DEPARTMENT OF HUMAN SERVICES
FY 2016-17 JOINT BUDGET COMMITTEE HEARING AGENDA

Monday, December 14, 2015
1:30 pm – 4:30 pm

1:30-1:40　　INTRODUCTIONS AND OPENING COMMENTS

1:40-1:50　　DEPARTMENT OVERVIEW

FY 2014-15 Actual Expenditures

1. **Please discuss the reasons for the inaccuracies in the FY 2014-15 Schedule 3 actual expenditures. Are there inaccuracies in line items other than the Performance-based Collaborative Management Incentives, Hotline for Child Abuse and Neglect (FTE), and Public Awareness Campaign for Child Welfare (FTE) line items? Can we expect to receive updated FY 2014-15 actuals for figure setting?**

   The FY 2014-15 actual expenditures reported on the Schedule 3 in the November 1, 2015 budget request reflects the information available in CORE as of October 27, 2015. Since that time additional accounting transactions have been made in Periods 14 and 15 to correct entries resulting in changes to the expenditures. As of December 10, 2015 the FY 2014-15 fiscal year has not closed. However, the Department is working to identify line items which appear to have been adjusted since the data was pulled on October 27. Please refer to Attachment A for a list of items that had adjustments in Period 15.

   The Department is working with OSPB to determine how to correct these issues in the report, ensure the reports accurately reflect the expenditures in CORE and provide updated expenditure information to the JBC for figure setting.

2. **What is the department's position on the potential for inaccurate information in CORE?**

   As discussed in the response to Question 1 above, the data that was reported was what was available on October 27, 2015. As with any system implementation there are complexities which can result in reporting problems. However, the Department is aware of the issues and is actively working within the organization and with OSPB to have them corrected.

Proposition BB Funding

3. **Please provide an update on the progress of making grant awards from Proposition BB funding in the Tony Grampsas Youth Services Program.**

   On November 3, 2015, Proposition BB was authorized by Colorado voters. The Tony

Grampsas Youth Services (TGYS) program will receive $2 million to support positive youth development, mentoring, and marijuana education and prevention programs effective January 1, 2016. The TGYS board voted on October 2, 2015 to provide funding to:

- qualified, but previously unfunded programs (18 agencies);
- expand programming in qualified and funded programs (55 programs); and
- expand mentoring services to agencies in alignment with the Youth Services Mentoring Act (8 programs).

The TGYS program has also solicited new proposed statements of work and budgets in order to allocate the remaining balance of mentoring funds to the 74 grantees not originally identified as providing mentoring under their existing TGYS contracts. TGYS is currently processing these submissions.

The $2 million in funding begins January 1, 2016 and must be spent by June 30, 2016. With approval from the State Controller's Office, most programs will be able to begin spending their funding, allocated through the Proposition BB, on January 1, 2016 through an interim Purchase Order in place, by the Department, prior to the finalization of their contracts.

1:50-2:40   CHILD WELFARE STAFFING

4. **Please provide an explanation for why the department's R1 request includes funding for county level ancillary staff in addition to county level child welfare staff. Include justification for why this type of staff is needed. Is the need for the types of ancillary staff identified in the R1 request more prevalent in some counties than others? Do counties not have access to the types of services provided by these types of ancillary staff? Are counties supportive of this portion of the request?**

The Department's request includes funding to expand the scope of professions by giving counties the option to hire other positions to improve the well-being of children and youth. In addition to supervisors, caseworkers, and case aides, additional professional staff can perform some of the job functions currently being conducted solely by caseworkers to improve child welfare practice as a whole.

The diversity in the type of professionals utilized during child welfare involvement will improve the experiences of children in out of home placement. These improvements will positively impact safety, permanency, and well-being outcomes.

Additionally, as caseworkers are experiencing more complex cases, with many medical aspects, nurses would be a resource for referral screening, medical consultation, assessments, medical report interpretations, referral to ongoing medical care, and medical records reviews. Children ages 0-5 are at the highest risk of near fatalities and fatalities, and having a nurse engaged on high risk cases has proven to be a valuable safety intervention.

Educational specialists are another example of additional professional positions that would

improve the experiences of children in out of home placement. Data indicates that children in out of home placement change schools more often than children who are not in out of home placement, impacting graduation rates for these children. Most children in out of home care have an individualized special education plan. Educational specialists would be a resource to ensure credits are appropriately counted and transferred when children in out of home placement do have to change schools, as well as assist in expediting the enrollment of foster children into schools.

Other additional positions, such as practice coaches, may be utilized for the purpose of helping caseworkers to learn new skills faster, more efficiently and effectively, and support county departments in implementing new practices and strategies. The large counties that have implemented or are using practice coaches are finding them to be very beneficial in helping new staff to adjust and develop more quickly.

Counties have shown support for additional positions. Larger counties, including Jefferson, El Paso, Adams, and Arapahoe, have each shared their experiences with their use of existing additional positions with the Child Welfare Practice Advancement Group (PAG). PAG is a Department and county committee. PAG's charter is to develop and address Child Welfare practice issues brought before it through collaboration, cooperation and effective communication on a statewide basis to improve the best practices for children, youth and families across the state of Colorado. The committee is responsible for overall quality improvement efforts of systemic practices. This committee uses continuous quality improvement (CQI) efforts and scientific evidence/data as the foundation for providing guidance and recommendations to the best practices of child welfare.

5. **Does the ratio of supervisors to case workers and case aides vary from county to county? Is there a staffing model that the counties currently utilize when hiring child welfare staff, including supervisors, case workers, case aides, and trainees?**

Yes, the ratio of supervisors to case workers and case aides varies from county to county.

There is no uniform or state-required staffing model used by all the counties. However, workload studies from several states and from the Child Welfare League of America recommend a 1:10 caseworker-to-family ratio and a 1:5 supervisor-to-caseworker ratio. A Department and county Workload Study Workgroup, which began meeting shortly after the August 2014 release of the Colorado Child Welfare County Workload Study led the Office of State Auditor, has recommended these ratios to the Child Welfare Allocation Committee and counties as guidance.

In addition, S.B. 15-242 authorized the Department to contract for an external study concerning the child welfare caseload by county. As a result, the Department has hired ICF International to help develop a staffing model or tool that can be used to allocate a specified number of FTE across counties in the state based on those counties with the greatest case management need. The Department will work with ICF and apply the tool to newly funded FTE and present the tool's recommended allocation of FTE to the Child Welfare Allocation

Committee.

6. **Will adding ancillary staff extend the time it will take to achieve the county level child welfare staffing levels that are needed?**

No, adding additional staff will not extend the time required to achieve adequate child welfare staffing levels. In fact, it could accelerate the time it would take to achieve county level staffing if funds are made available. The addition of these professional staff, as well as supervisors, caseworkers, and case aides, will contribute to some of the job functions currently being performed solely by caseworkers to improve child welfare practice as a whole.

One of the key facts and findings of the Colorado Child Welfare County Workload Study released by the Colorado Office of the State Auditor in August 2014 indicated that time study participants spent the highest percentage of time (38 percent) on documentation and administration, time which may or may not be related to a specific case.

7. **The department provided the raw numbers for county level turnover in its response to the committee's request for information. Please provide the turnover rate by percentage of staff, by position type, within each county.**

The Department does not have the county data to provide turnover rate by percentage of staff, by position type for each county. However, the Colorado Child Welfare County Workload Study released by the Colorado Office of the State Auditor in August 2014 looked at turnover rates in participating counties. The average annual turnover rate was about 10 percent. For specific counties, the turnover rates ranged from 0 to 24 percent. In comparison, turnover is between 23 and 60 percent for child welfare agencies nationally. According to the Workload Study, turnover is an on-going issue, as 18 percent of the statewide child welfare workforce is anticipated to retire in the next 7 years.

8. **How are county child welfare staffing levels and retention evaluated through C-Stat, SMART Act performance measures, and Results First? What metrics are used to evaluate success in the area of county level staffing?**

Neither child welfare staffing levels nor retention are evaluated through C-Stat, SMART Act performance measures, or Results First.

The success in the area of county level staffing is a process measure. The C-Stat, SMART Act performance measures, and Results First initiatives focus on performance outcomes and cost-effectiveness, rather than process measures. C-Stat measures outcomes and performance of our child welfare system. Many of these measures would be enhanced with sufficient staffing level at the county departments.

9. **What types of strategies can be implemented to improve job enrichment and improved retention rates for county level child welfare staff? How will increasing funding for**

additional department FTE support job enrichment and thereby increase employee retention at the county level? Why is turnover in child welfare so high?

It is the role of state department staff to train and support county staff. Additional Department FTE are not expected to directly enrich or improve retention rates for county level child welfare staff. Since the Department recognizes the importance of improving job enrichment and improved retention rates for county level child welfare staff, the Department has worked with counties to develop strategies and two subcommittees focused on recruitment and retention, as well as system efficiencies. To that end, the following strategies are in various phases of implementation:

- The development of the Trails Modernization project approved by the General Assembly.
- The funding of mobile technology, such as tablets, for the use by county level child welfare staff.
- The overhaul of the Child Welfare Training Academy as part of Governor's Keeping Kids and Families Safe Child Welfare Plans funded by the General Assembly.
- A State-County Systems Efficiencies Subcommittee was formed to review the system and identify process, workflow and policy efficiencies.
- A Recruitment & Retention Subcommittee was formed to formulate a strategic recruitment and retention plan. The Recruitment & Retention Subcommittee's membership consists of university partners, county management staff, state staff, human resource professionals, and partners from the federal government.
- The completion of a multilevel study that analyzes causes of retention and turnover by the Applied Research in Child Welfare (ARCH) Project housed at the School of Social Work at Colorado State University.
- An evaluation of the stipend program and traditional internship programs in collaboration with university partners.
- The development of a coaching program in partnership with the Kempe Center.
- The evaluation of existing workflow, to determine unnecessary steps in the workflow processes, and identify opportunities to streamline workflow process in partnership with the Administration for Children and Families (ACF) Center for States and county human/social service departments.
- The Department's request for funding for additional professional staff at the county level, including, but not limited to practice coaches and nurses.
- The development of a management level track for training in partnership with county human/social services leaders.

As previously mentioned in Question 7, the turnover rate of county child welfare staff in Colorado is lower than the national turnover rate.

10. How many FTE does the department currently have allocated to the supervision and training of county level staff? Please provide a description of each position type, how

each position supports county staff, and the number of department FTE in each type. Please provide the methodology through which the department determines the ratio of state FTE to county level staff.

The child welfare system in Colorado is a state supervised, county administered system, requiring the Department staff to supervise, monitor, and review entire county level child welfare practices, as well as statewide programs, rather than individual county level staff. Therefore, there is not currently a methodology through which the department determines the ratio of state FTE to county level staff.

Please see Table 1 below identifying the portion of Department FTE spent on directly providing supervision and training to county level child welfare staff, a description of each position type and how each position supports county staff, and the portion of Department FTE in each type.

Table 1: Estimated Department FTE Allocated to the Supervision and Training of County Level Child Welfare Staff

Department Position Title	How Position Supports and/or Trains County Child Welfare Staff	Estimated Portion of Department FTE
Office of Children, Youth & Families (OCYF) Director	Supports county child welfare staff through joint participation in the development and review of statewide child welfare policy and practice	0.25
OCYF Deputy Director	Supports county child welfare staff through joint participation in the development and review of statewide child welfare policy and practice	0.25
Division of Child Welfare (DCW) Director	Supports county child welfare staff through joint participation in the development and review of statewide child welfare policy and practice	0.5
DCW Associate Director of Operations	Supports county child welfare staff through joint participation in the development and review of statewide financial, training, data, and hotline related policy and practice	0.5
DCW Associate Director of Programs	Supports county child welfare staff through joint participation in the development and review of statewide child protection, permanency, placement, and youth related policy and practice	0.5
DCW Child Welfare Hotline System (Hotline) Unit Manager	Supports county child welfare staff through the supervision, maintenance, & monitoring of both the statewide Child Protection Hotline and county specific policies and practices related to the Hotline	0.8
DCW Hotline Policy Analyst	Supports and trains county child welfare staff specific to statewide child welfare hotline policies and practices and through the supervision of counties related to county specific child welfare hotline policies and practices	0.8
DCW Hotline Data	Supports county child welfare staff	0.75

Analyst	through the monitoring of both statewide and county specific hotline data	
DCW Child Protection Services (CPS) Unit Manager	Supports county child welfare staff through joint participation in the development and review of child protection related policy and practice; reviews fatalities, near fatalities and egregious incidents of child abuse and neglect in all 64 county departments; provides technical assistance to county child welfare staff specific to statewide and county specific child protection practice	0.75
DCW CPS Intake Administrator	Provides supervision, oversight, support, technical assistance and training of county child welfare staff specific to statewide and county specific aspects of the intake process of the child welfare system; provides supervision, oversight, and monitoring of nine county departments	0.9
DCW CPS Referral & Assessment Specialist (2)	Provides supervision, oversight, support, technical assistance and training of county child welfare staff specific to statewide and county specific referral and assessment policies and practices; provides supervision, oversight, and monitoring of twenty two county departments	1.8
DCW Institutional Assessment Specialist	Provides supervision, oversight, support, technical assistance and training of county child welfare staff specific to statewide and county specific institutional assessments policies and practices; reviews institutional assessments with county departments to ensure appropriate practice, outcomes, documentation, and interpretation of rule and statute; provides supervision, oversight, and	0.9

	monitoring of eleven county departments	
DCW CPS Ongoing Administrator	Provides supervision, oversight, support, technical assistance and training of county child welfare staff specific to statewide and county specific aspects of the ongoing process of the child welfare system; provides supervision, oversight, and monitoring of eleven county departments	0.9
DCW Child Abuse Prevention Treatment Act (CAPTA) Administrator	Provides supervision of and supports and trains county child welfare staff specific to activities funded through the CAPTA grant and the Children's Justice Act; provides supervision, oversight, and monitoring of eleven county departments; facilitates secondary trauma supports to county child welfare staff; oversees contracts to provide second level review and consultation of county child welfare cases and practice	0.75
CDHS Client Services Coordinator	Provides support to county child welfare staff in the area of citizen review panels and county complaints	0.5
DCW Permanency Services Unit Manager	Supports county child welfare staff through joint participation in the development and review of permanency related policy and practice	0.75
DCW Permanency Specialist	Provides supervision of and training and support to counties specific to statewide policies and practices related to permanency	0.9
DCW Adoption and Interstate Compact on Adoption and Medical Assistance Administrator	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the Adoption Program	0.8
DCW Kinship Care Program Administrator	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the	0.8

	Kinship Care Program	
DCW Core Services and Prevention Services Administrator	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the Core Services and Prevention Services Program	0.75
DCW Collaborative Management Program (CMP)/Indian Child Welfare Act (ICWA) Administrator	Provides reviews and supervision of and supports and trains CMP participating county child welfare staff regarding both the statewide and county specific policies and practices related to the CMP. Provides reviews and supervision of and supports and trains county child welfare staff regarding the federal and statewide policies and practices related to the ICWA.	0.75
DCW CMP Specialist	Supports and trains CMP participating county child welfare staff regarding both the statewide and county specific policies and practices related to the CMP.	0.9
DCW Recruitment & Retention Specialist (2)	Supports county child welfare staff through the training and implementation of the statewide Foster and Adoption Parent Recruitment, Retention, and Support Program	1
DCW IV-E Waiver Administrator	Provides reviews and supervision of and trains IV-E Waiver participating county child welfare staff regarding the IV-E Waiver interventions and the demonstration project as a whole	0.5
DCW Youth Services Manager	Supports county child welfare staff through joint participation in the development and review of youth related policy and practice	0.5
DCW Adolescent Services Administrator	Provides supervision of and trains county child welfare staff specific to statewide and county specific aspects of adolescent services within the child welfare system	0.6
DCW Chafee Program	Provides reviews and supervision of	0.8

Coordinator	and supports and trains county child welfare staff regarding both the statewide and county specific policies and practices related to the Chafee program	
DCW Unaccompanied Refugee Minor (URM) Program Specialist	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the URM Program	0.5
DCW Children's Habilitation Residential Program (CHRP) Medicaid Waiver Administrator	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the CHRP Waiver Program	0.5
DCW Foster Care and Relative Guardianship Assistance Program Administration	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the foster care and the relative guardianship assistance program	0.8
DCW Interstate Compact on the Placement of Children (ICPC) Administrator	Provides reviews and supervision of and supports and trains county child welfare staff specific to statewide and county specific aspects of the ICPC program	0.6
DCW Training Unit Manager	Supports county child welfare staff through training and the monitoring, review, & oversight of contracted training provided to all Child Welfare Caseworkers & Supervisors through the Child Welfare Training Academy	0.75
DCW Certification Specialist (2)	Supports county child welfare staff through the monitoring, oversight & management of the certification process for child welfare supervisors and caseworkers	1.8
DCW Training Specialist	Supports county child welfare staff through the statewide monitoring, oversight & management of the training of child welfare supervisors and caseworkers	0.8
DCW Finance Unit	Supports county child welfare staff	0.4

Manager	through the monitoring, oversight & management of statewide county child welfare financial policies and practices	
DCW Financial & Policy Analyst	Supports county child welfare staff specific to statewide and county specific financial policies and practices	0.4
DCW IV-E Eligibility Specialist (2)	Provides reviews and supervision of and trains child welfare staff specific to statewide and county specific aspects of IV-E Eligibility determination and IV-E specific funding	1.8
DCW Maintenance of Effort (MOE) Specialist	Provides reviews and supervision of and trains child welfare staff specific to statewide and county specific aspects of MOE determination and funding Provider Rate Processes	0.75
DCW Research, Analysis, & Data (RAD) Unit Manager	Supports county child welfare staff through the monitoring, oversight & management of child welfare research, data, and analysis & statewide county data related to child welfare policies and practices	0.5
DCW Data Management Supervisor	Supports county child welfare staff by responding to data requests and developing new ad-hoc reports and supporting the Child Welfare Allocation Committee.	0.5
DCW Continuous Quality Improvement (CQI) Supervisor	Supports and trains county child welfare staff specific to statewide child welfare CQI tools and techniques.	0.5
DCW Performance Management Analyst	Supports county child welfare staff on the use of ROM and C-Stat data and outcomes.	0.25
DCW Federal Data Analyst	Supports county child welfare staff through the monitoring, oversight & management of the National Child Abuse and Neglect Data System (NCANDS) & the Adoption and Foster Care Analysis and Reporting System (AFCARS)	0.2

DCW Child & Family Services Review Program (CFSR) Administrator	Supports county child welfare staff through the monitoring, oversight & management of the CFSR program	0.4
DCW Trails Quality Assurance	Supports county child welfare staff through development of Trails training materials, delivers trainings to county staff on data entry practice, works with counties to ensure compliance with federal data submission guidelines.	0.4
Estimated Total Department FTE Supporting County Child Welfare Staff		31.75

In addition to the positions identified in Table 1, there are a number of additional Department staff that provides support to the child welfare system in Colorado, including but not limited to:

- Administrative Review Division (ARD) which works closely with counties to measure and assess their adherence to State and Federal regulations.
- Two County Liaisons which work closely with counties to ensure timely and accurate communication between the Department and counties across all Department programs.
- Two C-Stat Analysts work with counties to analyze and monitor both statewide and county specific C-Stat performance measures across all Department programs.
- Licensing and Monitoring Unit oversees the operations of community out of home service providers which are utilized by counties to provide services to children and their families.

11. Please provide a justification for the need for additional department FTE as requested in the R1 request, and explain why these functions cannot be fulfilled by existing FTE.

The Colorado Office of the State Auditor October 2014 Child Welfare Performance Audit report found deficiencies in the Department's capacity to oversee and provide guidance for county departments of human/social services. The Department is requesting additional department FTE in order to mitigate the deficiencies identified by this audit including the increase of monitoring, supervision, and oversight of county department practice regarding:

- Referral, screening, and assessment;
- Non-court involved in-home services;
- Utilization of out of home placement;
- Family engagement;
- Family services planning; and,
- Technical assistance and monitoring of the Children's Code and Volume 7 regulations.

12. **For each county that did not accept an allocation for new staff, please provide the reasons why counties did not accept an allocation for new FTE. If additional funding is provided in FY 2016-17, are those counties able to receive an allocation in the second year if they did not accept it in the first?**

The Department through the Child Welfare Allocation Committee did not allocate new FTE to every county, thus a reason for each county declining funding for new FTE is not available for all counties.

The Colorado Child Welfare County Workload Study released by the Colorado Office of the State Auditor in August 2014 recommended increasing the number of county child welfare staff by 574 caseworkers and 122 supervisors. As the first phase of a 5 year incremental approach to this staffing model, in FY 2015-16 the Department received funding for 100 new county child welfare staff. Since it is a multi-year approach, those counties that identified as being ready and able to hire positions quickly were prioritized during the allocation of the FTE and received at least one FTE. The twelve counties that serve the largest child welfare population across the state received more FTE based on their ratio of child welfare assessments.

Some of the smaller counties did report that they were adequately staffed and did not need additional FTE.

If additional funding is provided in FY 2016-17, counties that did not accept an allocation for new staff in FY 2015-16 are eligible to receive an allocation in the second year.

13. **Perform an internal workload study in order to provide data on the appropriate Division of Child Welfare staff to county level staffing ratio.**

No, the Department has not conducted this type of study to determine an appropriate Division of Child Welfare staff to county level staff ratio. In FY 2014-15, the Department requested funding for an independent workload study to determine an appropriate staffing level for the Division of Child Welfare. The $100,000 request was denied. The Department does not have the resources or level of discretionary funding available to perform an internal workload study.

14. **Please describe how a given county integrates child welfare programs and funding given the multiple sources of funding available.**

County departments of human and social services are funded using multiple federal funds, multiple state funds, and local funds. Each type of funding has various restrictions, performance requirements, match levels and reporting requirements.

Each child and family in a community brings their own unique needs. These needs are impossible to precisely predict from year to year. Consequently, each county must use the various sources of funds to budget and operate programs and piece together services to best meet the unique needs of the children and families within their local communities.

County Finance Managers, Directors, and Commissioners understand this complex funding puzzle and blend the multiple funding sources to meet their county's unique and fluctuating local needs.

The Department provides support, technical assistance, and oversight to counties to ensure counties meet their fiscal obligations while providing necessary services and programs to meet the needs of Colorado's children, families, and tax payers.

15. How should the issues associated with the multiple funding streams be navigated?

The Department applauds the idea of simplifying the funding streams for counties, and believes it needs to be done in a thoughtful, strategic and collaborative process. The Department would like to collaborate with counties and review how other states distribute multiple funding sources before any consolidation of the Long Bill.

In recognition that the multiple funding at each level of government is a complex issue, the Department is awaiting potential federal reform on child welfare finance, and the limitations and restrictions that accompany it.

2:40-3:15   PROVIDER RATE ADJUSTMENTS

16. How do the State of Colorado's costs associated with out-of-home placements compare with those in other states? How is this incorporated in the department's SMART Act objectives?

Colorado is one of eleven states whose human services agencies are state-supervised, county-administered. The total out-of-home placement care expenditures in Colorado have decreased over the last seven years, to a total of $79,233,882 in FY 2014-15. This can be attributed to various initiatives the Department has focused on in recent years, such as reducing congregate care, the Title IV-E Waiver interventions, an increase in prevention and intervention services, and an increase in kinship placements.

The Department does not have a comparison of out-of-home placement costs with other states. However, the Department has contacted five states in Region 8 for a comparison of residential rates. The states contacted in Region 8 are Montana, North Dakota, South Dakota, Utah, and Wyoming. The Department compares its rate to these states due to their close vicinity to Colorado. Based on the information received, Colorado ranks lowest in the average daily cost for residential placements.

While expenses are not tracked in the SMART Act objectives, the reduction of children and youth in congregate care is one of the Department's SMART Act objectives.

17. Please discuss the various options for establishing appropriate provider rate fee schedules, including tiered rates for services that reflect provider rates commiserate with the acuity level of children and families served, including those children served in congregate care settings.

Currently, the Department establishes base rates for all out of home care providers. Family foster homes have rates that were established years ago based on the Title IV-E federal definition of maintenance for a child. The rates have three tiers based on the age of the child. Child Placement Agencies have rates that are established from a cost analysis recommended to the Department from the 2007 OSA Financial Audit. Residential provider rates were established in prior years, and new providers receive the average rate of existing providers. All rates are increased or decreased by legislative mandates.

Pursuant to statute C.R.S. 26-5-104 (6), "counties are authorized to negotiate rates, services, and outcomes with providers if the county has a request for a proposal process in effect for soliciting bids with providers if the county has a mechanism for evaluating the rates, services, and outcomes that it is negotiating with such providers that is acceptable to the state department." In Colorado, when the legislature passes a provider rate increase or decrease, the counties are required to include that in their rate negotiations with providers, but are not required to include it in the final negotiated rate.

Counties are mandated at the local level to provide services and administration within their own county budgets. They must weight their administrative expenditures and program services against any legislated changes to the provider rate. Counties that choose to negotiate rates with providers generally use a tool to assess the level of care needed for each individual child/youth. As part of this statute, the Department must also complete a review of the methodology by which counties negotiate rates, services, and outcomes with licensed providers.

Additionally, pursuant to C.R.S. 26-1-132 (4) (b), the Department, in consultation with representatives of the counties and community providers, is reviewing the rate methodology for residential service providers through a Rate Setting Methodology Committee. Below are some options that are being discussed and considered:

- A fair rate for both counties and providers.
- Payment for the level of services provided.
- A level of care tool to address the acuity level of children in out-of-home placement. Eight counties are currently piloting two tools, to address this need with the expectation to roll out a tool statewide.

- Establish rates based on outcomes such as family engagement at admission, reduction in mitigation of safety concerns, discharge home, and recidivism.
- Comparing Colorado's outcomes to the outcomes defined by the Michigan Child Welfare Performance-Based funding report.
- A structured three-tiered reimbursement and services framework.
- Utilizing the United States Department of Agriculture (USDA) Expenditures by Family for Children report for a cost basis.
- Review other states' rates in federal Region 8.

18. Please provide input on the feasibility of developing a provider rate fee schedule and, if feasible, how it can be accomplished. Please include comments on the feasibility of the fee schedule addressing issues such as variance in costs of services that may result from the cost of living in individual counties.

The Department currently has a provider rate fee schedule in place. It can be located at IM-CW-2015-0018.

In addition, the Code of Colorado Regulations, 12 CCR 2509-5, sections 7.418, 7.419, and 7.420 identifies the components used to determine the Department's current provider rate fee schedule. These components are summarized below:

Provider reimbursement rates are made up of three primary components:
A. Child maintenance, which can include a difficulty of care amount;
B. Administrative maintenance, which can include a direct child care allowance;
C. Services and administrative services.

The provider type (i.e., family foster care, residential child care facility, etc.) determines which of these three components are included in a provider's reimbursement rate.

Factors to consider in the development of any provider rate fee schedule includes the flexibility of local county control, the ability to identify the true cost of various services, as well as the need to address the current allocation models.

3:15-3:30   BREAK

3:30-4:00   EARLY INTERVENTION CASELOAD GROWTH

19. Please describe how early intervention eligibility is defined in Colorado and how it compares with other states?

Early intervention program eligibility in Colorado is defined in state rule and in the federally approved state plan. An infant or toddler, birth through two years of age, shall be eligible for early intervention services if he or she has a developmental delay, an established diagnosed

physical or mental condition, or lives with a parent who has a developmental disability (12 CCR 2509-10 Section 7.920).

"Developmental delay" for an infant or toddler is defined as the existence of at least one (1) of the following measurements:
  A. Equivalence of twenty-five percent (25%) or greater delay in one (1) or more of the five (5) domains of development as defined in Section 7.920, E, 7, a, when compared with chronological age; or,
  B. Equivalence of one and a half (1.5) standard deviations or more below the mean in one (1) or more of the five (5) domains of development (12 CCR 2509-10 Section 7.901).

"Established condition" for an infant or toddler means a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development and is listed in the Early Intervention Colorado Established Conditions Database (12 CCR 2509-10 Section 7.901).

Colorado has no means test or co-pay requirement for participation in early intervention.

Fifty-six states and jurisdictions participate in Part C of the Individuals with Disabilities Education Act. Each state or jurisdiction falls within one of three eligibility categories. Colorado falls within Category A, which is considered broad.

Category A (Broad) – 17 states/jurisdictions: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains;

Category B (Moderate) – 23 states/jurisdictions: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain; and

Category C (Narrow) – 16 states/jurisdictions: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, and 2 standard deviations in two or more domains.

20. How do the needs of Colorado's school-aged children who previously received early intervention services and the costs associated with those needs compare with the same demographic in other states that have lower, similar, and higher eligibility standards?

The Department does not collect any data on school-aged children who previously received early intervention services. The Department is not aware of any data from other states or federal agencies regarding the costs associated to school-aged children who previously received early intervention services.

21. **Does the department currently evaluate early intervention services and their long-term impacts on children as they progress through school? If so, how is this accomplished? If not, does the department have an opinion on whether or not children receiving services should be identified in order for their progress to be monitored longitudinally? Please provide suggestions for how this can be accomplished.**

The Department is working on tracking the long-term impact on children who receive early intervention services as they progress through school.

H.B. 08-1364 authorized the Department and the Colorado Department of Education (CDE) to share child data from state and federally funded programs for the purpose of policy and program evaluation. While the Department and CDE now have a model for data linking, implementation of H.B. 08-1364 has several constraints:
- The founding legislation included no fiscal appropriation. Recent leveraging of federal grants allowed the agencies to make necessary technology enhancements to link data.
- The topic of sharing child-level data is the focus of ongoing State Board of Education debates. Sensitivity to data privacy and security is limiting our authorized and technical capacities to link data.
- Beginning in FY 2014-15, the School Finance Act appropriated funding for ongoing data linking.

By June 30, 2016 the Department and CDE will complete testing and review the validity of linked aggregate data that will begin to address this question.

22. **What is department's opinion on whether legislation should require an ID number to monitor the long-term progress of children receiving early intervention services?**

A unique ID number is one of many mechanisms to monitor long-term progress of children receiving early intervention services. A unique ID number is one of many mechanisms to monitor long-term progress of children receiving early intervention services. Once legislative language is prepared, the department will be happy to thoroughly vet the concept and provide feedback to the General Assembly. At this point, the Department has no formal position on this concept.

23. **Given the various departments involved in the administration of early intervention service delivery and individuals with intellectual and developmental disabilities (CDE, DHS, HCPF), how should the overall system function in order to ensure the optimal coordination of services?**

The Department believes the alignment of early childhood programs, including early intervention, has resulted in the optimal coordination of services.

Examples of how the Department continuously evolves state systems to improve the coordination of services includes the creation of the Office of Early Childhood and legislation

moving early childhood programs, like early intervention, under the Department. Additionally, the Department created data sharing agreements and lead the development of the Universal Application, which allowed for the inclusion of early childhood programs in the Colorado Program and Eligibility Application Kit (PEAK). All of these efforts have been completed with the support of the General Assembly.

24. **Is the department aware of the State of Utah's Pay for Success program related to service delivery? Please discuss the feasibility of utilizing longitudinal data in order to implement a similar program for service delivery in the State of Colorado.**

Yes, the Department is aware of this program. Pay for Success is implemented in one school district in Utah for at-risk 3-and 4-year olds and a few home visiting programs. Colorado reviewed the Utah model and is concerned about the metrics that were used in the Pay for Success program.

Additionally, lack of data around long-term results makes it difficult to consider Pay for Success for the Colorado early intervention program at this time. The Department looks forward to the evaluation of potential Pay for Success programs in Colorado by the Office of State Policy and Budgeting (OSPB) for additional insight on the feasibility of this program for early intervention.

25. **Please provide the history behind the movement of the early intervention program from the Department of Education to the Department of Human Services. When the services for Individuals with Intellectual and Developmental Disabilities were moved from the Department of Human Services to the Department of Health Care Policy and Financing, why weren't early intervention services moved as well? In which department should this program be administered, and why?**

The Governor designated the Department as the Lead Agency for the Part C early intervention program and moved the responsibilities from the Colorado Department of Education in July, 2006.

The early intervention program was moved into the newly created Office of Early Childhood in September, 2012 to facilitate collaborative, coordinated, quality early childhood programs and supports across multiple programs serving young children and their families. The Division for Individuals with Intellectual and Developmental Disabilities (previously the Division for Developmental Disabilities) was moved from the Department of Human Services to the Department of Health Care Policy and Financing in February, 2014.

The Department believes the early intervention program is properly placed in the Office of Early Childhood. The early intervention program serves children with all types of disabilities, not just developmental disabilities. The early intervention program focuses on providing services to young children to ready them for learning, and early intervention is a program not geared toward the delivery of medically focused services. Additionally, the Department has made great strides in creating an aligned system for identifying all children who need services

and engaging them and their families into programs that are appropriate for their individual needs. The Department also houses the Division of Child Welfare which administers the Child Abuse Prevention and Treatment Act. This program is required by federal law to refer all children ages birth through age two who have had a finding of child maltreatment to the early intervention program. The early intervention program and the Division of Child Welfare have worked closely to facilitate a streamlined referral process and are tracking the outcome of these referrals through the Department's C-Stat process.

26. **Does the department anticipate any type of request associated with the Autism waiver through the early intervention program?**

No, the Department does not anticipate a request. While children under the age of three may be identified with delays consistent with the autism spectrum, very few are given the specific diagnosis that would be required to qualify for the waiver.

27. **Please discuss strategies the department is considering to address the increasing burden on State General Fund that will result from projected early intervention eligibility (caseload) increases combined with flat or declining allocations from Part C of the Federal IDEA Act.**

At the request of the Joint Budget Committee (JBC) in FY 2010-11, the Department provided several cost saving options including:
- Moving Colorado into the Category B (moderate) eligibility category
- Implementing a system for family cost participation
- Establishing an upper rate limit

At the time that these options were developed, narrowing the eligibility criteria would have reduced the number of children found eligible due to developmental delay by 41%. Using FY 2014-15 referral data, this would have resulted in 2,977 fewer infants and toddlers being found eligible for early intervention services. The Legislature at the time did not pursue these options and requested that the Department notify the JBC before implementing any cost containment strategy expected to result in a decrease in the number of people eligible for early intervention services.

The Department is currently working on several initiatives to help minimize the impact of increased growth in Part C. These include:
- Continued work with Community Centered Boards and Medicaid to increase the number of providers who are able to bill Medicaid, thereby reducing the amount of State funding required for direct services. In order to provide the ability to track recruitment efforts and assess their effectiveness, the Department will enhance the current early intervention data system to include specific information regarding the number of providers available to serve children eligible for Medicaid at any given time. This work is scheduled to be completed in FY 2015-16.

- Of the top four early intervention services, Developmental Interventions is the only service not covered by Medicaid. The Department recently initiated conversations with the Department of Health Care Policy and Financing on the possibility of having either Developmental Intervention (the most commonly provided early intervention services) as a Medicaid reimbursable service or to create a separate early intervention Medicaid code. Either of these options would significantly reduce the need for state general fund to cover direct services.
  - Data accessed through early intervention billing records for FY 2014-15 shows that if Developmental Intervention were a Medicaid covered service, the estimated savings would be $1,684,686. This amount is calculated based on $3,369,373 billed to the department for Developmental Intervention adjusting for the federal match if these services were paid through Medicaid.
  - Medicaid had a separate early intervention code for all services, the billing process for early intervention services would be simplified and more providers would be enticed to become Medicaid providers, effectively shifting the cost from the General Fund and federal funds for early intervention to Medicaid.
- Reemphasized with CCBs strict compliance with the early intervention funding hierarchy requirement.

28. Does the department anticipate a waitlist for early intervention services as a result of the R19 request for the 1.0 percent provider rate decrease? If so, how will this issue be addressed?

No, the Department is not allowed under the federal Individuals with Disabilities Education Act (IDEA) to have a waitlist for early intervention services. However, this decrease would put additional burden on Community Centered Boards to provide timely services in a system already struggling with provider shortage issues.

29. Please discuss the potential impacts on the early intervention services program budget that may result from task force recommendations, including: 1) discussions about discrepancies between speech, occupational, and physical therapy provider rates; and 2) the tracking of currently unreimbursed service coordination.

The Department is responding to the two specified topics.

Recommendation: Standardized provider rates
Each Community Centered Board determines its own rate structure. Standard provider rate structures would lead to more consistency in provider reimbursement across the state, may lead to better cost containment, and allow for better expenditure forecasting and tracking. Yet, standardizing rates would eliminate the consideration of differences in rural versus urban communities and local labor markets. To date, the task force has not engaged specifically in discussions, but these topics are slated for discussion during the 2016 calendar year.

Recommendation: Development of a data collection tool to collect time and costs for unreimbursed activities performed by CCB staff from the point of referral to eligibility determination or termination, including: intake, scheduling, collecting documentation, travel, data entry

The Department conducted a cost study on unreimbursed expenses during the months of August, September and October of 2015. This study focused on the number of service coordination hours utilized between the time an infant or toddler is referred to early intervention and either an eligibility determination is reached or the family does not complete the eligibility process. The data collected by the Department showed that an average of three hours per child was spent on these activities.

Using FY 2014-15 referral data, 3,965 referrals would have been eligible for funding for unreimbursed costs. At a service coordination rate of $15.60 per 15-minute unit, the cost per child would be $187.20. The impact to the early intervention services program budget would be an increase of $742,248.

4:00-4:15   NURSE HOME VISITOR PROGRAM

30. Please discuss the benefit/cost data obtained by evaluating the Nurse Home Visitor Program within the Results First model, and how these data will be used by the department.

The Nurse Family Partnership is an intensive home-visiting program, which is designed to serve low-income, at-risk pregnant women bearing their first child. Nurse Family Partnership is an evidence-based program that is effective at reducing child abuse neglect and has other positive impacts on participants' lives. Nurse Family Partnership is projected to yield a positive return on investment in Colorado. For every dollar invested in Nurse Family Partnership, it is projected that $3.80 can be avoided in future costs, $1.30 of which are specific benefits to the taxpayer (please note, this may differ slightly from JBC staff model results due to the use of Monte Carlo simulations). Given that the program is evidence-based and cost-beneficial, the Department will continue to support the implementation of this program.

31. Please provide details on the issues that led to the lack of timely and accurate tracking of Nurse Home Visitor Program expenditures, and the impact those issues had on program delivery.

The Department maintains an internal tracking system at the program level that provides redundancy to CORE. CORE monthly financial reports showed the Nurse Home Visitor Program (NHVP) was over encumbered. This error was the result of prior year encumbrances appearing as if they were current, and was compounded by the incorrect appropriation amount, discussed in Question 32.

32. It was reported to the Committee that the appropriation in the FY 2014-15 Long Bill for the Nurse Home Visitor Program was incorrect and that it took several months for the Department to get spending authority for the additional funds. Please provide a detailed explanation of this issue, including:

a. How the Department discovered the incorrect appropriation;

- The Department maintains an internal financial tracking system at the program level that provides redundancy to CORE. Based on information from this system, the Department was able to determine that a problem existed with Long Bill appropriation.
- While working with the state intermediary, Invest in Kids, the Department was also able to confirm a discrepancy in the Long Bill was impacting the available funding for a planned new site in El Paso County.

b. What events led to the incorrect appropriation and the amount it should have been;

- The amount shown in the Long Bill appears to be based on an earlier economic forecast that did not reflect more current information from Legislative Council on the amount of available funding.
- Also, the appropriation did not include the 5% roll-forward of $662,122 that the Department is statutorily allowed to keep as cushion against fluctuations in revenue.
- Issues were compounded by the information in CORE that showed the NHVP over encumbered.

c. What process did the Department utilize to address the error, and exactly how it was resolved; and

- Upon recognizing the likelihood of a Long Bill error, the Office of Early Childhood staff communicated with Department accounting staff, budget analysts and the legislative liaison, the Controller at the Treasury, and reviewed documents from the State Economist.
- Reference documents included the 2014 Tobacco MSA Payment Forecast (January 23, 2014), and the FY 2015-16 Staff Figure Setting, Tobacco Master Settlement and Amendment 35 Funded Programs (February 4, 2015).
- The Department's internal investigation and documentation identified the correct amount as $15,026,670. However, due to procedural changes related to CORE, the State Controller's Office no longer considers forecast data as sufficient documentation to increase spending authority

d. How and when the Department obtained spending authority for the additional funds.

- The appropriation was corrected in May, 2015 based on receipt of the second MSA payment in April, 2015 to $15,026,670. The corrected spending authority was reflected in a May report from CORE.
  - The final spending authority approved in May, 2015 was $15,691,726, which included the approved carry forward amount from FY 2013-14.
- Contract amendments could not be executed in time for the funds to be fully expended.

4:15-4:30   CHILD ABUSE AND NEGLECT INVESTIGATIONS

Background Information: Many concerns have been raised about policies surrounding government employees examining children for evidence of assault or abuse, and how policies balance the need to collect criminal evidence with the need to protect the constitutional rights of both parents and children, as well as using over-intrusive or unnecessary examinations beyond legitimate evaluations by medical professionals. For the purposes of these questions, we would equate children's "private areas" as areas commonly covered by swimsuits, or by areas that might be culturally-sensitive areas and commonly covered – such as head-scarves, hats or other coverings for modesty.

33. Within those "private areas," are examinations solely at the discretion of caseworkers, or conducted under the authority of a court? At what point does policy direct caseworkers to refer the child for a medical exam?

County departments of human/social services (county departments) do not conduct examinations. Based on the type and severity of the allegations local child advocacy center, physicians, Sexual Assault Nurse Examiner (SANE) nurses, hospital emergency rooms, or other medical personnel may conduct such examinations.

County departments are charged with completing assessments. Code of Colorado Regulations 12 CCR 2509-1, 7.000.2 defines assessment as "the work conducted by a case worker to engage the family and the community to gather information to identify the safety, risks, needs and strengths of a child, youth, family, and community to determine the actions needed. "Assessment" and "investigation," as used in Sections 19-3-308 - 19-3-308.5, C.R.S., are interchangeable in these rules." County department caseworkers are charged with determining the extent of child maltreatment, including the type and severity of injuries (12 CCR 2509-2, 7.104.1).

Court involvement is only initiated if needed to ensure the safety and protection of the child/youth or to address parental interference (12 CCR 2509-2, 7.106.33).

Code of Colorado Regulations, 12 CCR 2509-2 provides the guidance on when to complete medical evaluation in 7.106..23 and 7.106.31:

7.106.23 Medical Decisions Regarding Infants and Toddlers [Eff. 1/1/15]

A. County department staff shall make no medical decisions regarding infants and toddlers and shall seek an independent medical consultation when indicated.

B. If the parent(s) wish to seek a second medical opinion, the county department shall provide referral assistance.

C. If the county department finds that an independent medical evaluation is necessary to determine the infant or toddler's medical prognosis, the county department shall recommend to the parent(s) that an independent medical evaluation be done.

7.106.31 Assessment Procedures – Timing and Requirements [Eff. 1/1/15] The assessment shall be conducted as described below:

A. The county department shall obtain a medical evaluation if the child's condition presents substantial concern for the child's health and welfare. This evaluation shall be obtained with the consent of the parents, guardians, or legal custodians. If such consent is refused, the county department shall seek a court order to obtain medical evaluation;

B. The county department shall consult with medical practitioners and consider whether the child's condition is life-threatening or will result in serious disability without professional medical care; and,

C. If the child's condition is determined to be life-threatening or could result in serious physical impairment or serious disability without professional medical care, the county department shall seek a court order authorizing the provision of the necessary medical care in the event that such care is refused by the parent, guardian, or legal custodian. The county department may, but is not required to, seek temporary custody of the child in order to obtain judicial authorization for treatment.

e. **How many examinations of children's "private areas" are conducted by each county DHS per year?**

County departments do not conduct examinations. County departments are charged with completing assessments. Examinations of children's "private areas" are not quantitatively tracked in Colorado's statewide automated case management system (Trails).

f. **How many examinations were conducted without parental notification, consent, or a court order?**

Parental notification, consent or court ordered examinations of children's "private areas" are not quantitatively tracked in Trails. As stated above, 12 CCR 2509-2, 7.106.31 states "The county department shall obtain a medical evaluation if the child's condition presents substantial concern for the child's health and welfare. This evaluation shall be obtained with the consent of the parents, guardians, or legal custodians. If such consent is refused, the county department shall seek a court order to obtain medical evaluation."

To our knowledge, no medical examination has been conducted without parental notification, consent, or court order.

34. How many DHS child welfare caseworkers are licensed? What background checks are required for DHS child welfare caseworkers?

Many child welfare caseworkers are also licensed social workers or hold other professional licenses with DORA. However, Colorado does not require licensure for county child welfare caseworkers. Further, the Department does not track professional licenses.

All county department child welfare caseworkers and supervisors are required to be certified by the Department. Code of Colorado Regulations, 12 CCR 2509-7, 7.603.1 Child Welfare Training Requirements detail the certification requirements.

County department caseworkers and supervisors must maintain their certification. Certifications are reviewed annually to ensure compliance with training requirements. These expectations are also detailed in Code of Colorado Regulations, 12 CCR 2509-7, 7.603.1 Child Welfare Training Requirements.

Code of Colorado Regulations 12 CCR 2509-7, 7.602.1 requires all current and prospective employees of the county department, who in their position have direct contact with any child in the process of being placed or who has been placed in out of home care, to complete Colorado Bureau of Investigation (CBI) fingerprint based criminal history check. Individuals who have not resided in the state within the preceding five (5) years are required to have a Federal Bureau of Investigation (FBI) fingerprint based criminal history check.

35. What process is in place, if any, for notifying parents and getting consent for examinations? How many examinations were conducted where parents were NEVER notified of the examination, even following the examination?

As referenced above, 12 CCR 2509-2, 7.106.31 states "The county department shall obtain a medical evaluation if the child's condition presents substantial concern for the child's health and welfare. This evaluation shall be obtained with the consent of the parents, guardians, or legal custodians. If such consent is refused, the county department shall seek a court order to obtain medical evaluation." The Department is not aware of any incidents where parents were never notified of the examination, even following the examination.

Code of Colorado Regulations 12 CCR 2509-2, 7.104.15 Notice, requires county departments to provide the parents, guardians, custodians, caregivers, non-custodial parents of the alleged victim children, youth, and/or the person alleged to be responsible for the abuse and/or neglect of the outcome of the assessments. Therefore, both consent and notification of the parents are required by rule both during the assessment process and at the conclusion of the assessment.

36. Why is there no process in place for asking parents to cooperate with an examination by the child's own physician, with a waiver to allow that information to be released? Because this approach could be simple, safe, and cost-effective, how would it compare to current practices?

A process is in place to allow parents to cooperate with an examination of the child by the child's own physician in certain circumstances. Code of Colorado Regulations 12 CCR 2509-2, 7.106.23 Medical Decisions Regarding Infants and Toddlers allows the county department to seek an independent medical evaluation, for the parent to seek a second opinion, and for the parent to be part of that decision making process. Code of Colorado Regulations does not preclude the practice of a parent choosing to use the child's own physician. At times, it may be necessary for a physician specializing in medical neglect, environmental neglect, physical injury and/or sexual abuse identification to complete a medical evaluation. A child's own physician may not possess these specializations.

37. How many court orders were requested for an examination of children's private areas? How many of the requested orders were for a medical examination?

Neither court orders for an examination of children's "private areas," nor medical examinations are quantitatively tracked in Trails. These might be tracked by Colorado Judicial Branch.

38. Since a determination of abuse or the severity of abuse would seem to require an appropriate medical examination and opinion, and possibly medical treatment, why are unlicensed and untrained caseworkers put in the position of making determinations which could potentially bypass the medical examination of potentially hidden trauma to the child?

County department child welfare caseworkers and supervisors are trained and certified. Case decisions are not made solely by the caseworker. Supervisors also participate in the determination. Caseworkers do not complete medical examinations. Caseworkers do rely on the examination and investigations of subject matter experts when determining abuse or the severity of abuse. These subject matter experts include, but are not limited to, physicians, medical personnel and law enforcement. The Department recognizes the potential trauma of medical examinations. The determination to seek a medical examination is based on the needs of the child. Parents' right to appeal the county department's decision is set forth in Code of Colorado Regulations 12 CCR 2509-2, 7.111 through 7.112.

39. Despite evidence to the contrary, what proof can the department present that examinations have not been traumatizing to children?

The Department does not dispute that medical examinations may be traumatic to a child. A child experiencing a medical examination may be traumatic regardless of the circumstances, to include well child visits, sick child visits, or a child maltreatment examination. Efforts are made to normalize the process as much as possible. As part of the assessment process, county

departments may offer services to children, youth, and families to address identified trauma.

40. Where are child examinations taking place? Please provide the percentage of each by county: in schools, in homes, in other casual settings, and in medical settings.

County departments do not conduct examinations. County departments are charged with completing assessments. Medical examinations are completed in the specified provider's facilities or departments in the community. When conducting an assessment a county department is required by Section 19-3-308(3)(a), C.R.S to interview or observe a child who is the subject of a report of abuse or neglect. This interview or observation may be during a visit to the child's place of residence or place of custody or wherever the child may be located, as indicated by the report.

41. What specific guidelines has the department established for examinations of children by employees of another sex?

When a caseworker is a different gender than the child, the Department has issued written practice guidance (November, 2014) which guides county department caseworkers to consult local policy, to be cognizant of the youth's age, gender, and development, and to have a child's parent, another professional, or a member of law enforcement present.

42. What specific guidelines has the department established for the examination and protection of children who self-identify as gay or as a different gender from their biological gender, if there is a history or correlation of sexual abuse by adults that would suggest a need for special protections?

Code of Colorado Regulations, 12 CCR 2509-2 provides the guidance on when to complete medical evaluation in 7.106.23 and 7.106, regardless of the child or youth's sexual orientation or identification. Likewise, any victim of sexual abuse would receive the same level of protection and assurances of safety, regardless of the child or youth's sexual orientation or identification.

43. Why do departments take color photographs of both the child's face and other areas of the body, whether there are any marks or not? How is taking photographs of "no marks" justified by Colorado statutes? By county, how many photographs of children's "private areas" are maintained by child welfare offices?

County departments may take color photographs of a child's face to assist in the identification of the child in future review of the photographs. County department caseworkers are charged with determining the extent of child maltreatment, including the type and severity of injuries (12 CCR 2509-2, 7.104.1). Color photographs assist in this determination to include the location, type, and age of injuries. The photographing of the body where an alleged injury occurred, when there is an absence of marks, is to support a determination of "unfounded." The number of photographs taken of a child is not quantitatively tracked in Trails.

44. **Why does the department not prohibit caseworkers from using cell phones to take photographs? What safeguards are used to prevent caseworkers from taking photographs of children's "private areas," and uploading those to personal devices, synching to other devices, to the internet, or to cloud storage? How are photographs stored, and are photos stored in areas that are accessible to other DHS employees?**

County departments are responsible for providing child welfare services in compliance with guidance, rule, and statute. County departments have different levels of resources and technology. The Department provides guidance when using a cell phone to take photographs to use a work issued phone that is password protected and has the ability to be remotely disabled. Once photographs are properly stored, documented, and shared in accordance with statute and local policy any photographs shall be removed from individual caseworkers' equipment. Code of Colorado Regulations 12 CCR 2509-7, 7.605 states the use or disclosure of information by the county department concerning current or former clients is prohibited. Code of Colorado Regulations 12 CCR 2509-2, 7.104.14 requires the county department to document in Trails that the photographs were taken and to add them to the case file. Local policy is consulted when determining specific record retention expectations.

45. **For each county, give the level of security for maintaining the photos—I.e. Password-protected electronic files (and who has access), electronic files that are not password-protected (and who has access), or paper files (and who has access).**

The Department provides guidance when using a cell phone to take photographs to use a work issued phone that is password protected and has the ability to be remotely disabled. Code of Colorado Regulations 12 CCR 2509-7, 7.605.1 requires county departments to treat all information as confidential according to applicable statutes. All confidential information shall be sorted and processed so that there are safeguards to ensure no unauthorized personnel can acquire or retrieve the information. When the use of any and all records obtained, created, or used are no longer needed, they shall be destroyed or returned. Destruction shall be in a secure manner, such as shredding.

Trails does not have functionality to support the storage of photographs.

46. **Why does the department policy not specifically require at least two adults are present for accountability leading up to and during examinations?**

County departments do not conduct examinations. The number of adults present during an examination is determined by the specified provider in the community.

47. **Why are child interviews not normally audiotaped and/or videotaped, and those documents retained as possible evidence?**

The determination to audio and/or video tape an examination is determined by the specified

provider in the community. Code of Colorado Regulations 12 CCR 2509-2, 7.104.12, provides county departments guidance on when an interview or observation may be audio or video taped. The interview or observation of a child or youth may be audio or video taped except when it is impracticable under the circumstances or will result in trauma to the child, as determined by the county department. Access to and retention of the audio or video tape is governed by the confidentiality provisions Code of Colorado Regulations 12 CCR 2509-7, 7.605.

48. **What training on Fourth Amendment civil rights is required for caseworkers and supervisors? What sanctions or penalties are imposed on employees that violate citizens' Fourth Amendment civil rights?**

Colorado's Child Welfare Training System provides training on child/youth and family rights in the 13 hour Legal Preparation for Caseworkers training. The Department does not have the authority to impose sanctions or penalties for Fourth Amendment violations to county department caseworkers or supervisors. This is the responsibility of the Court.

49. **Please provide the Child Protection Policies that guide the actions of workers, for each county DHS.**

Below are hyperlinks to the relevant guides.

- Index of Federal Child Welfare Laws
- Colorado Revised Statutes, Title 19 Children's Code
- Code of Colorado Regulations 12 CCR 2509-1 through 8
- Colorado Department of Human Services Memo Series

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. **Please provide a detailed description of how the Nurse Home Visitor Program was evaluated through the Results First model, including inputs, outputs, assumptions, cost drivers, and any other relevant component of the model.**

Results First did not evaluate the performance of the Nurse Family Partnership program, but rather projected the cost-effectiveness of the program in Colorado. Nurse Family Partnership has been rigorously evaluated and has a specified procedure that allows for successful replication, therefore making it an "evidence-based program." The Results First Team assumed that Nurse Family Partnership in Colorado delivers the program to fidelity and adheres to specific standards.

The Results First Team worked with the Office of Early Childhood to identify costs that are essential to running the program. These costs included nurse's salaries, benefits, training, supervision, and management. Administrative and fixed costs were not included, however, as

the goal is to determine the per participant cost. Results First determines what it would cost to put one "additional" person through the program.

The Results First model assumes the Nurse Family Partnership program will be effective at reducing future child abuse and neglect and out of home placement and the model monetizes these benefits. Nurse Family Partnership research has also demonstrated linkages to outcomes such as reduction in public assistance, reduction in future crime, increased test scores, and increased high school graduation rates. These benefits are all monetized in the model and are included in the analysis of future cost avoidance.

The Results First Team has extensive documentation on what was included in the model and will provide this to Joint Budget Committee staff.

2. Provide a list of any legislation that the Department has: (a) not implemented or (b) partially implemented. Explain why the Department has not implemented or has only partially implemented the legislation on this list.

Office of Early Childhood
H.B. 14-1317 (Colorado Child Care Assistance Program (CCCAP) Modification) - Partially Implemented
H.B. 14-1317, which affects the Colorado Child Care Assistance Program (CCCAP), has been partially implemented. The legislation was passed in 2014 but allows for implementation to extend through 2015 into 2016. Provisions of the legislation must be fully implemented by July 1, 2016. The Department has already implemented many of the provisions in H.B. 14-1317 including eligibility using the floor of 165% of the Federal Poverty Guidelines, expanded eligibility to include parents who are engaged in post-secondary or workforce training, decoupled authorized hours and activity hours, a 12-month eligibility period, and others. The Department is currently working with the H.B. 14-1317 Task Force to craft rules regarding tiered reimbursement, tiered reduced parental co-pays and contracts for CCCAP slots as well as planning for the system changes required in the Child Care Automated Tracking System (CHATS).

3. Please provide a detailed description of all program hotlines administered by the Department, including:
   a. The purpose of the hotline;
   b. Number of FTE allocated to the hotline;
   c. The line item through which the hotline is funded; and
   d. All outcome data used to determine the effectiveness of the hotline.

Office of Behavioral Health
The Office of Behavioral Health (OBH) administers one hotline: Crisis Response System - Telephone Hotline.

a. The purpose of the hotline
The purpose of the hotline is to provide a coordinated crisis response system for early intervention, crisis counseling, triage and referral to effective treatment for individuals experiencing a mental health or substance abuse crisis. This statewide, twenty-four hour crisis

services telephone hotline is staffed by skilled professionals (the hotline) as well as trained peers (persons with lived experience of behavioral health issues; the warm line) who are capable of assessing child, adolescent, and adult crisis situations, then making the appropriate referrals including but not limited to the Department's behavioral health crisis system.

b. Number of FTE allocated to the hotline
1.0 FTE is allocated for the administration of the Department's behavioral health crisis system, which includes the Crisis Response System - Telephone Hotline.
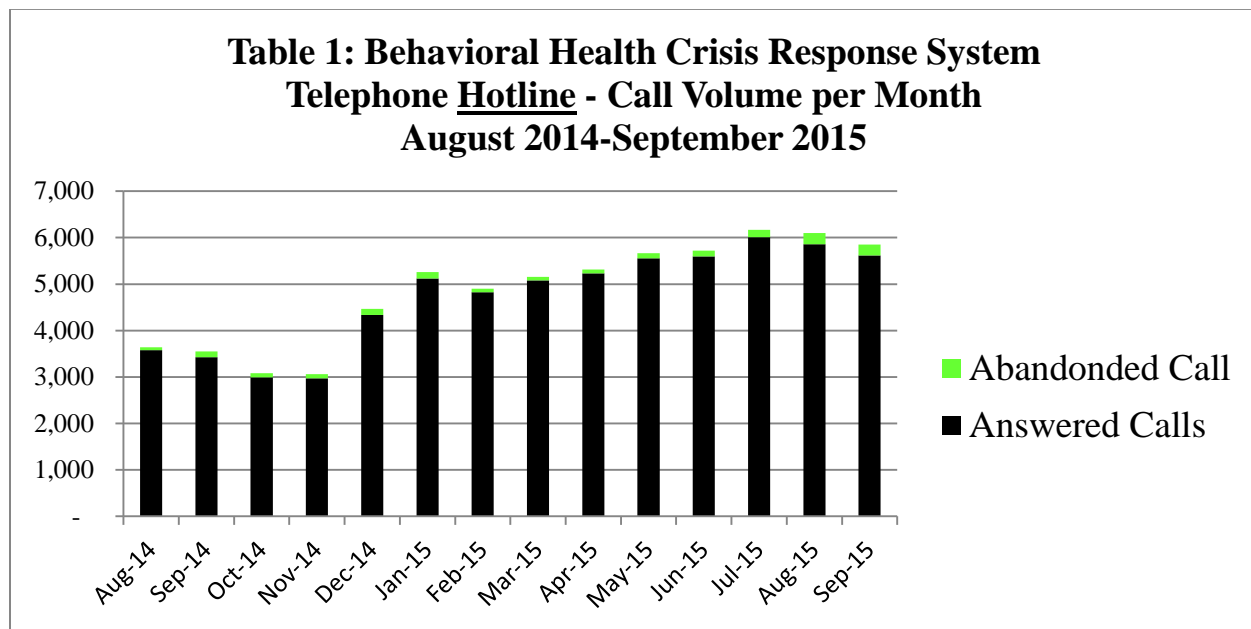
c. The line item through which the hotline is funded
The Crisis Response System - Telephone Hotline is funded with General Fund through Section (8) Behavioral Health Services, (D) Integrated Behavioral Health Services, Crisis Response System – Telephone Hotline.

d. All outcome data used to determine the effectiveness of the hotline.
Measurement 1: Call Volume by Hotline Type and Call Abandonment Rate ("hang-ups")

Hotline

Table 1: Behavioral Health Crisis Response System
Telephone Hotline - Call Volume per Month
August 2014-September 2015

Table 2: Behavioral Health Crisis Response System – Telephone Hotline Call Volume – August 2014 –September 2015		
Measurement	**Total** **Aug 2014 - Sept 2015**	**Monthly Average** **Aug 2014 - Sept 2015**
Answered Calls	66,196	4,728
Abandoned Calls	1,738	124
All Calls (answered and abandoned)	67,934	4,852

Call abandonment rate / 1	N/A	2.6%

Note: 1 / Call abandonment rate is calculated as abandoned calls / all calls

Warm line

The warm line has a call volume of 17,065 from August 2014 – November 2015.

Measurement 2: Average Call Wait Time (seconds)

Table 3: Behavioral Health Crisis Response System Telephone Hotline - Average call wait time (seconds)
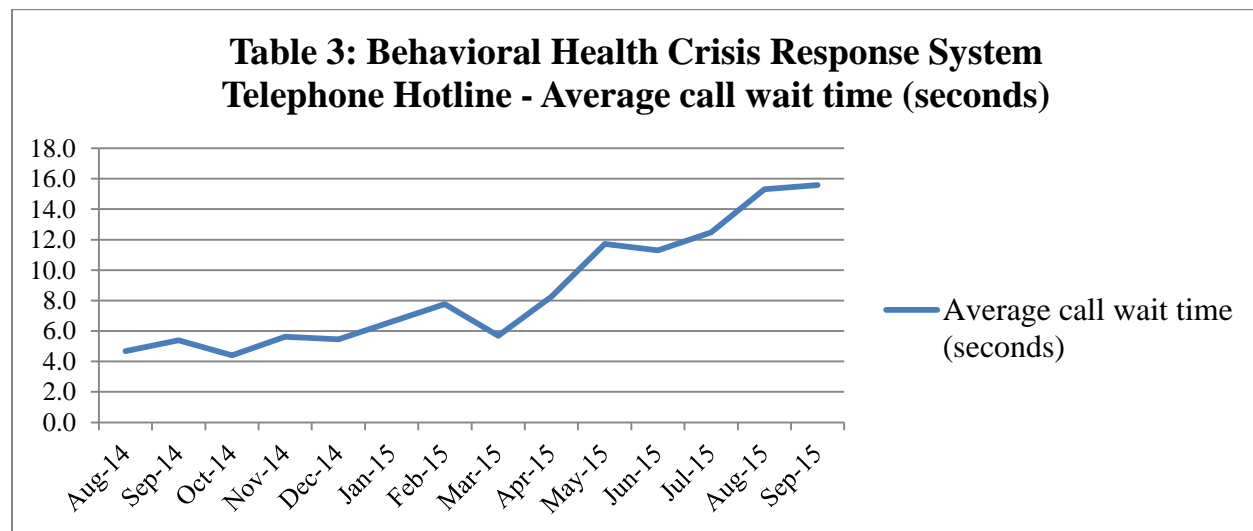
Note: Average call wait time is calculated as the sum of all call answer times / all answered calls.

Measurement 3: Average Score of Satisfied Customers

Table 3: Performance Data on Behavioral Health Crisis Hotline - Caller Satisfaction										
Measurement	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Customer Service Scores	4.6	4.6	4.3	4.6	4.9	4.8	4.8	4.9	4.9	4.9	4.8

Note: The measurement is calculated as the average score of callers who scored their satisfaction as 3 or higher.
1 = Very Dissatisfied, 2 = Dissatisfied, 3 = neutral, 4 = Satisfied, 5= Very Satisfied

Office of Economic Security
    Division of Food and Energy Assistance

a. The Department operates a hotline in support of the Supplemental Nutrition Assistance Program (SNAP). This hotline is federally required to respond to out of state verification requests and to support customer inquiries.
b. Two FTEs are allocated to the hotline. These FTE also address inquiries for other programs including: Temporary Assistance to Needy Families (TANF), Medicaid, and PEAK.
c. These FTE are funded through S.B. 15-234 (1) Executive Director's Office, (B) Special Purpose, CBMS Emergency Processing Unit.
d. The Department utilizes the following data to measure the hotline's effectiveness:
    i. Timeliness of out of state verification requests.
    ii. Number of voice mail messages daily that may indicate that a client's first attempt for support was not met.
    iii. Logs of calls by program and issue to determine system issues and/or training needs.

Division of Child Support Services

a. The Division of Child Support Services operates several hotlines to provide customers an opportunity to obtain information specific to each program area as identified below.

   Paternity Hotline – Allows current and potential customers to ask questions related to establishing parentage.

   Tax Offset Hotline – A dedicated number for customers to contact the Division regarding the intercept of State and Federal tax refunds for the purpose of paying child support debt.

   Case and Financial Hotlines- Two dedicated hotlines for county child support staff to contact Department staff for questions regarding system applications. The Case and Financial Hotlines allow staff to report system issues, ask case or financial questions, and follow up on problems that have previously been reported.

b. These hotlines are supported by current division staff. Calls are answered during working hours and messages that have been left after working hours are returned within one business day.
c. Current division staff are funded through S.B. 15-234 (7) Office of Self Sufficiency, (D) Child Support Enforcement, Child Support Enforcement.
d. Outcome measures are not used to determine the effectiveness of these hotlines.

Office of Children, Youth and Families

Colorado Child Abuse and Neglect Reporting Hotline System
H.B. 13-1271 authorized the Department to create, based on the recommendations of a steering committee, a statewide reporting hotline system. As of January 1, 2015, Colorado's Child Abuse and Neglect Reporting Hotline, a statewide toll-free number 1-844-264-5437 (844-CO4KIDS) available 24 hours a day, 365 days per year was established to make it easier to report child abuse and neglect. Youth in the Division of Youth Corrections also utilize this hotline to report possible abuse or neglect.

a.   The purpose of the hotline
The purpose of the Colorado Child Abuse and Neglect Reporting Hotline System (Hotline) is to serve as a direct, immediate, and efficient route for accepting the report of suspected child abuse and/or neglect from any reporter twenty-four hours a day, seven days a week.

b.   Number of FTE allocated to the hotline
The Department was allocated funding for six positions for the administration of the Hotline which includes: Hotline Manager, Policy and Rule Analyst, Program Assistant, Data Analyst, Quality Assurance Analyst, and a Programming and Information Technology Analyst. These positions are all filled.

c.   The line item through which the hotline is funded
The Hotline is funded through the Hotline for Child Abuse & Neglect line item in (5) Division of Child Welfare of the Long Bill.

d.   All outcome data used to determine the effectiveness of the hotline.
All outcome data listed below is collected for each individual county, and/or the Hotline County Connection Center (HCCC), and then accumulated into a statewide total. By doing so, individual county outcomes can be compared to a statewide average and provides ongoing, county-by-county, monthly results. This provides the ability to determine deviations and variances that can then be used for continuous quality improvement. The outcome of this approach is a more consistent application of practices across all entities.

1) Call Volume - The number of calls received by the system.

2) Average Call Duration – An indicator of total talk time required to manage calls across the system. A good indicator for predicting how many resources are needed to handle call volumes.

3) Average Wait Time - The average length of time a reporting party waits for their call to be answered. This measurement is an indicator of resource management requirements at a given point in time. It is also an indicator of the impact of call volume on the number of required resources to effectively manage the call volume. This helps to ensure reporters are answered in a reasonable timeframes and reduces the risk of a caller hanging up before being assisted. This same time indicator is used for determining a specific target time to reroute calls to another entity that may have

available resources to provide temporary relief during high call volume periods. Over time, this data can be used for predicting the resources necessary to take calls during a given time period.

4) <u>Enhanced Screening Performed by HCCC Staff</u> - The processes of gathering and documenting information upon the receipt of a referral alleging child abuse and/or neglect.

Quarterly outcome data is in the following tables, as reported in Request for Information #46 on October 19, 2015.

Measures	January 2015	February 2015	March 2015	Quarter Total
Call Volume - Systemwide	19,028	18,312	17,041	54,381
Average Call Duration	00:07:07	00:07:25	00:07:18	00:07:17
Average Wait Time	00:00:33	00:00:38	00:00:22	00:00:31
Call Volume - HCCC	1,766	1,597	1,296	4,659
Enhanced Screening Performed by HCCC Staff	63	35	22	120
Average Call Duration of Enhanced Screening Performed by HCCC Staff	00:24:55	00:21:03	00:17:23	00:20:00

Measures	April 2015	May 2015	June 2015	Quarter Total
Call Volume - Systemwide	20,259	18,351	16,687	55,297
Average Call Duration	00:07:43	00:07:36	00:07:09	00:07:30
Average Wait Time	00:00:26	00:00:22	0:00:20	00:00:23
Call Volume - HCCC	2,552	2,624	2,591	7,767
Enhanced Screening Performed by HCCC Staff	19	29	32	80
Average Call Duration of Enhanced Screening Performed by HCCC Staff	00:27:22	00:21:22	00:29:42	00:26:08

Measures	July 2015	August 2015	Sept 2015	Quarter Total
Call Volume - Systemwide	16,101	16,925	18,142	51,168
Average Call Duration	00:07:09	00:07:34	00:08:28	00:07:46
Average Wait Time	00:00:18	00:00:24	00:00:29	00:00:24
Call Volume - HCCC	2,448	2,443	2,529	7,420
Enhanced Screening Performed by HCCC Staff	44	46	70	160
Average Call Duration of Enhanced Screening Performed by HCCC Staff	00:35:44	00:35:17	00:31:28	00:34:13

Office of Early Childhood

a. The purpose of the hotline

The Early Intervention (EI) program has a toll free number (1-888-777-4041) that is available for families, providers and community members. Inquiries received through the line include: Early Intervention provider qualifications; training registration; general program questions; and referral information.

b. Number of FTE allocated to the hotline

.15 FTE is dedicated to processing calls through the toll free line.

c. The line item through which the hotline is funded

The toll free number is funded by Part C of the federal Individuals with Disabilities Education Act (IDEA) and is included in the Early Intervention Services line item.

d. All outcome data used to determine the effectiveness of the hotline

The Early Intervention toll free number is used primarily to connect families to services. EI staff responded to approximately 860 calls received through the toll free number in FY 20014-15. Of those calls, 786 were families or providers seeking referral information.

4. Describe the Department's experience with the implementation of the new CORE accounting system.
   a. How has the implementation improved business processes in the Department?
   b. What challenges has the Department experienced since implementation and how have they been resolved (i.e. training, processes, reports, payroll)?
   c. What impact have these challenges had on the Department's access to funding streams?
   d. How has the implementation of CORE affected staff workload?
   e. Do you anticipate that CORE implementation will result in the need for a permanent increase in staff? If so, indicate whether the Department is requesting additional funding for FY 2016-17 to address it.

   a. How has the implementation improved business processes in the Department?

   - General navigation of the CORE system is much less complex than COFRS and requires less memorization of commands and data elements.
   - Electronic workflow eliminates routing paper documents and allows the transactions to be sent through an electronic workflow process for approval. Approvals are documented in CORE, therefore one can see who entered and approved a document in the event additional information is required, and where a document is at in the process.
   - The electronic repository within CORE provides the ability to attach pertinent documents to a transaction. This allows transactions to be reviewed by anyone as part of the "workflow" approval process or when researching a transaction without the reliance on hard copies or emailed documents.

- The "Procurement Folder" makes it easy to identify related documents at different stages of the procurement process. By utilizing CORE for all solicitations it makes it easier to link to a contract or purchase order.
- The ability to upload documents for larger entries decreases data entry time.
- The ability to query and view CORE information directly within the system as opposed to maintaining a separate database is more efficient.

b. **What challenges has the Department experienced since implementation and how have they been resolved (i.e. training, processes, reports, payroll)?**

Unless otherwise noted, all of the items listed continue to be unresolved. The Department has managed the additional workload generated from CORE in multiple ways. For the first several months of implementation the Department utilized temporary staff to augment the current staff and repurposed two positions. Then the Department transitioned into a system where more overtime for hourly staff is utilized and exempt staff absorb more work and put in additional hours. Finally, work processes have to been prioritized to focus on the most critical risk sensitive items are worked on ahead of some other processes which are completed when possible. The Department estimates an additional 1,516 work hours per month on CORE tasks.

- CORE significantly increases the amount of time staff spends working on all documents compared to COFRS. In general, every document requires more steps to accomplish the same tasks as it did in COFRS.
- CDHS has a significant amount of federal funding and has needed to temporarily over utilize the General Fund due to the delay in the posting of payroll to CORE. Although employees were always paid in accordance to schedule, the delayed posting of the expenditures to CORE has delayed the ability to be able to draw the federal funds associated with each payroll because the expenditures were not in the system to initiate the reimbursement process.
- When processing payments from an encumbrance document, the CORE system does not allow the user to identify from which accounting line to process the payment. The user has to manually intercept the automated payment to identify the accounting line to utilize; otherwise the payment will split evenly between all accounting lines on the encumbrance. This led to the contract/procurement unit needing to reestablish the accounting lines that were incorrectly utilized and the program accountant to process a Journal Voucher (JV) to correct the coding on the payment. Currently, CDHS has implemented a work around requiring one commodity line per accounting line to ensure this does not continue to happen and does not have to be manually intercepted.

This continues to increase the number of commodity lines per encumbrance document that must be entered.

- Attaching documents has been challenging. Often when trying to attach a document the users are disconnected from the system. This occurs less and less frequently as the system stabilizes. Furthermore, while multiple attachments can be added to a document (only one at a time) the added time to do this has increased processing time.

- Beginning balances have been particularly challenging. Because the Department moved from 'agencies' in COFRS to 'departments' in CORE, 'agency IHA' in COFRS expanded to nine 'departments' in CORE. There is no way to easily identify exactly how much of each asset, liability, and fund balance account at June 30, 2014 to move to each of the new 'departments'. This item will be resolved during the course of the upcoming year as the Department's staff is able to devote time and manually reclassify the balances.

- Limitations on cross department/fund inventory transfers result in expenditures not converting from accrued to cash and this issue remains unresolved. The resolution to this item is increased training for end users, however with the diversity of users, both in accounting knowledge and geographically, this will continue to be a challenge.

- The inventory module routinely creates duplicate entries for zero dollar/zero quantity orders that continue to accumulate within the document catalogue. At this time these duplicate entries cannot be discarded and thus it appears that many orders remain open and this issue remains unresolved.

- With the increased amount of accounting fields in CORE and the lack of system controls to manage accounting string combinations the Department is experiencing an increased amount of miscoding issues. The resolution to this item will occur as people become more familiar with the system and the Department continues to provide training for users.

- Due to delays in monthly closings it is necessary to query all expense entries on a year-to-date basis when creating billings or reports in order to capture all expenditures and revenues. This has limited both the program fiscal staff and accounting's ability to provide accurate information for stakeholders.

- The CORE system was intended to be a transaction system with little to no Journal Vouchers (JVs) required. However with the limitations of referencing on certain documents, the use of JVs has been a necessity to ensure proper recording of expenditures and revenues.

- Depreciation expense was missing from CORE until year end and was incorrect when finally loaded. The fixed asset module conversion was not successful and required the manual identification of assets either missing or reported in error. Correcting entries were made in-house to account for these errors. Several attempts were made to rerun

depreciation but the values are still incorrect. As a result of this the Department created, and is constantly updating, manual depreciation schedules until such time that the system can accept and process correcting documents.

- With the delay of FY 2014-15 close, the cost accounting unit is proceeding with processing various year end reports to accommodate completion of the District Indirect cost allocations and Cost Reports. However, these reports will have to be revisited at a later time to review for any entries processed prior after initial close but prior to final close to see if changes will be required. The Department has targeted resolving this item by January 2016 as the Cost Reports are due by then.

- Diagnostic reports were not available until very late in the fiscal year so some of the errors were not identified early. Positive coding was a new concept in CORE and has precipitated a lot of corrections to be made. The combination of Fiscal Year and Budget Fiscal Year not always being populated on documents caused a lot of mismatches that were challenging to correct. . The Department understands that these reports are being developed fully and should be available before the close of the next fiscal year.

- Payroll reallocations for Pool staff are taking longer due to having to use Colorado Labor Allocation System (CLAS) for reallocations instead of JVs in the CORE system. The transfers in CLAS for payroll allocations take a considerable amount of time. This sometimes requires staff to obtain a KRONOS data extract that will then need to be hand-keyed into CLAS in order to distribute the payroll to the appropriate accounting templates.

- Reports staff require to balance payroll expenditures and distributions were not available. Central Payroll did provide a few reports to assist with this task, but found that the extracted reports were not accurate and did not give all the information needed. Due to this, agencies were unaware of what their payroll and benefits expenditures were until they finally posted in CORE months later.

- Payroll liability accounts were defaulting to Central Payroll. These accounts are used for bus passes, Eco passes, lost badges, keys etc. Due to them defaulting to Central Payroll, multiple entries had to be created to move the money from Central Payroll back to the Department so that it could be cleared appropriately. This issue still exists in FY 2015-16.

c. **What impact have these challenges had on the Department's access to funding streams?**

- Each office that has a significant amount of federal funding has been forced to temporarily over utilize the General Fund due to the delay in the posting of payroll to CORE. Although employees were always paid in accordance to schedule, the delayed

posting of the expenditures to CORE has delayed the ability of each department to be able to draw the federal funds associated with each payroll because the expenditures were not in the system to initiate the reimbursement process.

- The CORE system has contributed to CDHS's inability to draw federal funds in a timely manner. At times reimbursements jobs in CORE were delayed or even not running for many days which prevented our staff from identifying federal revenues that needed to be drawn. This continues to happen and the agencies are not always notified when this occurs. As a result, the Department is utilizing General Fund in lieu of Federal Funds until the draw is capable of being completed. This means the Department is not in compliance with the Cash Management Improvement Act (CMIA) with the United States Department of Treasury.

- The lack of timely information in CORE, particularly the inability to get accurate payroll information, affected the ability to complete reports used for management purposes, such as rate setting at the Regional Centers and Mental Health Institutes, and Medicaid and Medicare cost reimbursement reports. Rates at the Regional Centers and Mental Health Institutes were not adjusted from the prior year's rates due to inadequate cost information. . As a result our daily rates have been understated and the current year federal funding is less than the Department should have received. This item will be resolved during FY 2015-16 and the federal funding will be made whole for the cumulative time period.

d. How has the implementation of CORE affected staff workload?

- In most cases the staff workload has increased significantly. An example is a travel reimbursement, where processing a simple travel document takes about 3-4 times longer in CORE vs. COFRS.

- Additionally, staff workload has increased due to requirements in the workflow and approval processes. In addition, CORE contains significantly more information than COFRS and the information is, appropriately, not automated and, therefore, increases the amount of time staff spends working in the document. While certain workload functions did not change, the amount of time spent inputting information and managing documents has increased.

- A user can only attach one document at a time and the file size per attachment is limited. There are times where multiple documents need to be attached for a payment document. For example, payments to certain vendors have up to 25 attachments.

- Due to system design, the time required to complete document review and approval electronically has increased by approximately 3 times longer than COFRS. This is due

to having to open the attachments of each document and moving between the different layers of each document in CORE.

- Payroll reallocations for staff are taking longer due to having to use Colorado Labor Allocation System (CLAS) for reallocations instead of JVs in the CORE system. The transfers in CLAS for payroll allocations take a considerable amount of time. This sometimes requires staff to obtain a KRONOS data extract that will then need to be hand-keyed into CLAS in order to distribute the payroll to the appropriate accounting templates.
- Another area in which significant time has been added is cash posting. Previously all cash could be coded to appropriate balance sheet accounts, with many payments summarized in a single line. CORE requires you to provide a Revenue Encumbrance (RE) reference for every transaction line when completing a Cash Receipt (CR) document. Thus, what was once a single line to one balance sheet account is now multiple lines referencing multiple RE documents.

e. **Do you anticipate that CORE implementation will result in the need for a permanent increase in staff? If so, indicate whether the Department is requesting additional funding for FY 2016-17 to address it. If a permanent staff increase is needed and the Department is NOT requesting additional funding for FY 2016-17 for it, how will the Department pay for the new staff?**

- The need for a permanent increase in staff is anticipated because of the increase in information needed to be input into each document in CORE and the additional processes required by the system.
- At this time the Department is not planning on hiring any new staff, nor has the Department made a request for new staff. . For the current year the Department will continue to apply the strategy of authorizing more overtime for hourly staff, utilizing exempt staff to absorb more work and put in additional hours, and prioritizing work processes to focus on the most critical risk sensitive items while completing other processes when possible.

5. **If the Department receives federal funds of any type, please provide a detailed description of any federal sanctions for state activities of which the Department is already aware. In addition, please provide a detailed description of any sanctions that MAY be issued against the Department by the federal government during FFY 2015-16.**

Office of Economic Security
  Division of Food and Energy Assistance

The Supplemental Nutrition Assistance Program (SNAP), may be subject to sanctions for ongoing noncompliance with federal regulations. There is a potential for the following in FFY 2015-16:

1. Outstanding un-researched discrepancies – these are system generated discrepancies that must be researched to determine validity. If valid, a claim must be established to recoup funds from clients. If invalid, the case must be marked as such with no further action. The compliance date is December 31, 2015. At this time, the current potential county liability is less than $158,000. Based on the progress to date, it is unlikely that any funds will need to be repaid. If there is any liability it will be passed along to the counties in which it was incurred.

Division of Employment and Benefits
The Division of Employment and Benefits manages the Federal Temporary Assistance for Needy Families (TANF) program. The program has two state requirements:

1. Work Participation Rate (WPR)

In April 2015, the State was informed it did not meet the WPR requirement for federal FFY 2012. The notification provided to Colorado by the ACF indicates potential for a one time penalty of $4,761,984 million from the State's annual $136.1 million TANF block grant. Colorado is in the process of disputing the basis of this penalty. If the dispute is denied, Colorado will develop a corrective action plan. Several states are in similar situations upon notification of missing the 2012 WPR, yet no state has been assessed a penalty.

The Department has already submitted data for FFYs 2013, 2014, and 2015. Based on the data reported and preliminary discussions with the ACF, Colorado is not expected to meet the WPR for FFY 2013 or 2014. However, the Employment and Benefits Division is working in partnership with county partners proactively to ensure that we meet the FFY 2015 WPR by simultaneously providing additional data oversight to ensure that all data is reported correctly and developing Colorado Works Program changes that will increase the WPR and/or increase the Caseload Reduction Credit (effectively reducing the target WPR).

The $136.1 million annual grant provides funding to counties in a County Block Grant to operate the TANF program. In the unlikelihood a penalty is assessed during FFY 2015-16, the Long Term Reserve contains sufficient funds so a reduction in the County Block Grant would not be required.

The Division responds to a legislative Request for Information (RFI) twice annually and will update the legislature with the Long Term Reserve projection report.

2. State Maintenance of Effort (MOE) funding.
   The Division's Maintenance of Effort (MOE) agreement with the Social Security

Administration (SSA) requires a certain minimum level of spending on Supplemental Security Income (SSI) recipients as a condition of receiving Colorado's full amount of Federal Financial Participation (FFP) for Medicaid. The Division plans on meeting the requirement by the end of December 2015.

Office of Children, Youth and Families
<u>Division of Child Welfare</u>
The Division of Child Welfare is required to meet the data standard for participation rate for discharged youth set forth in 45 CFR 1356.85(b)(3)(ii) required in conjunction with the 2015A National Youth in Transition Database Report.

This data standard is based upon the following participation rates and populations:
   a) Participation rate of at least 80% by foster care youth, youth who are in foster care on the date of the outcomes data collection; and,
   b) Participation rate of at least 60% by discharged youth, youth who are not in foster care on the date of outcomes data collection.

For the reporting period ending March 31, 2015, the Division did not meet the standard and received a sanction of $19,184. The penalty is equal to one percent of the State's Chafee Foster Care Independence Program (CFCIP) allotment for the federal fiscal year, and will be paid in FY 2015-16.

Office of Early Childhood
The Office of Early Childhood receives funding from numerous federal grants, including: Title IV-B of the Social Securities Act; Title IV-E of the Social Securities Act; Title V of the Social Securities Act; Title XX of the Social Securities Act; Child Care Development Fund Block Grant (CCDF); Individuals with Disabilities Education Act (IDEA) Part C; Community-Based Child Abuse Prevention Grant (CBCAP); and the Health Resources and Services Administration.

The Office of Early Childhood has not received any federal sanctions, and is not aware of any potential sanctions for FFY 2015-16.

6. **Does the Department have any outstanding high priority recommendations as identified in the "Annual Report of Audit Recommendations Not Fully Implemented" that was published by the State Auditor's Office and dated October 2015 (link below)? What is the department doing to resolve the outstanding high priority recommendations?**

http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4735187E6B48EDF087257ED0007FE8C A/$FILE/1542S%20Annual%20Report.%20Status%20of%20Outstanding%20Audit%20Reco mmendations,%20As%20of%20June%2030,%202015.%20Informational%20Report.%20Oct ober%202015.pdf

The Office of Economic Security
<u>Division of Food and Energy Assistance</u>

Supplemental Nutrition Program (SNAP). The SNAP program currently has two outstanding recommendations tied to the payment error rate (PER). The Office of the State Auditor (OSA) currently determines these recommendations to be partially implemented because the PER is not at or below the national average. While the Program has provided training to comply with the OSA recommendation, the training was not mandatory for county workers to attend. The Department plans on providing additional training that will be mandatory for county workers in FFY 2016.

7. Is the department spending money on public awareness campaigns related to marijuana? How is the department working with other state departments to coordinate the campaigns?

Office of Behavioral Health
Yes, the Office of Behavioral Health (OBH) is spending money on a substance abuse prevention public awareness campaign that relates to marijuana. OBH utilizes a federal Substance Abuse and Mental Health Services Administration (SAMHSA), discretionary grant to administer the "Speak Now!" campaign. The "Speak Now!" campaign is focused on providing evidence-based prevention information to parents and caregivers regarding substance abuse of all types, including marijuana. OBH is collaborating and coordinating with the Colorado Department of Public Health and Environment (CDPHE) by the incorporation of the "Speak Now!" campaign into the CDPHE's "Good to Know - Askable Adult" marijuana public awareness campaign. CDPHE's campaign references and uses information from the "Speak Now!" website.

8. Based on the Department's most recent available record, what is the FTE vacancy rate by department and by division? What is the date of the report?

Please see the November 30, 2015 letter from the Office of State Planning and Budgeting regarding the Department's FTE usage.

9. For FY 2014-15, do any line items in your Department have reversions? If so, which line items, which programs within each line item, and for what amounts (by fund source)? What are the reasons for each reversion? Do you anticipate any reversions in FY 2015-16? If yes, in which programs and line items do you anticipate this reversions occurring? How much and in which fund sources do you anticipate the reversion being?

Office of Community Access and Independence
Division of Vocational Rehabilitation
DVR anticipates a reversion in FY 2015-16. In DVR's 1st Quarter SFY 2015-16 RFI, DVR projected it may revert approximately $6 million total funds, $1,299,300 reappropriated funds and $4,800,700 federal funds from the Vocational Rehabilitation Services line item. Recent data for applications received and case closures for October suggest DVR's applications received have, for the first time in two years, exceeded total closures for a given month. If this trend continues, DVR anticipates the potential reversion may be less than $6 million total funds. DVR will continue to evaluate applications and closure rates monthly. If applications continue to exceed

closures for a sustained period (for example, the next three months), DVR will revise its expenditure projections for the Vocational Rehabilitation Services line item.

The Office of Economic Security
Division of Food and Energy Assistance
Because SNAP dollars may only be drawn once matching funds are spent, federal funds are not reverted. The Emergency Food Assistance Program and Commodity Supplemental Food Programs fully utilize federal funding. The Division of Food and Energy Assistance does not expect to revert funds for 2014-15 or 2015-16.

Division of Employment and Benefits
The Adult Financial programs that receive General Fund experienced underspending in FY 2014-15. These lines include the Aid to Needy Disabled (AND) Program and Home Care Allowance and Home Care Allowance Grant Program. The underspending is a result of fluctuations in caseload. The Home Care Allowance Grant Program caseload has decreased as no new cases are added and the program is set to expire in June 2017. The Division has not projected a reversion amount for this line as funds may be transferred to the Home Care Allowance Line. The AND program does not anticipate reversions and anticipates adjusting benefits based on S.B. 14-012, which encouraged the department to include increases to benefits based on COLAs.

Division of Child Support Services
The Automated Child Support Services System (ACSES) had a reversion due largely to the ACSES Migration project. This multi-year project had to be completed before ACSES modernization efforts could be resumed. For FY 2015-16 and continuing through 2018, costs related to ACSES modernization will utilize the majority of the previously reverted funds.

Office of Children, Youth and Families
Division of Youth Corrections
The Division of Youth Corrections anticipates a reversion in the (11) (C) Community Programs, Purchase of Contract Placements of approximately $700k General Fund. This is due to an internally forecasted lower caseload projection.

10. **Are you expecting an increase in federal funding with the passage of the FFY 2015-16 federal budget? If yes, in which programs and what is the match requirement for each of the programs?**

Office of Behavioral Health
Mental Health Community Programs
Yes, the Department's Community Programs anticipates an increase in federal funding with the passage of the FFY 2015-16 federal budget.

In FFY 2015-16, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Health Services Block Grant increased by $70,706. This increase will impact the Department's mental health programs and administration.

In FFY 2015-16, the federal SAMHSA Substance Use Prevention and Treatment Block grant increased by $16,424. This increase will impact the Department's substance use treatment and prevention programs and administration.

There is not a match requirement for these grants.

Office of Community Access and Independence

Division of Vocational Rehabilitation

Yes, DVR estimates an increase of approximately $6.1 million in federal funding for the FFY 2015-16 award for Basic Support. The estimated increase of approximately $6.1 million in federal funding will require an additional $1.7 million in state match. In total, the estimated FFY 2015-16 Basic Support federal award will require $12,744,327 in state match to access the full award.

Disability Determination Services

The FFY 2015-16 budget delineates a change in DDS business process. The Social Security Administration has not determined the impact, or the availability of an increase in federal funding. Disability Determination Services is 100% federally funded with no state match.

State Veterans Community Living Centers

The FFY 2015-16 federal budget increased the per diem rate for the residents at the State Veteran Community Living Centers. There is no match requirement.

Office of Economic Security

Division of Food and Energy Assistance

The SNAP Federal match remains at 50%. The match is contingent on non-federal expenses and will adjust proportionately to State spending.

Office of Children, Youth and Families

Domestic Violence Program

The Family Violence Prevention and Services Act funds for the Domestic Violence Program may increase modestly. Historically, increases have been 5% or less. There is not a state match required for these funds. Please note that these are nonappropriated dollars.

Office of Early Childhood

The Department did not receive any significant federal funding increases beyond routine annual adjustments for the Community Based Child Abuse Prevention (CBCAP). There are no additional matching requirements.

11. **For FY 2014-15, did your department exercise a transfer between lines that is allowable under state statute? If yes, between which line items and programs did this transfer occur? What is the amount of each transfer by fund source between programs and/or line items? Do you anticipate transfers between line items and programs for FY 2015-16? If yes, between which line items/programs and for how much (by fund source)?**

Please see the November 30, 2015 letter from the Office of State Planning and Budgeting regarding the Department's exercise of transfers between line items.

Attachment A: Accounting Period Human Services 15

Long Bill Group	Long Bill Line Item
(1) Executive Director's Office	Personal Services
(1) Executive Director's Office	Operating Expenses
(1) Executive Director's Office	Employment And Regulatory Affairs
(1) Executive Director's Office	HIPAA Act Of 1996 - Security Remediation
(1) Executive Director's Office	Colorado Commission For The Deaf And Hard Of Hearing
(2) Office of Information Technology Services	Operating Expenses
(2) Office of Information Technology Services	Colorado Benefits Management System, Centrally Appr. Items
(2) Office of Information Technology Services	National Aging Program Information System
(2) Office of Information Technology Services	CBMS SAS-70 Audit
(2) Office of Information Technology Services	Payments to OIT
(3) Office of Operations	Operating Expenses
(3) Office of Operations	Vehicle Lease Payments
(5) Division of Child Welfare	Administration
(6) Office of Early Childhood	Child Care Assistance Program
(6) Office of Early Childhood	Early Intervention Services
(6) Office of Early Childhood	Nurse Home Visitor Program
(7) Office of Self Sufficiency	Food Distribution Program
(7) Office of Self Sufficiency	Program Costs
(8) Office of Behavioral Health	Crisis Resp Sys: Walk-in, Stabilztn, Mbl, Rsdntl, Rspt Svc
(8) Office of Behavioral Health	Crisis Resp Sys: Telephone Hotline
(8) Office of Behavioral Health	Crisis Resp Sys: Marketing
(8) Office of Behavioral Health	Operating Expenses
(8) Office of Behavioral Health	Services For Indigent Mentally Ill Clients
(8) Office of Behavioral Health	Balance Of Substance Abuse Block Grant Programs
(8) Office of Behavioral Health	Treatment And Detoxification Contracts
(8) Office of Behavioral Health	S-T Intensive Residential Remediation And Treatment (STIRRT)
(8) Office of Behavioral Health	Alt. To Inpatient Hospitalization At A MHI
(8) Office of Behavioral Health	Treatment And Detoxification Contracts
(8) Office of Behavioral Health	Personal Services
(8) Office of Behavioral Health	Community Prevention And Treatment
(8) Office of Behavioral Health	Rural Substance Abuse Prevention And Treatment
(9) Services for People with Disabilities	Vocational Rehabilitation Services
(9) Services for People with Disabilities	Wheat Ridge Regional Center Personal Services
(9) Services for People with Disabilities	Developmental Disability Regional Center Personal Services
(9) Services for People with Disabilities	Grand Junction Regional Center Personal Services
(9) Services for People with Disabilities	Grand Junction Regional Center Operating Expenses
(9) Services for People with Disabilities	Pueblo Regional Center Personal Services
(9) Services for People with Disabilities	Work Therapy Program
(11) Division of Youth Corrections	Operating Expenses

(11) Division of Youth Corrections	Juvenile Sex Offender Staff Training
(11) Division of Youth Corrections	Juvenile Sex Offender Staff Training
Non Appropriated	Patient Benefit Fund
Non Appropriated	CO Trauma Informed System Of Care

The Department has also identified the following line items which appear to have had adjustments made after the data was pulled on October 27 prior to Period 15.

(5) Division of Child Welfare	Child Welfare Services
(5) Division of Child Welfare	Family and Children's Programs
(5) Division of Child Welfare	Performance-based Collaborative Management Incentives
(5) Division of Child Welfare	Hotline for Child Abuse and Neglect
(5) Division of Child Welfare	Public Awareness Campaign for Child Welfare
(6) Office of Early Childhood	Promoting Safe and Stable Families
(7) Office of Self Sufficiency	Operating Expenses
(7) Office of Self Sufficiency	Colorado Works Administration

FY 2016-17
Joint Budget Committee Hearing:

Operations, Child Welfare, Child Care, and Early Childhood

Colorado Department of Human Services
December 14, 2015

Introductions and Opening Comments

Department Overview

Hearing agenda questions: 1-3

Mission, Vision, and Values

Mission

Collaborating with our partners, our mission is to design and deliver high quality human services and health care that improve the safety, independence, and well-being of the people of Colorado.

Vision

The people of Colorado are safe, healthy and are prepared to achieve their greatest aspirations.

Values

The Colorado Department of Human Services will:

- Make decisions with and act in the best interests of the people we serve because Colorado's success depends on their well-being.

- Share information, seek input, and explain our actions because we value accountability and transparency.

- Manage our resources efficiently because we value responsible stewardship.

- Promote a positive work environment, and support and develop employees, because their performance is essential to Colorado's success.

- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.

- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.

COLORADO
Department of Human Services

Strategic Priorities

CDHS strives for every Coloradan to have the opportunity to:

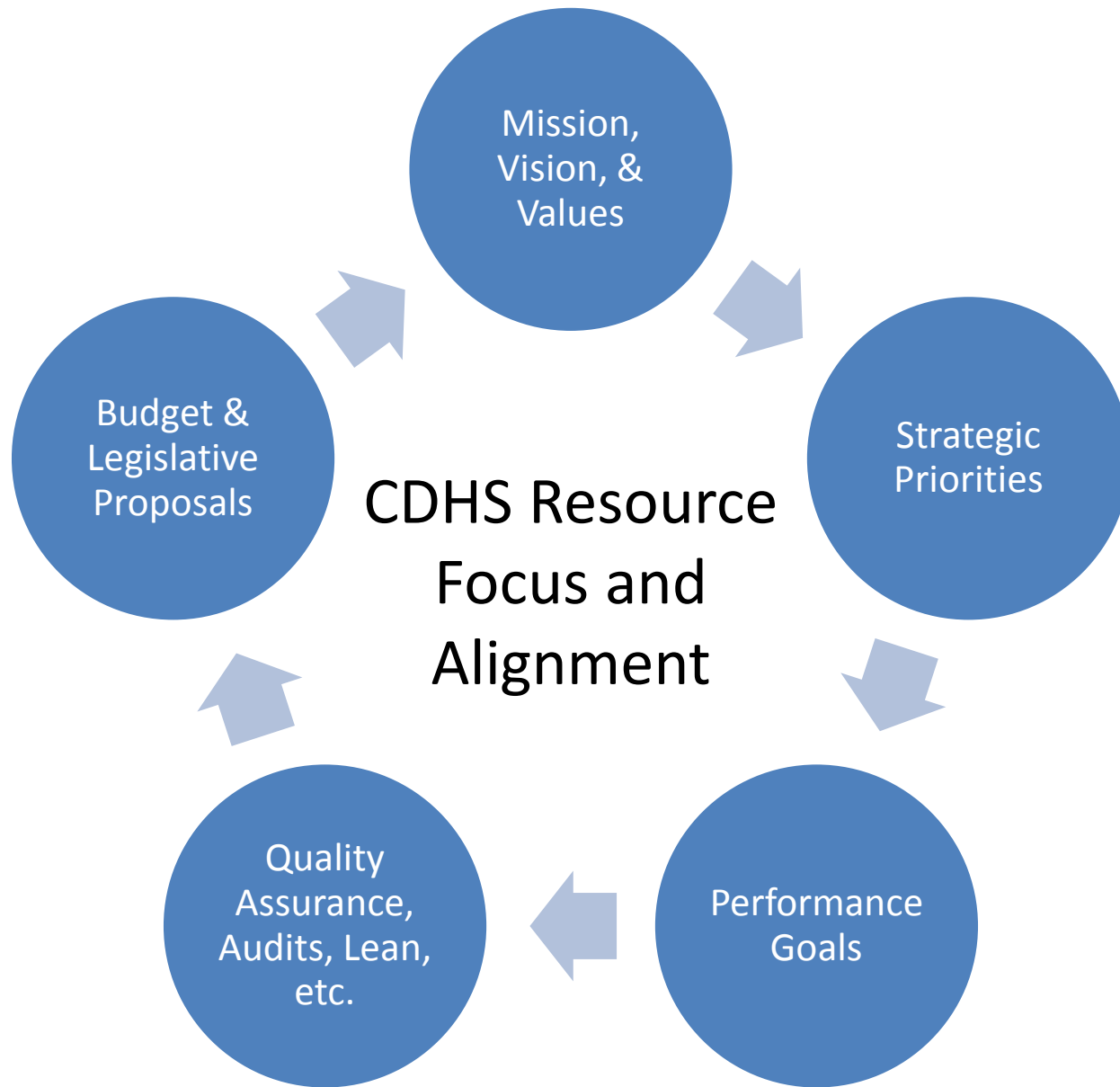*Thrive in the community of their choice*
- To expand community living options for all people served by the Department.
- To ensure child safety through improved prevention, access and permanency.

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

CDHS Resource Focus and Alignment

- Mission, Vision, & Values
- Strategic Priorities
- Performance Goals
- Quality Assurance, Audits, Lean, etc.
- Budget & Legislative Proposals

DHS at a Glance

- **Direct Services**
  - ✓ 3 Regional Centers
  - ✓ 2 Mental Health Institutes
  - ✓ 10 Youth Correctional Facilities
  - ✓ 5 Veterans Community Living Centers
  - ✓ Vocational Rehabilitation
  - ✓ Disability Determination
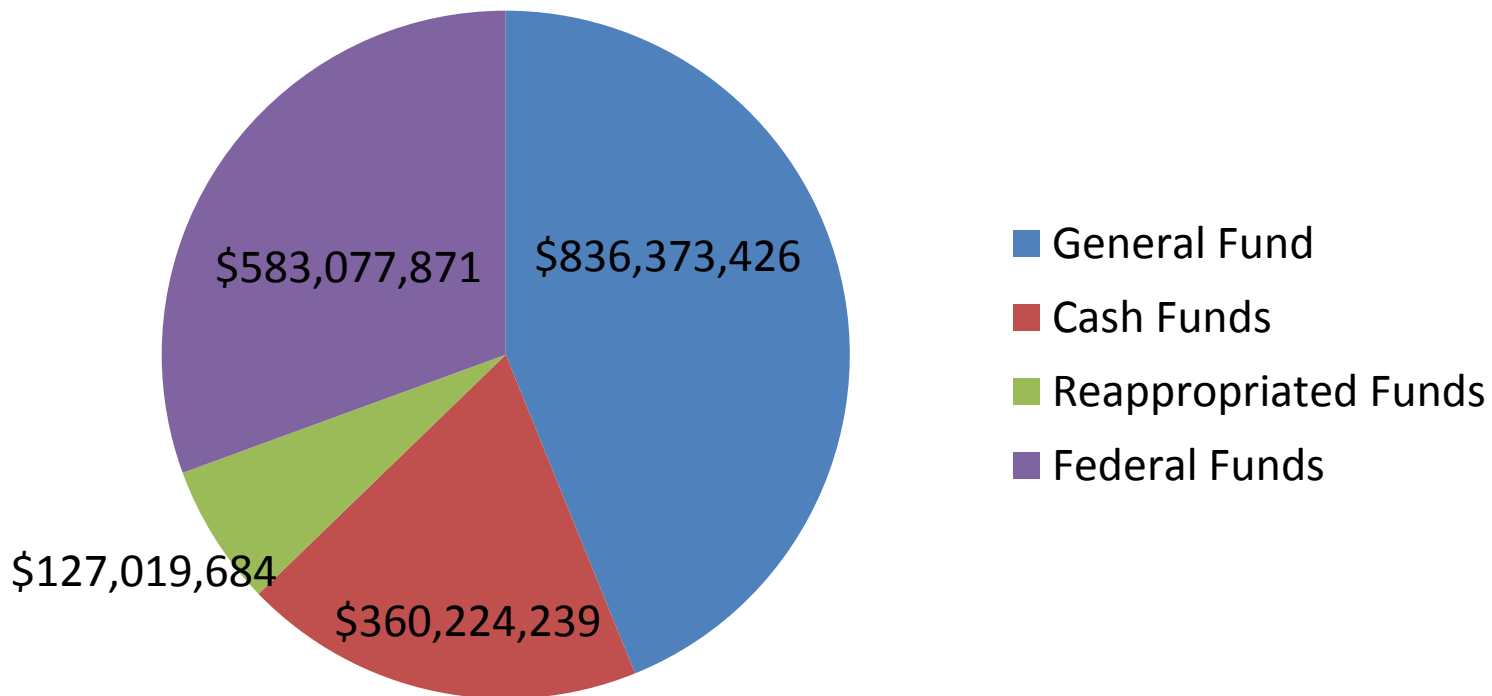 - ✓ Veterans Cemetery
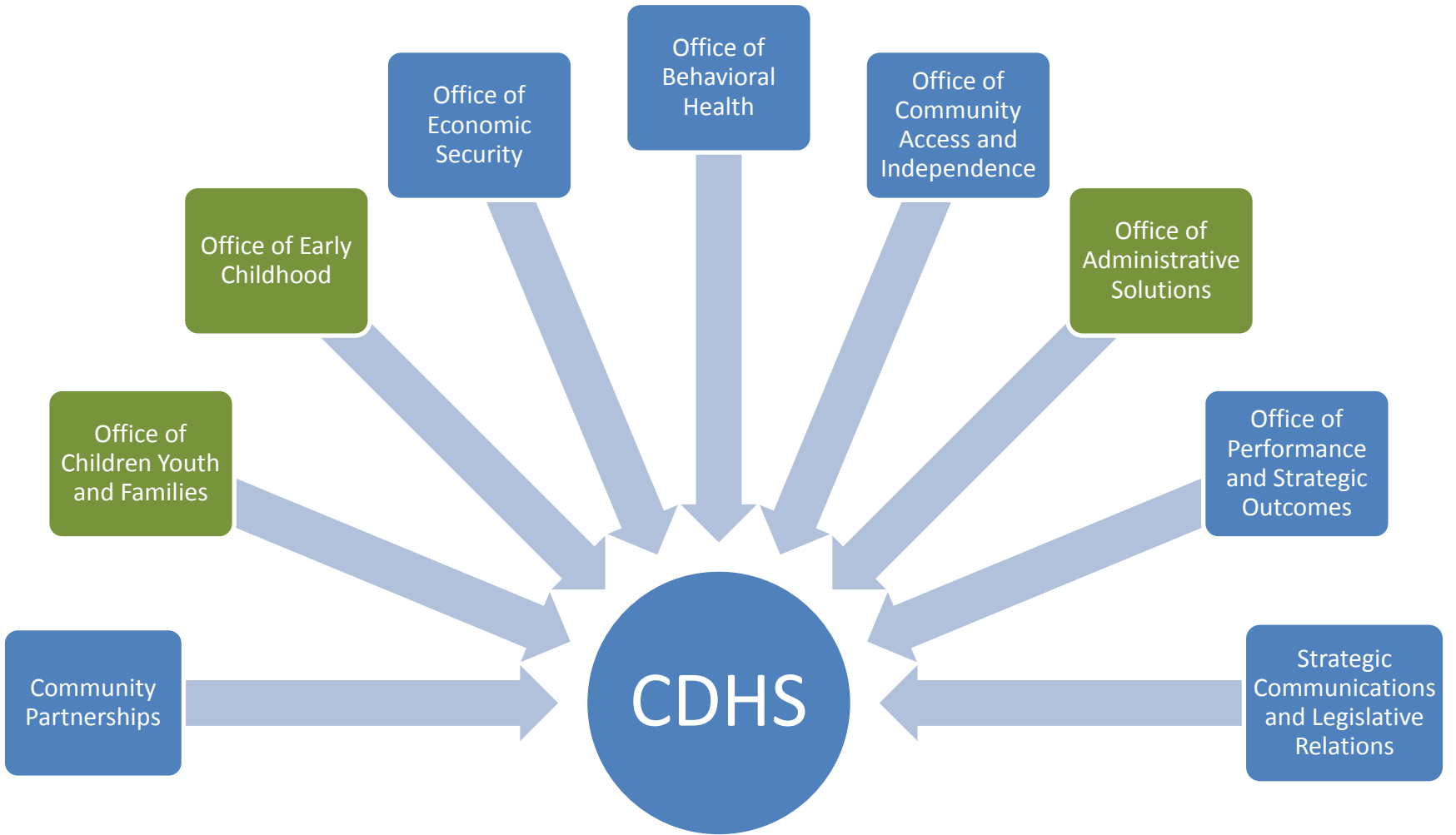 - ✓ Regulatory Oversight

- **Community Programs**
  - ✓ County Programs
  - ✓ Community Mental Health Centers
  - ✓ Community Centered Boards
  - ✓ Independent Living Centers
  - ✓ Refugee Services
  - ✓ Domestic Violence
  - ✓ Early Childhood Councils

FY 2015-16 Appropriation

$1,906,695,220 Total Funds

4,971 FTE

Pie chart legend:
- General Fund: $836,373,426
- Cash Funds: $360,224,239
- Reappropriated Funds: $127,019,684
- Federal Funds: $583,077,871

COLORADO
Department of Human Services

Colorado Department of Human Services FY 2016-17 Budget Requests

Office of Early Childhood
- Early Intervention Caseload Growth: $3.8 million
- Annual Child Care Licensing Visits: $675,000
- Continuation of Child Care Quality Initiatives: $1.6 million and 7.3 FTE
- Child Care Automated Tracking System (CHATS) Hybrid Modernization Phase II: $1.5 million

Office of Children, Youth & Families
- County Child Welfare Staff, Phase II: $6.8 million
- Title IV-E Cash Funds: $6.0 million
- Tribal Placements Funding Waiver

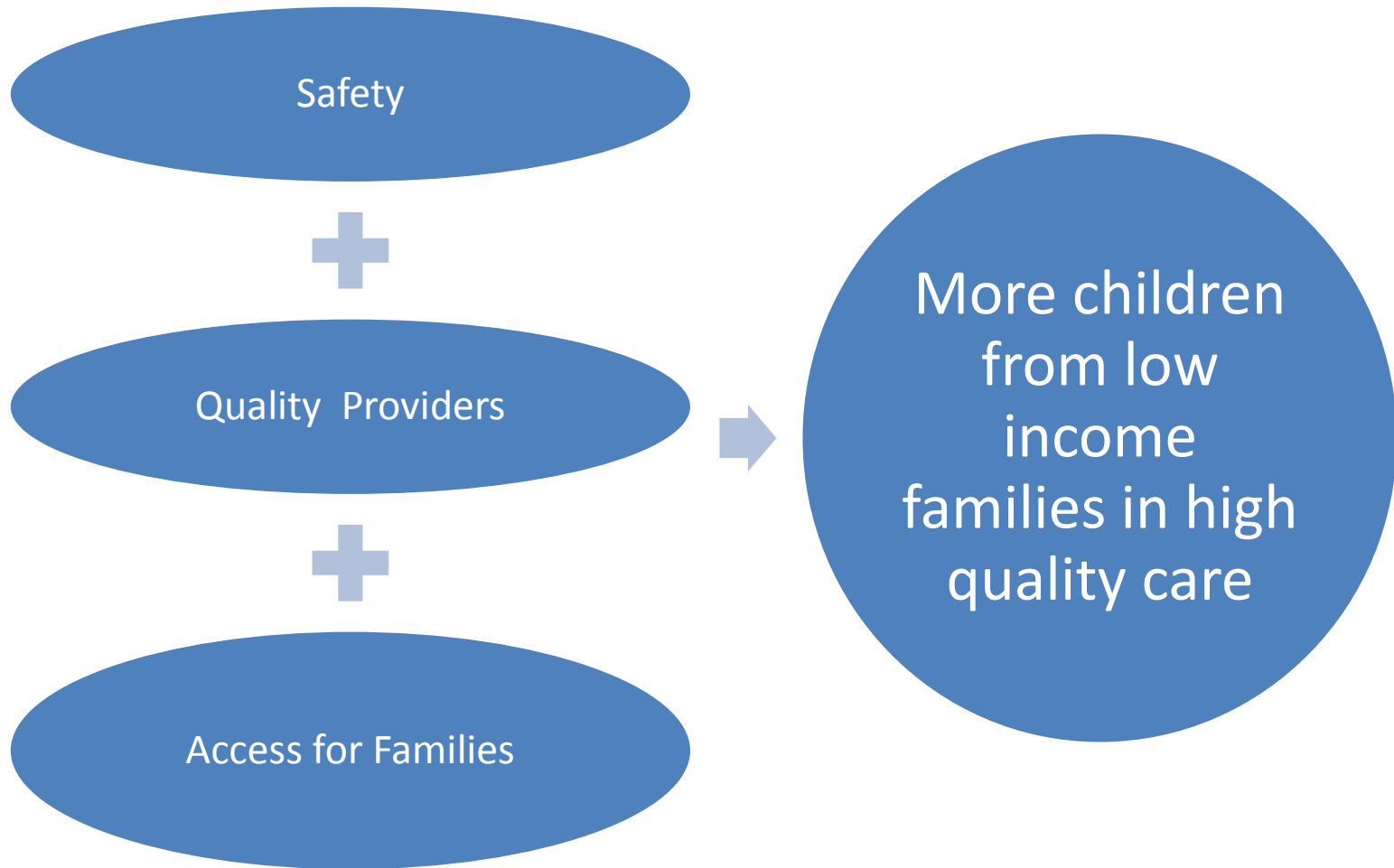**Office of Administrative Solutions**
- Utilities Increase Request: $305,968

Other Items
- Community Provider Rate Adjustment: Reduction of $7.9 million

Colorado's Child Care Strategy

Safety + Quality Providers + Access for Families → More children from low income families in high quality care

COLORADO
Department of Human Services

Return on Child Welfare Investments

1-844-CO-4-KIDS

- Colorado Child Abuse Reporting Hotline System stats (Jan-Nov 2015)
  - Total calls: 200,000+
  - Total Referrals: 83,380
  - Accepted Referrals: 30,745

- Congregate Care Priority
  - Right service, right placement, right time
  - 20% reduction in congregate care bed days over 2 years
  - Development of Level of Care Assessment Process
  - Tribal Child Welfare Flexibility

COLORADO
Department of Human Services

Child Welfare Staffing

Hearing agenda questions: 4-15

Provider Rate Adjustments

Hearing agenda questions: 16-18

Early Intervention

Hearing agenda questions: 19-29

Nurse Home Visitors Program

Hearing agenda questions: 30-32

Child Abuse and Neglect Investigations

Hearing agenda questions: 33-49

Reggie Bicha
Executive Director
Reggie.Bicha@state.co.us
303-866-3475

Monday, December 14, 2015
1:30 pm – 4:30 pm

1:30-1:40   INTRODUCTIONS AND OPENING COMMENTS

1:40-1:50   DEPARTMENT OVERVIEW

FY 2014-15 Actual Expenditures

1. Please discuss the reasons for the inaccuracies in the FY 2014-15 Schedule 3 actual expenditures.   Are there inaccuracies in line items other than the Performance-based Collaborative Management Incentives, Hotline for Child Abuse and Neglect (FTE), and Public Awareness Campaign for Child Welfare (FTE) line items? Can we expect to receive updated FY 2014-15 actuals for figure setting?

2. What is the department's position on the potential for inaccurate information in CORE?

Proposition BB Funding

3. Please provide an update on the progress of making grant awards from Proposition BB funding in the Tony Grampsas Youth Services Program.

1:50-2:40   CHILD WELFARE STAFFING

4. Please provide an explanation for why the department's R1 request includes funding for county level ancillary staff in addition to county level child welfare staff. Include justification for why this type of staff is needed. Is the need for the types of ancillary staff identified in the R1 request more prevalent in some counties than others? Do counties not have access to the types of services provided by these types of ancillary staff? Are counties supportive of this portion of the request?

5. Does the ratio of supervisors to case workers and case aides vary from county to county? Is there a staffing model that the counties currently utilize when hiring child welfare staff, including supervisors, case workers, case aides, and trainees?

6. Will adding ancillary staff extend the time it will take to achieve the county level child welfare staffing levels that are needed?

7. The department provided the raw numbers for county level turnover in its response to the committee's request for information. Please provide the turnover rate by percentage of staff, by position type, within each county.

8. How are county child welfare staffing levels and retention evaluated through C-Stat, SMART Act performance measures, and Results First? What metrics are used to evaluate success in the area of county level staffing?

9. What types of strategies can be implemented to improve job enrichment and improved retention rates for county level child welfare staff? How will increasing funding for additional department FTE support job enrichment and thereby increase employee retention at the county level? Why is turnover in child welfare so high?

10. How many FTE does the department currently have allocated to the supervision and training of county level staff? Please provide a description of each position type, how each position supports county staff, and the number of department FTE in each type. Please provide the methodology through which the department determines the ratio of state FTE to county level staff.

11. Please provide a justification for the need for additional department FTE as requested in the R1 request, and explain why these functions cannot be fulfilled by existing FTE.

12. For each county that did not accept an allocation for new staff, please provide the reasons why counties did not accept an allocation for new FTE. If additional funding is provided in FY 2016-17, are those counties able to receive an allocation in the second year if they did not accept it in the first?

13. Perform an internal workload study in order to provide data on the appropriate Division of Child Welfare staff to county level staffing ratio.

14. Please describe how a given county integrates child welfare programs and funding given the multiple sources of funding available.

15. How should the issues associated with the multiple funding streams be navigated?

2:40-3:15   PROVIDER RATE ADJUSTMENTS

16. How do the State of Colorado's costs associated with out-of-home placements compare with those in other states? How is this incorporated in the department's SMART Act objectives?

17. Please discuss the various options for establishing appropriate provider rate fee schedules, including tiered rates for services that reflect provider rates commiserate with the acuity level of children and families served, including those children served in congregate care settings.

18. Please provide input on the feasibility of developing a provider rate fee schedule and, if feasible, how it can be accomplished. Please include comments on the feasibility of the fee schedule addressing issues such as variance in costs of services that may result from the cost of living in individual counties.

3:15-3:30   **BREAK**

3:30-4:00   **EARLY INTERVENTION CASELOAD GROWTH**

19. Please describe how early intervention eligibility is defined in Colorado and how it compares with other states?

20. How do the needs of Colorado's school-aged children who previously received early intervention services and the costs associated with those needs compare with the same demographic in other states that have lower, similar, and higher eligibility standards?

21. Does the department currently evaluate early intervention services and their long-term impacts on children as they progress through school? If so, how is this accomplished? If not, does the department have an opinion on whether or not children receiving services should be identified in order for their progress to be monitored longitudinally? Please provide suggestions for how this can be accomplished.

22. What is department's opinion on whether legislation should require an ID number to monitor the long-term progress of children receiving early intervention services?

23. Given the various departments involved in the administration of early intervention service delivery and individuals with intellectual and developmental disabilities (CDE, DHS, HCPF), how should the overall system function in order to ensure the optimal coordination of services?

24. Is the department aware of the State of Utah's Pay for Success program related to service delivery? Please discuss the feasibility of utilizing longitudinal data in order to implement a similar program for service delivery in the State of Colorado.

25. Please provide the history behind the movement of the early intervention program from the Department of Education to the Department of Human Services. When the services for Individuals with Intellectual and Developmental Disabilities were moved from the Department of Human Services to the Department of Health Care Policy and Financing, why weren't early intervention services moved as well? In which department should this program be administered, and why?

26. Does the department anticipate any type of request associated with the Autism waiver through the early intervention program?

27. Please discuss strategies the department is considering to address the increasing burden on State General Fund that will result from projected early intervention eligibility (caseload) increases combined with flat or declining allocations from Part C of the Federal IDEA Act.

28. Does the department anticipate a waitlist for early intervention services as a result of the R19 request for the 1.0 percent provider rate decrease? If so, how will this issue be addressed?

29. Please discuss the potential impacts on the early intervention services program budget that may result from task force recommendations, including: 1) discussions about discrepancies between speech, occupational, and physical therapy provider rates; and 2) the tracking of currently unreimbursed service coordination.

4:00-4:15   NURSE HOME VISITOR PROGRAM

30. Please discuss the benefit/cost data obtained by evaluating the Nurse Home Visitor Program within the Results First model, and how these data will be used by the department.

31. Please provide details on the issues that led to the lack of timely and accurate tracking of Nurse Home Visitor Program expenditures, and the impact those issues had on program delivery.

32. It was reported to the Committee that the appropriation in the FY 2014-15 Long Bill for the Nurse Home Visitor Program was incorrect and that it took several months for the Department to get spending authority for the additional funds. Please provide a detailed explanation of this issue, including:
    a. How the Department discovered the incorrect appropriation;
    b. What events led to the incorrect appropriation and the amount it should have been;
    c. What process the Department utilized to address the error, and exactly how it was resolved; and
    d. How and when the Department obtained spending authority for the additional funds.

4:15-4:30   CHILD ABUSE AND NEGLECT INVESTIGATIONS

Background Information: Many concerns have been raised about policies surrounding government employees examining children for evidence of assault or abuse, and how policies balance the need to collect criminal evidence with the need to protect the constitutional rights of both parents and children, as well as using over-intrusive or unnecessary examinations beyond legitimate evaluations by medical professionals. For the purposes of these questions, we would equate children's "private areas" as areas commonly covered by swimsuits, or by areas that might be culturally-sensitive areas and commonly covered – such as head-scarves, hats or other coverings for modesty.

33. Within those "private areas," are examinations solely at the discretion of caseworkers, or conducted under the authority of a court? At what point does policy direct caseworkers to refer the child for a medical exam?
    a. How many examinations of children's "private areas" are conducted by each county DHS per year?

b. How many examinations were conducted without parental notification, consent, or a court order?

34. How many DHS child welfare caseworkers are licensed? What background checks are required for DHS child welfare caseworkers?

35. What process is in place, if any, for notifying parents and getting consent for examinations? How many examinations were conducted where parents were NEVER notified of the examination, even following the examination?

36. Why is there no process in place for asking parents to cooperate with an examination by the child's own physician, with a waiver to allow that information to be released? Because this approach could be simple, safe, and cost-effective, how would it compare to current practices?

37. How many court orders were requested for an examination of children's private areas? How many of the requested orders were for a medical examination?

38. Since a determination of abuse or the severity of abuse would seem to require an appropriate medical examination and opinion, and possibly medical treatment, why are unlicensed and untrained caseworkers put in the position of making determinations which could potentially bypass the medical examination of potentially hidden trauma to the child?

39. Despite evidence to the contrary, what proof can the department present that examinations have not been traumatizing to children?

40. Where are child examinations taking place? Please provide the percentage of each by county: in schools, in homes, in other casual settings, and in medical settings.

41. What specific guidelines has the department established for examinations of children by employees of another sex?

42. What specific guidelines has the department established for the examination and protection of children who self-identify as gay or as a different gender from their biological gender, if there is a history or correlation of sexual abuse by adults that would suggest a need for special protections?

43. Why do departments take color photographs of both the child's face and other areas of the body, whether there are any marks or not? How is taking photographs of "no marks" justified by Colorado statutes? By county, how many photographs of children's "private areas" are maintained by child welfare offices?

44. Why does the department not prohibit caseworkers from using cell phones to take photographs? What safeguards are used to prevent caseworkers from taking photographs of children's "private areas," and uploading those to personal devices, synching to other devices,

to the internet, or to cloud storage? How are photographs stored, and are photos stored in areas that are accessible to other DHS employees?

45. For each county, give the level of security for maintaining the photos—I.e. Password-protected electronic files (and who has access), electronic files that are not password-protected (and who has access), or paper files (and who has access).

46. Why does the department policy not specifically require at least two adults are present for accountability leading up to and during examinations?

47. Why are child interviews not normally audiotaped and/or videotaped, and those documents retained as possible evidence?

48. What training on Fourth Amendment civil rights is required for caseworkers and supervisors? What sanctions or penalties are imposed on employees that violate citizens' Fourth Amendment civil rights?

49. Please provide the Child Protection Policies that guide the actions of workers, for each county DHS.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. Please provide a detailed description of how the Nurse Home Visitor Program was evaluated through the Results First model, including inputs, outputs, assumptions, cost drivers, and any other relevant component of the model.

2. Provide a list of any legislation that the Department has: (a) not implemented or (b) partially implemented. Explain why the Department has not implemented or has only partially implemented the legislation on this list.

3. Please provide a detailed description of all program hotlines administered by the Department, including:
   a. The purpose of the hotline;
   b. Number of FTE allocated to the hotline;
   c. The line item through which the hotline is funded; and
   d. All outcome data used to determine the effectiveness of the hotline.

4. Describe the Department's experience with the implementation of the new CORE accounting system.
   a. How has the implementation improved business processes in the Department?
   b. What challenges has the Department experienced since implementation and how have they been resolved (i.e. training, processes, reports, payroll)?
   c. What impact have these challenges had on the Department's access to funding streams?
   d. How has the implementation of CORE affected staff workload?
   e. Do you anticipate that CORE implementation will result in the need for a permanent

increase in staff? If so, indicate whether the Department is requesting additional funding for FY 2016-17 to address it.

5. If the Department receives federal funds of any type, please provide a detailed description of any federal sanctions for state activities of which the Department is already aware. In addition, please provide a detailed description of any sanctions that MAY be issued against the Department by the federal government during FFY 2015-16.

6. Does the Department have any outstanding high priority recommendations as identified in the "Annual Report of Audit Recommendations Not Fully Implemented" that was published by the State Auditor's Office and dated October 2015 (link below)? What is the department doing to resolve the outstanding high priority recommendations?

    http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4735187E6B48EDF087257ED0007FE8C A/$FILE/1542S%20Annual%20Report.%20Status%20of%20Outstanding%20Audit%20Reco mmendations,%20As%20of%20June%2030,%202015.%20Informational%20Report.%20Oct ober%202015.pdf

7. Is the department spending money on public awareness campaigns related to marijuana? How is the department working with other state departments to coordinate the campaigns?

8. Based on the Department's most recent available record, what is the FTE vacancy rate by department and by division? What is the date of the report?

9. For FY 2014-15, do any line items in your Department have reversions? If so, which line items, which programs within each line item, and for what amounts (by fund source)? What are the reasons for each reversion? Do you anticipate any reversions in FY 2015-16? If yes, in which programs and line items do you anticipate this reversions occurring? How much and in which fund sources do you anticipate the reversion being?

10. Are you expecting an increase in federal funding with the passage of the FFY 2015-16 federal budget? If yes, in which programs and what is the match requirement for each of the programs?

11. For FY 2014-15, did your department exercise a transfer between lines that is allowable under state statute? If yes, between which line items and programs did this transfer occur? What is the amount of each transfer by fund source between programs and/or line items? Do you anticipate transfers between line items and programs for FY 2015-16? If yes, between which line items/programs and for how much (by fund source)?