

DEPARTMENT OF HUMAN SERVICES

Office of Information Technology Services, Office of Operations, Office of Self Sufficiency,
Adult Assistance Programs, and the Division of Youth Corrections

FY 2015-16 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 15, 2014

1:30 pm – 4:30 pm

1:30-1:40 INTRODUCTIONS AND OPENING COMMENTS

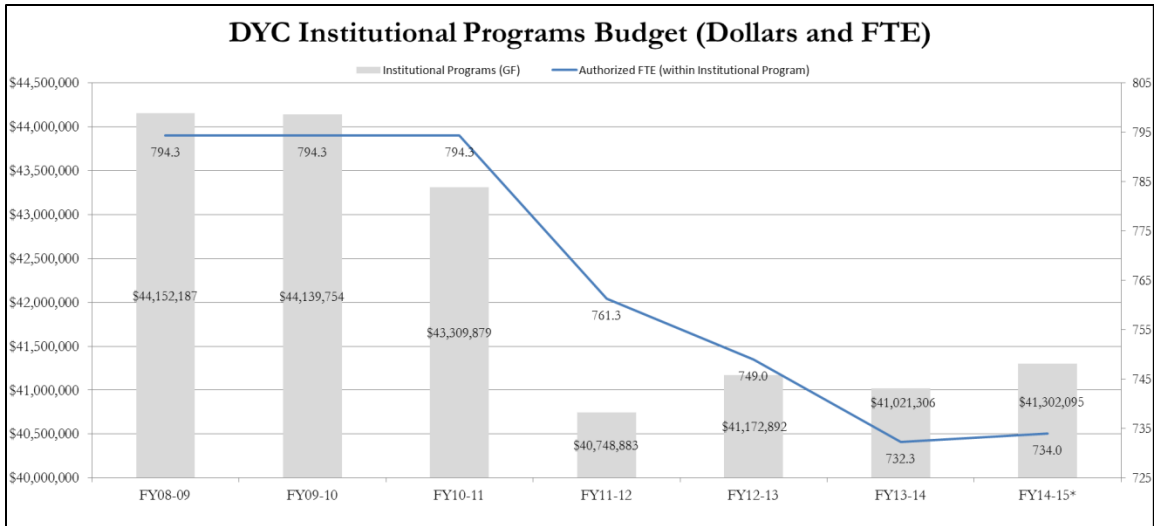
1:40-1:45 CASELOAD TRENDS IN YOUTH CORRECTIONS

1. Why are appropriations continuing to increase while the caseload is declining?

Appropriation and Populations

Appropriations to the Department's Division of Youth Corrections (DYC) have experienced an annual decline beginning in FY 2007-08 through FY 2012-13. The Department's DYC budget has fallen from the FY 2007-08 figure of \$131.5 million dollars to \$115.75 million in FY 2014-15. The appropriation grew in FY 2013-14 based upon the COLA provided to contract providers, merit pay increases and the Senate Bill 14-215 Marijuana Tax appropriations.

This decline has been commensurate with the decrease in the commitment average daily population as well as a change in the statutorily mandated cap on detention beds from 479 down to the current level of 384. The Department reduced State-operated capacity in 2011 and again in 2013, and reduced the Purchase of Contract Placements Line item to account for the decreased need for contract placements for committed youth.



FY 2011-12 is low due to change in PERA Contributions for (\$910,908) as well as a transfer to the Colorado Wildfire relief for (\$306,893)

The appropriation allocated to institutional programs has also declined. The capacity realignments resulted in a decrease in the number of FTE assigned to State-operated facilities. The table above depicts the number of FTE allocated to the Department’s DYC institutions over the past seven fiscal years. The number of staff declined from a high of 799 to a seven year low of 734. This decrease can be attributed to the capacity realignments that took place in 2011 and 2013.

2. Given caseload trends, what is the short-term and long-term infrastructure plan for facilities? Should facilities or pods be reduced?

In 2013, the Department completed an analysis of bed capacity and operating needs. That analysis indicated that the appropriate State-operated secure capacity was 44% of the total number of beds (State and private provider beds) or, approximately 325 beds. The Department has two types of DYC placements: detention and commitment.

Detention is the time period after arrest that a youth is awaiting the disposition of his/her court case. Detained youth are either placed in the community with supervision or detained in a State-operated secure facility.

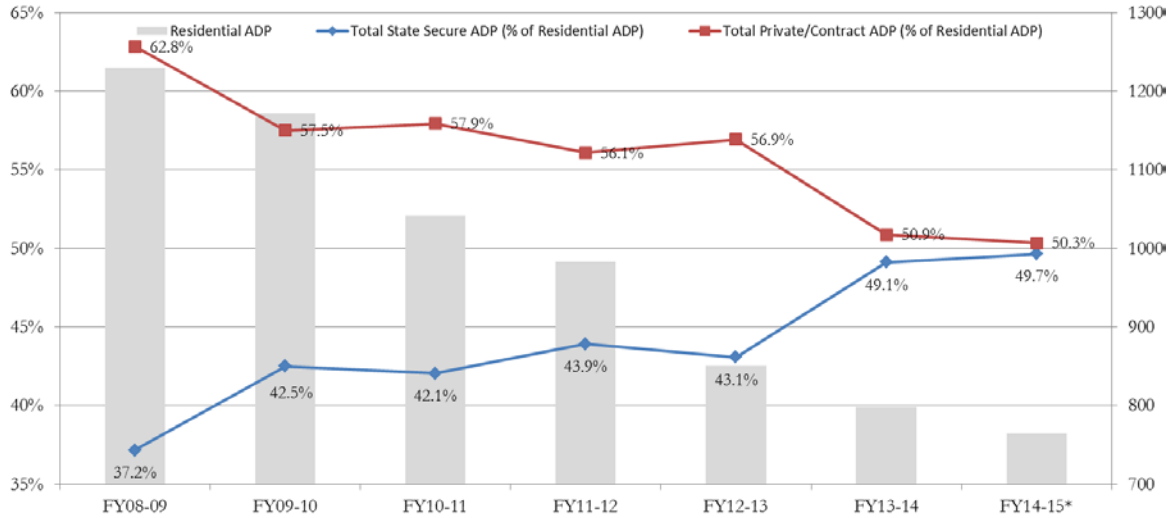
Commitment is the time period in which a youth has been adjudicated and the Judicial District Court sentences that youth to the custody of the Department for specific periods of time for the purposes of assessment, supervision, rehabilitation and the provision of parole supervision and services.

State-Secure Commitment Capacity

The reductions in overall caseload do not translate directly to a reduction in secure, State-operated capacity. The Department believes that the current level of State-operated capacity is

aligned with need. The Department’s DYC year-to-date average daily population for committed youth in October 2014 is 750.9. From July 2014 to October 2014 the Department operated at 98.1% capacity for committed placements in State-operated secure DYC facilities. The Department’s current data indicates the need for 50% of capacity to be comprised of State-operated secure programming (see table below for more detail).

Total Commitment Residential ADP & State Secure ADP



The Department’s short-term capacity plan is to operate DYC facilities at status quo. No closures are currently being contemplated. In the long-term, the Department will continue to monitor the trends in new commitment numbers, and in the profiles of committed youth, to determine if changes drive the proportion of secure capacity need in an upward or downward trend.

State-Secure Detention Capacity

Four of the six facilities that provide secure commitment treatment programming are multi-purpose facilities, meaning the facility also serves to provide local communities with secure detention beds. These include Grand Mesa YSC, Mount View YSC, Platte Valley YSC and Spring Creek YSC. The detention and commitment functions in these facilities are, in many ways, inherently intertwined. Economies of scale are realized in facility supervision, transportation, operational coverage, education, food services, and many other areas.

Several major factors impact the discussion of detention bed need and the realignment of capacities:

- A. The statutorily determined cap on detention beds was decreased in 2013. Judicial Districts have worked to adjust to this lower level. The Department continues to monitor detention bed use, specifically the maximum daily usage. The following table demonstrates the maximum bed use in each DYC facility from April 1, 2013 to December 9, 2014.

State-Secure Facility	Capacity	Maximum Use	Most Frequent Population Level (Mode)
Adams YSC	30	30	23
Gilliam YSC	64	64	61
Grand Mesa YSC	27	27	18
Marvin Foote YSC	61	61	50
Mount View YSC	41	40	33
Platte Valley YSC	64	64	53
Pueblo YSC	28	28	25
Spring Creek YSC	51	51	45
Total	366	365	308

B. The statutory intent is for the Department to provide geographically relevant detention services to local communities. Therefore, it is necessary to hold capacity open in various facilities as the local communities rely on this resource existing in close proximity.

C. The statutorily mandated detention bed allocation formula determines where this capacity will be required and in what quantities.

Under the current allocation of beds, and in consideration of the maximum daily use data, the Department believes that there is no compelling reason to further decrease the number of detention beds through a statutory reduction in the detention bed cap.

1:45-2:15 YOUTH CORRECTIONS’ ASSAULT INCIDENTS

3. What are the causes of assault incidents (sexual and other) at State-owned and operated facilities?

Assaultive behavior is caused by several factors: the population mix within a facility; youth with behavioral health needs that demonstrate poor impulse control; a youth’s history of trauma; limited ability for staff to work one-on-one to de-escalate youth within the milieu, and gang affiliation.

The Department provides on-going assessment of each youth to determine their propensity for aggression. These assessments are critical for the Department and facilities to manage their environment by strategically placing youth in particular housing units and facilities in an effort to avoid assaults, fights and victimization. Key areas considered when combining youth into a single unit are:

- age groups

- antecedent experiences prior to custody (e.g. being victimized or having perpetrated previously)
- immediate presenting offense
- community or familial pressures or recognition (e.g. gang influences or directives)
- propensity for victimization (as either becoming a victim or perpetrator)
- relative physical sizes of youth
- mental health concerns
- developmental progress (e.g. including prefrontal cortex maturation)
- needs for increased one-on-one staff attention
- gender identity

The assessment also takes into account the behaviors displayed by youth on a daily basis. The assessment of all youth is an on-going process through daily briefings, weekly team meetings, and routine professional meetings. The assessment leads to the appropriate placement and mix of youth in each facility so as to provide the safest environment possible and develop individual treatment plans.

4. Please describe how the population in State-owned and operated facilities has changed in recent years regarding behavioral health needs and other factors that may contribute to an increase in assault incidents.

As the number of youth entering commitment declines, those youth who now enter are characterized by an increased level of acuity in treatment needs that include: a greater percentage of youth with combinations of mental health and substance abuse treatment needs; higher percentages of youth with histories of assaultive and aggressive behaviors; and a greater percentage of youth with significant gang affiliation. The following table demonstrates the increases in treatment needs over time:

Treatment Area	Fiscal Year					Increase
	09-10	10-11	11-12	12-13	13-14	
Mental Health ¹	55.5%	58.7%	58.2%	58.5%	N/A	4.8%
Treatment Level Substance Abuse ²	66.9%	68.8%	70.5%	72.7%	N/A	8.6%
Criminogenic Risk Domains:						
School	63.3%	64.5%	68.2%	74.2%	70.2%	6.7%
Relationships	83.4%	83.1%	80.4%	79.5%	82.6%	-0.8%
Alcohol and Drugs	58.8%	66.0%	68.7%	69.8%	57.8%	-1.0%
Attitudes	95.6%	95.9%	97.1%	96.6%	92.3%	-3.3%
Skills	84.0%	83.5%	85.2%	79.2%	88.2%	4.2%
Current Living Arrangement	70.4%	71.6%	74.3%	77.5%	80.5%	10.1%
Mental Health ³	19.2%	19.9%	20.6%	26.4%	33.9%	14.7%
Aggression	75.5%	77.8%	81.6%	84.1%	84.9%	9.4%

Increased gang activity in State-operated facilities has also contributed to the complexity of the milieu. A May 2013 review of six-months of incident report data found that approximately 65% of assaults and fights included an element of gang involved youth/issues. In addition, it was also found that 50% of the population of detained and committed youth had a significant degree of gang ties (membership or association).

Both Colorado Juvenile Risk Assessment (CJRA) and Colorado Clinical Assessment Record (CCAR) data have shown over the past few years increases in several criminogenic need areas. The CJRA is a standardized, validated risk assessment that identifies a youth’s risk to re-offend based on criminogenic factors. The CCAR is a clinical instrument that assesses the behavioral health status and progress of youth in treatment.

Research indicates that assaultive behavior is a complex aspect of human behavior and is difficult to predict, particularly among juveniles who are still developing skills to help them cope with frustration and combative situations. Assaultive behavior may at times be a symptom of a larger impulse control or anger management deficit, and is worsened when youth struggle with both substance abuse and mental health disorders. Specialized programs designed to target all of these areas are utilized as a means of preventing assaults.

The juvenile justice research literature suggests that it is precisely those areas of youth severity that contribute to an increased likelihood of facility assaults. The majority of the literature suggests a mix of youth, environmental, and staff factors impact assaults among those with mental health diagnoses. Factors leading to assaults include a youth’s diagnosis, history of assault, time since admission, and a history of smoking, while environmental factors include the ratio of staff to youth, and the amount of square feet on a unit per youth.⁴

¹ Colorado Client Assessment Record (CCAR) Data from DYC Assessment

² Substance Abuse measured through the Substance Use Survey (SUS) and the Adolescent

³ Mental Health issues that relate specifically to offending behaviors (Criminogenic risk)

Finally, staff factors such as age, length of work experience, and the type and quality of the training received appear to impact rates of assaultive behavior.⁵

¹ CCAR Data from DYC Assessment

² Substance Abuse measured through the SUS and the ASAP in DYC Assessment

³ Mental Health issues that relate specifically to offending behaviors (Criminogenic risk)

⁴ Chou, Lu, and Chang, 2001

⁵ Lanza, Kayne, Pattison, Hicks, and Islam, 1996; Krakowski and Czobor, 2004

5. Please explain the difference between assault incident complaints and substantiated assault incidents for both sexual assaults and other types of assaults.

Complaints or allegations of assault, whether sexual or other, are most frequently initiated by facility staff observation or youth complaints made to facility staff. Youth may also make complaints regarding their treatment to family members or professionals outside of the facility (e.g. attorneys, client managers, the Department, other service providers, etc.).

The complaint is then investigated and potentially substantiated through one or more of four different routes:

- A. Department administrators will conduct an internal investigation and respond to youth assaults by issuing a major rule violation notice, followed by a due process hearing.
- B. If there is an allegation or suspicion of physical or sexual abuse, the Department will also report this complaint to the county department of human services and in some instances to the local police as well. The county child protective services worker will substantiate the incident if they determine that the majority of evidence supports the conclusion that child abuse occurred.
- C. Law enforcement will be engaged to assess whether the youth or staff violated any laws in the course of the assault and will pass their report onto the local district attorney to determine whether charges will be filed. If charges are filed, the assault incident may then be substantiated through a guilty verdict in court.
- D. If at any time an individual is unsatisfied with the child protection investigative process, there is always the option of utilizing the Office of Colorado's Child Protection Ombudsman. The Ombudsman is a non-profit organization which serves as an independent and neutral organization that investigates complaints and grievances about child welfare including youth in the Division of Youth Corrections. The Department has posted this phone number for both youth and staff in the facilities as well as on the Department's website.

6. How many sexual assault charges have been filed in the past couple fiscal years (or calendar years)? How many convictions have been made in this time period on these charges?

The table below depicts the number of charges resulting from a sexual assault that occurred for committed or detained youth in a state-operated secure facility. As part of new PREA requirements, CY 2013 is the first year that the Department aggregated this data into a single database. The Department has prior year data on individual incident reports, but it would take a couple weeks to hand count the court data.

Facility	CY 2013		CY 2014 January-November	
	Charges Filed	Convictions / adjudications	Charges Filed	Convictions / adjudications
Adams	0	0	0	0
Foote	0	0	0	0
Gilliam	0	0	0	0
Grand Mesa	0	0	0	0
Lookout	0	0	0	0
Mt View	1*	0	0	0
Platte	0	0	1*	0
Pueblo	0	0	0	0
Spring Creek	0	0	0	0
Zeb	0	0	0	0
Total	1	0	1	0

*Case dismissed.

7. Does the Division track the number and type of assault allegations and convictions (sexual and other) in private facilities? If so, please provide this data for the past couple fiscal years (or calendar years).

The Division of Youth Corrections does not track aggregate level data on the number and type of assaults by committed youth in private facilities. The Division does receive a daily report that includes narratives of all the critical incidents that occur in both state and private facilities. The Department did its best to try to provide this data at the aggregate level as quickly as possible, but due to the need to aggregate the data manually it would take one to two weeks to produce it.

8. Why are staff on youth abuse assaults increasing in 2013 and 2014 as a proportion of total assault incidents?

There were no incidents of staff on youth assaults in FY 2012-13 or FY 2013-14. NYC defines staff on youth assault as an incident where the staff aggressively attacks a youth. While the number of child abuse allegations may have had significant increases, the number of founded incidents of child abuse in FY 2012-13 was one and FY 2013-14 was seven. In NYC, child abuse incidents most often result from excessive force during physical management.

One contributing factor to the increase of founded child abuse may be due to the increase of reports to the county department of human services. Increases in allegations of child abuse or neglect may be a result of:

- Increases in youth on youth assaults and fights result in increased opportunities for staff to intervene and then be accused of excessive force during a physical restraint;
- Increased emphasis on education of youth regarding their right to make an allegation;
- Increased and better quality staff training on the mandatory reporting law and policy; and
- Youth's increased sophistication that allegations of abuse are a way to seek retribution against a staff with whom they are angry.

9. What steps have been taken to decrease the number of assault incidents at the Spring Creek facility. What impact have these steps had on the number of assault incidents at this facility (please provide incident data to support the answer)?

The Department implemented a Six Point Plan to address the overall incidents, including assaults, at Spring Creek Youth Services Center. In addition to appointing an experienced and skilled Director, the plan consists of the following:

1. Provide an opportunity for staff and youth to regain an environment of safety and security through a temporary decrease in the population of committed males;
2. Increase deployable staff and positively impact staff culture;
3. Institute intensive training, coaching, and skill building for Spring Creek staff;
4. Implement necessary facility systems and processes to effectively operate Spring Creek;
5. Develop community pride in the cleanliness, orderliness, and maintenance of the facility; and
6. Develop and implement continuous quality improvement processes.

The vast majority of youth served at Spring Creek have engaged in the new developments and are receiving services and complying with program expectations. Despite the fact that assaults have not decreased at this point in time, accountability and the safety of youth and staff in the facility has increased. There is a relatively small portion of youth who are resisting the increased structure and accountability by defying staff and resorting to physical

altercations. In addition, this small population has repeat occurrences of assaultive behavior.

The Department has monitored the incidents of fights and assaults, and in the last five months (July to November) eight youth accounted for almost half of all fights and assaults at Spring Creek. The following chart demonstrates the small number of youth that influence the majority of fights and assaults:

Month	% of Overall Monthly Fights/Assaults
July	43% from 1 youth
August	58% from 4 youth
September	82% from 6 youth
October	67% from 5 youth
November	59% from 4 youth

The following charts illustrate the percentage of assaultive youth by month compared to the youth served within a month. The table also depicts the numbers when extracting one youth (*) who accounted for 50% of all youth on staff assaults over the past five months.

Percentage of Youth on Staff assaults to unduplicated youth served per month

Month	Unduplicated Youth Served	Incidents of Youth on Staff Assaults	Number of youth involved	% of youth who were assaultive
July	126	4	2	1.5%
July w/o *	125	1	1	0.8%
Aug	126	4	5	3.9%
Aug w/o *	125	1	4	3.2%
Sept	146	0	0	0%
Sept w/o *	145	0	0	0%
Oct	164	5	5	3%
Oct w/o *	163	4	4	2.4%
Nov	140	3	3	2.1%
Nov w/o *	139	3	3	2.2%

Percentage of Youth on Youth assaults to unduplicated youth served per month

Month	Unduplicated Youth Served	Incidents of Youth on Youth Assaults	Number of youth involved	% of youth who were assaultive
July	126	3	5	3.9%
July w/o *	125	3	5	4%
Aug	126	8	10	7.9%
Aug w/o *	125	7	9	7.2%
Sept	146	8	7	4.7%
Sept w/o *	145	6	6	4.1%
Oct	164	10	6	3.6%
Oct w/o *	163	10	6	3.7%
Nov	140	14	15	10.7%
Nov w/o *	139	10	14	10%

The Department continues to look to use Special Management Programming and enhanced one-to-one supervision for the youth that demonstrate consistent behavior that leads to assaults. On-going assessment and review of all youth demonstrating aggressive behavior takes place on a daily, weekly and monthly basis. In addition, Spring Creek has worked diligently to increase their deployable staff by utilizing temporary staff and partnering with human resources to fill long-standing vacant positions, which will provide increased staff presence to manage the milieu and support youth who are struggling with their aggression and impulsivity. This, along with the movement towards full implementation of Positive Behavioral Interventions and Supports, will be key areas to support the reduction of assaults within Spring Creek. Lastly, Spring Creek will be utilizing its one vacant pod in the near future to effectively split the boy's newly committed and parole failure populations between two pods. This will allow the facility to serve 10 youth in one pod and 11 youth in the other pod. As a result, the facility can manage a smaller milieu and control the mixing of populations to reduce the potential for fights and assaults.

10. Please explain the use (or lack thereof) of seclusion techniques in State-owned and operated facilities. Has this policy changed? If so, how has the change impacted the occurrence of assault incidents?

The Department falls under Colorado Revised Statutes, Section 26-20-103 that mandates restraint (defined to include seclusion) only be used in the following circumstances, "(1) Subject to the provisions of this article, an agency may only use restraint: (a) In cases of emergency; and (b) (I) After the failure of less restrictive alternatives; or (II) After a determination that such alternatives would be inappropriate or ineffective under the

circumstances. (2) An agency that uses restraint pursuant to the provisions of subsection (1) of this section shall use such restraint: (a) For the purpose of preventing the continuation or renewal of an emergency; (b) For the period of time necessary to accomplish its purpose; and (c) In the case of physical restraint, using no more force than is necessary to limit the individual's freedom of movement." Emergency is defined to mean a (3) "serious, probable, imminent threat of harm to self or others where there is the present ability to effect such bodily harm." State-operated facilities therefore, must use seclusion only to address emergency situations where a youth's behavior presents a danger to others or jeopardizes the safety in the living unit.

In July 2014, at the guidance of the State Attorney General's Office several changes were made to policies in regards to seclusion. The changes were made to ensure that the Department was complying with each youth's civil rights while still ensuring the safety and security for youth, staff and the community.

In July 2014, the Department made changes to NYC Policy 14.3B, Seclusion, strengthening the protocols for reporting incidents of seclusion. Protocols were updated to include immediate notification of a shift supervisor of a seclusion incident; requiring staff to notify the facility director if the emergency requiring seclusion continues for more than two hours; and requiring that a facility Collaborative Review Team meet to develop an intervention plan if the seclusion lasts eight hours.

At the same time, changes were also made to NYC Policy 14.5 (became policy 17.20), Special Management of Juveniles. This policy change ensured that the Department remains in accord with statute by affirming that seclusion was not written into special management programs. Special management programs are used for youth who demonstrate a pattern of unsafe behaviors. However, it is important to point out that the policy revision does not preclude staff from using seclusion for a special management youth who is threatening bodily harm and has the means to do so.

In the context of assaults and fights, the use of seclusion is typically a response to such an incident and can only be for the period of time necessary to accomplish its purpose. The elimination of Seclusion Based Special Management Programming (SBSMP) has concurrently occurred with an increase in assaults. With the removal of pre-determined lengths of seclusion that isolated youth from programming for extended periods of time, these same youth have increased the amount of time they spend interacting with youth and staff. They are then only placed into isolation as each threat emerges. An increase in staffing would provide the opportunity to work one-on-one to de-escalate these youth while they are in the general population.

11. Has the closure of the Sol Vista facility in Pueblo increased the behavioral health needs of youth in all other State-owned and operated facilities? If so, has this resulted in

increased assault incidents across the system? In hindsight, should this facility have been closed?

Over the last few years, the overall commitment population has declined and the Department needed to maximize its facility capacity. As the Department assessed all of its DYC facilities, it was determined that the best decision was to close Sol Vista.

Sol Vista is not the only DYC facility to serve youth with behavioral health needs. Lookout Mountain campus also serves this population, and Zeb Pike can serve some youth with behavioral health needs. The decision to close Sol Vista was made in part because it was the most expensive facility to operate per bed, and also because the overall population of committed youth was declining at that time.

As defined in response #3, there are many factors that contribute to the increase in fights and assaults in State-operated facilities. Some of these issues are related to a higher concentration of youth with more severe behavioral health issues, along with the limited flexibility to manage the mix of populations in the milieu at facilities. In the current population, youth with complex behavioral health needs represent a much higher proportion of committed youth, which exacerbates facilities' ability to be flexible with youth placements.

Closing Sol Vista was a good decision and it did not have an effect on the increase in assaults. Through its budget request, the Department seeks to increase the quality of treatment for complex behavioral health needs at all of its DYC facilities.

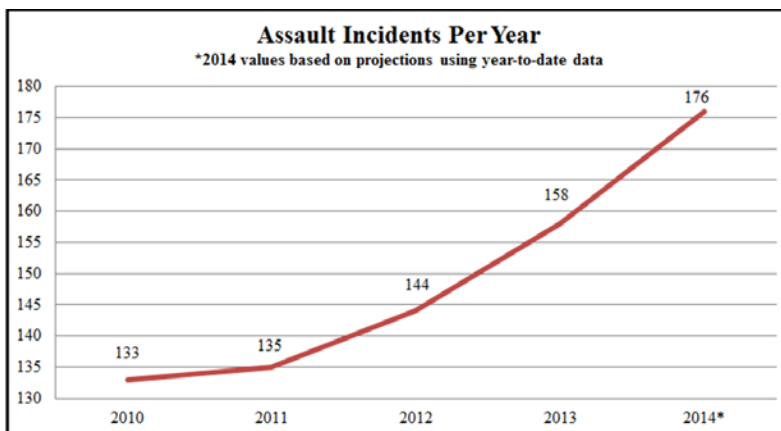
12. It has been reported that the doors in units are easily manipulated with a card. Knowing that this could lead to increased access to commit assaults, have doors been removed, discarded, and replaced?

Any lock of any type can be manipulated or compromised. It is not accurate that the locks in DYC facilities can be *easily* manipulated. The Department does not have a plan to remove or discard the locks and doors in question. The doors and locks were installed in CY 2014 to comply with fire codes that allow for mass release and are considered to be state-of-the-art and meeting industry standards.

The Department has specific policy and procedures with backup redundancies to reduce tampering of doors and locks, and when these are adhered to, issues of door lock manipulation do not arise. All DYC staff have been directed to ensure better correctional practice by staff personally opening and closing the doors to sleeping rooms and personally visually inspecting the locking mechanism to ensure that the lock and pocket have not been tampered with or compromised. Removing youth's ability to tamper with locks as well as staffing vigilance with door control is the primary and most efficient manner to correct this concern.

13. Has the implementation of behavior modification practices, such as Positive Behavioral Interventions and Supports, had any impact on the number of assault incidents?

In CY 2014, as a response to an Office of State Auditor (OSA) performance audit released in 2012, the Department implemented Positive Behavioral Interventions (PBIS) at all Department DYC facilities with the exception of Grand Mesa which began implementing PBIS in CY 2012 (on average Grand Mesa has the lowest assault rates in DYC). Although the implementation of PBIS as a behavior management framework in the Department corresponds with a period of increasing assault incidents, the upward trend of assault incidents in 2012 predates the rollout of PBIS. Given the early stages of implementation, the full effect of PBIS has not yet been observed. While PBIS serves as an additional technique that utilizes positive reinforcement, it does not replace the training staff receives and does not negate the other tactics used to manage the milieu. Physical positioning of staff to allow for line of sight supervision of youth and proximity control; staff knowledge and application of effective verbal de-escalation skills; early intervention in misbehavior that may lead to unsafe situations; cognitive-behavioral treatment interventions; firm limit-setting and structured programming; and the development of meaningful relationships with youth are also key factors in creating a safe environment. PBIS is meant to infuse positive reinforcement into the facility setting, not to replace other techniques and strategies.



14. What is the policy for contacting local police when an alleged assault incident (sexual or other) occurs?

Law enforcement is contacted when sexual contact occurs (Policy 9.19: Sexual Contact Prevention) as well as reasons listed in the Use of Law Enforcement Decision Matrix (see attachment). Staff who are assaulted by a youth have the individual right to contact law enforcement and pursue charges.

Policy 9.19, Sexual Contact Prevention, requires law enforcement to be contacted when there is possible staff sexual misconduct, defined as “Any behavior or act of a sexual nature, either

consensual or nonconsensual, directed toward a juvenile by an employee, volunteer, official visitor, or agency representative. Such acts include intentional touching of the genitalia, groin, anus, breast, inner thigh or buttocks with the intent to abuse, arouse, or gratify sexual desire, and occurrences of indecent exposure, invasion of privacy, or voyeurism for sexual gratification. Completed, attempted, threatened, or requested sexual acts are included.”

Law enforcement is also required to be called when there is possible juvenile sexual abuse, defined as, “Sexual abuse includes incidents where the victim does not consent, the victim is coerced into such an act by overt or implied threats of violence, or the victim is unable to consent or refuse. Sexual abuse of a juvenile by a juvenile includes any of the following:

1. Contact between the penis and the vulva, and/or
2. Contact between the penis and the anus, including penetration, however slight, and/or
3. Contact between the mouth and the penis, vulva or anus, and/or
4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, and/or
5. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or the buttocks of another person, excluding contact incidental to a physical altercation.”

If there is an act of juvenile sexual misconduct that may involve criminal charges, law enforcement is required to be contacted. Juvenile sexual misconduct is defined as “Consensual sexual activity involving juveniles fifteen years of age or older, but less than eighteen years of age, and the act is not coerced. Consensual acts include the following: Kissing, Hugging, Touching, Caressing, Fondling, Holding hands, Rubbing, Cuddling, Any similar acts that can be construed as sexual in nature.”

The Division of Youth Corrections applies the Use of Law Enforcement Decision Matrix when there is an incident of assault that is not of a sexual nature. The matrix identifies types of crimes against persons and assists the staff in processing through yes and no answers to help identify when law enforcement is to be contacted. Criteria for contacting law enforcement include:

- Escape from any DYC secure facility, secure residential contract facility or staff secure facility.
- Incidents that require law enforcement to take control of the facility, unit or program, such as bomb threats, hostage situations and use of a weapon.
- Reporting suspected incidents of child abuse.
- Violent crimes such as rape, murder, attempted murder, first degree assault, and second degree assault.
- Crimes against persons that result in serious bodily injuries.
- Serious property damage that extends to \$500 or more.
- If the victim requests law enforcement they have the right to be accommodated.

15. Is it a satisfactory situation to have a CORA request on assault incidents that you must turn down due to statute, but the press and other interested parties get information on assault incidents through another government entity, such as the police?

The Department values transparency. State and Federal laws authorize and sometimes require that the Department keep some types of records confidential. The records maintained by the Department of Human Services differ from the reports kept by other government agencies, such as law enforcement. The Department's information often contains sensitive information about a youth, including Medicaid numbers, addresses, and health information. As a result certain records maintained by the Department, such as records providing confidential youth specific information, are exempt from disclosure. In addition, the Department's critical incident reports may also contain information regarding its safety and security practices that could create a security threat for youth or staff if publicly released. The information possessed by the Department may vary from local law enforcement, such as not all incidents or incident reports generated within the Division of Youth Corrections facilities are reported to law enforcement. The reporting of an incident is determined by the severity of the incident and following the Use of Law Enforcement Matrix.

It may be appropriate to have a public discussion of Colorado's balance of youth confidentiality with public transparency. There are times we would like to tell a story and provide more information, but are not allowed to due to Colorado Revised Statutes, Section 19-1-305. Changes in law may allow for the Department to share its story.

2:15-3:00 STAFFING LEVELS AT YOUTH CORRECTIONS' FACILITIES

16. For FY 2013-14, State-owned and operated facilities had a 23 percent vacancy rate for direct line staff, 9 percent vacancy rate for supervisors, and 17 percent vacancy rate for facility administration. What happened to the vacancy savings moneys as a result of the large number of open positions?

The question posed here is referencing a 23% vacancy rate. The Division currently has 37 vacancies out of a total of 776 possible facility positions for a vacancy rate of 4.8%. The Division did have a turnover (attrition) rate of 23% last fiscal year. Vacancy rate and turnover (attrition) rate are two different methods of tracking staffing.

The Division accrued \$315,000 of vacancy savings in FY 2013-14 (0.6% of state-owned and operated facilities). The Division reverted \$10,000 to the General Fund, and \$305,000 was reallocated within the Department to cover shortfalls in personnel appropriations (POTS).

17. How many vacancies are there currently in State-owned and operated facilities? Please break out the answer by facility and by direct line staff, supervisors, and facility administration.

As of December 9, the Division has a vacancy rate of 4.8%. The following existing positions are vacant and currently in the recruitment:

DYC Staffing	Total Positions	As of December 9th:			Total	% vacant
		Direct	Supervisor	Facility Director		
Adams	22	1			1	4.5%
Grand Mesa	48	1	1		2	4.2%
Gilliam	67	1	1		2	3.0%
Lookout Mountain	118	6			6	5.1%
Marvin Foote	60	2		1	3	5.0%
Mount View	101	5			5	5.0%
Platte Valley	75	2		1	3	4.0%
Pueblo	27	1			1	3.7%
Spring Creek	66	3			3	4.5%
Zeb Pike	30	0			0	0.0%
	614	22	2	2	26	4.2%
All non-security functions*	162				11	6.8%
	776				37	4.8%

* Includes Behavioral Health, Medical, Education, Dining and support functions

18. Why do vacancy rates differ across facilities?

The data does not provide any clear trends why vacancy rates might differ across facilities. The greatest turnover for all facilities exists in the Division’s entry level security positions. Variance in vacancy rates between facilities may differ for a multitude of reasons including: local community comparative rates of pay; local economy and additional employment opportunities; local community stability (e.g. military communities); commuting distance; family concerns (e.g. aging parents, young children, health concerns); employment in a secure custody environment as a path to other law enforcement careers; other promotional opportunities or a return to formal educational settings to advance careers; and the ability to retain staff in entry level positions when there are limited promotional opportunities.

19. Is critical post staffing (or staff-to-youth ratio) at State-owned and operated facilities a measure associated with the SMART Act and/or C-Stat?

No, C-Stat and the SMART Act measure outcomes for individuals the Department serves, not its processes.

20. Please explain the exit interview process when employees at State-owned and operated facilities sever employment. Has this process yielded any information on why the vacancy rates are so high?

The Division does utilize an exit interview process at the facility level to give facility directors a greater understanding of the thoughts and opinions of their outgoing staff regarding the facility's operations. The details of these interviews are not captured at the Division level. Based on input from facility directors, there have been two categories of reasons why employees that depart from the Division. A majority found the work rewarding and did not leave on negative terms. The minority have found the work not to be rewarding or disagreed with juvenile justice approaches that the Division embraces. Facility directors are encouraged to follow up and share in the monthly Facility Directors Meetings both the positives and negatives learned from current and outgoing employees.

21. Have new strategies for recruitment and retention of employees been implemented? If so, do data show an improvement in vacancy rates?

The Division of Youth Corrections has regularly managed to keep approximately 95% of their facility positions at any given time. The Department's Human Resources personnel and DYC staff have utilized recruitment strategies that have resulted in minimizing the length of time direct line staff positions are vacant due to promotion, retirement, resignation or termination. The Department has adopted modern practices in its recruitment plan and conducted focus groups to learn from employees who possess the characteristics and skill set to be successful in facilities. The Department has developed a plan to add to its current recruitment strategies which includes:

- Expanding the use of social media for targeted audiences for recruiting.
- Development of a video describing/depicting a day in the life of direct line staff and the experience of working in youth corrections.
- Increased presence at college recruitment/job fairs with emphasis on printed materials, video display, and attendance of Department's DYC and Human Resources staff.

Through research of its recent employment separations, the Department has focused on the type of staff recruited; the ability to retain staff in entry level positions when there are limited promotional opportunities; and appealing to the "Gen-Y" application pool. Forbes has cited "the paradigm has shifted - millennials expect loyalty from their employer, whereas boomers gave loyalty. 70% of Gen-Y employees leave their first job within two years according to Experience.com."

Data shows, of the 126 separations in FY 2013-14 for direct line staff, 65% were resignations and just under half (46%) of resignations were from employees who had been with the Division five years or less. The table below highlights the percentage of resignations from staff who have worked five years or less.

Less than:	Resignations	% of total
1 year	18	22%
2 years	5	6%
3 years	4	5%
4 years	5	6%
5 years	6	7%
sub total less than 5 years		46%
10 years	27	33%
20 years	18	22%
Sub total	83	

22. Please explain how a shift relief factor of 5.2 is calculated.

The U.S. Department of Justice National Institute of Corrections published a Prison Staffing Analysis manual in December 2008. An entire chapter is devoted to developing a shift relief factor. Specifically the reported stated:

“The shift relief factor is the number of full time equivalent (FTE) staff needed to fill a relieved post (one that is covered on a continuous basis) for a single shift. In staffing calculations, the shift relief factor is multiplied by the number of staff assigned to a specific post to determine the number of staff necessary to provide relief for the post”

Further, it outlined that if a facility regularly needs overtime to cover posts, the reason is often that the shift relief factor has been miscalculated. The key to calculating a shift relief factor is to review all conditions which cause an employee to be unavailable for work. This includes:

- Vacation and sick time
- Holiday time
- Military and bereavement time
- Pre-service and in-service training
- Long-term medical disability
- Family and Medical Leave Act
- Leave without pay
- Jury duty
- Workers’ compensation time off
- Unexcused absences

Shift relief factor does not include vacancies, time for special assignments, light duty assignments for injured staff or use of compensatory time. A shift relief factor estimates the

number of FTE required to fill a post (or job function) over a 24 hour time period. In the Division of Youth Corrections some facilities have three shifts of eight hours while others have two shifts of 12 hours.

The Department has calculated a needed shift relief factor as follows:

Calculation of Shift Relief Factor- based on FY13-14 Timekeeping Reports

Calculation of hours available per FTE		
Total Hours per FTE		2080
Annual leave	-120	
Holiday (10 per year)	-80	
Sick (avg 10 per year)	-80	
Other: IOJ/ FMLA/ Jury/Military	<u>-41</u>	
Leave Total		-321
Training requirements (1)		<u>-59</u>
Hours/FTE		1700

Needed Coverage for a single critical post:		
Position hours (24 hours in a day)		24
Days in year		<u>365</u>
Hours of manpower		8760
Divided by Productive hours per FTE		1700
FTE needed per 24 hour position		5.2

23. Does the State mandate staff-to-youth ratios at privately-operated facilities?

The Department does mandate staff-to-youth ratios in privately-operated facilities through Volume 7 Rule as follows:

- Secure residential programs follow C.C.R. 7.713.46, which requires staff to youth ratios of 1:10 during waking hours and 1:20 during sleeping hours.
- Secure residential programs also follow C.C.R. 7.713.26, A.6, which requires staff to youth ratios in each classroom of 1:15.
- 24-Hour Residential Child Care Facilities (RCCF) follow C.C.R. 7.705.45 D, which requires 1:10 staff to youth ratios during waking hours, and 1:20 staff to youth ratios during sleeping hours.

24. Given high vacancy rates now at State-owned and operated facilities, how is it feasible to hire 125 new positions within one fiscal year?

The Division does not have a high vacancy rate, currently its vacancy rate is 4.8% (37 vacancies of 776 positions). If granted the 125 new positions, this would double the number of new hires the Division has experienced from last fiscal year. The Division has worked closely with the Department's Division of Human Resources to identify strategies already proven to be successful in recruitment and training to be utilized should this request be granted.

The Department plans to stagger the new hires throughout FY 2015-16 and increase training capacity in the Division's Training Academy. The Academy generally runs once a month and can increase capacity to serve an additional 6-8 new hires a month for an additional 72-96 per year. In addition, the Academy can run a second concurrent training per month for three months which could accommodate an additional 50-60 staff per year. These additional accommodations are adequate to train all the staff requested.

25. Rather than requested 125 new positions for FY 2015-16, is it possible to shift the population of youth between facilities to address safety concerns rather than just adding staff?

With an average of 98.1% commitment capacity across the Division and some facilities over a 100% capacity at times, the Department is limited in its ability to shift youth between facilities. In addition, detained youth are only with the Department an average of 13 days. During that time period, youth have a number of appointments and court dates in their local communities, therefore the Department places detained youth within or near the Judicial District in which they live. (Please see question 2 for details on the difference between detention and commitment population.) The option of removing youth from the communities into which they will re-integrate would be contrary to best practice.

The Department explored a number of options such as overcrowding units, re-opening closed units to lower staff to youth ratios; not complying with PREA ratios in the school setting; and building new facilities with eight or 16 bed units in order to comply with PREA and to keep facilities safe. Some of these options (overcrowding and not applying the PREA standard in the school setting) were deemed unsafe, and other options were more costly than the existing proposal.

26. Is increasing staff-to-youth ratios a strategy that is shown to reduce the number of assault incidents and overall safety at State-owned and operated facilities? Are there other strategies that could be employed, as well?

The Department is committed to looking at an array of solutions to manage the levels of assault incidents.

Research has shown that direct supervision of residents in small, normalized living units is the key to enhanced youth and staff safety. A review of the literature on this topic¹ has repeatedly demonstrated that when staffing ratios are increased, youth correctional officers have the ability to interact with residents in a manner that assures personal safety; provides privacy for inmates; makes it apparent the staff are in charge of the milieu; and offers the time needed to establish positive behavioral expectations. Low staffing ratios distract from positive interactions, reduce resident-staff time, and result in situations where residents are unsupervised and bored. Snyder and Kupchik² found improved resident relationships with staff are a primary predictor of reduced youth victimization, and that staffing levels, along with quality training, are the tools that best influence those relationships. Their research concluded that higher staffing levels are directly related to reduction or elimination of forced sexual assault. Included in the staffing ratios is a strong supervision team that supports training and provides active supervision for their teams.³ Findings such as these are consistent throughout the literature.

The evidence of this research is so significant that many states have already adopted 1:8 day time and 1:16 overnight ratios into their state statute and/or regulations (see table below). In addition, the federal government recognized the quality of the research evidence which resulted in the PREA Standards regarding staff to youth ratios for juvenile correctional facilities. (These ratios are not required for adult facilities.)

State	Waking Hours	Sleeping Hours
AL		
AK	1 to 10	1 to 20
AZ	1 to 10	1 to 20
AR	1 to 12	1 to 16
CA	1 to 10	1 to 30
CO	1:14	1:20
*CT	1 to 8	1 to 8
*DE	1 to 8	1 to 16
*FL	1 to 7	1 to 7
GA	1 to 16	1 to 16
*HI	1 to 8	1 to 16
ID	1 to 6	1 to 6
IL		
IN	1 to 12	1 to 12
*IA	1 to 5	1 to 5
*KS	1 to 7	1 to 11
KY		
*LA	1 to 8	1 to 16
ME		
*MD	1 to 8	1 to 10
MA		
*MI	1 to 8	1 to 8
MN	1 to 8	1 to 8
MS	1 to 8	1 to 10
*MO	1 to 8	1 to 8

State	Waking Hours	Sleeping Hours
*MT	1 to 8	1 to 12
NE		
*NV	1 to 8	1 to 16
NH		
*NJ	1 to 8	1 to 8
NM	1 to 10	1 to 10
*NY	1 to 8	1 to 8
NC	1 to 10	
ND		
OH		1 to 25
*OK	1 to 6	1 to 16
OR	1 to 8	1 to 8
PA	1 to 7	1 to 7
RI		
SC		
SD	1 to 12	1 to 12
*TN	1 to 6	1 to 18
*TX	1 to 8	1 to 8
UT		
VT		
VA	1 to 10	1 to 10
WA		
WV	1 to 8	1 to 8
WI	1 to 15	1 to 15
*WY	1 to 8	1 to 16

* staffing ratio in State statute

No staffing ratio policy, law, standard, or regulation

The Department has employed several strategies to promote safety in facilities. They include:

- Positive Behavioral Interventions and Supports - The utilization of positive strength-based reinforcement strategies. PBIS focuses youth to reduce occurrences of negative unhealthy behaviors.
- Motivational Interviewing - A goal-oriented, youth-centered counseling style for eliciting behavior change by helping a youth explore and resolve ambivalence, which supports the youth to make good decisions.
- Youth and Staff Safety - A physical management program focused on enhanced de-escalation practices and techniques to manage combative youth.

- Field Training Officer Program - On the job staff competency and skill building program that better prepares each officer to work in a Department facility.
 - Restorative Community Justice - Interventions such as accountability circles and mediation.
 - Structured Shift Briefings - Daily review of youth behavior to determine on-going interventions.
 - Critical Advisement Form - A form that is utilized between state-operated and private contract facilities that educates staff on any youth's propensity to violence.
 - Early Implementation of Verbal Defense and Influence - A framework that allows staff to control, resolve and prevent conflict among youth.
 - Early Implementation of the Sanctuary Model – an organizational culture intervention designed to facilitate the development of structures, processes, and behaviors on the part of staff, clients and the community-as-a-whole that can counteract the biological, affective, cognitive, social and existential wounds suffered by the victims of traumatic experience and extended exposure to adversity.
1. Werner, R., Effective of the Direct Supervision System of Correctional Design and Management: A Review of the Literature. *Criminal Justice and Behavior*, 33(3), June 2006, 392-410.
 2. Kupchik, A. and Snyder, B. The Impact of Juvenile Inmates' Perceptions and Facility Characteristics on Disorder in Juvenile Correctional Facilities. *The Prison Journal*, 89(3), 265-285, 2006.
 3. Snyder, B. and Kupchik, A., Performance-based Standards for Youth Correction and Detention Facilities, 2011 Research Report. Submitted to the PbS Learning Institute, February 2011.

3:00-3:15 PRISON RAPE ELIMINATION ACT OF 2003 (PREA)

27. What exactly did the Governor commit the State of Colorado to in his letter to the Department of Justice related to PREA compliance?

The US Department of Justice required a letter of certification from every governor indicating the state's compliance or noncompliance with the Prison Rape Elimination Act. At this time, Colorado cannot certify full compliance with the national PREA standards, so the governor signed the form indicating that Colorado is working toward full compliance and will use no less than five percent of its DOJ grant funds toward achieving full compliance.

The governor submitted this letter in May 2014.

The Department of Corrections has historically had federal staffing guidelines not significantly altered by PREA. In contrast, prior to PREA adoption, there were no national standards for staffing ratios in youth corrections facilities. While the Division of Youth Corrections is compliant with the majority of PREA standards, including the repurposing of an existing position as the PREA coordinator, the federally articulated staffing ratios will require significant funding due to the fact that the Division currently utilizes a 'critical post' staffing model inconsistent with PREA guidance. The shift from critical post staffing models, instituted in part because of funding limitations, to a ratio based model represents a significant structural change reflected in the Department's funding request.

28. How much money would be lost if there was a five percent reduction in federal grants in both adult and child corrections resulting from non-compliance with PREA? Are these funds subject to appropriation by the General Assembly?

According to the National Criminal Justice Association, it is estimated that the State would lose \$219,696 between the adult and juvenile corrections systems. This is an estimated amount based on FY12 funding.

The Department is working with the Departments of Corrections and Public Safety as well as the Governor's Office to determine the statewide impact of non-compliance with PREA based on the most currently available federal grant information. The Governor's Office expects the cost will be greater than the \$219,696 as noted above, but does not anticipate it will be significantly higher. A coordinated response will be provided to the Committee by the Governor's Office.

The loss of funds pertains to the federal Byrne JAG, Violence Against Women Act and Office of Juvenile Justice and Delinquency Prevention grants. These funds are not subject to an appropriation by the General Assembly.

29. Is increasing staff-to-youth ratios through the addition of staff at State-owned and operated facilities to meet PREA standards considered an unfunded mandate to the State from the federal government?

The federal expectation for states to be PREA compliant with staffing ratios did not have any associated federal funding. Unlike adult facilities, it is relatively common for juvenile facilities to be subject to specific staffing ratios by state law or regulation. More than 30 states already impose staffing ratios on some or all of their juvenile facilities. The Department of Justice wishes to avoid the unintended consequence of decreased programming or inadequate placement for youth as a result of budgetary limitations and has given juvenile agencies until October 1, 2017 to become compliant with the staffing ratio standard.

30. Has the Division of Youth Corrections or the Department of Corrections applied for federal grants to assist in meeting PREA requirements?

The Division of Youth Corrections has not applied for any federal grants to assist in meeting the PREA requirements. The federal grants designated for this purpose are time-limited and used to improve leadership, organizational culture and performance; review and revise policies and practices; educate youth; establish victim support services; and collect and analyze data on sexual abuse in facilities. The Division already has a full time PREA Coordinator who manages these functions.

The Department of Corrections has used federal grants designated for PREA compliance to comply with PREA standards. The Department of Corrections did not apply for additional federal funding beyond this. They did, however, receive \$252,006 General Fund and 2.7 FTE in FY 2014-15 for staffing and audits to ensure compliance.

31. Does PREA apply to State contracts with private providers? Will youth in State-owned and operated facilities have more protection under PREA than those in private facilities?

Private providers that operate programs for committed and detained youth in Colorado are required to comply with the PREA standards but have different PREA standards for staff to youth ratio. In order for private facilities to comply with PREA staff to youth ratio they are required to abide by Volume 7 licensing regulations on staff to youth ratios. It is important to note that state-operated secure facilities often have higher risk youth than private facilities, therefore federal standards require more staff per youth in those secure facilities.

All detained and committed youth will have protection under PREA. The safety, training, supervision, reporting and other requirements of PREA apply to all Colorado youth correctional and detention facilities, regardless of whether they are state or provider operated. Any youth in a residential commitment or detention facility will be afforded the same protections.

32. How will increased staffing levels, as requested for FY 2015-16, achieve a goal of fewer rapes?

The Federal PREA law requires elimination of all forms of sexual victimization and abuse (any incident of sexual misconduct from verbal harassment to sexual assault). PREA standards would allow DYC to reduce all forms of sexual victimization and abuse. Research by the Federal Office of Juvenile Justice and Delinquency Prevention has demonstrated that a

higher staff to youth ratio is one of the most important predictors of decreased youth victimization in correctional facilities.

33. Could PREA requirements be met using surveillance technology rather than adding staff?

PREA staffing requirements cannot be met using surveillance technology. Technology is best utilized to supplement, but not replace, staff supervision. Camera surveillance is a powerful deterrent, a useful tool in post-incident investigations, and monitors actions in real time. But it cannot substitute for more direct forms of staff supervision (in part because blind spots are inevitable even in facilities with comprehensive video monitoring), and cannot replace the interactions between residents and staff that prove valuable at identifying or preventing an incident before it occurs. Cameras are insufficient in identifying problems that are developing between youth that could be mitigated by staff. Specific to PREA, cameras may not detect the subtleties of bullying, intimidation, sexual harassment or coercion in the milieu. In addition, in youth correction settings the ability for staff to guide and coach a youth to make good choices and utilize coping skills for de-escalation are critical to re-integrating youth back into the community.

3:15-3:50 MEDICAL OVERSIGHT OF YOUTH IN THE CHILD WELFARE AND YOUTH CORRECTIONS SYSTEMS

34. In the child welfare system, what level of authority would a doctor at the Department of Human Services have given the State-supervised / county-administered system environment?

The proposed position is internal to the Office of Children, Youth, and Families in the Department, and would therefore have the same authority as any child welfare staff member in the Department. This proposed position is the first step in developing a policy framework that should improve safety and health outcomes for children in our care. This proposed position is meant to be a resource to the children and youth we serve as well as county departments. The Medical Director would assist with difficult case consultation and statewide practice improvements. Child Welfare staff are authorized through the minimum necessary requirement of HIPAA (45 CFR 164.502(b), 164.514(d) to access confidential information for the purposes of quality control and oversight of care. Specifically, C.R.S. Section 26-1-111(2)(d)(I), stipulates that the State Department shall “Provide services to county governments including the organization and supervision of county departments for the effective administration of public assistance and welfare functions as set out in the rules of the Executive Director and the rules of the State Board pursuant to Section 26-1-107 as to program scope and content...”

35. Why is it in the best interest of the state to have only one medical entity for youth in child welfare and youth corrections given the differences that exist between the two systems?

The Department believes having one medical entity over both Child Welfare and Youth Corrections aligns with its efforts to eliminate silos of services, enhancing the system of care. Although the Child Welfare and Youth Corrections systems have some differences, many youth in Youth Corrections have been, or currently, are involved in the child welfare system. In addition, youth in both systems present similar medical, behavioral and dental health concerns. There is currently no state-level medical professional consultation available in the child welfare system regarding child and youth health needs and psychotropic medication usage. While the Division of Youth Corrections has clinical providers, it has limited access to independent psychiatric medical consultation to set overall policies and guidelines. Through the oversight of the Medical Director, a process will be implemented to provide the most effective and efficient model for medical oversight in meeting the well-being needs of the children and youth. The Medical Director could ensure consistency in practice and policy setting between the two systems, and supervise a team of medical professionals responsible for the medical oversight of children and youth in Child Welfare and Youth Corrections.

36. Why is a request being made for a medical director position prior to having a gap analysis performed to determine the needs of youth in the child welfare and youth corrections systems?

The Department originally considered the gap analysis and now feels that it is unnecessary given the information it has received from the Medication Management Audit from the Office of State Auditor and the Psychotropic Medication Advisory Committee report, as well as federal data demonstrating a need for foster care children's medical well-being. The information from these reports has re-enforced the Department's awareness of its responsibilities to provide quality healthcare in a more comprehensive way. Allen and Hendricks¹ reported an alarming number of children in foster care have significant and complex needs, including physical, behavioral health, and dental needs. The complex needs manifest in approximately 90% of children requiring medical care for health problems, and approximately 55% of children having at least two chronic conditions. Additionally, 35% of children enter the child welfare system with dental problems, and behavioral health needs are overrepresented with these children compared to the general population.

The Department is aware that deficiencies in health services for children and youth in the foster care system currently exist, and Colorado is not meeting federal well-being goals for medical and dental visits for children in foster care. The Department has staff who are experts in safety and permanency, but does not have staff with expertise in healthcare. Therefore, we believe that funding the Medical Director budget request will be the most efficient way to begin to improve outcomes for children and youth in our system.

¹State Policy Advocacy and Reform Center (2013). Medicaid and Children in Foster Care. Trenton, NJ: Kamala D. Allen and Taylor Hendricks.

37. If all of the State Auditor and Joint Budget Committee staff recommendations are implemented, will a measurable change be made in the provision of medical, behavioral, and dental care for youth in the child welfare and youth corrections systems?

If all the recommendations are implemented, the Department will see measurable change in the creation of policy to monitor children's healthcare needs.

For Child Welfare, implementation of the recommendations would ensure the necessary coordination in providing quality care to children and youth, and address the consultation needs in complex cases. In addition, the overuse of psychotropic medications among children and youth involved with the child welfare system will be addressed.

For the Division of Youth Corrections, a measurable change will occur through the tracking and oversight of care. Guidelines for Psychotropic Medications were developed and distributed to the providers in October 2014. If the funding was granted to implement all of the Office of the State Auditor's recommendations, the Department would be able to set the infrastructure of monitoring and oversight needed to ensure compliance to the standards expected of them. The Department expects to see better monitored medical, behavioral and dental care for youth and greater consistency in the delivery of care.

38. The State Auditor cited many concerns with medical practices in State-owned and operated youth corrections facilities. Are the providers of medical services (including behavioral health services) negligent in any way? Are there malpractice concerns that the Department is investigating?

The vendor hired by OSA testified to the Audit Committee that they did not identify any incidents of medical negligence. The Department and the vendor hired by OSA did not identify any concerns that warrant an investigation for malpractice.

39. Who has legal responsibility to provide medical care for youth in the child welfare and youth corrections systems? Is additional legal clarification needed?

The responsibility for medical care depends on who has legal custody of a child.

For the child welfare system county human services departments have the legal responsibility to provide medical care for youth in their custody. As per Rule 7.402.1 PROVISION OF SERVICES [Rev. eff. 12/1/12]:

“Subject to certain income and resource limitations, medical assistance through the Colorado Medicaid program must be provided to certain children and youth receiving child welfare services as follows:

- A. Children and youth for whom the county department is assuming full or partial financial responsibility;
 - 1. Children and youth in foster care, including those who are in independent living situations subsequent to being in foster care;
 - 2. Youth committed to the Department of Human Services, Division of Youth Corrections, who are placed in a non-secure community based residential facility or in independent living situations; ...”

For DYC youth who are committed to the Department, pursuant to 19-2-921, where legal custody is transferred to the Department for a determinate period of time, the Department is responsible for the youth’s medical care. Youth are not eligible for Medicaid services while incarcerated, and therefore, the cost of medical care is the responsibility of the Department. Once a juvenile is committed to DYC, if the youth is also in the custody of Child Welfare, the state and county share liability and responsibility for medical care. If a juvenile is in detention, the parent or legal guardian is responsible for a youth’s medical care.

40. As it relates to consent for treatment with psychotropic medications, which entity should be responsible for providing consent?

Whenever parental rights remain intact, whether DYC has custody or the county has custody, the parent should be the one to provide consent. For Child Welfare, due to the county departments’ responsibility to provide medical care for children and youth in their custody, counties play a significant role in decision-making regarding psychotropic medications. Counties often work with the biological parent, when the parent(s) is involved in the case and rights are still intact. When a difference of opinion between the county and the family arises, it is often left to the courts to determine whether consent for psychotropic medications should be given. In these difficult and complex cases, it would be advantageous to have a Medical Director who is able to consult with county departments regarding psychotropic medications or other health related matters. That information could then be used to advise the courts.

For the Division of Youth Corrections, the Division is the official consenting entity during the period of commitment due to the transfer of legal custody to the Department. However, the Division works to obtain consent from the biological parent, when the parent(s) is involved. Youth ages 15 and older are able to consent without a parent’s permission.

41. Please explain the differences in current and proposed consent practices for youth in child welfare and youth corrections (please differentiate between detained and committed youth). Is the legal duty clear in these cases?

For both Child Welfare and Youth Corrections, the Department updated the consent form and process so that it is now a standard form and process for use across all county departments and DYC facilities.

The Department is not recommending that a change be made to the entity responsible for consenting to psychotropic medications for children in Child Welfare. However, the Department has already requested that a uniform consent form be used by counties when obtaining that consent. The Department has provided a template to be adopted by each county, with the option of designing and submitting a similar consent form.

The Department's Division of Youth Corrections has also implemented a standardized consent form for psychotropic medications. There is no proposed change in practice other than having implemented a standardized approach to obtaining consent. The same consent form is being utilized with detained and committed youth.

For youth who are committed to the Department, pursuant to 19-2-921, where legal custody is transferred to the Department for a determinate period of time, the Department is responsible for the consent of the youth's medical care. If a juvenile is in detention, the parent(s) or legal guardian is responsible for consenting to the youth's medical care.

42. Which psychotropic medications are being over-prescribed to youth in the child welfare and youth corrections systems? Are these drugs (and the prescribing physician practices) tracked by the Department, the Colorado Department of Public Health and Environment, or another entity?

The psychotropic medications that are being monitored for their potential to be inappropriately prescribed include: antipsychotics, antidepressants, mood stabilizers, stimulants, and anti-anxiety medications. HCPF has a process to red flag any problematic prescribing behaviors through a pharmacy claims database for all children on Medicaid. Through a partnership between CDHS, HCPF, Colorado Children's Hospital, the Kempe Center, the University of Colorado, Regional Care Collaborative Organizations, and other Colorado entities, the Psychotropic Medication Advisory Committee established the necessary safeguards to detect concerning prescribing behaviors and created a report which lays out the necessary steps that need to be taken to improve the medical well-being of children and youth. A data sharing agreement between HCPF and CDHS enables both Departments to track psychotropic medications prescribed to most youth in Child Welfare and some committed youth residing in community placement, through Medicaid pharmacy billing claims, which include prescribing providers.

43. Is it wise to make changes to Trails to link to data from a system in the Department of Health Care Policy and Financing that will be replaced in the near future? Will the changes to Trails work with the new implementation of the Medicaid claims data system?

It is recommended to link Trails to data from HCPF. Building the link between Trails and the Medicaid claims data system now will not have a negative impact on either system later. If changes are made to Trails to receive and store the data, this will continue to function after the source data system (Medicaid claims system) is replaced. It may require some minor fine tuning if the data formats change but the initial work will not be lost. The modernization of Trails will take time, and until then, this proposed modification to Trails will afford caseworkers and Department staff the ability to use this information to provide the best clinical care for children and youth. It will also allow the Department to successfully respond to an audit recommendation.

3:50-4:20 STATE FUNDING FOR SENIORS

44. Is the Department comfortable requesting a 1.7 percent a COLA increase for Old Age Pension program payment recipients while requesting only a 1.0 percent increase for State employee salaries and community provider rates?

Yes. The Social Security Administration (SSA) has authorized a 1.7% COLA for 2015. Federal regulations require a Maintenance of Effort (MOE) between the State of Colorado and the Social Security Administration, which obligates Colorado to spend at least the same amount on Old Age Pension (OAP), Aid to the Needy Disabled (AND-CS), and Adult Foster Care (AFC) recipients who receive Supplemental Security Income (SSI) in the current year as in the previous year. Failure to mirror the 1.7% COLA for OAP recipients in 2015 could both impact Colorado's MOE agreement with the SSA, and jeopardize Medicaid Federal Financial Participation (FFP) funds. The SSA has the authority to impose a sanction of no less than one full quarter FFP match (approximately \$300-\$350 million) for every month Colorado does not meet its MOE requirement.

Seniors impacted by this COLA live at 77% of the Federal Poverty Level; at such low income levels, every new dollar translates into positive effects on the health, safety, and welfare of an extremely vulnerable population. In 2015, a 1.7% COLA will increase OAP recipients' monthly benefits by \$13; 1% would increase benefits by roughly \$8/month. This net difference of \$5/month will have a sizable effect on the purchasing power of a senior living at 77% of the Federal Poverty Level.

45. For FY 2014-15, the General Assembly authorized funding for a 3.0 percent COLA increase for the Old Age Pension program. Did the State Board of Human Services

provide recipients with the full 3.0 percent? If not, why not? If so, why is a request before the Committee for an additional 1.7 percent for FY 2015-16?

Yes, the State Board of Human Services (State Board) provided a 3.0% increase to Old Age Pension (OAP) recipients, as authorized by the General Assembly, in FY 2014-15. However, a larger increase last year does not negate the state's need to pass along any COLA authorized by the Social Security Administration (SSA) in the coming year because of the state's MOE agreement, as explained in the previous answer.

Based on the SSA's annual review of the Consumer Price Index, it announced on October 22, 2014 that a 1.7% cost of living adjustment (COLA) will be awarded to SSI recipients beginning in January 2015. Colorado's constitution directs the State Board to set the grant standard for the OAP program – including authority to choose whether or not to raise the OAP grant standard in accordance with the SSA's decision to authorize a COLA for SSI recipients – based on the Department's analysis and recommendation. As such, the State Board could choose to change the grant standard at any time, regardless of the SSA's decision to approve a COLA. However, the decision to increase OAP benefits is amplified in years when the SSA does approve a COLA due to the fiscal impacts of the State's Maintenance of Effort (MOE) obligation. Negative impacts to our MOE obligation could jeopardize Medicaid Federal Financial Participation (FFP) funds. The SSA has the authority to impose a sanction of no less than one full quarter FFP match (approximately \$300-\$350 million) for every month Colorado does not meet its MOE requirement.

46. How do the responsibilities for government programs follow the aging population? Is it families or seniors getting Medicaid? Are they shifting out of Medicaid into Medicare or Social Security? How will these changes impact the budget on a yearly basis?

Please note the following response was provided by the Department of Health Care Policy and Financing.

The Department of Health Care Policy and Financing (HCPF) serves a mix of families and seniors through Medicaid. Generally, Medicaid is available to all individuals under age 64 with income at or below 133% of the Federal Poverty Level, individuals age 65 and older who qualify for federal Supplemental Security Income (SSI), and most individuals at or below 300% of the Federal Poverty Level who require long-term services and supports.¹ As of October 2014, Medicaid covered 148,283 seniors and individuals with disabilities and 971,837 parents, adults, and children.²

Social Security and Medicare are generally complementary to Medicaid; when an individual has Medicare coverage, Medicare is usually the primary payer for health care coverage. When a client is eligible for both programs, Medicaid pays premiums and deductibles for covered services, but Medicare is responsible for the payment of claims. Medicaid pays for services that are not covered by Medicare; typically, these services are long term services and supports, such as

home and community based services (HCBS) or nursing facility care. Retirement income received from Social Security is considered when determining whether an individual qualifies for Medicaid. While many people have financial resources in addition to Social Security (such as a private pension or savings), individuals whose only income comes from the SSI program will typically qualify for Medicaid.

As people born during the demographic post-World War II baby boom (“baby boomers”) approach retirement age, it is reasonable to believe that Medicaid caseload will increase, thereby increasing expenditures. However, it is not fully clear what effect this will have on the overall budget. Although expenditures will increase, it is not clear to what extent Medicaid expenditures will crowd out other state expenditures, if at all. Colorado’s population continues to grow; this will increase the overall amount of revenue available for the state budget. However, the overall effect is currently unknown, and is actively being studied and modeled by a large number of third parties; opinions vary as to what the effect will be. The departments will continue to use the regular budget process to provide short-term and long-term forecasts of future expenditure.

¹ A more comprehensive chart of Medicaid eligibility can be found on page 6 of the JBC Staff Briefing Document for HCPF (December 2, 2014): http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/2014-15/hcpbrf1.pdf

² A detailed report of caseload by eligibility category is available on HCPF’s website: <https://www.colorado.gov/pacific/hcpf/premiums-expenditures-and-caseload-reports>

47. How are moneys distributed from the State to the Area Agencies on Aging (e.g. grants, formulaic)?

The 16 Area Agencies on Aging (AAAs) administer approximately \$18 million through the Older Americans Act, and \$17 million in State Funding for Senior Services, locally. AAAs provide services directly or through contracts with provider agencies. Services provided through the Older Americans Act and State Funding for Senior Services programs are designed to maintain the independence of older adults in the community of their choice.

Distribution of State Funding for Senior Services moneys is governed by Section 26-11-205.5, C.R.S., which states, “Moneys appropriated for the [Older Coloradans Program] shall be distributed to Area Agencies on Aging [AAAs] using the same formula that the State office uses to distribute moneys available under Title III, parts (B), (C), (D), and (F) of the federal Older Americans Act of 1965.” This federal funding formula is referred to as the Intrastate Funding formula and is used to allocate both Older Americans Act funding and State Funding for Senior Services. The Formula allocates funding to AAAs based on the AAAs’ population, as compared to the population of the State as a whole, in five demographic areas. The five areas are weighted and include:

- 40% based on the population over age 60
- 15% based on the population over age 75
- 15% based on the population living in a rural area
- 15% based on the minority population
- 15% based on the population living at or below 100% of the Federal Poverty Level

The Intrastate Funding formula was developed by the State Unit on Aging and is reviewed every four years in conjunction with development of the State Plan on Aging. While the formula is reviewed every four years, the current Intrastate Funding Formula has been in place since 1990. The Intrastate Funding formula is additionally reviewed by the Colorado Commission on Aging and approved by the federal Administration on Aging. To change the formula, the Department would have to garner input from the AAAs and receive approval from the federal Administration on Aging.

48. What percentage of all individuals over the age of 60 access the services funded by the \$35 million total funds allocated out to Area Agencies on Aging out of the State Funding for Senior Services and Older Americans Act Programs line items? Is information available on the economic status of the individuals accessing these services?

In FY 2013-14, a total of 33,024 individuals over the age of 60 received services through State Funding for Senior Services and the Older Americans Act. This represents approximately 3.5% of Coloradans over the age of 60. For individuals who voluntarily provide income information, the program tracks whether individuals receiving services are at or below the Federal Poverty Level. In FY 2013-14, 8,969, or 27%, of individuals receiving these services had incomes at or below the Federal Poverty Level. Of the \$35 million appropriated for the Older Americans Act and State Funding for Senior Services, approximately \$34 million is allocated to the AAAs under the Intrastate Funding Formula, and approximately \$1 million is retained by the State Unit on Aging for administration of the program.

49. What has the \$4.0 million appropriated the last two years yielded in services to seniors (type and amount)? Has this funding met the need for services? If not, what need still exists for services?

The table below shows services provided by service type for FY 2012-13 and FY 2013-14. Support services include: personal care, adult day care, case management, chore services, counseling, health promotion, material aid, and homemaker.

Summary of Expenditures and Units of Service, by Service Type State Fiscal Years 2012-13 and 2013-14						
Service Category	FY 2012-13		FY 2013-14		% Increase/ Decrease	% Increase/ Decrease
	Expenditures	Units	Expenditures	Units	Expenditures	Units
Support Services	\$ 2,254,538	70,822	\$ 3,438,297	130,206	53%	84%
Congregate Meals	\$ 893,351	146,347	\$ 781,047	130,466	-13%	-11%

Home Delivered Meals	\$ 1,500,291	279,797	\$ 2,445,376	412,859	63%	48%
Transportation	\$ 2,181,898	253,220	\$ 2,518,669	220,114	15%	-13%
Other Services	\$ 599,133	130,090	\$ 995,253	255,185	66%	96%

As shown by the table, there was an overall decrease from FY 2012-13 to FY 2013-14 in expenditures and units of services provided through congregate meals. The AAAs during this time chose to invest more in home delivered meals due to a higher demand for home delivered meals than congregate meals. For the decrease in the number of units of transportation, there was a change in reporting for one large AAA resulting in a decrease of approximately 39,000 units reported. The change occurred when the city that contributed to a pool of funding for the transportation provider required its funding to be identified separately from the other funding streams, therefore requiring a split out of those units reported.

The AAAs report there are not enough funds to address the full scope of services needed. In order to understand the amount of funding necessary to address the overall need, a comprehensive assessment would be needed. The last comprehensive assessment was completed in 2004 by an independent contractor.

50. How do Area Agencies on Aging determine what is useful to the senior population?

Each AAA has a Regional Advisory Council to help guide service priorities for their region. Additionally, each AAA develops a Four Year Area Plan on Aging. During the development of the Four Year Area Plan, the AAAs conduct public input meetings to identify service needs in their communities. The Department approves each AAA's Four Year Area Plan.

51. How does the request for \$4.0 million General Fund to increase senior services fit in with other efforts to prepare for an increase in the senior population, such as the Community Living Advisory Group (CLAG)?

The Community Living Advisory Group's final report requested an increase in funding under the Older Coloradans Act to support services that help seniors live independently.

52. Why are data on providing services to seniors not included in the quarterly C-Stat reports?

The Department, along with the AAAs, explored a number of different measures and all parties agreed there were barriers with each proposed measure. Consistent AAA data is a barrier to a statewide measure. For example, the Department considered measuring the timeliness of initial assessments for services, however, an initial assessment is not required for all individuals at all times. Additionally, current data systems in place at the AAAs are not sufficient to track the

initial activities that were proposed. The Department will continue to look at collectable data which will allow us to measure the effectiveness of the services in achieving the goals of the program.

53. Has a fee-based system been considered for individuals able to pay for services to assist in paying for those who cannot afford to pay for services?

The Older Americans Act prohibits means testing and mandatory requirements for participants to contribute to services. The Older Americans Act only allows for voluntary contributions to services. Currently, the AAAs and/or service providers collect voluntary contributions for services including, but not limited to: personal care, homemaker, home delivered meals, congregate meals, and transportation. Statewide, approximately \$2.4 million in voluntary contributions were collected in FY 2013-14. These funds are reinvested in program services by the AAAs. In order to require mandatory contributions for individuals receiving state funding for senior services, the Department would need to split the program out and create a separate eligibility determination, service tracking, and reporting processes; the costs of which are unknown at this time.

54. To what extent do people have long term care insurance policies? Are these types of policies becoming less and less available? If so, is that why State funding is needed to support senior service provision?

The Department does not track the utilization of long term care insurance policies. According to the Division of Insurance long term care insurance policies are available; however, the older an individual is, the more expensive the policy gets and as a result, many older Coloradans cannot afford to keep their policies as they age. Additionally, if an individual does not purchase a policy before the age of 60, premiums can be cost-prohibitive. The primary reason for a request for an increase in state funding for senior services is the large increase in the aging population in Colorado. The following table demonstrates the expected growth in the population of elderly over the next few years and decades.

Population Growth in Colorado								
by Age Group								
For 2014,-17, and 2020, 2030, and 2040								
	2014	2015	2016	% Increase 2014- 2016	2020	2030	2040	% Increase 2014- 2040
Subtotal Under 20	1,423,941	1,449,967	1,476,247	4%	1,569,171	1,747,184	1,940,127	36%
Subtotal 20-59	2,929,854	2,948,959	2,971,233	1%	3,090,458	3,544,694	3,937,345	34%
Subtotal 60-80	833,767	872,784	912,032	9%	1,067,990	1,281,747	1,364,310	64%
Subtotal 80-89	133,753	137,007	140,620	5%	160,032	290,217	415,879	211%
90+	29,256	30,574	31,916	9%	37,043	51,538	95,224	225%
Source: Colorado State Demography Office								

As shown in the table, there are significant increases expected in the population over age 60 both in the short-term and long-term. This increase is consistent with the increases the General Assembly has provided in prior years to plan for the growth in the population of individuals over the age of 60.

55. Who is eligible for homemaker services and how is eligibility determined for these services? Do insurance policies not include homemaker services?

Homemaker services are provided by all AAAs. Eligibility for homemaker services requires the adult be over 60 years of age and have limitations in at least two instrumental activities of daily living (e.g. cleaning, meal preparation, and shopping), or has a cognitive impairment that prevents the individual from performing the task. Most health insurance policies, and Medicare, do not include homemaker services. Long-term care insurance policies may provide some support for homemaker services.

56. Is a statutory provision required to begin a five-year pilot program for an institution of higher education to train workers in elder care service provision? If not, why not?

Please note the following response was provided by the Department of Higher Education.

The Department has confirmed with the Department of Higher Education (CDHE) that a statutory provision would not be required to begin a five-year pilot program for an institution of higher education (IHE) to train workers in eldercare service. As long as the program falls within the IHE's role and mission, the institution would send the gerontology program information to the Colorado Commission on Higher Education (CCHE) as a consent item for approval.

57. Why is a new pilot program needed for social and health care workers focused on elder care service provision? Isn't the Department of Higher Education already engaged in this area?

According to the U.S. Department of Labor, by 2022 there will be a 27% increase in demand for gerontological social workers, and a 23% increase in the demand for medical and health services managers. According to staff in the higher education system, new students interested in social work and health care often express interest in working with children and do not consider or have knowledge of the field of gerontology as another career avenue. A new program is needed that will raise awareness among prospective students to generate an interest in gerontological social work and health care fields, and provide an incentive for students to decide to go into this field. To the Department's knowledge, the Department of Higher Education does not have a stipend program or any other type of program to incentivize individuals choosing to go into the field of gerontology.

4:20-4:25 OFFICE OF INFORMATION TECHNOLOGY SERVICES

58. Please provide an update on the status of the CHATS system. Specifically, what work has been accomplished to improve the system with recent funding increases and what future funding is needed to complete the modernization of the system?

The Childcare Automated Tracking System (CHATS) project was initially requested in FY 2006-07 based on a similar commercial-off-the-shelf software project that had been implemented in Pennsylvania. Components of the original design have proven insufficient to meet the needs of Colorado counties and child care providers. Routine business changes as well as emergent program requirements and modifications have further added to the complexity of the CHATS system.

Additionally, fiscal constraints prevented the system from being adequately supported with ongoing operations and maintenance staff. An independent staffing analysis conducted in FY 2010-11 indicated a need for approximately 18.0 FTE at the Office of Information Technology (OIT) for ongoing maintenance and support; OIT was ultimately funded for 3.5 FTE. As a result, the system began to experience a backlog of help desk tickets and change requests. In separate studies by Deloitte Consulting and BerryDunn, the lack of adequate ongoing maintenance and support were identified as critical factors that prevented CHATS from reaching full functionality.

An FY 2013-14 supplemental budget request provided funding to conduct a needs assessment to identify options for the future operational and functional sustainability of CHATS. The Department contracted with BerryDunn to undertake the assessment, which included in-depth interviews with county CHATS personnel. That assessment estimated a cost of \$8.8 million to implement the recommended solution. The Department, OIT and the Office of State Planning and Budgeting (OSPB) are reviewing the recommendations.

The same FY 2013-14 supplemental budget request provided \$630,000 in funding to help stabilize and maintain the current CHATS environment. At that time there were more than 1,500 outstanding CHATS change requests and help desk tickets. The Department has worked closely with OIT to prioritize and remediate outstanding tickets. Funds appropriated over the last two years for CHATS stabilization have allowed some improved functionality, including:

- Hired 3.0 FTE contract staff for business analyst and system development support.
- Resolved more than 100 of the most critical help desk tickets and change requests, as well as eliminated many duplicate or obsolete tickets.
- Identified another 270 tickets that will be resolved by June 30, 2015.
- Began to fix and enhance online reports used by the counties to monitor caseload and expenditures.
- Implemented the Provider Self-Service Portal (PSSP) allowing child care providers access to CHATS enrollment and billing.

59. How does user feedback from the rollout of CBMS improvements compare to user data from the roll-out of CORE?

The Colorado Benefits Management System (CBMS) is an eligibility system designed for and utilized by Colorado counties and managed by the Office of Information Technology (OIT). OIT, as opposed to the Department, collects user feedback for CBMS. Similarly, the Colorado Operations Resource Engine (CORE) is a system managed by the Department of Personnel and Administration (DPA) and was rolled out statewide to be used by state employees. DPA collects user feedback for the entire state for CORE. The Department does not have statewide user feedback to answer this question.

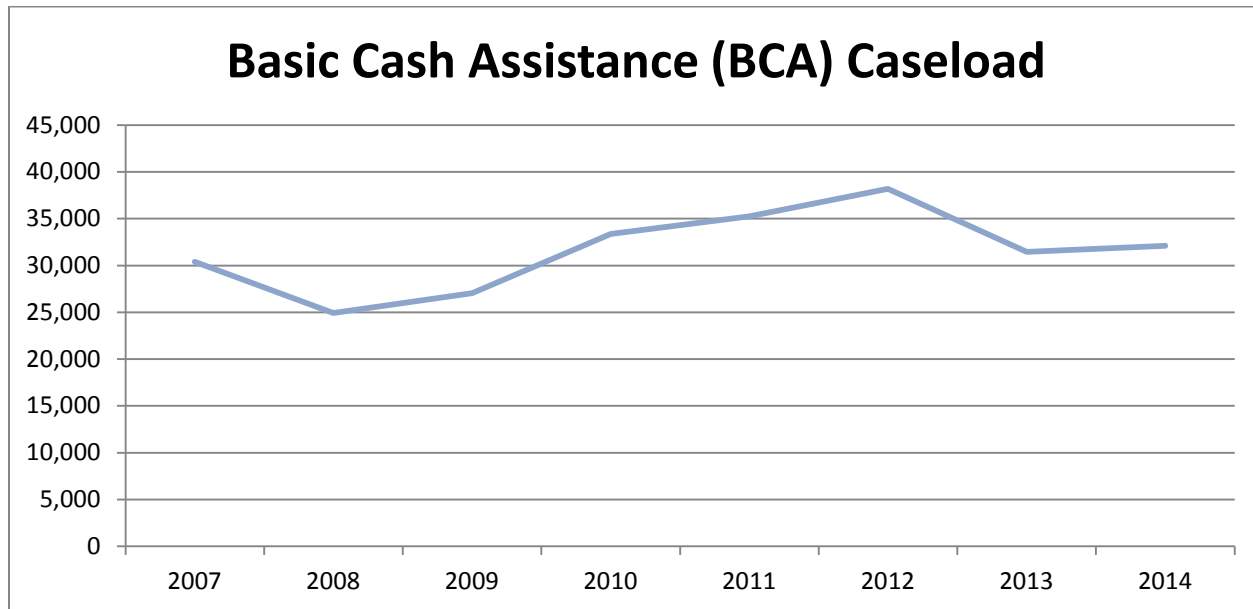
4:25-4:30 OFFICE OF SELF SUFFICIENCY

60. Why is the Colorado Works (TANF) caseload going up in a time of increased employment?

Over time, national data has indicated that the lowest-skilled workforce (comprising the bulk of the TANF caseload) is both the last to enter the workforce and last to recover from a recession. This effect translates into Colorado's TANF caseload trends during the Great Recession: the Colorado Works caseload began to increase in 2008, spiking sharply between 2009 and 2011; in 2012, the Colorado Works caseload began to decrease as the state recovered from the recession, evident by decreasing unemployment rates.

The slight uptick in the caseload in FY 2013-14 is likely attributable to the implementation of the Affordable Care Act (ACA), opening the door to more people applying for benefits. While almost the entire Colorado Works caseload has always been eligible for Medicaid, the implementation of the Affordable Care Act and its insurance mandate drove more people into the

system to apply for medical coverage, which is accessed through the same entry point as Colorado Works and other public benefits. In the 12 months immediately preceding ACA implementation (October 2012 through September 2013), Colorado Works received an average of 2,740 applications for assistance each month; following ACA implementation (from October 2013 to the present), 3,308 applications have been received, on average, each month. This increased application volume of 17% is likely correlated with new entrants to the system seeking medical coverage and applying for other assistance at the same time. It is reasonable to assume that some of these applicants who were applying for medical benefits were eligible to receive Colorado Works assistance therefore increasing caseloads.



61. Outside of Basic Cash Assistance, what services are provided by counties to Colorado Works (TANF) recipients?

Outside of Basic Cash Assistance (BCA), typical services provided by counties to Colorado Works recipients include the following:

- Work Supports- education and training; subsidized employment; transportation; childcare; work uniforms, tools, special licenses
- Safety & Stability- housing and utilities; financial education and asset development; domestic violence services; pre-pregnancy family planning; mental health and substance abuse counseling; positive youth development (including out-of-school programs); preventing out-of-wedlock pregnancies; responsible fatherhood and other programs to support two parents to engage in their children’s lives; parenting education and family counseling
- Community Investment- services delivered by contracts with community-based agencies to prevent poverty and otherwise support low-income TANF eligible families in the community

**62. Is there an issue with leveling Colorado Works (TANF) allocations between counties?
What is the process for remedying issues?**

Colorado's TANF block grant from the Administration for Children and Families (ACF) has been flat since TANF was created in 1997. During the past 17 years, the purchasing power of those funds has decreased by more than 30%. In Colorado's state supervised, county administered system, the Department is responsible for allocating funds to counties. As equitable as the Colorado Works formula is intended to be, it is typical of most formulas, whereby some counties receive reduced allocations of funds over time while others receive increases. For this reason, the allocation process follows strict methodology, including built-in controls to level the funds to the extent possible. With input from the statutorily defined Works Allocation Committee (WAC), the Department uses four strategies to allocate TANF funds among counties: County Block Grant allocation (\$149.6 million); Mitigation Pool (\$500,000); transfers among counties (amounts vary each year); and County TANF Reserves (amounts vary by county and by year).

County Block Grant Allocation Formula

The county block grant is distributed by a formula allocation. The formula is set by the Department with input from the Works Allocation Committee (WAC). The WAC is comprised of 11 members- eight (73%) County Commissioners appointed by Colorado Counties, Inc. (CCI) and three State staff (27%) appointed by the Department. The formula is driven by a calculation using the most recent demographic and economic data from each county, as follows:

- Demographic data- child poverty rate; total children enrolled in SNAP; children enrolled in SNAP who are living at/below 50% Federal Poverty Line; and Medicaid/CHP+ enrollment
- Economic data- BCA/State Diversion expenditures and all other expenditures

To ensure that allocations level out among counties, the WAC formula includes safety net measures that consider: 1) counties that spend more than 70% of their allocation on Basic Cash Assistance (BCA) are weighted 140%; 2) the formula builds in a 5% floor and a 25% ceiling to prevent severe year-to-year fluctuation; and 3) counties with allocations less than \$100,000 cannot have their allocation decreased from one year to the next.

Mitigation Pool

\$500,000 is set aside for Balance of State counties (i.e. small and medium sized counties) that spent a significant portion of their allocation on BCA payments. Eligible counties receive the funds at closeout and do not pay any MOE (Maintenance of Effort, roughly \$0.15 of every dollar allocated). The WAC has adopted rules that make counties that are eligible for two consecutive years of Mitigation Pool funds eligible for base allocation adjustments.

TANF Transfers

Counties may maintain allocated, but unspent funds in a TANF County Reserve from one year to the next. By statute, counties are allowed to buy and sell their allocation and MOE obligation to another county during the fiscal year. A county with sufficient reserves may choose to transfer a

portion of its allocation to another county. The table below shows the number of allocation transfer requests and total amounts transferred among counties during the last four fiscal years.

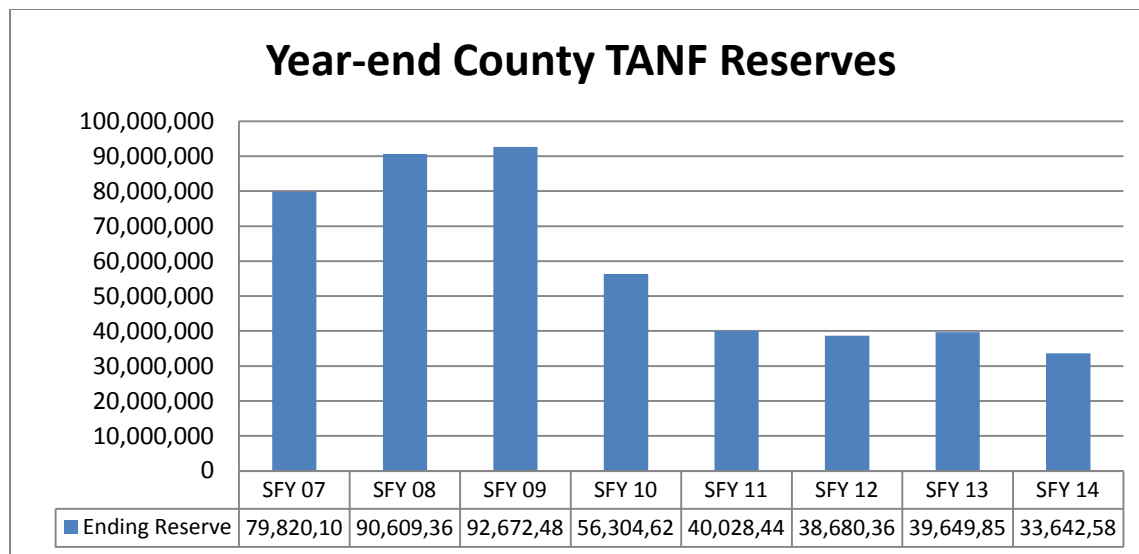
TANF County Allocation Transfers		
	# of Transfer Requests	Total Transferred
FY 2010-11	7	\$525,000
FY 2011-12	9	\$925,000
FY 2012-13	11	\$775,000
FY 2013-14	14	\$755,000

At the end the fiscal year, each county's TANF Reserve is capped at 40% of its current year allocation or \$100,000, whichever is greater. Any funds in the county's reserve exceeding the cap are reverted and distributed to counties with low reserves. The table below shows the number of counties exceeding their reserve caps, amount of funds reverted, and the number of counties receiving those reverted funds.

TANF Reversions (i.e. funds over counties' caps)			
	Amount	# of Counties Reverting	# of Counties Receiving
FY 2010-11	\$2,852,214	19	10
FY 2011-12	\$1,801,643	24	13
FY 2012-13	\$1,032,307	5	24
FY 2013-14	\$270,558	13	2

County TANF Reserves

The County TANF Reserve contains funds that were appropriated to counties and not spent. Statute allows counties to maintain a year-to-year TANF reserve of no more than 40% (or \$100,000, whichever is greater) of its allocation. Any funds exceeding a county's TANF Reserve cap are reverted and redistributed to other counties. Since FY 2008-09, the County TANF Reserves have decreased due to a combination of the counties' responses to the recession and the reserve caps. The County TANF Reserve contains different funds than the State Long Term Reserve (LTR), which includes all TANF funds received from the federal government and not yet appropriated.



63. Please describe the composition of the children component of the Colorado Works (TANF) caseload data.

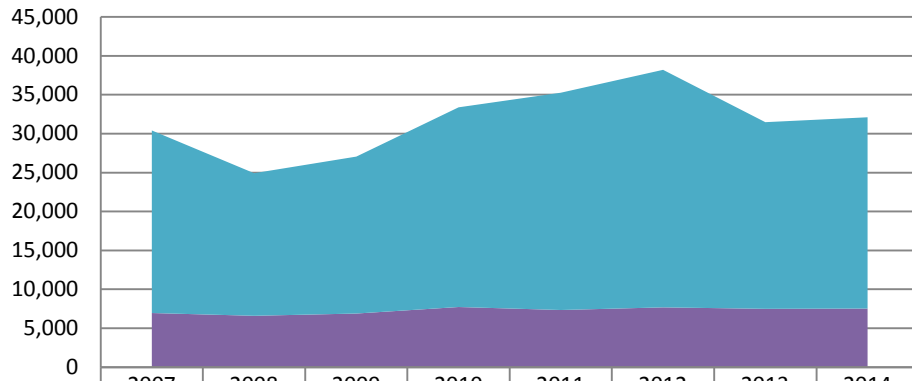
Every household receiving TANF assistance is raising a child. There are three primary family types receiving Colorado Works assistance:

- Two parents with at least one child
- One parent with at least one child
- Child-only participants who are children living with a relative or caretaker whereby benefits are to support the child(ren), but not the adult(s) in the household

The following table provides a snapshot of the total Colorado Works caseload by family type. Each child-only case includes one or more children and no adults; the other cases include one or more children and at least one adult.

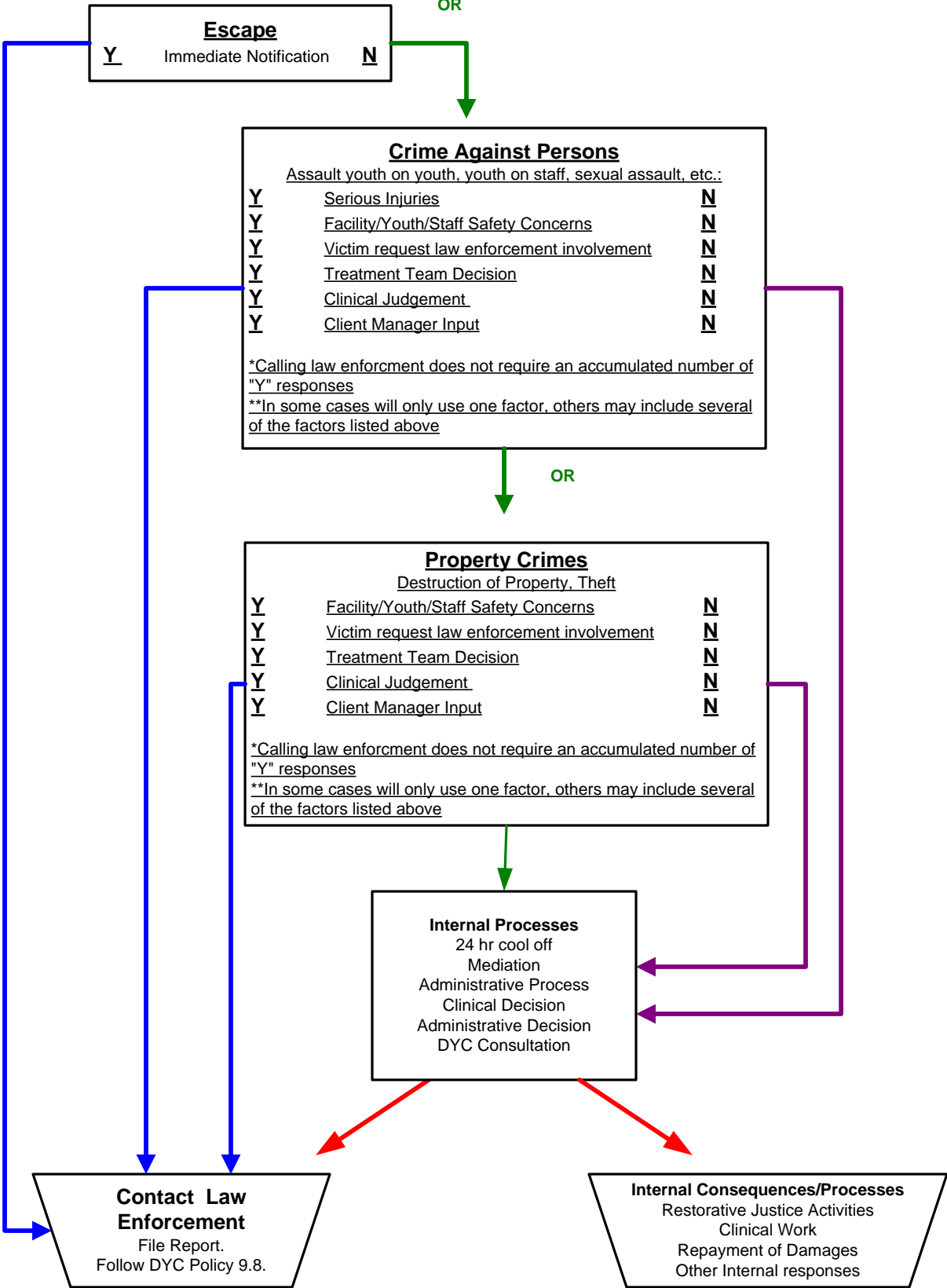
Total Caseload by Family Type			
	Child Only	Adult & Child(ren)	Total Caseload
FY 2006-07	6,955	23,455	30,410
FY 2007-08	6,600	18,321	24,921
FY 2008-09	6,890	20,163	27,053
FY 2009-10	7,728	25,655	33,383
FY 2010-11	7,344	27,916	35,260
FY 2011-12	7,683	30,516	38,199
FY 2012-13	7,495	23,980	31,475
FY 2013-14	7,530	24,574	32,104

BCA Caseload by Family Type



	2007	2008	2009	2010	2011	2012	2013	2014
■ With Parents	23,455	18,321	20,163	25,655	27,916	30,516	23,980	24,574
■ Child Only'	6,955	6,600	6,890	7,728	7,344	7,683	7,495	7,530

Use of Law Enforcement Decision Matrix





COLORADO
Department of Human Services



FY 2015-16

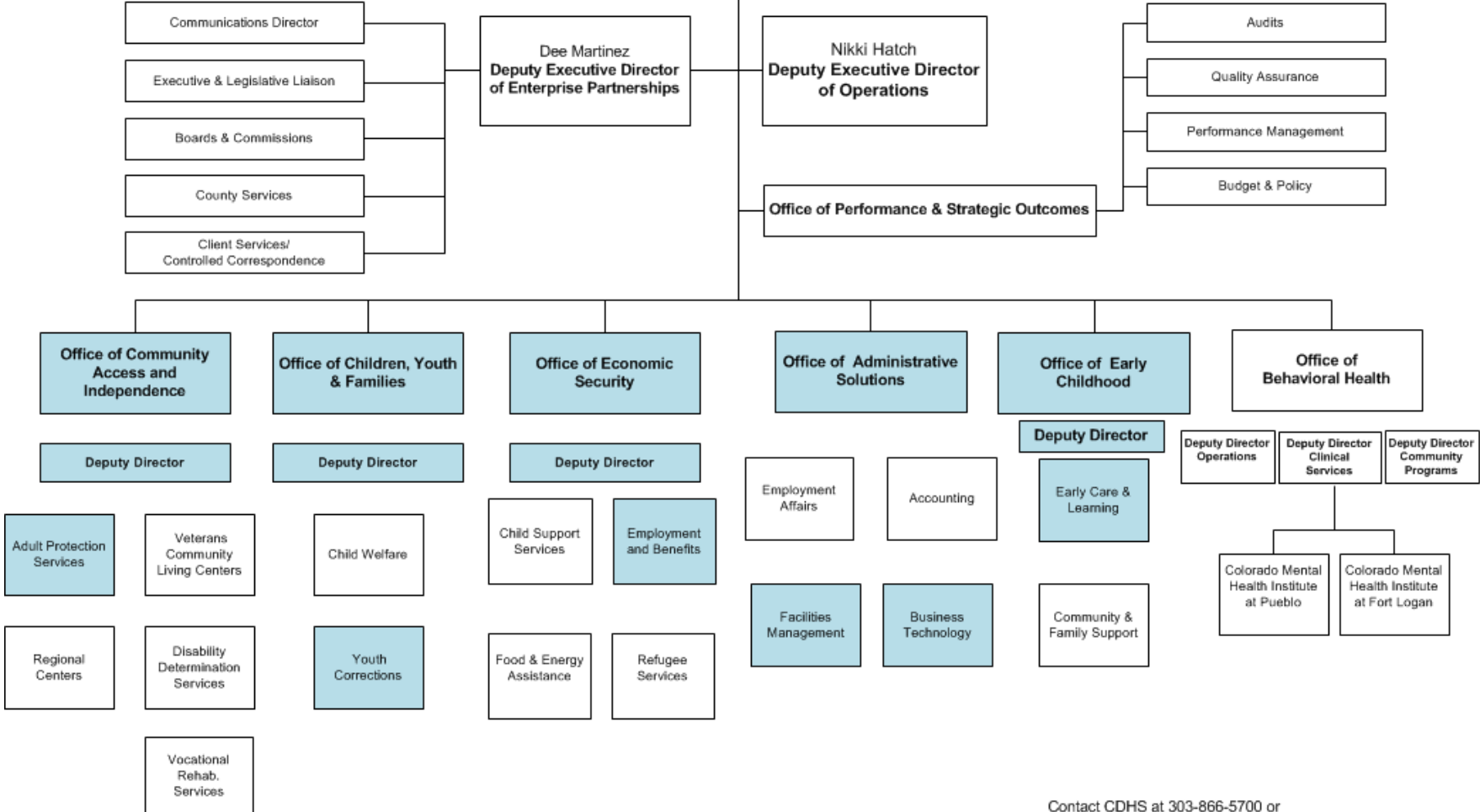
Joint Budget Committee Hearing:

**OIT, Office of Operations,
Office of Self Sufficiency, Adult Assistance
Programs, and the Division of Youth Corrections**

**Colorado Department of Human Services
December 15, 2014**



Colorado Department of Human Services
 Reggie Bicha
 Executive Director



Contact CDHS at 303-866-5700 or
 online at www.colorado.gov/cdhs

Updated: November 2014



Department of Human Services

Strategic Priorities

Three Strategic Priorities make it clear that CDHS will strive for every Coloradan to have the opportunity to:

Thrive in the community of their choice

- To expand community living options for all people served by the Department.
- To ensure child safety through improved prevention, access and permanency.

Achieve economic security through meaningful work

- To achieve economic security for more Coloradans through employment and education.

Prepare for educational success throughout their lives

- To improve kindergarten readiness through quality early care and learning options for all Coloradans.
- To return youth committed to the Division of Youth Corrections (DYC) to the community better prepared to succeed through education received while in the custody of the Department.



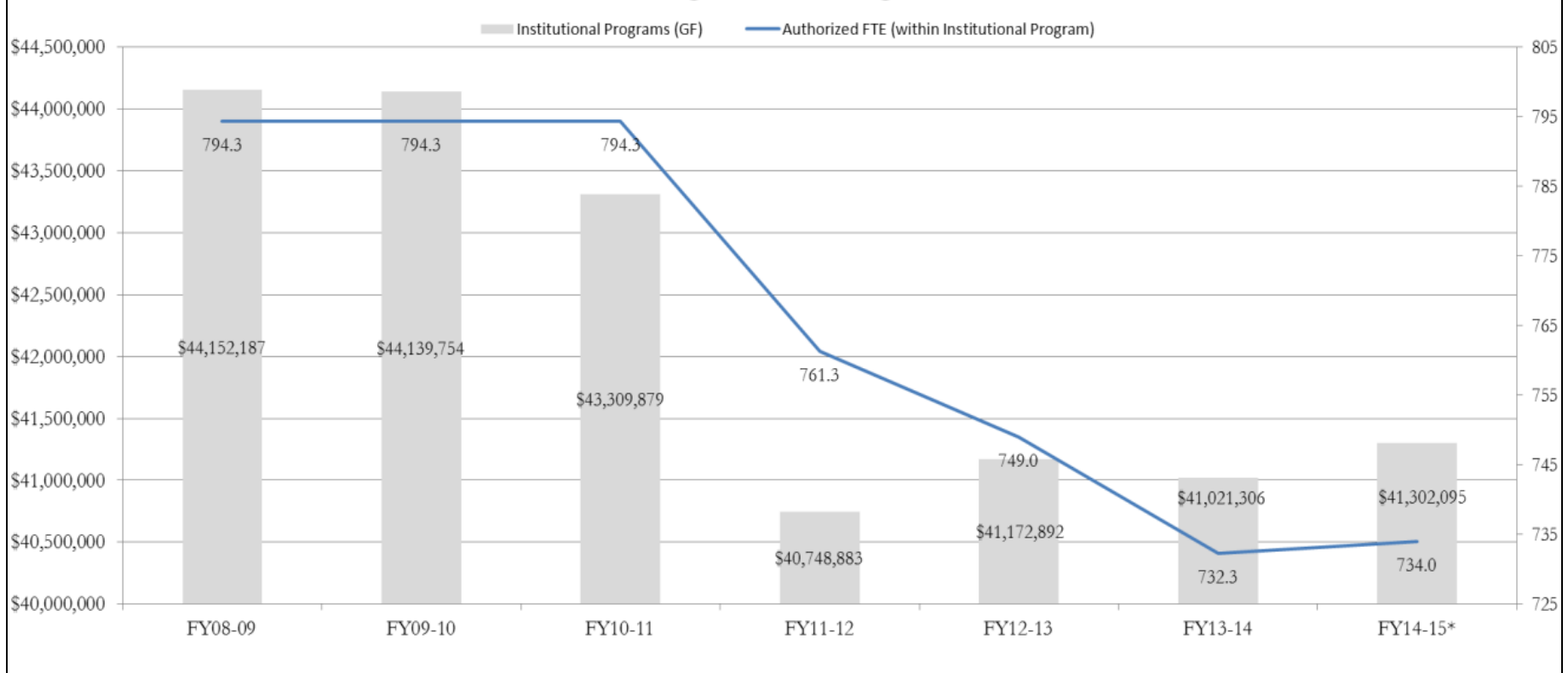
COLORADO
Department of Human Services



Division of Youth Corrections

Caseload Trends In Youth Corrections (QUESTION 1)

DYC Institutional Programs Budget (Dollars and FTE)



Youth Corrections Facilities

- Two types of DYC placements:

Detention: Time period after arrest that a youth is awaiting the disposition of his/her court case. Detained youth are either placed in the community with supervision or detained in a State-operated secure facility.

Commitment: The time period in which a youth has been adjudicated and the Judicial District Court sentences that youth to the custody of the Department for specific periods of time for the purposes of assessment, supervision, rehabilitation and the provision of parole supervision and services.

-
- 10 State-operated facilities
 - Detention only: Gilliam, Adams, Pueblo, Marvin Foote
 - Commitment: Lookout Mountain, Zebulon Pike
 - Both detention and commitment: Grand Mesa, Mount View, Platte Valley, Spring Creek



Youth Corrections Facility Infrastructure Plans (QUESTION 2)

- Current capacity is consistent with need
 - 2012 Facility closure Sol Vista (20 beds)
 - 2013 Assessment of bed capacity and operating needs: 325 beds
 - 2013 Pod reductions:
 - 20 beds at Marvin Foote
 - 12 beds at Mount View
 - 20 beds at Platte Valley
 - 20 beds at Spring Creek
 - 20 beds at Lookout Mountain
 - 17 beds at other facilities across the State
 - Reduced the detention bed cap from 479 to 384

Based on census trend analysis, there does not appear to be a need for short- or long-term adjustments to bed capacity

Sol Vista Closure

(QUESTION 11)

- In 2011, the Department reviewed many options to address declining commitments. It was determined that the best option was to close Sol Vista
 - Sol Vista was the most expensive facility to operate per bed
 - It is a 20-bed stand alone facility
 - It was repurposed for the Circle Program
- There are many factors that contribute to the increase in fights and assaults in State-operated facilities
- Closing Sol Vista was a good decision and it did not have an effect on the increase in assaults
- Department seeks to increase the quality of treatment for complex behavioral health needs at all of its DYC facilities

FY 2015-16 DYC Facility Capital Requests

- Adams Youth Services Center Replacement - \$2.0 million
 - Adams is the oldest stand-alone facility in DYC
 - Funding requested to design and build a 40-bed detention facility in 17th Judicial District
- Division of Youth Corrections Facility Refurbishment for Safety and Risk Mitigation, Modernization – \$2.0 million
 - Next step in multi-phase, multi-year refurbishment effort
 - FY 2014-15 completion of comprehensive engineering, architectural and cost assessment of physical needs of state-operated youth correctional facilities
 - FY 2015-16 request to address findings in the assessment, including
 - Self-harm resistant hardware (door knobs, hinges, and towel racks)
 - Sink and toilet equipped seclusion rooms
 - Rip-away curtains in every shower
 - Replacement of cracked, broken and buckled gymnasium floors
 - 14 gauge steel doors on sleeping rooms
 - Built-in, bolted down beds
 - Natural day lighting
 - Anti-slip epoxy floors
 - Central control monitoring of seclusion rooms
 - Self-harm resistant ADA grab bars for bathrooms



Acuity of Youth Involved in DYC

(QUESTION 3 AND 4)

- Reduction in number of youth, increase in acuity of youth
- Mental health and substance abuse treatment needs
- Histories of assaultive and aggressive behaviors
- Significant gang affiliation

Treatment Area	Fiscal Year					Increase
	09-10	10-11	11-12	12-13	13-14	
Mental Health ¹	55.5%	58.7%	58.2%	58.5%	N/A	4.8%
Treatment Level Substance Abuse ²	66.9%	68.8%	70.5%	72.7%	N/A	8.6%
Criminogenic Risk Domains:						
School	63.3%	64.5%	68.2%	74.2%	70.2%	6.7%
Relationships	83.4%	83.1%	80.4%	79.5%	82.6%	-.8%
Alcohol and Drugs	58.8%	66.0%	68.7%	69.8%	57.8%	-1.0%
Attitudes	95.6%	95.9%	97.1%	96.6%	92.3%	-3.3%
Skills	84.0%	83.5%	85.2%	79.2%	88.2%	4.2%
Current Living Arrangement	70.4%	71.6%	74.3%	77.5%	80.5%	10.1%
Mental Health ³	19.2%	19.9%	20.6%	26.4%	33.9%	14.7%
Aggression	75.5%	77.8%	81.6%	84.1%	84.9%	9.4%



Definition of Assault

(QUESTION 3)

Level One Assault

- An intentional act of aggression that causes or attempts to cause serious injury. The serious injury requires urgent medical care that is more extensive than mere first aid

Level Two Assault

- An intentional act of aggression that causes injury that requires only first aid or lesser attention

Level Three Assault

- Intentional act of aggression that causes no injury

Unauthorized/Incidental Contact

- Unauthorized contact caused through recklessness or negligence, made person-to-person or by throwing an object, where physical harm was not intended

Fight

- An attempt to harm or gain power over a mutual adversary by blows or with weapons)





Fights and/or Assaults in NYC State-Secure Facilities

	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014
Level One Assault (An intentional act of aggression that causes or attempts to cause serious injury. The serious injury requires urgent medical care that is more extensive than mere first aid)	4%	3%	6%	5%	6%	6%
Level Two Assault (An intentional act of aggression that causes injury that requires only first aid or lesser attention)	18%	20%	14%	16%	14%	15%
Level Three Assault (Intentional act of aggression that causes no injury)	33%	31%	38%	23%	24%	35%
Unauthorized/Incidental Contact (Unauthorized contact caused through recklessness or negligence, made person-to-person or by throwing an object, where physical harm was not intended)	2%	0%	0%	0%	1%	0%
Fight (An attempt to harm or gain power over a mutual adversary by blows or with weapons)	43%	46%	42%	56%	55%	44%
Total	100%	100%	100%	100%	100%	100%



Youth Corrections' Assault Incidents

(QUESTION 3)

Causes of assaultive behaviors:

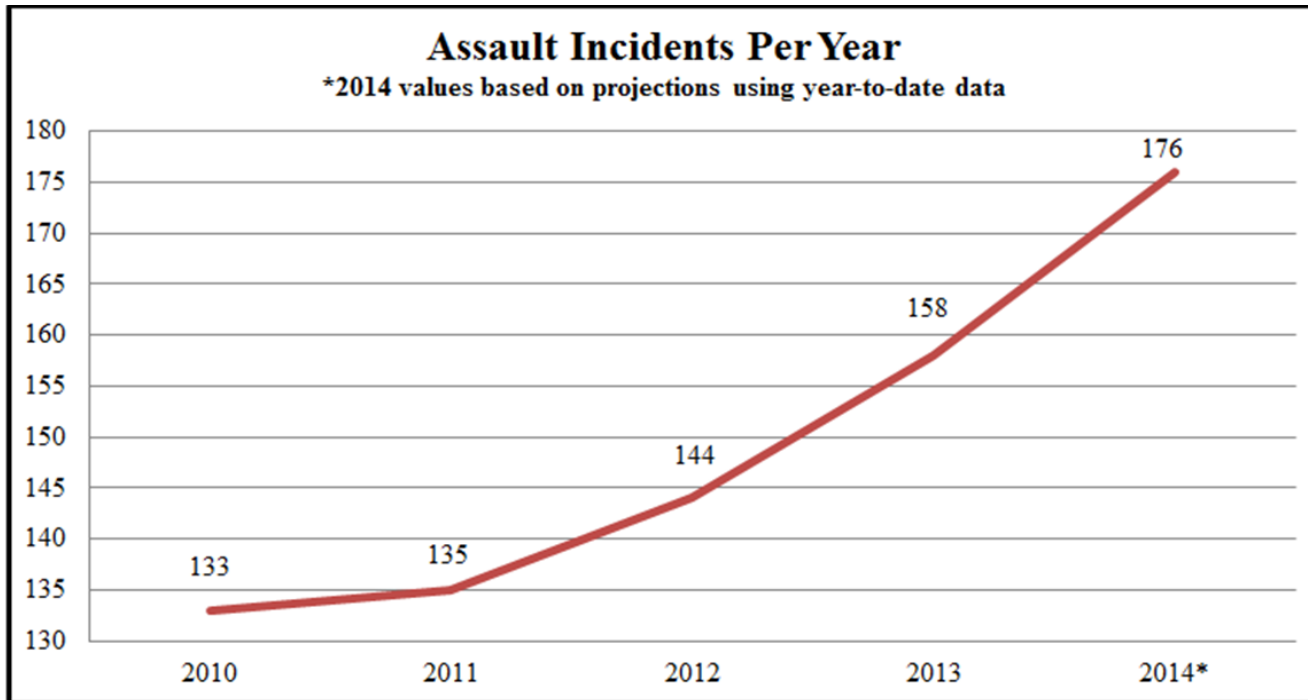
- Population mix within a facility
- Youth with behavioral health needs that demonstrate poor impulse control
- Youth's history of trauma
- Limited ability for staff to work one-on-one
- Gang affiliation

On-going assessment of each youth:

- To determine their propensity for aggression
- The behaviors displayed by youth on a daily basis
- Conducted on an on-going process through daily briefings, weekly team meetings, and routine professional meetings

Youth Corrections' Assault Incidents

(QUESTIONS 13 AND 7)



* 2014 is a projection of assault incidents for 2014

**The Division of Youth Corrections does not track aggregate level data on the number and type of assaults by committed youth in private facilities



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Assault Incidents (QUESTION 8)

- FY 2012-13 or FY 2013-14 no substantiated incidents of staff on youth assaults
 - DYC defines staff on youth assault as an incident where the staff aggressively attacks a youth
- The number of founded incidents of child abuse in DYC in FY 2012-13 was one, and in FY 2013-14 was seven
- In DYC, child abuse incidents most often result from excessive force during physical management due to:
 - Increases in youth on youth assaults and fights result in increased opportunities for staff to intervene and then be accused of excessive force during a physical restraint
 - Increased emphasis on education of youth regarding their right to make an allegation
 - Improved quality staff training on the mandatory reporting law and policy
 - Youth's increased sophistication that allegations of abuse are a way to seek retribution against a staff with whom they are angry

Assault Incidents

(QUESTION 5)

- Complaints or allegations of assault (sexual or other), are most frequently initiated by facility staff observation or youth complaints made to facility staff, but also include statement made by youth to family members, attorneys or others outside of DYC.
- Investigated complaints can be substantiated by:
 - Department Internal Investigations
 - Child protective services
 - Law enforcement
 - Child Protection Ombudsman

Local Law Enforcement Contact

(QUESTIONS 6 AND 14)

- Law enforcement is contacted when allegations of sexual contact occur as well as reasons listed in the Use of Law Enforcement Decision Matrix (Policy 9.19: Sexual Contact Prevention)
- Law enforcement is also required to be called when there is alleged youth on youth sexual abuse
- Staff who are allegedly assaulted by a youth have the individual right to contact law enforcement and pursue charges
- Contact with local law enforcement rarely results in new charges





Fights and/or Assaults in DYC State-Secure Facilities

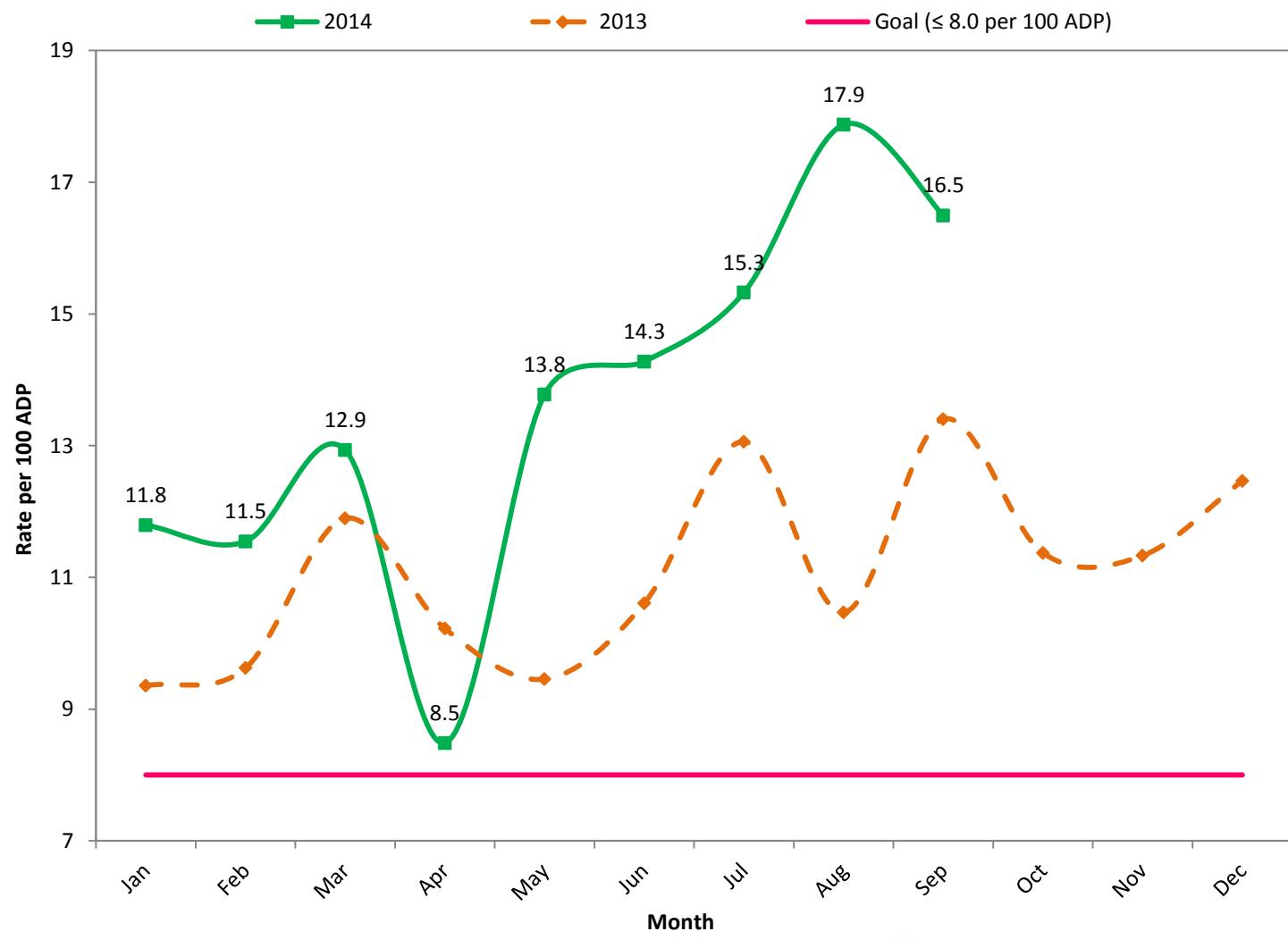
Description of Trend:

Performance improved from August to September 2014. The goal has not been met since 2012.

Numerator: Fights and assaults occurring in DYC state-secure facilities

Denominator: Monthly average daily population (ADP) in state-secure facilities (state-secure detention, assessment, and commitment)

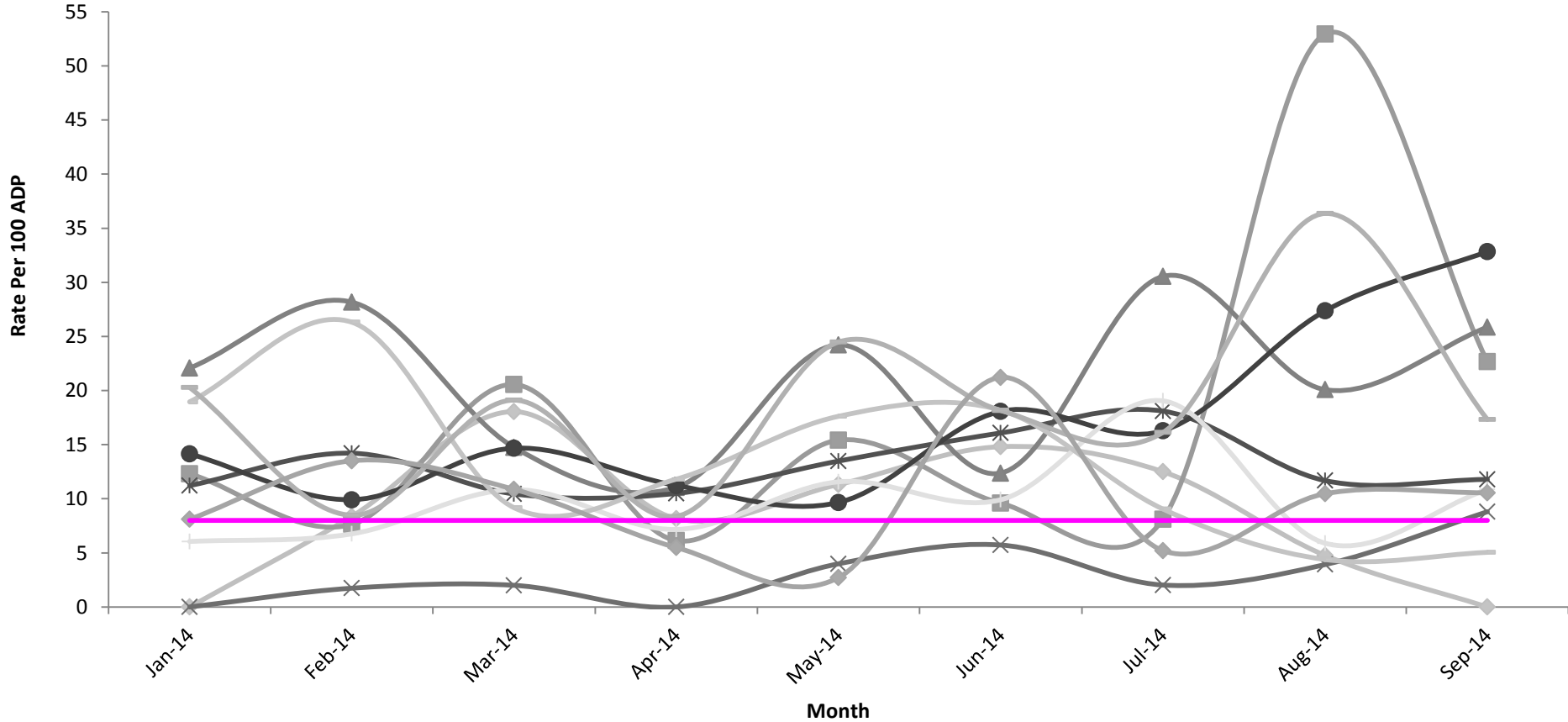
Monthly average daily population: 624.4





Fights and/or Assaults in DYC State-Secure Facilities: *Facility-Level Data*

- ◆ Adams
- Foote
- ▲ Gilliam
- ✕ Grand Mesa
- ✱ Lookout Mountain
- Mount View
- + Platte Valley
- Pueblo
- Spring Creek
- ◆ Zebulon Pike
- ◆ Goal ≤ 8.0 per 100 ADP



Behavior Modification Practices

(QUESTION 13)

- 2014: Implemented Positive Behavioral Interventions and Supports (PBIS)
 - In response to an OSA performance audit released in 2012
 - Grand Mesa began implementing PBIS in 2012
- PBIS is meant to infuse positive reinforcement into the facility setting, not to replace other techniques and strategies:
 - Physical positioning of staff to allow for line of sight supervision of youth and proximity control
 - Staff knowledge and application of effective verbal de-escalation skills
 - Early intervention in misbehavior that may lead to unsafe situations
 - Cognitive-behavioral treatment interventions
 - Firm limit-setting and structured programming
 - Development of meaningful relationships with youth



Youth Corrections' Assault Incidents

(QUESTION 3)

- The assessment leads to the appropriate placement and mix of youth in each facility so as to provide the safest environment possible and develop individual treatment plans
- Key areas considered when combining youth into a single unit:
 - Age groups
 - Antecedent experiences prior to custody
 - Immediate presenting offense
 - Community or familial pressures or recognition
 - Propensity for victimization
 - Relative physical sizes of youth
 - Mental health concerns
 - Developmental progress
 - Needs for increased one-on-one staff attention
 - Gender identity



Differences between DYC and DOC

- DYC does not have the same options for handling individuals as does DOC
 - DYC can not use (OC)/pepper sprays, weapons, SWAT teams
 - DYC does not hire POST certified staff
 - DYC does not use administrative segregation
 - DYC uses seclusion under very limited circumstances

Seclusion Techniques

(QUESTION 10)

- Colorado Revised Statutes, Section 26-20-103 mandates restraint (defined to include seclusion) only be used in specific circumstances:
 1. In cases of emergency
 2. After the failure of less restrictive alternatives
 3. After a determination that such alternatives would be inappropriate or ineffective under the circumstances
 - Seclusion can only be for the period of time necessary to accomplish its purpose, and with no more force than is necessary to limit the individual's freedom of movement
- Following Guidance from the Attorney General's Office, in July 2014, the department changed DYC policy
 - Elimination of Seclusion-Based Special Management Programming (SBSMP)
 - Immediate notification of shift supervisor of a seclusion incident
 - Facility director notification if the emergency lasts more than two hours
- An increase in staffing would provide the opportunity to work one-on-one to de-escalate these youth while they are in the general population

Assault Incidents-Spring Creek

(QUESTION 9)

- Intensified monitoring of incidents of fights and assaults
- Accountability and the safety of youth and staff in the facility has increased
- 8 youth accounted for almost half of all fights and assaults

Month	% of Overall Monthly Fights/Assaults
July	43% from 1 youth
August	58% from 4 youth
September	82% from 6 youth
October	67% from 5 youth
November	59% from 4 youth

Bed capacity: 80

Spring Creek

(QUESTION 9)

- Implemented a Six Point plan:
 - 1) Provide an opportunity for staff and youth to regain an environment of safety and security through a temporary decrease in the population of committed males
 - 2) Increase deployable staff and positively impact staff culture
 - 3) Institute intensive training, coaching, and skill building for Spring Creek staff
 - 4) Implement necessary facility systems and processes to effectively operate Spring Creek
 - 5) Develop community pride in the cleanliness, orderliness, and maintenance of the facility
 - 6) Develop and implement continuous quality improvement processes
- Temporarily reassigned senior manager from Central Office to stabilize and reinvigorate leadership.

Tampering of Doors and Locks

(QUESTION 12)

- Doors and locks were installed in 2014 to comply with fire codes that allow for mass release. These doors are considered to be state-of-the-art, meeting industry standards (based on lack of concrete walls)
- Department has specific policy and procedures with back-up redundancies to reduce tampering of doors and locks
- Removing youth's ability to tamper with locks, as well as staffing vigilance with door control and checks, are the primary and most effective manners to mitigate this concern



CORA Requests

(QUESTION 15)

- Balancing act between public need to know with an individual's right, (particularly youth) right to privacy. The Department is open to working with the Legislature and stakeholders to revisit Colorado's current balance.
 - State and Federal laws authorize and sometimes require that the Department keep some types of records confidential
 - The records maintained by the Department of Human Services differ from the reports kept by other government agencies, such as law enforcement
 - The information possessed by the Department may vary from local law enforcement, such as not all incidents or incident reports generated within the Division of Youth Corrections facilities are reported to law enforcement

Staffing Levels at Youth Corrections' Facilities

(QUESTIONS 16, 17, 18 AND 24)

- Division currently has 37 vacancies out of a total of 776 possible facility positions for a *vacancy* rate of 4.8%
 - Plan to hire 125 new staff: Staggering new hires throughout FY 2015-16 and increase training capacity in the Division's Training Academy.
- The Division did have a *turnover* (attrition) rate of 23% last fiscal year
- The Division accrued \$315,000 of vacancy savings FY 2013-14
 - The Division reverted \$10,000 to the General Fund, and \$305,000 was reallocated within the Department to cover shortfalls in personnel appropriations (POTS)
- Data does not provide any clear trends that explains differing vacancy rates across facilities. Reasons might include:
 - Local community comparative rates of pay
 - Local economy and additional employment opportunities
 - Local community stability (e.g. military communities)

Vacancies in State-Owned and Operated Facilities (QUESTION 17)

- As of December 9, the Division has a vacancy rate of 4.8%

DYC Staffing	Total Positions	As of December 9th:			Total	% vacant
		Direct	Supervisor	Facility Director		
Adams	22	1			1	4.5%
Grand Mesa	48	1	1		2	4.2%
Gilliam	67	1	1		2	3.0%
Lookout Mountain	118	6			6	5.1%
Marvin Foote	60	2		1	3	5.0%
Mount View	101	5			5	5.0%
Platte Valley	75	2		1	3	4.0%
Pueblo	27	1			1	3.7%
Spring Creek	66	3			3	4.5%
Zeb Pike	30	0			0	0.0%
	614	22	2	2	26	4.2%
All non-security functions*	162				11	6.8%
	776				37	4.8%

* Includes Behavioral Health, Medical, Education, Dining and support functions



Recruitment and Retention

(QUESTIONS 20, 21)

- LEAN initiative to streamline hiring
- Expanded the use of social media for targeted audiences for recruiting.
- Development of a video describing/depicting a day in the life of direct line staff and the experience of working in youth corrections.
- Increased presence at college recruitment/job fairs with emphasis on printed materials, video display, and attendance of Department's DYC and Human Resources staff.
- Regular use of exit interview data

Shift Relief Factor Calculation

(QUESTION 22)

Calculation of Shift Relief Factor- based on FY13-14 Timekeeping Reports

“The shift relief factor is the number of full time equivalent (FTE) staff needed to fill a relieved post (one that is covered on a continuous basis) for a single shift. In staffing calculations, the shift relief factor is multiplied by the number of staff assigned to a specific post to determine the number of staff necessary to provide relief for the post” (DOJ Report in 2008)

Calculation of hours available per FTE	
Total Hours per FTE	2080
Annual leave	-120
Holiday (10 per year)	-80
Sick (avg 10 per year)	-80
Other: IOJ/ FMLA/ Jury/Military	<u>-41</u>
Leave Total	-321
Training requirements (1)	<u>-59</u>
Hours/FTE	1700

Needed Coverage for a single critical post:	
Position hours (24 hours in a day)	24
Days in year	<u>365</u>
Hours of manpower	8760
Divided by Productive hours per FTE	1700
FTE needed per 24 hour position	5.2

Strategies to Reduce Assault

(QUESTION 26)

Research studies that show that direct supervision of residents in small, normalized living units is the key to enhanced youth and staff safety:

1. Werner, R., Effective Of the Direct Supervision System of Correctional Design and Management: A Review of the Literature. *Criminal Justice and Behavior*, 33(3), June 2006, 392-410.
2. Kupchik, A. and Snyder, B. The Impact of Juvenile Inmates' Perceptions and Facility Characteristics on Disorder in Juvenile Correctional Facilities. *The Prison Journal*, 89(3), 265-285, 2006.
3. Snyder, B. and Kupchik, A., Performance-based Standards for Youth Correction and Detention Facilities, 2011 Research Report. Submitted to the PBS Learning Institute, February 2011.

- Positive Behavioral Interventions and Supports
- Motivational Interviewing
- Field Training Officer Program - On the job staff competency and skill building program that better prepares each officer to work in a Department facility.
- Restorative Community Justice - Interventions such as accountability circles and mediation.
- Structured Shift Briefings - Daily review of youth behavior to determine on-going interventions.
- Verbal Defense and Influence
- Sanctuary Model
- Facility-specific plans



Staff-To-Youth At Private Facilities

(QUESTIONS 19 AND 23)

The Department does mandate staff-to-youth ratios in privately-operated facilities:

- Secure residential requires staff to youth ratios of 1:10 during waking hours and 1:20 during sleeping hours.
- Secure residential programs requires staff to youth ratios in each classroom of 1:15.
- 24-Hour Residential Child Care Facilities requires 1:10 staff to youth ratios during waking hours, and 1:20 staff to youth ratios during sleeping hours.

No, C-Stat and the SMART Act measure outcomes for individuals the Department serves, not its processes, such as staffing ratios.

Facility Population Shift

(QUESTIONS 25 AND 33)

Department is limited in its ability to shift youth between facilities:

- Average Daily Population is 98.1% of commitment capacity; sometimes exceeds 100%
- Detained youth are only with the Department on an average of 13 days.
- Youth require proximity to local community for court dates, family engagement

The Department explored a number of options:

- Surveillance technology
- Overcrowding units
- Re-opening closed units to lower staff to youth ratios
- Not complying with PREA ratios in the school setting
- Building new facilities with eight or 16 bed units in order to comply with PREA

Prison Rape Elimination Act of 2003

Federal Law

(QUESTIONS 31 AND 32)

- Requires elimination of all forms of sexual victimization and abuse;
- Applies to adult and youth corrections, state and private providers;
- PREA staff ratios apply only to DYC secure facilities
- Based on federal research, reducing staff to youth ratios is critical to reducing assaults



PREA Compliance

(QUESTIONS 27, 28, 29, AND 30)

- Governor committed to “working towards full compliance” statewide and will use no less than 5% of DOJ grant funds to achieve full compliance
- Estimated lost revenue for state if out of compliance: \$219,696
 - These funds are not appropriated by the General Assembly
- Federal government appropriated no additional funds to support states to meet these new requirements
- Department has not pursued federal grants for PREA compliance

Medical Oversight of Youth

(QUESTIONS 34, 35, 36, 39, AND 42)

- Department and counties are legally responsible for youth placed in our custody: more than 5,000 kids per year (Child Welfare and Youth Corrections)
 - Gap Analysis will be conducted concurrently with hire of Medical Director
 - Department lacks medical expertise to guide the work of the analysis, and critical time would be lost if we do this chronologically
- These children and youth are at disproportionately higher risk for physical and behavioral complexities that require medical intervention
- Psychotropic medications (antipsychotics, antidepressants, mood stabilizers, stimulants, antianxiety) lead drugs that are overprescribed among Colorado Out-of-Home care youth
- Office of the State Auditor Medication Management Audit (2014) identified gaps in oversight, policy, and direct care

If recommendations are implemented

(QUESTIONS 37, 38, 42, AND 43)

- While the OSA Audit and Department have not found any evidence of medical negligence, we can improve health care for children and youth in the following ways:
 - **For Child Welfare**
 - Reduction in over use of psychotropic medications
 - Improvements in child safety
 - Begin to measure critical health outcomes for children in our care
 - **For Youth Corrections**
 - Reduction in over use of psychotropic medications through monitoring of use?
 - Better monitoring, tracking and oversight of health provider contracts
 - Improved medication management

Link between Trails and Medicaid is essential for CDHS, HCPF and our county partners to make the changes that are necessary.

DYC Electronic Health Record – FY 2014-15 Capital IT request for funding to add DYC to the Office of Behavioral Health Electronic Health Record System.

Consent for Medication

(QUESTIONS 40 AND 41)

- Consent for treatment differs based on system as well as parental involvement
 - Child Welfare
 - Child in foster care – consent is provided by parent(s)
 - Child in pending adoption – State provides consent as the State is the guardian of the child
 - Youth Corrections
 - Youth in Detention – Parent(s) or legal guardian provides consent
 - Committed Youth - State provides consent, although practice is to obtain parental consent when possible
 - Youth age 15 and over can consent without parents permission
-
- CDHS updated the consent form and process so that it is now a standard form and process for use across all county departments and DYC facilities.
 - CDHS is not recommending changes be made to the entity responsible for consenting to psychotropic medications for children in Child Welfare.



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Adult Assistance Programs

Colorado's Aging Population

(QUESTION 54)

Population Growth in Colorado

by Age Group

For 2014,-17, and 2020, 2030, and 2040

	2014	2015	2016	% Increase 2014- 2016	2020	2030	2040	% Increase 2014- 2040
Subtotal Under 20	1,423,941	1,449,967	1,476,247	4%	1,569,171	1,747,184	1,940,127	36%
Subtotal 20-59	2,929,854	2,948,959	2,971,233	1%	3,090,458	3,544,694	3,937,345	34%
Subtotal 60-80	833,767	872,784	912,032	9%	1,067,990	1,281,747	1,364,310	64%
Subtotal 80-89	133,753	137,007	140,620	5%	160,032	290,217	415,879	211%
90+	29,256	30,574	31,916	9%	37,043	51,538	95,224	225%

Source: Colorado State Demography Office



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Old Age Pension COLA

(QUESTIONS 44 AND 45)

- The Social Security Administration (SSA) has authorized a 1.7% COLA for 2015
- Federal regulations require a Maintenance of Effort (MOE)
 - Failure to mirror the 1.7% COLA for OAP recipients in 2015 could both impact Colorado's MOE agreement with the SSA, and jeopardize Medicaid Federal Financial Participation (FFP) funds.
- People in this program live at or below 77% of poverty, the difference between a 1% increase and a 1.7% increase is \$5 per month.
- State Board provided a 3.0% COLA in FY2014-15 as budgeted by the General Assembly



Distribution of State Funding for Senior Services (Question 47)

- Distribution of State Funding for Senior Services moneys is governed by Section 26-11-205.5, C.R.S. (2014)
- Formula has not been adjusted since the 1990s
- Formula allocates funding to AAAs based on 5 demographics:
 - 40% based on the population over age 60
 - 15% based on the population over age 75
 - 15% based on the population living in a rural area
 - 15% based on the minority population
 - 15% based on the population living at or below 100% of the Federal Poverty Level



State Funding for Senior Services and the Older Americans Act (QUESTION 48)

- FY 2013-14, a total of 33,024 Coloradan seniors (3.5%) received services through State Funding for Senior Services and the Older Americans Act
- The program tracks income level when provided (voluntary)
 - In FY 2013-14, 8,969, or 27%, of individuals receiving these services had incomes at or below the Federal Poverty Level.
- Of the \$35 million appropriated
 - \$34 million is allocated to the AAAs under the Intrastate Funding Formula
 - Approximately \$1 million is retained by the Department for administration of the program.

How do Area Agencies on Aging Determine Service Priorities? (QUESTION 50)

- Each AAA has a Regional Advisory Council to help guide service priorities for their region
- Each AAA develops a Four Year Area Plan on Aging.
 - During the development of the Four Year Area Plan, AAAs conduct public input meetings to identify service needs in their communities
- The Department reviews and approves each AAA's Four Year Area Plan

2-Year \$4M Investment in Senior Services

(QUESTIONS 49 AND 53)

Summary of Expenditures and Units of Service, by Service Type State Fiscal Years 2012-13 and 2013-14

Service Category	SFY 2012-13		SFY 2013-14		% Increase/ Decrease	% Increase/ Decrease
	Expenditures	Units	Expenditures	Units	Expenditures	Units
Support Services*	\$ 2,254,538	70,822	\$ 3,438,297	130,206	53%	84%
Congregate Meals	\$ 893,351	146,347	\$ 781,047	130,466	-13%	-11%
Home Delivered Meals	\$ 1,500,291	279,797	\$ 2,445,376	412,859	63%	48%
Transportation	\$ 2,181,898	253,220	\$ 2,518,669	220,114	15%	-13%
Other Services	\$ 599,133	130,090	\$ 995,253	255,185	66%	96%

*Support services include: personal care, adult day care, case management, chore services, counseling, health promotion, material aid, and homemaker

A comprehensive assessment would be needed to understand the full extent of need for services. The last such assessment was completed in 2004.

Federal regulations only allow for voluntary contributions; if fee based system is not allowable.



\$4.0 million General Fund to Increase Senior Services (QUESTION 51)

The Community Living Advisory Group's final report requested an increase in funding under the Older Coloradans Act to support services that help seniors live independently.

C-Stat Measurement of Providing Services To Seniors (QUESTION 52)

- DHS/AAAs, explored a number of different measures of providing services to seniors
- There were barriers with each proposed measure.
 - Consistent AAA data is a barrier to a statewide measure.
 - Current data systems in place at the AAAs are not sufficient to track the initial activities that were proposed.
- The Department will continue to look at collectable data which will allow us to measure the effectiveness of the services in achieving the goals of the program.
- There are no federal measures for associated with the Older American's Act.

Long Term Care Insurance

(QUESTION 54)

- The Department does not track the utilization of long term care insurance policies.
- According to the DOI- long term care insurance policies are available, however,
 - The older an individual is, the more expensive the policy gets
 - Many older Coloradans cannot afford to keep their policies as they age.
 - If an individual does not purchase a policy before the age of 60, premiums can be cost-prohibitive.
- The primary reason for a request for an increase in state funding for senior services is the large increase in the aging population in Colorado.

Homemaker Services Eligibility

(QUESTION 55)

- Homemaker services are provided by all AAAs.
- Eligibility for homemaker services requires
 - The adult be over 60 years of age and have limitations in at least two instrumental activities of daily living (e.g. cleaning, meal preparation, and shopping)
 - Or has a cognitive impairment that prevents the individual from performing the task.
- Most health insurance policies, and Medicare, do not include homemaker services. Long-term care insurance policies may provide some support for homemaker services.

Five-Year Pilot Program

(QUESTION 56)

U.S. Department of Labor forecasts that by 2022:

- 27% increase in demand for gerontological social workers
 - 23% increase in the demand for medical and health services managers.
-
- Social work and health care students do not consider or have knowledge of the field of gerontology as another career avenue.

 - A new program is needed to:
 - Expand the workforce to address the anticipated demand
 - Raise awareness among prospective students
 - Generate an interest in gerontological social work and health care fields
 - Provide an incentive for students to pursue this field

Five-Year Pilot Program

(QUESTIONS 56 AND 57)

- No known statutory provision required to begin a five-year pilot program for an Institution of Higher Education (IHE) to train workers in eldercare service.
- The program must fall within the IHE's role and mission
- The institution would send the gerontology program information to the Colorado Commission on Higher Education (CCHE) as a consent item for approval.
- The Department of Higher Education does not have a stipend program or any other type of program to incentivize individuals choosing to go into the field of gerontology.
- Several universities partner with CDHS to offer stipend programs for child welfare studies in social work.



COLORADO
Department of Human Services



Follow Up Questions from
12.12.14 Hearing
Adult Protective Services

Age Comparison of APS Clients

(FOLLOW UP QUESTION 1)

- Colorado Adult Protective Services (CAPS)
 - FY 2014, APS was utilizing the CBMS for case management
 - Implemented on July 1, 2014, therefore we do not have prior information on age bands. Below is the July 1 - November 30, 2014.

All Reports	FY 2014-15 (in CAPS)
18-59 years	25.69%
60-69 years	19.20%
70-79 years	23.32%
80-89 years	23.91%
90+ years	7.88%



Intellectual/Developmental Disability Reports

(FOLLOW UP QUESTION 2)

- Through November, APS has received 524 reports related to persons with an I/DD diagnosis

These reports constitute about 7.6% of all reports, with the breakdown by age below:

All Reports (I/DD Only)	FY2015 (in CAPS)
18-59 years	82.25%
60-69 years	12.60%
70-79 years	3.44%
80-89 years	0.95%
90+ years	0.76%

Open Case Reporting

(FOLLOW UP QUESTION 3)

- The Department received 6,881 reports from July 1, 2014 through November 30, 2014
 - This is a 47% increase, which exceeds the anticipated 15% increase used in the development of the costs associated with SB 13-111.
- 3,276 (48%) of those were opened as cases



COLORADO
Department of Human Services



Office of Information Technology Services

CHATS System Update

(QUESTION 58)

- Requested in FY 2006-07
- While in many ways the program has fulfilled its intended goals, components of the original design have proven insufficient
- Fiscal constraints prevented the system from being adequately supported
- Backlog of help desk tickets and change requests
- Lack of adequate ongoing maintenance and support critical factors that prevented CHATS from reaching full functionality

CHATS

2010 CHATS
completed

Cost of \$14.7
million and 3.5
FTE

Insufficient user
testing and
training



Backlog
1,314 help
tickets,
187,000 staff
hours

Lack of tools for
fiscal
management

Difficult
functionality for
counties and
child care
providers



Provider Self-
Service Portal

County Case
Management
Portal

Quality Rating
Improvement
System

Improved
system
utilization and
address of fraud



CHATS System Update

- FY 2013-14 supplemental budget request provided funding to conduct a needs assessment
 - Results- \$8.8 million to implement the recommended solution.
- Also provided \$630,000 for stabilization and maintenance
 - Based upon 1,500 outstanding CHATS change requests and help desk tickets
 - DHS has worked closely with OIT to prioritize and remediate outstanding tickets

CHATS System Update

- Funds appropriated over the last two years for CHATS stabilization have allowed some improved functionality, including:
 - Resolved more than 100 of the most critical help desk tickets and change requests, as well as eliminated many duplicate or obsolete tickets
 - Began to fix and enhance online reports used by the counties to monitor caseload and expenditures
 - Implemented the Provider Self-Service Portal (PSSP) allowing child care providers access to CHATS enrollment and billing

CBMS vs. CORE Rollout User Feedback

(QUESTION 59)

The Department does not have statewide user feedback to answer this question.

- CBMS is managed by the Office of Information Technology (OIT).
 - OIT, as opposed to the Department, collects user feedback for CBMS.
- CORE is a system managed by the Department of Personnel and Administration (DPA)
 - DPA collects user feedback for the entire state for CORE.



COLORADO
Department of Human Services



Office of Self Sufficiency

TANF Caseloads

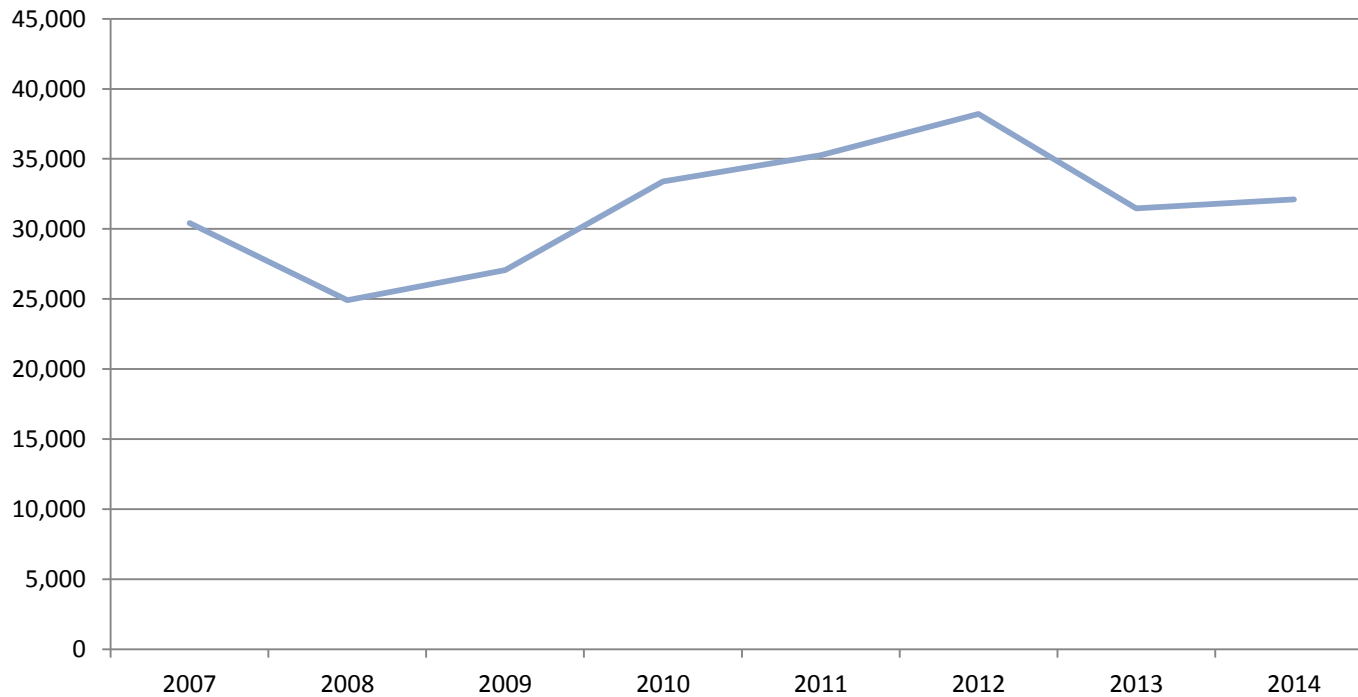
(QUESTION 63)

- Every household receiving Temporary Assistance for Needy Families (TANF), aka Colorado Works, assistance is raising a child.
- Three primary family types receive Colorado Works assistance:
 - Two parents with at least one child
 - One parent with at least one child
 - Child-only participants who are children living with a relative or caretaker whereby benefits are to support the child(ren), but not the adult(s) in the household

TANF Caseload Growth

(QUESTION 60)

Basic Cash Assistance (BCA) Caseload



Low skilled workers are the last to enter the workforce and the last to recover from a recession.



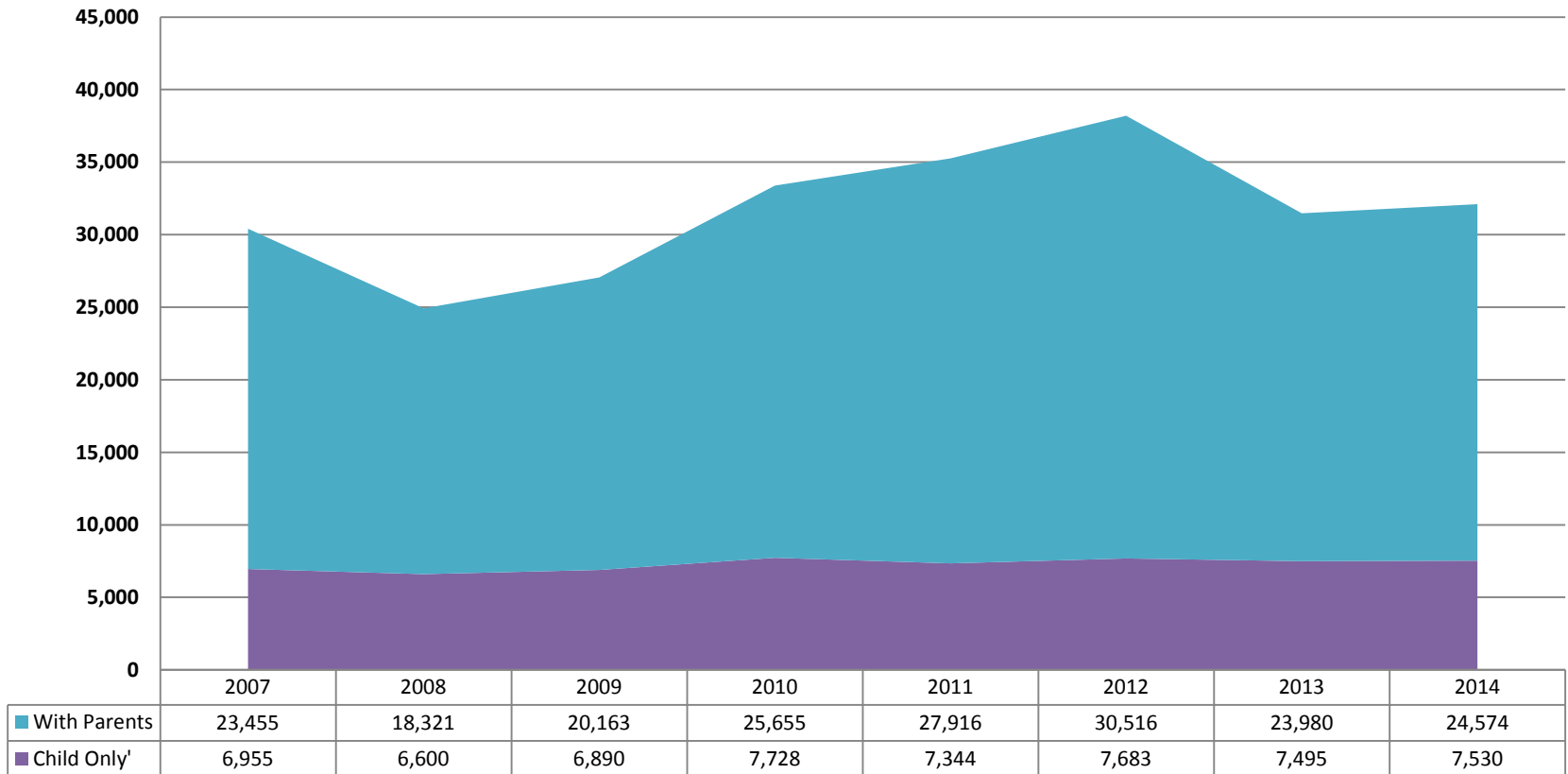
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Colorado Works Caseload by Family Type

(QUESTION 63)

	Child Only	Adult & Child(ren)	Total Caseload
FY 2006-07	6,955	23,455	30,410
FY 2007-08	6,600	18,321	24,921
FY 2008-09	6,890	20,163	27,053
FY 2009-10	7,728	25,655	33,383
FY 2010-11	7,344	27,916	35,260
FY 2011-12	7,683	30,516	38,199
FY 2012-13	7,495	23,980	31,475
FY 2013-14	7,530	24,574	32,104

Colorado Works Basic Cash Assistance by Family Type (QUESTION 63)



County TANF Services (other than BCA)

(QUESTION 61)

- **Work Supports-** education and training; subsidized employment; transportation; childcare; work uniforms, tools, special licenses
- **Safety & Stability-** housing and utilities; financial education and asset development; domestic violence services; pre-pregnancy family planning; mental health and substance abuse counseling; positive youth development (including out-of-school programs); preventing out-of-wedlock pregnancies; responsible fatherhood and other programs to support two parents to engage in their children's lives; parenting education and family counseling
- **Community Investment-** services delivered by contracts with community-based agencies to prevent poverty and otherwise support low-income TANF eligible families in the community

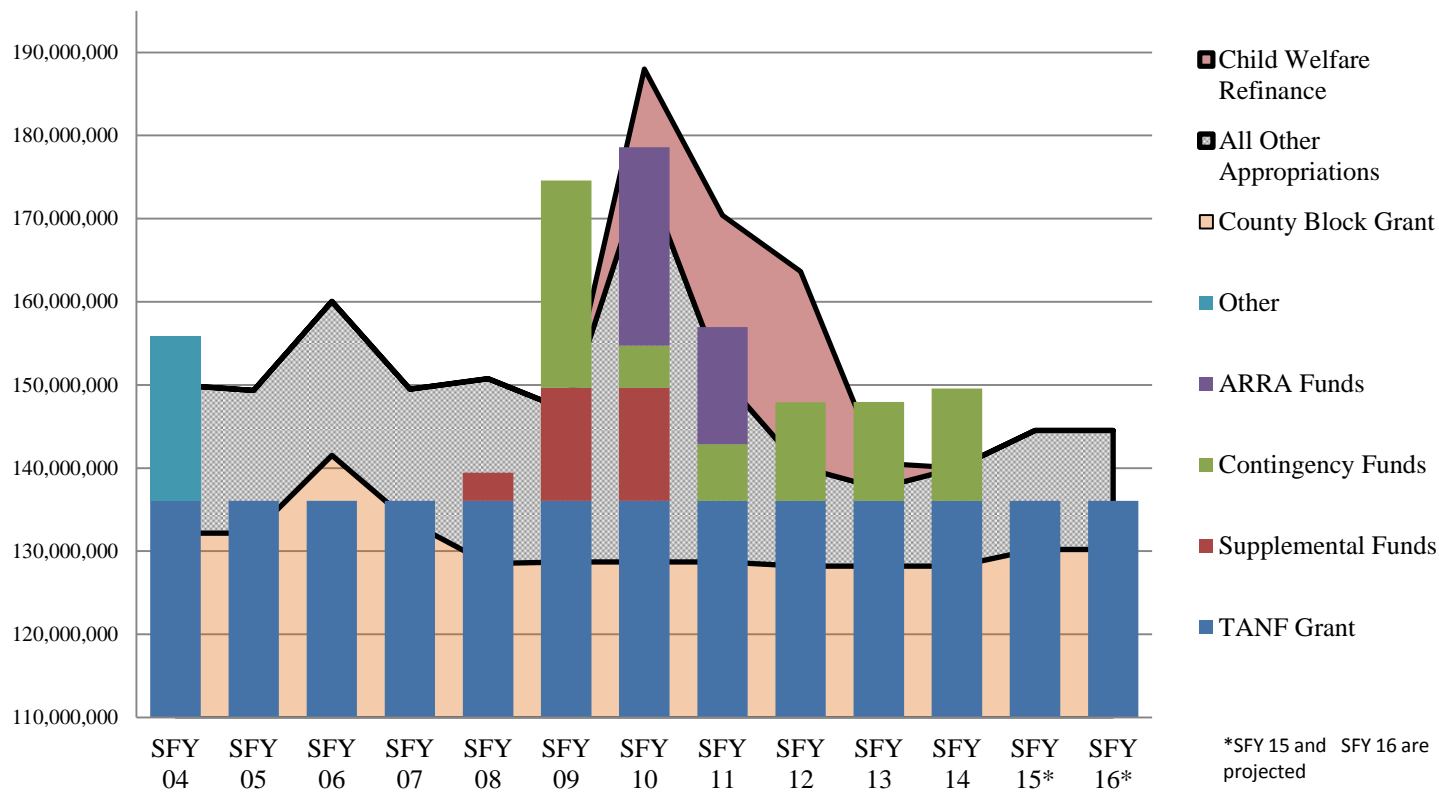
TANF Allocations

(QUESTION 62)

- Statutorily-established Works Allocation Committee uses four strategies to allocate and level TANF funds:
 1. County Block Grant allocation (\$149.6 million)
 2. Mitigation Pool (\$500,000)
 3. Transfers among counties (amounts vary each year)
 4. County TANF Reserves (amounts vary by county and by year)
-
- Driven by most recent demographic and economic county-specific data
 - Allocation remains flat since 1997
 - Purchasing power of those funds has decreased by more than 30%

TANF Appropriations

TANF Grants and Expenditures

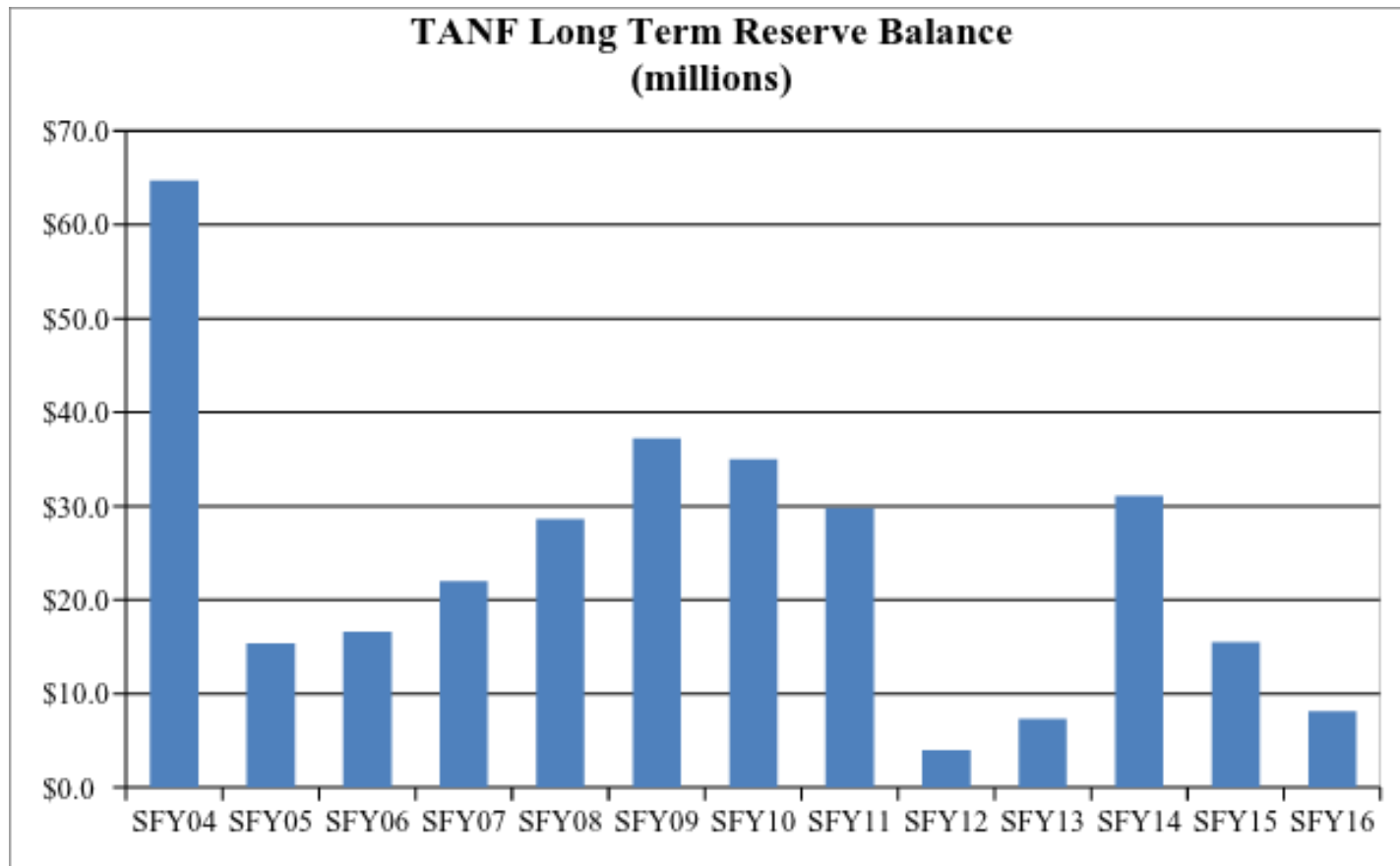


*SFY 15 and SFY 16 are projected



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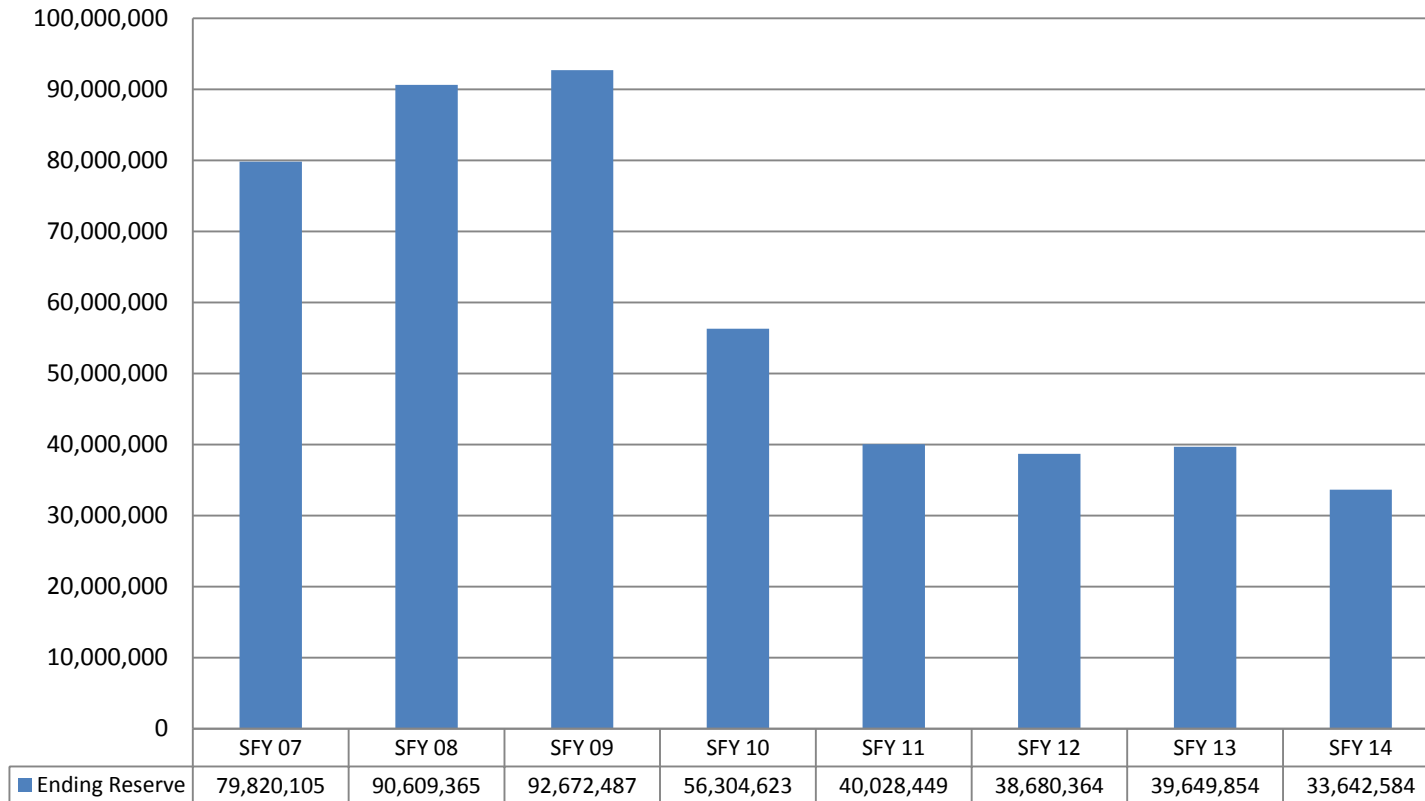
State TANF Long Term Reserve Concerns



County TANF Long Term Reserves

(QUESTION 62)

Year-end County TANF Reserves





COLORADO
Department of Human Services



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Department of Human Services

DEPARTMENT OF HUMAN SERVICES

Office of Information Technology Services, Office of Operations, Office of Self Sufficiency,
Adult Assistance Programs, and the Division of Youth Corrections

FY 2015-16 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 15, 2014

1:30 pm – 4:30 pm

1:30-1:40 INTRODUCTION AND OPENING COMMENTS

1:40-1:45 CASELOAD TRENDS IN YOUTH CORRECTIONS

1. Why are appropriations continuing to increase while the caseload is declining?
2. Given caseload trends, what is the short-term and long-term infrastructure plan for facilities? Should facilities or pods be reduced?

1:45-2:15 YOUTH CORRECTIONS' ASSAULT INCIDENTS

3. What are the causes of assault incidents (sexual and other) at State-owned and operated facilities?
4. Please describe how the population in State-owned and operated facilities has changed in recent years regarding behavioral health needs and other factors that may contribute to an increase in assault incidents.
5. Please explain the difference between assault incident complaints and substantiated assault incidents for both sexual assaults and other types of assaults.
6. How many sexual assault charges have been filed in the past couple fiscal years (or calendar years)? How many convictions have been made in this time period on these charges?
7. Does the Division track the number and type of assault allegations and convictions (sexual and other) in private facilities? If so, please provide this data for the past couple fiscal years (or calendar years).
8. Why are staff on youth abuse assaults increasing in 2013 and 2014 as a proportion of total assault incidents?

9. What steps have been taken to decrease the number of assault incidents at the Spring Creek facility. What impact have these steps had on the number of assault incidents at this facility (please provide incident data to support the answer)?
10. Please explain the use (or lack thereof) of seclusion techniques in State-owned and operated facilities. Has this policy changed? If so, how has the change impacted the occurrence of assault incidents?
11. Has the closure of the Sol Vista facility in Pueblo increased the behavioral health needs of youth in all other State-owned and operated facilities? If so, has this resulted in increased assault incidents across the system? In hindsight, should this facility have been closed?
12. It has been reported that the doors in units are easily manipulated with a card. Knowing that this could lead to increased access to commit assaults, have doors been removed, discarded, and replaced?
13. Has the implementation of behavior modification practices, such as Positive Behavioral Interventions and Supports, had any impact on the number of assault incidents?
14. What is the policy for contacting local police when an alleged assault incident (sexual or other) occurs?
15. Is it a satisfactory situation to have a CORA request on assault incidents that you must turn down due to statute, but the press and other interested parties get information on assault incidents through another government entity, such as the police?

2:15-3:00 STAFFING LEVELS AT YOUTH CORRECTIONS' FACILITIES

16. For FY 2013-14, State-owned and operated facilities had a 23 percent vacancy rate for direct line staff, 9 percent vacancy rate for supervisors, and 17 percent vacancy rate for facility administration. What happened to the vacancy savings moneys as a result of the large number of open positions?
17. How many vacancies are there currently in State-owned and operated facilities? Please break out the answer by facility and by direct line staff, supervisors, and facility administration.
18. Why do vacancy rates differ across facilities?

19. Is critical post staffing (or staff-to-youth ratio) at State-owned and operated facilities a measure associated with the SMART Act and/or C-Stat?
20. Please explain the exit interview process when employees at State-owned and operated facilities sever employment. Has this process yielded any information on why the vacancy rates are so high?
21. Have new strategies for recruitment and retention of employees been implemented? If so, do data show an improvement in vacancy rates?
22. Please explain how a shift relief factor of 5.2 is calculated.
23. Does the State mandate staff-to-youth ratios at privately-operated facilities?
24. Given high vacancy rates now at State-owned and operated facilities, how is it feasible to hire 125 new positions within one fiscal year?
25. Rather than requested 125 new positions for FY 2015-16, is it possible to shift the population of youth between facilities to address safety concerns rather than just adding staff?
26. Is increasing staff-to-youth ratios a strategy that is shown to reduce the number of assault incidents and overall safety at State-owned and operated facilities? Are there other strategies that could be employed, as well?

3:00-3:15 PRISON RAPE ELIMINATION ACT OF 2003 (PREA)

27. What exactly did the Governor commit the State of Colorado to in his letter to the Department of Justice related to PREA compliance?
28. How much money would be lost if there was a five percent reduction in federal grants in both adult and child corrections resulting from non-compliance with PREA? Are these funds subject to appropriation by the General Assembly?
29. Is increasing staff-to-youth ratios through the addition of staff at State-owned and operated facilities to meet PREA standards considered an unfunded mandate to the State from the federal government?
30. Has the Division of Youth Corrections or the Department of Corrections applied for federal grants to assist in meeting PREA requirements?

31. Does PREA apply to State contracts with private providers? Will youth in State-owned and operated facilities have more protection under PREA than those in private facilities?
32. How will increased staffing levels, as requested for FY 2015-16, achieve a goal of fewer rapes?
33. Could PREA requirements be met using surveillance technology rather than adding staff?

3:15-3:50 MEDICAL OVERSIGHT OF YOUTH IN THE CHILD WELFARE AND YOUTH CORRECTIONS SYSTEMS

34. In the child welfare system, what level of authority would a doctor at the Department of Human Services have given the State-supervised / county-administered system environment?
35. Why is it in the best interest of the state to have only one medical entity for youth in child welfare and youth corrections given the differences that exist between the two systems?
36. Why is a request being made for a medical director position prior to having a gap analysis performed to determine the needs of youth in the child welfare and youth corrections systems?
37. If all of the State Auditor and Joint Budget Committee staff recommendations are implemented, will a measurable change be made in the provision of medical, behavioral, and dental care for youth in the child welfare and youth corrections systems?
38. The State Auditor cited many concerns with medical practices in State-owned and operated youth corrections facilities. Are the providers of medical services (including behavioral health services) negligent in any way? Are there malpractice concerns that the Department is investigating?
39. Who has legal responsibility to provide medical care for youth in the child welfare and youth corrections systems? Is additional legal clarification needed?
40. As it relates to consent for treatment with psychotropic medications, which entity should be responsible for providing consent?
41. Please explain the differences in current and proposed consent practices for youth in child welfare and youth corrections (please differentiate between detained and committed youth). Is the legal duty clear in these cases?

42. Which psychotropic medications are being over-prescribed to youth in the child welfare and youth corrections systems? Are these drugs (and the prescribing physician practices) tracked by the Department, the Colorado Department of Public Health and Environment, or another entity?
43. Is it wise to make changes to Trails to link to data from a system in the Department of Health Care Policy and Financing that will be replaced in the near future? Will the changes to Trails work with the new implementation of the Medicaid claims data system?

3:50-4:20 STATE FUNDING FOR SENIORS

44. Is the Department comfortable requesting a 1.7 percent a COLA increase for Old Age Pension program payment recipients while requesting only a 1.0 percent increase for State employee salaries and community provider rates?
45. For FY 2014-15, the General Assembly authorized funding for a 3.0 percent COLA increase for the Old Age Pension program. Did the State Board of Human Services provide recipients with the full 3.0 percent? If not, why not? If so, why is a request before the Committee for an additional 1.7 percent for FY 2015-16?
46. How do the responsibilities for government programs follow the aging population? Is it families or seniors getting Medicaid? Are they shifting out of Medicaid into Medicare or Social Security? How will these changes impact the budget on a yearly basis?
47. How are moneys distributed from the State to the Area Agencies on Aging (e.g. grants, formulaic)?
48. What percentage of all individuals over the age of 60 access the services funded by the \$35 million total funds allocated out to Area Agencies on Aging out of the State Funding for Senior Services and Older Americans Act Programs line items? Is information available on the economic status of the individuals accessing these services?
49. What has the \$4.0 million appropriated the last two years yielded in services to seniors (type and amount)? Has this funding met the need for services? If not, what need still exists for services?
50. How do Area Agencies on Aging determine what is useful to the senior population?

51. How does the request for \$4.0 million General Fund to increase senior services fit in with other efforts to prepare for an increase in the senior population, such as the Community Living Advisory Group (CLAG)?
52. Why are data on providing services to seniors not included in the quarterly C-Stat reports?
53. Has a fee-based system been considered for individuals able to pay for services to assist in paying for those who cannot afford to pay for services?
54. To what extent do people have long term care insurance policies? Are these types of policies becoming less and less available? If so, is that why State funding is needed to support senior service provision?
55. Who is eligible for homemaker services and how is eligibility determined for these services? Do insurance policies not include homemaker services?
56. Is a statutory provision required to begin a five-year pilot program for an institution of higher education to train workers in elder care service provision? If not, why not?
57. Why is a new pilot program needed for social and health care workers focused on elder care service provision? Isn't the Department of Higher Education already engaged in this area?

4:20-4:25 OFFICE OF INFORMATION TECHNOLOGY SERVICES

58. Please provide an update on the status of the CHATS system. Specifically, what work has been accomplished to improve the system with recent funding increases and what future funding is needed to complete the modernization of the system?
59. How does user feedback from the rollout of CBMS improvements compare to user data from the roll-out of CORE?

4:25-4:30 OFFICE OF SELF SUFFICIENCY

60. Why is the Colorado Works (TANF) caseload going up in a time of increased employment?
61. Outside of Basic Cash Assistance, what services are provided by counties to Colorado Works (TANF) recipients?

62. Is there an issue with leveling Colorado Works (TANF) allocations between counties? What is the process for remedying issues?
63. Please describe the composition of the children component of the Colorado Works (TANF) caseload data.