



Colorado Department of Human Services
people who help people



FY 2012-13

COLORADO DEPARTMENT OF HUMAN SERVICES

DEPARTMENT DESCRIPTION

November 1, 2011

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**Colorado Department of Human Services
Department Description**

FY 2012-13

November 1, 2011

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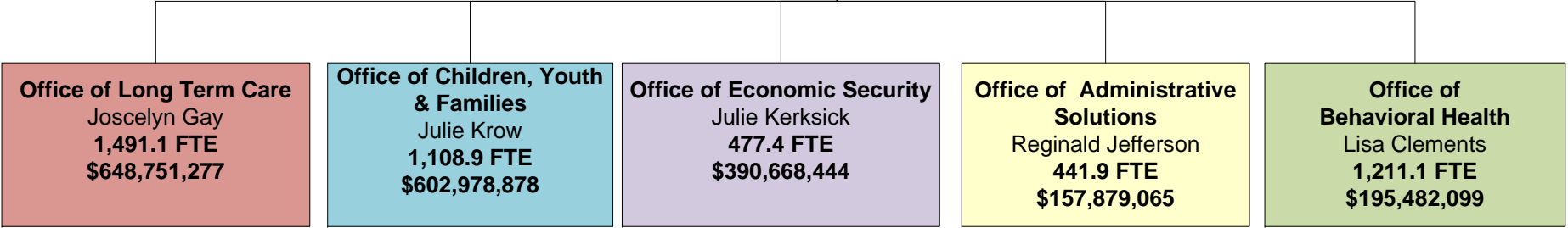
Colorado Department of Human Services
4,870.9 FTE
\$2,061,386,598
 \$614,650,877 GF \$327,959,886 CF \$449,772,764 RF \$669,003,071 FF

Reggie Bicha
Executive Director
140.5 FTE
\$65,626,835

**Deputy Executive Director
 of Enterprise Partnerships**
 Dee Martinez

**Deputy Executive Director of
 Operations**
 Nikki Hatch

**Office of Performance
 & Strategic Outcomes**
 Jay Morein



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Colorado Department of Human Services Background Information

The Colorado Department of Human Services (CDHS) is committed to the people of Colorado to serve the State's most vulnerable populations by providing the right services to the right people in the right setting at the right time and to daily live our mission of being "people who help people." The department's mission is accomplished through three distinct service delivery methods:

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

The department is a complex organization with a variety of statutory responsibilities. The Department's FY 2011-12 appropriated operating budget is \$2,061,386,598 and 4,870.9 FTE. In addition to managing state-funded programs, the department also administers and provides oversight for a variety of federally-funded programs. Additional information on CDHS management structure and individual program areas is provided below. Effective July 1, 2011, the department reorganized along the following lines.

Executive Director's Office

The Executive Director's Office is responsible for the activities of the department, which are directed by state law to manage, administer, oversee, and deliver human services in Colorado. Reggie Bicha is the Executive Director of the Department of Human Services. The Executive Director's Office includes staff and operating resources for the Executive Director, Enterprise Partnerships, and the Office of Performance and Strategic Outcomes.

Enterprise Partnerships contains four units. The Public Information Officer serves as the Department's focal point for media inquiries. The Executive and Legislative Liaison facilitates communication with the Governor's office and the Legislature. Boards and Commissions serves as a liaison with the Governor's Office of Boards and Commissions concerning recruitment, vacancies and appointments. Field Administration provides State supervision and operational consultation to the 64 county departments of human/social services. These four units coordinate the department's interactions with external entities.

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The Office of Performance and Strategic Outcomes includes five units. Administrative Review (ARD) serves as an independent third party review system and is the mechanism responsible for the federally required Case Review System. Audits is responsible for monitoring Federal and State funds to ensure that the awards are used for authorized purposes in compliance with laws, rules and regulations, and grant provisions. Food Assistance Quality Assurance is responsible for completing the federally-mandated Supplemental Nutrition Assistance Program quality control function, including operation of the federal data collection and reporting system. The Performance Management Unit is a new unit that will establish and track performance measures. The Budget and Policy unit tracks and reports both actual and allowable revenues and expenditures along with performing analysis on impacts to department policies. Together these five units help provide departmental oversight.

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

- Office of Long Term Care
- Office of Children, Youth and Families
- Office of Economic Security
- Office of Behavioral Health
- Office of Administrative Solutions

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

Office of Long Term Care

Division of Disability Determination Services:

Disability Determination Services (DDS) is the State Agency that makes the disability decisions for Social Security. DDS staff gathers medical information from the sources listed by clients and any new sources discovered in the process. DDS evaluates that evidence against Social Security Disability criteria. The criteria require that the applicant must have a medically determinable physical or mental impairment that is expected to result in death or which will last for at least 12 consecutive months, and which prevents them from performing the work related activities of their previous jobs or any other jobs which they might be able to perform based on their age, education, and work experience. The program is 100% federally funded through Title II and Title XVI of the Social Security Act. DDS is located in Aurora at Havana and Parker Road and has approximately 120 employees.

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Division for Developmental Disabilities (DDD):

DDD is the State office that provides leadership for the direction, funding, and operation of services to persons with developmental disabilities within Colorado. State leadership and oversight includes: policy, planning, program development, budget development, program operation guidelines and technical assistance, training, determination of funding needs, setting priorities, contracting and allocation of resources, review of services and funding utilization, program quality, monitoring, and evaluation, and management information. These functions are performed in concert with service providers, advocacy groups, and consumers and their families. DDD programs are primarily funded (approximately 84%) through Medicaid waivers through the Department of Health Care Policy & Financing (HCPF).

Division of Regional Center Operations (DRCO):

Regional Centers serve persons with developmental disabilities who have the most intensive needs. DRCO coordinates service delivery with these three State-owned and operated Regional Centers that provide a number of services including: 24-hour supervision, residential services, day programming, habilitation, medical, training and behavioral intervention, plus short-term emergency/crisis support to the community system.

Division of Veteran's Nursing Homes:

The Division of Veterans Nursing Homes oversees five Veterans Nursing Homes (Fitzsimons, McCandless, Homelake, Rifle and Walsenburg) and a Domiciliary located on the Homelake campus. The Office has approximately 615 employees and manages 554 nursing home beds and 48 domiciliary beds. The Office is 98% self funded through the 505 Enterprise Fund.

Division of Aging & Adult Services:

The Division of Aging and Adult Services provides oversight for and coordination of programs that allow the elderly and adults with disabilities to live independently. These programs are administered through the County Departments of Social (Human) Services or through regional Area Agencies on Aging.

Children, Youth & Families

Division of Child Welfare:

The Mission of the Division is to ensure the delivery of child welfare services are enhanced so that Colorado's children and families are safe and stable. Child Welfare constitutes a specialized set of services that are intended to strengthen the ability of a family to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning. Services are

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aimed at stabilizing the family situation and strengthening the family's capacity to care for their children. When safety is not possible within the family, services are focused on the child's need for a stable, permanent home as quickly as possible.

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

Division of Child Care:

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

Division of Youth Corrections (DYC):

The mission of this division is to protect, restore, and improve public safety through a continuum of services and programs that effectively supervise juvenile offenders, promote offender accountability to victims and communities, and build skills and competencies of youth to become responsible citizens. The division is responsible for management and oversight of state-operated and privately contracted residential facilities, for parole program services and for community alternative programs that serve and treat youth aged 10-20 years who have demonstrated delinquent behavior. There are two major service continuums within the DYC system: 1) the detention continuum that consists of community-based detention services delivered through the 22 judicial districts and 422 secure detention beds located in eight state-operated facilities and community-based, privately operated staff secure detention beds; and 2) the commitment continuum that consists of assessment and residential care for committed youth and community-based parole supervision services.

Office of Economic Security

Division of Energy Assistance:

The Low Income Energy Assistance Program (LEAP) provides cash assistance to help families and individuals pay winter home heating costs or help with broken furnaces or wood stoves.

Division of Refugee Services:

The Colorado Refugee Services Program (CRSP) promotes effective resettlement and rapid self-sufficiency within eight months after entry into the United States for the roughly 2,000 refugees who currently arrive in Colorado each year. The primary long-term purpose of CRSP is to prepare refugees for permanent and full integration with their new American communities.

Division of Food and Nutrition:

The Food and Nutrition Programs include the Food Assistance Program, Employment First Program, Electronic Benefits Transfer Program, and USDA Nutrition Program. The Division provides program oversight and direction to the 64 counties that determine eligibility for USDA Supplemental Nutrition Assistance Program and provide direct client assistance in 87 local offices.

Food Distribution Program:

Food Distribution works to strengthen the nutrition safety net through effective and efficient commodity food distribution to eligible individuals and families, emergency feeding programs, and the elderly.

Division of Vocational Rehabilitation (DVR):

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

Division of Colorado Works:

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

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Division of Child Support Enforcement:

The Mission of the Colorado Child Support Enforcement program is to assure that all children receive financial and medical support from each parent. This is accomplished by locating parents, establishing paternity and support obligations, and enforcing those obligations. It is our vision that children can count on both parents for the financial, medical, and emotional support they need to be healthy and successful. The division provides services to almost half a million Coloradans involved in over 145,000 child support cases and processed in excess of \$400,000,000 in child support in 2010.

Office of Behavioral Health

Community Behavioral Health:

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

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

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

Mental Health Institute Division:

The Department of Human Services operates two mental health institutes at Fort Logan (Denver) and Pueblo. The Mental Health Institute Division administers and oversees the State's two Mental Health Institutes: the Colorado Mental Health Institute at Pueblo (CMHIP) and the Colorado Mental Health Institute at Fort Logan. The Division is part of the Colorado Department of Human Services and is organized within the Department's Office of Behavioral Health. The Colorado Mental Health Institute at Fort Logan operates 94 inpatient psychiatric beds (on four treatment teams) for civilly committed adults. The Colorado Mental Health Institute at Pueblo (CMHIP) operates 438 beds, including 144 beds for adult, adolescent, dually diagnosed (substance abuse and mental illness) and geriatric civilly committed patients. CMHIP also operates the Institute for Forensic Psychiatry (IFP) which includes 294 forensic beds. The institutes serve as the State "safety net" provider for inpatient psychiatric services, predominately treating indigent, Medicaid, and Medicare eligible citizens.

The institutes provide comprehensive psychiatric, psychological, rehabilitation and therapeutic care to individuals with a serious mental illness. Typically, these individuals are referred for admission by the community mental health centers. County departments of social services and the Division of Youth Corrections also refer youth to the Institutes. In addition, CMHIP's IFP serves individuals with pending criminal charges that require evaluations of competency to stand trial and restoration to competency and individuals found to be not guilty by reason of insanity. The Institutes work collaboratively with community agencies and community mental health centers to: assess the appropriateness for civil patient admission; coordinate benefits and payment sources; prepare a discharge plan for the patient; and secure placement in the community once inpatient psychiatric care is no longer needed.

In FY 2010-11 the Institutes admitted 1,885 patients. Over the last several fiscal years, CMHIP has experienced a dramatic increase in number of forensics patients referred by the courts to CMHIP for inpatient competency evaluations and restorations. For example, the number of patients referred for inpatient competency examinations continues to grow, increasing by 83.8 percent (136 to 250) from FY 06-07 to FY 10-11. In addition, CMHIP received referrals for 617 patients to have outpatient competency examinations in FY 10-11 as ordered by courts across the State. The CMHIP Forensic Community Based Services program monitors approximately 150 not guilty by reason of insanity (NGRI) clients on community placement or conditional release status and living in the community.

Office of Administrative Solutions

The Division of Procurement:

Purchasing and Materials Management support for CDHS. Processing purchase orders, conducting all competitive solicitations (Request for Proposals, Invitation for Bids, Documented Quotes, Sole Sources), providing technical assistance on acquiring goods and services, providing training on procurement procedures, and management and administration of the State's P-Card (purchasing credit card).

Materials Management Functions:

Warehouse and distribution services are provided for all CDHS programs that house the Department's direct care clients.

Division of Facilities Management:

The Division of Facilities Management provides building operations, maintenance, housekeeping and grounds services for all 24-hour client care facilities statewide and the management of department-wide leased space, energy management and vehicle fleet programs, as well as planning and technical services, including capital construction and controlled maintenance budget requests.

Division of Accounting:

The Division is responsible for managing all financial operations and resources of the Colorado Department of Human Services. The Division is charged with recording and reporting all financial transactions of the Department. This includes paying the Department's liabilities, billing federal agencies and others for services performed, and depositing all revenues received with the State Treasurer.

Division of Employment Affairs:

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

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

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

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

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

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

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

Division of Contract Management:

The Contract Management Unit directs and coordinates the department's contract management process.

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Colorado Department of Human Services
Prior Year Legislation

HB11-1016 (Summers/Boyd) - Prohibit E-Cig Possession by Minors

HB1016 extends the repeal date for the regulation of tobacco sales to minors from July 1, 2011 to July 1, 2016. This means a continuation of federal grant money to the Department for ongoing community treatment and prevention programs, which are contingent on the state regulating tobacco sales.

Fiscal Impact: None

HB11-1027 (Looper/Newell) - Dept. of Defense Child Care Pilot Program

Subject to sufficient funds, HB1027 creates the quality child care standards pilot program in the Department of Human Services for licensing child care facilities using federal Department of Defense quality standards.

Fiscal Impact: The Department and local health agencies may charge fees on participating facilities to pay for the pilot, including additional inspections. The Department also may accept federal money and gifts, grants and donations to offset program costs.

HB11-1032 (Lee/Newell) - Restorative Justice

HB1032 authorizes the Division of Youth Corrections to establish a pilot to facilitate victim- initiated, victim-offender conferences, when funds become available. The pilot would use trained volunteers to facilitate the conferences.

Fiscal Impact: None

HB11-1043 (Massey/Steadman) - Medical Marijuana

HB1043 revises 2010 legislation re regulation of medical marijuana and funnels \$1 million from co-occurring behavioral health mental disorder treatment programs to the Circle program at the Colorado Mental Health Institute at Pueblo.

Fiscal Impact to DHS: None beyond the \$1 million transfer.

HB11-1079 (Casso/Jahn) - Reduce Youth Homelessness

HB1079 aligns state statute with the federal runaway and homeless youth act. The Department's Division of Child Care must design rules for licensure of host family homes and the State Human Services Board must promulgate rules.

Fiscal Impact: None

HB11-1102 (Summers/Newell) - Making Child Care Background Checks Portable

HB1102 allows the portability of fingerprint-based criminal background checks for those child care workers who transfer to a child care facility licensed by the Department's Division of Child Care and owned and operated by the same parent entity.

Fiscal Impact: None

HB11-1138 (B. Gardner/Morse) - Sex Offender Management Board

HB1138 extends for five years the Sex Offender Management Board, which includes Department membership and oversees treatment of sex offenders. Various provisions involve juveniles under the Division of Youth Corrections and offenders with developmental disabilities who could be Regional Center clients. Fiscal Impact: None.

HB11-1145 (McCann/Tochtrop) - Background Checks for Child Care Workers

HB1145 requires new child care workers in facilities licensed by the Department's Division of Child Care to undergo an FBI background check.

Fiscal Impact: \$19,311 and 0.4 FTE per year to review FBI background check results and issue clearance letters to child care facilities; these costs to be offset by minimal increase in licensing fees.

HB11-1181 (Kefalas/Newell) - DHS Child Fatality Review Team

HB1181 codifies in statute, and makes modifications to, the existing child fatality review process in the Department of Human Services. The bill establishes a child fatality review team in the DHS with up to 20 members.

Fiscal Impact: None.

HB11-1193 (Labuda/Boyd) - Family Advocacy Juvenile Mental Health

HB1193 fully implements family advocacy programs administered by the Department's Division of Behavioral Health for youth in the juvenile justice system with mental health needs. They had been demonstration programs up to now. Extends the repeal date for 10 years from July 1, 2011 to July 1, 2021.

Fiscal Impact: None.

HB11-1196 (Summers/Foster) - Flexibility in Funding Family Services

HB 1196 provides counties the flexibility to spend TANF funds administered by the Department's Division of Colorado Works according to their needs, mainly for preventative services for at-risk families not yet involved in the child welfare system.

Fiscal Impact: None.

HB11-1230 (Duran/Boyd) - Consolidate Housing Assistance in DOLA

HB1230 merged Supportive Housing and Homeless Programs in the Department's Division of Behavioral Health into DOLA's Housing Division.

Fiscal Impact: Transfers program funding and FTE from the Department of Human Services to the Department of Local Affairs.

HB11-1278 (B. Gardner/Morse) - Sex Offender Registration Changes

HB1278 modifies requirements for registering as a sex offender with impacts on the Department's Division of Youth Corrections and Juvenile Parole Board. DYC is authorized to petition a court on behalf of juveniles in their custody deemed eligible to discontinue registering as a sex offender. If the court deems the juvenile eligible to discontinue registering, requires the Juvenile Parole Board to modify the parole plan.

Fiscal Impact: None.

SB11-002 (Carroll/Kerr J.) - Low-Income Telephone Assistance Program

SB002 specifies that only the individual telephone subscriber is eligible for the Low-income Telephone Assistance Program, administered by the Department. The individual must meet the eligibility criteria for one of six federal programs and must be certified by the Department.

Fiscal Impact: None.

SB11-120 (Newell/Kefalas) - Protections for Youth in Foster Care

SB120 makes changes to the rights and protections of youth in foster care. Requires the Department, in consultation with counties, to establish a list of government and nonprofit organizations to assist youth in foster care who may be victims of identity theft. Also requires the State Human Services Board to make rules to ensure that youth have access to extracurricular activities.

Fiscal Impact: None.

SB11-123 (Foster/Summers) - Technical Changes Child Support Process

SB123 makes technical changes to child support procedures, e.g., adds language to the notice of financial responsibility for child support that an objection to paternity established in another state must be contested in that state, etc.

Fiscal Impact: None.

SB11-124 (Hodge/Gerou) - Transfers of County Reserves

SB124 lowers the cap on TANF reserves that may be retained by counties to 40% (from 70%) of the annual federal block grant.

Fiscal Impact: \$685,722 federal funds. No General Fund.

SB11-183 (Aguilar/Gardner) - State Boards and Persons with Disabilities

SB183 requires the governor to include representation by a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities on the human services, housing and medical boards.

Fiscal Impact: None.

SB11-193 (Aguilar/B. Gardner) - Immunity for Disclosing Employee Information

SB193 provides an exception to the blacklisting statute, allowing employers acting in good faith to disclose information about an employee who worked with a person with a developmental disability. This would impact the Regional Centers. A related bill is HB11-1148, which would impact Regional Centers, Veterans Nursing Homes and the Mental Health Institute at Pueblo.

Fiscal Impact: None.

SB11-217 (Hodge/Gerou) - Reduce Juvenile Detention Bed Cap

SB217 reduces the juvenile detention bed cap for the Department's Division of Youth Corrections from 479 beds to 422 beds beginning in FY 2011-12.

Fiscal Impact: General fund to DHS' Executive Director's office is decreased by (\$92,260). General fund, to the Division of Youth Corrections, is decreased by (\$986,568) and 8.3 FTE.

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**Colorado Department of Human Services
Hot Issues**

Office of Long Term Care

Aging & Adult Services

1. Social Security Administration Maintenance of Effort: The State operates under a Maintenance of Effort (MOE) Agreement with the Social Security Administration (SSA) which specifies that the State annually maintain or exceed expenditures in assistance payment programs for those recipients who are receiving Supplemental Security Income (SSI). Failure to meet the MOE target amount results in corrective action and the State risks losing approximately \$1.3 billion in Federal Financial Participation (FFP) matching funds for the Medicaid program. This test is applied on a calendar year basis, and Colorado was on a corrective action plan during 2007 – 2009. However, it did meet its target in 2010 and is on track for meeting it for 2011.
2. Aid to the Needy Disabled Program Grant Adjustments: The Aid to the Needy Disabled-State Only (AND-SO) program is a state program that provides cash assistance to low-income persons between ages 18 and 59 who have a disability expected to last six months or longer that precludes them from working. The benefit is intended to be temporary while participants await an eligibility determination and receipt of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI). The program is funded with 80% General Fund and 20% local funds. Most years (and likely including FY 2011-12), this program has had to adjust the monthly benefit level to stay within available appropriations.

The Aid to the Needy Disabled-Colorado Supplement (AND-CS) program provides a supplemental cash payment to persons between ages 18 and 59 who are eligible for the federal Supplemental Security Income (SSI) Program but who are not receiving the full SSI grant. The amount of the payment is equal to the difference between the two. In contrast to the AND-SO program, the AND-CS program usually has to increase the amount of the supplemental payment in order to meet the federal MOE obligation. Both of these adjustments can be confusing to clients, county staff, stakeholders, and advocates.

3. Implementation of HB10-1053: In 2010, the General Assembly passed HB10-1053, which among other things would have allowed the Department to conduct a study of persons sixty years of age or older who could potentially benefit from older Coloradans program services with the understanding that, if the study evaluating the program shows cost savings through the provision of community-based services, the state would then develop a long-term strategic implementation plan for providing services through the older Coloradans program. The bill was subject to funding from gifts, grants, and donations being available; however, no funding was received for this study and thus no report was completed.

4. Implementation of HB10-1146: In 2010, the General Assembly passed HB10-1146, which among other things, would disallow recipients from being dually-enrolled to receive Home and Community Based Services through a Medicaid waiver program and Home Care Allowance benefits. The legislation was to take effect on January 1, 2011 but had to be delayed in order for the Colorado Benefits Management System (CBMS) to be programmed to accommodate these changes. The system fixes are scheduled to be completed so that the rules can be implemented effective January 1, 2012.

Developmental Disabilities

1. Conflict of Interest in the Community Centered Board (CCB) System: Results of the State Auditor's Office 2009 audit of the Home and Community Based Services (HCBS) waiver for people with developmental disabilities indicated the potential for conflict of interest initially identified by the Centers for Medicare and Medicaid Services (CMS), and further examined in a December 2007 study by the University of Southern Maine (USM), Muskie School of Government, had not been resolved. In Spring 2010, the Colorado Department of Human Services (CDHS) and Health Care Policy and Financing (HCPF) convened a stakeholder task force to evaluate options for system re-design to resolve the conflict of interest issues inherent in the CCB system. This task force completed its work June 2010 with a report describing their recommendations, which were accepted by the Departments and presented to the Legislative Audit Committee (LAC) in August 2010. The Departments are evaluating options to implement the accepted recommendations including whether to have an independent third party entity or the state perform functions such as information and referral, eligibility determination, wait list management, and incident/investigation management.
2. Family Caregiver Act and Consumer Directed Attendant Support Services (CDASS): CDHS implemented Family Caregiver Act (Senate Bill 08-002) in November 2010 in the Home and Community Based Services for persons with developmental disabilities (HCBS-DD), HCBS-Supported Living Services (HCBS-SLS) and HCBS-Children's Extensive Supports Waivers. The family caregiver model allows individuals with developmental disabilities to receive services while residing in the family home and for family members to be paid to deliver services. After the Senate Bill went into effect in July 2008, changes were required in the Medicaid Home and Community Based Services waivers for people with developmental disabilities in order to allow for implementation. FY 2010 saw the approval of the HCBS waivers by CMS allowing residential habilitation to be provided to waiver participants residing in the family home and included approval of family members living in the family home as qualified paid staff. Additionally, an option for individuals to participate in the Consumer Directed Attendant Services and Supports (CDASS) benefit of the waiver that allows individuals and/or their guardians to determine and employ persons of their own choosing to assist them with attendant support was authorized in the waiver renewals of FY 2010. The implementation of CDASS will resume once the Department of Health Care Policy and Financing (HCPF) has completed its review of amended rules specific to CDASS and authorizes its expansion of CDASS to other HCBS waivers.

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3. HCBS Waiver System Transformation: CDHS and HCPF are in preliminary discussions about transforming the HCBS waivers for more effective operations and more efficient administration. Transformation planning will include a development phase with broad stakeholder participation. Changes under consideration for the waivers operated by the Department of Human Services are:
4. Definition of Developmental Disability: The Department has been working with constituents of the developmental disability system since September 2008 regarding the potential use of a revised definition of Developmental Disability. A Task Force and subsequent work group to draft a proposed rule were convened by the Department. An analysis of the projected cost of implementation was presented to the Department by the work group. However, the Department needs to complete a full fiscal impact analyses.
5. HCBS Waiver amendments: CDHS and HCPF have proposed amendments to the HCBS-DD, HCBS-SLS, and HBS-CES waivers in order to align the cost of service delivery in HCBS within the annual budget. The amendment process included a public comment period that allowed all stakeholders the opportunity to provide information to CDHS. As an outcome of the public comments received, the Department modified the amendments to ensure that adjustments to services have the least impact on service delivery for individuals with developmental disabilities. The amendments are scheduled to be submitted to the Centers for Medicare and Medicaid Services (CMS) on August 1, 2011 with an effective date anticipated October 1, 2011.

Disability Determination Services

1. Caseload Increases: Disability Determination Services (DDS) is a 100% federally funded program that provides the Social Security Administration (SSA) with medical disability decisions for Colorado residents who apply for benefits under the Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) programs. The DDS faces the challenge of a large increase (+34% in past 36 months) in its initial caseload. SSA estimates continued high case volume, combined with a large increase in release of Continuing Disability Review (CDR) level work. Estimates are that the CDR level work will double over the next two years. For SFY 2009-10, DDS completed 36,215 cases, in SFY 10-11 45,620 cases. However, assistance from federal sites accounted for about 2,500 of the increase. SSA controls the release of CDR cases to manage the total workload. For the coming two years, SSA projects caseload to increase at 3% per year.
2. Federal Funding: Uncertainty of federal funding (DDS is 100% federally funded) exists for future years. Final funding allocation for FFY2011 (received 6/23/11) from Social Security Administration is forecast to be sufficient for completing caseload targets this year. DDS is under a hiring freeze that is likely to continue for an extended period. As staff attrite, it will be increasingly difficult to adjudicate the caseload in a timely manner and to cover vacant critical skilled positions.

Veterans Nursing Homes

1. New Domiciliary Care Facility at Fitzsimons: The Department of Human Services Office of State and Veterans Nursing Homes (SVNH) is proposing the construction of a domiciliary care (assisted-living) facility on the grounds of the Fitzsimons Medical Campus in order to maximize partnership opportunities with the new Veterans Administration Hospital and other programmatic settings on the Campus. The SVNH would like to expand their traditional service population to include treating younger veterans who need wrap around services to address some of the debilitating physical and mental health issues previous war veterans experienced. The Department applied to the U.S. Department of Veterans Affairs for a construction grant and will continue to explore funding opportunities to provide the 35% match required by Veterans Affairs.

Regional Centers

1. De-Institutionalization: The Regional Centers continue to place individuals into community-based service systems, as evidenced by the movement of 29 individuals from the Grand Junction Regional Center's Skilled Nursing Facility to community residential providers in FY 2010. Currently, there are 312 individuals receiving service in the three state-operated Regional Centers and plans are in the development stage to secure community placement for 100 of these individuals within the next three years. This de-institutionalization is consistent with Colorado's Olmstead Plan in providing services for people with disabilities in integrated community settings. Further de-institutionalization efforts may also help Colorado secure federal funding for the expansion of community-based services through the Patient Protection and Affordability Act of 2010.
2. Right-Sizing: The Department is in the process of evaluating the demand within the Developmental Disabilities system for the need for the high level of care provided by the Regional Centers. At present, there is a wait list for the Regional Centers of 58 individuals. Of the 58 persons on the wait list 23 have a history of sex offenses, 12 individuals are in need of short term treatment and stabilization because of their mental health needs, 21 individuals have challenging behavioral needs and 2 have complex medical needs. While there is a wait list for Regional Center services, there is also a list of individuals who could be served in the community. The Department is looking at administrative changes to resolve these issues and to right-size the Regional Centers in order to provide better services to the community.

Office of Behavioral Health and Housing

Community Behavioral Health

1. Increased drug and alcohol use in Colorado: Recent press coverage cited the combined 2008 and 2009 National Surveys on Drug Use and Health (NSDUH) from the Substance Abuse and Mental Health Administration's Center for Behavioral Health Statistics and Quality that in Colorado illicit drug, marijuana and alcohol use/abuse is higher than the national average. For

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alcohol alone, national 30 day use is reported at 51.8%, compared to Colorado's 62.2%. In order to address substance use disorders from a consistent effective and efficient approach, there is need for increased efforts in prevention, rather than intervention and treatment. Research demonstrates that prevention of substance abuse and addiction is more cost effective than treatment, incarceration and other law enforcement efforts. The Department relies almost exclusively on federal funding for substance use prevention.

2. Substance Abuse and Mental Health Services Block Grant: The Department is in the process of responding to the release of a new federal Substance Abuse Prevention and Treatment (SAPT) and the Community Mental Health Services (CMHS) Block Grant application. The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued sweeping changes to the federal block grant, which supports substance use and mental health prevention, treatment and recovery services in Colorado. SAMHSA has established eight (8) strategic initiatives aimed at improving the delivery and financing of behavioral health services across the nation: Prevention of Substance Abuse and Mental Illness, Trauma and Justice; Military Families; Recovery Support; Health Reform; Health Information Technology; Data, Outcomes, and Quality; Public Awareness and Support. The Department is required to assess statewide the behavioral health needs; identify unmet service needs and critical gaps within the current behavioral health system; establish statewide goals, strategies and behavioral health performance indicators; and provide key information related to Colorado's implementation of health care reform.

Mental Health Institutes

1. Demand for competency evaluations/restorations: The Zuniga lawsuit established timelines for Colorado Mental Institute at Pueblo (CMHIP) admissions for competency evaluations and restorations. The lawsuit ended June 1, 2009 with the opening of the new high-security forensic building, but the pressure for these services continues. Since the lawsuit, CMHIP has tried to maintain the timelines imposed in Zuniga, but is currently exceeding these timelines on a consistent basis. CMHIP continues to process and admit inmates from the county jails as quickly as possible, however growth in the number of inmates referred to CMHIP has prevented the hospital from reducing the waiting list to the previous Zuniga timelines. Despite the opening of 20 inpatient evaluation and restoration beds at CMHIP in March 2007 and 12 additional forensic beds in June 2009, the number of inmates referred for inpatient evaluation continues to grow, increasing by 83.8 percent (136 to 250 evaluations) from FY 06-07 to FY 10-11. Two possible solutions to address the demand include opening additional inpatient beds or amending statute to allow only CMHIP approved and trained evaluators to determine if an inmate needs an inpatient evaluation at CMHIP.
2. CMHIP remediation efforts: Following three unexpected patient deaths at CMHIP between September 2009 and August 2010, the Department and CMHIP initiated several performance improvement projects to address issues identified in root cause analyses of the deaths. The hospital retained a behavioral health consulting team to assess the hospital's organizational structure and operations and make recommendations for improvement. The Department and CMHIP are currently in the

process of implementing these recommendations. The Colorado Department of Public Health and Environment licenses CMHIP and the Center for Medicare and Medicaid Services (CMS) certifies CMS for participation in the Medicare and Medicaid program. Both CDPHE and CMS have placed operational and performance improvement requirements on CMHIP. The hospital has met these requirements to date.

Office of Economic Security

Colorado Works

1. **Financial Audits of Contracts:** Risk-based audits conducted by the Department of TANF-funded contracts issued by selected counties found a elevated percentage of questioned costs. This has resulted in a statewide audit of all, along with statewide training and improved contracting policies and practices.
2. **TANF Future Financial Plan:** Colorado receives a fixed amount in its TANF block grant from the federal government, an amount that has been constant since the creation of the TANF/Colorado Works program in SFY 1997. While State and county TANF expenditures for the first several years resulted in the buildup of substantial reserves at both the State and county level, those reserves are rapidly disappearing as the annual rate of expenditure of the TANF block grant exceeds the annual revenue. This is caused by a combination of: a decline of 27% in the real current value of the federal block grant; increased caseloads; budget refinancing decisions driven by declining state GF revenues; and other budget or policy changes.
3. **TANF Reauthorization:** Federal authorization of the TANF program expires this fall. Congress may revisit the legislation, making changes to reporting and program requirements that would require conforming changes at the state level. It is also possible that Congress will reauthorize TANF “as is” for one more year, making few changes.
4. **SB11-124 Implementation:** This bill requires excess county Colorado Works reserves (reserves above the 40% reserve cap) to be distributed to counties with little or no reserves. For SFY10, \$685,722 was distributed to 7 counties (2 big ten, 5 balance of state), bringing their individual reserve balances up from 0% to 4.3% each. If there are remittances of excess reserves in SFY 11, another distribution to low-reserve counties will occur this fall.

Child Support

1. **ACSES Migration:** The Automated Child Support Enforcement System (ACSES) provides reliable automated case management to the state CSE program and has done so for over twenty-five years. However, its technology is aged and no longer considered a viable option to service the evolving needs of the program. Consequently, the Governor’s Office of Information Technology (OIT) recommended the ACSES be moved away from its current mainframe platform. Work will commence August 2011 to move the system to a modern technology that will ensure continued and reliable operation of the ACSES. It will also provide a foundation to modernize the system’s features to accommodate growing user and program

needs. Apart from a new database and operating environment, the migrated system will be identical to the existing ACSES. The total cost for this initiative will be less than its \$7.8 million Capital Construction budget. The project will be completed mid-2013. Approximately two-thirds of the project's cost will be paid for by Federal funds with the remaining third coming from Cash funds attributable to the State's share of child support collections. The Migration of the ACSES is the initial stage of an enterprise-wide migration of legacy systems being undertaken by the OIT; it will be extended to systems operated by the Depts. of Revenue and Labor and Employment as they are able to procure funding.

Food & Nutrition

1. Amended Court Stipulation: The Colorado Department of Human Services entered into an Amended Court Stipulation Agreement in December 2010, as a continuation of the court case brought before both Health Care Policy and Financing and the Department of Human Services, following the implementation of the Colorado Benefits Management System in 2005. The new agreement established performance benchmarks in the timely processing of expedite and regular Food Assistance benefits to ensure federal compliance with processing standards. Starting in March 2011, the state was required to process 80% of expedite and regular food assistance applications timely and must continue to show a 5% improvement in timely processing every six months, until 95% compliance rate is achieved and maintained for a period of twelve months. Faced with an 86% increase in caseload as a result of the recession, the state and the sixty-four counties that administer the program have been challenged to find more efficient business processes to keep up with the ever-increasing demand. Although the state is currently exceeding the expectations defined in the amended court stipulation for the processing of regular Food Assistance benefits by processing 92% timely, the state has yet to achieve 85% timely processing of expedited benefits, in which an eligibility decision must be made in 7 days. Should the state fail to meet a benchmark, further corrective action steps must be taken to meet the requirements of the settlement agreement.
2. Upcoming Changes to Federal Performance Criteria: The performance of the Food Assistance Program is measured on a national level in three primary categories – payment accuracy, the accuracy of denials, and timely processing. Standards for evaluating performance are established in rule by USDA, Food and Nutrition Services (FNS) Quality Assurance. Effective October 1, 2011, the process of determining whether a case was denied correctly changes. Under current rule, the state has the opportunity to perform an expanded review of a case, which affords the quality assurance reviewer the ability to review the factors of the entire case to determine the correctness of the benefit denial. The new rule takes away the ability to perform the expanded review. In order to meet the requirements of this federal rule change, the state must make changes to the notices sent to deny households to ensure the wording on the notice meets the new federal criteria. The state risks exceeding the national average in this category if the state is unable to make the automated system changes needed in a timely manner. Under federal rule, if a state exceeds the national average in this performance category for two consecutive years, it faces fiscal sanction.

Energy Assistance

1. Federal Funding Cuts for LEAP: During SFY 2010-11, the Low Income Energy Assistance Program (LEAP) helped about 125,000 Colorado individuals and families pay their heating bills and repair broken furnaces. During that same period LEAP helped restore heat for almost 40,000 of these households or about 30 percent of the caseload that is facing a no-heat situation at the time of application. Since FFY 2007-08, LEAP caseloads have increased by over 30 percent. The increase is largely made up of households that have never before applied for public assistance. The administration is proposing about a 50 percent reduction to federal Low Income Home Energy Assistance Program (LIHEAP) funding for FFY 2011-12. National LIHEAP funding will be reduced from \$5.1 billion down to \$2.57 billion. For Colorado, that means the LIHEAP block grant will be reduced from about \$62 million down to about \$31 million. The rationale for the cuts is based on returning to FFY 2007-08 program funding levels. However, Colorado's economic situation is much different than in 2008. Unemployment in Colorado is up over two and a half points from 5.9 percent in 2008 to 8.5 percent in June 2011. Prior to FFY 2008-09, almost 15 percent of LEAP's budget was supported by State Severance tax funds and donations through Energy Outreach Colorado (EOC). Since that time, Severance tax dollars have been diverted to cover the State budget deficit. Annual EOC funding is down from \$2.15 million to \$1 million. Federal dollars now account for more than 98 percent of Colorado's current LEAP budget. While the need is greater than ever, to respond to the cuts LEAP will restrict eligibility for the upcoming LEAP season from the current threshold of 185 percent Federal Poverty Level (FPL) down to 150 percent FPL. LEAP projects that about 17,000 previously eligible households will no longer be eligible for LEAP. The State will also be faced with less LIHEAP funds available to transfer to the Governor's Energy Office (GEO) Weatherization Assistance Program, unable to adequately meet the longer-term goal to reduce dependence on cash assistance for energy assistance. While these changes will drastically impact all vulnerable families and individuals in Colorado, the large number of rural residents that use higher priced propane fuel, seniors, and families with young children will be hardest hit.

Vocational Rehabilitation Services

1. Lack of General Fund for Match Purposes: DVR does not receive sufficient general funds to draw down all available federal dollars (federal match rate: 78.7%) and therefore relies extensively on local match funds received through the School to Work Alliance Program (SWAP). This partnership with local education areas and school districts provides more than 50% of match funds necessary to operate the overall DVR program. Given current economic conditions and recent cuts to K-12 education funding, this match is in jeopardy because services provided through SWAP are not mandatory for the educational system and such services are often eliminated when resources are scarce. This lack of general fund support coupled with loss of local match dollars would result in DVR turning back millions of available federal dollars and not having sufficient resources to serve new and existing consumers, resulting in lengthy waiting lists for people with disabilities.

Office of Children, Youth, and Families

Child Welfare

1. **Caseworker Contacts:** The Administration for Children and Families (ACF) requires monthly contacts to be made with children and youth in out-of-home (OOH) care by the primary caseworker. Colorado must achieve 90% compliance with seeing children each and every month while in OOH care. If the 90% threshold is not met, fiscal sanctions may be imposed. The 90% threshold is measured as “all or none.” This means that if a child in OOH care is seen each and every month, 100% credit is given. If the child is seen 11 of 12 months, and one month is missed, 0% credit is given. Colorado has demonstrated steady improvement in performance over the past four years, but has not been able to meet the 90% requirement. This will result in an increased match for the State’s IV-B funding until the State is able to meet the 90% requirement.
2. **Core Services and Medicaid Covered Services:** The Division of Child Welfare is working to assure that children in the care of county child welfare departments, who are Medicaid eligible, have quality services covered by Medicaid. Core Services funding cannot pay for these services. With the assistance of Health Care Policy and Financing, the Division is exploring issues that county departments are having in accessing appropriate Medicaid-covered services for children who are Core Services eligible.
3. **Federal Title IV-E Issue:** The State has experienced a decline of Title IV-E revenues for a number of years. This is mainly due to the decrease in the number of Title IV-E eligible children in out-of-home care, and a decrease in the length-of-stay of these children. The State is currently working together with counties to analyze the federal funding revenues and how the State can maximize the claim of federal funds. While the impact of fewer children in placement has an overall effect on federal revenue, the State has implemented the claiming of administrative costs of Child Placement Agencies. This was an action item from a previous administration that will increase the amount of IV-E revenue to the State.
4. **Health Insurance:** The Division of Child Welfare is working to assure that children in the care of county child welfare departments, who are not Medicaid eligible, have quality health insurance that does not come at exorbitant costs to counties. With the assistance of Health Care Policy and Financing, the Division is exploring insurance options with health insurance providers.
5. **House Bill 11-1196 – Concerning Measures to Increase Flexibility in Funding Services For Families:** The Department is working to implement HB11-1196, Concerning Measures to Increase Flexibility in Funding Services for Families. A

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workgroup is being convened to develop and implement the requirements in the legislation, and CDHS is soliciting county input on when counties are planning to utilize the provisions set forth in the Bill. There will be modifications made to CFMS, Trails, and Rules, and an Agency Letter will be published, as appropriate.

6. Impact of possible shortfall for Temporary Assistance to Needy Families (TANF) for kinship families: In SFY 2010, 40% of the TANF caseload recipients were kinship families. There is a substantial informal system of kinship caregivers that do not come to the attention of child welfare services. These families represent the largest group of kinship recipients for TANF benefits. The families are generally grandparents that receive a limited income and are dependent on receiving the TANF child-only benefit to meet the needs of children/youth in their care.

County departments engage kinship families (relative and non-relative) in a formal system to serve as placement alternatives for relative children/youth or those with whom they have a significant relationship, in order to avoid entering non-relative foster care when they are removed from their homes due to abuse and/or neglect. The county departments generally request that the kinship family is awarded temporary legal custody until the Dependency and Neglect action is closed and the child/youth either is reunified or achieves permanency in some other way. The kinship families are not certified foster parents and have temporary legal custody. The kinship family frequently is the permanent family through adoption, allocation of parental rights (APR), or relative guardianship. Since 2008, the number of children/youth in out-of-home (OOH) care has *decreased* and the number placed with non-certified kinship has steadily *increased* as demonstrated below.

SFY 2008	SFY 2009	SFY 2010	SFY 2011 (preliminary data)
<ul style="list-style-type: none"> • Total served - 12,737 • Non-certified kinship - 3,225 • OOH care – 9,512 	<ul style="list-style-type: none"> • Total served - 12,251 • Non-certified kinship - 3480 • OOH care - 8,771 	<ul style="list-style-type: none"> • Total served - 11,772 • Non-certified kinship - 3696 • OOH care - 8,076 	<ul style="list-style-type: none"> • Total served - 11,034 • Non-certified kinship - 3795 • OOH care - 7,239

Most of the ten large county departments have kinship programs where families benefit from support from kinship staff and some form of supplemental assistance payments using TANF funds above the \$128 monthly benefit. The assistance may be periodic such as twice yearly or quarterly. The programs are cost-effective and beneficial for the kinship families to provide emotional support and cover costs for clothing for school, beds, cribs, emergency repairs, and other anticipated needs. In addition, three county departments have a monthly assistance rate for kinship that is higher than the minimum \$128 to support and assist the families to offset expenses and to prevent or reduce the likelihood that the child/youth will re-enter foster care.

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A shortfall of TANF funds may weaken the families' support and ability to meet the financial needs for the children/youth in their care. Many kinship families have limited incomes or live within the poverty level, however they are committed to caring for a relative child/youth or a child/youth with whom they have a significant relationship. Costs for an additional child/youth in a family can be a hardship financially. Without support or with reduced support, children and youth are at high risk to re-enter foster care when these families can no longer afford to care for them. Children and youth that live in informal kinship families (identified previously) will also be at higher risk of entering foster care for the first time.

7. Permanency by Design (PBD) Project: This project is integrating three simultaneous Casey Family Services-supported permanency initiatives for older youth, ages 13 to 21, with the least desirable legal and relational permanency goal of Other Planned Permanent Living Arrangement (OPPLA), who are in long-term foster care congregate care placements (residential and group home settings), due to a lack of supportive family settings for older youth (i.e. therapeutic foster care, kinship care and or adoption homes). According to Colorado Trails, on Sept 30, 2010 there were 1,158 youth, ages 13-21, with an OPPLA permanency goal. 1,028 (88%) of these youth were in long-term foster care settings. Without supportive long-term family and community connections, youth with an OPPLA goal are highly vulnerable to negative outcomes upon discharge from care (i.e. homelessness, situational victimization, survival crime, unemployment and/or long-term public assistance).

The three permanency initiatives include:

- National Governor's Association – Three Branch Institute: Outcomes include safely reducing the use of foster care, congregate care, and OPPLA as a primary permanency goal for older youth by integrating the permanency planning and work of the Executive, Legislative and Judicial branches, in collaboration with the county departments.
- No Time to Lose – Policy and Practice Framework Model: Outcomes include creating an action plan using the Seven Core Principles that will safely reduce the use of congregate care and improve permanency services for older youth.
- The Permanency Roundtables Practice Model: Outcomes include reducing the use of OPPLA as a permanency option by using facilitated youth-driven roundtables that involve relationship mining and mapping, and reducing the barriers for a youth to have permanent family and community connections.

Child Care

1. Development of a Quality Rating and Improvement System for Child Care Facilities: The Quality Rating and Improvement System (QRIS) planning and redesign process includes representatives from many organizations who have come together to review Colorado's current QRIS, identify how to improve QRIS based on what has been learned from research and best practices, and develop recommendations for an improved system that meets Colorado's needs. This effort, QRIS: The Next Generation, began in February 2010. The large stakeholder group was made up of over 50 partner organizations whose charge

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was to review the current Quality Rating and Improvement System (QRIS) and develop recommendations to create and design a new QRIS and take it to the next level. Draft recommendations were completed at the end of 2010 in the following areas:

- a. QRIS Standards
- b. Provider Supports and Financial Incentives
- c. Financing and Sustainability
- d. Marketing and Outreach

In 2011 the planning and redesign work continues under the Design Team, whose charge is to fully develop the draft recommendations created in 2010.

2. Funding for the Colorado Child Care Assistance Program: As a result of the economic downturn, the need for low income child care assistance has greatly increased. There is presently a waiting list of over 5,000 families needing assistance with child care so that they can work, seek work or engage in a training activity. Counties have adjusted their eligibility criteria as well as their reimbursement rates to meet the increased need. County departments continue to overspend their allocations as the demand rises and federal revenues are insufficient to meet the demand.

Youth Corrections

1. Legislative Audit on Safety Within the DYCS System: Since September, 2010 the Colorado Office of the State Auditor (OSA) has been conducting a performance audit of the Division of Youth Corrections. The primary focus of the audit is safety, including staff, resident and public safety. Besides extensive document reviews, the auditors have conducted site visits and interviews at five state-operated secure facilities, five contracted residential providers, and three DYCS regional offices. Given the broad scope of this audit, its findings could have significant implications for the Division. The auditors anticipate that the legislative audit hearings will occur in November 2011.
2. Capacity Right-sizing: As a result of sustained declining population in both the detention and commitment continuums, the Division of Youth Corrections has been engaged in a planning process to determine the most appropriate level and mix of capacities across both continuums. Pursuant to Senate Bill 11-217, the statutory limit on the number of allowable juvenile detention beds Statewide is reduced from 479 to 422. The Division has worked with local jurisdictions to re-allocate the 422 beds to each of the State's 22 judicial districts, and will closely monitor any impacts this reduction may produce. Additionally, the Division is exploring opportunities to right-size its commitment capacities between secure State-operated facilities and non-secure, community-based contract residential programs. Throughout this process, the Division will seek to maintain its key strategy of providing "The Right Services at the Right Time", and ensure that youth continue to be placed at

the most appropriate security level, and receive the most appropriate services. This process may impact upon both capacity and staff within State-operated facilities.

3. Multi-Disciplinary Team Decision-Making Process: After two years of planning, design and training, the Division instituted a Multi-Disciplinary Team Decision Making Process throughout the commitment continuum of care. Beginning July 1, 2011, case level decisions for all youth committed to the custody of the Department of Human Services, Division of Youth Corrections will be made using a consensus based decision making model. This approach offers the youth, the family, the family's natural community support systems and all case specific professionals an equal footing in making decisions regarding placement, treatment goals, transition time frames, and parole. The MDT process is designed to enhance youth outcomes through elevating the role of the family throughout the commitment process, enhancing efforts to engage the youth and family's natural community supports, and ensure that all relevant professionals are present and included in major decisions.

Office of Administrative Solutions

Facilities Management

1. Aging Facilities and Infrastructure: The ability to maintain aging buildings and infrastructure with declining resources and investment is a significant challenge for the Department. The average age of the Department's buildings is 56.3 years old, and 62% are over 40 years old. The Facility Condition Index (FCI) is used by Office of the State Architect (OSA) as relative indicator of facility condition. The OSA has set a target FCI of 85% for all state facilities, with a 100% rating representing a new facility. The Department has an FCI of 61.2%, the lowest of any State agency. The continued deterioration of facilities represents a serious threat to the ability to deliver quality services.

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**Colorado Department of Human Services
Workload Reports**

Office of Long Term Care – Workload Reports

Aging & Adult Services
 Veterans Nursing Homes
 Developmental Disabilities
 Disability Determination Services
 Regional Centers

Division of Aging and Adult Services – Workload Indicators

Workload Indicators	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Estimated	Projected
Average number of people receiving Old Age Pension financial assistance (OAP A, B, and C) per month.	23,052	23,560	23,993	22,954	22,994	22,740
Average number of people receiving Aid-to-the-Needy Disabled - State Only financial assistance per month.	5,550	5,933	6,614	6,767	6,733	6,953
Average number of people receiving Aid-to-the-Needy Disabled - Colorado Supplement financial assistance per month.	971	922	1,350	1,642	1,337	1,325
Average number of people receiving Home Care Allowance assistance per month.	3,166	3,143	3,058	2,934	2,833	2,726
Number of people receiving Aid-to-the-Blind - Colorado Supplement financial assistance.	1	1	1	1	1	1

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Workload Indicators (continued)	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Estimated	Projected
Number of adult protection reports received during the fiscal year.	10,999	10,470	10,739	11,000 (Estimate – data available 1/2012)	11,100	11,200
Average monthly adult protection workload (workload includes ongoing open cases at the beginning of the month plus all new APS reports received during the month.	2,793	2,668	3,128	3,100 (Estimate – data available 1/2012)	3,100	3,100
Number of people receiving services through the Older American Act and State Funding for Senior Services programs.	36,190	38,881	39,168	39,284	39,284	39,284
Number of meals provided to seniors.	1,978,820	2,039,964	2,069,413	2,157,932	2,157,932	2,157,932

Division of Aging and Adult Services– Caseload Trends

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

Trend Exhibit:

FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
23,052	23,560	23,993	22,954	22,994	22,740

Description of Trend: The Old Age Pension caseload decreased by 4.3% from FY 2009-10 to FY 2010-11 for an average monthly caseload decrease of 1,039 recipients.

Analysis of Trend: The Old Age Pension program, which provides financial assistance to eligible individuals age 60 and older, has three different grant payment categories (A, B and C). The grant standard for the Old Age Pension Program is \$699 per month (effective January 1, 2009), which is equivalent to 77% of the federal poverty level (\$907.50 per month). With the implementation of a five-year bar for qualified aliens enacted with the passage of HB 10-1384, there has been a significant decrease in the average monthly caseload for OAP. This policy change reduced the OAP monthly average caseload by approximately 1,039 recipients in FY 2010-11.

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

Trend Exhibit:

FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
Actual	Actual	Actual	Actual	Estimated	Projected
5,550	5,933	6,614	6,767	6,733	6,953

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Description of Trend: Aid to the Needy Disabled-State Only (AND-SO), established in 1953 provides basic financial assistance to low-income persons aged 18 to 59 who have a disability expected to last six months or more. Effective July 1, 2011, the maximum grant payment is \$175 per month, which is 19% of the current poverty level of \$907.50 per month for an individual. The grant standard for this program is lowered as necessary to stay within available appropriations.

Analysis of Trend: The AND-SO Program is linked to the federally funded and administered Supplemental Security Income (SSI) Program in that persons who apply for AND-SO benefits must also apply for the federal SSI program. As such, the AND-SO Program is an “interim assistance” program where State benefits are distributed pending an eligibility decision for SSI benefits. After approval for the SSI Program, the State is reimbursed for payments made from the AND-SO Program. To qualify for AND-SO benefits, a physician or other designated medical practitioner must certify a person as being totally disabled and unable to work at any occupation for at least six months. As of July 1, 2011, applicants must meet the income limit of \$175 per month, resource limit of \$2,000, citizenship/legal status, and Colorado residency requirements.

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

Trend Exhibit:

FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
Actual	Actual	Actual	Actual	Projected	Projected
971	922	1,350	1,642	1,337	1,325

Description of Trend: Aid to the Needy Disabled/Supplemental Security Income-Colorado Supplement (AND/SSI-CS), established in 1969, provides supplemental income to individuals receiving Supplemental Security Income (SSI) payments, up to the AND/SSI-CS need standard of \$637 (effective 1/1/08). The SSI need standard is \$674 effective January 1, 2009. A cost of living increase was not passed on to AND/SSI-CS grant standard in January 2009 to keep pace with the SSI grant standard. This standard of need is equivalent to 70% of the current Federal Poverty Guidelines of \$907.50 per month for an individual.

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

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another person may qualify for the AND/SSI-CS program. Failure to pass along the 2009 COLA has resulted in a \$37 per month difference in the SSI and AND/SSI-CS grant standards and has impacted the State’s ability to meet the Maintenance of Effort (MOE) expenditure benchmark with Social Security. MOE requires the State to spend a minimal amount of funds to supplement SSI clients’ income. Should the State fail to meet the MOE benchmark, the SSA could implement sanctions equal to no less than one quarter’s Federal Medicaid matching funds, or approximately \$350 million.

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

Trend Exhibit:

FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2011-12
Actual	Actual	Actual	Actual	Estimated	Projected
3,166	3,143	3,058	2,934	2,833	2,726

Description of Trend: The Home Care Allowances (HCA) program was transferred to the CDHS from Health Care Policy and Financing (HCPF), effective FY 2006-07. The purpose of the program is to provide financial grants to individuals in order for the individual to receive unskilled personal care services from informal caregivers. The intent of the program is to keep individuals independent and in their own residences. There are three payment tiers for Home Care Allowance, determined by the level of care required. The three HCA payment tiers effective September 1, 2010, are 1) \$200; 2) \$342; and 3) \$475. The approved amounts are determined by available appropriation. Effective January 1, 2012, clients will no longer be allowed to receive both Home and Community Based Services (HCBS) and Home Care Allowance benefits during the same month.

Analysis of Trend: The elimination of dual eligibility for HCBS and HCA is not expected to change overall caseload as some clients will come off of the HCA program, but are expected to be replaced with new SSI eligible clients.

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

Trend Exhibit:

FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
Actual	Actual	Actual	Actual	Estimated	Projected
10,999	10,470	10,739	11,000*	11,100	11,200

**FY 2010-11 data is not available until January 2012.*

Description of Trend: Reports to Adult Protective Services (APS) of abuse, neglect, and exploitation of at-risk adults ages 18 and over have increased by more than 100% over the past decade, from 5,019 in FY 2000-01 to 10,739 in FY 2009-10. Furthermore, of the 10,739 reports, those that require additional investigation by APS caseworkers resulting in open cases have increased 39% since FY 2000-01. The average number of ongoing cases and new reports to APS each month (Average Monthly Case Count) continues to rise.

Analysis of Trend: The increases in reports to Adult Protective Services in Colorado since FY 2001 are likely attributable to an increase in the population of persons over the age of 60 years (those most susceptible to adult abuse) and to an increase in awareness about the existence and seriousness of adult abuse. Increases in the percentage of referrals requiring additional investigation are most likely attributable to increased education to community and professional groups about what and when to make a report to APS, and to a lesser but notable degree, improvement in the documentation of reports across county adult protection programs. The increased percentage of referrals (versus reports that do not require additional investigation) seen since FY 2005-06 generates additional workload for APS caseworkers, as indicated by the Average Monthly Case Count (AMCC). This increase in the AMCC can be attributable in part to the increased complexity of issues faced by at-risk adults that are being abused, neglected, and exploited and the resulting increase in time the case must remain open in order to resolve the issues.

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

Trend Exhibit:

FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
Actual	Actual	Actual	Actual	Estimated	Projected
36,190	38,881	39,168	39,284	39,284	39,284

Description of Trend: Funding for Older Americans Act and State Funding for Senior Services increased between FY 2006-07 and FY 2010-11. In FY 2010-11, the increase was due to additional federal funding for these programs. In FY 2009-10, the American Recovery and Reinvestment Act (ARRA) added \$1,265,254 to the Senior Nutrition Program funding to the allocations for the Area Agencies on Aging (AAA). State Funding for Senior Services (SFSS) received significant increases from \$3,000,000 in FY 2005-06 to \$10,000,000 in FY 2008-09. However, SFSS was reduced to \$9,000,000 in FY 2009-10 due to State budget constraints. In FY 2011-12, the net change in funding from SFY 2010-11 is an increase of 1%.

Analysis of Trend: The total number of services delivered to recipients of State Funding for Senior Services and the Older Coloradans Act has increased due to the funding increases since FY 2005-06. The number of unique individuals served in these programs has risen 17% from 33,576 in FY06 to 39,284 in FY 2010-11. Due to relatively flat funding, no significant caseload shifts are expected in FY 2011-12 or FY 2012-13.

Department Description FY 2012-13 BUDGET REQUEST

Office of Veterans Nursing Homes – Workload Indicators
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Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Projected
Average number of residents served (average monthly census).	89.0%	82.2%	82.1%	82.2%	87.1%	87.0%

Note: Average monthly census for FY 2010-11 was artificially lowered because of the low census at the State Nursing Home in Trinidad. Appropriation FY 2011-12 and projected FY 2012-13 are based on averages for the other homes.

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Projected	Projected
Patient per Day (PPD) cost for raw food.	\$6.85	\$6.99	\$6.78	\$7.02	\$7.03	\$7.37
Patient per Day (PPD) cost for pharmaceuticals.	\$5.32	\$5.63	\$5.94	\$6.76	\$7.10	\$7.10

Note: Raw food and pharmaceuticals projection for FY 2012-2013 based on actual FY 2010-2011 plus 5% increase. The 5% increase is based on the USDA projection of food costs rising by 2.5% to 3.5% in 2012 and the projected increase in census. Pharmaceutical costs should remain steady from FY 2011-12 to FY 2012-13 since the market is expected to remain at or below current cost levels.

Department Description FY 2012-13 BUDGET REQUEST

Division for Developmental Disabilities – Workload Indicators

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of adults with developmental disabilities receiving residential services during the last month of the fiscal year. *Assumes no new funding.	3,803	3,895	4,338	4,347	4,443	4,443*
Number of adults with developmental disabilities on waiting list for residential services as of the last day of the fiscal year (Medicaid HCBS waiver and state programs combined) *Assumes 5% annual growth in demand	1,780	1,325	1,352	1,633	1,715*	1,801*
Number of adults with developmental disabilities receiving Supported Living Services during the last month of the fiscal year. *Assumes no new funding.	3,793	3,793	4,166	4,073	4,108	4,108*
Number of adults with developmental disabilities on waiting list for Supported Living Services as of the last day of the fiscal year. (Medicaid HCBS waiver and state programs combined) *Assumes 5% annual growth in demand.	2,762	2,484	1,857	1,546	1,623*	1,704*
Average number of children receiving early intervention services each month. *Assumes a 4.4% annual growth in demand	3,951	4,053	5,611	6,010	6,274*	6,550*

Department Description FY 2012-13 BUDGET REQUEST

Workload Indicator continued	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Projected
Total number of families who received Family Support Services during the fiscal year. *This number reflects a 65% decrease in funding in the program in FY 2010-11.	3,800	3,800	4,744	2,838*	2,500	2,500
Number of families on waiting list for Family Support Services as of the last day of the fiscal year. *Assumes a continued 11.8% annual average growth in demand.	4,153	4,041	4,679	5,231	5,848*	6,538*
Number of children receiving Children's Extensive Support Services during the last month of the fiscal year. *Assumes no new funding.	350	360	429	435	435	435
Number of children on waiting list for Children's Extensive Support Services as of the last day of the fiscal year. *Assumes a 5% annual growth in demand.	239	322	291	331	348*	365*
Number of Program Quality Health and Safety surveys completed during the fiscal year.	228	236	163	206	192	192
Percentage of community programs for persons with disabilities that met critical health and safety requirements at the time of their monitoring visit, requiring no follow-up by the Division.	95.0%	95.0%	83%	84%	95%	95%

Division for Developmental Disabilities - Caseload Trends

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

Description of Trend: Between June 2008 and June 2011, the overall demand (i.e., the total number served and the total number on the waiting list) for adult services decreased by 4.4% and the overall demand for child and family services increased by 3.4%. The overall demand for early intervention services has increased by 52.1%. For adult services, the overall demand includes a 10.8% increase in persons receiving services from 7,596 to 8,420 and a 30% decrease in the waiting list for those persons estimated to need services within two years, from 4,542 in June 2008 to 3,179 in June 2011. Part of this decrease is related to a change in how the waiting list is reported. Children ages 14 and 15 years of age who were waiting for adult services are no longer included in the waiting list count. For child and family services, the overall demand includes a 21.1% decrease in the number of persons receiving services from 4,150 in June 2008 to 3,273 in June 2011. This decrease is primarily due to a decrease in funding for the Family Support Services Program (FSSP) made to address a shortfall in available funding for service delivery. Conversely, there was a 26.6% increase in the FSSP waiting list, those estimated to need services within two years, from 4,392 in June 2008 to 5,562 in June 2011. For early intervention services, the overall demand includes a 52.1% increase in persons receiving services from 3,951 in June of 2008 to 6,010 in June 2011.

Analysis of Trend: There continues to be a need for comprehensive residential services for adults with developmental disabilities as parents become unable, due to their own advancing age and/or declining health, to care for their adult family members with developmental disabilities at home. Of adults with developmental disabilities who are waiting for comprehensive services within the next two years and still living with their parents, 8.9% are themselves 40 years old or older, implying that their family caregivers are in their 60s or older. Additionally, 29.8% of adults with developmental disabilities on the waiting list are considered to be “high risk”, defined as: over age 40 and living with a parent, or a person who has co-occurring mental illness, maladaptive behavior, or a person who is non-mobile, medically fragile, or has an overall functioning level of profound.

Department Description FY 2012-13 BUDGET REQUEST

Division for Regional Center Operations – Workload Indicators

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual*	Actual**	Approp***	Projected***
Average daily census for Intermediate Care Facility for persons with Mental Retardation (ICF/MR) placements – Grand Junction Regional Center	74	76	66	39	40	40
Average daily census for HCBS-DD placements – Grand Junction Regional Center	77	74	70	63	62	62
Average daily census for Intermediate Care Facility for persons with Mental Retardation (ICF/MR) placements – Wheat Ridge Regional Center	28	28	50	123	126	126
Average daily census for HCBS-DD placements – Wheat Ridge Regional Center	124	116	76	0	0	0
Average daily census for HCBS-DD placements – Pueblo Regional Center	79	72	73	72	74	74
Total number of new admissions to Regional Centers during the fiscal year.	20	21	20	24	TBD	TBD
Number of adults with developmental disabilities on waiting list for Regional Center services as of the last day of the fiscal year.	60	65	60	60	58	TBD

*Closure of the Skilled Nursing Facility at Grand Junction Regional Center resulted in a reduction of 29 individuals transferred to community services.

**The Wheat Ridge Regional Center was fully converted from HCBS waiver group homes to ICF/MR licensing on July 1, 2010.

***Adjusted for anticipated capacity reduction at the Regional Centers in the ICF/MR program due to transferring residents to community services.

Department Description FY 2012-13 BUDGET REQUEST

Division for Regional Center Operations - Caseload Trends

Name of Trend: Service for Individuals with Complex Needs

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY2011-12	FY2012-13
Regional Center Census	403	351	329	307	302	302

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

People are referred to the Regional Centers from the community based on their Service Plans from the Mental Health Institutes, the Department of Corrections, nursing facilities, and the Community Centered Board system, including persons with high needs who are waiting for services. Regional Centers provide active treatment programs including residential services, day programs, work therapy services, behavioral services and medical care, based on individual assessments and habilitation plans. These active treatment programs are intended to result in increased independence and inclusion in the community. The current waiting list includes 23 individuals requiring programs for sex offence, 12 for mental health stabilization, 21 for behavioral issues, and 2 for medical needs.

Analysis of Trend: The reduction in the bed capacity of the Regional Centers from 1,310 in 1980 to 297 in FY 2010-11 represented a decrease of 78%. The downsizing plan that began in FY 2007-08 has been completed with the census among the three Regional Centers stabilized at a maximum of 302. Additionally, the Regional Centers have initiated new programs for short-term stabilization of individuals in crisis with the goal of returning the individuals to the community after 90 to 120 day stays.

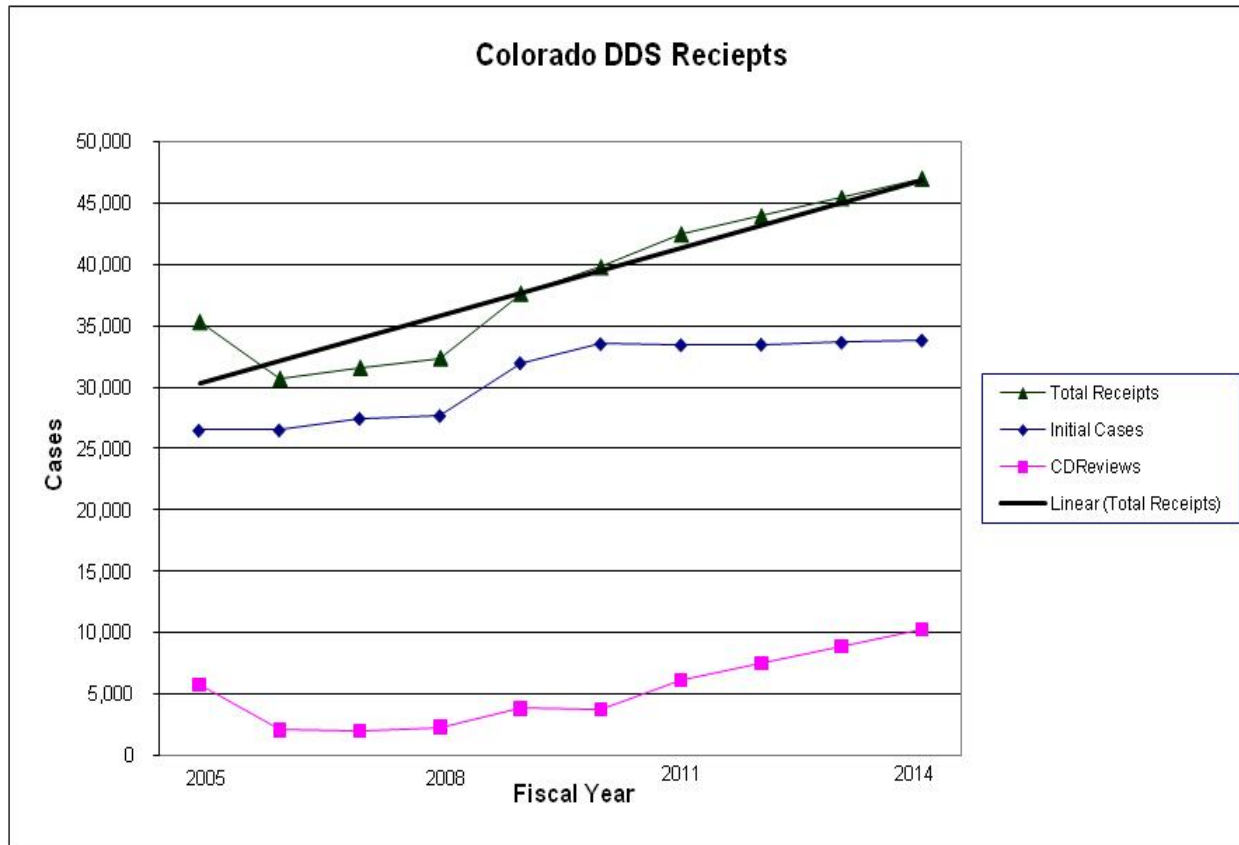
Division for Disability Determination Services – Workload Indicators

Workload Indicator	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY2011-12
Total cases completed.	Actual	Actual	Actual	Estimated	Estimated.	Projected
	32,253	36,215	45,620	42,000	42,000	36,200

Division of Disability Determination Services– Caseload Trends

Name of Trend: Increase in Disability Claims Caseload

Trend Exhibit



Description of Trend: The Division had anticipated growth of initial claims of 1-2% for 2008 and following years. However, since late 2008, case growth has increased by 41%. Further, it is anticipated that the SSA will release substantially more Continuing Disability Reviews (CDR) to the states in 2013, increasing workload by over 40% in that area. Staffing up to meet this increase in caseload volume with experienced case adjudicators will be a challenge the next several years given federal budget pressures to limit spending.

Analysis of Trend:

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

SSA actuaries estimate that the growth in initial case filings will flatten out in the coming years as the economy improves. However, SSA has been instructed by Congress to increase the number of Continuing Disability Review (CDR) claims released to the DDS, as federal studies show this is a cost-effective way to reduce benefit payout in future years. This caseload will likely more than double by 2014.

**Colorado Department of Human Services
Workload Reports**

Office of Behavioral Health – Workload Reports
Mental Health Institute Division
Division of Behavioral Health

The Office of Behavioral Health includes the Division of Behavioral Health, including community mental health and alcohol and drug abuse programs for non-Medicaid eligible individuals; the Mental Health Institute Division, which oversees the two state-operated psychiatric hospitals at Ft. Logan and Pueblo, and the Domestic Violence Program dedicated to funding, training and sustaining domestic violence victim services. The reports below highlight key workload measurements for the respective divisions.

Mental Health Institute Division – Workload Indicators

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Request
CO Mental Health Institute at Fort Logan - Civil Units: Direct Care Staff to-Patient Ratio (including TRCCF)	1.34	1.38	1.46	1.39	1.33	1.33
CO Mental Health Institute at Pueblo - Civil Units: Direct Care Staff to-Patient Ratio	1.34	1.33	1.42	1.45	1.45	1.45
CO Mental Health Institute at Pueblo - Forensic Units: Direct Care Staff to-Patient Ratio	1.29	1.23	1.30	1.39	1.39	1.39
CO Mental Health Institute at Pueblo: Number of Inpatient and Outpatient Competency Evaluations Referred (including competency, sanity and mental condition exams)	914	954	987	1,062	1,116	1,170

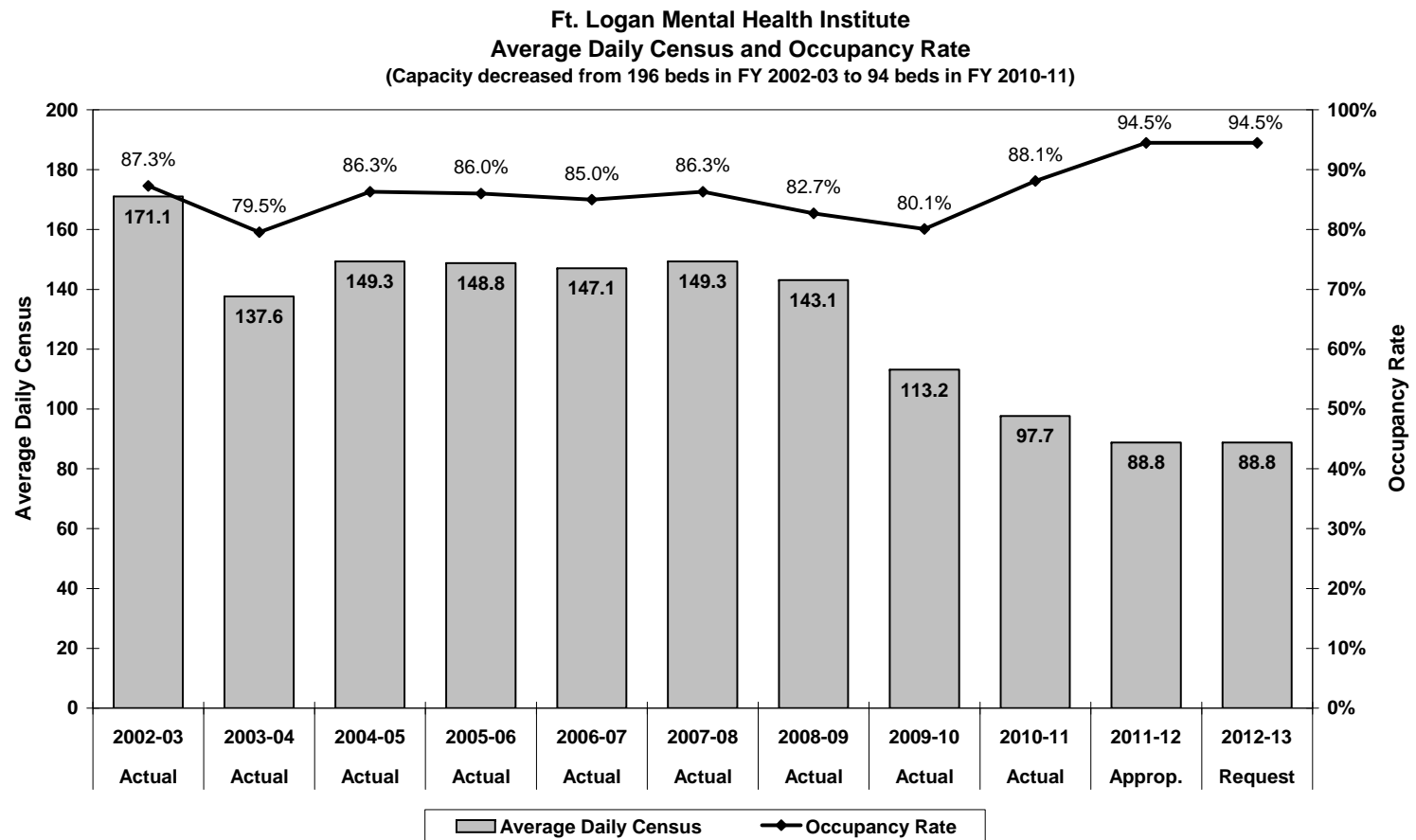
Department Description FY 2012-13 BUDGET REQUEST

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Request
CO Mental Health Institute at Pueblo: Number of Inpatient Incompetent to Proceed Restorations Referred	232	188	229	231	257	283
Number of Inpatient Admissions - Both Institutes	2,986	2,830	2,243	1,888	1,873	1,873
Registered Nurse Vacancy Rate (based on utilized FTE)	CMHIP: 6.6% Fort Logan: 7.5%	CMHIP: 9.2% Fort Logan: 10.9%	CMHIP: 7.0% Fort Logan: 8.9%	CMHIP: 12.3% Fort Logan: 9.5%	CMHIP: 12.3% Fort Logan: 9.5%	CMHIP: 12.3% Fort Logan: 9.5%
Registered Nurse Turnover Rate (based on utilized FTE)	CMHIP: 20.8% Fort Logan: 15.7%	CMHIP: 15.6% Fort Logan: 15.7%	CMHIP: 13.7% Fort Logan: 46.8%	CMHIP: 17.7% Fort Logan: 29.8%	CMHIP: 17.7% Fort Logan: 29.8%	CMHIP: 17.7% Fort Logan: 29.8%
Institute Population with a TBI or DD Diagnoses.	CMHIP: 5.9% Fort Logan: 8.4%	CMHIP: 7.6% Fort Logan: 7.7%	CMHIP: 5.9% Fort Logan: 6.5%	CMHIP: 5.6% Fort Logan: 7.9%	CMHIP: 5.6% Fort Logan: 7.9%	CMHIP: 5.6% Fort Logan: 7.9%

Mental Health Institutes – Caseload Trends

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

Trend Exhibit:



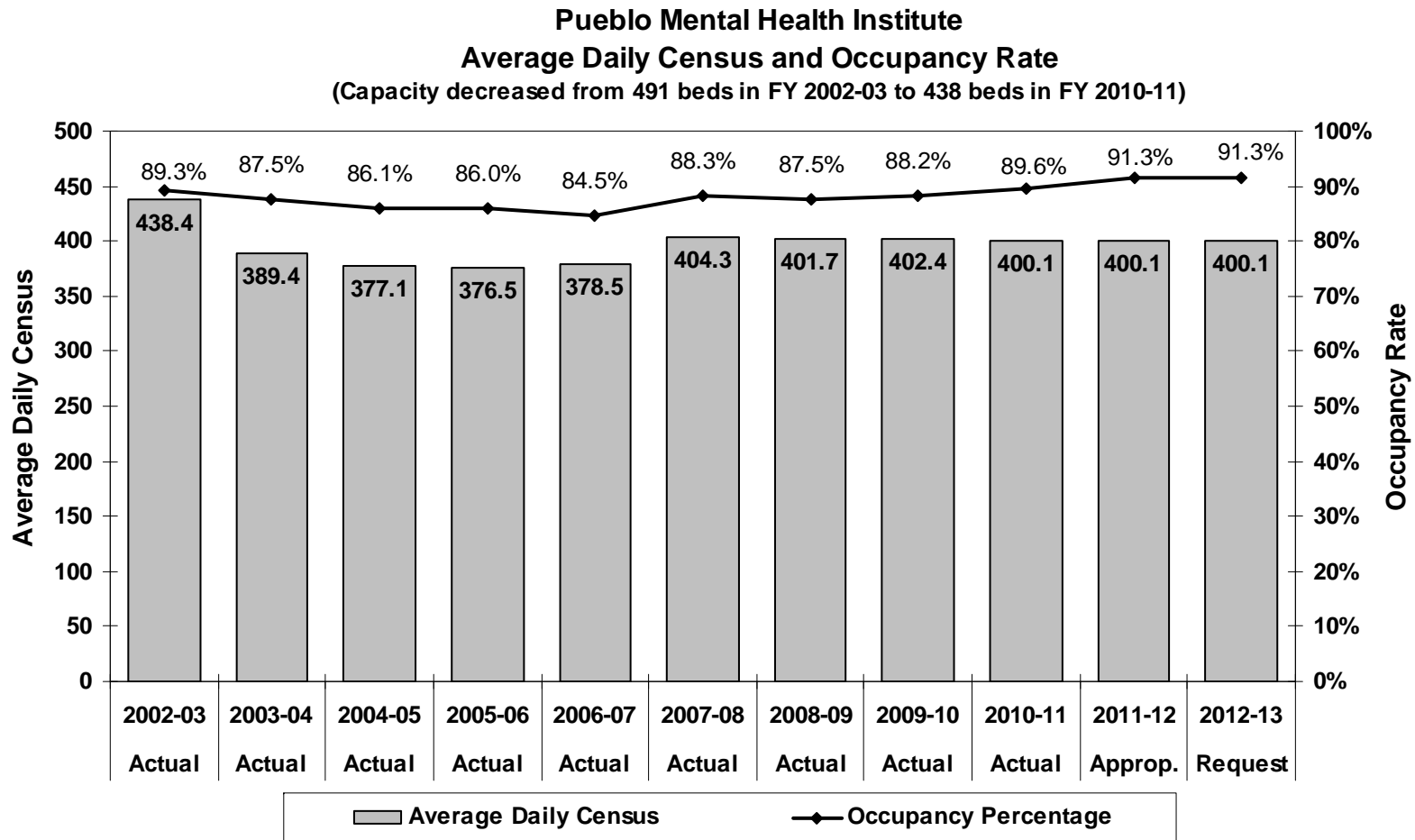
Department Description FY 2012-13 BUDGET REQUEST

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

Analysis of Trend: The Fort Logan occupancy rate has increased in the last few fiscal years. This increase is largely due to the closure of two units in FY 09-10 that averaged occupancy rates of 50 to 60 percent. Currently, the four adult units are operating at near capacity.

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

Trend Exhibit:



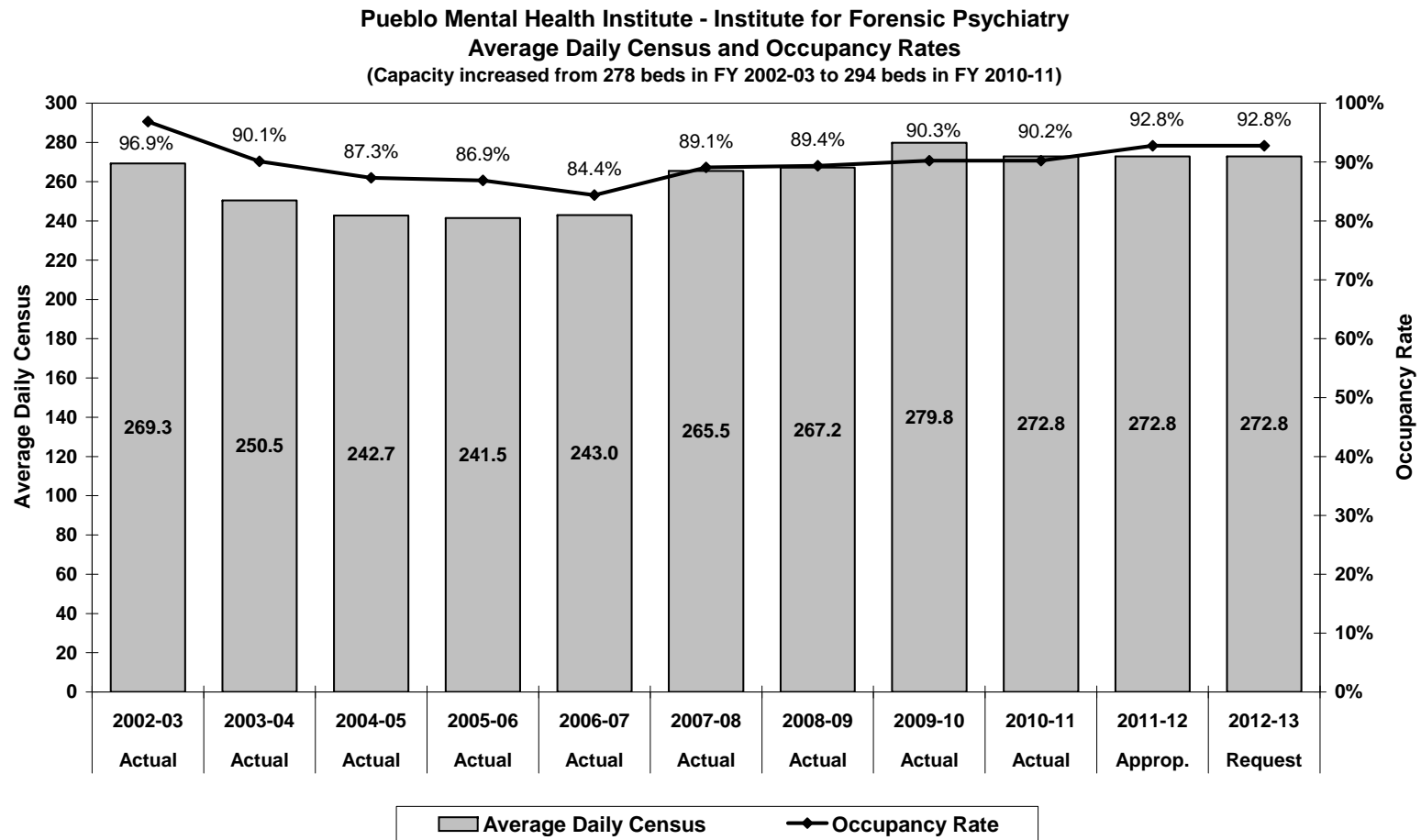
Department Description FY 2012-13 BUDGET REQUEST

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

Analysis of Trend: The Colorado Mental Health Institute at Pueblo (CMHIP) occupancy rate and Average Daily Census (ADC) has remained relatively constant over the over the last five fiscal years.

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

Trend Exhibit:



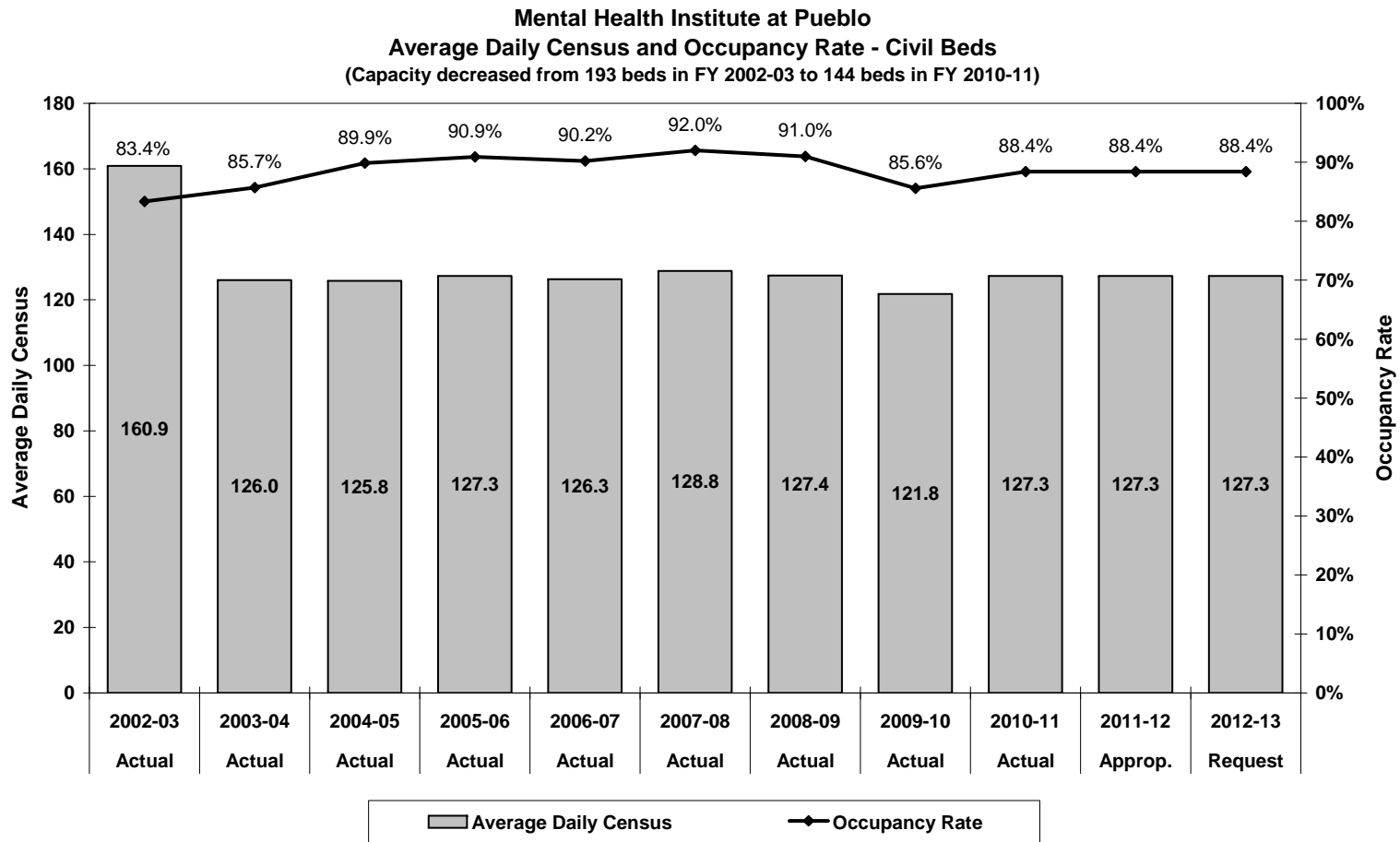
Department Description FY 2012-13 BUDGET REQUEST

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

Analysis of Trend: As the exhibit indicates, IFP occupancy rates have increased gradually over the last several years; from 84.4 percent in FY 2006-07 to 90.2 percent in FY 2010-11. This increase has occurred despite the addition of 20 beds that occurred in January 2007 when the Department opened additional forensics beds to serve the increased demand for court ordered inpatient competency evaluations. The High Security Forensic Institute opened on June 1, 2009 and added an additional 12 beds to the CMHIP IFP capacity for a total of 310 inpatient forensic beds. Subsequently, CMHIP closed a 16-bed unit in the HSFI due to underutilization and to reallocate staff to other areas of the hospital. The current IFP capacity is 294 beds.

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

Trend Exhibit:



Department Description FY 2012-13 BUDGET REQUEST

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

Analysis of Trend: The Colorado Mental Health Institute at Pueblo (CMHIP) civil occupancy rate and Average Daily Census (ADC) increased from 85.6% in FY 2009-10 to 88.4% in FY 10-11. This increase is most likely due to increased utilization of adult and adolescent beds by the community mental health centers.

Department Description FY 2012-13 BUDGET REQUEST

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

Trend Exhibit:

CMHIP Exams (sanity, competency, mental condition, etc.) and ITP Refererals (Competency Restorations) per Fiscal Year										
Fiscal Year	Exams				Restorations (ITPs)				% Change from FY 2000-01	
	In Pt	Out Pt	Total	% Increase	In Pt	Out Pt	Total	% Increase	Exams	ITPs
2000-01	236	193	429		87		87			
2001-02	169	271	440	2.6%	98		98	12.6%	2.6%	12.6%
2002-03	82	344	426	-3.2%	111		111	13.3%	-0.7%	27.6%
2003-04	89	416	505	18.5%	109	2	111	0.0%	17.7%	27.6%
2004-05	102	441	543	7.5%	135	1	136	22.5%	26.6%	56.3%
2005-06	191	629	820	51.0%	167	3	170	25.0%	91.1%	95.4%
2006-07	219	621	840	2.4%	223	24	247	45.3%	95.8%	183.9%
2007-08	254	660	914	8.8%	217	15	232	-6.1%	113.1%	166.7%
2008-09	306	648	954	4.4%	170	18	188	-19.0%	122.4%	116.1%
2009-10	321	666	987	3.5%	208	21	229	21.8%	130.1%	163.2%
2010-11	328	734	1,062	7.6%	214	17	231	0.9%	147.6%	165.5%
2011-12 projected	343	772	1,115	5.1%	217	17	234	1.2%	159.8%	168.8%
2012-13 projected	361	813	1,175	5.4%	234	19	253	8.0%	173.8%	190.2%

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

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

Analysis of Trend: Over the last several fiscal years, CMHIP has experienced a dramatic increase in number of forensics patients referred by the courts to CMHIP for inpatient competency evaluations and restorations. The number of inpatient competency examinations increased by 222 percent (from 102 to 328) between FY 2004-05 to FY 2010-11.

Department Description FY 2012-13 BUDGET REQUEST

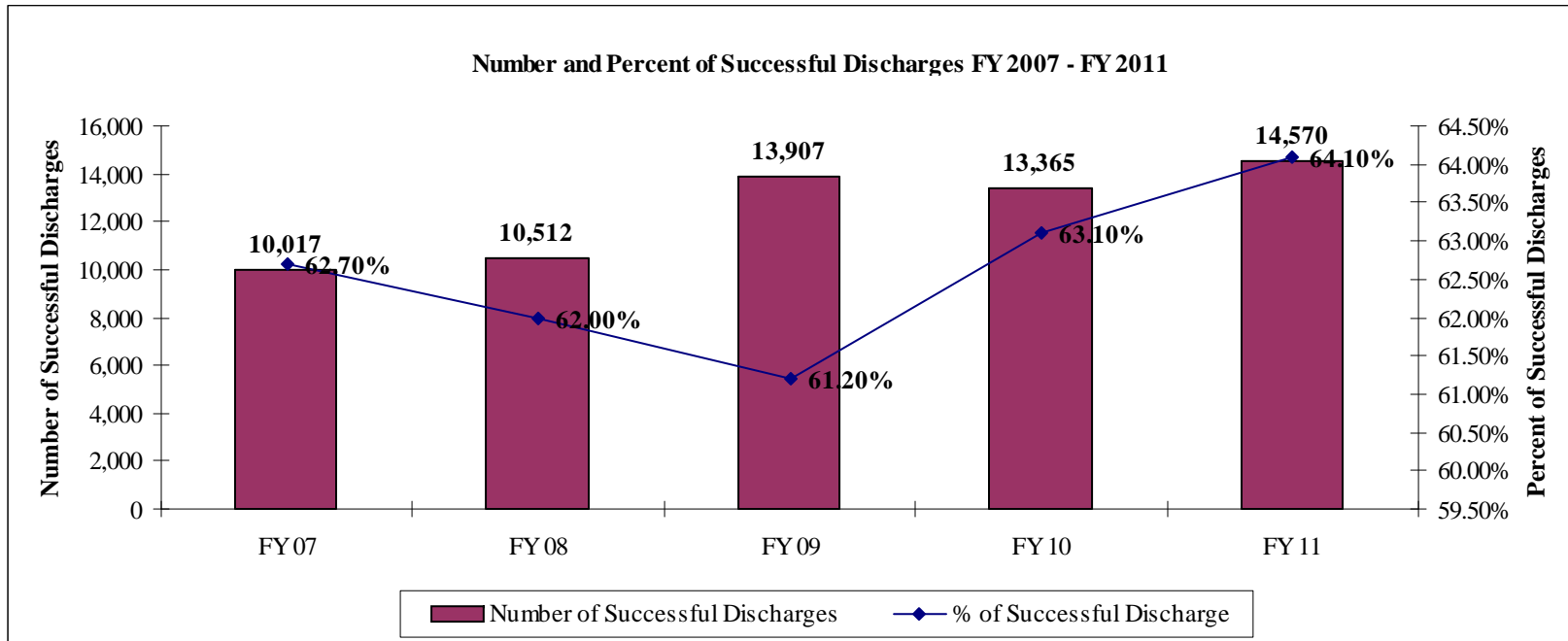
Division of Behavioral Health – Workload Indicators

Workload Indicator	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Actual	Actual	Appropriated	Projected
Number of site reviews.	306	314	654	502	360	391	385	385
Number of mental health consumer complaints about the public behavioral health system.	72	118	135	169	218	115	220	220
Number of contracts, purchase orders and interagency agreements administered.	287	269	139	238	288	245	245	245
Number of hours of training provided per year by Division of Behavioral Health.	786	1167	2327	2581	2993	1776	1938	1938

Division of Behavioral Health – Caseload Trends

Name of Trend: Number and Percent of Successful Discharges: Substance Use Disorder Treatment Program, FY 2007 - 2011.

Trend Exhibit:

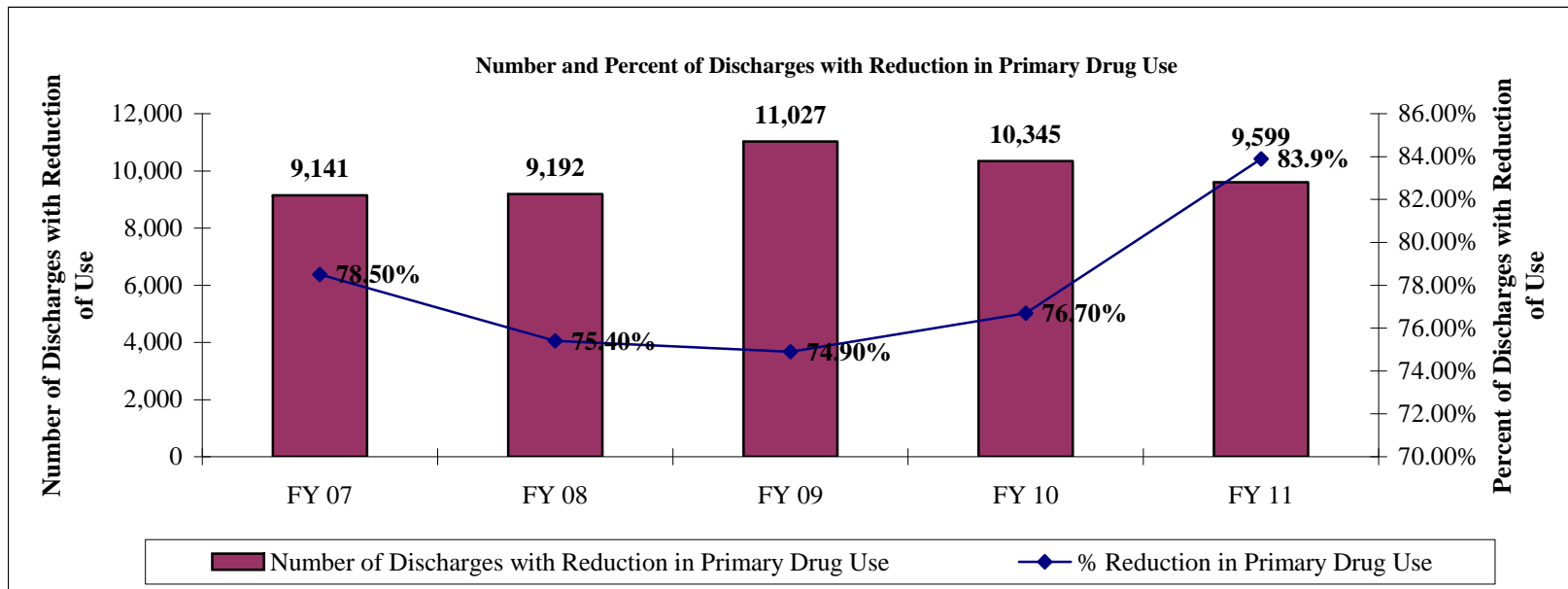


Description of Trend: This trend details the number of successful discharges from substance use disorder treatment programs and the percent of those who have been successfully discharged with moderate to high achievement.

Analysis of Trend: Successful discharges from treatment, or those individuals who accomplished a moderate to high achievement of their treatment goals, have remained somewhat consistent from fiscal year 2007. National studies indicate that clients who complete a moderate to high percentage of their treatment plans have a more successful treatment outcome: e.g., they are not as likely to relapse as clients completing less of their treatment plans. The trend has gradually increased from 61.2% in fiscal year 2009 to 64.1% in fiscal year 2011.

Name of Trend: Substance Use Disorder Treatment Discharges, FY 2007-2011: Reduction In Primary Drug Use.

Trend Exhibit:



Description of Trend: This trend details the number and percent of discharges from substance use disorder treatment programs that had a reduction in their primary drug use while in treatment.

Analysis of Trend: The percent of treatment clients who had a reduction in their primary drug use while in treatment increased from 76.7% in fiscal year 2010 to 83.8 percent in fiscal year 2011. The trend has maintained at 75% (or above) over the past five years for those clients who reduced their primary drug use.

Department Description FY 2012-13 BUDGET REQUEST

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

30 – Day Alcohol, Tobacco, or Other Drugs (ATOD) Use from fiscal years 2005-2006, 2006-2007, 2007-2008, 2008-2009, and 2009-2010

ATOD use was measured by the 30-Day Use scale. This measurement tool, used by the national *Monitoring the Future Survey* (1996), assesses youth respondents' substance use in the 30 days prior to receiving services (pre-test) and use in the 30 days prior to the end of services (post-test). Prevention is reflected by abstinence from ATOD use at post-test. "True prevention" is defined as abstinence prior to pre- and post-test; that is, respondents who reported no use in the 30 days prior to pre-test continue to report no use prior to post-test.

For each of 6 substance categories, respondents were assigned to one of four groups:

Never Used = Respondent reported no use in the 30 days prior to pre-test and post-test (i.e. "true prevention")

Stopped = Respondent reported 1+ days of use prior to pre-test and no use prior to post-test

Started = Respondent reported no use prior to pre-test and 1+ days of use prior to post-test

Continued = Respondent reported 1+ days of use prior to pre-test and post-test

Exhibit 1

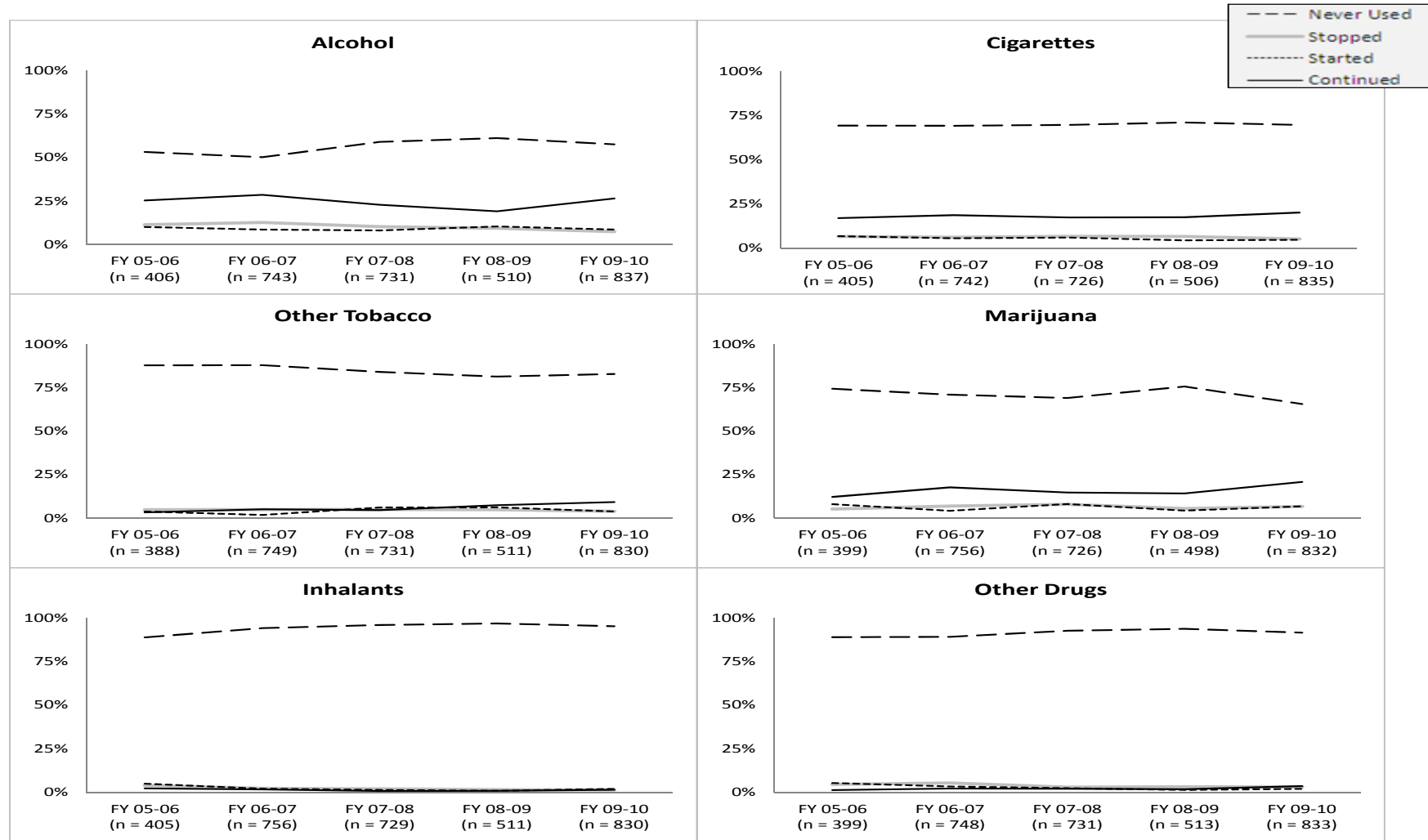


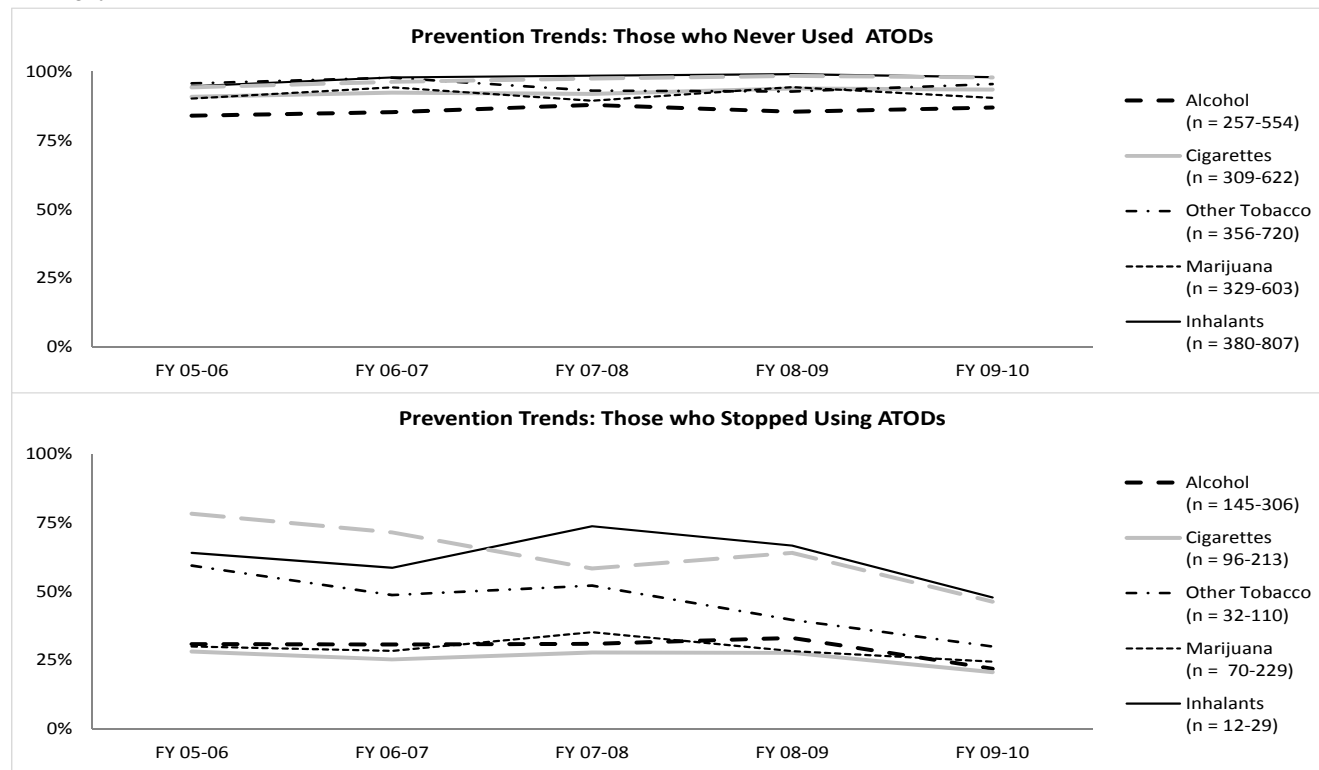
Exhibit 2 highlights “true prevention” and “stopping” trends over time. The top panel of Exhibit 2 illustrates “true prevention,” showing the percent of non-users at pre-test who reported not using prior to post-test (youth in the *never used* category). The most striking feature of this trend is the high degree to which non-users continue to abstain. This is true for all substances across all years;

Department Description FY 2012-13 BUDGET REQUEST

for each substance, a minimum of 84% of respondents who reported no use in the 30 days prior to pre-test also reported no use at post-test. For some substances in some years, this proportion approached 100%. With the exception of alcohol, over 90% of non-users of each substance in the last two fiscal years (2008-2009 and 2009-2010) also reported no use of that substance at post-test.

The bottom panel shows the percent of youth who reported use prior to pre-test who subsequently reported no use prior to post-test (youth in the *stopped* category). Notably, across all substances and years, over 20% of those who reported use at pre-test stopped using at post-test. Rates of stopping were fairly consistent over time for alcohol, cigarettes, and marijuana, ranging from 21 to 35%. Rates of stopping were higher overall for other tobacco, other drugs, and inhalants (30-78%), but these rates appear to trend slightly downward in recent years.

Exhibit 2



Department Description FY 2012-13 BUDGET REQUEST

Description of Trend Data: A primary goal of the Colorado Division of Behavioral Health (DBH) Prevention Services is to prevent and reduce levels of alcohol and drug use among children and adolescents. Substance use data were collected from respondents in programs funded by Substance Abuse Prevention and Treatment (SAPT) Block Grant, Persistent Drunk Driver (PDD), and Law Enforcement Assistance Fund (LEAF). The primary populations targeted by these programs were youth between the ages of 7-18 years who, along with their parents and other family members, had multiple risk factors putting them at an elevated risk for substance use.

Note that DBH-funded prevention programs oftentimes serve different populations of youth each year. Therefore, substance use data are not longitudinal (i.e., data from a single group of respondents collected each year) but rather cross-sectional (i.e., data from different respondents from year to year).

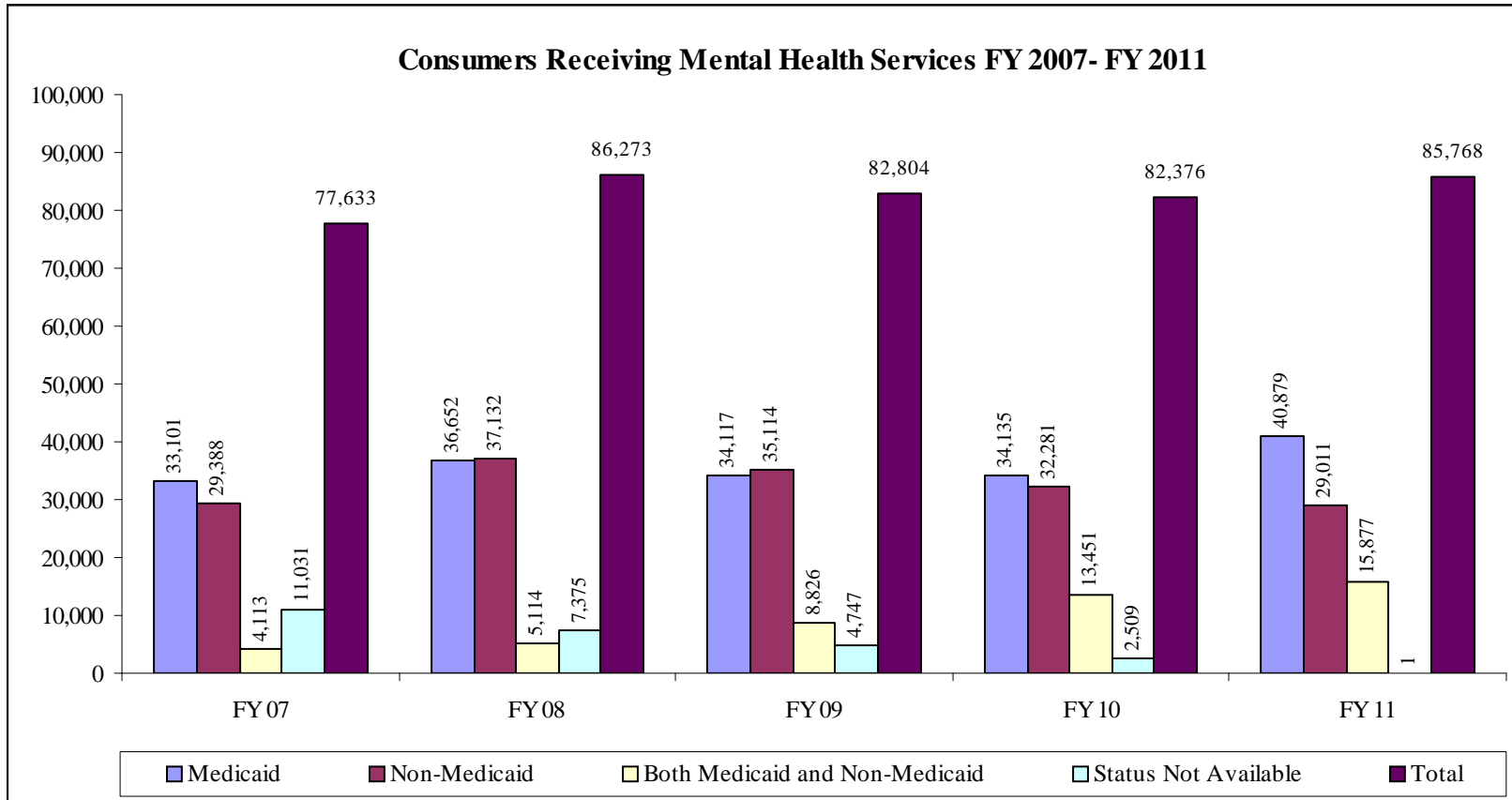
Analysis of Trends: Exhibit 1 below shows high levels of “true prevention” across all substances and across all five fiscal years. For each substance, the majority of respondents were not using prior to receiving services and continued to abstain at the end of services. This was especially true for inhalants and other drugs; every year, over 80% of respondents reported no use in the 30 days prior to pre-test and post-test. In recent years (fiscal year 2007-2008, 2008-2009, and 2009-2010), “true prevention” was over 90% for inhalants and other drugs.

A second feature of the data is higher levels of continued use of alcohol, cigarettes and marijuana compared to other substances. For each of these substances, 12-29% of respondents reported having used the substance at least one day in the 30 days prior to pre-test and at least one day in the 30 days prior to post-test. For alcohol, the percentage of respondents who continued use from pre- to post-test was 20% or more every year and was at its highest (29%) in fiscal year 2006-2007.

Division of Behavioral Health – Mental Health Caseload Trends

Name of Trend: Unduplicated count of all persons served in the behavioral health/mental health system, FY 2007 - 2011.

Trend Exhibit:



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

Analysis of Trend: These trends have exposed a considerable increase in the behavioral health/mental health system serving both Medicaid and non-Medicaid eligible populations. In FY11, the percent of consumers receiving mental health services by payer source was as follows: 47.6% were Medicaid consumers, 33.8% were non-Medicaid consumers, and 18.5 % were both Medicaid and non-Medicaid consumers. Due to the improvement of our data collection in FY11, it is not advised to compare these numbers to previous years, Specifically, due to the large numbers of consumers falling into the "status not available" category in previous years.

**Colorado Department of Human Services
Workload Reports**

Self Sufficiency and Independence – Workload Reports

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

Division of Child Support Enforcement – Workload Indicators

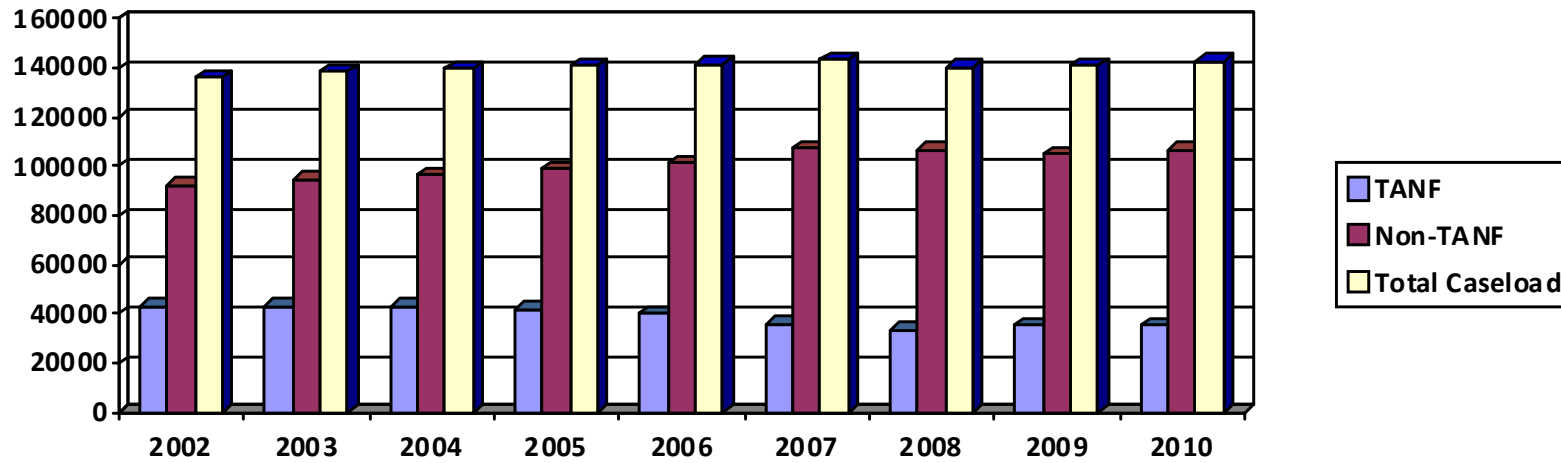
Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Projected
Percentage of cases with court orders.	87.2%	88.2%	87.9%	87.7%	88.4%	89.0%
Percentage of arrears cases paying.	70.3%	71.5%	70.3%	70.4%	71.4%	72.4%

Division of Child Support Enforcement – Caseload Trends

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

Trend Exhibit:

Caseload Trends



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

Analysis of Trend: The declining TANF caseload, a policy change that distributes arrears collections to former TANF recipients before reimbursing State TANF arrears, and the continuing closure of AFDC/TANF arrears only cases as they are paid off, have all contributed to this shift from TANF to non-TANF cases. This has also resulted in more support being paid to families and a steady decrease in collections that reimburse the county, state and federal governments for their TANF expenditures. In 2010, 93% of the child support that was collected went to families. The active TANF caseload in 2010 was almost identical to the total in 2009, which had increased 31% over the 2008 total. It is not anticipated this will reverse the long-term trend from TANF to non-TANF cases.

The program has evolved in how it works with non-custodial parents to assist them in becoming more reliable payors of support and to avoid the build-up of past-due support. This has entailed ensuring that child support orders reflect current income, providing access to training and employment services, providing referrals to mediation services to address visitation issues, and being more proactive in communicating directly with non-custodial parents at appropriate points during the life of the case. These efforts have resulted in steady increases in the number of families receiving support.

In 2010, the program accomplished all of its performance measure goals with the exception of the % of Current Support Collected - which fell 1/10th of a percentage point shy of the goal of 63%, despite a 2% increase in current support dollars collected. From 2006 to 2010 the program has improved its % of Current Support Collected from 59.3% to 62.9%, and the amount of current support collected from \$193 million to \$221 million, a 15% increase. In Federal Fiscal Year 2009-10, the program achieved a number 5 national ranking in Statewide Paternity Establishment Percentage of 97.4%, a number 10 national ranking in % of Caseload With Orders of 88.1% and a number 4 national ranking in the % of Arrears Cases with a Payment of 69.7%. For the second straight year, there was a significant increase in the number of modifications to child support obligation amounts – 10,859, an 11% increase over the 2009 total (the majority involving downward modifications). This is most certainly an indicator of the continued struggling economy.

Department Description FY 2012-13 BUDGET REQUEST

Division of Colorado Works – Workload Indicators
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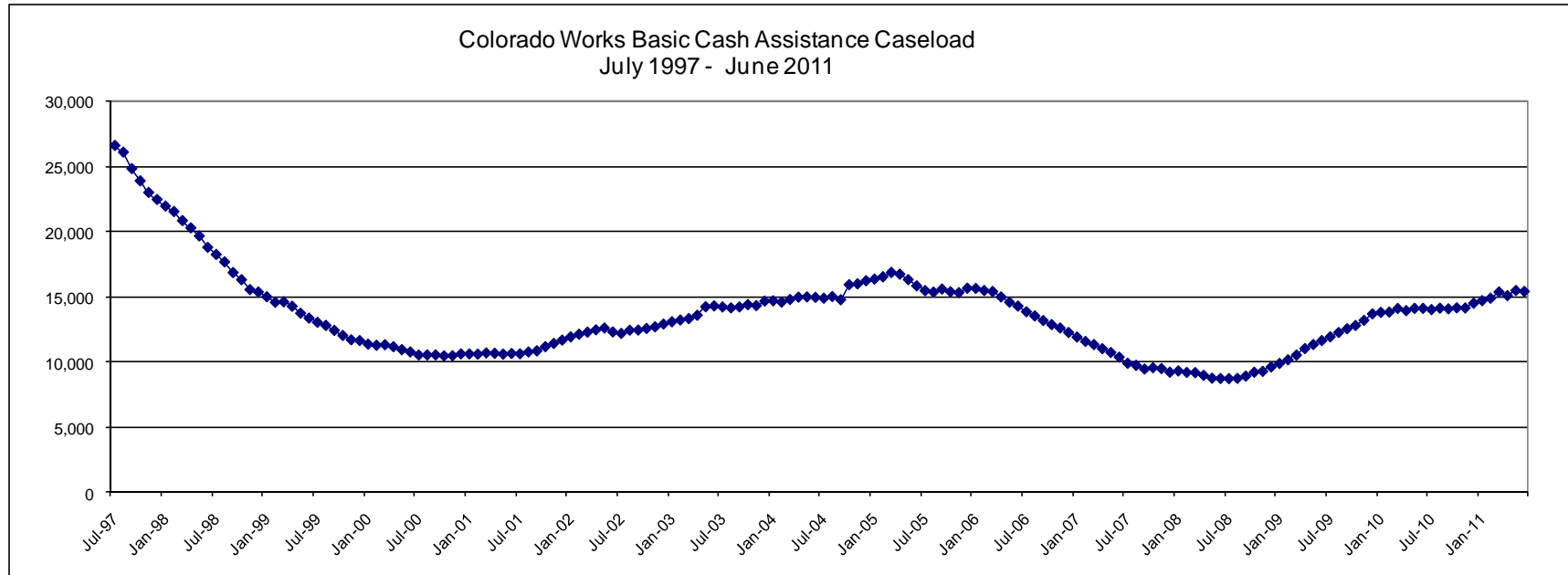
Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Actual	Approp.	Projected
Number of sub-grantees awarded mini-grants as part of the Responsible Fatherhood Grant.	19	42	30	27	27	9*	9*
Number of State Management Reviews conducted per year.	15	13	29	9	19	22	22

* A new grant has been submitted and is currently being reviewed. Should the Division receive the grant, it will award 6-12 sub-awards in the current fiscal year, through the following year. While the number of sub-grantees shows a large projected decline, the funding going to each sub-grantee is larger.

Division of Colorado Works – Caseload Trends

Name of Trend: Monthly Basic Cash Assistance Caseload

Trend Exhibit:



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

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

was about 47%. Beginning again in the late spring/early summer of 2005 caseloads again began to decrease, reaching their lowest point in July 2008 – a caseload decrease of about 44%. Finally, it appears that caseloads are on the rise again, and through June 2011, caseloads have increased about 76%, from 8,733 to 15,393. This latest increase in caseload is likely due to the economic downturn. Though it is an even steeper increase than the period of caseload incline that began in July 2001, the increase has slowed somewhat in the late spring of 2011. These increases track fairly well with similar increases in Food Assistance caseloads. It is likely caseloads will continue to increase, although it is unknown if it will increase steadily for four years as was the case during the last economic downturn.

Department Description FY 2012-13 BUDGET REQUEST

Division of Food Assistance – Workload Indicators

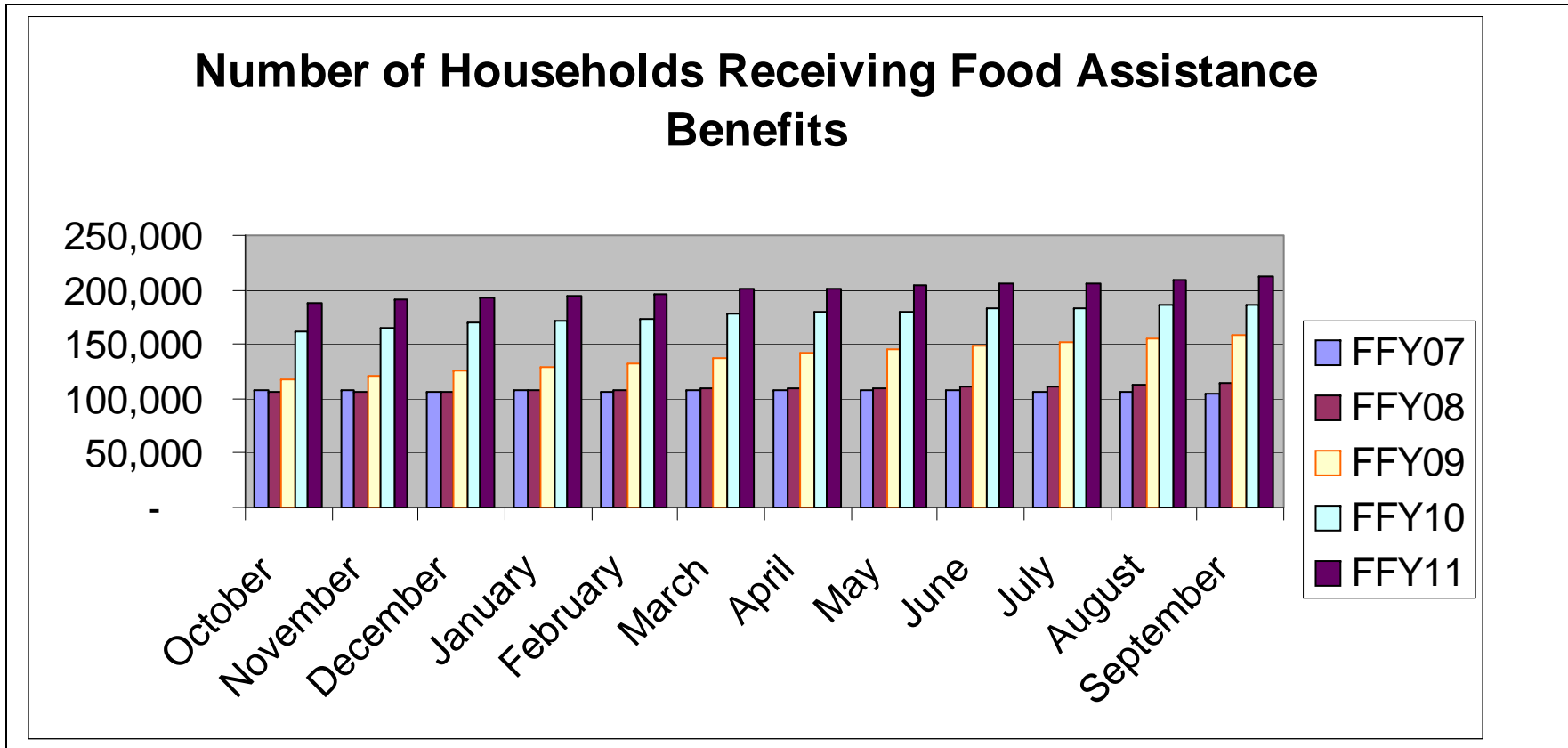
Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Actual	Planned
Number of management evaluations completed annually.	13	11	8	8	11	8
Number of large counties out of compliance with timely processing of expedited food stamps.	10	9	7	10	7*	0
Number of large counties out of compliance with timely processing of regular food stamps.	10	9	9	6	3*	0

*Point-in-time Quality Assurance Data through 7-19-11

Division of Food Assistance – Caseload Trends

Name of Trend: Average Monthly Food Assistance Caseload

Trend Exhibits:



Source: FNS-388 for actual data through July 2011 with projections for August and September 2011

Description of Trend: The number of households receiving Food Assistance benefits has grown statewide by 84%, when July 2011 is compared with July 2007.

Analysis of Trend: In response to the recession, Colorado's Food Assistance Program experienced unprecedented growth in the numbers of households and individuals receiving benefits, following a trend that began in the summer of 2008. Additionally, the American Recovery and Reinvestment Act in April 2009 increased the monthly amount of benefits by 13.6%. The program is responding as intended, by providing critical food assistance to eligible low-income households statewide with an additional 99,435 households being served. The impact on the local offices that administer the program and to the state office, which provides direction, support, training, and monitoring, has been immense. Ten large counties, primarily located along the Front Range and Grand Junction, carry 84% of the increased workload. Approximately four million dollars in additional one-time federal funds, provided by USDA Food and Nutrition Services through the American Recovery and Reinvestment Act of 2009 and the Department of Defense Appropriations Act 2010, were allocated to the ten large counties to assist with the cost of administration to process the increased number of applications. These funds expire in September 2011. Recognizing the need to continue to provide funding to the counties that have experienced the greatest growth, the legislature approved additional funding to support the cost of Food Assistance administration beginning in July 2011 and continuing through June 30, 2013.

The program continues to grow each month, although the rate of growth began to change in January 2010. From June 2008 through December 2009, the rate of growth averaged at least 2% over the prior month. Beginning in January 2010, the trend slowed and the rate of growth now averages a 1% increase over the prior month. Even with this slowdown, the program is projected to have a final growth rate of 14% over the previous year, and an 87% rate of growth over federal year data for 2007.

Measures have been taken over the past three years to absorb the increased workload at both the state and local levels and to simplify business process operations at the local county offices. Through these efforts, tremendous progress had been made to improve timely processing. In addition to meeting federal processing requirements of 95%, the state must also meet performance benchmarks established in an amended court stipulation in the court case brought against the Department of Human Services and Health Care Policy and Financing, following the implementation of the new automated system in 2005. Under this new agreement, CDHS must improve timely processing by 5% every six months, beginning with the benchmark of 80% timely processing for March 2011, which the state achieved. The overall timely processing rate improved by 22% from 63% in 2005 to 82% according to Quality Assurance data through March 2011 despite the growth in caseload.

Department Description FY 2012-13 BUDGET REQUEST

Division of Food Distribution – Workload Indicators

Workload Indicator	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Actual	Actual	Actual	Actual	Actual
Number of management evaluations completed annually for Household Programs	12	13	8	18	12
*Number of IT Training to RAs pertaining to USDA food ordering in the Web-based Supply Chain Management System (WBSCM).	6	4	8	392	210

*Per the Workload Indicator Chart IT Training category above, during FY 2006-07 and FY 2007-08, IT training to RAs pertaining to USDA food ordering was done in ECOS (Electronic Commodity Ordering System). Since then for the other three listed FY's, the amount of IT training greatly increased. WBSCM didn't become the primary USDA platform until July 1, 2011, and the previous operation system ECOS was functioning beforehand while going through transitioning phase through FY 2010-11; therefore training wasn't needed as WBSCM was not yet available to the RAs till end of FY 2008-09. Starting in FY 2009-10, WBSCM training was boosted to ensure that all RAs were ready and adequately trained to use the program, which became essential during FY 2010-11. WBSCM training will continue through FY 2010-11 and into FY 2011-12 and beyond if needed. ECOS will cease to exist as of FY 2011-12, making WBSCM the only USDA web-based ordering system available to RAs.

Department Description FY 2012-13 BUDGET REQUEST

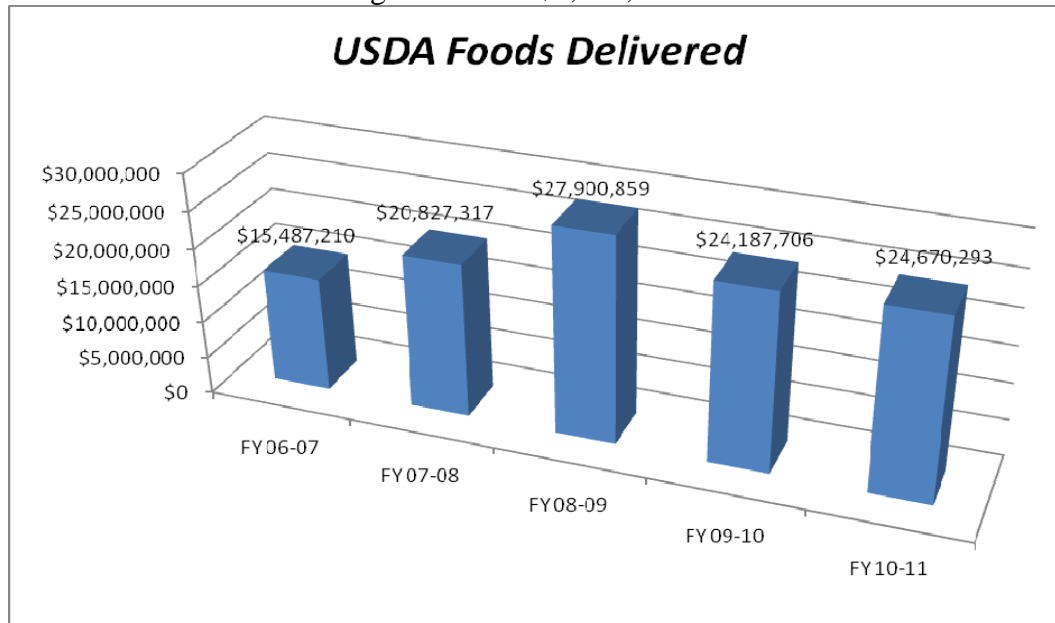
Division of Food Distribution – Caseload Trends

Name of Trend: Amount of USDA Foods Delivered to Citizens in Need.

Trend Exhibit:

Program Fiscal Year	USDA Foods Delivered
FY 06-07	\$15,487,210
FY 07-08	\$20,827,317
FY 08-09	*\$27,900,859
FY 09-10	\$24,187,706
FY 10-11	\$24,670,293

*Inclusive of ARRA Funding for food at \$1,468,250



Description of Trend: The Food Distribution Program (FDP) receives USDA foods from the United State Department of Agriculture, Food & Nutrition Services (FNS) to be distributed to the needy based on prescribed qualifying FNS guidelines. The entitlement value of USDA foods can fluctuate on a yearly basis as illustrated in the graph above. One of the most significant economic factors that harms the program's effectiveness in serving the public is an increase in food prices. This factor recently led to a decrease in the amount of participation despite a fairly consistent funding level. Part of this inflationary pressure is due to the Agricultural Industries facing challenges to their production such as unfavorable weather or growing conditions, high initial investment costs (seed prices) and shortages of manual labor supplies. The FDP has been keeping up-to-date with the situations to try to strategize the pattern of ordering of the USDA Foods to meet the end user's needs. So long as prices continue to rise, the program as a whole will face these tough challenges of having adequate volume and the right mix of food resources to carry out the mandates. Going forward, economic factors would suggest that future year entitlement funds are short of what would be needed to completely meet the effective demand for food assistance.

Analysis of Trend: The FY 2010-2011 funding for USDA food programs as compared to prior year has increased by 2.0% compared to an average of 7-9% price inflation, leading to a decrease in the amount of USDA foods for recipients. In addition, several other factors have contributed to the situation:

- The inflationary pressures are compounded by increased demand for food caused by the weak economy.
- A decrease in the volume of bonus USDA foods due to a shortage of supplies and an increase in competition from other public and private sectors competing for a less than adequate amount of food produced making it harder to bridge the funding gap. USDA's lowest pricing procurement methodology is pricing the programs out of the market while the other sectors are exhibiting a keen sense of willingness to form the successful long term partnership with the suppliers in securing foods sources further complicate prospects for success and indicate a gloomy outlook for our program.
- The increase in competitive future agriculture commodities option trading plus strong international demand point to continued inflationary pressure on food prices. A very steep price outlook indicates continued challenges for USDA in securing adequate amounts of food.

The USDA has begun to explore buying a greater variety of healthier foods such as whole grain products, fruits and vegetables. There is also a strong push towards buying locally grown products and cooking from scratch which is a big switch from the traditional processed foods scenario. As a result, the FDP has followed suit in our USDA foods procurement strategies to keep pace and to ensure that customer needs are being met. Until the USDA FNS and the buying branch, i.e. American Marketing Services (AMS), are able to increase healthier varieties of USDA foods, the FDP can only pursue the effort to the best of its ability in meeting customers' needs. Nevertheless, until the economy starts to show signs of recovery, such as unemployment rates taking a dip, our

anticipation is that the statewide increase in the need for our services will continue to grow. With the diminishing of the American Recovery and Reimbursement Act (ARRA) and no sign of any other funding injection, the ability to sustain the program to its fullest is an ongoing struggle. However, it is the mission of the Colorado Food Distribution Program's (FDP) to manage the program in the most effective and efficient manner as required by both the Feds and the State, and the FDP will continue to stay vigilant and proactive in monitoring, strategizing to leverage the supply and demand trends to ensure that Colorado's food needs will continue to be addressed and met.

Department Description FY 2012-13 BUDGET REQUEST

Energy Assistance – Workload Indicator

None

Energy Assistance – Caseload Trends

Name of Trend: Number of Families Receiving LEAP Benefits

Trend Exhibit:

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Actual	Projected
LEAP Approved Cases	92,018	105,669	123,389	125,097	113,501

Description of Trend: After many years of stable caseloads, LEAP’s caseload rose over 30 percent between FY 2007-08 and FY 2009-10. In FY 2010-11 caseloads stabilized at a level only 1.38 percent higher than FY 2009-10. Caseloads will be reduced in FY 2011-12 due to eligibility changes in LEAP in response to proposed federal funding cuts to the program. LEAP will reduce its income eligibility threshold from 185 percent of the federal poverty level (FPL) to 150 percent based on a proposed reduction in federal LIHEAP block grant funds for Colorado from \$62 million to \$31 million.

Analysis of Trend: LEAP caseloads spiked during FY 2008-09 and FY 2009-10 due to state and national economic conditions. Caseloads stabilized in 2010-11 as the economy began to slowly recover and most energy prices remained relatively stable. As LEAP makes eligibility changes in response to federal cuts for 2011-12, about 17,000 households that were eligible and received assistance last year will no longer be eligible. However, notwithstanding the change in eligibility, LEAP projects up to a five percent increase based on increases in some energy prices and the lack of state and national economic recovery.

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

Division of Refugee Services – Workload Indicator

Workload Indicator*	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
	Actual	Actual	Actual	Projected	Projected
Total number of refugee arrivals in Colorado during FFY (includes refugees, asylees, and secondary migrants)	1,523	2,157	2,367	1,900 **	2,563 **

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

** FY 2011 projections are lower because of new U.S. Department of Homeland Security clearance procedures. FY 2012 projections assume resolution of security clearance delays and uncontrollable increases in secondary migration.

Division of Refugee Services – Caseload Trends

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

Trend Exhibit:

COLORADO REFUGEE ARRIVALS (ALL STATUSES) BY MAJOR POPULATIONS

	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Projected	FY 2011-12 Projected	TOTAL
Burma	472	469	494	400	650	2,485
Bhutan	253	609	593	500	600	2,555
Somalia	165	326	278	200	350	1,319
Iraq	213	300	331	250	300	1,394
Dem. Republic of Congo	58	33	232	125	125	573
All Others	362	420	439	425	538	2,184
TOTAL	1,523	2,157	2,367	1,900	2,563	10,510

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

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

Department Description FY 2012-13 BUDGET REQUEST

Division of Vocational Rehabilitation – Workload Indicators

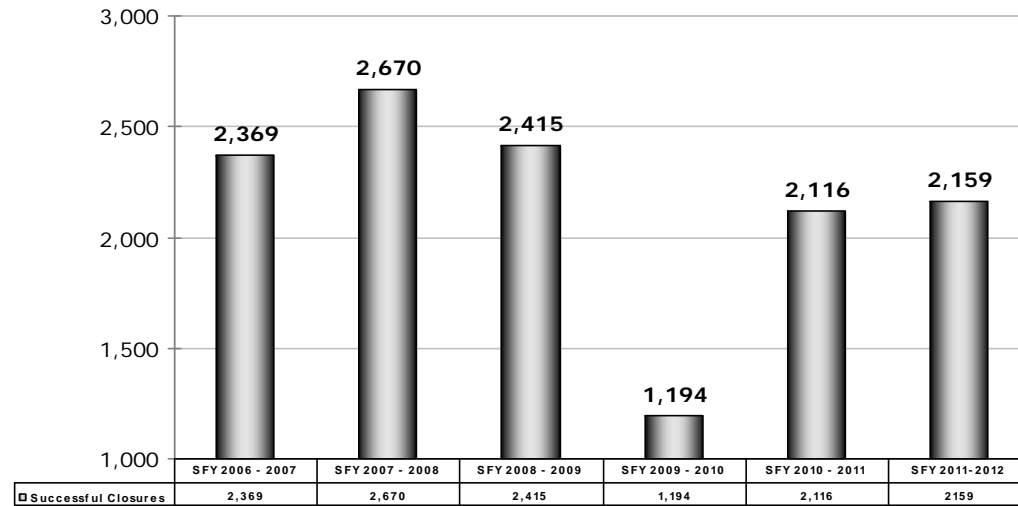
Workload Indicators	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of Division of Vocational Rehabilitation case closures per state fiscal year due to stable and successful employment.	2,670	2,415	1,194	2,116	2,159	2,267
Number of new Division of Vocational Rehabilitation Applicants per state fiscal year.	8,126	6,554	6,239	7,784	8,562	8,990
Number of clients served by the Division of Vocational Rehabilitation in the State fiscal year.	20,101	19,090	17,951	20,012	21,013	21,433
Number of Business Enterprise Program agreements to operate cafeteria, snack shops, and vending machines.	37	39	46	55	57	59
Number of Traumatic Brain Injury research grants awarded.	2	3	4	6	4	5
Number of Traumatic Brain Injury education grants awarded.	15	21	23	29	26	35
Number of Traumatic Brain Injury contracts administered. *Includes research grants.	8*	8*	10*	13*	37*	37*
Number of adults who received care coordination and purchased services through the Traumatic Brain Injury Trust Fund Program.	549	550	569	784	750	750

Department Description FY 2012-13 BUDGET REQUEST

Division of Vocational Rehabilitation – Caseload Trends

Name of Trend: Number of case closures per State Fiscal Year as the result of stable and successful employment.

Trend Exhibit:



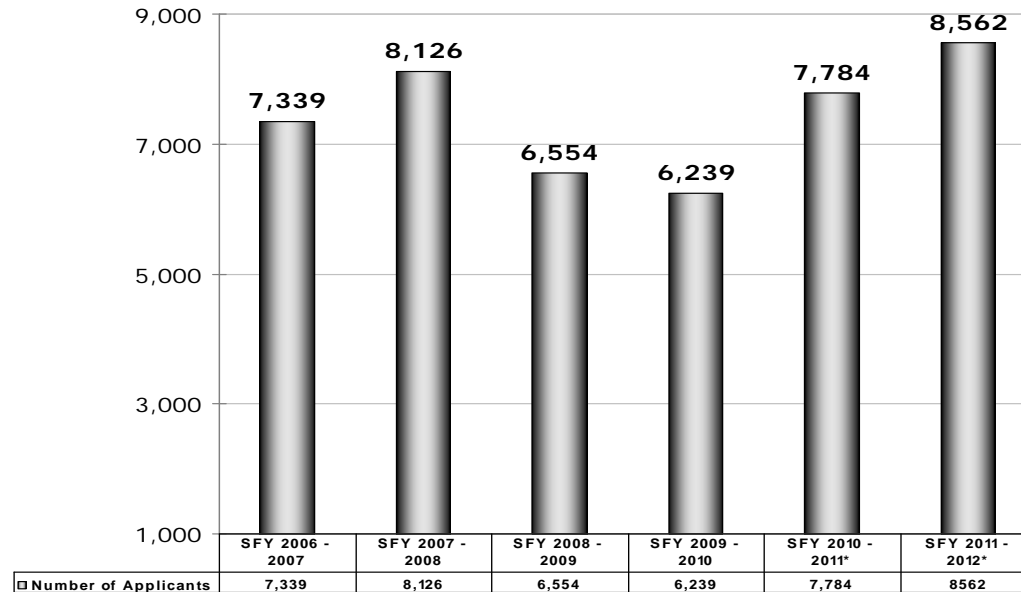
Description of Trend: The number of DVR participants who successfully obtained employment and have been working in a position for at least 90 days.

Analysis of Trend: In SFY 2010-11, DVR served all individuals who were eligible for services resulting in a significant increase in the number of successful closures when compared to SFY 2009-10. Current economic conditions continue to be of concern to DVR and temper SFY 2011-12 figures and SFY 2012-13 projections.

Department Description FY 2012-13 BUDGET REQUEST

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

Trend Exhibit:



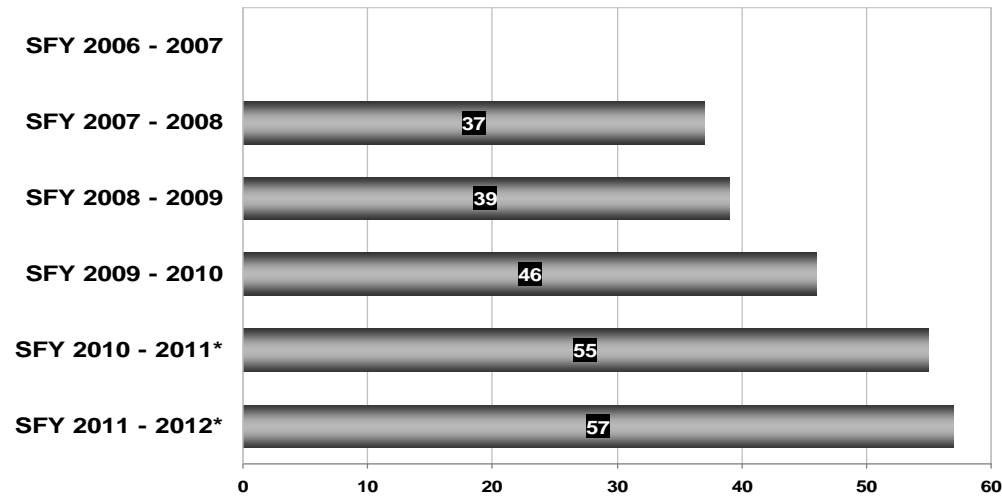
Description of Trend: Number of participants who have applied for services with DVR.

Analysis of Trend: In SFY 2008-09, DVR had to implement an Order of Selection, which required all new applicants to be placed on a wait list after eligibility for services was established. Some individuals decided not to apply for services as a result of the waitlist, therefore the number of overall applicants decreased. As of June 2010, all individuals were removed from the wait list and DVR is now serving all individuals who are eligible for services, thus the number of applicants increased in SFY 2010-11. Increases in applications are also anticipated in SFY 2012-13.

Department Description FY 2012-13 BUDGET REQUEST

Name of Trend: Number of Business Enterprise Program (BEP) agreements to operate cafeterias, snack shops, and vending machines.

Trend Exhibit:



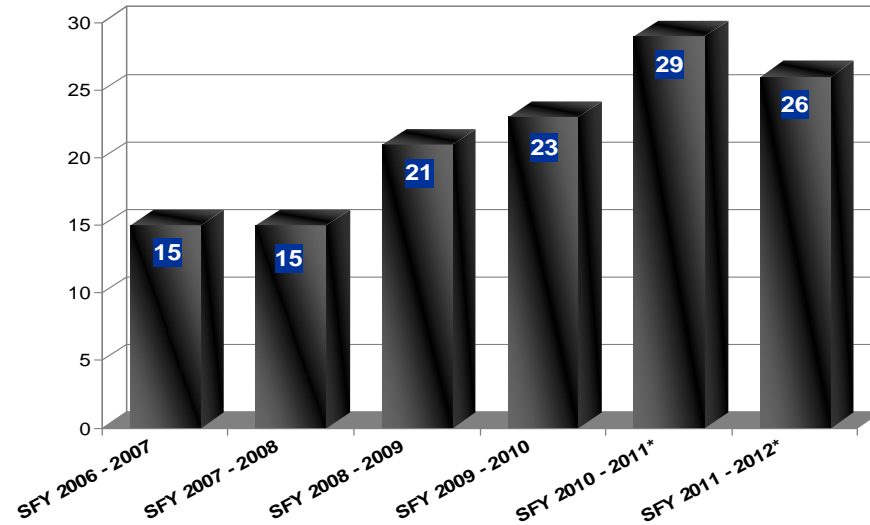
Description of Trend: The number of agreements BEP has successfully negotiated with various sites around the State to provide BEP entrepreneurs with food and vending concessions.

Analysis of Trend: In SFY 2010-11 BEP added a variety of sites including two Federal prisons, facilities with the statewide United States Postal Service (USPS) agreement, and two additional facilities at the National Renewable Energy Labs (NREL). BEP anticipates two additional facilities will be created within NREL in SFY 2011-12. Projections for SFY 2012-13 include anticipated facilities in the two new State buildings scheduled for completion during that timeframe.

Department Description FY 2012-13 BUDGET REQUEST

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

Trend Exhibit:



Description of Trend: The TBI Trust Fund has three programmatic foci; services/care coordination, research and education. To meet the goal of the education program, the TBI Program awards grants ranging from a few hundred dollars up to a maximum of \$10,000. This trend shows the Educational Grants awarded to organizations and individuals to conduct education and training initiatives about TBI across the state of Colorado. The TBI Trust Fund promotes education for individuals with TBI and to assist educators, parents, and professionals in the identification of TBI in an effort to facilitate proper intervention and treatment and successful outcomes for individuals with TBI

Analysis of Trend: The number of education grants awarded continues to trend upward. The exception to this is this Fiscal Year 2011-12. The decrease in awards exists because of the need to set aside education dollars to develop a new marketing concept and conduct outreach to educate the public about the new direction of our children’s program. Education grants continue to become more competitive. The increased number of contracts is consistent across services, education and research. Additional FTE is required to support the increase in workload.

Department Description FY 2012-13 BUDGET REQUEST

Colorado Department of Human Services
Workload Reports

Children Youth & Families – Workload Reports
Division of Child Welfare
Division of Child Care
Division of Youth Corrections

Division of Child Welfare – Workload Indicators

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Projected
Number of reviews conducted by State Child Welfare program staff.	60	137**	110	104	102	120
Number of core worker trainings provided to Child Welfare caseworkers, supervisors and foster parents.	87	105	115	211	155	155
Number of complaints processed regarding Child Welfare issues.	125	147	167	183	155	203

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

Department Description FY 2012-13 BUDGET REQUEST

Workload Indicator	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Monthly Average of Total Children Served*	29,284	29,520	30,456	31,915	33,402	34,754	34,744	33,743
% Change From Prior Yr	1.27%	0.81%	3.17%	4.79%	4.66%	4.05%	-0.03%	-2.88%
Monthly Average Number of Subsidized Adoption Placements	7,512	8,045	8,494	8,948	9,461	9,878	10,273	10,474
% Change From Prior Yr	10.36%	7.10%	5.58%	5.34%	5.73%	4.41%	4.00%	1.96%
Monthly Average Residential Mental Health Placements***	1,255	1,265	1,311	1,103	1,112	1,044	845	772
RMH Placements as a % of all OOH	16.50%	15.92%	15.97%	14.8%	15.4%	14.7%	12.6%	12.1%

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

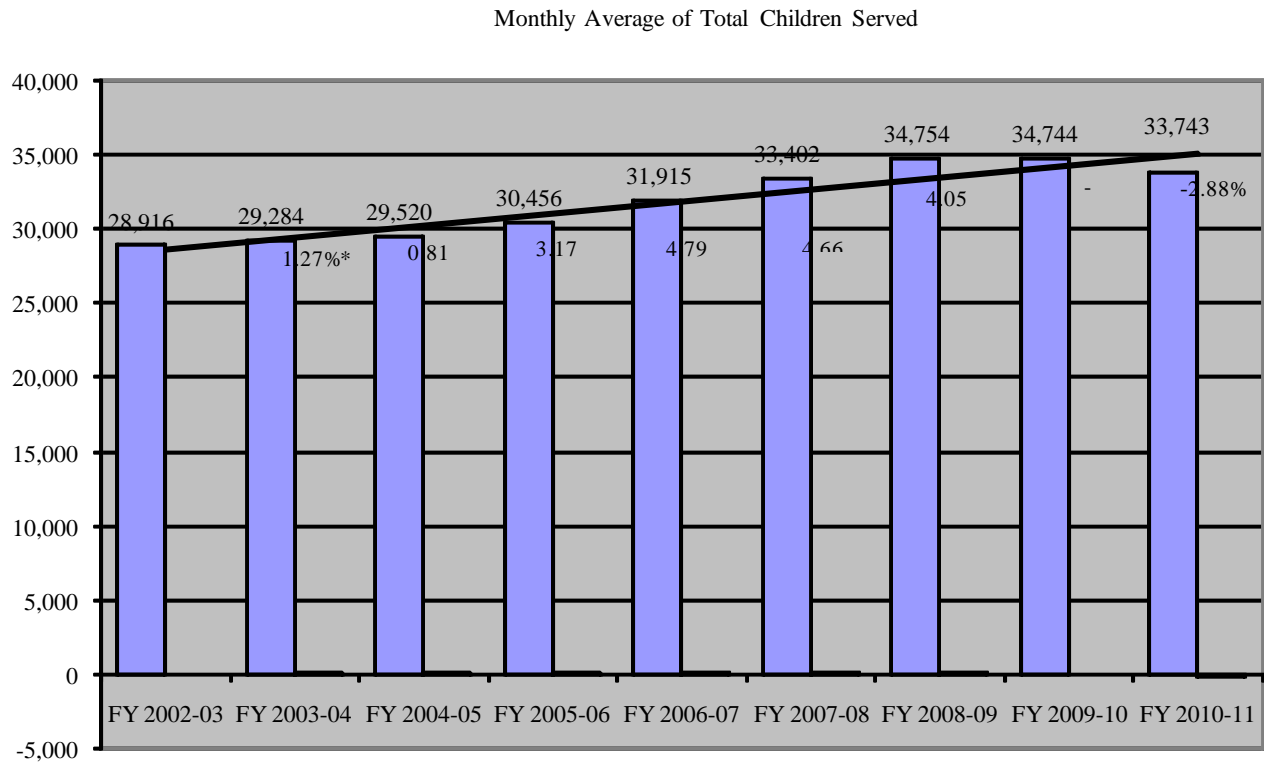
*** Data from SFY03 through SFY06 reflect RTC placements. Data beginning in SYF07 reflect TRCCF and PRTF placements.

Department Description FY 2012-13 BUDGET REQUEST

Division of Child Welfare – Caseload Trends

Name of Trend: Monthly Average of Total Children Served

Trend Exhibit:



* Represents percent change in monthly average from previous fiscal year

Department Description FY 2012-13 BUDGET REQUEST

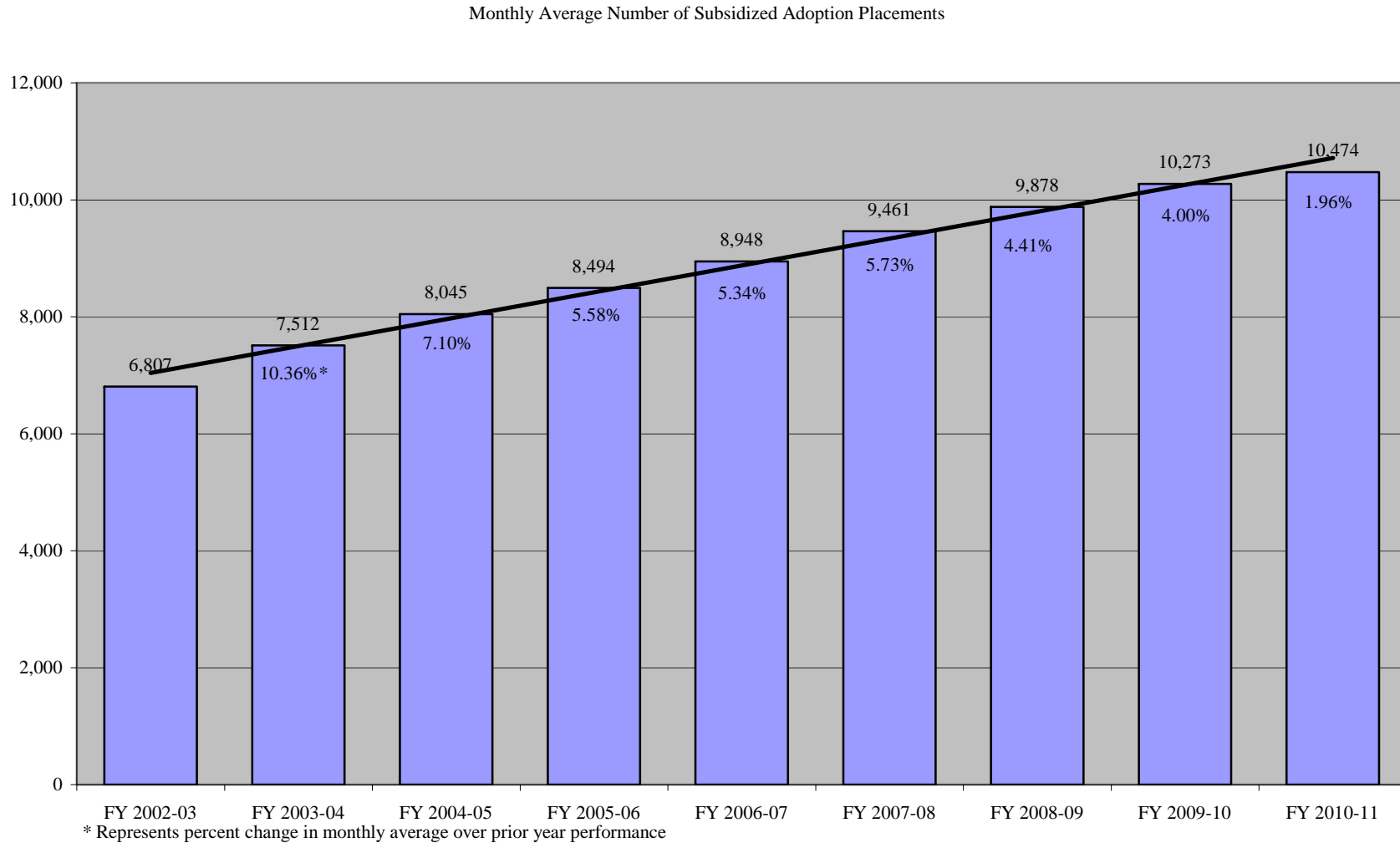
Description of Trend: This trend details the change in the average number of children that were involved in the Child Welfare system each month between fiscal years.

Analysis of Trend: The graph above portrays the trend of average number of children involved with Child Welfare for each month for the State Fiscal Year. In FY09-10, there was a plateau in the monthly average, followed by a decline in FY10-11.

Department Description FY 2012-13 BUDGET REQUEST

Name of Trend: Monthly Average Number of Subsidized Adoption Placements

Trend Exhibit:



Description of Trend: This trend reflects the number of subsidized adoption placements from FY 2002-03 through FY 2010-11.

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

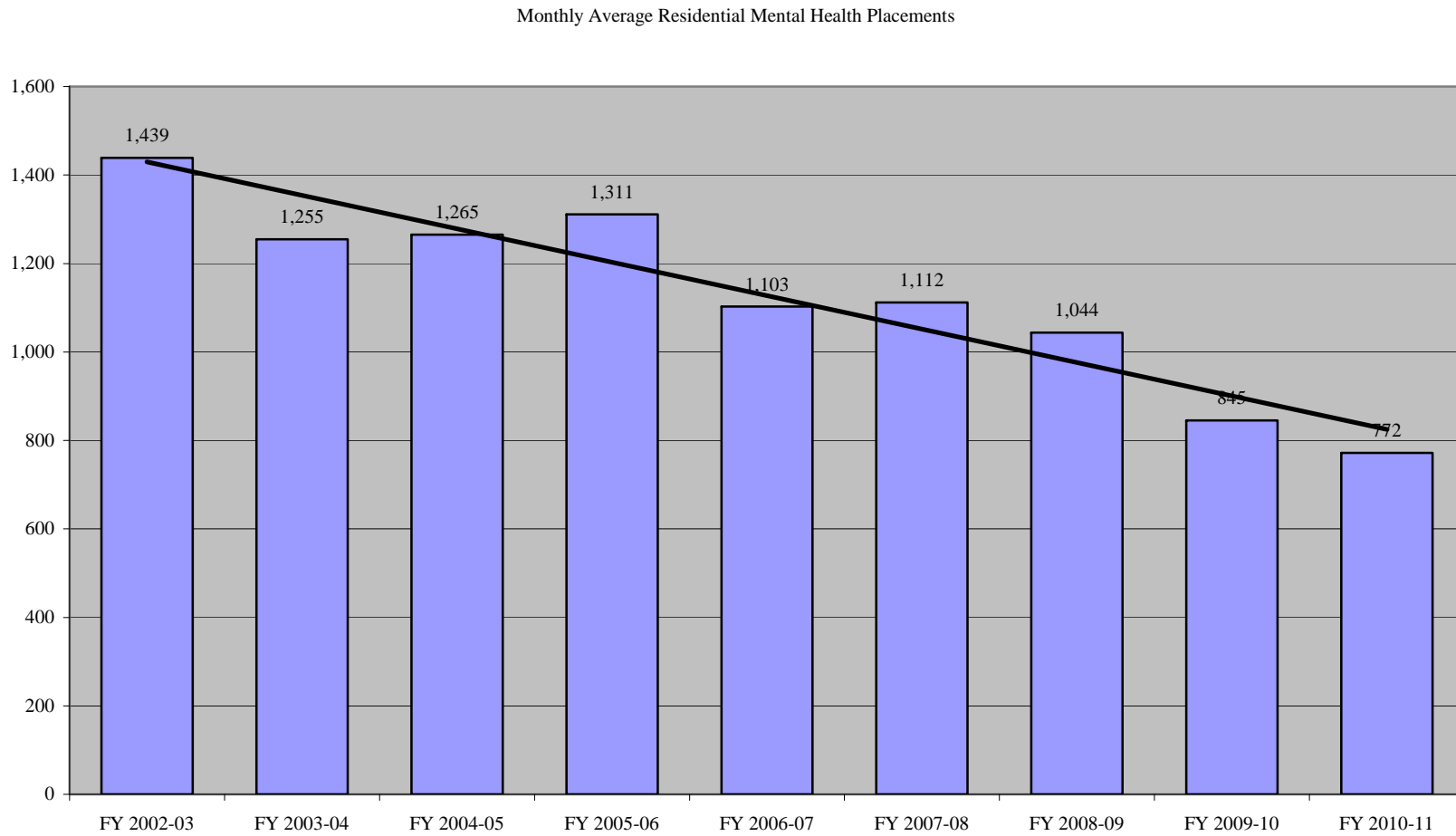
ASFA also requires that the county enter into a termination hearing when a child has been in out-of-home care for 15 of the last 22 months when no compelling reasons exist to maintain the child in foster care.

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

Department Description FY 2012-13 BUDGET REQUEST

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

Trend Exhibit:



Department Description FY 2012-13 BUDGET REQUEST

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

Analysis of Trend: The number of children placed in residential mental health placements has declined since FY 2002-03, with approximately half the number of children in RMH in FY10-11 than in FY02-03. This decline in usage is largely a result of a shift in county practice to place children in lower levels of care.

Department Description FY 2012-13 BUDGET REQUEST

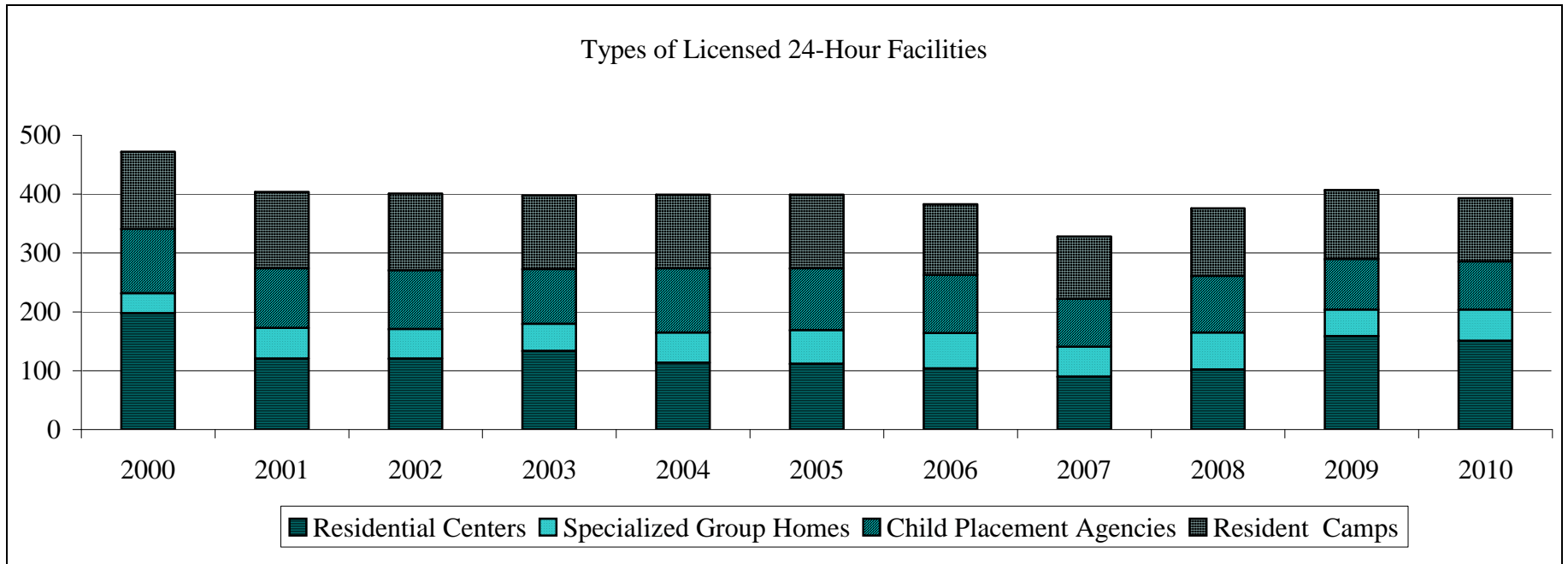
Division of Child Care – Workload Indicators

Workload Indicators	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual	Approp.	Request
Number of Staff Trained on Early Rating Scale.	15	15	15	14	15	15
Increase the satisfaction ratings of Licensing Specialists to at least 4 on a 5-point scale using the On-line Feedback Form that rates the quality of services delivered.	4.3	4.5	4.5	4.7	4.5	4.5
Number of Child Care Providers Completing the Expanding Quality Toddler Training.	555	650	924	1251	1000	1000
Number of Licensing Complaints Investigated	864	888	725	745	806	800
Number of State IIs Investigated	1254	1260	1385	1371	1317	1300
Number of Critical Incidents Investigated	2121	3388	3528	2804	2960	2800

Division of Child Care Caseload Trends: Avg. # of Weighted Caseloads per Individual (FY 10-11) State FTE: 349; Contractor FTE: 247

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

Trend Exhibit:



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

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

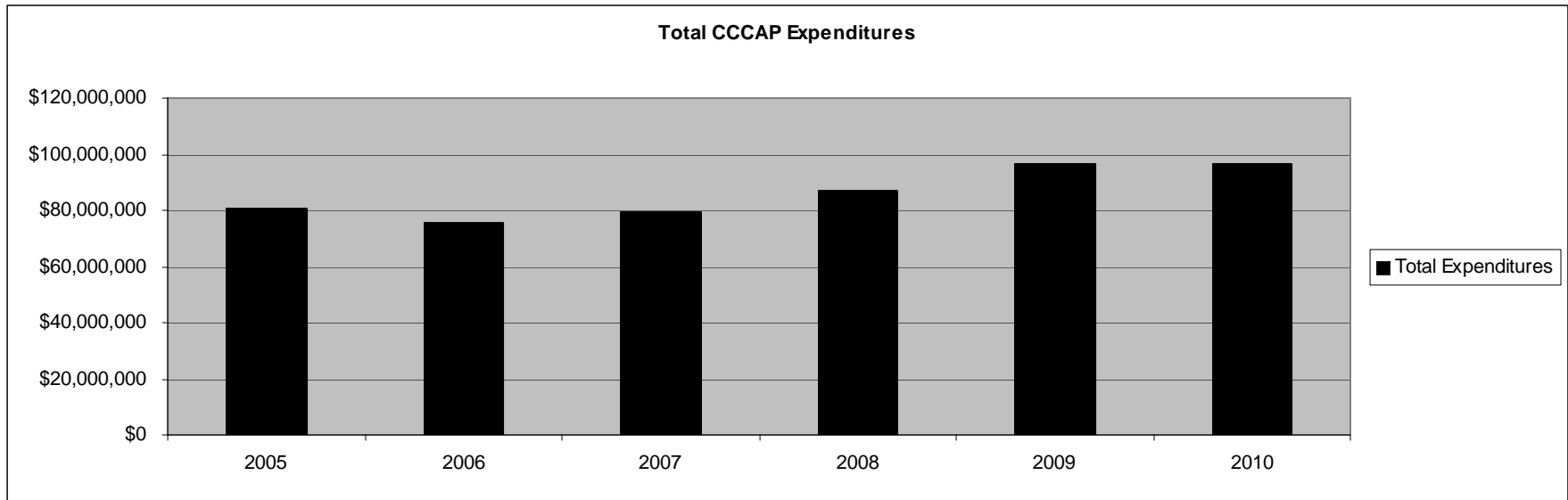
Department Description FY 2012-13 BUDGET REQUEST

24-hour facilities have remained fairly stable over the last several years since an initial drop in residential centers in 2001, however, statistics show that there was a 36 % increase in Residential Centers from 2008 to 2009, with a slight reduction in 2010.

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

Trend Exhibits:

	2005	2006	2007	2008	2009	2010
Total Expenditures	\$80,875,319	\$75,768,237	\$79,655,495	\$86,912,111	\$96,652,307	\$96,554,028
Appropriation	\$73,135,526	\$75,768,237	\$74,739,133	\$75,668,323	\$74,968,579	\$75,618,195
Appropriation - American Reinvestment and Recovery Act (ARRA)	\$0	\$0	\$0	\$0	\$10,569,228	\$10,269,186
TANF Transfer Spent	\$5,811,812	\$0	\$4,916,362	\$10,677,805	\$10,731,866	\$9,985,960
TANF - Other Fund Source	\$884,953	\$0	\$0	\$83,096	\$0	\$194,188
County Share in Excess of Long Bill	\$594,265	\$0	\$0	\$482,887	\$382,634	\$486,499
County Only	\$448,763	\$0	\$0	\$0	\$0	\$0
Total Number of Children Served	38,165	35,620	33,939	35,176	37,840	38,351
Expenditure Per Child	\$2,119	\$2,127	\$2,347	\$2,471	\$2,554	\$2,518



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

Analysis of Trend: When this program began in July 1997, there were approximately 33,000 Colorado Child Care Assistance Program (CCCAP) children in care. By 2000, there were approximately 54,000 CCCAP children in care. Between FY2003 and FY2004 the number of children being served decreased by 9.4%, while total expenditures decreased by 8.7%. Between FY2004 and FY2005, the number of children served stayed level, while total expenditures decreased by 6.2%. Between FY2005 and FY2006, the number of children served decreased by 6.7%, while the total expenditures decreased by 6.3%. Between FY2006 and FY2007, the number of children served decreased by 4.7%, while the total expenditures increased by 5.1%. FY2007 to FY2008 saw marked increases in both expenditures and children served; by 9.1% and 3.6% respectively. From FY2008 to FY2009, the number of children rose 7.6%, with an increase in expenditures of 11.2%. The program was quite stable between FY 2009 to FY2010, with a minimal increase of children served, 1.4%, and a minimal decrease in expenditures, less than 1%. Due to the slow statewide economic recovery, the loss of access to TANF funding for child care assistance due to an increased TANF caseload, and the implementation of HB10-1035 (which provides for consistency in care for children served and will decrease the number of families leaving and entering the program), we anticipate the number of children receiving care and expenditures to decrease in FY2011-12.

Department Description FY 2012-13 BUDGET REQUEST

Division of Youth Corrections – Workload Indicators

Workload Indicator	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
	Actual	Actual	Actual	Actual*	Approp.	Projected
Number of new Youth Corrections commitments.	795	760	742	645	578**	509**
Youth Corrections Average Daily Population – Commitment.	1,288	1,229	1,172	1,038	983.7	1,025***
Youth Corrections Average Daily Population – Parole.	509	437	447	419	412	418***
Youth Corrections Average Daily Population – Committed Youth with Intervention and Treatment Level Substance Abuse Needs.	1,085	1,058	1,002	881	835	866
Youth Corrections Average Daily Population - Committed Youth with High Moderate to Severe Mental Health Needs.	421	314	264	220	222	230
Youth Corrections Average Daily Population - Committed Female Offenders.	152	157	157	143	136	141

*FY 2010-11 figures all preliminary

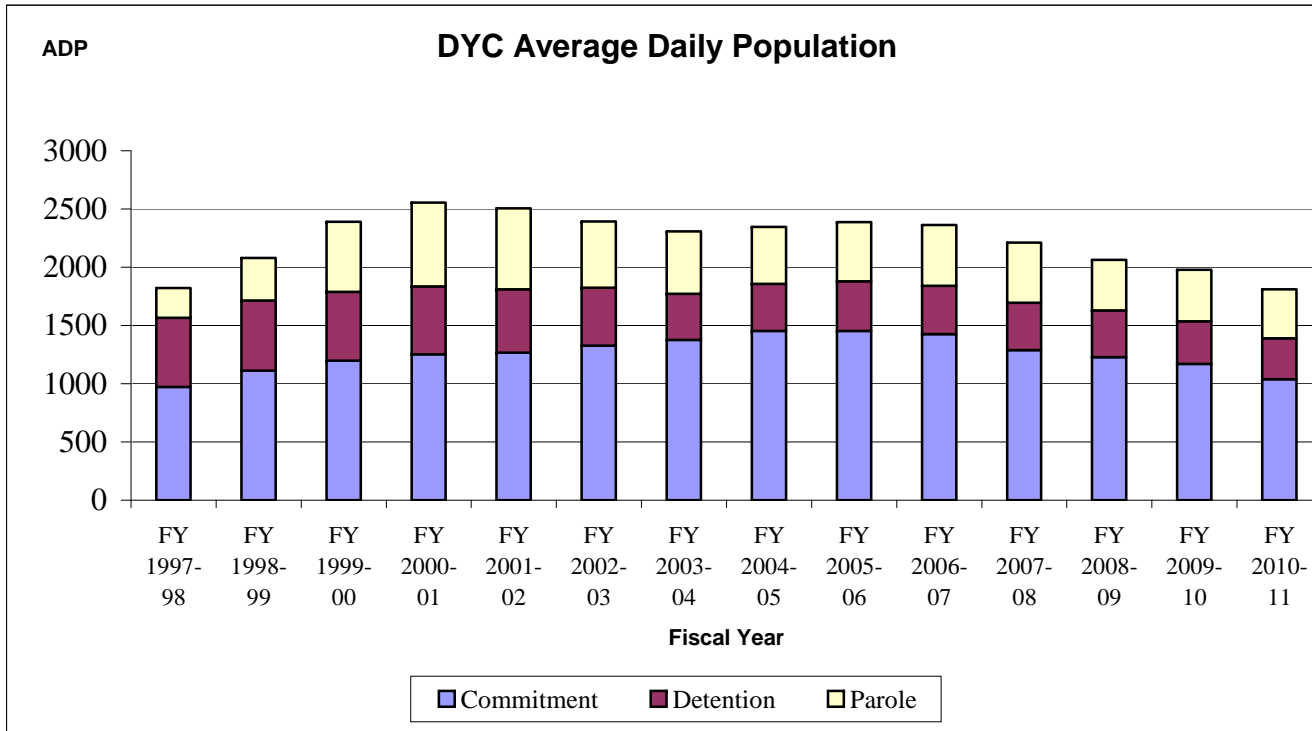
**DCJ, Jan 2011 Projections

***LCS, Dec 2010 Projections

Division of Youth Corrections – Caseload Trends

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

Trend Exhibit



Description of Trend: This trend details the Average Daily Population (ADP) of committed, detained, and paroled youth over the last several years. The December 2010 Legislative Council Staff (LCS) juvenile commitment population projections indicate that the DYC commitment population will total 1,020 ADP in FY 2011-2012 and 1,025 ADP in FY 2012-13.

Analysis of Trend: The December 2010 Legislative Council Staff (LCS) juvenile commitment population projections indicate that the DYC commitment population will total 1,020 ADP in FY 2011-12 remaining nearly stable at 1,025 ADP in FY 2012-13. The Dec 2010 projection for FY 2011-12 is 202 ADP lower, respectively, than the December 2009 LCS projections for the same fiscal year timeframe. The December 2010 LCS projection notes that *“This population cohort is expected to increase at a rate of 1.9 percent annually through the forecast period, which could put slight upward pressure on the commitment population.”* LCS projections will be resubmitted in Dec 2011 and will take into account the significant reduction in the commitment population of 133.5 ADP for FY 2010-11, compared to last year’s ADP (1172 FY 2009-10; 1038 FY 2010-11). The Division believes the reduction in commitment ADP for the past five fiscal years is likely a result of a number of factors, including: a decline in new commitments to the Division; DYC’s Continuum of Care program; increased funding and success of SB 91-94 programs; and more collaborative and better informed decision-making at the local level resulting from HB1451 initiatives. The State has also experienced an overall decline in both arrest rates and juvenile delinquency filing rates. FY 2010-11 represented the fifth consecutive year in 17 years that the Division has seen a *decrease* in the commitment ADP. Leg Council projections reported in Dec 2010 further state *“Through the forecast period, the impact of the rapid decline in juvenile filings will lead to a continued decline in commitments through FY 2011-12. However, the decline in juvenile filings is expected to moderate over time, leading to a leveling in the commitment population forecast in FY 2012-13.”*