



Colorado Department of Human Services  
*people who help people*



**FY 2011-12**

**COLORADO DEPARTMENT OF HUMAN SERVICES**

**STRATEGIC PLAN**

**November 1, 2010**

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Colorado Department of Human Services  
FY 2011-12 Budget Cycle

Strategic Plan  
November 1, 2010

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**Office of the Executive Director**

1575 Sherman Street · Denver, Colorado 80203  
303.866.5700 · Fax 303.866.4047  
[www.cdhs.state.co.us](http://www.cdhs.state.co.us)

Bill Ritter, Jr.  
Governor

Karen L. Beye  
Executive Director

**Executive Letter  
FY 2011-12 Strategic Plan**

Enclosed are the FY 2011-12 Strategic Plan and Budget Request for the Colorado Department of Human Services.

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

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

- At my direction, the Department completed a leadership reorganization. The focus of the reorganization was to put in place a leadership team that would be able to focus on a cross-system approach to the delivery of human services in Colorado. The reorganization reduced the number of upper level managers. Six Deputy Executive Director positions have been created. Four of these positions are Senior Executive Service (SES) positions, which provide leadership for specific departmental programs. The other two Deputy Executive Director positions are management classified. A Director of Budget Services and Director of Policy and Legislative Initiatives positions were also created. The Budget Director is management classified while the Director of Policy and Legislative Initiatives is SES. The Director of Budget Services has been essential in addressing the current economic conditions and the impact these conditions have on human service programs. The Executive Management Team has been charged with initiating cross-system initiatives. Examples include: Creating the Behavioral Health Transformation Council with other executive agencies and stakeholders and developing the HIRE Colorado initiative with the Department of Labor and Employment. Both of these initiatives reflect the successful teamwork that has been accomplished by Department leadership.
- The Department is working with Governor Ritter, Jr. on a number of initiatives to address recidivism in adult and youth corrections. The Department is addressing this issue with follow-up monitoring of youth exiting the youth corrections system and with proposals and programs to specifically address the high-risk populations of young people. Such

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

## Section 1. Executive Director's Letter

programs include increasing mental health services to individuals in the child welfare system. The delivery of specific services to youth who are statistically prone to be placed in the youth corrections system will both prevent initial commitments as well as reduce recidivism. The recidivism reduction is apparent when comparing the numbers of recommitments. Recomitments from SFY10 dropped 15% from SFY08. The Supportive Housing and Homeless Program, in partnership with the Child Welfare Division, has received a 5 year demonstration grant to assist rural communities in creating housing and service models for six rural sites in western and southern Colorado. This project will provide technical assistance to help sites leverage funding to develop and sustain housing for homeless youth. These preventative measures will assist in reducing the number of youth placed in the youth correction system and ultimately the adult correction system will be positively impacted.

- In Executive Order B 006 08, Governor Ritter created the Child Welfare Action Committee. In December 2009, the Committee completed their work. The Committee presented 35 recommendations to the Governor on ways to improve the child welfare system. Overall 33 recommendations were accepted and two require further vetting. As a result of the accepted recommendations, legislation was passed on four of the recommendations. House Bill 10-1226 creates the Differential Response pilot program, which provides alternative ways to address abuse and neglect cases. House Bill 10-1359, Change of Venue, clarifies the process for transferring jurisdiction of dependency and neglect cases to a different court. Senate Bill 10-171 establishes the Child Protection Ombudsman Program. Implementation of the program is expected in January 2011. The passage of Senate Bill 10-152 requires county departments of social services to provide information to mandatory reporters concerning their reports of child abuse or neglect. In addition to the successful passage of legislation, the Child Welfare Academy opened in January 2010. The Academy was created in 2009 with Senate Bill 09-164. The Academy ensures that statewide staff working in the child welfare system receive the necessary training to perform the functions of their jobs effectively.
- In June 2010, the Department completed the transfer of twenty-nine residents from the Grand Junction Regional Center Skilled Nursing Facility into community-based services with private providers. This movement reduces the size of state-operated institutional services and also supports the goal of the Department to provide services in the community wherever possible.

The above summary only highlights a few innovations implemented by the Department of Human Services over the past year. As such, the Department continues to strive to achieve our goal of providing a better Colorado for all citizens.

Karen L. Beye  
Executive Director

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

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

#### **FY 2011-12 STRATEGIC PLAN INTRODUCTION**

The Colorado Department of Human Services administers directly or oversees the provision of a broad array of services to meet the needs of families and individuals of all ages through more than 5,100 employees and thousands of community-based service providers. The Department oversees the State's 64 county departments of social/human services, the State's public mental health and substance abuse treatment system, Colorado's system of community services for people with developmental disabilities, and community based services to older Coloradoans. The Department directly operates the State's juvenile corrections system, all state and veterans' nursing homes, state institutions for persons with mental illness or developmental disabilities, and vocational rehabilitation services to persons with disabilities.

The Veterans and Disability Services programs provide direct services to the States' vulnerable adult populations and children with disabilities. Within this area, the Developmental Disabilities, Regional Centers, and State & Veterans Nursing Homes programs provide an array of services ranging from in-home services, to counseling, to institutional care, and other services designed to help these populations to live, as much as possible, independent and full lives. This area also includes the Division of Disability Determination Services that provides eligibility determination for federal assistance through the Social Security Disability and Supplemental Security Income programs.

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

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

The Office also oversees the services provided by the Division of Aging and 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.

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

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

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



## Colorado Department of Human Services Program Statutory Authority

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

### Veterans & Disability Services:

Division of Developmental Disabilities and Regional Centers	Title 27, Article 10.5, Colorado Revised Statutes (2010), Title 25.5, Article 6, Part 4 and 6, Colorado Revised Statutes (2009), and Title 34, Section 303.300 United States Code of Federal Regulations – Part C of the Individuals with Disabilities Education Act (IDEA).
State and Veterans Nursing Homes	Title 26, Section 12, Colorado Revised Statutes (2010).
Disability Determination Services	Title 42, Chapter 7, Subchapter II, §421, United States Code of Federal Regulations.

### Self Sufficiency & Independence:

Refugee Assistance Program	Title 8, Chapter 12, Subchapter IV, §1522, United States Code.
Colorado Child Support Enforcement Program	Title 26, Article 13, Colorado Revised Statutes (2010).
Colorado Works Program	Title 26, Article 2, Colorado Revised Statutes (2010).
Colorado Low Income Energy Assistance Program	Title 26, Article 2, Colorado Revised Statutes (2010) and Title 40, Article 8.5, Colorado Revised Statutes (2010).
Colorado Food Distribution Program	Title 26, Article 1, Colorado Revised Statutes (2010).
Colorado Food Stamp Program	Title 26, Article 2, Colorado Revised Statutes (2010).
Division of Vocational Rehabilitation	Title 26, Article 8, Colorado Revised Statutes (2010) and Title 34, Part 361, Code of Federal Regulations.
Independent Living Services	Title 26, Article 8.1 Colorado Revised Statutes (2010) and Title 34, Part 363, Code of Federal Regulations.
Business Enterprise Program	Title 26, Article 8.5 Colorado Revised Statutes (2010) and Title 34, Part 395,

	Code of Federal Regulations.
Colorado Traumatic Brain Injury Program	Title 26, Article 1, Section 302, Colorado Revised Statutes (2010).
Colorado Commission on Aging and the Division of Aging and Adult Services	Older Coloradans Act - Title 26, Article 11, Parts 1 and 2, Colorado Revised Statutes (2010).
Home Care Allowance and Adult Foster Care	Title 26, Article 2, Section 122.3, Colorado Revised Statutes (2010).
Ombudsman Program	Title 26, Article 11.5, Colorado Revised Statutes (2010).
Adult Protective Services	Title 26, Article 3.1, Parts 1 and 2, Colorado Revised Statutes (2010).
Old Age Pension Program	Article XXIV of the Colorado State Constitution.
Old Age Pension and Aid to the Needy Disabled Programs	Title 26, Article 2, Colorado Revised Statutes (2010).

**Children, Youth and Families:**

Child Welfare Services	Title 26, Article 5, Colorado Revised Statutes (2010) and Title 19, Children’s Code, Colorado Revised Statutes (2010).
Child Care	Title 26, Article 6, Colorado Revised Statutes (2010).
Division of Youth Corrections	Titles 19-21 Article 2, The Colorado Juvenile Justice System, Colorado Revised Statutes (2010) and under Title 19, Children’s Code, Colorado Revised Statutes (2010).

**Behavioral Health and Housing:**

Mental Health Services	Title 27, Article 10, Section 101, Colorado Revised Statutes (2010).
Mental Health Institutes	Title 27, Article 13, Section 101 (1) and Title 27, Article 15, Section 102(1); Colorado Revised Statutes (2010).
Alcohol and Drug Abuse	Title 25, Article 1, Section 202, Colorado Revised Statutes (2010).
Homeless Youth Services Act	Title 26, Article 5.9, Section 102, Colorado Revised Statutes (2010).



**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



Office of Budget Services  
(Will Kugel)

Office of Policy & Legislative Initiatives  
(William Hanna)

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

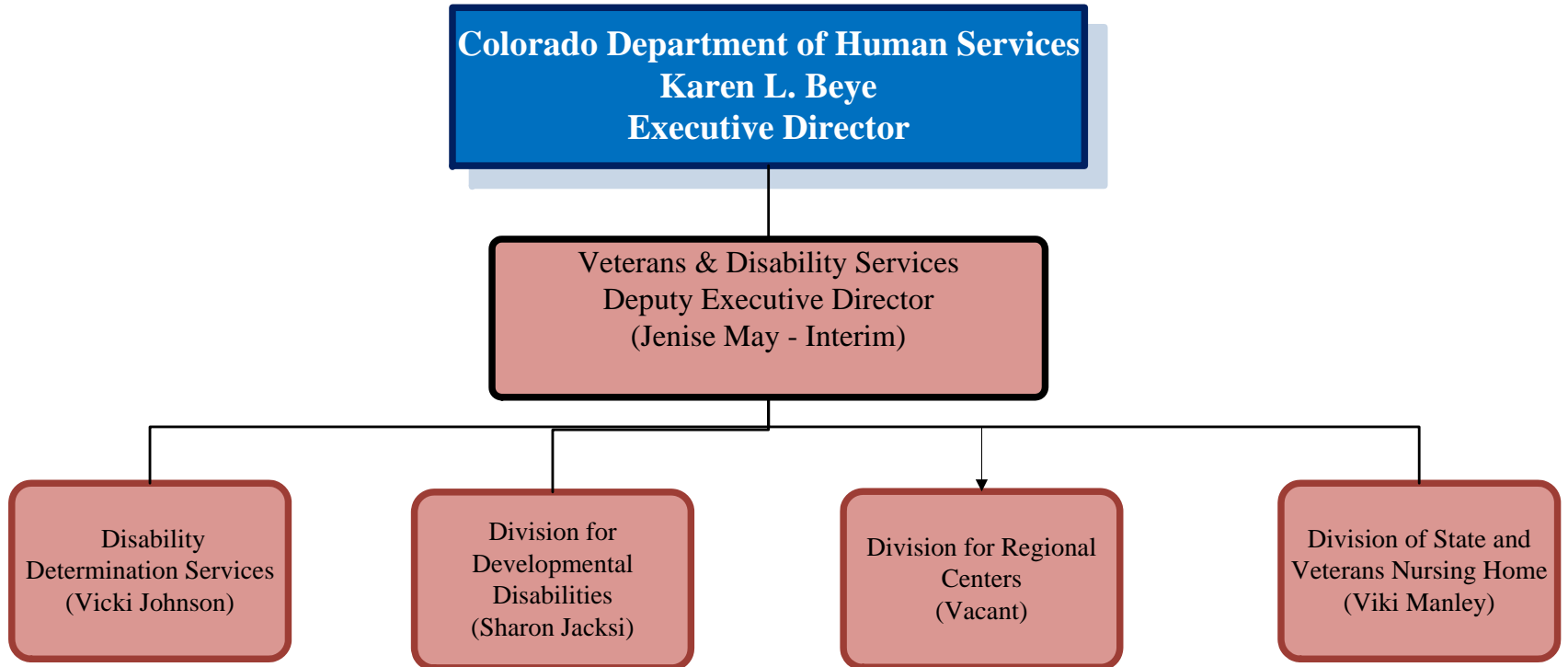
Operations & Financial Services  
Deputy Executive Director - Reginald Jefferson  
461.3 FTE  
\$160,218,491

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

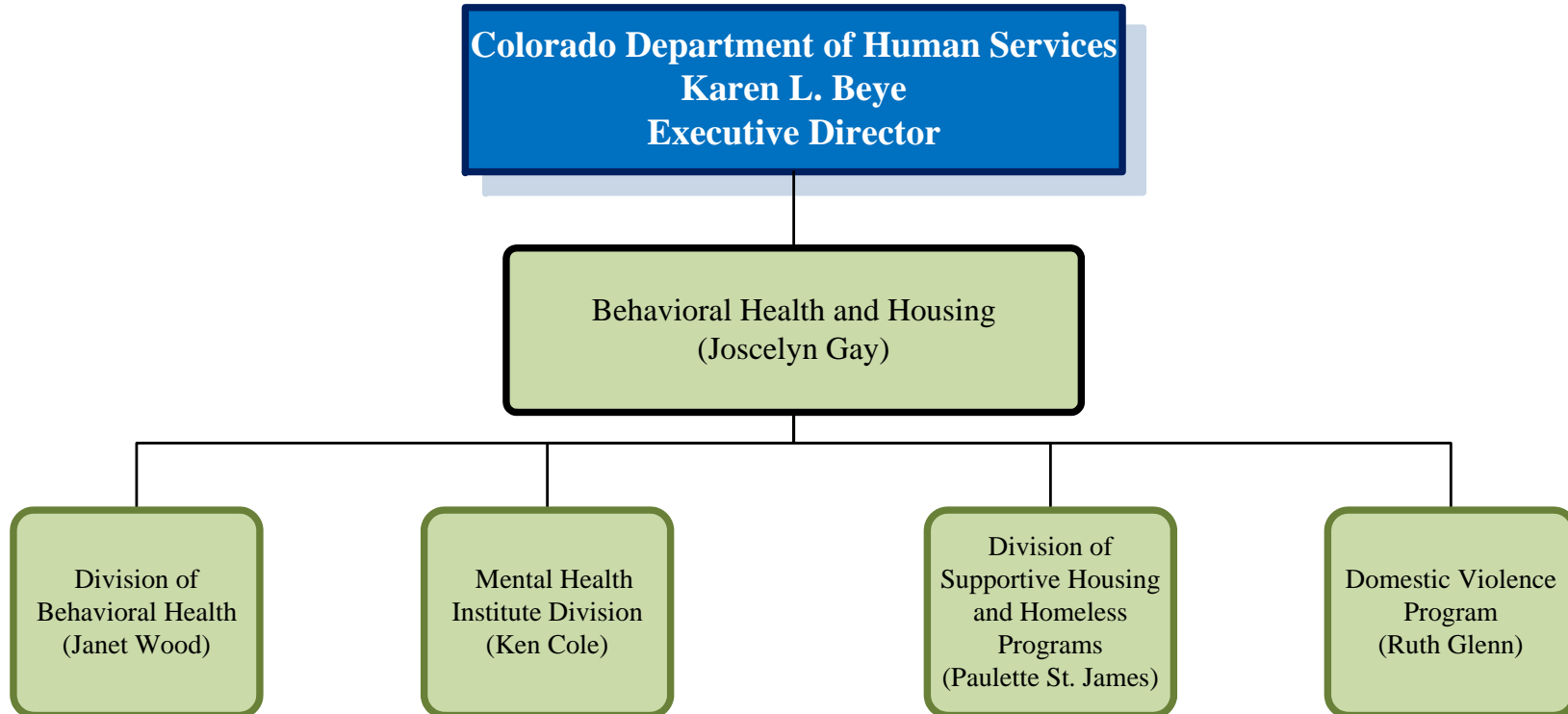
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## Veterans and Disability Services

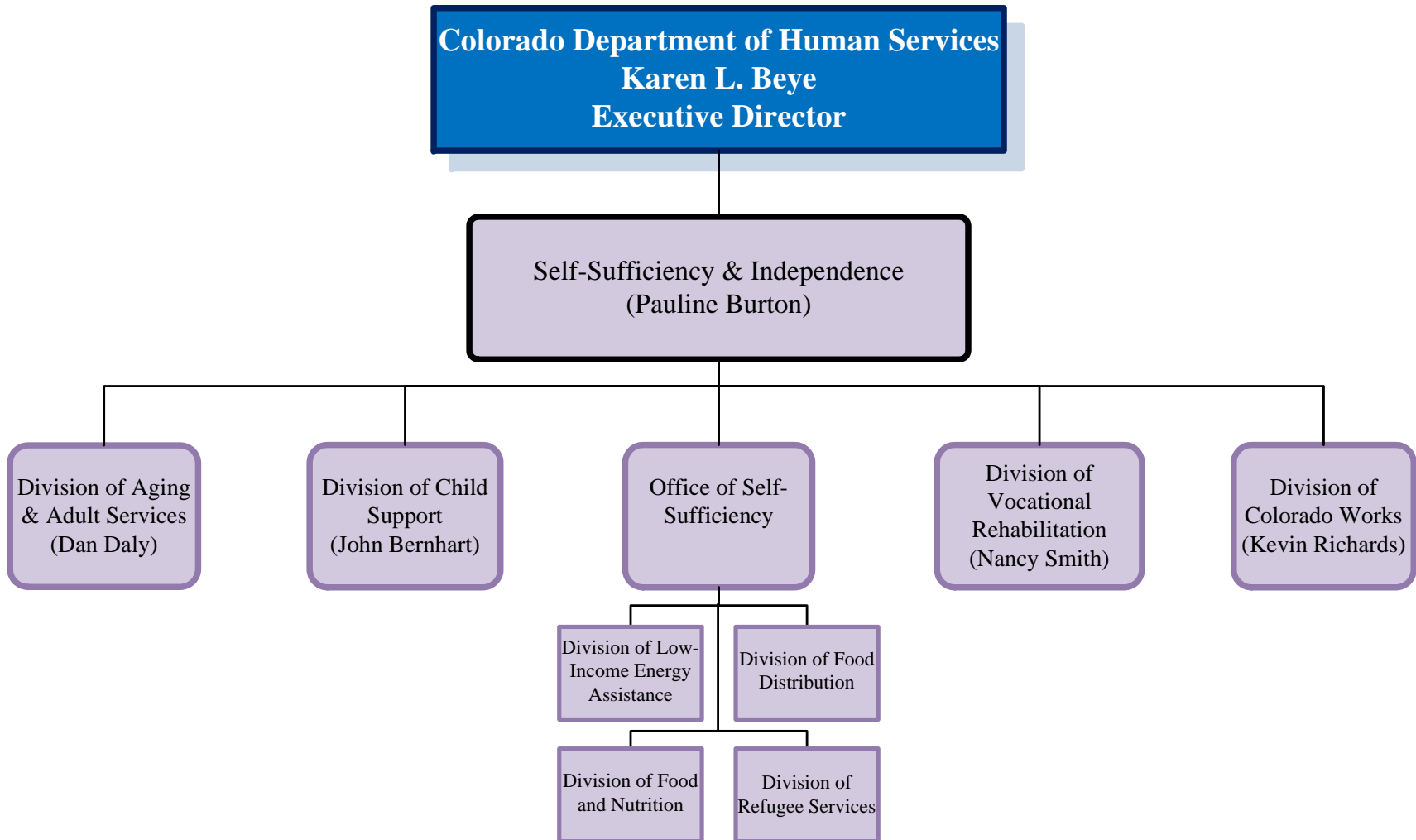


## Behavioral Health and Housing

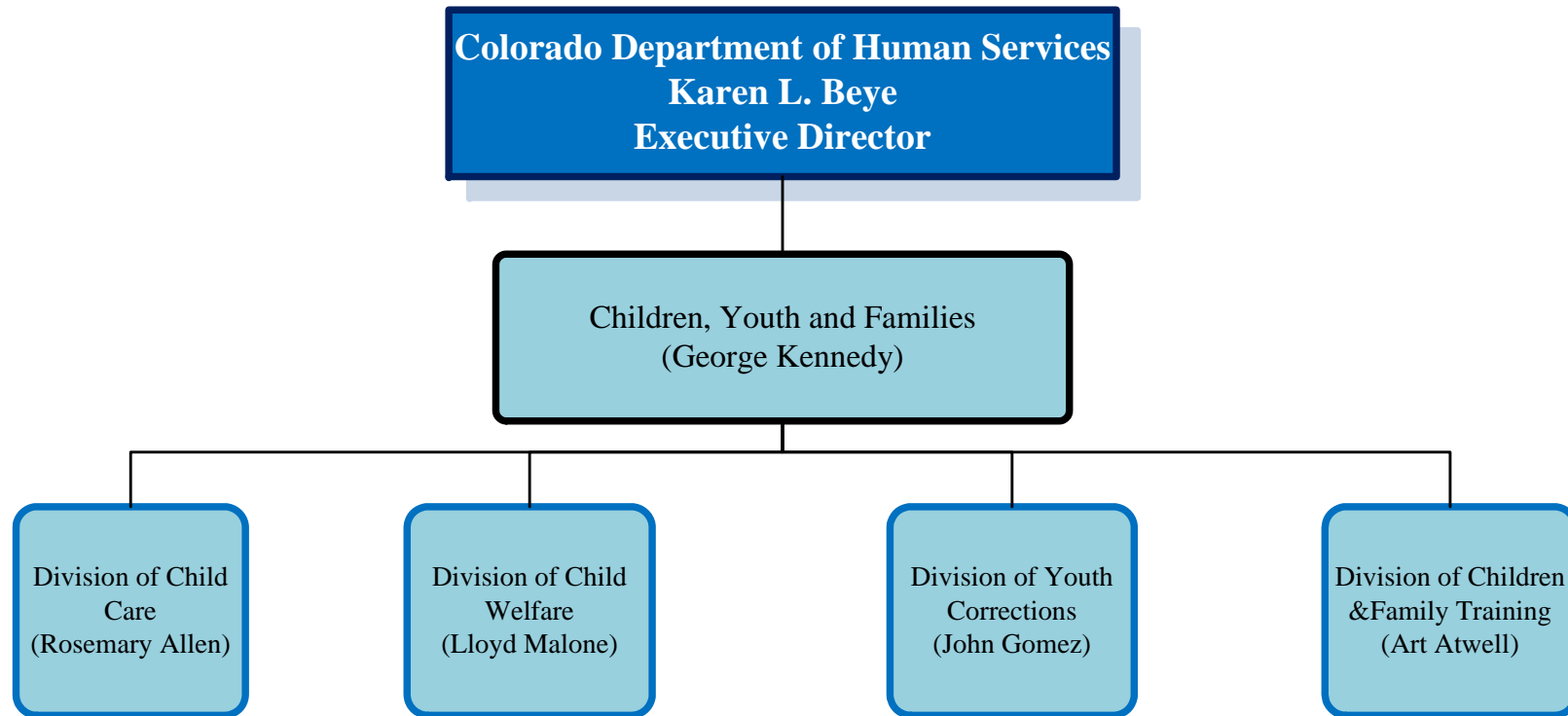




## Self-Sufficiency and Independence



Children, Youth and Families



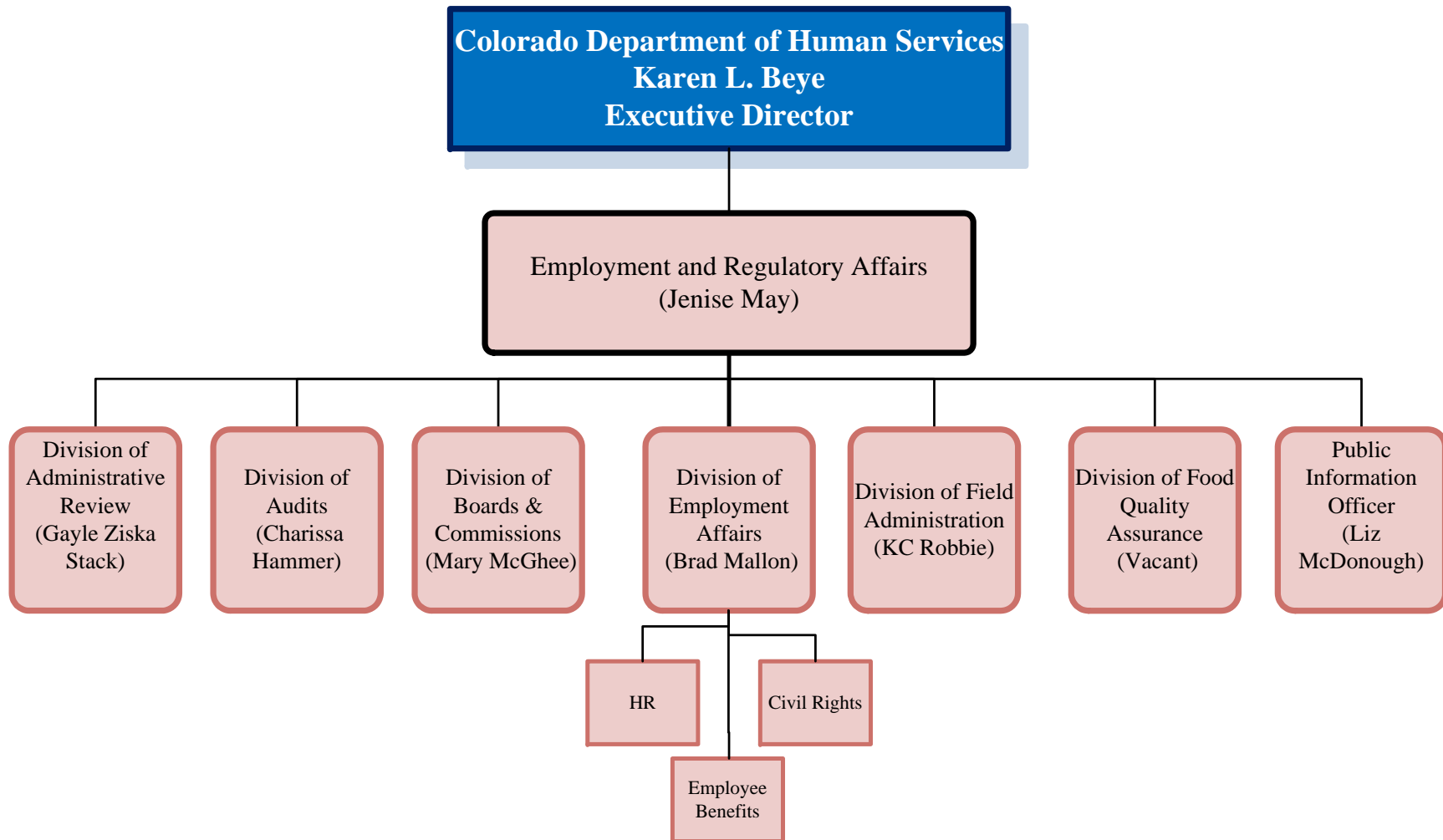


Operations and Financial Services





## Employment and Regulatory Affairs



### **Section 3. Mission Statement**

## **Colorado Department of Human Services Mission Statement**

### **Mission**

Our mission is to design and deliver quality human services that improve the safety and independence of the people of Colorado. The Department is committed to the improvement of individual and family outcomes, cross-system integration, and community partnerships.

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

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

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

#### **Vision Statement**

The Colorado Department of Human Services promotes safety, health, well-being and independence for all Coloradoans through leadership, innovation, and accountability to human services programs throughout Colorado.

#### **Vision Narrative**

The Colorado Department of Human Services submits the FY 2011-12 Strategic Plan and Budget Request with the goal of improving individual and family outcomes and enhancing cross-system integration and community partnerships. The Department has begun long-term efforts in a number of areas including: child welfare reform, improving services to low-income families through the creative use of Temporary Assistance for Needy Families (TANF) dollars for investment in community-wide projects, including: access to subsidized jobs, affordable housing, and life skills; modernizing access to public assistance services through web-based technologies; and streamlining eligibility requirements for benefits and services. The Department continues to make improvements to the Colorado Benefits Management System and expanding efforts in expediting of food assistance case processing. Additional long-term projects include, addressing conflict of interest issues in the system for delivering services to people with developmental disabilities, and continuing our de-institutionalization efforts for individuals residing in state operated Regional Centers for people with developmental disabilities through the delivery of appropriate services that support safe and healthy community living. The Department has a leadership role with respect to “behavioral health transformation” as outlined in a recent Governor’s Executive Order and legislation, Senate Bill 10-153, which seeks to integrate and streamline behavioral health services in Colorado. In partnership with other government agencies and community non-profit organizations, the Department is implementing programs to

address the increased need for safe, decent, and affordable housing and supportive services to persons with disabilities, homeless veterans and youth transitioning to independence from the Foster Care system.

Overall, the Department is focused on enhancing treatment methods, improving critical response time for human services, creating efficiencies Department-wide and collaborating with other State Departments in an effort to better serve clients. The current recessionary environment has provided challenges for the Department to better serve increased caseload and populations with limited funding. The Department will continue to navigate the recessionary turmoil by connecting with other state agencies and community-based human services organizations to maximize the resources of all involved in the mission of bettering the lives of the citizens of Colorado.

### **Department Goals**

- Prevent the need for higher levels of service by providing effective intervention and prevention in the areas of treatment, education, life skills, and/or vocational training.
- Promote safety for the community, clients, and employees.
- Improve the level of physical, mental and social functioning of individuals.
- Promote stability, permanence and self-sufficiency.

### **Guiding Principles**

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

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

- Exhibiting high levels of integrity and fairness, and expressing respect for individuals and our cultural diversity. Offering opportunities for challenging, rewarding, results-oriented work in an environment that respects, values, and recognizes the contributions of departmental staff.

### **Outcomes**

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

### **Employee Code of Conduct**

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

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

- Treat all customers fairly.
- Be truthful, honest, and courteous to co-workers and to customers at all times.
- Listen actively and share information in open, honest, and appropriate ways.
- Demonstrate respect for all people and their ideas, and commit to resolve conflicts.
- Be considerate of fellow workers when performing job tasks.
- Accept responsibility for your own mistakes; ask for clarification and guidance when unsure about job duties.
- Communicate your needs clearly.
- Show support of departmental decisions through your actions.
- Assist customers and co-workers in a positive manner and follow through on commitments to them.
- Do your job proactively; don't wait to be told; see the problem, ask for guidance if needed; solve the problem and inform others what was done.
- Propose solutions to problems.
- Complete tasks, meet deadlines, and communicate any reason for delay.

- Stay current with technical knowledge available for your field.
- Adapt and be flexible when change happens.
- Take the initiative about seeking communication; don't always wait for it to come to you.
- Be committed to your job and present yourself as a good role model.
- Treat others as they wish to be treated.
- Have a CARE attitude (Caring Attitudes Respect Excellence).



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

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

**I. Prevention:**

**Department Goal #1:**

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

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

*Performance Measure 1:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Approp.</b>	<b>FY 2011-12 Request</b>
Benchmark	N/A	Establish baseline	97%	97%	97%	97%
Actual	N/A	97%	96%	96%		

Strategies to Meet the Performance Measure:

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

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

The results showed that the number of children showing progress remained the same at 96%. It is important to note that this data is measured nationally, and the official federally-established baseline for Colorado will not be set until FY 2010-11. Once the measurement process has stabilized, and national benchmarks are established, the Colorado benchmarks will be adjusted accordingly. Once these national benchmarks are established, the Colorado benchmarks will be adjusted accordingly.

*Performance Measure 2:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Approp.</b>	<b>FY 2011-12 Request</b>
Benchmark	50%	50%	50%	50%	50%	50%
Actual	58.4%	55.9%	55.9%			

Strategies to Meet the Performance Measure:

Strategies for improvement are to require counties to develop a work plan addressing how the county intends to meet or improve upon this measure. The State has provided county specific data, as well as statewide data to provide information to county supervisors and management that can be used to make improvements. The Child Welfare Division hosts the “Heart Gallery” a recruitment event that promotes adoption of children; approximately 50% of the children hosted in the “Heart Gallery” find their “Forever Family”. The Division will also be hosting an awareness event in October 2009 with a goal of reaching 2000 people informing them about the need for more adoptive families.

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

Colorado continues to significantly exceed the national standard of 36.6% in this area. The percentage of cases has stabilized for this measure during the last two years. The Child Welfare Division continues monitoring the data for this measure.

## II. Safety

**Department Goal #2:**

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

*Performance Measure 3:*

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

*Description of Metrics:*

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

Outcome	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Approp.	FY 2011-12 Request
Program Benchmark	NA	80%	85%	85%	85%	87%
Actual	75%	81%	82%			

Strategies to Meet the Performance Measure:

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

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

The CSVNH average number of residents without falls increased 1% from 81 to 82% during FY 2008-09. The CSVNHS have been faced with serving an increasingly aging population with diagnoses of dementia and with many admissions occurring at the end stage of life. These populations present increasingly difficult behaviors and lack of safety awareness. The CSVNHs are sensitive to resident rights and strive for independence for all residents by reducing the use of physical restraints while increasing other means of fall prevention. Data collection techniques have been improved to prevent counting falls rather than residents without falls and duplicate counting of residents who have had multiple falls. The goal is always to decrease the number of falls that occur. However, because of the nature of the population that the CSVNHs expect to serve in the coming years, and the tendency for certain residents to fall frequently, the progress toward a significant reduction in falls is expected to be slow.

*Performance Measure 4:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Approp</b>	<b>FY 2011-12 Request</b>
Benchmark	75%	75%	75%	75%	75%	75%
Actual	73.4%	72.5%	65.8%*			

\*estimated data

Strategies to Meet the Performance Measure:

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

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

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

For FY 2008-09, the estimated rate of 65.8% youth employed or enrolled in school at discharge falls short of the benchmark by 9.2%. The Division is examining ways to more accurately measure success in the area as youth may be excluded if they are not enrolled in a school or employed on the exact day of discharge. Therefore, the measure of success in this area has limitations as demonstrated by timing of the enrollment into school or the date of hire for employment. Also, youth who may be in between jobs at the date of discharge are not counted. The plan is to identify ways through ongoing case management and planning that all youth who are in school or employed are counted as part of this measure in the future.

### III. Health and Well-Being

#### Department Goal #3:

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

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

*Performance Measure 5:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Approp.</b>	<b>FY 2011-12 Request</b>
Benchmark	NA	44.6%	45.6%	39.1%	43.3%	44.4%
Actual	43.6%	38.8%	37.2%	28.7%		

Strategies to Meet the Performance Measure:

1. To improve the methods by which DBH measures change in symptom severity.
2. To monitor and manage the quality of services provided by community mental health centers through the site evaluation process.
3. To continue developing and implementing the Statewide Performance Management System that includes measures on symptom severity, overall functioning, and recovery of clients accessing the system.
4. To identify resources and technical assistance necessary to implement more EBPs statewide.

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

The primary reason that DBH did not achieve its benchmark performance on this measure is that the benchmark itself was based upon one data point of actual performance obtained in FY2006-2007 (43.6%) and no systematic method of projecting the benchmark for the next fiscal year. The problem with setting the FY2007-2008 benchmark is that it was based upon adding 1% point to the FY2006-2007 actual performance. This same method was used to project the FY2008-2009 benchmark (addition of 1% point to the FY2007-2008 Benchmark). Since the actual performance on this benchmark (FY 2006-2007) is highly suspect due to the introduction of multiple changes in the data collection methodology (CCAR), this benchmark should



not be used to project all future benchmarks. Note that average actual performance in FY 2007-2008 and FY2008-2009 is 38%. When comparing this actual performance to FY 2006-2007 actual performance it becomes apparent that 43.6% is an outlier and should not be used to project future benchmarks. From this point forward, DBH will calculate Benchmarks based upon average actual performance each year (excluding FY2006-2007) plus (or minus, depending on the direction of improvement) the standard deviation associated with that average. The standard deviation method will provide a much better comparison of annual performance on this measure than the simple addition of 1% point every year. Budget reductions and potential new reductions could have an impact on the ability to meet targets.

*Performance Measure 6:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Approp.</b>	<b>FY 2011-12 Request</b>
Benchmark	82%	85%	95%	95%	95%	95%
Actual	72%	71%	81.15%*	82.58%		

*\*Most current QA data available for records evaluated through March 2010*

Strategies to Meet the Performance Measure:

1. Nine large counties submitted updated corrective action plans, which outline action steps that will be taken to bring the counties into compliance with the 95% processing rate. The State has approved the updated plans and will continue to monitor progress.
2. Working in conjunction with the Department of Health Care, Policy and Financing, through a contract with the Southern Institute, local office business processes are being reviewed and modified to create greater efficiencies in processing Food Assistance applications. This project will last 12 months with 15 participating counties.
3. The State monitors various reports on the timely processing of cases. These reports are sent to all counties to work weekly.
4. The ten largest counties and five medium sized counties were allocated additional federal funds provided by either the American Recovery and Reinvestment Act and/or the Department of Defense Act to pay for the administrative costs associated with the increased Food Assistance caseload. Approximately 40 new staff were hired and overtime pay is being provided to current employees to keep up with increasing caseload demands due to the economy.

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

The State evaluates county performance through the weekly review of automated system reports and through the monthly review of Quality Assurance reports, which are required by USDA, Food and Nutrition Service. The State began concerted efforts to improve timely processing in February 2008. Over the past twelve months, the State provided targeted assistance to five counties, who have all shown vast improvement. The State also began sending out weekly reports to all 64 counties, rather than just the ten largest counties. The most current QA data through March 2010, reflects an increase in timely processing of 2% over the prior year, despite a 29% increase in caseload, an additional 39,726 cases, when March 2010 is compared with March 2009 data.

*Performance Measure 7:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>
<b>Adult Programs</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Approp.</b>	<b>Request</b>
Benchmark (number of full year enrollments appropriated)	N/A	7,456	7,895.5	8,172.8	8,241.5*	8,241.5
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>5.89%</i>	<i>3.5%</i>	<i>0.84%</i>	<i>0%</i>
Actual (total served)	N/A	8,353	8,724	8,504**	8,850	8,850
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>4.4%</i>	<i>(2.5%)</i>	<i>4.0%</i>	<i>0%</i>

<b>Outcome</b>	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>
<b>Child and Family Programs</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Approp.</b>	<b>Request</b>
Benchmark (number of full year enrollments appropriated)	N/A	3,747	3,797	3,795	4,007	4,007
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>1.3%</i>	<i>-0.0005%</i>	<i>5.5%</i>	<i>0%</i>
Actual (total served)	N/A	11,463	13,778	15,777	15,989	15,989
<i>Change from previous year</i>	<i>N/A</i>	<i>N/A</i>	<i>20.2%</i>	<i>14.5%</i>	<i>1.3%</i>	<i>0%</i>

\* Represents annualization of previously appropriated six-month enrollments.

\*\* The number of individuals for whom claims were paid as of July 15, 2010. Medicaid Management Information System (MMIS).

Strategies to Meet the Performance Measure:

The Department works with the legislature on an ongoing basis to request appropriation for new funding to meet the growth in demand for developmental disabilities services. Internal processes and procedures at the Division for Developmental Disabilities (DDD) ensure that enrollment authorizations are allocated in a timely manner. Contracts with the Community Centered Boards (CCBs) include minimum requirements for efficient enrollment practices. DDD provides ongoing technical assistance to CCBs regarding strategies to ensure enrollments from newly appropriated and/or existing funds are completed in a timely manner. Waiting list management was moved to DDD from CCBs in October 2009 in order to address statewide emergencies for enrollment in the Home and Community Based Services waiver for people with Developmental Disabilities (HCBS-DD or Comprehensive waiver).

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

During FY 2009-10, the Department served more individuals in its State-only funded programs than the number estimated based on the amount of funds appropriated. A number of factors contribute to the difference between the estimated number of people to be served based on the appropriated enrollment authorizations and the actual number served. Length of service is one such factor. For example, in the Early Intervention Program, one third of the children served turnover during each year as they age out of services at age three. Therefore, two children will utilize one “enrollment authorization” (the amount of funding to serve one child for one full year) in any given year. Another factor allowing the children’s programs to serve more children than the number of enrollment authorizations appropriated has to do with the funding structure, as CCBs are allowed to manage a pool of dollars without limiting the number of children served to the appropriated enrollment authorizations.

The increase in children served is primarily due to the increase in referrals for evaluation. Additionally, a funding hierarchy has been implemented such that not all eligible children rely on State-only funding for services. Public and private health insurance funds are being utilized, thus allowing more children to be served. The use of multiple funding sources and an additional \$1.7 million in State funding has enabled the Early Intervention Program to manage the growth in the number of children served from 7,649 in FY 2007-08 to 15,777 in FY 2009-10. However, each funding source represents a portion of the total number served. As the demand for each funding source increases, so must the funding from each funding source (i.e., state and federal funds, private and public health insurance).

This change is notable in the disparity in numbers of new adults served (20) compared to the number of new enrollment authorizations (439). The developmental disabilities system is adjusting to reflect the fee-for-service model. During FY 2009-10, appropriated funds were used to enroll individuals transferring out of institutional settings and for children transitioning to adult residential services from foster care. Vacated enrollments from the existing appropriation were used for other placements into adult residential services and supported living services.

## IV. Independence

**Department Goal #4:**

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

*Performance Measure 8:*

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

*Description of Metrics:*

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

Outcome	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Actual	FY 2010-11 Approp.	FY 2011-12 Request
Benchmark	\$7.6 million	\$8.5 million	\$7.5 million	\$4.25 million	\$5.0 million	\$5.0 million
Actual	\$8.3 million	\$7.3 million	\$3.65 million			

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independently. The cost of vocational rehabilitation services is paid back in increased tax revenues. According to national data, for every dollar spent on vocational rehabilitation services, a consumer earns \$11 in increased taxable earnings. DVR believes that when citizens with disabilities participate in society, everyone benefits. In FY 2009-10, one of DVR’s primary goals is to improve the quality and availability of providers from whom DVR purchases services. The strategies DVR will employ to achieve this goal include developing and conducting an on-going consumer survey to measure the quality of

services provided by DVR vendors, reviewing and updating provider standards and qualifications, and reviewing and refining procedures for recruitment and registering of providers.

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

The overall increase in the amount of income added to Colorado's economy by DVR consumers was significantly lower than the Benchmark. This is a reflection of the current economic situation. As DVR does not anticipate the situation improving much over the next year, the current and request years projected Benchmark has been reduced.



*Performance Measure 9:*

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

*Description of Metrics:*

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

<b>Outcome</b>	<b>FY 2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Estimate</b>	<b>FY 2010-11 Request</b>	<b>FY 2011-12 Request</b>
Benchmark	30.9%	31.9%	33.0%	28%	30%	30%
Actual	29.04%	26.96%	23.78%			

Strategies to Meet the Performance Measure:

The Division for Developmental Disabilities' (DDD) rules specify that integrated employment should be the primary option for all persons receiving Day Habilitation Services and Supports. Integrated employment is employment in a variety of settings in which the participants interact with non-disabled individuals other than those providing services to them to the same extent that individuals employed in comparable positions would interact. The Division for Developmental Disabilities (DDD), in conjunction with the Division of Vocational Rehabilitation (DVR), provides annual training sessions to the Community Centered Boards (CCBs) and provider agencies. The trainings are provided in an interagency collaborative model to improve understanding of roles and responsibilities, as well as the applicable rules and procedures for referral between systems for services. DVR has lead responsibility for SB 08-005 on which DDD is collaborating to develop a pilot program designed to improve employment outcomes for persons with developmental disabilities. Additionally, the Department of Public Administration has lead responsibility on new procedures to promote the hiring of state employees with developmental disabilities. DVR holds quarterly meetings with DDD, the Denver Metro area supported employment providers, and any others who wish to attend to review employment activities, successes, and challenges. The meetings are used to facilitate

support among the agencies and share successful methods and strategies for securing and maintaining supported employment. In 2005, the Employment and Community Participation Ad Hoc Committee made recommendations to DDD. As part of DDD's commitment to Supported Employment for people with developmental disabilities, DDD continues to have quarterly meetings with a committee that was formed in 2005 to move recommendations forward from the AD Hoc Committee.

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

Performance in FY 2007-08 on this measure was somewhat lower than it has been in the past few years. Several factors may have contributed to the decrease from 29.04% in FY 2006-07. These include a decrease in service provider participation; a new process for placement in enclaves; business closures due to the economy, causing individuals to be laid-off; some individuals have chosen to retire or perform volunteer or community participation activities; or have elected to participate in a Sheltered Workshop for guaranteed income. Each year DDD conducts a survey on June employment data. This survey was not due back until August 13 and it was originally anticipated that final analysis would be completed by mid-Sept. 2009. However, all corrected information has not yet been received. It is expected that the final percentage will be relatively close to the preliminary information. All data will be posted on the DDD website once finalized. DDD anticipates that employment numbers will be lower due to the poor economy.

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

**Colorado Department of Human Services  
Program Measures**

**Veterans and Disability Services Programs**

Program	Performance Measure #1	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Office of State & Veterans Nursing Homes	To assure the safety, independence, health and well being, of Colorado State Veterans Nursing Home (CSVNH) residents, the percentage of residents without falls will increase by 5% each year.	Benchmark	NA	80%	85%	85%	85%	87%
		Actual	75%	81%	82%	84%		

**Strategies to Meet the Performance Measure:**

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

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

CSVNHs average number of residents without falls increased 2% from 82% to 84% during FY 2009-10. CSVNHs an increasingly aging population with diagnoses of dementia and with many late admissions occurring at the end stage of life. These populations present increasingly difficult behaviors and lack of safety awareness. The CSVNHs are sensitive to resident rights and strive for independence for all residents by reducing the use of physical restraints while increasing other means of fall prevention. Data collection techniques have been improved to prevent counting falls rather than residents without falls and duplicate counting of residents who have had multiple falls. The goal is always to decrease the number of falls that occur. However, because of the nature of the population that the CSVNHs expect to serve in the coming years, and the tendency for certain residents to fall frequently, the progress toward a significant reduction in falls is expected to be slow.

Program	Performance Measure #2	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Office of State & Veterans Nursing Homes	Resident safety, health and well being shall be assured as evidenced by the overall average number of deficiencies given to the State & Veterans Nursing Homes shall be <i>less than</i> the average number of deficiencies given statewide by the survey compliance agency.	<b>Benchmark</b>	8.56	10.8	11.0	10.2	12	12
		<b>Actual</b>	6	7.8	11.8	11.5		

Strategies to Meet the Performance Measure:

CSVNHs will continue to improve survey outcomes through the pre-survey (mock survey) process, Quality Assurance/Quality Improvement initiatives, increasing staff awareness and training about data usage from the MyInnerview reports. Implementation of the Quality Indicator Survey process in FY 2010-11 may effect the number of survey deficiencies in Colorado and nationwide. In order to assist the CSVNHs to meet this challenge, new software is being considered that would allow the homes to conduct more continuous quality assurance processes related to the survey requirements.

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

The average number of deficiencies given statewide by the survey compliance agency is about 10.2 for the last recorded Federal FY October 2008-September 2009. The average number of deficiencies given to the CSVNHs is 11 for FY 2009-10, the goal was met. The overall number of deficiencies cited statewide includes occurrences of multiple citations for one specific resident selected for review. It is believed that the average number of deficiencies cited by the survey compliance agency this year is due to federal oversight activities and the national implementation of the Quality Indicator Survey process. The goal is to reduce the number of cited deficiencies in FY 2010-11 through proactive quality assurance activities and training in the new survey process.

Program	Performance Measure #3	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Families will have the enhanced capacity to provide for their child's needs. Increase the percentage of families participating in early intervention services who report that early intervention services have improved the family's ability to help their child develop and learn.	<b>Program Benchmark</b>	75 %	75%	80%	83%	85%	85%
		<b>Actual</b>	96%	91%	91%	94%		

Strategies to Meet the Performance Measure:

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

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

DDD distributes a Family Outcome Survey annually to all families being served who have an active Individualized Family Service Plan (IFSP) and who have been receiving early intervention services for at least six months. This survey is one part of the larger effort known as the Early Childhood Colorado framework to positively influence the lives of children and families by using child, family, and system outcomes data to inform early childhood practices and policy. DDD partners closely with CCB Early Intervention programs and parent groups to coordinate outreach and education efforts to families involved in the Family Outcomes Survey process. In FY 2008-09, 404 families responded to the survey, of which 364 (90%) reported that participating in early intervention services

helped them to help their child develop and learn. In FY 2009-10, 1,285 families responded to the survey of which 1,206 (93.8%) reported that participating in early intervention services helped them to help their child develop and learn.

Program	Performance Measure #4	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Estimate	Request
Developmental Disabilities	Young children will have the enhanced capacity to improve their competencies and talents. Increase the percentage of infants and toddlers participating in early intervention services who improve their acquisition and use of knowledge and skills (motor, cognition, speech, language, etc.).	<b>Program Benchmark</b>	N/A	Establish baseline	97%	97%	97%	97%
		<b>Actual</b>	N/A	97%	96%	XX% Data Available End of August		

Strategies to Meet the Performance Measure:

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

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

The results showed a in the number of children showing progress. This data is measured nationally, and the official federally-established baseline for Colorado will not be set until FY 2010-11. Once these national benchmarks are established, the Colorado benchmarks will be adjusted accordingly.

Program	Performance Measure #5	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Developmental Disabilities	Integrated employment is considered the primary option for all persons receiving Day Habilitation Services and Supports. Increase the percentage of adults with developmental disabilities in the community enrolled in day services who have integrated employment.	<b>Program Benchmark</b>	30.9%	31.9%	33.0%	30%	30%	30%
		<b>Actual</b>	29.04%	26.96%	23.75%			

Strategies to Meet the Performance Measure:

The Division for Developmental Disabilities (DDD) rules specify that integrated employment is the primary option for all persons receiving Day Habilitation Services and Supports. Integrated employment is employment in a variety of settings in which the participants interact with non-disabled individuals other than those providing services to them to the same extent that individuals employed in comparable positions would interact. DDD, in conjunction with the Division of Vocational Rehabilitation (DVR), provides annual training sessions to the community centered boards (CCBs) and provider agencies. The trainings are provided in an interagency collaborative model to improve understanding of roles and responsibilities, as well as the applicable rules and procedures for referral between systems for services.

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

Each year DDD conducts a survey on June employment data. This survey is not due back until August 13, 2010, and it is anticipated that final analysis will be completed by October 2010. All data will be posted on the DDD website once finalized. Performance in 2008-09 of 23.75% on this measure was somewhat lower than in the past few years. Several factors may have contributed to the decrease from 26.96% in FY 2007-08. These include a decrease in service provider participation; a new process for placement in enclaves; business closures due to the economy causing individuals to be laid-off; some individuals have chosen to "retire" and may have transferred to facility based or volunteer activities or engage in community participation activities.



Program	Performance Measure #6	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Developmental Disabilities/ Regional Centers (RC)	Increase community safety and the safety of the treatment environment. Decrease the number of incidents where a Regional Center resident is unaccounted for, after an immediate search of the facility, residence, program site, and grounds.	<b>Program Benchmark</b>	32	35	35	30	30	30
		<b>Actual</b>	36 (attributed to 28 individuals)	42 (attributed to 32 individuals)	17 (attributed to 15 individuals)	9 (attributed to 8 individuals)		

Strategies to Meet the Performance Measure:

The following are employed to limit the occurrence of critical incidents involving a Regional Center resident being unaccounted for:

- Use enhanced supervision when persons are determined to be at higher risk
- Ensure that persons are always under supervision
- Contact 911 for support, as necessary
- Work with local emergency response teams, such as law enforcement to establish ongoing relationships and protocols for assistance
- Conduct ongoing visual checks of the treatment/program environment to ensure safety, and follow-up to address any areas of concern in a timely manner
- Use Incident Response Teams, when necessary
- Use behavioral planning and staff redirection techniques to assist persons served to engage in alternative positive behaviors
- Provide training and education for direct care staff and other team members, family members, and volunteers
- Provide staff training for appropriate use, maintenance, and environmental checks of door alarms/ monitoring systems;
- Track additional data to reflect the overall number of incidents and number of persons accountable for *all incidents of Attempted Runaway*. This information provides contributing comparison data to more adequately represent the RC success in implementing strategies that most effectively reduces incidents of persons unaccounted for
- Ensure immediate supervisory follow-up, and personnel action as deemed appropriate

Data collected during FY 2009-10 regarding “Attempted Runaway” reflects high success in ensuring the safety of individuals served. The existing strategies to meet the performance measure program benchmark will be continued in FY 2010-11 and FY 2011-12.

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

During the FY 2009-10, the Regional Centers realized a 47% reduction in the number of incidents of “persons unaccounted for upon immediate search”. No harm to residents was noted for any incidents documented.

The Regional Centers (RC) continue to face notable challenges in serving a population that presents increasingly difficult behaviors. This performance measure demonstrates success in adequately ensuring the safety of these individuals. An adjusted RC benchmark of no more than 30 incidents for this measure was set for FY 2009-10 representing a 14.29% reduction from the previous two FY targets. The program benchmark set for FY 2010-11 and FY2011-12 will remain at 30.

Program	Performance Measure #7	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Developmental Disabilities/ Regional Centers	Provide a safe and secure residential environment for Regional Center residents. Decrease the rate of critical incidents*, as a percentage of the average daily census, at the Regional Centers.  <i>*Critical incidents involve exploitation, mental or psychological abuse, mistreatment, neglect, physical abuse, deaths, medical crisis, missing persons, serious criminal offense by a resident, serious injury to a resident, and victims of a crime.</i>	<b>Program Benchmark</b>	N/A	10.56%	10.24%	9.93%	9.63%	9.34%
		<b>Actual</b>	10.96%	10.16%	9.88%	10%		

Strategies to Meet the Performance Measure:

The Regional Centers were appropriated supplemental funding in FY 2008-09 to accommodate the need for staffing increases and to maintain staffing ratios required by the Department of Public Health and Environment. The following actions were successfully implemented in FY 2008-09 and will continue in FY 2009-10 in order to continue to reduce critical incidents:

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

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

Regional Centers serve the most complex population and are increasingly challenged with incidents of a critical nature. The benchmark developed in FY 2007-08 assumed a 3% reduction in the total number of critical incidents with no change to the average daily census. However, in FY 2009-10 the census across all three Regional Centers was reduced from 365.7 in FY 2008-09 to 331.4 in FY 2009-10. During the next fiscal year this specific performance measure and the calculation methodology will be reviewed to ensure it accounts directly for changes in average Regional Center census across fiscal years and to enhance the qualitative information it intends to communicate.

The total number of incidents was reduced from 142 in FY 2008-09 to 134 in FY 2009-10. With the reduction in average Regional Center census, this resulted in an overall increase of 12% in the quarterly average of critical incidents from FY 2008-09 to FY 2009-10. Although all three Regional Centers will continue to implement strategies to reduce the number of critical incidents in FY 2010-11, it is expected that the level of needs of persons continuing to be served at Regional Centers may increase as persons with few and less complex needs are successfully placed in community settings. As a result, reducing the number of reported critical incidents may be more difficult.

Program	Performance Measure #8	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Developmental Disabilities	Provide adult services in the least restrictive setting. Increase the number of adults receiving 24-hour residential services who are able to be moved from institutional settings (Regional Centers, nursing facilities, and Mental Health Institutes) into community-based settings.	<b>Program Benchmark</b>	32	35	46	60	60	60
		<b>Actual</b>	35	40	127	126		

Strategies to Meet the Performance Measure:

Interagency agreements and protocols are in place to help facilitate the movement of individuals so that they are being served in the most appropriate setting for their needs. DDD also has protocols in place regarding preadmission screening and resident reviews for people with developmental disabilities who are referred for nursing facility placements. Nursing facilities are only used when needed and appropriate, and are most likely to witness movement throughout the year due to typical shorter lengths of stay with a primary focus on stabilization, as well as the factor that consumer choice plays in nursing facility placements.

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

The normal pattern of movement between institutional and community residence fluctuates depending on individual circumstances. During the past few years, there has been a concentrated focus on ensuring that people are provided with choice to among residential setting most appropriate for their needs, which resulted in a slight increase in movements among types of residences than was witnessed in past years. Movements from Regional Centers accounted for the majority of community moves during FY 2009-10 with 48 individuals moving to community services. The movements are mostly attributable to a combination of increased use of short-term placements in the Mental Health Institutes and nursing facilities by community providers (i.e., individuals are placed from the community and then return quickly to the community settings) and deinstitutionalization from the Regional Centers. The movement supports that individuals are ultimately being served in the most appropriate setting long term, and are also being supported through short-term stabilization efforts. DDD will monitor the trend over the next year to determine if this is an ongoing trend, and whether the future year’s target numbers should be increased.

Program	Performance Measure #9	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Developmental Disabilities/ Regional Centers	Enhance quality of life and independence for persons residing at the state operated Regional Centers. The percentage of people residing at the Regional Centers who realize personal goals and/or personal outcomes established as part of their individualized planning process.  <i>*Note: measurement is based on reviews of individual care plans and/or interviews with the client.</i>	<b>Program Benchmark</b>	N/A	N/A	Establish baseline	42.2%	58%	68%
		<b>Actual</b>	N/A	N/A	35.1%	48%		

Strategies to Meet the Performance Measure:

To enhance quality of life and independence for residents, the RCs implemented a planning curriculum, person-centered planning, to engage residents to actively participate in the individual team planning process. This discipline assists in identifying resident’s personal likes and dislikes to establish personal goals and/or personal outcomes, along with identifying needs and wants for achieving positive outcomes during the year. This plan is then recorded in their Individualized Plan (IP) and may be modified at the resident’s discretion during the plan year. The RCs are using several different strategies to meet the performance measure; these include: ongoing training to RC staff, participation in Council Accreditation, which evaluates person-centered planning for validation, and implementing a process that successfully integrates the person-centered planning methodology into the current Comprehensive Life Review Assessment.

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

FY 2008-09 was the baseline year for this performance measure. The average daily census for the RCs in FY 2009-10 was 330. All of the 330 residents, had personal goals and/or personal outcomes represented in their FY 2009-10 IP. Of the 330 RC residents, 160 met aspects of their personal goals and/or personal outcomes which represents 48% of the total RC census. The number of residents who have met personal goals and/or personal outcomes is projected to increase by 10% each until all RC residents are meeting personal goals and/or personal outcomes as identified in their Individualized Plan.

Program	Performance Measure #10	Outcome	FY-2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Approp.	Request
Disability Determination Services	Quality – Percent of initial level claims with no decisional or documentation errors, as determined by SSA’s Quality Branch from a sample of initial decisions.	Benchmark	94.5%	94.5%	94.5%	95.5%	95.5%
		Actual	94.3%	94.5%	96.2%		

Strategies to Meet the Performance Measure:

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

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

FY 2007-08 was the first time in 17 years that DDS did not meet this goal. The loss of experienced case adjudicators and greater ratio of new and inexperienced adjudicators is the primary cause of the lower accuracy rate, which improved in FY 2008-09 to equal to the national performance level and exceeded it last year.

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**Self Sufficiency & Independence Programs:**

Program	Performance Measure #1	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Aging and Adult Services	Increase individual employment of older workers thereby decreasing reliance on public benefits and increasing self-sufficiency. The number of eligible individuals aged 55 and older who gain unsubsidized employment as a result of the Senior Employment Program.	<b>Program Benchmark</b>	31	31	31	37	35	35
		<b>Actual</b>	32	26	18	17		

**Strategies to Meet the Performance Measure:**

The Senior Community Service Employment Program (SCSEP) is a subsidized employment program through the U.S. Department of Labor. People who move out of SCSEP into public or private employment are considered to be in unsubsidized employment. SCSEP provides job training and placement to people living at 125% of poverty or greater and are 55 years of age or older. The total number of participant slots that are available statewide for SCSEP depends on how many hours of subsidized employment can be paid at minimum wage within the resources available to SCSEP. Each program contractor is allocated a certain number of slots. Participant slots may turn over as participants either achieve success and find unsubsidized employment, or as they drop out of the program for a variety of reasons. Aging and Adult Services (AAS) has a goal set by the U.S. Department of Labor to transition 28% of the participants from subsidized to unsubsidized employment by the end of the fiscal year. Currently, there are 126 slots available, which means that the goal is to transition 35 participants into unsubsidized employment by the end of the fiscal year. The Administrator of SCSEP is working to strengthen the State’s partnership with the local workforce centers and to access educational training dollars that are available to qualified individuals. The State is applying for additional training dollars through the federal stimulus funds and developing partnerships with the community colleges to provide training to seniors in the new green energy economy. Partnerships are being developed with community agencies so that participants of SCSEP have the opportunity to access wraparound supportive services.

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

During FY 2009-10, SCSEP placed 17 people, meeting 46% of the goal for the year. FY 2008-2009 has been a difficult year to meet the goal of 37 participants. The State still has an unemployment rate over 9%. The State SCSEP program is located in the Denver metro area and the southern portion of the State, which includes some of the most economically depressed counties in the State.

Program	Performance Measure #2	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Aging and Adult Services	Individuals who participate in the state's home delivered meals program maintain or improve their nutritional status. The percentage of program participants whose nutrition scores were maintained or improved after six months of continuous program services.  <i>*Note: Participants are assessed every six months from the on-set of services using the "Determine Your Nutritional Health" checklist. Nutrition scores are based on self-reported answers to the 10 risk factors that make up this checklist, which was developed by the Nutrition Screening Initiative..</i>	<b>Program Benchmark</b>	N/A	N/A	Establish baseline	Improve over baseline	86%	86%
		<b>Actual</b>	N/A	N/A	85%	86%		

Strategies to Meet the Performance Measure:

A review of the data indicates the need to ensure that reassessments of all clients occur on a timely basis so that data may be evaluated on all new home delivered meal clients. To ensure that, the following strategies will be in place:

- Strategy 1:** Additional training is offered to those persons who assess home delivered meal clients to ensure that assessments and reassessments are both accurate and timely.
- Strategy 2:** New participants to home delivered meals program are assessed with the "Determine Your Nutritional Health" checklist within one month of entry into the program.
- Strategy 3:** After assessment is completed, new participants to the home delivered meal program with a nutrition risk score greater than 6 receive nutrition counseling / nutrition education within 30 days of assessment.
- Strategy 4:** Clients receive and eat home delivered meals.
- Strategy 5:** Within seven months after initial assessment, clients are reassessed with the "Determine Your Nutritional Health" checklist.
- Strategy 6:** Data is reviewed for indications of program improvement.

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

The outcome of the performance measure is improved quality of life and increased health of participants evidenced by a reduction in nutrition risk after six continuous months of home delivered program participation. Good nutrition supports active aging, and poor nutrition impairs quality of life. The data indicates that out of the 285 clients who fell within the pre-determined parameters of this study, <sup>1</sup> 86% (248 clients') nutrition risk maintained or improved; 59% (168 clients') nutrition risk improved; 28% (80 clients') nutrition risk maintained; and 25% (37 clients') nutrition risk worsened. As home delivered meals clients are among the most frail clients served and have multiple health issues, the maintenance and/or improvement of nutrition risk of 86% of participants strongly demonstrates the efficacy of the home delivered meals program.

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

FY 2009-10 is the second year this performance measure is in place for the State Unit on Aging. Current data indicates a slight (1%) increase over last fiscal year's established baseline for this program measure. One possible reason for only a slight increase was a large number of uncompleted assessments / reassessments of program participants. Increasing the number of completed and timely assessments so that program success can be more fully documented is part of 2010-2011 strategies.

<sup>1</sup> New clients to the home delivered meals program to whom six months of continuous service were delivered and assessments completed within one month before or after entry into the program, and reassessments completed within two months of the completion of the six-month period.

Program	Performance Measure #3	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Aging and Adult Services	Individuals who receive congregate or home delivered meals experience positive personal outcomes. The percentage of program participants who report that the meals they received enhanced their physical and/or emotional well-being.  <i>Note: Participants are encouraged to complete a survey every year throughout their participation in these two programs.</i>	<b>Program Benchmark</b>	N/A	N/A	Establish baseline	Improve over baseline	87%	87%
		<b>Actual</b>	N/A	N/A	86%	85.9%		

Strategies to Meet the Performance Measure:

Additional training will be provided to ensure a high response rate among all Older Americans Act and Older Coloradans Act Nutrition Programs.

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

The outcome for this performance measure is based on self-reported data gathered from Congregate and Home Delivered Meal Program participants. A total of 11,249 responses were gathered from participants around the state. Of those, 85.9% (9,659 participants) agreed or strongly agreed that participation in either the Congregate or Home Delivered Meal Program has enhanced their physical and/or emotional well-being.

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

FY 2009-10 is the second year that this performance measure is in place for the State Unit on Aging. Current data indicates a slight 0.1% decrease over last fiscal year's established baseline for this program measure. This decrease is statistically insignificant.

Program	Performance Measure #4	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Aging and Adult Services	Improve the standard of living for individuals living in poverty. Recipient income (as a percentage of the federal poverty level) for Colorado's Old Age Pension (OAP) and Aid to the Needy Disabled (AND) programs (Colorado Supplement and State Only).	<b>Program Benchmark</b>	OAP 78.99% AND-CS 64.53% AND-SO 25.16%	OAP 79.41% AND-CS 76.35% AND-SO 28.19%	OAP 76.36% AND-CS 73.47% AND-SO 26.53%	OAP 77.45% AND-CS 70.58% AND-SO 22.16%	OAP 77.45% AND-CS 74.68% AND-SO 22.16%	OAP 77.45% AND-CS 74.68% AND-SO 22.16%
		<b>Actual</b>	OAP 79.41% AND-CS 76.35% AND-SO 28.19%	OAP 76.36% AND-CS 73.47% AND-SO 26.53%	OAP 77.45% AND-CS 70.58% AND-SO 22.16%	OAP 77.45% AND-CS 70.58% AND-SO 22.16%		

Strategies to Meet the Performance Measure:

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

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

The benchmarks and actuals for this measure compare a recipient's subsidized income level (after receiving financial assistance provided by one of these programs) to the federal poverty level. Actuals show that, even with financial assistance, individuals on these grant assistance programs are still living well below the poverty level. The goal each year is for subsidized income to remain at the same percentage or slightly higher, when compared to the federal poverty level. However, even with annual cost of living adjustments, it has been difficult to keep pace with increases in the federally established poverty level, which is difficult to predict during the COLA's planning phase. The federal poverty level has been increasing at a significantly higher rate than the SSI grant adjustment. For example, from FY 2006-07 to FY 2007-08, the SSI grant standard only increased by 2.1%, but the federal poverty level increased by 5.9%. On January 1, 2009 SSI passed a 5.8% COLA. The COLA was therefore passed through for the OAP program. However, no COLA was provided to the AND-CS or AND-SO programs. As a result it is expected to further increase the

differences in the federal poverty level and the grants for these programs. No COLA was approved for SSI for CY 2010; therefore, the State Board of Human Services decided no COLA would be passed on to the OAP program. Preliminary information indicates that the Social Security Administration is not expected to pass on a COLA for SSI in CY 2011. The final decision is expected in October 2010.

Program	Performance Measure #5	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Support Enforcement	Percent of current child support paid during the calendar year.	Benchmark	59.9%	61.9%	63.9%	66.0%	63.0%	64.0%
		Actual	59.3%	60.9%	61.9%			

Strategies to Meet the Performance Measure:

Recognizing that not every child support case is the same, Colorado CSE professionals are using personalized strategies to address the nonpayment of current child support. CSE professionals are encouraged to review cases to determine the most appropriate enforcement strategy for that case. Early intervention strategies are being used to address nonpayment of current support as soon as the payments stop, rather than waiting for arrears to accrue to unmanageable amounts. CSE professionals receive on-line alerts of cases where obligors have stopped paying so they can take appropriate action. The Division has developed a performance dashboard that identifies obligors paying less than their full monthly current child support and creates task lists of key actions needing to be completed that currently must be identified manually, if at all, by the county CSE professionals.

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

In the past year, the program faced a difficult challenge in improving the collection of current support in the face of the largest recession since The Great Depression. Reflecting the state of the economy, collections from income assignments to employers declined by \$7 million. However, through the modification of orders to reflect new and continuing financial circumstances and the attachment of unemployment benefits, the percent of current support received by children and their families remained constant. There have been encouraging signs that the program will regain its yearly improvement in this very important measure during the current year.

Program	Performance Measure #6	Outcome	FY-2006-07	FY-2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Estimate	Estimate	Actual	Approp.	Request
Colorado Works Program	Increase actual work participation rates for each federal fiscal year in order to meet mandated federal rates and improve client and family independence and self-sufficiency.	Benchmark	25%	35%	40%	45%	50%	50%
		Actual	30%	35%	40%	45%	N/A	N/A

Strategies to Meet the Performance Measure:

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

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

Colorado implemented its segregated funding strategy in April 2008. Our own internal data indicates an increase in the work participation rate since that time. However, the federal government is now a full two years behind on notifying states of their actual work participation rates, i.e., the last year the federal government officially notified us of our rate was FFY2006. We anticipate that we will achieve the benchmarks established as indicated in the performance measure.

<b>Program</b>	<b>Performance Measure #7</b>	<b>Outcome</b>	<b>FY-2006-07 Actual</b>	<b>FY 2007-08 Actual</b>	<b>FY 2008-09 Actual</b>	<b>FY 2009-10 Actual</b>	<b>FY 2010-11 Approp,</b>	<b>FY 2011-12 Request</b>
Food & Energy Assistance Programs	Achieve a Food Stamp combined payment error rate less than the national average.	<b>Benchmark</b>	<5.00%	<5.00%	<5.00%	<5.00%	<5.00%	<5.00%
		<b>Actual</b>	7.05%	3.32%	2.72%	3.01%*		

\*Based on most current Quality Assurance data through March 2010

Strategies to Meet the Performance Measure:

1. Focus on reducing payment errors in the ten large counties where 82% of the Food Assistance caseload resides by meeting monthly with the counties and by creating, implementing, monitoring and evaluating plans to reduce the most commonly caused errors.
2. Reduce the number of errors caused when changes to income are reported but not acted upon. This will be achieved through local and state review of case files; identifying procedural and training needs for individual workers, units or offices; and through correction of cases found in error to prevent future errors.

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

The State has been able to show steady progress in reducing the payment error rate in Colorado and since federal year 2007, and has remained below the national average, despite a 72% increase in caseload statewide. The official error rate is finalized and reported by USDA Food and Nutrition Services every June for the prior federal fiscal year. At the conclusion of federal year 2009, Colorado was ranked 11<sup>th</sup> in the country for the lowest payment error rate. For the current federal fiscal year 2010, Colorado is posting a payment error rate of 3.01%, reflecting the Quality Assurance review period ending March 2010. Cases will continue to be reviewed through the end of September 2010 and the final figures will be published in June 2011.



Program	Performance Measure #8	Outcome	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Food & Energy Assistance Programs	Increase the percentage of expedited food stamp applications processed within the seven (7) day federal guidelines.	<b>Benchmark</b>	90.00%	90.00%	95.00%	95.00%	95.00%	95.00%
		<b>Actual</b>	63.18%	70.22%	80.07%	76.09%*		

\*Based on Quality Assurance data through March 2010.

Strategies to Meet the Performance Measure:

1. The State will continue to monitor corrective action plans received by large counties to ensure compliance with federal processing requirements.
2. The State will continue to monitor and send weekly reports of pending expedited applications to the ten large counties and ensure cases are processed timely.
3. CDHS is working with 15 counties in conjunction with the Southern Institute and the Department of Health Care Policy and Financing to streamline business processes at the local offices to create efficiencies in processing expedited applications timely.

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

The Quality Assurance Division reports monthly on the results of cases reviewed for timely processing and this data is shared with the counties. The State showed a 14% increase in the timely processing of expedited applications when federal year 2008 is compared with 2009. For the current year, the State is reporting a processing rate of 76.09% for expedited applications based on Quality Assurance data reported through March 2010. This represents a 5% decrease over the prior year. Faced with a 72% increase in households receiving benefits monthly, the State will continue to work on meeting the unprecedented demand on the program due to the economy.

Program	Performance Measure #9	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Food & Energy Assistance Programs	Increase the percentage of food stamp applications processed within the thirty-day federal guidelines.	<b>Benchmark</b>	90.00%	90.00%	95.00%	95.00%	95.00%	95.00%
		<b>Actual</b>	70.67%	71.30%	82.33%	92.06%*		

\*Based on quality Assurance data through March 2010

Strategies to Meet the Performance Measure:

- 1) Monitor corrective action plans received by large counties to address and correct this deficiency.
- 2) Monitor and send weekly report of pending applications to ten large counties to ensure cases are processed timely.
- 3) CDHS is working with 15 counties in conjunction with the Southern Institute and the Department of Health Care Policy and Financing to streamline business processes at the local offices to create efficiencies in processing applications timely.

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

The Quality Assurance Division reports monthly on the results of cases reviewed for timeliness and this data is shared with the counties. The State completed federal year 2009 with a 16% improvement over 2008. The State is continuing to post a 12% improvement in this current year over all of last year, despite the increased caseload.

Program	Performance Measure #10	Outcome	FY-2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Food & Energy Assistance Programs	Increase the percentage of food stamp applications processed within the thirty-day federal guidelines.	<b>Benchmark</b>	90.00%	90.00%	95.00%	95.00%	95.00%	95.00%
		<b>Actual</b>	70.67%	71.30%	75.14%*			

\*Based on quality Assurance data through March 2009

Strategies to Meet the Performance Measure:

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

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

The Quality Assurance Division reports monthly on the results of cases reviewed for timeliness and this data is shared with the counties. The State is currently reporting a 6% improvement over federal year 2006 in the timely processing of Food Assistance cases that do not qualify for expedited benefits for the reporting period through March 2009.

Program	Performance Measure #11	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Refugee Services Program	Achieve and maintain 70% of CARES (Colorado Alliance for Refugee Empowerment and Success) employable refugee cases that achieve cash assistance terminations as the result of employment within eight (8) months after entry into the United States. *	Benchmark	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%
		Actual	60.8%	65.9%	53.1%	~ 56.2%	~ 60.6%	~ 60.6%

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

Strategies to Meet the Performance Measure:

- 1) Develop career ladder opportunities in high demand industries such as long-term care and home health care.
- 2) Develop and implement new self-assessment tools for a better fit between a refugee's experiences and expectations.
- 3) Increase the coordination between contractors of job development activities for better educated and more job ready refugees.
- 4) Increase and better coordinate core employability services of ESL and culture of work (WorkStyles) training.
- 5) Increase depth and duration of cultural orientation programs provided by resettlement agencies.
- 6) Increase, through national advocacy, the federal Refugee Social Services funding available to pursue self-sufficiency.

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

The recession continues to impact refugees (and other immigrants) at rates much higher than the mainstream. In addition to the recession, and of greater duration and impact, federal funding to support refugee resettlement and the achievement of self-sufficiency has reached dangerously low levels per arrival, as seen in the chart below.

COLORADO	FY 2003-04 Actual	FY 2004-05 Actual	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Projected	FY 2010-11 Projected
Total refugee, asylee, and secondary arrivals	1,107	1,122	1,110	1,165	1,523	2,157	2,626	2,534
Federal Funding from Refugee Social Services	\$815,422	\$882,950	\$777,106	\$1,036,508	\$1,022,179	\$1,111,714	\$1,293,118	\$1,617,208
Refugee Social Services Funding per Arrival	\$737	\$787	\$700	\$890	\$671	\$515	\$492	\$638

Program	Performance Measure #12	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Individuals with disabilities will succeed at work and be able to live independently. Of all individuals who exit the vocational rehabilitation program after receiving services, the percentage whom maintain stable employment for at least 90 days will be above the national standard of 55.8%.	<b>National Benchmark</b>	55.8%	55.8%	55.8%	55.8%	55.8%	55.8%
		<b>Program Benchmark</b>	65.0%	60.2%	65%	65%	57%	60%
		<b>Actual</b>	57.4%	63.2%	64.1%	48.9%		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independently. DVR conducts its business through nineteen offices located throughout Colorado, each serving individuals with all types of physical and mental disabilities. Consumer services are coordinated, purchased, and/or provided directly by DVR Rehabilitation Counselors. In fiscal year 2009-10, one of DVR’s primary goals is to “Increase the number and quality of employment outcomes.” The strategies DVR will employ to achieve this goal include:

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

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

In FY 2009-10, DVR counselors successfully closed 1,194 cases, out of a total of 2,442 case closures. This reflects a 48.9% success rate, which is lower than the national standard of 55.8%. However, in State Fiscal Year 2008-09, DVR had to activate its Order of Selection, which requires all new applicants to be put on a wait list after being determined eligible for services. As of June 2010, all individuals were removed from the wait list and DVR is now serving all individuals who are eligible for services. In FY 2009-10, DVR served fewer individuals than in previous years. This, coupled with the struggling economy, resulted in the benchmark not being met. DVR does anticipate the number of successful case closures to increase over the next few years as all eligible consumers will be served and the economy improves.

Program	Performance Measure #13	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Youth with disabilities are a successful component of Colorado's workforce. Of all youth 21 or younger at the time of application who exit the VR program after receiving services, the percentage who maintain stable employment for at least 90 days.	<b>Program Benchmark</b>	N/A	69.7%	73.0%	71.0%	65%	68%
		<b>Actual</b>	66.4%	70.1%	70.5%	59.7%		

Strategies to Meet the Performance Measure:

The primary purpose of DVR is to assist eligible individuals to become productive members of the Colorado workforce and live independently. One area where DVR focuses efforts is in Transition Services for Youth and Young Adults, to assist youth with disabilities in making successful transitions from school to post-school activities, including further education or vocational training, employment and independent living. In fiscal year 2009-10, one of DVR's primary goals was to continue to "Increase the number and quality of employment outcomes for youth and young adults. The strategies DVR employed to achieve this goal included:

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

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

In FY 2009-10, DVR counselors successfully closed 337 cases for youth 21 and younger, out of a total of 565 cases, which is a success rate of 59.7%. However, in October 2008, DVR activated its Order of Section which requires all new applicants to be put on a wait list after being determined eligible for services. As a result, for FY 2009-10, DVR did not meet the Program Benchmark. This is due to the number of youth on the Order of Section wait list. As youth are typically in the system for a shorter period of time, having youth consumers on wait list has a much more immediate impact on the youth transition program, then on the overall DVR population. However, just like in the overall population, DVR does not anticipate much additional growth in the number of successfully closed cases in Youth Transition over the next few years due to current economic conditions. Still, the DVR Youth Transitions Program has been very successful, even given the difficulties faced. In 2007, the Colorado Division of Vocational Rehabilitation was selected by the Office of Special Education and Rehabilitative Services and the U.S. Department of Education as one of three states in the nation to participate in an in-depth assessment of promising transition policies, practices, strategies and management that promote collaboration and improve transition services for youth with disabilities.

Program	Performance Measure #14	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Vocational Rehabilitation	Individuals with disabilities will develop the knowledge, skills and tools necessary to become independent in their employment endeavors. For the individuals whose vocational rehabilitation cases were closed because they maintained stable employment for at least 90 days, the percentage increase in average wages from application to closure.	<b>Program Benchmark</b>	N/A	369.6%	315%	215.0%	290%	310%
		<b>Actual</b>	346.0%	297.0%	211.2%	285.3%		

Strategies to Meet the Performance Measure:

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

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

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

The percentage increase in average wage from application to closure exceeded the Program Benchmark because new applicants came into the program earning substantially less at application in FY 2009-10 compared to what they earned at application in FY 2008-09. In FY 2008-09 the average weekly wage at application was \$122.80, while in FY 2009-10 the average weekly wage at application was \$93.90. This is a 23.5% decrease in average wages at application. Combined with the fact that the average weekly wage at closure decreased by a much smaller percentage (only about 5%), this resulted in a larger increase in average wage from application to closure than originally projected.

Program	Performance Measure #15	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Individuals with disabilities are essential to the success of Colorado's workforce. Increase the amount of income added to the Colorado economy in the first three months of work, as a result of vocational rehabilitation clients obtaining and maintaining employment toward self-sufficiency.	<b>Program Benchmark</b>	N/A	\$7.6 million	\$8.5 million	\$7.5 million	\$4.25 million	\$5.0 million
		<b>Actual</b>	\$7.2 million	\$8.3 million	\$7.3 Million	\$3.65 million		

Strategies to Meet the Performance Measure:

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

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

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

The overall increase in the amount of income added to Colorado's economy by DVR consumers was significantly lower than the Benchmark. The overall decrease in the amount of income added to the Colorado economy is a reflection of the current economic situation. As DVR does not anticipate the situation improving much over the next year, the current and request years projected Benchmark has been reduced.



Program	Performance Measure #16	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Clients receive well-coordinated and effective case coordination services through the Traumatic Brain Injury Trust Fund. The percentage of Trust Fund clients who positively report they were connected to the appropriate resources and supports, and that those resources and supports facilitated their rehabilitation.	<b>Program Benchmark</b>	N/A	N/A	Establish baseline	90.4%	90%	90%
		<b>Actual</b>	N/A	N/A	89.9%	92.0%		

Strategies to Meet the Performance Measure:

The Traumatic Brain Injury (TBI) Trust Fund Program matches each TBI Trust Fund client with a trained TBI care coordinator for one year of support in the development and implementation of an individualized care coordination plan. This plan includes access to purchased services of up to \$2,000 as well as connection to other community resources to increase the client's ability to self-advocate and self case manage. In the final months of the care coordination, the care coordinator and client work together to develop a transition plan to improve the client's ability to independently access and manage resources over time. The Benchmark is the standard

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

For FY 2009-10, 92% of the clients receiving care coordination from the TBI Program reported a positive experience. The Program provided additional training for all care coordinators regarding the effects of TBI and available resources which improved their ability to support the clients.

Program	Performance Measure #17	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Blind persons have opportunities for self-employment in order to achieve independence and self-sufficiency. Increase the percent of net income relative to gross sales, as averaged for all Business Enterprise Program locations.	<b>Program Benchmark</b>	NA	N/A	TBD	17.3%	17.0%	17.25%
		<b>Actual</b>	NA	N/A	16.5%	16.6%		

Strategies to Meet the Performance Measure:

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

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

For FY 2009-10 BEP did not meet the Benchmark, although there was a slight increase from the previous fiscal year. . For FY 2010-11 and FY 2011-12, BEP should see an increase in this measure due to an anticipated increase in the number of locations.

Program	Performance Measure #18	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Blind persons have opportunities for self-employment in order to achieve independence and self-sufficiency. Increase the <i>average</i> monthly gross and net income of blind business operators in the Business Enterprise Program.	<b>Program Benchmark</b>	NA	N/A	TBD	Gross-\$16,800 Net -\$2,754	Gross-\$18,600 Net -\$3,150	Gross-\$18,750 Net -\$3,250
		<b>Actual</b>	NA	N/A	Gross-\$16,463 Net -\$2,700	Gross-\$18,449 Net -\$3,059		

Strategies to Meet the Performance Measure:

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

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

For 2009-10, BEP exceeded the Benchmark for this performance measure by 9.8% and 11.1% respectively. However, given the current economy, only small increases in this program measure are anticipated over the next few years.

Program	Performance Measure #19	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	
			Actual	Actual	Actual	Actual	Approp	Request
Vocational Rehabilitation	Blind persons have opportunities for self-employment in order to achieve independence and self-sufficiency. Increase the <i>minimum</i> monthly gross and net income reported by blind business operators in the Business Enterprise Program.	<b>Program Benchmark</b>	NA	N/A	TBD	\$1,322/\$120	\$1,400/\$50	\$1,425/\$100
		<b>Actual</b>	NA	N/A	\$1,296/\$(80)	\$1,354/\$(90)		

Strategies to Meet the Performance Measure:

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

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

Given the current economy, DVR only anticipates minor improvements to this program measure over the next few years.

**Behavioral Health and Housing Programs**

Program	Performance Measure #1	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Mental Health Institute Division	Maintain the waiting list for admission to CMHIP for competency evaluation and restoration to competency services at an average of less than 24 days, and at no more than 28 days for any one patient, as required by the settlement agreement.	<b>Program Benchmark</b>	NA	Avg. wait = < 24 days; Number over 28 days = 0	Avg. wait = 15.0 days; Number over 28 days = 0	Avg. wait = 15.0 days; Number over 28 days = 0	Avg. wait = 15.0 days; Number over 28 days = 0	Avg. wait = 15.0 days; Number over 28 days = 0
		<b>Actual</b>	NA	Avg. wait = 16.4 days	Avg. wait = 17.7 days	Avg. wait = 19.6 days		
			NA	Number over 28 days = 0	Number over 28 days = 0	Number over 28 days = 8		

**Strategies to Meet the Performance Measure:**

The February 2007 settlement agreement for the *Zuniga* lawsuit stipulated that the Department ensure that all inmates referred as inpatients to the Colorado Mental Health Institute at Pueblo (CMHIP) for a competency exam or for restoration to competency to stand trial services, shall not wait longer than 28 days for admission to CMHIP. The agreement also requires that the average (mean) length of time for those awaiting admission shall not exceed 24 days. The Department completed the terms of the settlement agreement on June 1, 2009 when the new 200-bed High Security Forensics Institute facility opened. The Department did not exceed the agreement’s terms while it was in effect. This success is largely attributable to the following actions taken by the Department:

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

- Improving communication with jail and prison personnel to accelerate patient transport and enhance the quality of inmate care, thereby decreasing the number of patients requiring readmission after examination or restoration; and,
- Improving communication and coordination with the courts and jails to ensure that only those inmates who need to be placed in a inpatient bed at CMHIP are referred to CMHIP as inpatients.

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

While CMHIP exceeded its target of a 15.0 day average wait time in FY 2009-10, the 19.6 days average on the waiting list is well below the court ordered 24.0 day average. The primary reasons for the increase are that the overall number of referrals continues to increase, and even more significantly, those restoration patients that prove most difficult to treat and restore to competency (and thus discharge) represent a growing share of the population, thereby reducing the number of beds available for new admissions and increasing the average waiting time for a bed. Although the terms of the settlement agreement have ended, the Department will continue its efforts to meet the benchmark.

Program	Performance Measure #2	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Mental Health Institute Division	Reduce the number of consumers readmitted to Institute inpatient psychiatric units within 180 days (based upon admission to the campus) by one percent from the prior FY.	<b>Program Benchmark</b>	515	455	431	405	367	340
		<b>Actual</b>	CMHIP = 212	CMHIP = 202	CMHIP = 181	CMHIP = 186		
			CMHIFL = 248	CMHIFL = 233	CMHIFL = 228	CMHIFL = 185		
			Total = <u>460</u>	Total = <u>435</u>	Total = <u>409</u>	Total = <u>371</u>		
<b>Percent Change from Prior FY</b>			-13.0%	-5.4%	-6.0%	-9.3%		

Strategies to Meet the Performance Measure:

Outreach to the Community Mental Health Centers (CMHCs) by Institute staff has also increased through continuity of care meetings with the CMHCs that address outpatient treatment needs, risk assessment skills, and discharging-physician-to-community-treatment-team discussions; all of these efforts to decrease the number of individuals readmitted. Over the last few years, the Institutes have greatly increased their contacts with the Colorado chapters of the National Alliance on Mental Illness (NAMI) in a two-way educational effort regarding the Institutes' services and the needs of mental health consumers. Finally, as noted in the Zuniga settlement wait list, CMHIP's emphasis on performing competency exams on an outpatient basis, as well as improved communication with jail and prison personnel to enhance the quality of care in those facilities, contribute towards decreasing the number of patients requiring readmission after examination or restoration. New strategies that may be reducing readmission rates include the development of new treatment models on the Adult Civil units at CMHIP, and the continued development and implementation of the Recovery Program at both Institutes, which features patient empowerment and the teaching of long-term strategies for living a positive life with mental illness.

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

Readmissions within 180 days decreased by 9.3 percent at both Institutes combined from FY 2008-09 to FY 2009-10. Several factors continue to make improvements a challenge, including:

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

Program	Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Division of Behavioral Health	Increase the percentage of persons employed who are treated for mental illness in the public mental health system.	<b>Program Benchmark</b>	48.8%	45.9%	37.4%	48.9%	48.2%	49.4%
		<b>Actual</b>	48.7%	44.8%	39.8%	33.7%		

Strategies to Meet the Performance Measure:

The Division of Behavioral Health has developed a five-year strategic plan that contains the goal of advancing the use of evidence-based practices throughout the State Behavioral Health System. Among the EBPs are supported housing and supported employment. The division plans to emphasize and support the use of these practices among the community mental health centers over the next five years thus contributing to achieving this goal. Ongoing-evidenced based treatment is intended to address employment issues. Colorado intends to enhance its focus on recognizing, evaluating, providing technical assistance to providers in order to implementing Supportive Employment EBP statewide. DBH submitted a federal grant on behalf of the Behavioral Health Transformation Council to increase the utilization of supported employment in Colorado. We are waiting for word of the grant award announcement. Continue to support training of certified peer counselors. Support efforts to train administrators and providers on value/ways of employing certified peer counselors. Support programs designed to facilitate return to school and competitive employment for consumers.

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

The FY 2009-2010 program benchmark set for this measure is 48.9%. The Division of Behavioral Health missed this goal by 15.2%. The Division recalculated this measure by using its block grant data to align with the federal block grant reporting. This recalculation likely accounts for the change in percentages rather than a dramatic change in employment outcomes. Mental illness frequently causes unemployment and reduces employability. One of the most successful outcomes of treatment is the ability to maintain employment. Higher percentages indicate increased treatment success and integration of the consumer into the community. Budget reductions and potential new reductions could have impact on the ability to meet targets.



Program	Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Division of Behavioral Health	Increase the percentage of school-aged children attending school who are treated for mental illness in the public mental health system.	<b>Program Benchmark</b>	86.0%	85.6%	84.5%	94.8%	94.9%	94.9%
		<b>Actual</b>	94.5%	94.1%	94.8%	94.8%		

Strategies to Meet the Performance Measure:

The Division will continue its efforts with expanding evidence-based practices with providers by providing technical assistance, guidelines, standard definitions of EBP fidelity, and program reporting requirements. Colorado intends to enhance its focus on recognizing, evaluating, providing technical assistance to providers in order to implementing EBP/PP statewide that enhance school attendance and school performance.

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

Approximately 18,135 school age children accessed the public mental health system in FY09; of these, approximately 944 were expelled from school. Ninety-Five percent of those receiving public mental services attended school during FY2009-10. The goal and the benchmark were met exactly in FY2009-10. The Division of Behavioral Health believes this goal has been sustained, and can be reasonably attributed to mental health services received by children while they are in school. Budget reductions and potential new reductions could have impact on the ability to meet targets.

Program	Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Division of Behavioral Health	Increase the percentage of persons living independently who are treated for mental illness in the public mental health system.	<b>Program Benchmark</b>	82.8%	81.3%	86.8%	91.6%	90.8%	91.3%
		<b>Actual</b>	86.5%	85.5%	92.1%	87.5%		

Strategies to Meet the Performance Measure:

Ongoing-evidenced based treatment is intended to reduce homelessness. The Division will continue its efforts to expand the utilization of evidence-based practices and to provide technical assistance, guidelines, standard definitions of EBP fidelity, and program reporting requirements to providers. Colorado intends to enhance its focus on recognizing, evaluating, providing technical assistance to providers in order to implement Supportive Employment and Supportive Housing EBP statewide. Supportive Employment and Supportive Housing EBP should lead to increased stability in housing.

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

The Division recalculated this measure by using its block grant data align with the federal block grant reporting. Reducing homelessness is a goal of mental health treatment, and an indicator of success. Mental illness frequently leads to unemployment and homelessness. Stabilized housing affords greater ability for improvement. One of the most successful outcomes of treatment is the ability to maintain employment and housing. Higher percentages indicate increased treatment success and integration of the consumer into the community. FY 2009-10 actual performance (87.5%) did not meet the program benchmark (91.6%). However the trend has been exceeding the program benchmark by 4.4% each year up to FY 09-10. Budget reductions and potential new reductions could have an impact on the ability to meet targets.

Program	Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Division of Behavioral Health	Increase the percentage of clients successfully reducing the frequency of primary drug use between admission and discharge for all clients in outpatient treatment.	<b>Program Benchmark</b>	NA	74.1%	73.6%	78.0%	79.7%	80.4%
		<b>Actual</b>	73.7%	71.1%	79.6%	78.4%		

Strategies to Meet the Performance Measure:

To continue to maintain or increase performance achieved on this measure, DBH will improve monitoring and reporting mechanisms (monthly outcome measure reports to MSOs at the provider level). In addition, there will be increased coordination between DBH and providers with respect to web-based data reporting, including real-time data access for monitoring/reporting client progress from admissions to discharge.

From a clinical perspective, DBH will continue support of evidence-based practices and offer EBP technical assistance to provider organizations. DBH will also (1) work with the managed service organizations on process improvement technology initiatives to help increase the use of medication assisted treatment; (2) work out logistics of billing for medication, and (3) partner with FQHCs that can obtain better drug pricing through the 340-B pricing.

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

An actual rate of 79.6% reduction in the frequency of primary drug use between admission and discharge for all clients in outpatient treatment during the 08-09 fiscal years is remarkable. Actual performance exceeded the program benchmark (73.6%) by a full 6%, representing a significant improvement. The average growth of performance was 76.4%, which exceeds all the benchmarks for the last 3 years. In 09-10 the Benchmark was exceeded by .4%. Budget reductions and potential new reductions could have impact on the ability to meet targets.

Program	Performance Measure	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Division of Behavioral Health	Increase the percentage of clients successfully reducing the frequency of primary drug use between admission and discharge for criminal justice clients in outpatient treatment.	<b>Program Benchmark</b>	NA	88.0%	89.8%	89.6%	90.6%	91.2%
		<b>Actual</b>	90.0%	88.2%	88.7%	82.8%		

Strategies to Meet the Performance Measure:

To continue to maintain or increase in performance achieved on this measure DBH will improve monitoring and reporting mechanisms (monthly outcome measure reports to MSOs at the provider level). In addition, there will be increased coordination between DBH and providers with respect to web-based data reporting, including real-time data access for monitoring/reporting client progress from admissions to discharge. Criminal justice clients in outpatient treatment are a subset of all clients in outpatient treatment. Strategies that contribute to improved performance for all clients will also improve performance for this subset.

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

An actual rate of 88.7% reduction in the frequency of primary drug use between admission and discharge for all criminal justice clients in outpatient treatment during the 08-09 fiscal years is also remarkable, although actual performance fell short of the program benchmark (89.8%). Unfortunately, the FY 09-10 goal fell short of the benchmark by almost 7%. It is unclear at this time why such a reduction occurred. Budget reductions and potential new reductions could have impacted on the ability to meet targets.

Program	Performance Measure #8	Outcome	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Supportive Housing and Homeless Programs	SHHP will receive a minimum score of 95% on HUD's Section 8 Management Assessment Program (SEMAP)	<b>National Benchmark</b>	95%	95%	95%	95%	95%	95%
		<b>Actual</b>	100%	100%	97%	97%		

Strategies to Meet the Performance Measure:

*Purpose of the Section Eight Management Assessment Program:*

Supportive Housing and Homeless Programs (SHHP) operates as a Public Housing Agency (PHA). The Section 8 Management Assessment Program (SEMAP) is used to measure Public Housing Agency (PHA) performance and administration of the Housing Choice Voucher Program. The Department of Housing and Urban Development (HUD) rates each PHA annually on 14 performance indicators. An overall performance rating of high, standard, or troubled is then issued to the PHA.

*14 Key Indicators of Performance:*

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

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

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

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

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

FY 2009-10 was the fifth consecutive year in which Supportive Housing and Homeless Programs obtained a rating of High Performer on the Section Eight Management Assessment Program (SEMAP). In addition to the normal day-to-day administration of the Housing Choice Voucher program, several adjustments to administrative procedures and policies were made that further bolstered SHHP's high SEMAP rating:

- Continued use of an Incentive Based Administrative Fee Funding Program for partner agencies as it relates to timely submission of Annual Reexaminations, HQS Inspection Reports, and New Admission lease-ups.
- Consistent monitoring of HUD's Public Information Center (PIC) database which contains all current statistics as they relate to SHHP's tenants. This is done to ensure correct data has been submitted, and when discrepancies arise they are corrected and resubmitted.
- Required use of income verification procedures utilizing HUD's electronic income verification system known as the Enterprise Income Verification (EIV) as well as the WorkNumber.com. Supportive Housing and Homeless Programs continues to access CBMS for TANF and Food Stamps information, Family Support Registry (FSR) for Child Support information and Department of Labor and Employment (DOLE) records to ensure the accuracy of income verifications.
- A sample of 37 program files were audited by SHHP to ensure compliance with pre-application and new admission requirements.
- A sample of 227 program files were audited by SHHP to ensure compliance with income and rent calculation requirements.
- A sample of 43 Housing Quality Standards (HQS) Quality Assurance inspections were performed to ensure inspections are being performed in compliance with HUD regulations.
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- Increased training via monthly Lunch 'n Learn webcasts is provided to partner agencies to ensure program knowledge is well established throughout Colorado.

**Children, Youth and Families Programs**

Program	Performance Measure #1	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Care	Facilities participating in the Quality Rating System will increase their baseline scores and show continuous improvement until a level 3 or 4 star rating is achieved.	<b>Benchmark</b>	N/A	Establish Baseline	1,015	1,116	1,228	1,228
		<b>Actual</b>	N/A	923	1,013	1014		

**Strategies to Meet the Performance Measure:**

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

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

FY 2007-08 established baseline points of 923 at year-end, with a 10% increase projected annually. The actuals for FY 2008-09 reflected 99.8% of the benchmark achievement. This was primarily due to staff transition during the course of the year, and expectations are that the benchmark will be exceeded during FY 2009. The actuals for FY 2009-10 are 90.8% of the benchmark achievement. This was due to an increased number of 3 and 4 star-rated facilities in the program and a corresponding decrease in facilities rated 0-2 stars.

Program	Performance Measure #2	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Care	The Division will increase the number of facilities that successfully complete the probationary licensing process, through more frequent monitoring, coaching, technical assistance and training for providers. This will be tracked by a data system and compiled into a quarterly report to meet the Governor’s promise of a “Statewide Childcare Report Card.”	Benchmark	N/A	N/A	Establish Tracking System	25% successful completion	50% successful completion	50% successful completion
		Actual	N/A	N/A	Utilizing report available through CCCLS	50% Successful Completion		

Strategies to Meet the Performance Measure:

Design a system to track those facilities issued probationary licenses. The initial plan was that this would be accomplished through the reorganization of the Division of Child Care, identifying a staff member who will be responsible to monitor the progress of each facility during the probationary license period. The staff member was identified and has been tracking the data necessary for evaluation.

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

Data regarding those facilities issued probationary licenses will be maintained regarding the outcome of the probationary license period. Information will be maintained regarding the successful conversion of the license to a permanent license, the issuance of another probationary license, the denial of the renewal application for a license or the summary suspension or surrender of the license. From July 1, 2009 – June 30<sup>th</sup>, 2010, 42 cases were placed on probation. Of these, 21 were issued a permanent license, 13 cases continue on probation, 2 cases were issued a second probationary license, 4 cases were denied, 1 case was summarily suspended for violating the terms of probation, and the remaining case was closed at the operator’s request.



Program	Performance Measure #3	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Care	Increase the percentage of families transitioning from Colorado Works (TANF) to the Child Care Assistance Program.	<b>Benchmark</b>	28%	29%	34%	34%	34%	34%
		<b>Actual</b>	27%	33%	34%	34%		

Strategies to Meet the Performance Measure:

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

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

FY 2007-08 outcomes exceeded the projected benchmark primarily due to the number of families who left the TANF program (Colorado Works) in the past year, creating a higher need for Low-Income child care. The difference in TANF numbers is partially reflective of changed federal TANF policy. Future year benchmarks were adjusted to accommodate this change, resulting in the FY 2008-09 benchmark being achieved at 100% of the planned percentage. Over the past few fiscal years the TANF transfer to Child Care (2004) statute has been reached threshold reporting, thereby negating any additional benchmarks to report. There is no additional impact to be made on this measure.

Program	Performance Measure #4	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Welfare Services	Permanency through adoption will be achieved timely. Adoptions will be finalized within 12-months of the date the child becomes legally free for adoption.	Benchmark	N/A	53.7%	53.7%	53.7%	53.7%	53.7%
		Actual	N/A	50.9%	55.9%	46.8%		

Strategies to Meet the Performance Measure:

Strategies for improvement are to require counties to develop a work plan addressing how the county intends to meet or improve upon this measure. The State has provided county specific data, as well as statewide data to provide information to county supervisors and management that can be used to make improvements. The Child Welfare Division hosts the “Heart Gallery” a recruitment event that promotes adoption of children; approximately 50% of the children hosted in the Heart gallery find their “Forever Family”. The Division will also be hosting an awareness event in October 2010 with a goal of reaching 2000 people informing them about the need for more adoptive families.

In addition, the Research and Evaluation Unit is examining the methodology utilized to derive these percentages as there is some concern regarding their accuracy. This process includes conferring with the Administration for Children and Families regarding this effort.

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

Colorado’s goal does not exceed the national standard of 53.7%.

Program	Performance Measure #5	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Welfare Services	Children are first and foremost protected from abuse and neglect. For children who were victims of substantiated or indicated abuse or neglect, the percentage of children that do not experience another incident of abuse or neglect within the following 6-month period, shall exceed the national standard.	<b>Benchmark</b>	94.60%	94.60%	94.6%	94.6%	94.6%	94.6%
		<b>Actual</b>	95.7%	95.65%	95.8%	95.4%		

Strategies to Meet the Performance Measure:

Strategies to maintain performance include continued monitoring of this measure.

At the same time, the Research and Evaluation Unit is examining the methodology utilized to derive these percentages as there is some concern regarding their accuracy. This process includes conferring with the Administration for Children and Families regarding this effort.

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

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

Program	Performance Measure #6	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Child Welfare Services	Children have permanency and stability in their living situations. The percentage of children that are reunified with their parents or caretakers when discharged from foster care within 12 months will exceed the national standard of 75.2%.	National Benchmark	75.2%	75.2%	75.2%	75.2%	75.2%	75.2%
		Actual	77.2%	76.8%	76.8%	79.3%		

Strategies to Meet the Performance Measure:

Strategies to maintain performance include continued monitoring of this measure.

At the same time, the Research and Evaluation Unit is examining the methodology utilized to derive these percentages as there is some concern regarding their accuracy. This process includes conferring with the Administration for Children and Families regarding this effort.

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

There has been success in meeting this measure. The Department will continue to monitor this measure.

Program	Performance Measure #7	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Youth Corrections	Improve public safety by reducing post-discharge recidivism to at or below 33%.  (Recidivism Definition (post-discharge): A filing for a new felony or misdemeanor offense that occurred within one year following discharge from DYC.)	Benchmark	33%	33%	33%	33%	33%	33%
		Actual	37.9%	35.5%	37.2%	38.8%		

Strategies to Meet the Performance Measure:

The Division of Youth Corrections (DYC) strives to provide the right services at the right time, delivered by quality staff, using proven practices, in safe environments, while embracing restorative community justice principles. These concepts are known as the Division's 5 Key Strategies. The Division's Continuum of Care Initiative, a direct result of the 5 Key Strategies, is focused on identifying the individualized needs and risk factors each youth and using that information to match the youth with the appropriate interventions and services. The services and decision-making principles driven by the continuum of care are utilized throughout the entirety of a youth's involvement in the DYC system, including the Parole period, thus operating with the ultimate goal of reducing post-discharge recidivism.

Utilizing post-discharge recidivism as a performance measure enables the Division to track the success of the Continuum of Care strategies and identify where the Division's goals are not being met, allowing for a targeted and efficient response.

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

The Division of Youth Corrections produces an annual report mandated by the General Assembly evaluating the prevalence of new filings for a cohort of discharged youth within one year of leaving the Division. This report has historically produced post-discharge recidivism rates that do not meet the benchmark rate of 33%. However, through the tenants embraced by the Continuum of Care Initiative to provide the right services at the right time, it is the Division's long-term strategy to identify new initiatives and programming targeting the benchmark. Using post-discharge recidivism to track the success of this Initiative will allow the Division to provide youth the best opportunity to be successful as they move through the DYC system and back into the community.

Program	Performance Measure #8	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Youth Corrections	Provide a safe and secure correctional environment for youth and staff by reducing the overall rate of critical incidents per ADP to at or below 6.5% in residential programs.	Benchmark	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
		Actual	8.0%	8.6%	8.6%	10.3%		
ADP Definition: The average number of youth present in a facility or program during the reporting period.								

Strategies to Meet the Performance Measure:

Providing a safe and secure environment is one of the Key Strategies embraced by the Division. The Division’s implementation of enhanced assessment tools allows Client Managers to place youth in the most appropriate, effective placement. By providing Client Managers and treatment services providers with ongoing assessment information regarding a youth’s identified needs and risk factors allows services and interventions to be individualized to each youth. Providing resources focused on targeting risk factors including mental health and substance abuse, in addition to providing offense specific services within the secure correctional environment also aid in creating a safe environment for both the youth and the staff.

Utilizing the rate of Critical Incidents as a performance indicator enables the Division to ensure safety within each facility. This measure also provides the opportunity to identify where the goals of the Division are not being met as well as the opportunity to make operational adjustments.

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

In response to critical incident rates that have historically exceeded the 6.5% benchmark, the Division has improved training and increased technical assistance provided to the staff within secure facilities. Consistent with the Division’s reliance upon evidence based programming, staff also receive training on the principles associated with the delivery of evidence-based services. The Division

has also responded by improving assessment practices in an effort to provide a more appropriate assessment of each youth's needs and risk in addition to increasing the availability of service-specific programming in secure facilities.

Quality training, along with appropriate assessment of the youth's needs and risk is expected to yield decreased rates of critical incidents per ADP in the future.

Critical incidents are reviewed and analyzed on a quarterly basis to identify general trends. This process identifies issues to be addressed either through training or the need for additional technical assistance. It is important to note that the Division has increased the emphasis on accurate and timely reporting of incidents, resulting in potential artificial inflation of critical incident rates over the past 3 years. Conducting quarterly reviews and providing on-going training will assist in identifying the true nature of the data and assist in developing the strategies to impact this benchmark overall.

For FY 2009-10, it is possible that the increase in the metric from previous years is a direct result of facilities operating at a mandated 120% of capacity for committed youth. This increase in the number of youth being served within state facilities was a budget savings measure employed by reducing the youth served in community placements and increasing the number of youth served within state facilities.

Program	Performance Measure #9	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Youth Corrections	SB-94 Youth Who Receive Any Charges While the Case Is Open: Ensure community safety by increasing the percentage of youth whose SB 91-94 community based detention case was closed and did not have any charges filed for an offense while their SB94 case was open.	Benchmark	85%	85%	85%	85%	85%	85%
		Actual	96.3%	95.3%	91.8%	96.6%		
<p>SB 91-94 Description: SB 91-94 is a statewide collaborative effort that focuses on the appropriate placement of youth in the detention continuum. The Division of Youth Corrections contracts with each of the state's 22 judicial districts to implement locally developed plans to reduce the state's reliance on secure detention and effectively supervise youth in the community while they are awaiting disposition in juvenile cases.</p>								

Strategies to Meet the Performance Measure:

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

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

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

The SB 91-94 program has continually shown success in exceeding this benchmark. As demonstrated in FY 2009-10 less than 4% of youth with open SB 91-94 cases had new charges filed. The success is a result of the strategies listed above along with a strong local community collaboration focused on providing the best services to youth in the least restrictive environment with support systems in place to meet the needs and risk factors of the youth.



Program	Performance Measure #10	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Youth Corrections	Pre-Discharge Recidivism: Improve the social functioning of committed youth by reducing pre-discharge recidivism to at or below 35%.	Benchmark	35%	35%	35%	35%	35%	35%
		Actual	39.1%	38.5%	33.5%	35.8%		

Recidivism Definition (pre-discharge): A filing for a new felony or misdemeanor offense that occurred prior to discharge from NYC.

Strategies to Meet the Performance Measure:

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

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

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

Pre-discharge recidivism rates are measured on an annual basis as required by the General Assembly by evaluating a cohort of discharged youth to determine the rate of new filings received prior to discharge from the Division (this includes the periods of commitment and parole). In FY 2009-10 there was a slight increase in the percentage of youth that recidivated while under the custody of the Division, in comparison to the prior year. The overall trend over the four year period is showing a reduction which is starting to achieve the standard set by the Division. Reductions in this area can be contributed to the strategies listed above.

Program	Performance Measure #11	Outcome	FY 2006-07	FY-2007-08	FY-2008-09	FY 2009-10	FY 2010-11	FY 2011-12
			Actual	Actual	Actual	Actual	Approp.	Request
Youth Corrections	Youth Employed or Enrolled in School at Discharge:	<b>Benchmark</b>	75%	75%	75%	75%	75%	75%
	Improve the stability and self-sufficiency of committed youth by achieving a rate of 75% of youth either employed or enrolled in school at discharge.	<b>Actual</b>	73.4%	72.5%	70.6%	65.8%		

Strategies to Meet the Performance Measure:

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

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

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

For FY 2009-10, the estimated rate of 65.8% youth employed or enrolled in school at time of discharge falls short of the benchmark by 9.2%. The Division is examining ways to more accurately measure success in the area as youth may be excluded if they are not enrolled in school or employed on the exact day of discharge. Therefore, the measure of success in this area has limitations as demonstrated by timing of the enrollment into school or the date of hire for employment. Also, youth who may be in between jobs at the date of discharge are not counted. It is also a possibility that the current job market, especially for youth, is contributing to the lower actual metric achieved in FY 2009-10. The plan is to identify ways through ongoing case management and planning that all youth who are in school or employed are counted as part of this measure in the future.