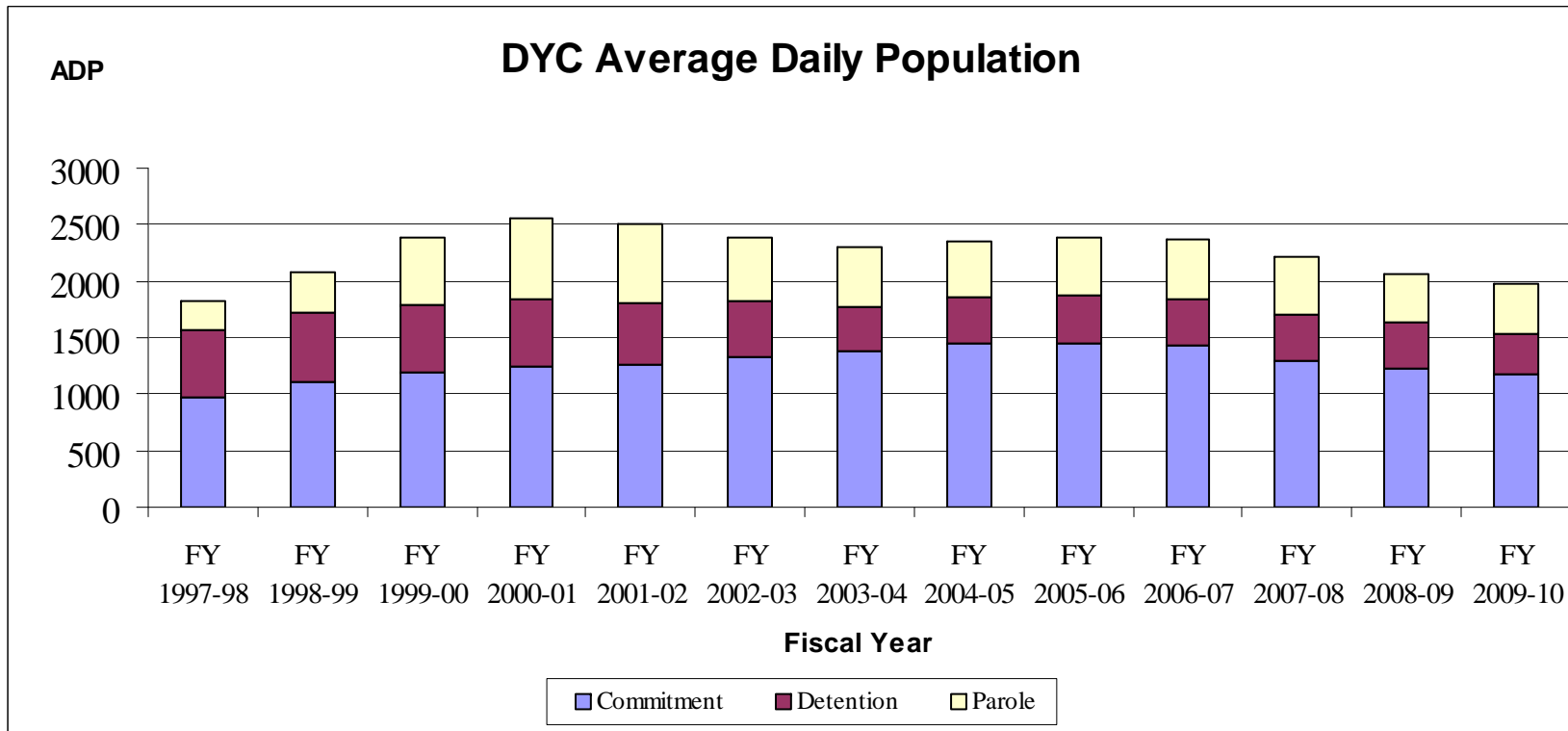
Division of Youth Corrections – Workload Indicators

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of new Youth Corrections commitments.	827	795	760	731	935	804
Youth Corrections Average Daily Population – Commitment.	1,425	1,288	1,227	1,171	1,226	1,222
Youth Corrections Average Daily Population – Parole.	537	509	438	443	434	430
Youth Corrections Average Daily Population – Committed Youth with Intervention and Treatment Level Substance Abuse Needs.	1,191	1,085	1,055	1,016 * est	1,064	1,060
Youth Corrections Average Daily Population - Committed Youth with High Moderate to Severe Mental Health Needs.	647	421	316	301 * est	317	314
Youth Corrections Average Daily Population - Committed Female Offenders.	158	152	157	150 *est	157	156

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, detained, and paroled youth over the last several years. The December 2009 Legislative Council Staff (LCS) juvenile commitment population projections indicate that the DYC commitment population will total 1,226 ADP in FY 2010-2011 and 1,222 ADP in FY 2011-12.

Analysis of Trend: The December 2009 Legislative Council Staff (LCS) juvenile commitment population projections indicate that the DYC commitment population will total 1,226 ADP in FY 2010-11 remaining nearly stable at 1,222 ADP in FY 2011-12. The Dec 2009 projection for FY 2010-11 is 98 ADP higher, respectively, than the December 2008 LCS projections for the same fiscal year timeframe. The December 2009 LCS projection notes that *“there is a growing difference between projected DYC commitments and projections made in December 2008. At that time, the average daily commitment population was projected to fall steadily at an average annual rate of 3.3 percent through FY 2011-12.”* LCS projections will be resubmitted in Dec 2010 and will take into account the significant reduction in the commitment population of 61 ADP for FY 2009-10 compared to last years projection (1232 ADP). Earlier Legislative council projections have identified 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 four fiscal years is likely a result of a number of factors, including: The Divisions’ Continuum of Care Initiative; increased funding and success of SB 91-94 Programs; more collaborative and better informed decision-making at the local level resulting from HB1451 initiatives; and a reduction in re-commitments because of more effective transition and parole services. The State has also experienced an overall decline in both arrest rates and juvenile delinquency filing rates. FY 2009-10 represented the fourth consecutive year in 16 years that the Division has seen a *decrease* in the commitment ADP. Leg Council projections for Dec 2009 further state *“Continued funding of the Continuum of care initiative is expected to reduce the average daily commitment population further, though at a declining rate. Budgetary restrictions that prevent the Division of youth Corrections from expanding the program may place upward pressure on the commitment population”*.