

DEPARTMENT OF HUMAN SERVICES  
(OFFICE OF INFORMATION TECHNOLOGY SERVICES, COUNTY ADMINISTRATION,  
OFFICE OF SELF SUFFICIENCY, ADULT ASSISTANCE PROGRAMS,  
AND YOUTH CORRECTIONS)

FY 2017-18 JOINT BUDGET COMMITTEE HEARING AGENDA

**Wednesday, January 4, 2017**  
**1:30 pm – 4:30 pm**

**1:30-1:45        INTRODUCTIONS AND OPENING COMMENTS**

**1:45-2:45        DIVISION OF YOUTH CORRECTIONS**

- 1    What specific measurements (e.g. staffing ratios, number of assault incidents, youth outcomes) is the Division of Youth Corrections trying to achieve? Are these goals based on national standards? Will these goals be accomplished with the requested staffing increase?
- 2    Please provide an overview of C-Stat measures for the Division of Youth Corrections and how the Division has performed against these measures. Please include in the response an explanation of why staffing measures are not included in C-Stat.
- 3    Please describe trends in the number of assault incidents and fights from FY 2013-14 through FY 2015-16. Please include in the response an explanation of any discrepancies that exist between the data reported by the Office of the State Auditor and the data reported by the Division of Youth Corrections per the Joint Budget Committee's annual request for information.
- 4    It is noted in staff's briefing document on page 40 that the Division of Youth Corrections implemented new policies in July 2014 to end the usage of extended seclusion as a tool for managing problematic youth. From a staffing level and training perspective, were the facilities prepared for this policy change in a manner that ensured facility safety and positive youth outcomes?
- 5    Please explain the role of state personnel and local law enforcement in handling assault incidents and fights. Please include in the response the timeline for calling police when an incident occurs.
- 6    The recent audit of the Division of Youth Corrections by the Office of the State Auditor included several corrective actions. Please describe the progress the Division has made in complying with these corrective actions.
- 7    Please provide a chart showing the number of Division of Youth Corrections' facility staff compared to appropriations and compared to the number of youth detained and committed to those facilities.

- 8 How have the direct care staff-to-youth ratios changes in Division of Youth Corrections changed over time? How do these changes relate to the number of assault incidents and fights?
- 9 Please describe how the requested staff would be allocated across facilities and what operational duties they would fulfill in securing these facilities.
- 10 Has the Division of Youth Corrections seen any trends in unplanned absences (e.g. time of year, day of the week, near holidays, etc.) across facilities?
- 11 How does the amount of unplanned absences occurring in the Division of Youth Corrections' facilities compare to other facilities operated by the Department (e.g. mental health institutes and regional centers)? Furthermore, is data available from the Department of Personnel to make statewide comparisons across agencies?
- 12 What are the common themes that appear in exit interview data for staff that sever employment with the Division of Youth Corrections?
- 13 Does the Division of Youth Corrections have a suggestion on how feedback could be obtained directly from facility line staff (e.g. CYSO Is and IIs) on strategies to improve facility safety and youth rehabilitation?
- 14 Please comment on any training deficiencies for staff at the Division of Youth Corrections' facilities that may be leading staff members to request additional tools, such as stun guns and pepper spray, to maintain facility safety. Additionally, has the Division considered issuing such tools to staff?
- 15 Does the Division of Youth Corrections have an opinion on staff's methodology for ranking the performance of its facilities (see pages 48 and 49 of staff's briefing document)? Does the Division use a ranking methodology, and if so, what variables are included in the calculation and what are the most recent rankings?
- 16 Please describe how the Division of Youth Corrections is implementing trauma informed care principles and Positive Behavior Interventions and Supports (PBIS) to decrease the number of assault incidents and fights and improve youth rehabilitation. Please include a discussion of how the effectiveness of these strategies and tools are measured.
- 17 What is the Colorado Model (e.g. key provisions)? How does the Colorado Model compare to the Missouri Approach? Please include a side-by-side comparison chart of the two models in the response.
- 18 Please explain the relationship the Division of Youth Corrections has developed with the Missouri Division of Youth Services and how this relationship has benefited Colorado.
- 19 How do data from states who have implemented the Missouri Approach compare to Colorado in terms of assault incidents and fights, as well as youth outcomes, such as recidivism? Please

note any differences in data definitions (e.g. Missouri defines assaults and fights as XYZ while Colorado defines them as ABC) in the response.

- 20 Would the Division of Youth Corrections be amenable to conducting a pilot project in one of its facilities based on the Missouri Approach? If so, what would be required from fiscal, staffing, and facility perspectives to implement this type of pilot program?
- 21 Does the Division of Youth Corrections interact with the Council of Juvenile Correctional Administrators to learn information on best practices for managing youth correctional facilities?
- 22 What is the Division of Youth Corrections' opinion on mixing detention and commitment populations within one facility? Is the Division seeking to make any changes to its facilities based on this opinion?
- 23 Please explain the rationale for changing the Spring Creek facility from a detention and commitment facility to detention-only. Please include in the response an update on how this has impacted the total number of statewide commitment beds.
- 24 Have any recent policy or rule changes contributed to changes in the number of older youth committed to the Division of Youth Corrections?
- 25 Has the Division of Youth Corrections had discussions with the Judicial Branch and district attorneys to examine alternative strategies that do not involve detention for youth with truancy issues or youth that have committed non-violent crimes?
- 26 Please describe capital construction investments made at the Division of Youth Corrections' facilities in recent fiscal years and how these improvements are related to assault incident and fight data (e.g. facility X received an appropriation of \$YYY for ABC and as a result fights dropped by Z percent).
- 27 Please explain variations across detention, commitment, and parole populations as it relates to Medicaid eligibility for the services provided to youth.

**2:45-3:00 BREAK**

**3:00-3:45 COUNTY ADMINISTRATION**

- 28 Please provide a table of the top 15 counties that over-expended the Department's County Administration line item in the past three fiscal years.
- 29 Why are some counties able to administer the Supplemental Nutrition Assistance Program (SNAP) within their annual base allocation while some counties over-expend their allocation? Which scenario (spending within the allocation versus over-expending the allocation) is closer to the true cost of doing business to administer the program?

- 30 Do levels of certain variables (e.g. caseload) determine if a county is likely to over-expend its allocation of funds from the County Administration line item?
- 31 What percentage of counties personal services expenditures are for line staff (e.g. eligibility technicians) versus administrators?
- 32 How much money did the 2007 County Workload Study indicate would need to be spent above the base allocation to adequately fund county administration activities across public assistance programs?
- 33 Please provide a diagram of the different phases of the County Workload Study funded for FY 2016-17 via S.B. 16-190 (Improve County Admin Public Assistance Programs).
- 34 Please explain how the County Workload Study will assist the General Assembly in determining the cost of administering the Supplemental Nutrition Assistance Program (SNAP) and other public assistance programs?
- 35 Why is the Department of Human Services requesting funding for County Administration before viewing the results of the County Workload Study?
- 36 Did the Department of Human Services consider requesting an appropriation increase for the County Administration line item that is contingent on the findings of the County Workload Study? If so, why was this option not chosen? If not, would this be beneficial in ensuring that the correct amount of funds is appropriated?
- 37 Please provide a table showing the distribution of County Tax Base Relief money for FY 2015-16.

**3:45-4:00 LOW-INCOME ENERGY ASSISTANCE PROGRAM**

- 38 Please explain the relationship between the Department of Human Services, the Colorado Energy Office, and the non-profit Energy Outreach Colorado in administering low-income energy assistance services. Please include in the response any opportunities for these programs to be consolidated under one agency to gain efficiencies.
- 39 Caseload and expenditures for the Department of Human Services' Low-Income Energy Assistance Program (LEAP) vary greatly from year to year, as is shown on page 9 of staff's briefing document. Why do these swings occur?
- 40 Given that the Department of Human Services' Low-Income Energy Assistance Program receives a much larger amount of federal funds than State funding, should the General Assembly continue to transfer severance tax funding from Tier 2 to the Department for this purpose?

**4:00-4:20 ADULT PROTECTIVE SERVICES**

- 41 Please describe how funding increases for staffing for adult protective services were allocated to counties. How was this allocation related to money needed for elder abuse services versus services for individuals with intellectual and developmental disabilities (e.g. was the money backfilling the elder abuse need or funding the individuals with intellectual and developmental disabilities)?
- 42 Please describe the interactions between law enforcement entities and community centered boards in regard to reporting cases of abuse against individuals with intellectual and developmental disabilities. Please include in the response any known issues that have occurred and strategies to solve these issues.
- 43 Please explain how quality is measured for county casework for adult protective services cases. Please include in the response the nature and frequency of errors.
- 44 Page 17 of staff's budget briefing document shows a decrease in the percentage of reports that became cases in FY 2015-16. Why did this occur?

**4:20-4:30 COLORADO BENEFITS MANAGEMENT SYSTEM AND PEAK**

- 45 How could the PEAK application be adjusted so that citizens better understand that the data they enter will result in actual benefit changes and generate notices, as opposed to generating sample scenarios for a user to review?
- 46 Please describe recent trends (fiscal year over fiscal year) for help tickets for the Colorado Benefits Management System (CBMS). Please include a discussion of the existing backlog of tickets.
- 47 Please describe the relationship between CBMS and Connect for Health Colorado as it relates to an individual shopping for health insurance who then applies for Medicaid coverage.

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**1:30-1:45      INTRODUCTIONS AND OPENING COMMENTS**

- Reggie Bicha, Executive Director, Colorado Department of Human Services
- Dr. Robert Werthwein, Director, Office of Children, Youth & Families, Colorado Department of Human Services
- Phyllis Albritton, Director, Office of Economic Security, Colorado Department of Human Services
- Mark Wester, Director, Office of Community Access and Independence, Colorado Department of Human Services
- Sarah Sills, Director, Division of Budget and Policy, Colorado Department of Human Services

**1:45-2:45      DIVISION OF YOUTH CORRECTIONS**

- 1) What specific measurements (e.g. staffing ratios, number of assault incidents, youth outcomes) is the Division of Youth Corrections trying to achieve? Are these goals based on national standards? Will these goals be accomplished with the requested staffing increase?**

Table 1: Youth Corrections Goals			
Goal	Source	National Standard	Will staffing assist in meeting goal <sup>5</sup>
Low incidents of escapes from State-operated secure facilities and walkaways from contract residential programs	C-Stat <sup>1</sup>	No	No
Low incidents of fights and assaults in State-operated secure facilities	C-Stat	PbS <sup>4</sup>	Yes
Low incidents of youth injury in State-operated secure facilities	C-Stat	PbS	Yes
Low incidents staff injury in State-operated secure facilities	C-Stat	No	Yes
Ensuring youth are placed in their long-term treatment placement as quickly as possible following their commitment to the Department's custody	C-Stat	No	No

Table 1: Youth Corrections Goals			
Goal	Source	National Standard	Will staffing assist in meeting goal <sup>5</sup>
Ensuring youth who discharge from parole have a GED or High School Diploma	C-Stat	No	Yes
Ensuring youth who discharge from parole have a full or part time program (employed, enrolled, etc.)	C-Stat	No	No
Ensuring families are engaged in planning and decision-making through participation in the multidisciplinary team decision-making process	C-Stat	No	No
24/7 facility staffing use of straight time to promote work-life balance for staff and provide optimal care to clients	WIG <sup>2</sup>	No	Yes
Staff-to-youth ratio of 1:8	PREA <sup>3</sup>	Yes, PREA	Yes
Recidivism post discharge	State Statute	Yes, compared to states with same definition	Yes

<sup>1</sup>Those goals that referenced C-Stat as a source were generated by the Department.

<sup>2</sup>Department's Wildly Important Goal (WIG)

<sup>3</sup>Prison Rape Elimination Act (PREA)

<sup>4</sup>Performance based Standards (PbS) from the Performance based Standards Institute

<sup>5</sup>Requested improvement to the staffing ratios will help move towards achieving these goals, however it will be insufficient by itself as staffing is one of multiple factors contributing to quality outcomes.

In addition to these measures, there are standards that capture best practice in operating juvenile corrections facilities, such as the Prison Rape Elimination Act (PREA), the Juvenile Detention Alternatives Initiative Detention Standards, the American Correctional Association's Juvenile Standards, National Commission on Correctional Health Care and others. Best practice standards exist to assist states and counties in the development of programming that decreases the potential for negative behaviors and events (fights and assaults, injuries, suicide, etc.). The Performance based Standards Institute has 34 states that participate in their Performance based Standards (PbS) for youth correction and detention facilities. The Department is attempting to meet many of these standards. In particular, low staff-to-youth ratios have been cited in multiple sources as critical to improved facility outcomes.

**2) Please provide an overview of C-Stat measures for the Division of Youth Corrections and how the Division has performed against these measures. Please include in the response an explanation of why staffing measures are not included in C-Stat.**

In 2012, the Department created C-Stat, its performance management strategy to determine outcomes and results, and is not a management tool to measure process. By managing the impact

of day-to-day efforts, CDHS is able to make more informed, collaborative decisions to align its efforts and resources to improve outcomes for the people it serves. The Department does have two C-Stat measurements related to staffing outcomes (Staff Injuries on the Job as a Direct Result of Youth Contact and 24/7 Staffing WIG), which require the ongoing analysis of processes that impact the ability to achieve the desired goals. The processes include the utilization of overtime, double shifts, scheduling, and staff ratios.

The 24/7 staffing utilization is a C-Stat measurement and one of the Department's Wildly Important Goals (WIGs) that will enable the Department to learn how it is providing care for its DYC youth, Regional Center and Veterans Community Living Center residents, and Mental Health Institute patients through a variety of staffing tools (i.e. regular time, overtime, etc.).

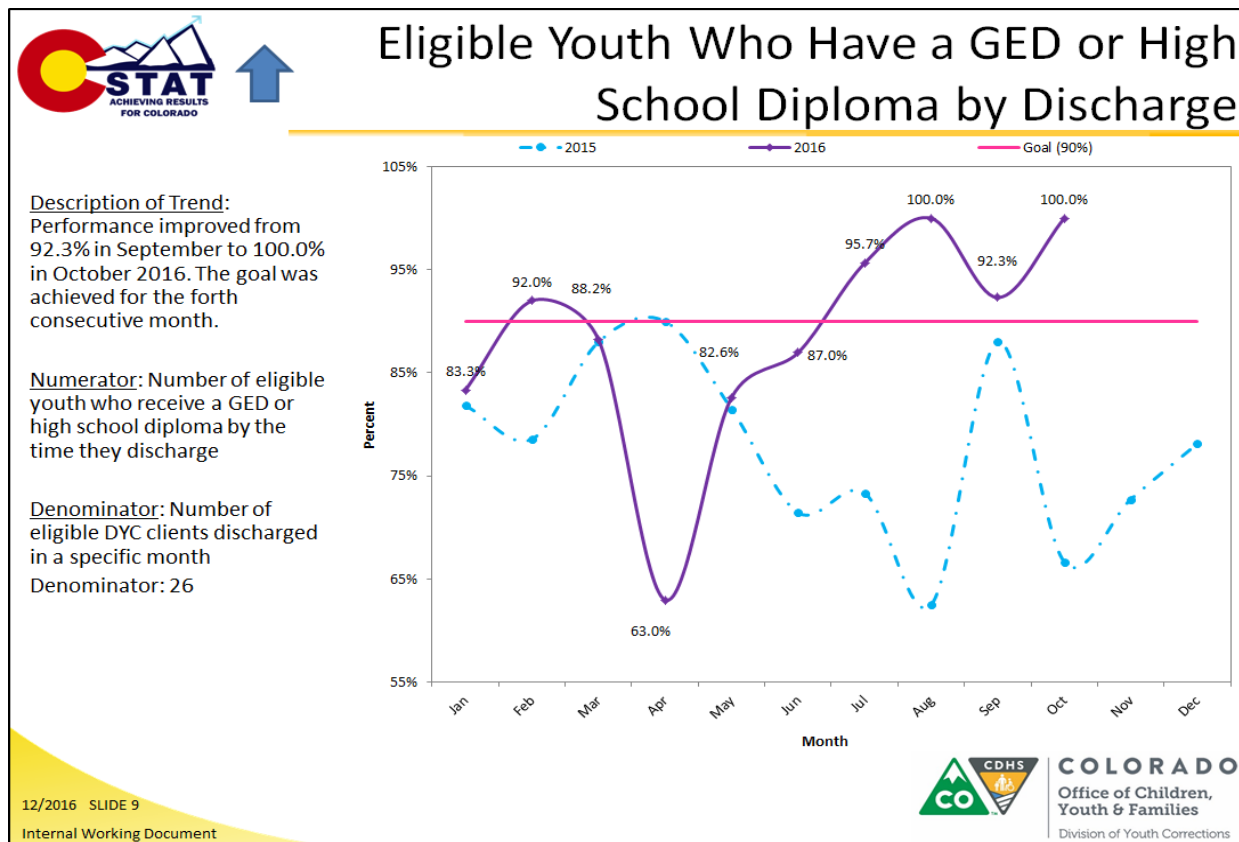
The Division of Youth Corrections currently has seven primary performance measures that are tracked monthly for the Department's C-Stat performance process. The Division also tracks the youth who have been discharged from parole to ensure they have a full or part time program (employment, enrolled, etc.).

The following is a brief overview of the seven primary C-Stat measures:



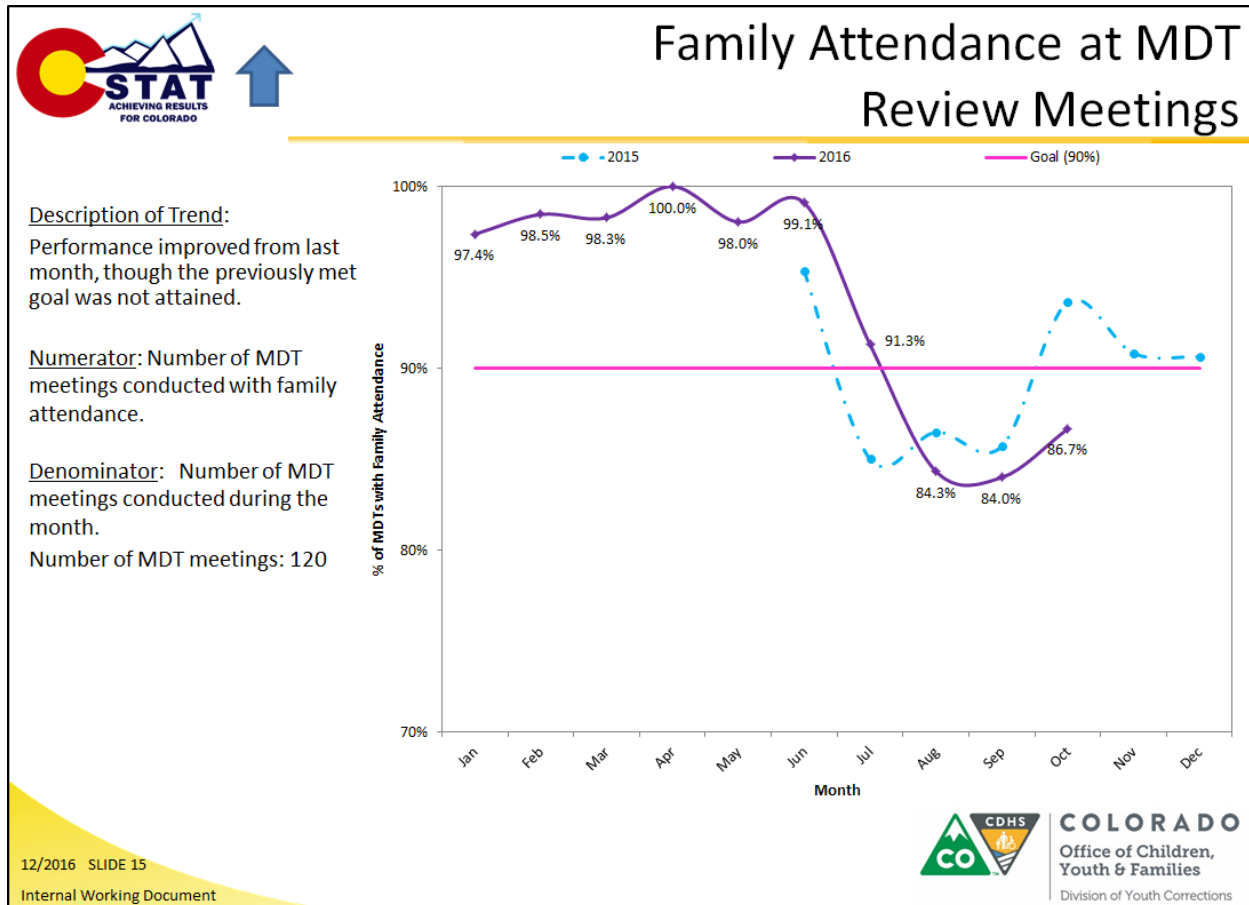
## Eligible Youth Who Have a GED or High School Diploma by Discharge (Goal 90% or Above):

Current Progress: Performance on this measure and has exceeded the goal of 90% or above for the past four consecutive months (July=95.7%, August=100%, Sept=92.3% and Oct=100% of 2016).



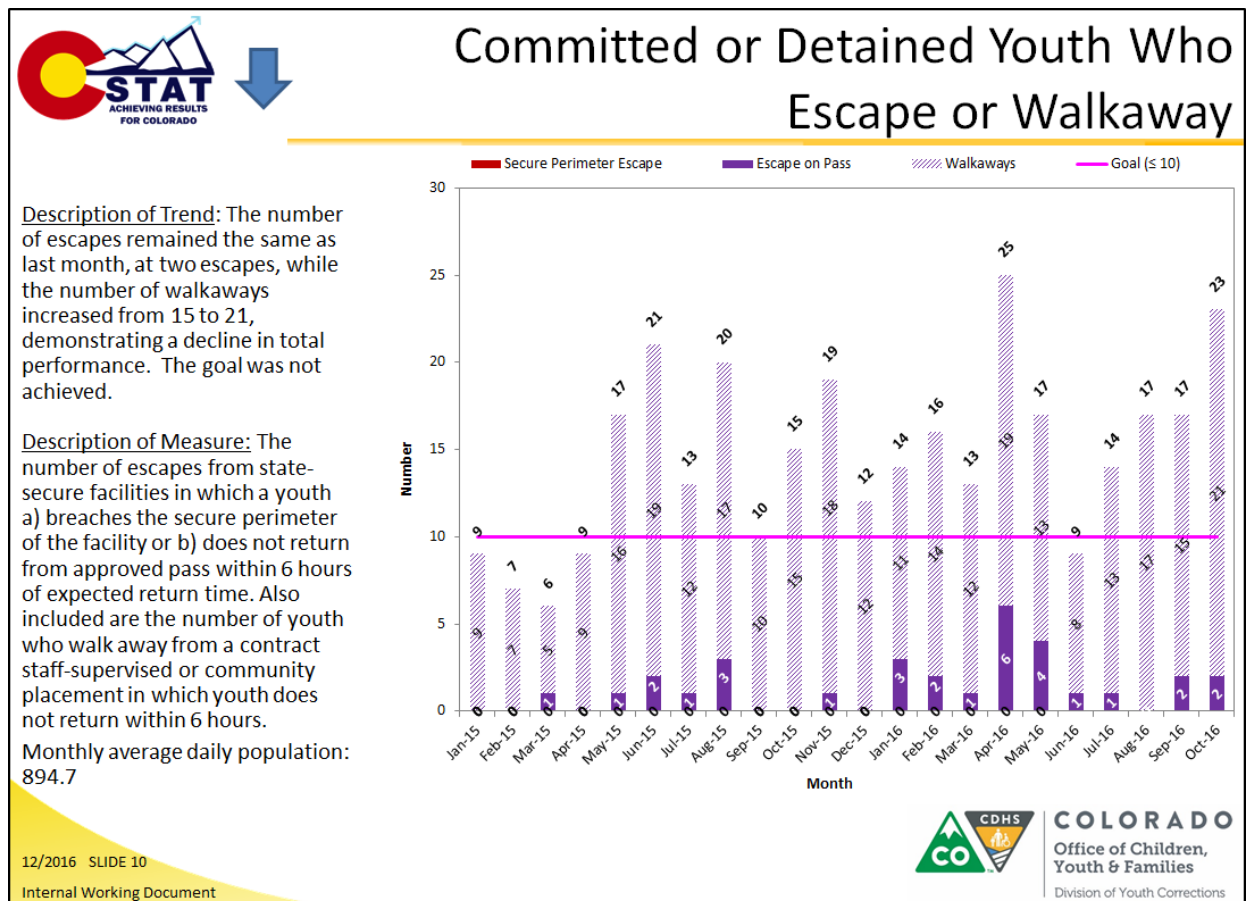
## Family Attendance at Multidisciplinary Team (MDT) Review Meetings (Goal 90% or Above):

Current Progress: From January to June 2016, the Division exceeded the goal with percentage of MDT Review meetings with family or community supports in attendance ranging from 97-100%. However, in recent months, MDT attendance has declined below the performance goal and has ranged from 84%-87% August through October 2016.



**Committed or Detained Youth Who Escape From a State-Secure Facility (physical facility or approved pass) or Walk away from a Staff Supervised or Community Level Program (Goal  $\leq 10$ ):**

Current Progress: Performance on this measure continues to fluctuate on a monthly basis. The number of escapes and walkways increased from 17 in September 2016 to 23 in October 2016. The total of 23 escapes and walkaways was out of a combined total of 894.7 ADP for both commitment and detention youth in October 2016. Analysis on this metric showed that as a “Rate per 100 Bed Days”, the overall escapes and walk aways accounted for a 0.25 Rate or less per 100 Bed Days across State-secure, staff supervised and community placements.

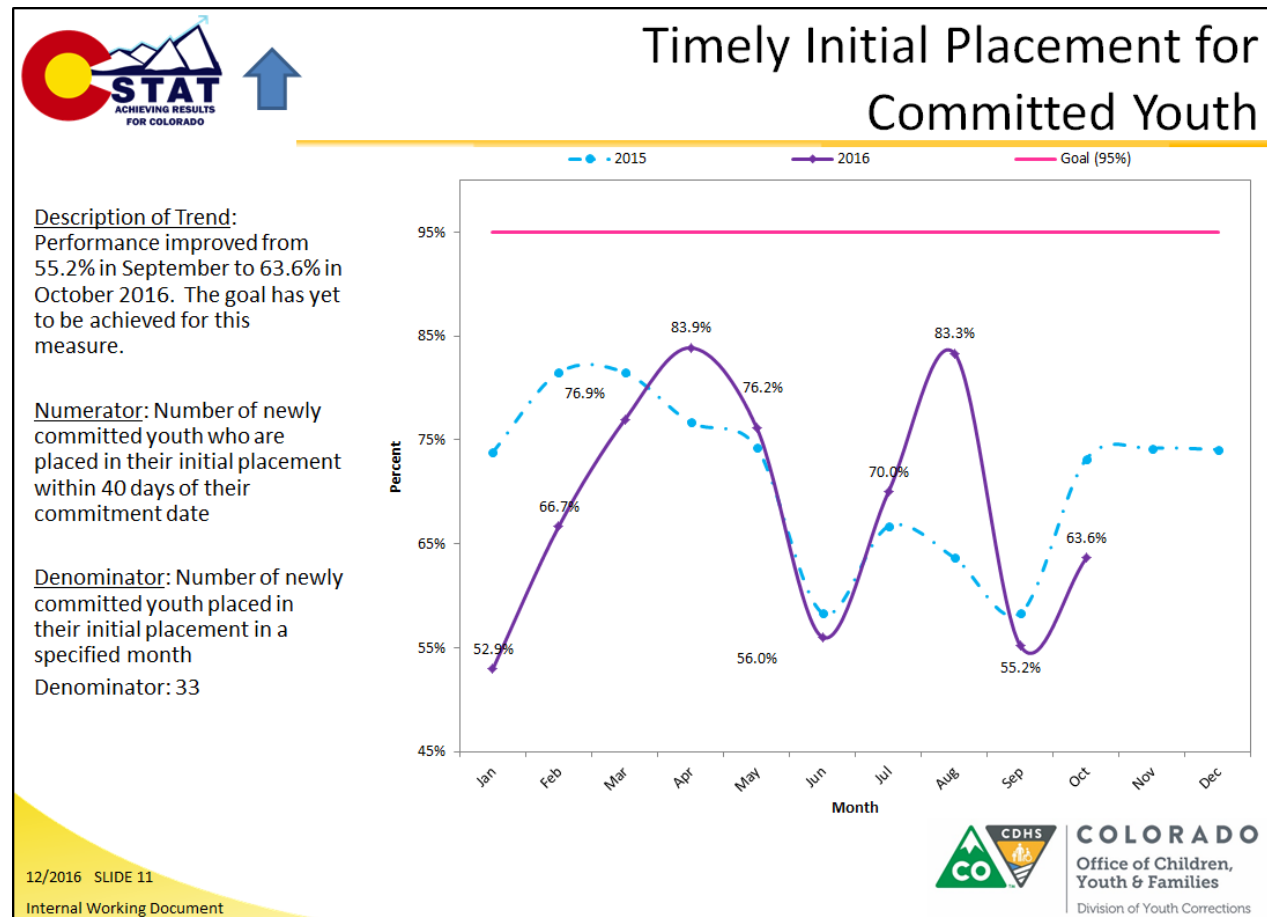


12/2016 SLIDE 10

Internal Working Document

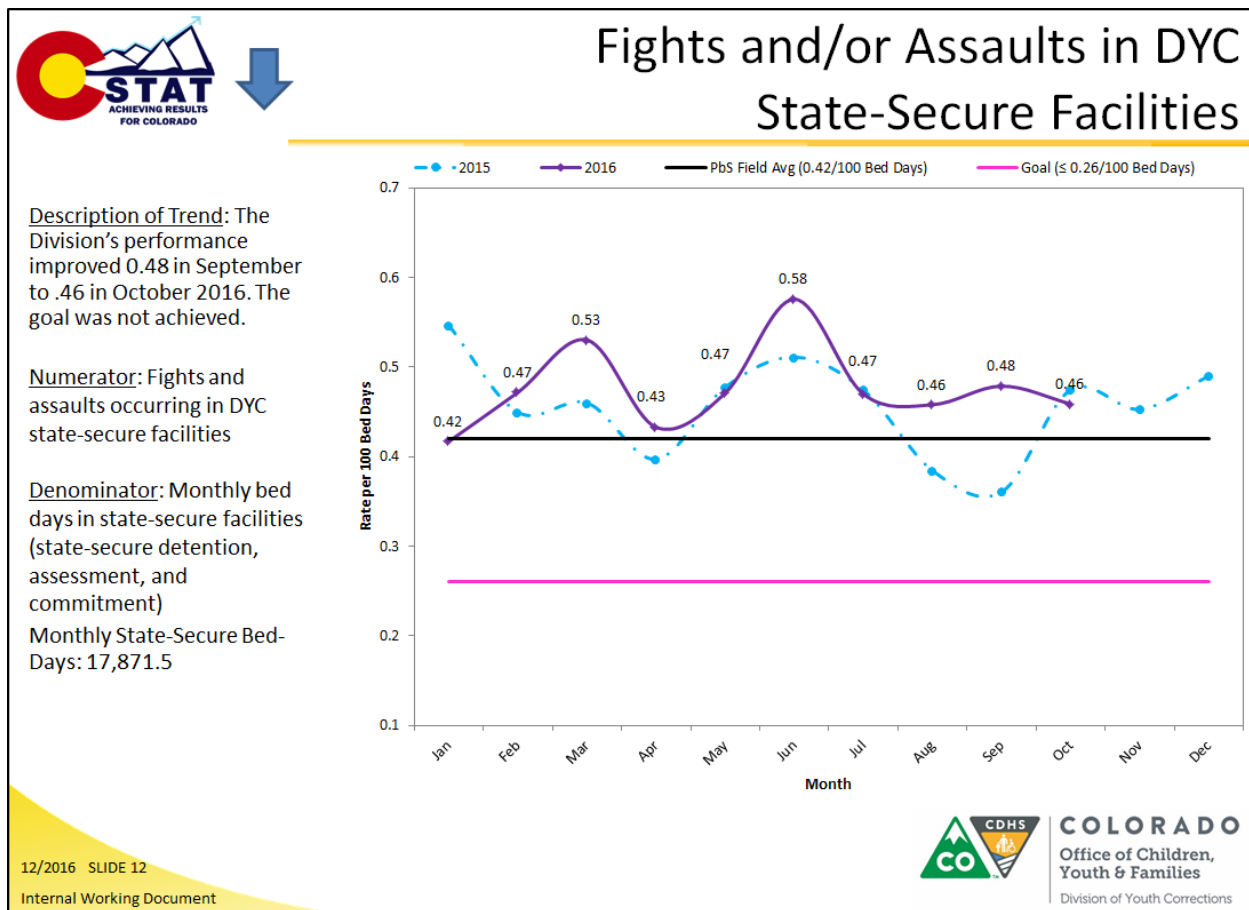
## Timely Initial Placement for Committed Youth (Goal 95% or Above):

Current Progress: The Division's best performance in the past 2 fiscal years on this metric was during April (83.9%) and August (83.3%) of 2016. However, overall this metric tends to fluctuate on a monthly basis and performance had declined to 55.2% in September 2016, but has since improved to 63.6% in October 2016. The primary cause for lower performance is waiting lists for State-operated secure placements.



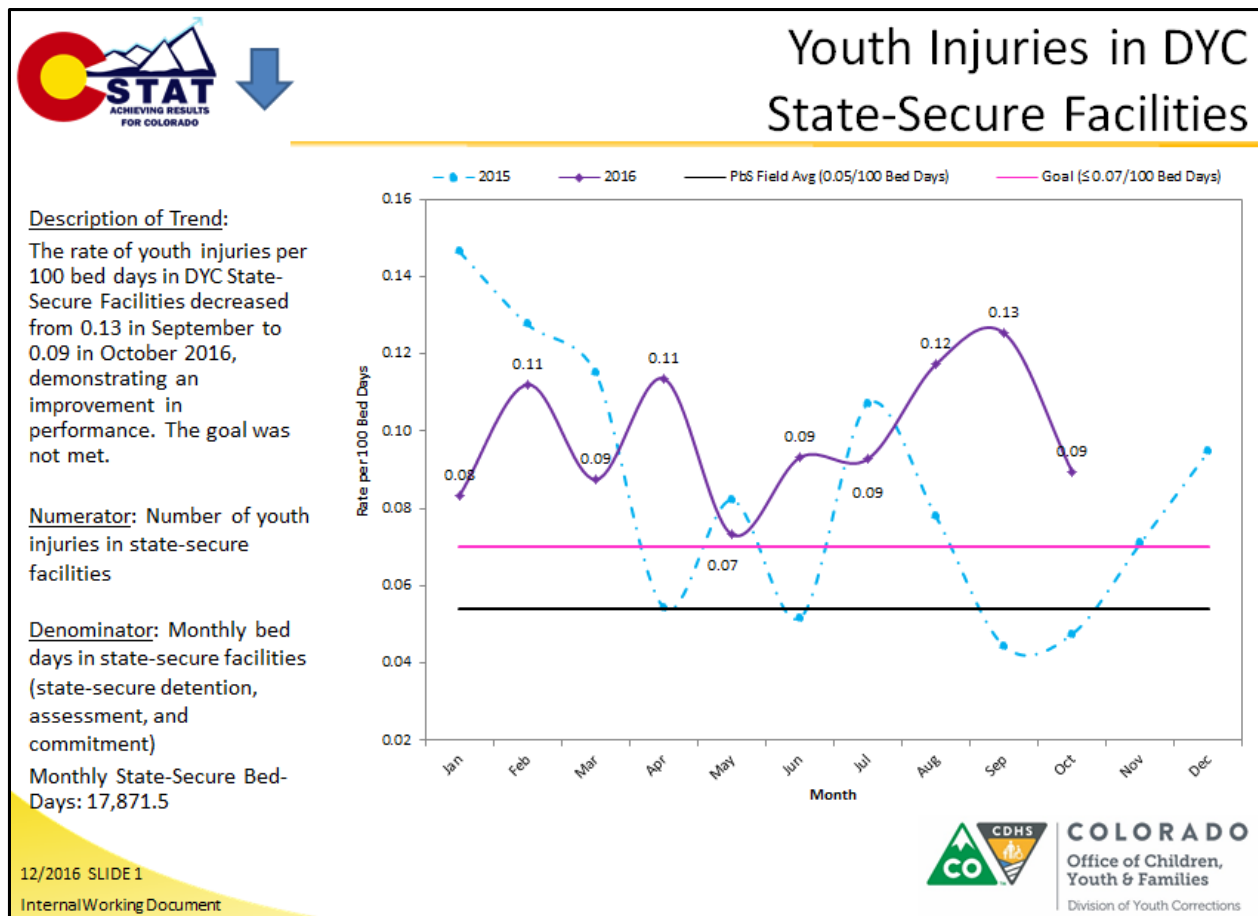
### Fights and/or Assaults in DYC State-Secure Facilities (Goal ≤ 0.26 Rate per 100 Bed Days):

Current Progress: The Rate per 100 Bed Days of Fights/Assaults decreased slightly from 0.48 in September 2016 to 0.46 in October 2016. This equates to a decline in total fights/assaults from 84 in September 2016 to 82 in October 2016. The number of youth involved in fights and assaults is also reviewed on a monthly basis by the Division and for October 2016, of a total of 1,031 total clients served, 905 clients were not involved in fights/assaults (88%) and 126 were involved in fights/assaults (12%).



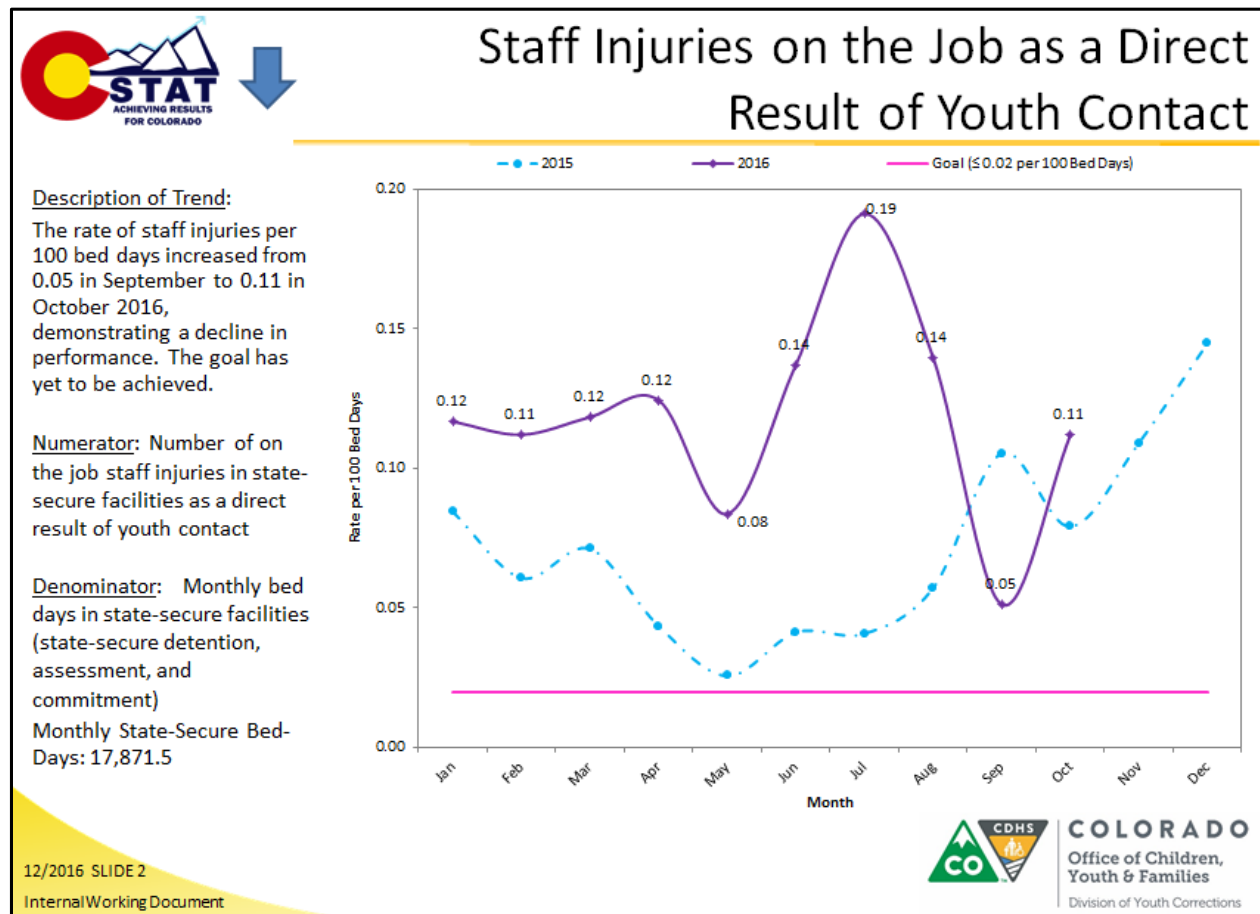
## Youth Injuries in DYC State-Secure Facilities (Goal $\leq 0.07$ Rate per 100 Bed Days):

Current Progress: The Division experienced a decline in performance as Youth Injury per 100 Bed Day Rate rose from July (0.09) to August (0.12) and September (0.13) of 2016. However in October 2016, the rate declined to (0.09), representing an improvement in performance. Specifically, this improved rate of injuries represents a decrease from 22 total youth injuries in September, to 16 in October 2016.



### Staff Injuries on the Job as a Direct Result of Youth Contact (Goal $\leq 0.02$ Rate per 100 Bed Days):

**Current Progress:** The Staff Injuries on the Job Rate per 100 Bed Days experienced a steady improvement in performance as rates declined from August (0.14) to September 2016 (0.05). It is important to note that September 2016 (0.05) was also the lowest staff injury rate the Division has had since July 2015 (0.04). The Division did experience a decline in performance for October 2016 as Staff Injuries on the Job Rate per 100 Bed Days increased to 0.11, representing 20 total injuries.



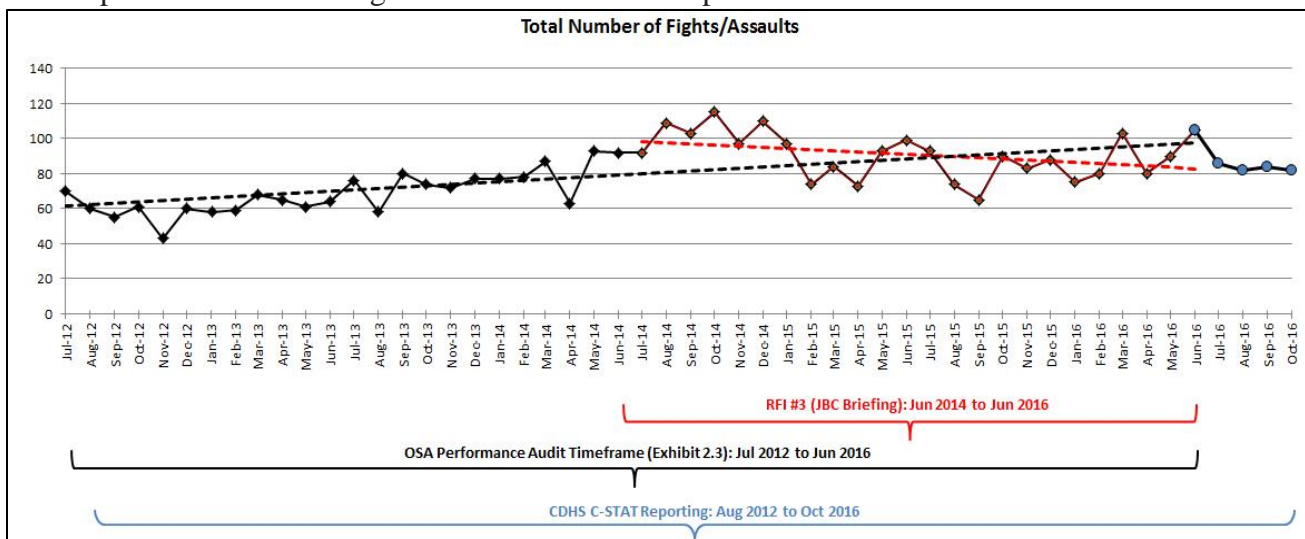
3) Please describe trends in the number of assault incidents and fights from FY 2013-14 through FY 2015-16. Please include in the response an explanation of any discrepancies that exist between the data reported by the Office of the State Auditor and the data reported by the Division of Youth Corrections per the Joint Budget Committee's annual request for information.

The Graph 1 includes fights and assaults from the four-year period from FY 2012-13 through FY 2015-16, occurring at State-owned and operated facilities. In Graph 1, the black trend line demonstrates that the overall trend is that fights and assaults have increased over the four-year period. The green line shows that since a peak of 115 in October 2014, the trend in fights and assaults has decreased.

In Graph 1, the two data sources, the Office of the State Auditor's (OSA) audit of the Division of Youth Corrections and RFI #3 depict two different periods. The OSA data spans the four-year period from FY 2012-13 through FY 2015-16 while RFI #3 data spans the two-year period from FY 2014-15 through FY 2015-16.

There are two discrepancies in the data that have been realized. Within the OSA's 2016 Division of Youth Corrections audit report, Exhibit 2.3 depicts State-owned and privately-operated secure facilities (Marler and DeNier) in most of the fiscal years listed, however they do not appear to be included in the totals for FY 2014-15. In addition, Exhibit 2.3 erroneously transposed the data for FY 2014-15 and FY 2015-16 with each other. Graph 1 depicts the correct data.

Graph 1: Assaults and Fights in State-owned and operated Facilities



- 4) **It is noted in staff's briefing document on page 40 that the Division of Youth Corrections implemented new policies in July 2014 to end the usage of extended seclusion as a tool for managing problematic youth. From a staffing level and training perspective, were the facilities prepared for this policy change in a manner that ensured facility safety and positive youth outcomes?**

The Department was advised by the Attorney General's Office that the use of seclusion-based special management was not allowable under existing law. Seclusion-based special management was the use of long-term isolation to address persistent aggressive or violent behaviors. The decision to cease this intervention came after careful consideration and a thoughtful change management process. The Department was steadfast in ensuring that all staff was properly trained on the revised policy allowing for only emergency-based seclusion; alternatives to the use of seclusion-based special management were established; provided ongoing support by facility administrators and supervisory staff; and monthly reviews of data associated with this issue.



The Division did undergo a significant organizational shift with the elimination seclusion-based special management. This practice shift was also compounded with other organizational shifts occurring at the same time, such as:

- Elimination of wrist-to-waist restraints;
- Changes to Youth and Staff Safety pressure point techniques;
- Implementation of verbal de-escalation training;
- Implementation of Positive Behavioral Interventions and Supports (PBIS); and,
- Early implementation of trauma-informed environments (Sanctuary Model).

It takes time for the organization, staff, and youth to adjust to these large organizational shifts occurring simultaneously. Although having more staff could have eased the implementation of such significant changes in a fairly aggressive timeframe, these changes were the right course of action for youth and consistent with the law.

**5) Please explain the role of state personnel and local law enforcement in handling assault incidents and fights. Please include in the response the timeline for calling police when and incident occurs.**

In regards to emergency situations, the normal protocol in NYC secure facilities is to manage situations with internal resources, relying upon staff's training in de-escalation and physical management. In any case when those normal protocols are not sufficient to manage the situation, law enforcement is then summoned via 911 emergency.

Any victim of a crime within NYC facilities, including staff, residents, visitors, etc., has the ability to contact law enforcement in an effort to report a crime.

In the event that a certified staff member is charged with a crime or fails to follow Department policy, to include harm to a child, that individual's behavior is addressed by the Department via the State personnel rules. Typically, the staff member would be immediately placed on administrative leave pending a thorough internal investigation. This could include a Board Rule 6-10 meeting to determine if disciplinary action – up to and including termination – is appropriate. If the employee is disciplined, to include termination, that individual has the ability to appeal the decision to the Administrative Law Judge (ALJ). The ALJ's decision can be appealed to the State Personnel Board for final determination. If the appeal is accepted, the State Personnel Board hears the case and determines a final ruling on the employee's appeal. In these cases, the final determination of disciplinary action does not rest with the Department. For example, there are recent cases in which a staff member assaulted and injured a client, and the Department's decision to terminate the employee was overturned by the ALJ.

**6) The recent audit of the Division of Youth Corrections by the Office of the State Auditor included several corrective actions. Please describe the progress the Division has made in complying with these corrective actions.**

At the JBC's request, the Office of the State Auditor (OSA) audited three areas: 1) staffing methodology, 2) use of funding, and 3) Division controls of fights, assaults and seclusion incidents in State and contracted secure facilities. The OSA "did not identify any findings or recommendations related to the Division's staffing methodology and allocation or its transfer of funds between programs." The remaining area identified deficiencies in documentation of seclusion, use of staff-directed time-outs, contract monitoring, and documentation of critical incidents, including fights and assaults.

The Department has completed seven of the nine recommendations and is on track to have the other two completed on time. Table 2 is a detailed description of the current progress to address all OSA recommendations.

Table 2: Status of OSA Audit Recommendations			
Recommendation	Action Items	Due Date	Status
<b>1. The Department of Human Services should ensure that Division of Youth Corrections secure facilities use and document seclusion in accordance with statute and Division policy by:</b>			
A. Training all facility staff on how to properly document seclusion incidents and the notification and meeting requirements associated with seclusion.	The Department agrees to train staff on how to properly document seclusion incidents and the notification and meeting requirements associated with seclusion	10/2016	<b>Complete.</b> DYC Policy 14.3B has been revised and a new seclusion form has been created to ensure proper documentation of seclusion incidents. Training of all relevant staff was completed by September 15 <sup>th</sup> , 2016.
B. Implement a supervisory review process for seclusion incidents that describes the purpose of the review, when it should occur, what it should include, how it should be documented, and how to address deficiencies in staff's compliance with seclusion requirements.	The Department agrees to amend the supervisory review requirement for seclusion and train supervisory and direct care staff on this review.	10/2016	<b>Complete.</b> DYC Policy 14.3B has been revised to specify the purpose, elements, and timing requirements of the supervisory review process. Supervisory review form created to aid in the documentation review. Training was completed by September 15 <sup>th</sup> , 2016.
<b>2. The Department of Human Services should ensure that DYC secure facilities appropriately use staff-directed timeouts as a behavioral management tool and that timeouts are not used when seclusion is appropriate or as a means to extend seclusion by revising Division policy to clearly differentiate between the two tools.</b>	The Department agrees that while it complied with policy on staff-directed timeouts, there is not a clear difference between staff-directed timeouts and seclusions.	10/2016	<b>Complete.</b> DYC Policy 14.3B has been revised to clearly differentiate staff-directed timeouts as a milieu management tool in which youth will not be behind a locked door.

Table 2: Status of OSA Audit Recommendations			
Recommendation	Action Items	Due Date	Status
<b>3. The Department of Human Services should improve Division of Youth Corrections facility staff's compliance with fight, assault, and critical incident requirements by :</b>			
A. Strengthening controls related to supervisory review of fights, assaults and critical incidents to specify review requirements such as the scope, purpose, and timing of reviews, how they should be documented, and how to address deficiencies within Division written policies and procedures.	The Department agrees to strengthen controls related to supervisory reviews of fights, assaults and critical incidents.	10/2016	<b>Complete.</b> A checklist has been created for supervisors to use when reviewing Incident Reports. The checklist specifies review and documentation requirements as well as guides feedback to staff on deficiencies.
B. Providing additional targeted training as necessary, for staff on the requirements related to fights, assaults, and critical incidents.	The Department agrees to provide additional, targeted training as needed on report requirements for fights, assaults, and critical incidents.	10/2016	<b>Complete.</b> Report writing training was held in July 2016.
C. Clarifying policies and procedures related to what information about critical incidents must be reported in Trails.	The Department has reviewed the current policy and believes that it already contains appropriate requirements for Critical Incident reporting and will clarify these requirements through training.	10/2016	<b>Complete.</b> Training to reinforce policy requirements for documentation was completed by all relevant staff by September 15 <sup>th</sup> , 2016.
<b>4. The Department of Human Services should improve the Division of Youth Corrections' oversight of contractor-operated secure facilities by:</b>			
A. Revising the contracts for secure facilities to include performance measures and accountability provisions that allow the Division to assess the sufficiency of the core services the contractor provides.	The Department agrees to amend the contracts for contractor-operated secure facilities to include additional performance measures and accountability provisions.	7/2017	<b>In Progress.</b> During the FY 2017-18 contract negotiations, the Department will amend contracts for contractor-operated secure facilities to include new performance standards and accountability measures covering core services.
B. Revising Division policies to hold contractor-operated secure facilities to, at a minimum, the same standards and requirements as State-operated secure facilities.	The Department agrees to revise policies to have one set of policies of standards and requirements for State- and contractor-operated secure facilities.	3/2017	<b>In Progress.</b> The Division is currently reviewing and evaluating all policies in order to utilize one standard set of policies for both state and contractor-operated facilities.

Table 2: Status of OSA Audit Recommendations			
Recommendation	Action Items	Due Date	Status
C. Coordinating contractor-operated monitoring responsibilities among Department of Human Services' staff so that the responsibility for ensuring that the contractor is meeting all contract requirements and performance measures is clearly assigned and contractor payment is tied to performance.	The Department agrees to coordinate monitoring responsibilities and will identify a specific position to oversee the monitoring of the secure contractor-operated facilities.	11/2016	<b>Complete.</b> The Department has centralized the oversight of performance and accountability of Marler and Denier to the Director of Facility Support under the authority of the Associate Director of Institutions. This will better align the operations of privately operated secure facilities with that of state-secure facilities.

**7) Please provide a chart showing the number of Division of Youth Corrections' facility staff compared to appropriations and compared to the number of youth detained and committed to those facilities.**

The amount of facility staff increased with the additional FTE received in FY 2014-15, FY 2015-16 and FY 2016-17. In Table 3, "Direct Care FTE" includes only Correctional Youth Security Officers I and II. "Facility FTE" includes all personnel who are working in a facility including all correctional youth security officers I, II, III, youth service counselors, assistant facility directors and facility directors, program assistants, and a portion of behavioral health staff. From FY 2013-14 to FY 2016-17 there was a 12% reduction in State secure detention average daily population (ADP) and a 2.7% reduction in State secure commitment ADP. During this time, any increase of appropriations includes any increase to salary, health care cost, and improved staff-to-youth ratios. It is important to note that detention facilities are required to staff to the maximum bed capacity as the detention population fluctuate daily.

Table 3: ADP in State Facilities and Facility Staff						
Fiscal Year	State Secure Detention ADP	State Secure Commitment ADP	Total ADP	Appropriation <sup>2</sup>	Direct Care FTE	Facility FTE
FY 2013-14	283.4	341.4	624.8	\$39,771,228	470.0	701.0
FY 2014-15	275.0	333.3	608.3	\$41,989,325	484.5	724.8
FY 2015-16	269.6	334.6	604.2	\$46,318,710	526.0	775.0
FY 2016-17 <sup>1</sup>	249.1	332.2	581.3	\$48,863,616	561.4	810.2

<sup>1</sup>FY 2016-2017 data is July-October 2016

<sup>2</sup>(11)(b) Institutional Programs' Personal Services appropriation

**8) How have the direct care staff-to-youth ratios changes in Division of Youth Corrections changed over time? How do these changes relate to the number of assault incidents and fights?**

As shown in Table 4, staff-to-youth ratios during waking hours have improved in all facilities, with the exception of Grand Mesa and Marvin Foote, which had no change, from FY 2014-15 to FY 2015-16. During the same time, the number of fights and assaults declined in seven of the ten facilities; three facilities experienced an increase (Spring Creek, Platte Valley, and Pueblo). Pueblo's increase was by one incident (3.3 % change).

Table 4: Percentage Change in Metric from FY 2014-15 to FY 2015-16						
Facility	Staff-to-youth ratio during waking hours FY 2014-15 (1:X)	Staff-to-youth ratio during waking hours FY 2015-16 (1:X)	Improvement in staff-to-youth ratio during waking hours	Fights & Assaults FY 2014-15	Fights & Assaults FY 2015-16	Fight & Assault change
Adams	11.9	10.8	9.2%	19	9	-52.6%
Grand Mesa	13.2	13.2	No change	44	34	-22.7%
Gilliam	9.3	9.0	3.2%	148	117	-20.9%
Lookout Mtn.	12.6	10.3	18.3%	217	198	-8.8%
Marvin Foote	8.3	8.3	No change	128	90	-29.7%
Mount View	9.7	8.3	14.4%	202	126	-37.6%
Platte Valley	11.4	9.9	13.2%	142	174	22.5%
Pueblo	10.2	8.4	17.6%	30	31	3.3%
Spring Creek	11.4	9.5	16.4%	156	211	35.3%
Zeb Pike	13.6	9.9	27.2%	60	36	-40.0%

**9) Please describe how the requested staff would be allocated across facilities and what operational duties they would fulfill in securing these facilities.**

The requested staff would be allocated so that all facilities will meet a staff-to-youth ratio on the living unit of 1:8 during waking hours and 1:16 during sleeping hours. At all times, every living unit will be staffed at minimum of a 1:8 ratio. The operational duties, which are part of all facilities, are accounted for in the budget request for staff. These operational duties are those

tasks, which, if not performed by a specified staff member, would take a direct care staff out of the milieu. The duties may include operating a control center or admission desk; transporting individual youth from one location to another; supervision of youth during visits, activities or phone calls; and documentation of seclusion, incident reports, observations, medical appointments or transition activities.

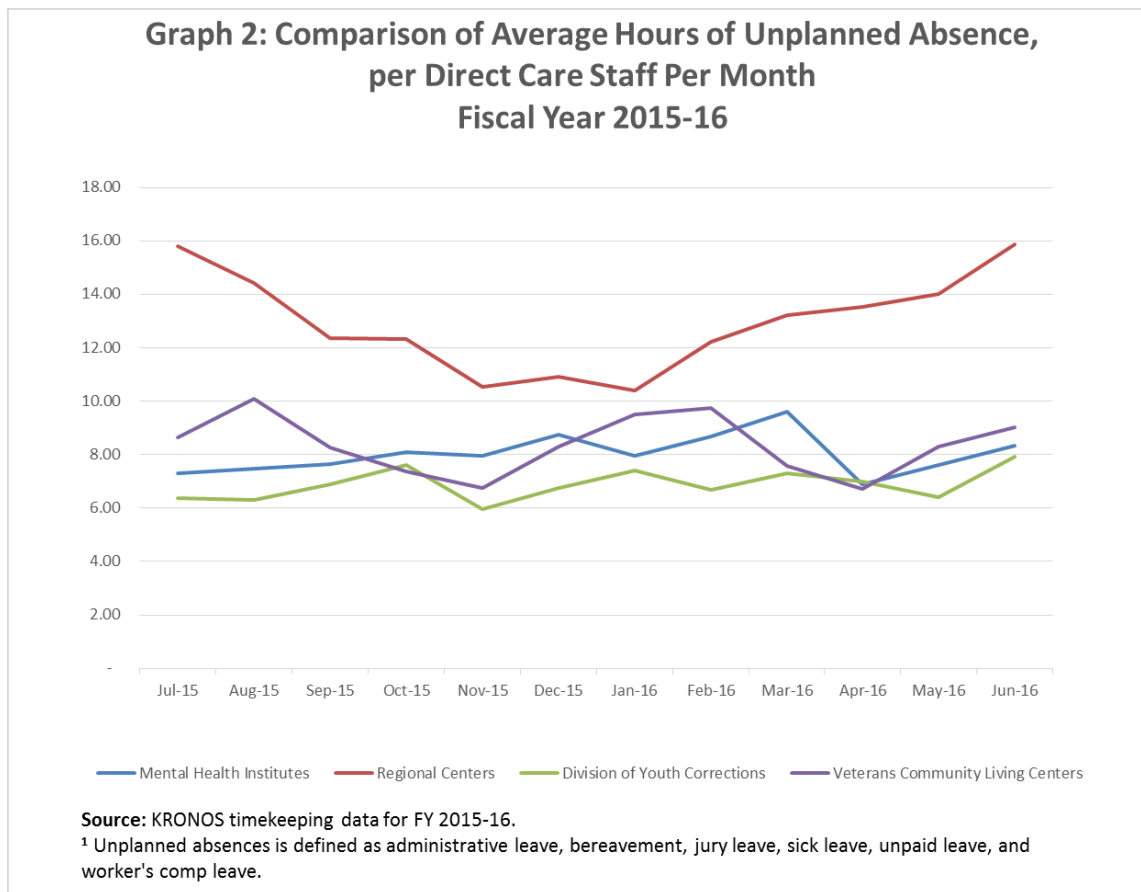
**10) Has the Division of Youth Corrections seen any trends in unplanned absences (e.g. time of year, day of the week, near holidays, etc.) across facilities?**

The Department has not observed any consistent trends in unplanned absences based upon the time of year. Data on day of the week, or near a holiday is not in an aggregate form for analysis. For coverage purposes, Correctional Youth Service Officers are scheduled across seven days of the week, so the ability to determine specific trends in unplanned absences is difficult due to the varying types of schedules a staff could work, e.g. Wednesday through Sunday or Thursday through Monday. In addition, many Correctional Youth Service Officers are scheduled to work on what is considered the “normal” holiday and then scheduled to use their holiday hours at some later date. Differences in percentage of unplanned leave between facilities are driven solely by Injury on the Job (IOJ) and Unpaid Leave. Other types of unplanned leave, including sick leave, are not materially different between facilities.

For FY 2015-16, sick leave accounts for 52.6% of total unplanned leave hours. The remaining 47.4% is mostly attributed to a small number of employees who experienced significant amounts of Unpaid Leave and IOJ Leave.

**11) How does the amount of unplanned absences occurring in the Division of Youth Corrections’ facilities compare to other facilities operated by the Department (e.g. mental health institutes and regional centers)? Furthermore, is data available from the Department of Personnel to make statewide comparisons across agencies?**

The rate of unplanned absences per direct care staff member at Division of Youth Corrections facilities are typically lower compared to other facilities operated by the Department. Graph 2 compares the average hours of unplanned absences per direct care staff across the Department’s Mental Health Institutes, Regional Centers, Veterans Community Living Centers and Division of Youth Corrections facilities. Unplanned absences are inclusive of administrative leave, bereavement leave, jury duty, sick leave, unpaid leave, and worker’s compensation leave. In the graph, the Division of Youth Corrections direct care staff includes Correction Youth Security Officers (CYSO) I, CYSO II, Health Care Tech I, Health Care Tech II, Nurse I, Nurse II and Youth Service Counselor I classifications. This differs from the direct care staff included in the Division’s RFI #3, which includes CYSO I, CYSO II and CYSO III classifications.



*The following response was provided by the Department of Personnel and Administration (DPA).*

The Department of Personnel and Administration does not have the data to track unplanned absences within each department or by individual program.

**12) What are the common themes that appear in exit interview data for staff that sever employment with the Division of Youth Corrections?**

Data to as why an employee is departing from the Division of Youth Corrections is gathered from two sources (Appointing Authority interviews and Human Resources separation paperwork). Upon separation, the departing employee has the opportunity to discuss any specific issues they deem important with their Appointing Authority, including reasons for separation. The departing employee can also record their reason for leaving on the Department's Human Resources separation paperwork.

The common themes of exit interview data for staff that leave employment with the Division of Youth Corrections are:

- The need for better pay and benefits;

- The work schedules for facilities that operate 24 hours per day, 7 days per week make it difficult to obtain a satisfying work and personal life balance;
- Desire for a career change as a number of employees begin working with DYC as a gateway to other types of law enforcement, judicial, or clinical employment;
- Stressful working environment of youth corrections secure facilities;
- Personal reasons;
- Failed probationary period; and,
- Disciplinary termination.

**13) Does the Division of Youth Corrections have a suggestion on how feedback could be obtained directly from facility line staff (e.g. CYSO Is and IIs) on strategies to improve facility safety and youth rehabilitation?**

The Division consistently engages with direct-care staff to gain input on strategies to improve facility safety and youth rehabilitation. This is completed in many ways, including involvement in task groups, use of Lean processes, regularly scheduled town hall style meetings, management meetings with Colorado Workers for Innovative and New Solutions (WINS), facility visits, an anonymous DYC employee voice line, and Department employee engagement surveys.

In February 2016, the Office of the State Auditor (OSA) conducted an online survey of Division and contract staff that provide care to youth in the 10 secure state-operated and two secure contract-operated facilities. According to the report, “The survey asked questions about safety, training, and compliance with Division policies and procedures related to seclusion, fights, assaults, and critical incidents.” Surveys were sent to 620 staff, of which 259 responded (42% response rate).

The highlights from the OSA report include:

- “...11 percent reported that the training they received on handling fights and assaults was not adequate.”
- “Our survey of facility staff showed that about 8 percent of survey respondents reported that the training they have received related to the updated seclusion policy was not sufficient.”
- “Our survey of facility staff showed that 17 percent of survey respondents reported that the training they received related to reporting and documenting critical incidents was not sufficient....”

In closing, the Division takes feedback from its employees very seriously. The Division utilizes this feedback and responds quickly and effectively. Table 5 contains some examples of action taken by the Division based on the input from staff.



<b>Table 5: Examples of Departmental Action</b>	
<b>Staff Input</b>	<b>Action by the Division</b>
Staff described the need for more training and awareness in working with youth who present mental health issues.	The Division set up regional based trainings, provided by the Department's Chief Medical Officer and the Office of Children, Youth and Families Medical Director. The training was s tailored towards educating staff on mental health awareness; presenting issues that may be observed in the youth the Department serves; and how to work most effectively with these youth in Department's care. Several Division staff from across the state participated in the training and stated that this training will help them be more effective and safe in their job.
During town-hall meetings, some staff expressed a desire to re-evaluate scheduling.	Where the quantity of direct care staffing allowed and a majority have staff expressed changes, the Division worked with facility directors to adjust schedules.
Staff described the need to have a Youth and Staff Safety manual that they could utilize and refer to after their completion of the initial training.	The Division's Office of Staff Development now issues a manual to each employee at the completion of their initial training. Staff noted they are more confident by having this manual for reference.
Staff has described the initial new hire training as lengthy and too cumbersome to absorb in a short period of time.	The Division responded by forming a committee to review the new hire training and determine how the training can be delivered in a manner that staff are best prepared to work directly with youth. While the review is still preliminary, the Division acknowledges that all of the training material is essential and required; however, there may be an opportunity to adjust the timespan and delivery method in which the training is provided.

**14) Please comment on any training deficiencies for staff at the Division of Youth Corrections' facilities that may be leading staff members to request additional tools, such as stun guns and pepper spray, to maintain facility safety. Additionally, has the Division considered issuing such tools to staff?**

The Department does not support and will not issue weapons such as stun guns or pepper spray to DYC employees. Both pepper spray and stun guns have been proven to cause serious injuries to youth, including cardiac arrest, asthma attacks and vision loss. Weapons on the premises would increase the risk that youth could obtain them for use against staff and other youth.

The use of these weapons would have a deleterious effect on the safety of youth and staff as well as significantly undermining the facility culture, shifting the Division of Youth Corrections from a rehabilitative, restorative model to punitive or threatening environment. Such a shift runs entirely counter to the core purpose and mission of the Colorado juvenile corrections system. In addition, whereas adults may respond to the presence of weapons as a deterrent, adolescent brain development and behavior dictates that youth do not typically respond in the same manner as adults. The presence of weapons could be viewed as an opportunity to challenge authority, a common adolescent behavior. That is why verbal de-escalation and motivational interviewing skills along with relationship building are necessary tools in working with youth.

Nationally, states have been moving away from the use of such weapons. Per the Council of Juvenile Correctional Administrators (CJCA), 90% of juvenile correctional agencies nationally do not authorize staff to carry chemical sprays in secure facilities. Additionally, The Annie E. Casey's Juvenile Detention Alternatives Initiative (JDAI) Juvenile Detention Facility Assessment includes standards that prohibit the use of chemical agents on youth in detention.

The Department sees no deficiencies in its training that may lead staff members to request weapons. The Department believes there is a much stronger correlation between some staff requesting weapons because they feel are understaffed and unable to intervene before a situation escalates, or cannot safely intervene when an altercation does occur, as well as a lack of sufficient coverage for basic security postings.

**15) Does the Division of Youth Corrections have an opinion on staff's methodology for ranking the performance of its facilities (see pages 48 and 49 of staff's briefing document)? Does the Division use a ranking methodology, and if so, what variables are included in the calculation and what are the most recent rankings?**

The Department does not utilize an aggregated ranking methodology. However, the Department does compare facility-by-facility performance for the C-Stat performance measures described in the response to question #2 of this document. Other outcomes measured by the Department include, but are not limited to:

- Recidivism, and
- employee/job satisfaction, e.g., employee surveys.

In FY 2016-17 the Department established a goal intended to increase the number of regular hours worked at every 24/7 facility. The Department anticipates that through the reduction of unplanned overtime and mandatory double shifts, employee satisfaction will increase, burnout will decrease and the quality of client care will be positively impacted.

The value of comparing facilities by individual performance metrics is to identify outliers and high performers as it relates to specific strategies that can be deployed in other areas of the Division. An aggregate ranking methodology does not afford the Department the ability to identify the root causes for strong or poor performances on specific outcomes. Therefore, the Department analyzes performance based on the metrics that influence the outcomes or can identify biases in practice. For each of these individual metrics, the Department may find value in comparing between characteristics, such as the youth's gender, age, or offense type; population type (detention/commitment, etc.); judicial district; or facility.

**16) Please describe how the Division of Youth Corrections is implementing trauma informed care principles and Positive Behavior Interventions and Supports (PBIS) to decrease the**

**number of assault incidents and fights and improve youth rehabilitation. Please include a discussion of how the effectiveness of these strategies and tools are measured.**

The Sanctuary Model and Positive Behavioral Interventions and Supports (PBIS) are both focused on creating safe environments that hold youth accountable for their actions; incentivizes positive, appropriate behavior; recognizes trauma and its impact on youth and staff; and provides staff tools to not only safely manage the milieu, but to teach and reinforce the skills necessary for success while in care and techniques they can take with them when they return to the community.

The Division is implementing the Sanctuary Model, which operationalizes a trauma-informed environment that provides an opportunity to deliver care that is trauma-informed. The model first rolled out in July 2014 and has demonstrated outcomes that include increasing the safety of youth and staff; decreasing aggressive behavior; reducing reliance on physical management; and increasing staff retention. Additional outcomes include improvements in coping skills and self-control, problem-solving skills, treatment efficacy of traumatized youth, and staff morale. The model includes a focus on creating a trauma-responsive environment for youth and staff as well as specific tools.

The General Assembly funded the Department's request for a three-year implementation of the Sanctuary Model in FY 2014-15. The Division has trained all sites on the Sanctuary Model's ten modules and is in the process of integrating the tools into the overall daily operations of facilities and regions as well as practicing a new approach.

In addition to the training and implementation of modules, DYC is focusing efforts on reviewing and revising policy and procedure to reflect trauma-responsive principles, developing protocols to address staff Secondary Traumatic Stress, developing and implementing Division-wide communication protocols to promote continued awareness of foundational concepts and the impact of trauma on youth and families, developing and implementing leadership and management practices that reflect and support a trauma-responsive environment, and aligning principles with behavioral health and behavior management practices

PBIS has been implemented in all of the 10 State-operated facilities as of April 2014. This approach is a strengths-based behavior management approach that rewards youth for appropriate behavior and offers opportunities for youth and staff to build and strengthen relationships. In addition to being strengths based, PBIS offers a Multi-Tiered Support System (MTSS), a three-tiered approach to addressing youth behavior. It also includes basic elements that contribute to safe environments and represent best practice in behavior management.

Measuring the success of Sanctuary in creating an environment of safety and improved treatment effectiveness is premature, as it still needs to be fully implemented. Each facility will be measured on the effectiveness of PBIS, and Sanctuary when fully implemented, by such

indicators as incidents of aggression (fights and assaults), physical management, seclusion, staff retention, and staff satisfaction.

**17) What is the Colorado Model (e.g. key provisions)? How does the Colorado Model compare to the Missouri Approach? Please include a side-by-side comparison chart of the two models in the response.**

The Colorado Model

The Colorado Model describes Colorado's approach to operating a juvenile detention continuum, commitment continuum and juvenile parole. The model is expansive in that it encompasses Senate Bill 91-94, secure and staff secure detention, commitment assessment, State-operated commitment treatment, contract commitment residential treatment, and parole supervision and aftercare services.

The components of the Model:

1. Foundational Principles/Philosophies

- Key Strategies - right services right time, safe environments, quality staff, proven practices, restorative community justice
- Core Values - integrity, respect, trust, accountability, and excellence
- Trauma-Responsive Commitments (Sanctuary Model)
- Evidence-based Principles
- Elements of a Trauma-Responsive Juvenile Justice System (National Child Traumatic Stress Network)

2. Key Provisions

- **Safe and Trauma-Responsive Environments**, e.g. Sanctuary organizational change model, verbal de-escalation (the Verbal Judo program), structured daily programming, and Positive Behavioral Interventions and Supports (PBIS).
- **Community Collaboration**, e.g. Senate Bill 91-94 Planning Committees, restorative justice activities, and connections with sustainable community transition and parole resources.
- **Focus on Staff and Youth Resiliency**, e.g. Building Hope, building youth skills to manage emotional dysregulation and life challenges, focus on impacting neural pathways to impact behavior such as aggression, and resources to address staff Secondary Traumatic Stress.
- **Relationships and Strengths-Based Orientation**, e.g. restorative services, strengths-based behavior management program (PBIS), and therapeutic relationships, Restorative Dialog (activities designed to repair harm, resolve conflict, facilitate connection, repair, and build relationships through identifying and addressing unmet needs through a variety of practices).

- **Ecological Focus**, e.g. family treatment, family engagement, multidisciplinary team decision-making, educational and vocational services, and transition services.
- **Integrated Service Delivery**, the integration of the Division's tools, processes and structures, this approach includes an overarching case management process from commitment to parole discharge, milieu-based treatment (direct care staff and behavioral health staff partner to teach skills, assist youth to apply treatment to their everyday lives and process the issues that led to commitment, use of "treatment teams" that include youth, families, direct care staff, behavioral health, medical, education, and client managers).
- **Data-Driven Decision-Making**, as a Division of the Department, the Division fully participates in the C-Stat process, collecting and analyzing data, developing action plans and course correcting as necessary. DYC collects additional information regarding facility performance, contract residential and non-residential services as well as youth outcomes to inform decision-making, planning and evaluation.

### 3. Outcomes

Examples:

- Youth are safe
- Youth pose a reduced risk to the community and to themselves
- Youth have improved skills in a variety of areas
- Youth have improved family connections
- Youth have made educational and vocational progress
- Staff are safe
- Staff have developed skills for resiliency in the workplace
- Staff have resources to address Secondary Traumatic Stress
- The organization demonstrates trauma-responsive principles and practices
- The organization demonstrates restorative principles and practices
- Family voice in planning and decision-making

### **Comparisons of Colorado Model and Missouri Approach**

Direct state-to-state comparisons of juvenile corrections systems are difficult based upon the structure of each system, as defined by each State's statutes. Table 6 completed in consultation with the Missouri Division of Youth Services should be reviewed when comparing Colorado and Missouri systems:

Table 6: Initial Comparison of Colorado Model and Missouri Approach

Initial Comparison Considerations		
	Colorado Model	Missouri Approach
Area of responsibility:	Detention/Commitment/Parole	Commitment/Aftercare
Youth age out at:	21	18 (can serve up to 21 when combined with adult corrections)
Age of Majority:	18	17
State operates:	<ul style="list-style-type: none"> <li>• Secure Detention</li> <li>• Secure Commitment</li> </ul>	<ul style="list-style-type: none"> <li>• Secure Commitment</li> <li>• Dual Juvenile/Adult Commitment</li> <li>• Moderate Secure Commitment</li> <li>• Open Community Commitment</li> <li>• Day Treatment Commitment Programs</li> </ul>
Contract residential placements:	270 youth served by contracted community programs	20 youth served by contracted community programs
State models and approaches apply to:	<ul style="list-style-type: none"> <li>• Detention Continuum</li> <li>• Commitment Continuum</li> <li>• Parole</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment Continuum</li> <li>• Nonresidential Continuum</li> </ul>
State-operated commitment facility sizes:	Lookout Mountain: 148 Zeb Pike: 38 *Platte Valley: 55 *Grand Mesa: 40 *Mount View: 65	30 Programs (with 67 groups at 10 youth per group). <ul style="list-style-type: none"> <li>- 5 are secure level programs with a total of 140 beds</li> <li>- 19 Moderate programs</li> <li>- 6 Community Based programs (group homes)</li> </ul>
Physical Management Techniques:	<ul style="list-style-type: none"> <li>• Verbal de-escalation (Verbal Judo)</li> <li>• Youth and Staff Safety Program (internally developed physical management program)</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Crisis Prevention and Intervention with emphasis on prevention and conflict resolution</li> <li>• Staff-led restraint with youth participation</li> </ul>
Unit Sizes:	12 beds 20 beds	10 to 12 beds
Staff-to-Youth Ratio on During Waking Hours:	1:10 to 1:13 (Desired goal of 1:8)	1:6
Recidivism Measures	Adjudication or conviction for a new crime (any misdemeanor or felony)	Reentry into the Missouri DYS system or Missouri Adult Corrections

Table 6: Initial Comparison of Colorado Model and Missouri Approach

System Comparisons		
Case Management Approach	<ul style="list-style-type: none"> <li>• Individualized Treatment Planning</li> <li>• Transition Planning</li> <li>• Service Coordination</li> <li>• Multidisciplinary Team from commitment to discharge</li> <li>• Case managers have a case ratio of 1:17</li> </ul>	<ul style="list-style-type: none"> <li>• Individualized Treatment Planning</li> <li>• Transition Planning</li> <li>• Service Coordination</li> <li>• Case managers assigned from commitment to discharge</li> <li>• Case managers have a case ratio of 1:18</li> </ul>
Needs Assessment	<ul style="list-style-type: none"> <li>• Colorado uses an evidence supported actuarial risk and needs assessment</li> <li>• Comprehensive assessment that includes social and emotional development, trauma, family, peer association, dynamics, education, vocation, and health and behavioral health</li> </ul>	<ul style="list-style-type: none"> <li>• Missouri uses a comprehensive risk and needs assessment</li> <li>• Areas of focus in the assessment include social and emotional development, family dynamics, education, vocation, and health and behavioral health</li> </ul>
Treatment Approach	<ul style="list-style-type: none"> <li>• Integrated Treatment Model that incorporates the work of behavioral health staff, direct-care staff and educators</li> <li>• Group, individual and family therapy as appropriate</li> <li>• Includes specialized treatment for substance abuse, sex offense specific, and gender specific</li> <li>• Cognitive behavioral group treatment</li> <li>• Focus on pro-social relationships and skill development</li> <li>• Trauma-responsive environments and treatment</li> <li>• Skill-based, strengths –based skill development and support</li> <li>• Psychoeducational group process focused on skill development and processing</li> <li>• Group circles and daily group meetings to set and review goals and process daily events</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Treatment Model including group, individual and family treatment.</li> <li>• Strengths based, wellbeing focus that also includes Five Domains Wellbeing, Dialect Behavior Therapy, Trauma informed approaches and responses.</li> <li>• Holistic approach that focuses on youth's emotional, cognitive, behavioral development as well as family dynamics and community needs.</li> <li>• Focus on pro-social relationships and skill development.</li> <li>• Social-emotional competence through group circles, daily group meetings and experiential groups.</li> <li>• Small group treatment processes for all youth</li> <li>• Normalized relationship based interactions</li> </ul>
Restorative Justice	<ul style="list-style-type: none"> <li>• Victim empathy work in groups and individual treatment</li> <li>• Victim Offender mediation</li> </ul>	<ul style="list-style-type: none"> <li>• Victims' Rights Awareness &amp; Treatment</li> <li>• Some victim mediation</li> </ul>

Table 6: Initial Comparison of Colorado Model and Missouri Approach

	<ul style="list-style-type: none"> <li>• Useful community service projects in facilities and in the community</li> <li>• Restitution</li> <li>• Building skills and capacities to reduce risk of reoffending</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on empathy</li> <li>• Restitution</li> </ul>
Approach to Safety	<ul style="list-style-type: none"> <li>• Supervision</li> <li>• Behavioral system based upon clear expectations, positive reinforcement and a three-tiered approach to milieu management</li> <li>• Trauma-responsive activities and structure (Sanctuary Model) that includes daily morning and evening group meetings, safety plans, youth and staff groups (red-flag meetings)</li> <li>• Structured daily schedule (14 hours per weekday)</li> <li>• Establishment of appropriate staff-youth relationships</li> <li>• Family engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate staff/student ratios</li> <li>• Safety building blocks</li> <li>• Ensuring emotional and physical safety</li> <li>• Basic expectations</li> <li>• Youth rights and responsibilities</li> <li>• Daily schedules, structure, and routines and purposeful use of time</li> <li>• Engaged staff interaction and awareness</li> </ul>
Trauma Informed Environment or Care	<ul style="list-style-type: none"> <li>• Sanctuary Model</li> <li>• Trauma treatment on an individual level</li> </ul>	Literature describes the treatment approach as a trauma-informed approach including Safety Building Blocks and humane environment
Family Roles	Families are treated as partners in planning and decision-making and in the treatment process	Families are pivotal to the treatment process and are engaged in all aspects of the youth's treatment planning and care
Education	<ul style="list-style-type: none"> <li>• Youth programmed per skill level in small class sizes (no greater than 15)</li> <li>• Youth have individualized learning plans</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic one-room schoolhouse</li> <li>• Educated by living unit - stay together all day</li> <li>• Small class sizes (no greater than 12) and youth have individualized learning plans</li> <li>• Direct care staff are licensed as substitute teachers</li> </ul>
Aftercare	<ul style="list-style-type: none"> <li>• Client Manager/Parole Officer follows youth from commitment to parole discharge</li> <li>• Transition and aftercare are a focus of treatment planning and treatment activities</li> <li>• Aftercare services are provided to parolees to position them for success</li> </ul>	<ul style="list-style-type: none"> <li>• Case managers assigned from commit to discharge (including aftercare)</li> <li>• Transition and treatment planning begin at commitment and continue through residential care, with additional community integrations plan for re-entry and to point of discharge</li> </ul>

\*Multi-purpose facilities that serve detention, commitment and in Mount View assessments as well.



**18) Please explain the relationship the Division of Youth Corrections has developed with the Missouri Division of Youth Services and how this relationship has benefited Colorado.**

The Department has recently begun productive conversations with the Missouri Division of Youth Services. The primary benefits of the initial conversations with Missouri have been to lay the foundation for a better understanding of how the Missouri system operates. This sets the groundwork for determining what components of Missouri's system could benefit Colorado. The Division will complete an official site visit February 2-3, 2017.

**19) How do data from states who have implemented the Missouri Approach compare to Colorado in terms of assault incidents and fights, as well as youth outcomes, such as recidivism? Please note any differences in data definitions (e.g. Missouri defines assaults and fights as XYZ while Colorado defines them as ABC) in the response.**

The Department found the following information on the Missouri Youth Services Institute (Institute) website. The Institute is the organization that trains others in the Missouri Approach. Information on the website indicates that the Institute has "assisted" the following jurisdictions:

- Louisiana
- New York State
- New Mexico
- Virginia
- San Francisco County, CA
- Santa Clara County, CA
- Washington, D.C.
- New York City
- Ware Youth Center, Shreveport, LA
- The Cayman Islands

The Department has not been able to identify any state or jurisdiction that reports to have fully adopted the Approach.

The Department does not have data on fights, assaults, and youth outcomes from the states that have consulted with the Missouri Youth Services Institute. There are no national standards for an expected or appropriate frequency of incidents such as fights and assaults and therefore Colorado is unaware of corresponding measures. Many states capture and report recidivism data; however, the wide range of definitions of recidivism testify to the lack of a national standard regarding an appropriate recidivism outcomes.

**20) Would the Division of Youth Corrections be amenable to conducting a pilot project in one of its facilities based on the Missouri Approach? If so, what would be required from fiscal, staffing, and facility perspectives to implement this type of pilot program?**

The Department is open to the concept of a pilot project; however, the Department still needs to gain additional information about the Missouri Approach to understand the structure and resources needed to execute the model to fidelity. While the Colorado Model and Missouri Approach are philosophically aligned, the infrastructures (facility, staffing ratios, detention services, etc.) are vastly different. Further, we have been unable to identify quantitative or qualitative data about the Missouri Approach against which we can compare Colorado's performance, e.g. fights and assaults, graduation rates, escapes and walkaways.

In any consideration to conduct a pilot, the Department would require:

- The formation of a committee to complete a comprehensive assessment as to whether the Missouri Approach is appropriate for Colorado or provides any additional value to the current Colorado Model. This committee will need to determine the feasibility and cost of initiating a pilot in Colorado.

The committee would need to consider the following:

- How success would be defined in the pilot.
- Which provisions would be needed at implementation to evaluate the success of the pilot.
- Determine the fidelity to the Missouri Approach and Colorado's ability to implement those elements of the Approach that make a difference for youth.
- A sufficient planning and implementation time period to allow for training, culture development, identification of the target population, provisions for transition and aftercare and a process for stepping down youth to community programs that may not follow the Missouri Approach (Missouri operates State secure, medium secure, community and day treatment programs).
- An initial budget request that identifies the resources needed to execute the pilot, including feasibility study and ongoing evaluation of the pilot's success.

If the committee was to recommend a pilot and the Department was to pilot either the entire Missouri Approach or select elements of it, preliminary review indicates that the following would have to be considered to maintain fidelity to the Missouri Approach:

- A staffing ratio of 1:6, using the current shift relief factor of 5.2.
- Conducting a pilot in one 12-bed unit or a facility with younger youth (less than 18), and all youth from the same geographical area.
- Restructure the educational program for the pilot site, including a one-room schoolhouse approach and direct care staff serving as licensed substitute teachers and aides in the classroom.
- Additional training for staff on how to implement the approach.

These provisions would need to be met without compromising the existing responsibilities and resources for other DYC facilities. The Department could only support investment in such a pilot when the current staffing and healthcare needs of all youth served by the Division of Youth Corrections are met.

**21) Does the Division of Youth Corrections interact with the Council of Juvenile Correctional Administrators to learn information on best practices for managing youth correctional facilities?**

Yes, the Division has been an active member of the Council of Juvenile Correctional Administrators for over 15 years, including a previous director serving as the Vice President of the Council from 2010 to 2012. The Division will continue to partner with the Council in an effort to work collaboratively towards best practices in juvenile corrections. The Council focuses on emerging issues, long-term strategic planning and opportunities to network and learn from one another. Colorado participates on the Council and the Regional meetings, identifying issues and discussing solutions to shared concerns.

**22) What is the Division of Youth Corrections' opinion on mixing detention and commitment populations within one facility? Is the Division seeking to make any changes to its facilities based on this opinion?**

The Department currently operates three types of facilities:

1. Detention only (Adams YSC, Gilliam YSC, Marvin Foote YSC, Pueblo YSC, and Spring Creek YSC),
2. Commitment only facilities (Lookout Mountain YSC and Zeb Pike YSC), and
3. Multi-purpose facilities (mix of detention and commitment populations; Grand Mesa YSC, Mount View YSC and Platte Valley YSC).

Detention and commitment programs have different objectives, therefore, the separation of these programs could be beneficial. In addition, the responsibility and role of the Department varies between the two populations.

Detained youth are with the Division an average of 15 days and the primary focus of the programming is to provide a brief and intense intervention that aligns the youth with community resources. The Department has physical custody, not legal custody, of detained youth and education is the responsibility of the local school district.

Committed youth are in the physical and legal custody of the Department and stay with the Division on an average of approximately 9 months. The focus of programming is on long-term treatment and preparing the youth for success post-discharge in the areas of mental well-being, education, and positive pro-social behaviors.

The Department acknowledges the benefit of operating commitment and detention facilities as separate entities. However the current facility structure and resource limitations prevent executing such a plan. There are cost and resource efficiencies of multi-purpose facilities. It is more cost efficient to operate a multi-purpose facilities than build separate detention and commitment facilities within a geographic region and detention catchment areas. Being within geographical proximity to the youth's home community and relevant judicial district is beneficial to families, law enforcement responsible for transportation, and other professionals working under the judicial branch.

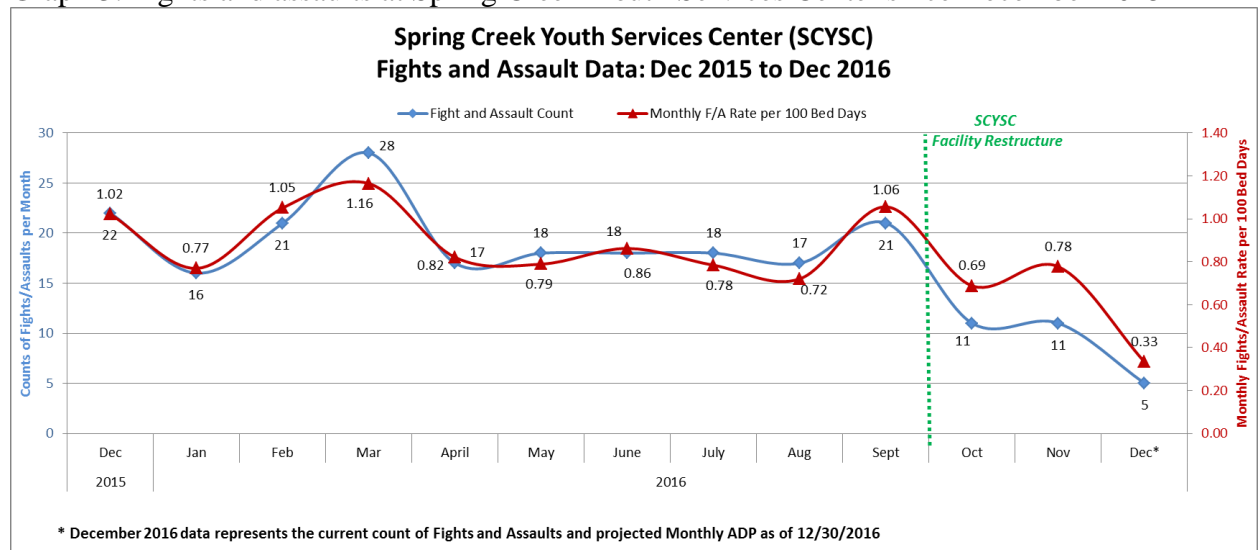
**23) Please explain the rationale for changing the Spring Creek facility from a detention and commitment facility to detention-only. Please include in the response an update on how this has impacted the total number of statewide commitment beds.**

The realignment of Spring Creek was an aggressive move to ensure safety, security, and quality programming. The Division made the decision to take this action due to persistent and elevated fights and assaults, decreased staff morale, low staff retention, and overall safety and security issues. The capacity of this facility reduced from 80 to 51 youth. Specifically, the realignment of Spring Creek from a multi-purpose facility (detention and commitment) to a detention only facility was designed to accomplish the following purposes:

- Improve staff-to-youth ratio to at least 1:6 for waking hours and 1:12 for sleeping
- Positively impact staff morale and the overall facility culture
- Decrease fights and assaults
- Reduce the complexity of operations in programming by removing longer-term treatment youth with a sole focus on providing services to short-term detainees.
- Eliminate the co-mingling of the two populations
- Spread the detention population across the five living units resulting in ten youth per unit. This provides options for separating problem youth when necessary.

The realignment of Spring Creek was effective October 1, 2016. In a short period of time the Department has noticed some early indicators that the realignment has had a positive impact. Specifically, the graph that follows demonstrates a decline in the number of fights and assaults per month since the realignment.

Graph 3: Fights and assaults at Spring Creek Youth Services Center since December 2015



In addition, Spring Creek's staffing since October 1, 2016 is at 100% deployable staff for Correctional Youth Security Officer I's and Correctional Youth Security Officer II's and meeting, at a minimum, the national standard of 1:8 staff-to-youth ratio during waking hours and 1:16 staff-to-youth ratio during sleeping hours. To date, there are only two deployable staff positions vacant. Spring Creek's most recent application pool for Correctional Youth Security Officer I's was over 80 applicants, which appears to indicate a renewed interest to work at this facility.

The removal of the commitment program at Spring Creek had no impact on the total number of commitment beds available in the Division because the 29 Spring Creek beds were added to four other State-operated facilities that serve committed youth.

**24) Have any recent policy or rule changes contributed to changes in the number of older youth committed to the Division of Youth Corrections?**

The Department does not have any evidence that recent policy or rule change has affected a shift in the age of youth committed to the Department's custody.

**25) Has the Division of Youth Corrections had discussions with the Judicial Branch and district attorneys to examine alternative strategies that do not involve detention for youth with truancy issues or youth that have committed non-violent crimes?**

Yes, the Division and judicial branch are active participants on the Senate Bill 91-94 Advisory Board. The Board includes members from the Division of Youth Corrections, Division of Criminal Justice, State Court Administrator's Office, Colorado District Attorneys Council, law enforcement, and local and county government. The Advisory Board, as part of its statutory responsibilities (19-2-212, C.R.S.), is responsible for updating and approving changes to the criteria to be detained or committed. As part of these discussions, the Board has submitted and

approved a set of criteria that recommends that status offenders (of which truancy is considered) should not be detained. This position is supported by the Federal Government through the Office of Juvenile Justice and Delinquency Prevention Act of 1972.

Although the Board recommended the elimination of detention for status offenses, there exist legal mechanisms for which a judicial officer can detain a status offender (e.g., Violation of Court Order).

As Table 7 shows, in FY 2015-16, 80% of the 6,510 detentions were for non-violent offenses. Of those, 30 youth were detained for truancy. The following table depicts the number of youth, by judicial district, who were detained for a truancy charge.

<b>Table 7: Number of truants detained by judicial district in FY 2015-16</b>		
Judicial District (JD)	All Detention Admissions	Detained for Truancy
1	672	3
2	1,122	0
3	18	0
4	784	1
5	45	0
6	46	0
7	60	0
8	382	0
9	61	0
10	378	10
11	129	2
12	54	0
13	85	4
14	23	0
15	22	0
16	17	1
17	548	0
18	1,031	0
19	495	5
20	285	2
21	231	2
22	22	0
State Total	6,510	30

Furthermore, the most vulnerable population in detention is the Division's youngest population, 10 to 12 year olds. Of the 178 youth in this age range who were detained in FY 2015-16, 47% were detained for misdemeanors and petty offenses. Table 8 depicts the number of youth 10 to 12 years of age, by judicial district, who were detained for misdemeanor and petty offenses.

<b>Table 8: Number of youth 10 to 12 years of age detained for misdemeanor and petty offenses by judicial district in FY 2015-16</b>		
Judicial District (JD)	All Detained 10 to 12 Year Olds	Detained 10 to 12 Year Olds for Misdemeanor and Petty Offenses
1	11	2
2	43	19
3	0	0
4	27	8
5	0	0
6	0	0
7	0	0
8	6	5
9	3	2
10	17	9
11	4	0
12	6	3
13	0	0
14	0	0
15	0	0
16	0	0
17	6	0
18	30	14
19	18	14
20	7	7
21	0	0
22	0	0
State Total	178	83

\*These numbers are estimates based on the Division database.

**26) Please describe capital construction investments made at the Division of Youth Corrections' facilities in recent fiscal years and how these improvements are related to assault incident and fight data (e.g. facility X received an appropriation of \$YYY for ABC and as a result fights dropped by Z percent).**

Capital construction investments in the Division's State-owned facilities (outlined in the table that follows) are to mitigate the risk of suicide and self-harm, and are not intended to reduce fights and assaults.

The emphasis of the capital construction investments have been focused on refurbishment of failing physical plant, mitigation of risk including suicide and self-harm. For example, bathroom remodeling is slated in facilities where multiple "tie-off" points have been identified increasing the risk of self-harm. Projects to date have included replacement of a guardrail mesh on living unit stairs with metal tubing to alleviate youth from damaging the mesh and using metal wire scraps to do self-harm or possibly use as a weapon. Glass wall, ceiling to floor enclosures on

upper floors of two-story living units were installed to mitigate the possibility of a youth attempting to jump and do self-harm. Table 9 shows current and recent capital investments by facility.

<b>Table 9: Capital Investment Expenditures FY 2014-15 through FY 2016-17 YTD</b>	
Facility	Project Description
Fiscal Year 2014-15 appropriated amount \$1,100,000	
All 10 state-operated facilities	Comprehensive assessment
Zeb Pike	Design work & installation Detention grade glass
Pueblo	Design work & installation Detention grade glass
Grand Mesa	Design work & installation Detention grade glass
Lookout	Guardrail mesh replacement
Mountain	Glass wall enclosures on upper floors
	Asbestos abatement
Gilliam	Design work & installation Detention grade glass
	Asbestos abatement
	Security door replacement
Fiscal Year 2015-2016 appropriated amount \$2,000,000	
Adams	Perimeter fencing upgrade
	Added secured fire egress
	Metal detectors
	Camera upgrade
Mount View	Metal detectors
	Increased interior & exterior campus lighting
Lookout Mountain	Metal detectors
	Increased interior & exterior campus lighting
Gilliam	Metal detectors
	Continued door/lock replacement design and installation; major design work for refurbishments
Fiscal Year 2016-2017 appropriated amount \$3,689,500	
Gilliam	Design work: door and lock replacement
DeNier	Design work: door and lock replacement

**27) Please explain variations across detention, commitment, and parole populations as it relates to Medicaid eligibility for the services provided to youth.**

Individuals may be **enrolled** in Medicaid at any point before, during, or after being in a secure correctional facility, but Medicaid will not cover the cost of their medical care while in a secure correctional facility. Section 1905 (a) (29) (A) of the Social Security Act prohibits the use of federal funds for medical care provided to inmates of a public institution, including juveniles.

Medicaid funds are **prohibited** for medical services of youth:

- Who are held involuntarily in a DYC facility (detained and committed)



- Who are receiving care on-site in a DYC facility (detained and committed)
- Who are receiving care on an outpatient basis (detained and committed)

Medicaid funds are **permitted** for medical services for youth and are pursued whenever possible:

- Who are in a non-secure setting or community residential placement (committed youth)
- In a secure setting who are hospitalized greater than 24 hours on inpatient status (detained and committed)
- Who are on Parole (committed youth)

**2:45-3:00 BREAK**

**3:00-3:45 COUNTY ADMINISTRATION**

**28) Please provide a table of the top 15 counties that over-expended the Department's County Administration line item in the past three fiscal years.**

Table 10: County Administration Allocation (FY 2013-14 through FY 2015-16)*					
Rank	County	FY 2013-14, FY 2014-15, FY 2015-16			
		Sum of Three Years Allocation	Sum of Three Years Expenditures	Total Dollars (Over)	Total Percentage (Over)/Under Expenditures
1	Denver County	30,218,923	49,617,201	(19,398,279)	(64.19%)
2	Boulder County	7,946,874	15,280,513	(7,333,639)	(92.28%)
3	Weld County	9,217,822	12,861,626	(3,643,804)	(39.53%)
4	El Paso County	21,923,267	25,537,974	(3,614,708)	(16.49%)
5	Jefferson County	13,781,127	15,433,890	(1,652,763)	(11.99%)
6	Adams County	17,052,606	18,534,090	(1,481,485)	(8.69%)
7	Larimer County	9,629,499	11,044,814	(1,415,315)	(14.70%)
8	Garfield County	2,447,757	3,640,293	(1,192,535)	(48.72%)
9	Eagle County	1,206,802	1,605,497	(398,695)	(33.04%)
10	La Plata County	1,973,298	2,351,929	(378,631)	(19.19%)
11	Otero County	1,589,463	1,959,566	(370,103)	(23.28%)
12	Broomfield County	1,180,206	1,548,359	(368,154)	(31.19%)
13	Rio Blanco County	268,937	545,436	(276,499)	(102.81%)
14	Routt County	603,595	862,609	(259,014)	(42.91%)
15	Pitkin County	302,280	503,579	(201,299)	(66.59%)

\* Includes Adult Protective Services allocation

**29) Why are some counties able to administer the Supplemental Nutrition Assistance Program (SNAP) within their annual base allocation while some counties over-expend their allocation? Which scenario (spending within the allocation versus over-expending the allocation) is closer to the true cost of doing business to administer the program?**

Both scenarios (spending within the allocation and overspending the allocation) are the true cost of administering the SNAP to those counties who are over/under-spending. All counties incur personnel and operating costs to serve that caseload and administer the program. The program delivery playing field has been leveled, statewide, via the Colorado Benefits Management System (CBMS), staff development center, and Administrative Rules, yet there are variables that affect those costs from county to county. Cost variables are primarily driven by personnel compensation and internal processes.

While counties can choose how to operate programs and manage caseloads, the Department has offered tools and strategies to help counties streamline their work and related costs. Business Process Reengineering (BPR) is a key strategy the Department has offered to Colorado counties to improve program administration and delivery. Ultimately, BPR has focused on reducing costs by decreasing rework (i.e. waste) and building various efficiencies into counties' processes. Counties have implemented BPR strategies to varying degrees. For example, Arapahoe County was successful in automating a number of processes that were directly correlated with improved efficiencies and decreased costs.

**30) Do levels of certain variables (e.g. caseload) determine if a county is likely to over-expend its allocation of funds from the County Administration line item?**

To better understand the variables that affect administrative spending, the Department requested assistance from the Colorado Counties, Inc. (CCI) to conduct a membership survey in September 2016. 36 counties (55%) responded to the survey, attributing the following factors to rising administrative costs: wages and benefits to attract/retain qualified staff, higher cost of living in certain areas of the State, overtime needed to meet the demands of the work, caseload growth, and health insurance costs.

The Department's recent internal analysis of counties' activity costs per minute (per the 2007 County Workload Study) as a barometer for efficiency showed no correlation between cost and efficiency. A multiple regression analysis of the per-minute cost for counties to complete tasks reveals no statistically significant difference between costs in counties that overspend their allocations and counties that underspend.

The County Workload Study that was authorized through SB 16-190 will shed light on the variables that may contribute to over/under-spending of the County Administration allocation. By design, the Study will evaluate county practices and provide comparative data to enrich the Department's understanding of the cost to deliver benefits to vulnerable Coloradans.

**31) What percentage of counties personal services expenditures are for line staff (e.g. eligibility technicians) versus administrators?**

Informational county data on employee salaries is collected in the County Employee Data Store (CEDS); however, CEDS is not a payroll repository. As such, the Department will not be able to provide an accurate picture of salary and benefits for the counties using CEDS. In order to provide detailed salary and benefits expenditures for counties, each county will need to be contacted individually.

**32) How much money did the 2007 County Workload Study indicate would need to be spent above the base allocation to adequately fund county administration activities across public assistance programs?**

The 2007 County Workload Study identified a \$28.2 million shortfall in funding at the time the study was completed. It is important to note that this shortfall included the Department of Health Care Policy and Financing's (HCPF) costs; when this study was completed, HCPF's costs for county administration were intertwined with the Department's County Administration costs.

**33) Please provide a diagram of the different phases of the County Workload Study funded for FY 2016-17 via S.B. 16-190 (Improve County Admin Public Assistance Programs).**

As Attachment A portrays, SB 16-190 directs the Department to complete three distinct deliverables to improve the administration and delivery of public assistance benefits in Colorado:

- Establishing a mutually agreeable method and formula for distributing federal monetary bonuses or sanctions associated with the SNAP administration to counties;
- Collecting and analyzing data related to county departments' costs and performance in administering public assistance programs, including Food Assistance, Medicaid, Children's Basic Health Plan (CHP+), Colorado Works, Aid to the Needy Disabled, Old Age Pension, and Long-term Care Services (i.e. County Workload Study); and
- Designing a continuous quality improvement (CQI) program to improve the overall administration of public assistance programs.

The County Workload Study is one of three distinct deliverables directed by SB 16-190; all work is progressing along parallel timelines to be completed by June 2017.

**34) Please explain how the County Workload Study will assist the General Assembly in determining the cost of administering the Supplemental Nutrition Assistance Program (SNAP) and other public assistance programs?**

As required by SB 16-190, the County Workload Study will provide a comprehensive picture of county costs and performance across a number of public assistance programs (Supplemental Nutrition Assistance Program (SNAP), Medicaid, Children's Basic Health Program (CHP+), Colorado Works, Aid to the Needy Disabled, Old Age Pension, and Long-term Care). In terms of determining the cost of administering the SNAP and other public assistance programs, the County Workload Study will provide an in-depth analysis of the following factors (among others) that drive the associated administrative costs:

- **Performance Measures.** The status of each county department in meeting performance measures for administering public assistance programs
- **County Activities.** An inventory of relevant county department activities, including, application initiation, interactive interviews, and case review; and the purpose of the activities, which may include compliance with Federal or State law.
- **Administrative Work/Delays.** An assessment of administrative work not yet completed by each county department and the cause of any delay in completing the work.
- **Activity Times.** The amount of time spent by each county department staff on each identified activity.
- **County Costs per Activity.** The cost incurred by each county department, including staff and operating costs, relating to each activity and each client.
- **Cost Variances.** Any variance among county departments with respect to the cost incurred, time associated with each activity, and return on investment, and the source of those variances.
- **Program Cost and Performance Relationships.** Analyze information and data to determine the relationship, if any, between the time and cost associated with each activity and county departments' performance with respect to the performance standards for the public assistance program.
- **Total County Costs.** The level of total county department funding needed to meet the county departments' required workloads in relation to the administration of public benefit assistance programs for which data is collected and analyzed.
- **Business Process (BPR) Improvements.** BPR improvements that contribute to a county's decreased time or costs associated with each activity and a county department's ability to meet or exceed the performance standard.
- **Funding Options.** Options for cost-allocation models for the distribution of State funding to county departments for administering public assistance programs.

These analyses will be completed by a survey of all counties and an in-depth review of costs and performance among a representative sample of large, medium, and small counties. The County Workload Study will be completed in June 2017. When complete, this study will provide the General Assembly with a more complete picture of costs across various business models that counties use, variances in processes and costs, and potential allocation methodologies based on the data.

### **35) Why is the Department of Human Services requesting funding for County Administration before viewing the results of the County Workload Study?**

As explained in response to Question 36, the Department believes that an increase in County Administration funding is prudent based on the consistent over-expenditure of the appropriation in each of the last five fiscal years. The Department does not anticipate the results of the Study

will contradict the currently available expenditure trends. However, the County Workload Study may identify new methodologies for allocating available funds and/or identify more precise funding needs. The Department and counties have invested significant resources and energy to improving program outcomes, delivering timely, accurate decisions on applications for benefits. Regressing from these outcomes would undo a decade of hard work to improve performance, potentially putting the Department at legal risk and negatively affecting vulnerable Coloradans seeking assistance to feed their families.

**36) Did the Department of Human Services consider requesting an appropriation increase for the County Administration line item that is contingent on the findings of the County Workload Study? If so, why was this option not chosen? If not, would this be beneficial in ensuring that the correct amount of funds is appropriated?**

The Department did not consider requesting an appropriation contingent upon the results of the SB 16-190 County Workload Study. Currently available financial data indicates that base funding does not meet current expenditures, creating a structural deficit, as indicated in Table 11. Actual county expenditures have exceeded the available appropriation for at least the last five fiscal years.

Table 11: Comparison of County Administration Allocation and Expenditures FY 2011-12 through FY 2015-16					
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
A. Total Allocation	\$ 50,116,105	\$ 49,814,777	\$ 61,085,727	\$ 70,370,538	\$ 70,488,343
B. Total Expenditures	\$ 72,268,544	\$ 75,296,880	\$ 74,163,956	\$ 80,432,286	\$ 88,248,544
C. Over-expenditure (B - A)	(\$ 22,152,439)	(\$ 25,482,103)	(\$ 13,078,229)	(\$10,061,748)	(\$ 17,760,201)
D. Adjusted Over-expenditure	(\$ 7,044,776)	(\$ 8,128,843)	(\$ 3,111,315)	(\$ 3,899,419)	(\$ 6,048,275)
Source: Department of Human Services, CFMS summary data					

County Administration funds are appropriated by the General Assembly. While the SB 16-190 County Workload Study may recommend an alternative methodology for distributing the County Administration appropriation, the study will not provide additional funding to cover the current structural deficit in appropriations for County Administration. The County Workload Study could lead to reduced funding needs for county administration. However, any such savings are unlikely to be achieved until FY 2018-19 after the implementation of administrative changes and cost savings strategies recommended by the Study. As a result, the Department is requesting funding sufficient to cover a portion of the County Administration over-expenditure currently identified.

The completed County Workload Study will be shared with the General Assembly. If a different level of resources is indicated, the Department will report that to the General Assembly.

**37) Please provide a table showing the distribution of County Tax Base Relief money for FY 2015-16.**

Table 12: Colorado Department of Human Services County Tax Base Relief	
County	Total County Tax Base Relief Distributed FY 2015-16
Adams	\$255,499
Alamosa	\$385,510
Arapahoe	\$0
Archuleta	\$0
Baca	\$0
Bent	\$14,179
Boulder	\$0
Chaffee	\$0
Cheyenne	\$0
Clear Creek	\$0
Conejos	\$74,005
Costilla	\$16,293
Crowley	\$66,937
Custer	\$0
Delta	\$37,676
Denver	\$97,044
Dolores	\$0
Douglas	\$0
Eagle	\$0
Elbert	\$0
El Paso	\$434,008
Fremont	\$202,803
Garfield	\$0
Gilpin	\$0
Grand	\$0
Gunnison	\$0
Hinsdale	\$0
Huerfano	\$48,614
Jackson	\$0
Jefferson	\$0
Kiowa	\$0
Kit Carson	\$0
Lake	\$0
La Plata	\$0

Table 12: Colorado Department of Human Services County Tax Base Relief	
Larimer	\$0
Las Animas	\$0
Lincoln	\$5,795
Logan	\$108,079
Mesa	\$280,064
Mineral	\$0
Moffat	\$0
Montezuma	\$0
Montrose	\$31,186
Morgan	\$6,834
Otero	\$309,231
Ouray	\$0
Park	\$0
Phillips	\$0
Pitkin	\$0
Prowers	\$138,378
Pueblo	\$1,252,584
Rio Blanco	\$0
Rio Grande	\$53,670
Routt	\$0
Saguache	\$61,366
San Juan	\$0
San Miguel	\$0
Sedgwick	\$0
Summit	\$0
Teller	\$0
Washington	\$0
Weld	\$0
Yuma	\$0
Broomfield	\$0
TOTAL	\$3,879,756

### 3:45-4:00 LOW-INCOME ENERGY ASSISTANCE PROGRAM

**38) Please explain the relationship between the Department of Human Services, the Colorado Energy Office, and the non-profit Energy Outreach Colorado in administering low-income energy assistance services. Please include in the response any opportunities for these programs to be consolidated under one agency to gain efficiencies.**

As Attachment B details, the three agencies administering energy programs (the Department of Human Services, Colorado Energy Office, and Energy Outreach Colorado) are discrete

organizations providing energy-related services, targeted for different purposes and populations. However, these agencies coordinate closely, as applicable, to improve outcomes for their income-qualified clients. A notable difference among the three agencies is the core purpose of the agencies administering energy assistance: the Department (LEAP program) focuses on self-sufficiency among a vulnerable population (42 U.S.C. § 8621-8630); the Colorado Energy Office (CEO) focuses on efficient use of fuel (42 U.S.C. 6861 et seq.; 42 U.S.C. 7101 et seq.); and Energy Outreach Colorado (EOC) is a non-profit agency, with other related heating services, including advocacy, as a core focus (40 C.R.S. § 8.5-103.5).

The Low-income Energy Assistance Program (LEAP), administered by the Department, provides support to income-qualified households to pay heating costs through a primarily federally funded program. LEAP applications are accepted from November through April. Energy Outreach Colorado provides a variety of energy-related services to its clients, including bill payment assistance in opposite months to the Department's LEAP season, using an array of state and private funds. CEO targets energy efficiency investments (i.e. "Weatherization"), via federal and state funds, into housing structures where the impact can reduce the need for ongoing LEAP assistance.

*The following response was provided by the Colorado Energy Office's (CEO).*

The Colorado Energy Office oversees the Weatherization Assistance Program (WAP) under Authority 42 U.S.C. 6861 et seq; 42 U.S.C. 7101 et seq., and administered by the Department of Energy (DOE) under Code of Federal Regulation (10 CFR 440). The program provides energy-efficiency services to income qualified Colorado residences in all 64 counties of the state. The purpose of the program is to increase the energy-efficiency of the dwellings owned or occupied by low-income persons to reduce energy expenditures and improve health and safety in their homes. CEO receives state formula allocation from the DOE to administer the program. The program operates through eight local service providers (non-profit and local government entities) under CEO's direct program oversight, which includes establishing and monitoring technical performance standards and providing ongoing training and technical assistance.

The WAP provides the foundation upon which all low-income energy-efficiency services are coordinated and delivered across the state. Specifically, non-governmental fund sources, (primarily investor-owned utilities, electric cooperatives, and municipal utilities) leverage this foundation to deliver additional energy-related services to their low-income customers. This partnership also assists the utilities to more cost-effectively achieve their energy efficiency ("demand-side management") goals. The program operates one of the highest production operations in the nation by volume and is held in highest regard by the DOE. The DOE often partners with the CEO to implement new and emerging approaches to the delivery of energy services and to deliver increased benefit to the customers.



Selected through competitive solicitation, the CEO implements the WAP program through a network of eight regional weatherization agencies to provide services to all housing types in each county of the State.

- Northeastern Colorado Association of Local Governments (NECALG): Weld, Logan, Sedgwick, Phillips, Morgan, Washington, Yuma, Lincoln, Kit Carson and Cheyenne
- Northwest Colorado Council of Governments (NWCCOG): Moffat, Routt, Jackson, Grand, Rio Blanco, Garfield, Eagle, Summit, Clear Creek, Pitkin, Lake, Park and Chaffee
- Housing Resources of Western Colorado (HRWC): Mesa, Delta, Gunnison, Montrose, San Miguel, Ouray, Hinsdale, Dolores, San Juan, Montezuma, La Plata and Archuleta
- Pueblo County Department of Housing and Human Services: Custer, Pueblo, Crowley, Kiowa, Otero, Bent, Prowers, Huerfano, Las Animas and Baca
- Boulder County Housing Authority's Longs Peak Energy Conservation (LPEC): Larimer, Boulder, Gilpin and Broomfield
- Arapahoe County Weatherization: Adams and Arapahoe
- Energy Resource Center (ERC): Denver, Jefferson, Douglas, Elbert, Teller, El Paso, Fremont, Saguache, Mineral, Rio Grande, Alamosa, Conejos and Costilla
- Energy Outreach Colorado (EOC): This sub-grantee receives a portion of the CEO's federal funds (not severance tax) to specifically serve eligible households living in centrally heated multi-family buildings (requiring a unique energy auditing expertise and related efficiency improvement strategies).

Combining the Colorado Energy Office's Weatherization Assistance Program with the LEAP program would yield, at best, nominal operational benefits. Any gains could be outweighed by the costs to create capacity to provide services outside the programs' core expertise. The program administration and operations are stand-alone activities, such as CEO establishing and monitoring technical standards and CDHS-LEAP processing applications and determining assistance levels. The Department's LEAP program does not have similar operational overlay due to the nature of services provided. However, efficiency opportunities have already been captured between the programs, such as delivering information on LEAP approved households to the local agencies providing Weatherization services for use in client outreach and intake.

**39) Caseload and expenditures for the Department of Human Services' Low-Income Energy Assistance Program (LEAP) vary greatly from year to year, as is shown on page 9 of staff's briefing document. Why do these swings occur?**

LEAP caseloads generally vacillate due the shifting economic stability of eligible Coloradans in relation to fuel costs, home fuel-use efficiency, the weather, and local economies. Expenditures are based on the actual funds available and the caseload. Interpreting the LEAP caseload and expenditure data on page 9 of the briefing document demonstrates that in some years, the Department had excess funds available to provide additional benefits to eligible

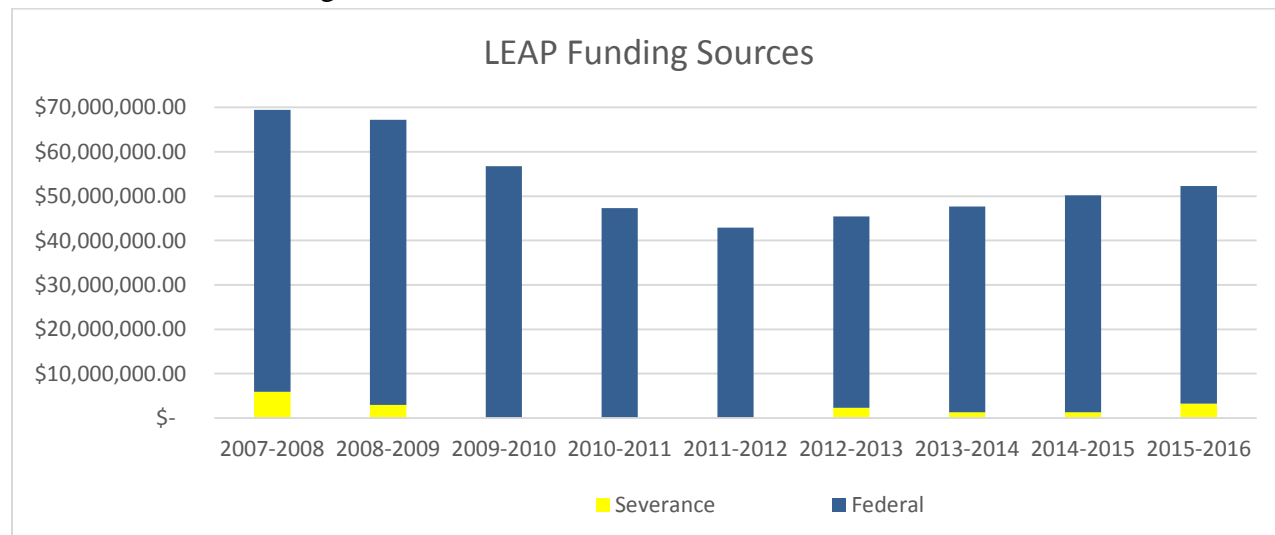
Coloradans struggling with heat costs. In years with lower expenditures, the Department met the projected need, but offered lower (or no) supplemental payments.

It is important to note that LEAP has experienced a 20% increase in application approvals in FY 2016-17, year to date, over the previous year. This could signify an increasing caseload.

**40) Given that the Department of Human Services' Low-Income Energy Assistance Program receives a much larger amount of federal funds than State funding, should the General Assembly continue to transfer severance tax funding from Tier 2 to the Department for this purpose?**

Yes, the Department believes that severance tax Tier 2 funding should continue to be transferred to the Department for the Low-Income Energy Assistance Program. The Department's Low-Income Energy Assistance Program (LEAP) is primarily funded by a federal block grant from the U.S. Department of Health and Human Services. In years Tier 2 funds are transferred to the LEAP program (generally equated with years with high fuel costs), those funds help to ensure vulnerable Coloradans receive critical benefits to heat their homes from November through April.

Table 13: LEAP Funding Sources



Source: Historical LEAP data

As Table 13 displays, Tier 2 funds represent a small percentage (from as low as 0% to as high as 8.57%) of the total funds available to LEAP. The Tier 2 severance tax funds are based on a statutorily defined formula; the LEAP program (and other Tier 2 activities) receives Tier 2 funds only in years when excess funds are available after Tier 1 purposes are sufficiently funded.

When made available, Tier 2 funds contribute to the Department's ability to operate the LEAP program to provide energy assistance to vulnerable Coloradans. Even as caseloads have declined and federal block grant funds have generally stabilized in the past five years, many eligible Coloradans needing assistance paying for heat have received only a portion of the cost to meet their heating needs. However, if Tier 2 funds were unavailable, LEAP would provide energy assistance services within its means.

#### **4:00-4:20      ADULT PROTECTIVE SERVICES**

**41) Please describe how funding increases for staffing for adult protective services were allocated to counties. How was this allocation related to money needed for elder abuse services versus services for individuals with intellectual and developmental disabilities (e.g. was the money backfilling the elder abuse need or funding the individuals with intellectual and developmental disabilities)?**

The General Assembly appropriated \$3,753,289 in addition funding to the Colorado Department of Human Services (Department) to allocate to county departments of Human or Social Services (county departments) for administration of the Adult Protective Services (APS) program in FY 2016-17 as a result of SB 15-109. The Department allocated this funding to county departments based on the existing APS Allocation formula for FY 2016-17. The APS Allocation Task Group, consisting of representatives from the Department and county departments, developed the APS Allocation formula based on demographics and APS workload data. The Policy Advisory Committee, consisting of Directors from the Department and county departments, approved the formula proposed by the APS Allocation Task Group and recommended the Department use the formula in FY 2016-17.

County departments hire APS staff to serve all at-risk adults who are experiencing mistreatment or self-neglect. At-risk adults with intellectual and developmental disabilities (IDD) represent approximately 14 percent of the population served by the APS program statewide. As a result, it is not cost-effective for county departments to hire designated caseworkers to serve only at-risk adults with IDD. However, because county departments were able to hire additional APS staff or add hours to existing APS staff, they were better prepared to meet the demand for services from the increase in reports received once mandatory reporting for at-risk adults with IDD became effective on July 1, 2016.

**42) Please describe the interactions between law enforcement entities and community centered boards in regard to reporting cases of abuse against individuals with intellectual and developmental disabilities. Please include in the response any known issues that have occurred and strategies to solve these issues.**

By law, persons working in the IDD system, such as those working at CCBs, Regional Centers or other service providers are mandatory reporters and must report mistreatment of at-risk adults

with IDD to law enforcement within 24 hours of becoming aware of it. Law enforcement is required by law to share all reports of mistreatment against an at-risk adult with APS programs within 24 hours of receiving them. The mandatory reporting law does not preclude the CCB from conducting its own investigation into the incident.

The new mandatory reporting law is complex and has caused some confusion among law enforcement, APS programs, and CCBs in some areas in the state. As with any new law, it will take time for local service providers to work out the logistics of implementing this law. Table 14 illustrates some issues with the implementation of mandatory reporting for at-risk adults with IDD that the Department is aware of and strategies the Department is undertaking to address them.

Table 14: Issues and Strategies Related to Implementation of Mandatory Reporting for At-Risk Adults with IDD	
Issue	Strategy
1. Many county department APS staff do not have extensive experience working with at-risk adults with IDD and reports of mistreatment of at-risk adults with IDD have historically been a small percentage of the reports received by APS programs.	<ul style="list-style-type: none"> <li>• <b>Training and Technical Assistance</b> -The Department provided training and technical assistance to county department APS staff on the implementation of mandatory reporting for adults with IDD.</li> <li>• <b>Training by IDD Consultant</b> -The Department hired a consultant to provide a regional training on investigating IDD reports and communicating with persons with IDD, offered to APS staff in FY2015-16. A second regional training developed and delivered by the same consultant, expands on the first training and will be offered to APS staff beginning in February 2017.</li> <li>• <b>Hiring and IDD Specialist</b> - The Department's APS program has hired a specialist with expertise in the IDD system to provide ongoing technical support to the county departments in investigating cases involving an at-risk adult with IDD.</li> </ul>
2. In some communities, the roles of each entity involved in investigating mistreatment of at-risk adults with IDD are not clear. Statute and rules require county department of human and social services APS programs to develop cooperative agreements with local law enforcement agencies, district attorney's offices, CCBs, and the long-term care ombudsman. The purpose of the cooperative agreements is to outline how these agencies will work together on joint investigations	<ul style="list-style-type: none"> <li>• <b>Cooperative Agreements</b> - The Department has provided templates for the cooperative agreements to county departments, offered to provide technical assistance in developing the cooperative agreements, and required that county departments of Human Services get the agreements in place by July 1, 2017.</li> <li>• <b>Handbook</b> - The Department's APS program has hired a specialist with expertise in the IDD system that will develop a handbook within the next year to clarify the law for use by APS, law enforcement, and CCB and provider agencies.</li> </ul>

Table 14: Issues and Strategies Related to Implementation of Mandatory Reporting for At-Risk Adults with IDD

Issue	Strategy
and provide for special assistance to each other. Currently, some county department of human and social services APS programs do not have up-to-date cooperative agreements with their community partners.	
3. Some mandatory reporters mistakenly believe they can report mistreatment of at-risk adults to their local APS program to meet the mandatory reporting requirement, however, mandatory reporters are required by law to make the report to their local law enforcement agency, not the APS program. Also, the Department is aware of some confusion among reporting parties about what types of incidents they should report.	<ul style="list-style-type: none"> <li>• <b>Training for Mandatory Reporters</b> - With funding received as a result of SB 15-109, the Department has contracted with a vendor to provide training to mandatory reporters across the state. Approximately 90 training sessions will take place from January to June 2017 and will assist mandatory reporters to better understand the different populations served as well as what to report and to whom.</li> </ul>
4. Some providers of services for adults with IDD have incorrectly assumed that they no longer need to complete their required investigations into incidents.	<ul style="list-style-type: none"> <li>• <b>Training for IDD Providers</b> - The Department APS staff conducted webinar training on the new legislation in September and October for IDD providers and stakeholders. The Department APS staff attended a meeting with IDD stakeholders in December to address questions and concerns about the implementation of mandatory reporting and communicated that providers still need to complete their required investigations.</li> </ul>
5. Law enforcement does not always share reports of mistreatment of at-risk adults with IDD they receive with APS programs within 24 hours. Some law enforcement agencies have indicated that they are not receiving reports from the county department APS program within the 24 hours allowed by law.	<ul style="list-style-type: none"> <li>• <b>Cooperative Agreements</b> - The Department will provide technical assistance and monitor county departments of Human Services to ensure they develop cooperative agreements with local law enforcement.</li> </ul>
6. Some IDD providers have expressed concern that their local APS program has not shared information regarding the APS report (whether it will be investigated or not) or the investigation findings.	<ul style="list-style-type: none"> <li>• <b>Guidance on Confidentiality</b> - The Department consulted with the Attorney General's Office regarding APS confidentiality outlined in statute and rule. The Department will release guidance to the county departments of Human Services by the end of December 2016 to address these concerns.</li> </ul>

**43) Please explain how quality is measured for county casework for adult protective services cases. Please include in the response the nature and frequency of errors.**

Quality assurance of APS casework is a shared responsibility between the county departments of Human or Social Services (count departments) and the Department's APS program.

Per Rule, (12 CCR 2818-1, 30.340) county department APS program supervisors are required to use a case review scoring tool to review 15 percent of cases for each caseworker each month to ensure:

- Timely casework;
- Investigation, assessment, and case planning were thorough and complete;
- Case closure, if applicable, was appropriate; and,
- Documentation in data system is thorough.

Per Rule (12 CCR 2818-1, 30.220) county departments are subject to routine quality control and program monitoring by the Department, to include:

- Targeted review of the data system documentation;
- Review and analysis of data reports generated from the data system;
- Case review;
- Targeted program review conducted via phone, email, or survey; and,
- Onsite program review.

The Department's APS program currently conducts two types of quality assurance reviews of county department APS programs: formal reviews of individual counties, and statewide reviews of all counties based on targeted risk areas. The reviews are based on rule requirements (12 CCR 2518-1), which are based on statute (Title 26, Article 3.1). The Department conducted formal reviews of four large counties in FY 2015-16 and conducted statewide reviews on two risk areas in FY 2016-17.

The Department has requested a Decision Item in the Governor's budget for FY 2017-18 to fund five additional FTE to conduct quality assurance and technical assistance to county departments for their APS programs. Currently, the Department is able to conduct formal reviews of approximately eight counties per year, which at that rate, it would take about eight years to complete a formal review of every county with an APS program in the state. The proposed budget increase would allow the Department to conduct a formal quality review of every county every year. It would also increase the Department's capacity to perform technical assistance follow up with counties after the formal reviews to ensure they correct the problems identified during the reviews.

The following tables demonstrate the quality measures evaluated during the two types of reviews, and the nature and frequency of error rates. The goal for each measure is a 10 percent error rate or less.

Table 15 shows some of the aggregate results of the case reviews conducted as part of the FY 2015-16 formal county reviews of four county department APS programs. While there are 67 measures in the scorecard a caseworker can be scored on, the following factors represent the key measures for improving safety and health for the client.

Table 15: FY 2015-16 Formal County Reviews Combined Findings of Key Measures	
Error	Error Rate
Inadequate investigation, i.e., the caseworker did not interview appropriate witnesses or gather evidence needed to develop a case plan to prevent further mistreatment or self-neglect.	64%
Inaccurate summary of evidence, which is used to make a finding on the allegation and the alleged perpetrator.	60%
Inaccurate and inadequate assessment of the client's strengths and needs, which is necessary to identify all health and safety needs the client might have.	60%
Inaccurate capture of services the client was already receiving at the time of the report that mitigate some client needs, leading to inaccurate case planning.	44%
Inadequate case plan, i.e., the case plan did not address all the needs for the client's health and safety.	43%
Inappropriate use of Client Services Funds, i.e., use of the funds without justification of the need in relation to the case plan for health and safety.	10%
Source: APS Quality Assurance Results as of June 30, 2016	

In reviewing cases for C-Stat and other performance data reports, State APS staff identified a risk for cases in which the initial response was a phone call to ascertain safety rather than a face-to-face visit with the client. A phone call as an initial response should be rare and is allowed only in emergency situations and only to a professional who can put immediate eyes on the client to ensure the client is safe, such as law enforcement or hospital personnel. Table 16 shows the results of State APS program staff's review of a statistically valid sample of cases statewide in which the initial response was a phone call, a total of 147 cases.

Table 16: FY 2016-17 Statewide Review – Initial Response: Phone Call to Ascertain Safety*	
Error	Error Rate
The report should not have been screened in (did not involve an at-risk adult and/or mistreatment or self-neglect).	49%
Phone call to ascertain safety was an inappropriate initial response.	62%

Untimely and/or inappropriate follow up to the phone call.	60%
Report not entered timely into the data system.	3%
Percentage of cases reviewed with one or more errors noted above.	86%
Source: APS Quality Assurance Results as of December 19, 2016	

In reviewing cases for C-Stat and other performance data reports, State APS staff identified a risk for cases in which the caseworker did not conduct an in-person investigation and phone collaboration was used. Phone collaboration should be rare and is only allowed in very specific circumstances, by rule. Investigations should be conducted in person in most cases. State APS staff reviewed a statistically valid sample of cases statewide in which the caseworker did not conduct an investigation and phone collaboration was used, a total of 129 cases.

Table 17: FY 2016-17 Statewide Review – Resolving a Case by Phone*	
Error	Error Rate
The report should not have been screened in (did not involve an at-risk adult and/or mistreatment or self-neglect).	48%
Phone collaboration, rather than an in-person investigation, was used inappropriately.	56%
Report not entered timely into the data system.	2%
Percentage of cases reviewed with one or more errors noted above.	78%
Source: APS Quality Assurance Results as of December 19, 2016.	

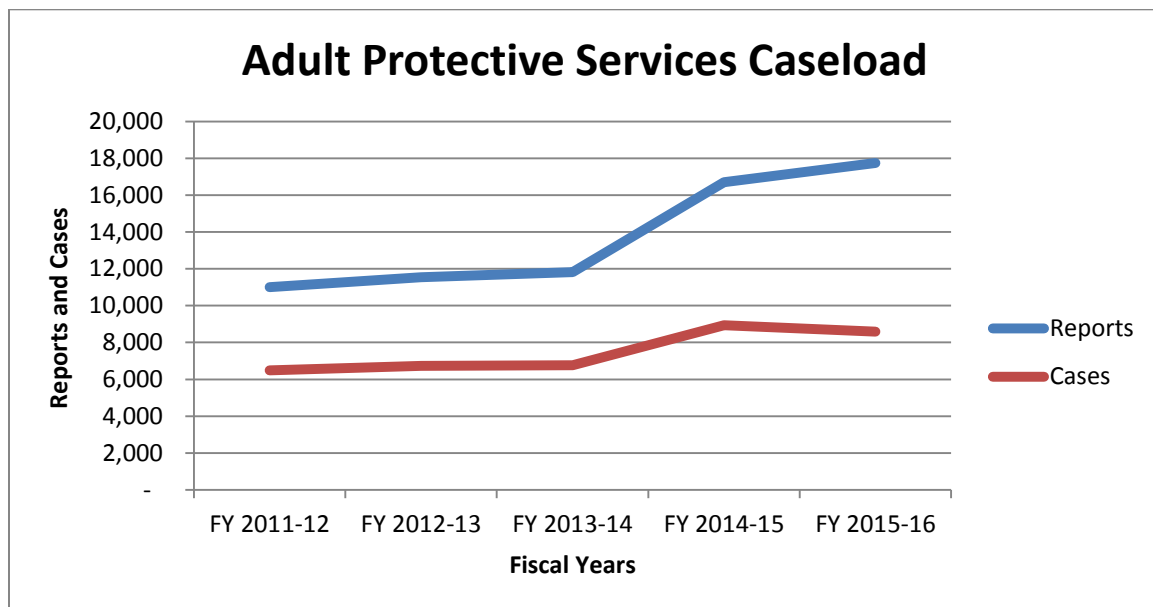
**44) Page 17 of staff’s budget briefing document shows a decrease in the percentage of reports that became cases in FY 2015-16. Why did this occur?**

Since the implementation of mandatory reporting for at-risk elders on July 1, 2014, there has been a significant increase in the number of reports to APS programs in the State. As with any new mandatory reporting law, there have been more reports than in previous years made that the APS program screened-out and did not investigate because the report did not involve an at-risk adult and/or there was no mistreatment or self-neglect. In addition, there were more reports that duplicated reports that were already made so the APS program screened them out because there was already an active APS case under way. Consistent with this, the Department has identified two data points that may explain the decrease in the number of APS cases relative to the number of reports from FY 2014-15 to FY 2015-16.

- County departments of Human or Social Services (county departments) screened out 250 more reports in FY 2015-16 than in the previous fiscal year because the report did not meet eligibility criteria for APS investigation and intervention, i.e., the report did not involve an at-risk adult and/or there was no mistreatment or self-neglect.
- County departments screened out 160 more reports in FY 2015-16 than in FY 2014-15 because the report was related to a currently open case. These types of reports are screened out because the client is already being served.



Table 18: Adult Protective Services Caseload



#### 4:20-4:30 COLORADO BENEFITS MANAGEMENT SYSTEM AND PEAK

- Bill Stevens, Director of Health Information Systems and CBMS, Governor's Office of Information Technology
- Chris Underwood, Office Director, Health Information Office, Health Care Policy and Financing

#### 45) How could the PEAK application be adjusted so that citizens better understand that the data they enter will result in actual benefit changes and generate notices, as opposed to generating sample scenarios for a user to review?

*The following response was provided by the Governor's Office of Information Technology (OIT).*

There are several places that information could be added to inform citizens of the impact of their actions.

The Landing Page is the initial stop when accessing PEAK. Everyone who uses PEAK has the opportunity to see the latest information regarding the application, and an update could be made to display a "banner" on the Landing Page that outlines the potential outcomes (benefit changes, generation of client notifications, etc.) from data updates.

Online Help is available throughout PEAK. Information could be displayed there and available to all who turn to online help for information.

Pop Up notification messaging is used throughout the application to provide information to individuals entering data on a specific screen. In cases where the data being provided will result in benefit changes or generate client notices, it is possible to provide notification to the end user via this method as well.

OIT and the departments will work together to review the options and determine where such a message would be most effective.

**46) Please describe recent trends (fiscal year over fiscal year) for help tickets for the Colorado Benefits Management System (CBMS). Please include a discussion of the existing backlog of tickets.**

*The following response was provided by the Governor's Office of Information Technology (OIT).*

The average monthly ticket count back in 2014 was 2,731 with a reduction in 2015 by 23% to an average of 2,118 and another 17% reduction in 2016 to an average of 1,775. Currently we have an average of 425 tickets per week; as compared to back in 2014, the average weekly was 683.

The total backlog back in April 2015 was around 3,500 active CBMS tickets going back to 2012 as the oldest tickets. All the tickets with 2012 - 2014 and first part of 2015 were worked and resolved by January 2016. Around March 2016, the team had accomplished only being 6 months out on working tickets and that continues today as our oldest tickets are from July 2016. Most of the July and August tickets are currently scheduled for the January 2017 build. We continue to analyze the tickets so we can try to only be 90 business days out on our oldest ticket to be fixed in a build.

The service level agreement (SLA) on the CBMS tickets in January 2016 was at 83% and starting in June 2016 through November 2016, we are meeting above 90% SLA.

The top 10 categories for 2016 are:

- Client ID Merges - 22%
- Food Assistance - 14%
- MAGI (HCPF) - 14%
- Colorado Works Use Month - 10%
- Food Assistance Use Month - 9%
- Colorado Works - 7%
- Non-MAGI (HCPF) - 6%
- Adult Financial - 4%
- CBMS general tickets - 3%
- MA Overrides - 2%

**47) Please describe the relationship between CBMS and Connect for Health Colorado as it relates to an individual shopping for health insurance who then applies for Medicaid coverage.**




*The following response was provided by the Department of Health Care Policy and Financing (HCPF).*

All Medicaid eligibility determinations, including determinations for individuals who apply for coverage through Connect for Health Colorado, are made by the Colorado Benefits Management System (CBMS). Connect for Health Colorado and the Department of Health Care Policy and Financing use a shared infrastructure called the Shared Eligibility System (SES) to determine eligibility for the Insurance Affordability Programs which include Medicaid, Child Health Plan Plus (CHP+), and financial assistance to purchase private health insurance through Connect for Health Colorado (Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR)). The SES is not a standalone system; it consists of CBMS, the Colorado.gov/PEAK online application, and the eligibility rules engine. The eligibility determinations made through SES are shared automatically between CBMS and Connect for Health Colorado. If the individual is eligible, the individual is notified of their APTC/CSR and is transferred to the Connect for Health Colorado website to shop for an insurance plan.

Individuals can also choose to shop for private health insurance through Connect for Health Colorado without applying for any Insurance Affordability Programs. These individuals have the option to purchase health insurance at the full price set by the insurance plan. CBMS is not part of this process.

<b>Workgroup #3: Continuous Quality Improvement</b>			First meeting									
			Determine process to achieve outcome of a CQI program									
					Secure vendor to collect/ analyze data							
						Survey counties; review BPR data; analyze data		Draft report to JBC				
<b>Workgroup #2: Workload Study</b>	Solicit/select vendor to draft RFP for workload study											
			RFP drafted and released									
						Vendor selected; contract finalized						
								Data collected & analyzed; workload study drafted. Workload study finalized by June 30				
<b>Workgroup #1: SNAP Incentives/Sanctions</b>			First meeting									
			Outline processes; draft "SNAP Incentives & Sanctions" policy									
							Finalize policy					
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17

## Attachment B: Low-income Energy Assistance Programs Receiving Severance Tax Money

<b>Colorado Dept. of Human Services (CDHS)</b> Low-Income Energy Assistance Program (LEAP) 	<b>Colorado Energy Office (CEO)</b> Low-Income Energy Services 	<b>Energy Outreach Colorado (EOC)</b> 
<b><u>Program Purpose</u></b>		
Bill pay assistance for <b>winter</b> home heating costs to income-eligible households (165% FPL)	Home energy efficiency services to low-income households (200% FPL)	Bill pay assistance and energy efficiency services to LEAP-eligible (non-winter) & other low-income (not LEAP eligible) households
<b><u>Administration / Service Delivery</u></b>		
Fiscal and program administration; county offices and Goodwill deliver services	Fiscal and program administration; statewide contractors perform services	Contracts with LEAP (bill pay assistance) and CEO (weatherization), among other contractors
<b><u>Funding Sources</u></b>		
<ul style="list-style-type: none"> <li>Block Grant, U.S. Dept. Health &amp; Human Services</li> <li>Tier 2 Severance Tax, when available</li> </ul>	<ul style="list-style-type: none"> <li>U.S. Dept. of Energy</li> <li>Tier 2 Severance Tax, when available</li> <li>LEAP (up to 15%) for weatherization</li> <li>Grants</li> </ul>	<ul style="list-style-type: none"> <li>Utility companies</li> <li>Tier 2 Severance tax, when available</li> <li>LEAP (furnace repair)</li> <li>Donations</li> </ul>
<b><u>Tier 2 Severance Tax Funds</u></b>		
CDHS Low-Income Energy Assistance Fund	CEO Low-Income Energy Assistance Fund	EOC Low-Income Energy Assistance Fund
<b><u>Tier 2 Appropriation (Method, Amount, Sunset)</u></b>		
Up to \$3.25 M annually (depending on Severance Tax revenue available). Continuous appropriation. Sunsets on July 1, 2018.	Up to \$6.5 M annually (depending on Severance Tax revenue available). Continuous appropriation. Sunsets on July 1, 2018.	Up to \$3.25 M annually (depending on Severance Tax revenue available). Continuous appropriation. Sunsets on July 1, 2018.
<b><u>Additional Program Notes</u></b>		
Federal funds are approx. 90% of LEAP's program funding. Partners closely with CEO and EOC in order to improve self-sufficiency among vulnerable families.	Receives additional funding from federal sources. Partners closely with LEAP and EOC in order to improve energy efficiency throughout Colorado.	Non-profit agency offering a wide array of energy-related services. Partners closely with LEAP and CEO to meet vulnerable Coloradans' energy needs.



COLORADO  
Department of Human Services



# FY 2017-18 Joint Budget Committee Hearing

Department of Human Services:  
Information Technology, Self-  
Sufficiency, Adult Assistance  
Programs, Youth Corrections, County  
Administration

January 4, 2017

# 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.

At the Colorado Department of Human Services,  
we are ***People Who Help People***:

- Thrive in the community of their choice
- Achieve economic security through meaningful work
- Prepare for educational success throughout their lives



# CDHS at a Glance

## CDHS Owned & Active

- 343 buildings that are owned and operated on 20 campuses across the State of Colorado, including:
  - 46 vacant buildings (43 dry-closed, 3 wet-closed)
  - 31 tenant/contract operated buildings
  - 266 CDHS occupied/operated
- Examples of the various uses of buildings include:
  - 2 Mental Health Hospitals
  - 3 Regional Center Campuses and 40 Group Homes
  - 12 Youth Service Center Sites
  - 4 Veterans Community Living Centers
- Office of State Architect identifies current replacement value of nearly \$685 million
- Average Facility Condition Index score for CDHS buildings is 66.3 compared to statewide target of 85

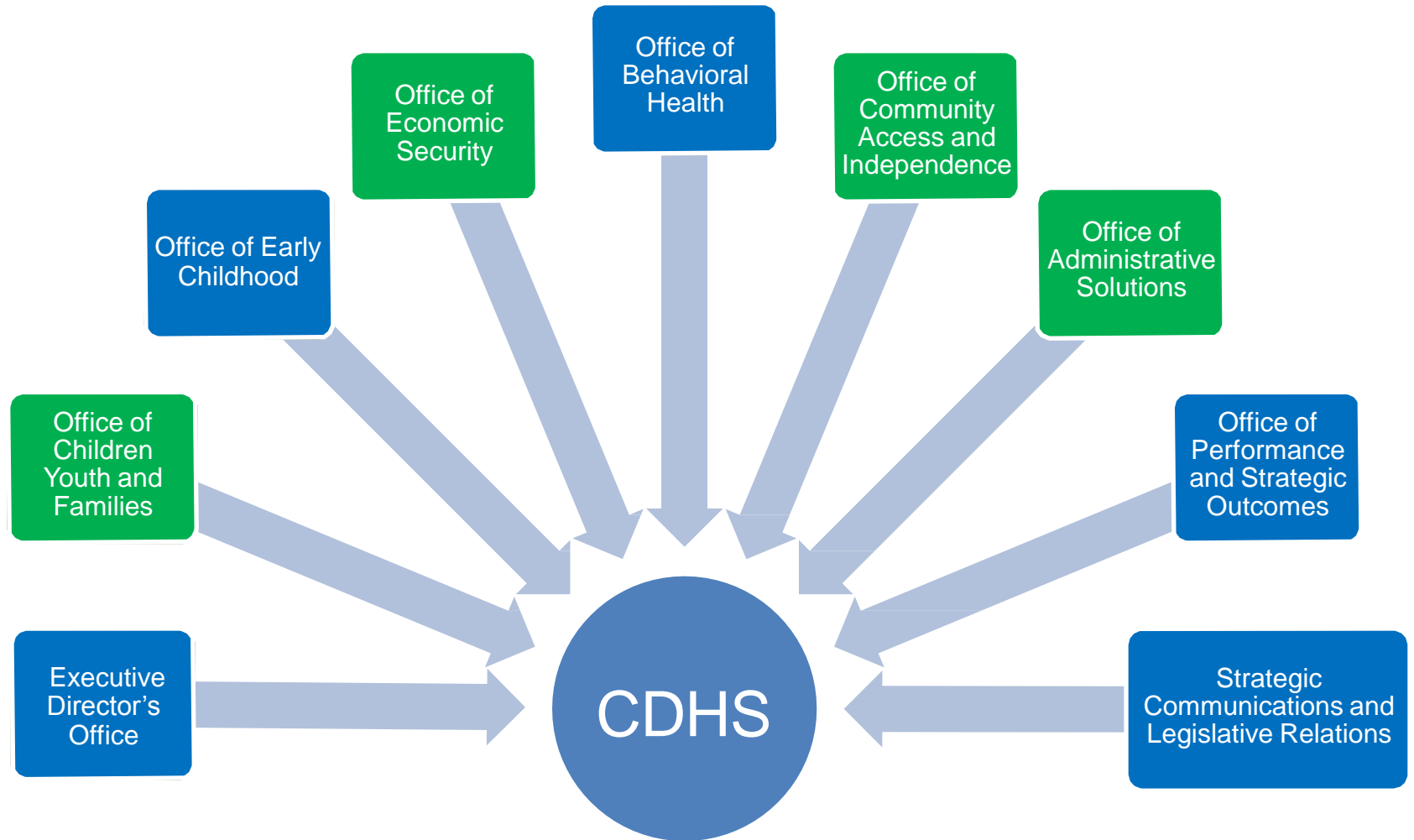
## CDHS Leased

- 11 Properties, including:
  - 1 Disability Determination Services Office
  - 1 Child Welfare Training Office
  - 1 CDHS Headquarters (1575 Sherman St.)
  - 1 LEAP/Refugee Services Office
  - 5 Administrative DYC Offices
  - 1 Office of Economic Security Training
  - 1 Developmental Disabilities Council

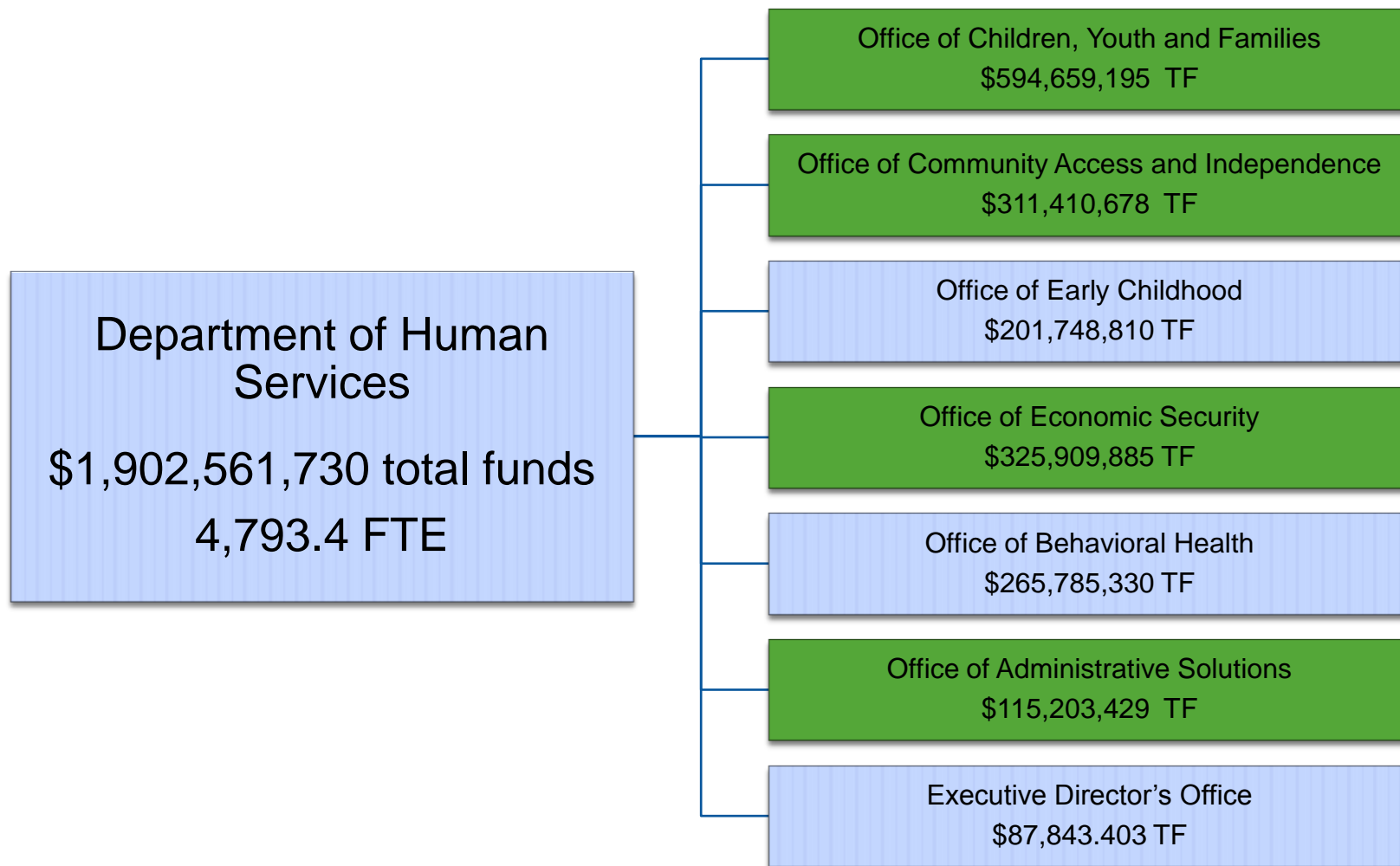
## Community Programs

- |   |                                |
|---|--------------------------------|
| ✓ County Programs                       | ✓ Early Childhood Councils     |
| ✓ Community Behavioral Health Providers | ✓ Area Agencies on Aging       |
| ✓ Refugee Services                      | ✓ Tony Grampsas Youth Services |
| ✓ Domestic Violence Programs            | ✓ Ombudsman Programs           |
|   | ✓ 55 Boards and Commissions    |





# FY 2016-17 Department Appropriation



# Colorado Department of Human Services FY 2017-18 Budget Requests

## Office of Community Access and Independence

- **State Adult Protective Services Quality Assurance Staff: \$430,000 and 4.6 FTE**
- **State Unit on Aging, Aging & Disability Resources for Colorado Claiming \$0.5 million**
- Regional Center Electronic Health Record System: \$3.0 million
- Regional Center Depreciation Fund Capital Improvements: \$1.0 million
- Fitzsimons Development Project: \$15.0 million
- New Homes to Relocate Grand Junction Regional Center Intermediate Care Facility: \$12.0 million

## Office of Economic Security

- **OAP Cost of Living Adjustment: \$322,000**
- **County Administration: \$16.7 million**



# Colorado Department of Human Services FY 2017-18 Budget Requests

## Office of Children, Youth and Families

- **DYC Facility Staffing Phase 3 of 3: \$5.0 million and 80.6 FTE**
- **DYC 24 Hour Medical Coverage: \$2.0 million and 16.1 FTE**
- **DYC Detention Mental Health: \$1.0 million**
- County Child Welfare Staffing Phase 3: \$4.1 million
- Child Welfare Oversight and Technical Assistance: \$320,000
- **DYC Reduction of Client Managers: (\$154,000) and (2.0) FTE**
- Modernizing the Child Welfare Case Management System – Phase 3 of 3: \$6.7 million
- **DYC Facility Refurbishment for Safety and Risk Mitigation, Modernization – Phase 4 of 6: \$5.5 million**
- **DYC Adams Youth Service Center Replacement – Phase 3 of 3: \$14.8 million**
- **DYC Facility Program Plans: \$616,000**





## Office of Children Youth & Families – Division of Youth Corrections



**COLORADO**  
Department of Human Services



# Office of Children, Youth & Families – Division of Youth Corrections FY 2017-18 Budget Requests

- **DYC Facility Staffing Phase 3 of 3: \$5.0 million and 80.6 FTE**
- **DYC 24 Hour Medical Coverage: \$2.0 million and 16.1 FTE**
- **DYC Detention Mental Health: \$1.0 million**
- **DYC Reduction of Client Managers: (\$154,000) and (2.0) FTE**
- **DYC Facility Refurbishment for Safety and Risk Mitigation, Modernization – Phase 4 of 6: \$5.5 million**
- **DYC Adams Youth Service Center Replacement – Phase 3 of 3: \$14.8 million**
- **DYC Facility Program Plans: \$616,000**



# Division of Youth Corrections





# Youth Corrections Facility Distinctions

## State-owned and operated

- 10 secure facilities:
  - 5 Detention only
  - 2 Commitment only
  - 3 Multipurpose

## State-owned and privately-operated

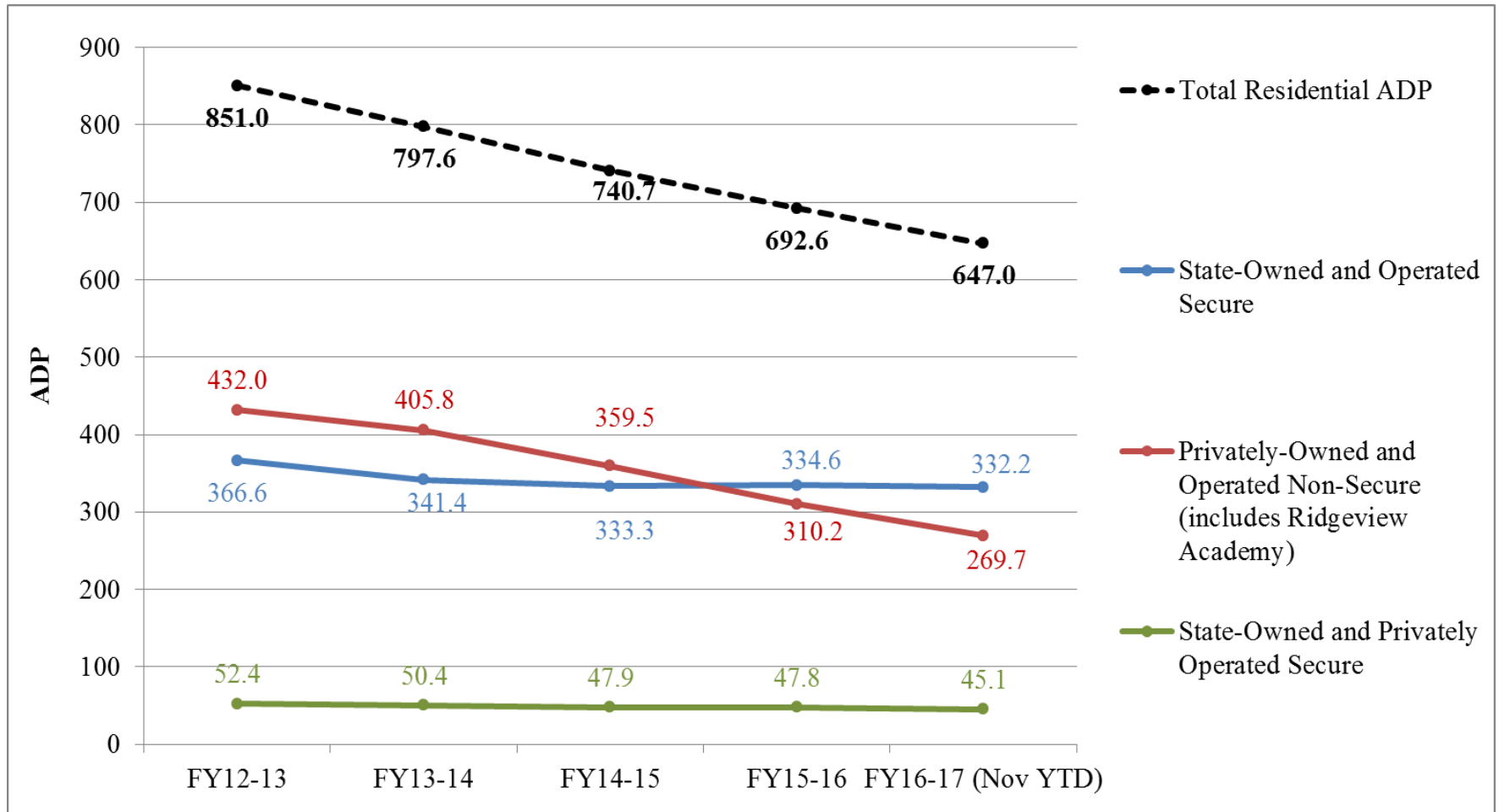
- DeNier and Marler (secure)
- Ridgeview Academy

## Privately-owned and operated

- Community based contracts:
  - Residential Treatment Centers
  - Group Homes
  - Proctor Homes (foster homes)



# Commitment Average Daily Population for FY 2012-13 to FY 2016-17



# Enhancing Health Care Delivery

## DYC 24 Hour Medical Coverage

**\$2.0 million and 16.1 FTE**

- **Current** Service Provided: Physician/Psychiatric Services to evaluate and prescribe psychotropic medication and monitor for side effects
- **Request:** Enhances current medical services for State-operated secure facilities
  - Increases medical coverage to 24/7 in detention and multipurpose
  - Contract for psychiatric services for detained youth
  - Evaluation, prescription, and monitoring of psychotropic medications

## DYC Detention Mental Health

**\$1.0 million**

- **Current** Service Provided: Therapy/Clinical services
- **Request:** Increase contract detention mental health services
  - Routine brief, solution-focused therapy
  - Brief, solution-focused family therapy
  - Group facilitation
  - Crisis intervention
  - Consultation with direct care staff
  - Facilitating transfer for psychiatric hospitalization
  - Conducting mental health assessments
  - Suicide precaution monitoring





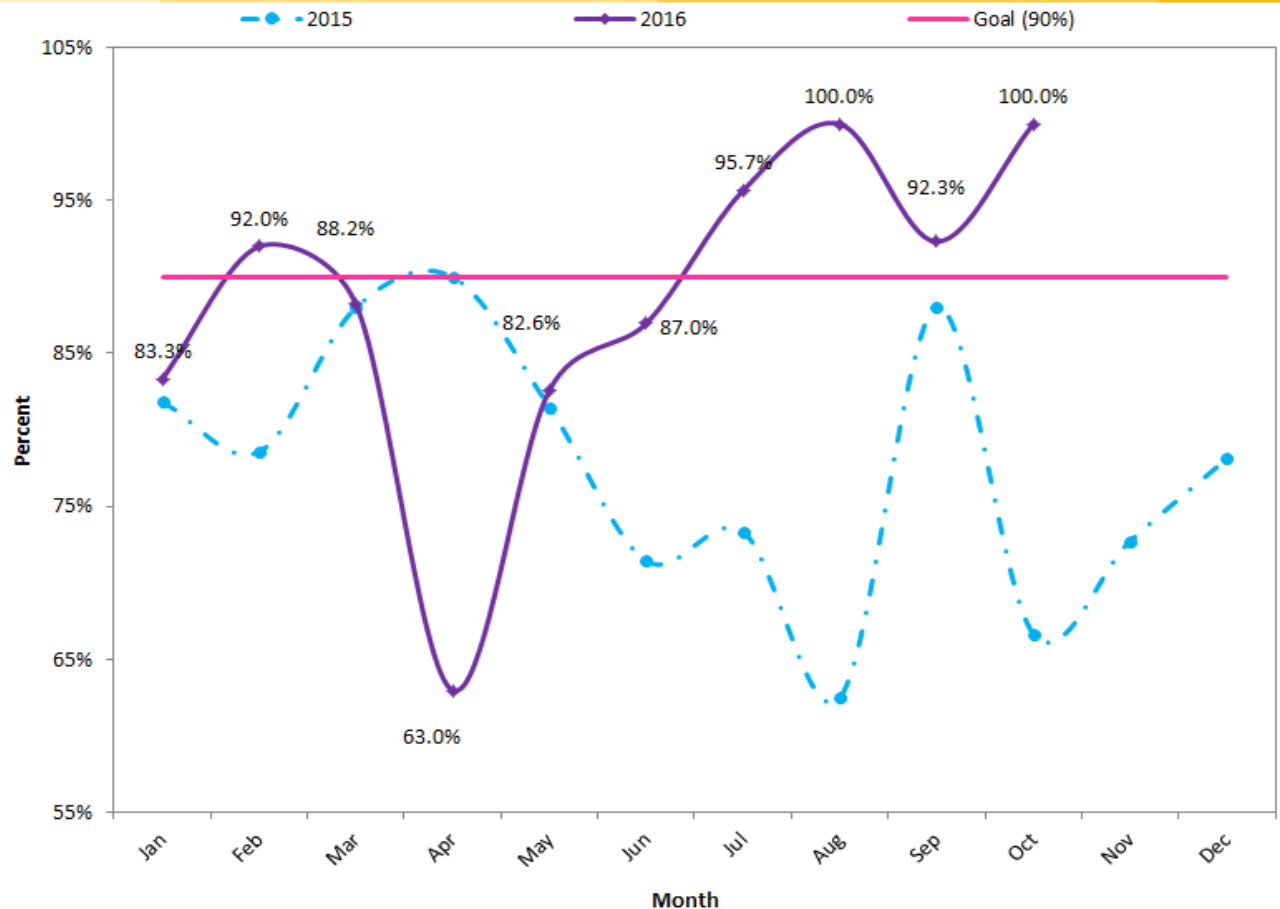
# Eligible Youth Who Have a GED or High School Diploma by Discharge

## Description of Trend:

Performance improved from 92.3% in September to 100.0% in October 2016. The goal was achieved for the forth consecutive month.

Numerator: Number of eligible youth who receive a GED or high school diploma by the time they discharge

Denominator: Number of eligible DYC clients discharged in a specific month  
Denominator: 26



12/2016 SLIDE 9

Internal Working Document

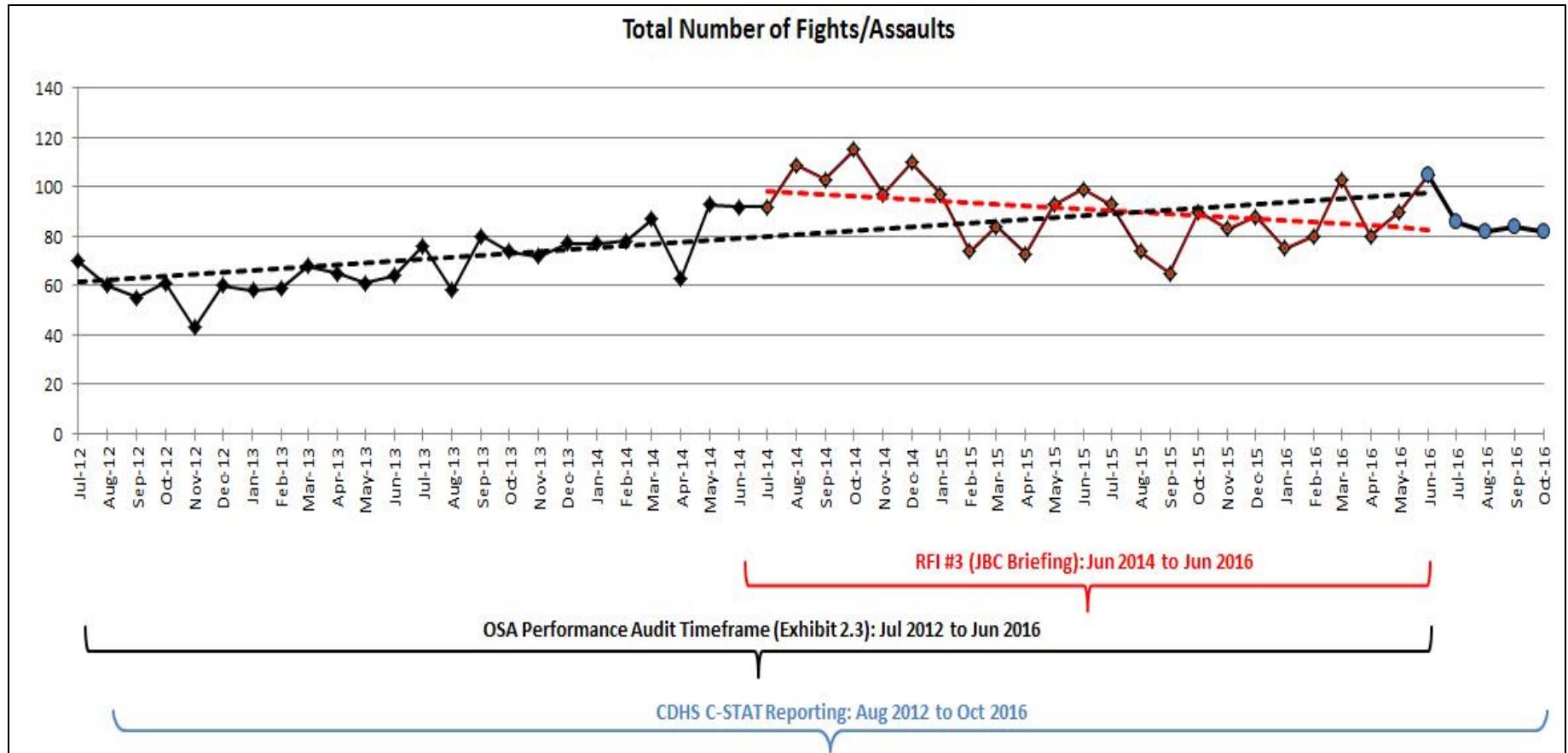


**COLORADO**  
Office of Children,  
Youth & Families  
Division of Youth Corrections

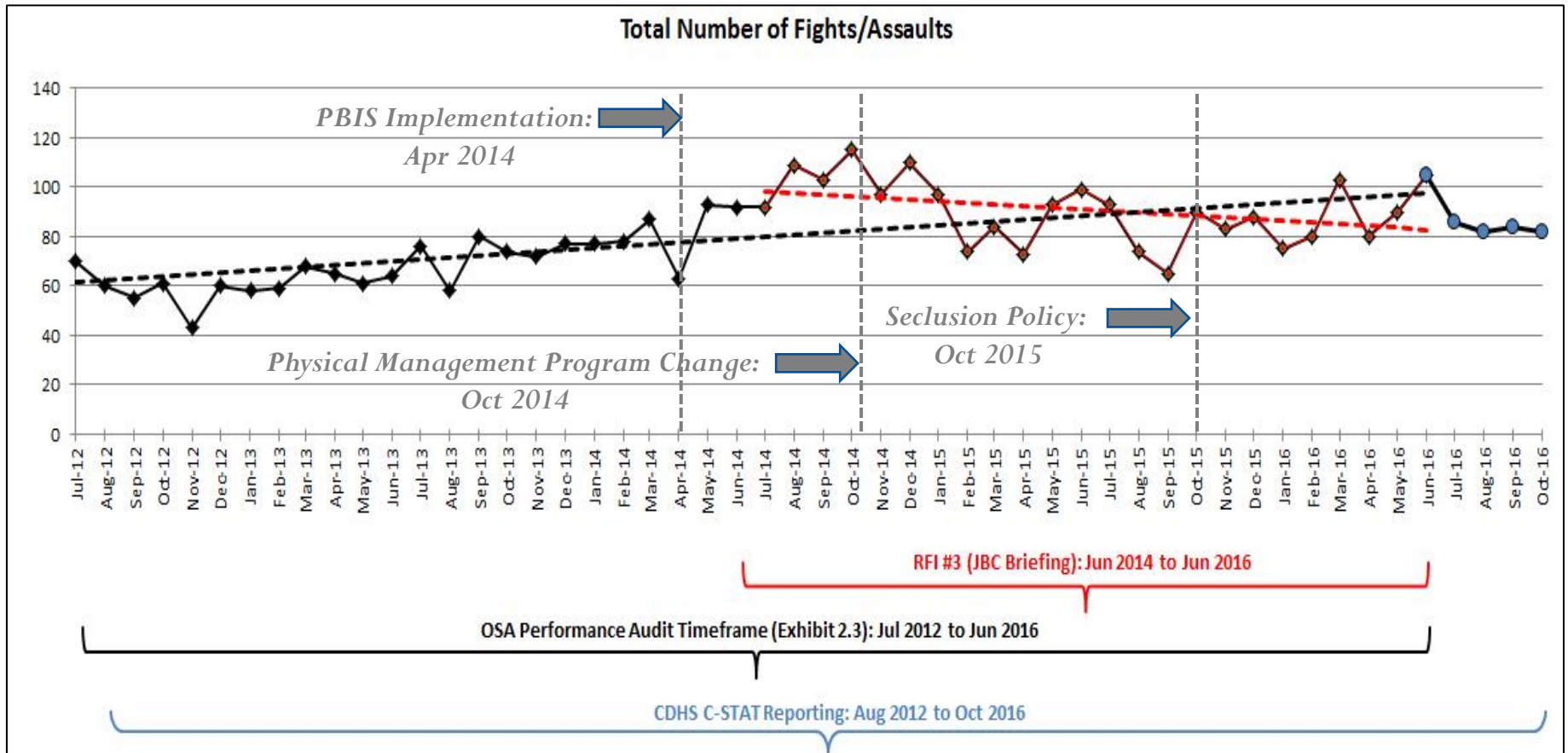


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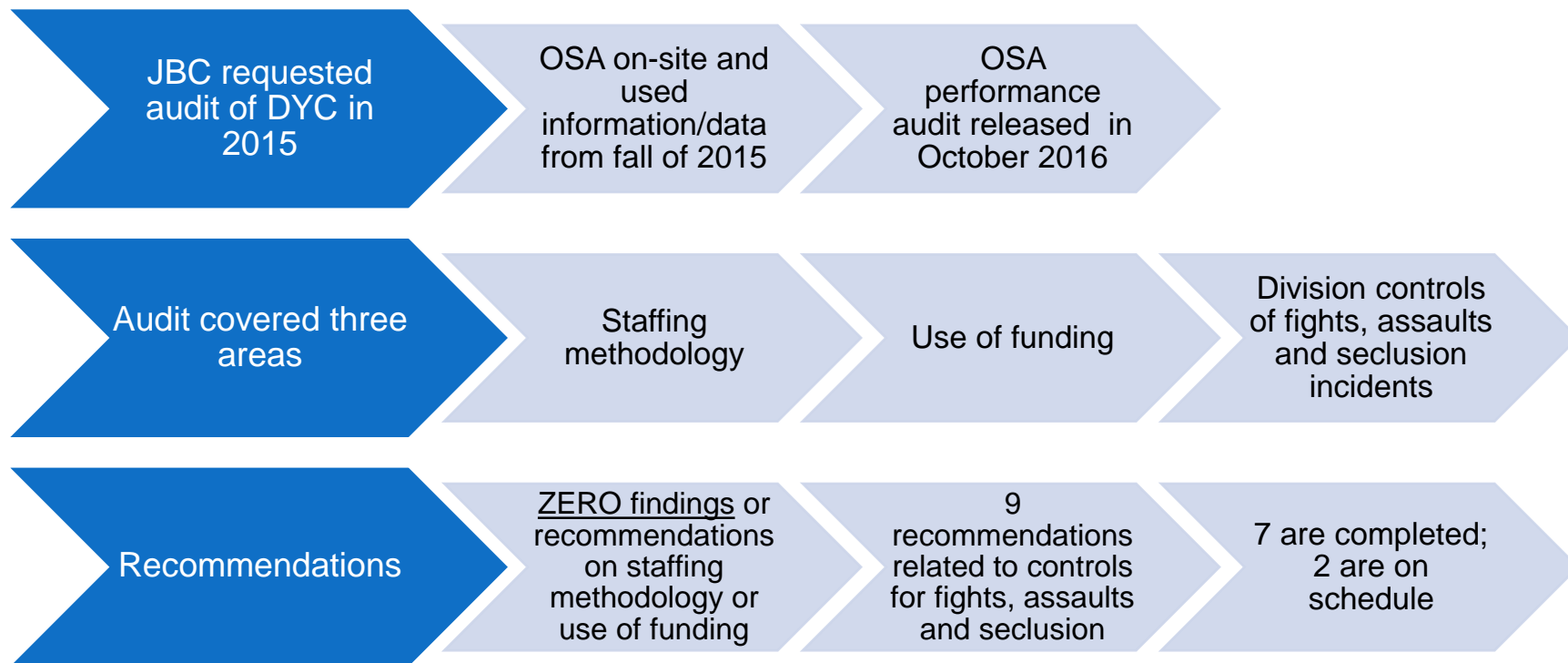
# Assault and Fight Trends 2012-2016



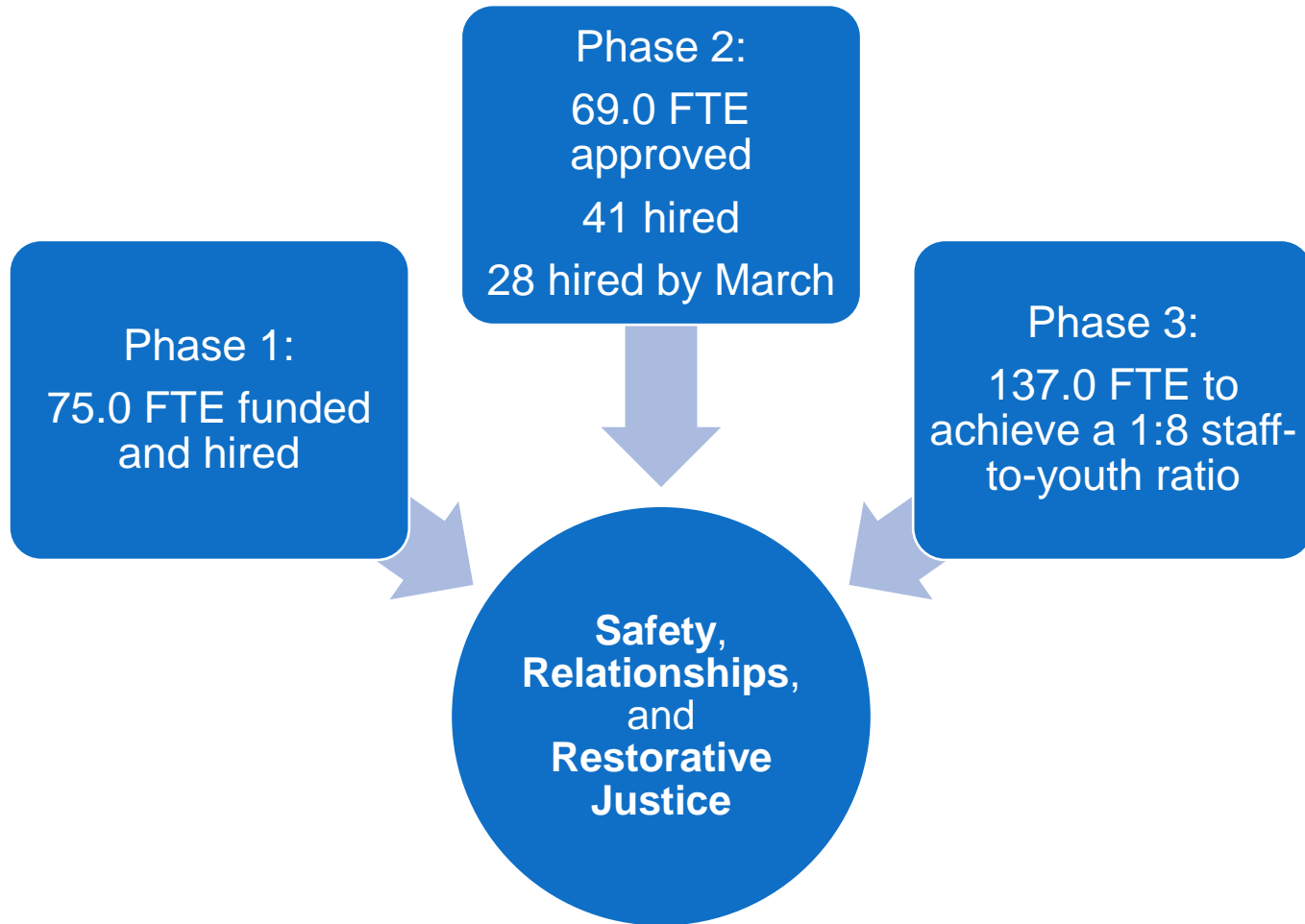
# Assault and Fight Trends 2012-2016



# DYC Audit



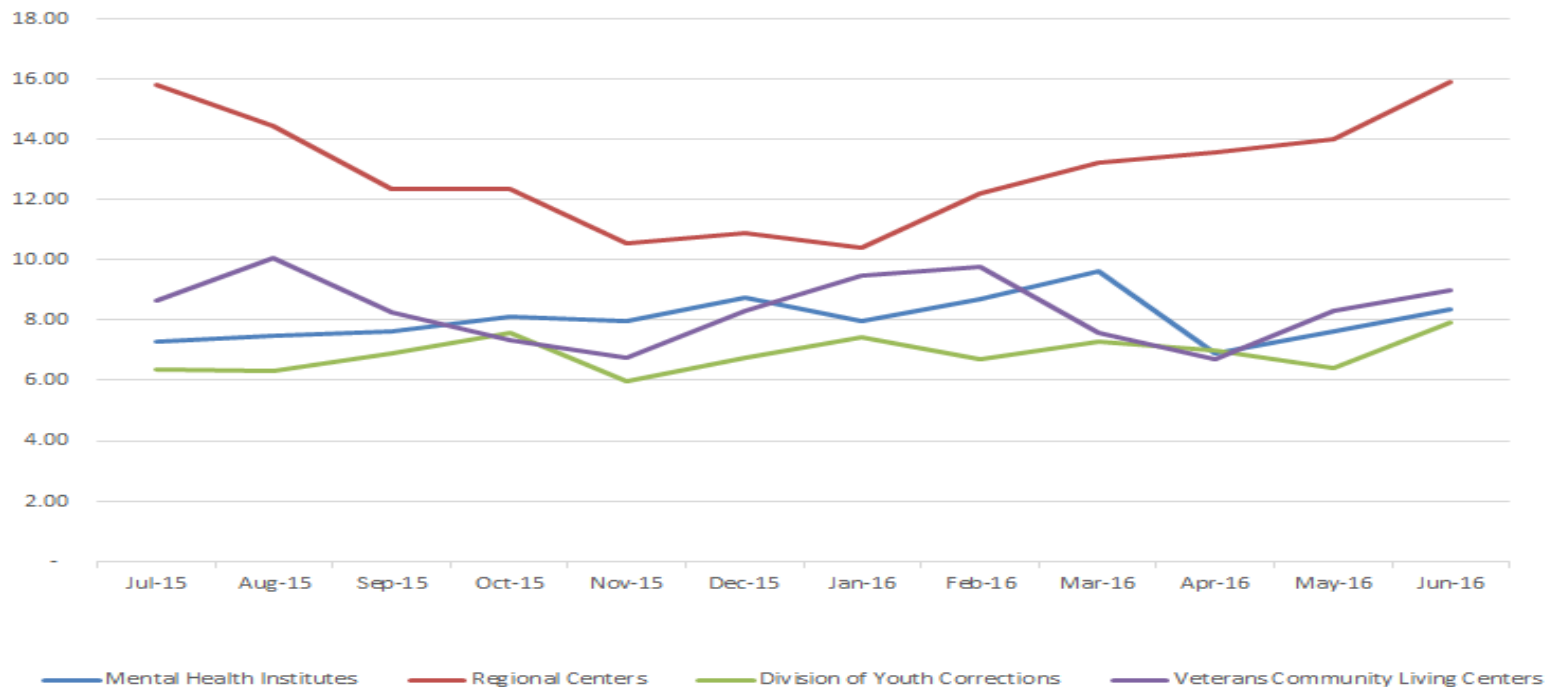
# DYC Facility Staffing Request





# 24/7 Facilities and Unplanned Absences

**Comparison of Average Hours of Unplanned Absence, per Direct Care Staff Per Month  
Fiscal Year 2015-16**



Source: KRONOS timekeeping data for FY 2015-16.

<sup>1</sup> Unplanned absences is defined as administrative leave, bereavement, jury leave, sick leave, unpaid leave, and worker's comp leave.



# Training and Techniques

## Training and Techniques

- Trauma Informed
- Strength Based Approach/PBIS
- Adolescent Development
- Family Engagement
- Informed Supervision
- Suicide Risk and Precaution Monitoring
- Co-Occurring Disorders
- Motivational Interviewing
- Youth and Staff Safety (YASS)
- Verbal De-Escalation
- Escape and Evade/Critical Response
- Practice Skills for YASS
- Spontaneous Knife Defense

## Weapons in DYC Facilities

- **DHS does not support and will not issue weapons to DYC employees**
  - Pepper spray and stun guns proven to cause serious injuries to youth
  - Increased risk that youth could obtain them for use against staff and other youth
- **Stronger correlation between staff requesting weapons and:**
  - Being understaffed
  - Unable to intervene before a situation escalates
  - Cannot safely intervene when an altercation does occur
  - Lack of staff for basic security postings



# Examples of DYC Staff Input and Action by the Division

Staff Input	Action by the Division
Need for more training and awareness in working with youth who present mental health issues	Regional based trainings provided by the Chief Medical Officer and the Office of Children, Youth and Families Medical Director
During town-hall meetings some staff expressed a desire to re-evaluate scheduling	Adjusted schedules in facilities with sufficient direct care staffing and with a majority of staff expressing interest in schedule changes
Need for a Youth and Staff Safety manual that they could utilize and refer to after their completion of the initial training	The Division's Office of Staff Development now issues a manual to each employee at the completion of their initial training
Staff have described the initial new hire training as lengthy and too cumbersome to absorb in a short period of time	The Division formed a committee to review the new hire training and determine how the training can be delivered in a manner that staff are best prepared to work directly with youth

# The Colorado Model

Colorado's approach to operating a juvenile detention continuum, commitment continuum and juvenile parole

## Components

- SB 91-94 – detention diversion
- Secure and staff secure detention
- Commitment assessment
- State-operated commitment treatment
- Contract commitment residential treatment centers
- Parole supervision and aftercare services

## Key Provisions

- Safe and Trauma-Responsive Environments
- Community Collaboration
- Focus on Staff and Youth Resilience
- Relationships and Strengths-Based Orientation
- Ecological Focus
- Integrated Service Delivery
- Data-Driven Decision Making

# Similarities between the Colorado and Missouri Approach

- Philosophically aligned – trauma responsive treatment
- Integrated treatment model
- Restorative justice principles
- Programmatic alignment - focus on education, family engagement, transition and aftercare, skill development, relationship based programming, and comprehensive assessment
- Overarching case management throughout commitment

# Differences between the Colorado and Missouri Approach

	Colorado Model	Missouri Approach
<b>Area of Responsibility</b>	Detention-Commitment-Parole	Commitment-Aftercare
<b>Staff to Youth Ratio-Waking</b>	1:10 to 1:13 (desired goal 1:8)	1:6
<b>Living Unit Size</b>	12-20 beds	10-12 beds
<b>Physical Management Techniques</b>	<ul style="list-style-type: none"> <li>• Verbal de-escalation</li> <li>• Youth and Staff Safety Program</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Crisis Prevention and intervention with emphasis on prevention/conflict resolution</li> <li>• Staff-led restraint with youth participation</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Youth programmed per skill level in class sizes no larger than 15 <ul style="list-style-type: none"> <li>• Mix of living units, gender, and status</li> </ul> </li> <li>• Individualized learning plans</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic one-room school house</li> <li>• Educated by living unit</li> <li>• Direct care staff licensed as substitute teachers</li> </ul>
<b>Structure of Treatment Setting</b>	<ul style="list-style-type: none"> <li>• Sanctuary Model</li> <li>• Multiple treatment approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma-informed, small group treatment as the primary vehicle for treatment</li> </ul>
<b>Data</b>	Strong focus on and active use of data	Lack of readily available quantitative or qualitative outcome data



# Piloting the Missouri Approach in Colorado

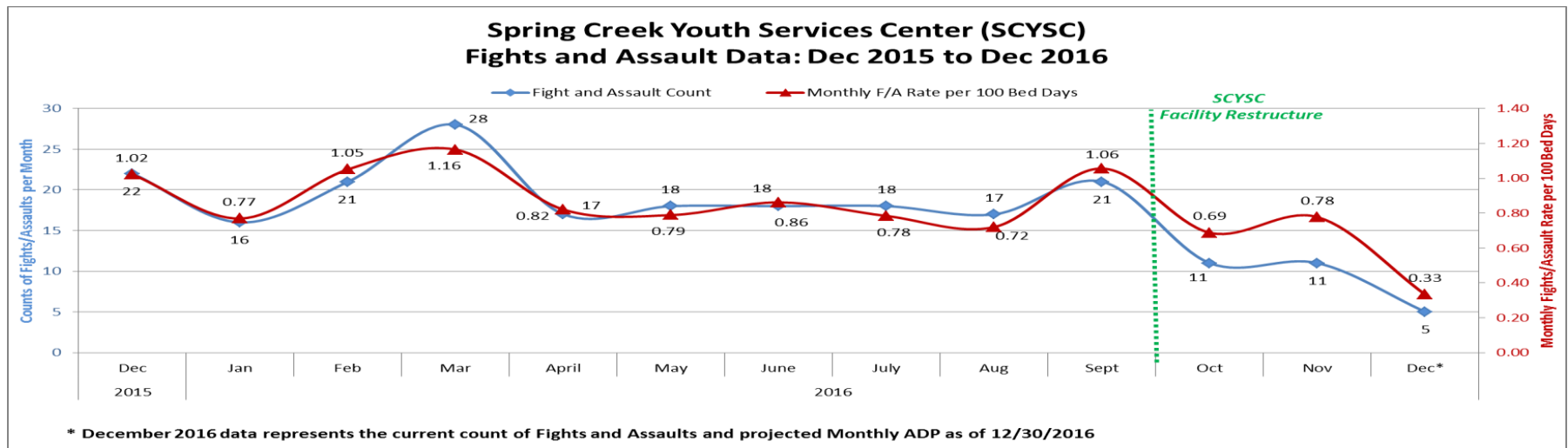
- Formation of committee – comprehensive review of Missouri Approach for appropriateness and additional value if implemented in Colorado
  - How would success be defined?
  - What provisions would be needed at implementation to evaluate success?
  - Determine fidelity elements to ensure success of youth
  - Sufficient planning and implementation time period
  - Initial budget request that identifies the resources needed to execute the pilot and evaluate effectiveness
  - Determine level of youth involvement in physical management
- Fidelity to Missouri Approach during pilot
  - A staffing ratio of 1:6, using the current shift relief factor of 5.2
  - 12-bed units
  - Youth 10-18 years of age
  - All youth from the same geographical area
  - Restructure the educational program for pilot site
  - Additional training for staff on how to implement the approach



# Spring Creek Realignment

## Aggressive move to ensure safety, security, and quality programming

- Improve staff to youth ratio to at least 1:6 for waking hours and 1:12 for sleeping
- Positively impacted staff morale and the overall facility culture
- Decrease in fights and assaults
- Reduced the complexity of operations in programming by removing longer term treatment youth and establishing a sole focus on providing services to short term detainees.





# State Secure Capital Investments

Fiscal Year	Total Investment	Facilities	Project Description
<b>2014-15</b>	\$1.1 million	Zeb Pike, Pueblo, Grand Mesa, Lookout Mountain, Gilliam	<ul style="list-style-type: none"> <li>• Comprehensive assessment of all 10 state-operated facilities</li> <li>• Design and installation of detention grade glass</li> <li>• Guardrail mesh replacement</li> <li>• Glass wall enclosures on upper floors, security door replacement</li> </ul>
<b>2015-16</b>	\$2.0 million	Adams, Mount View, Lookout Mountain, Gillam	<ul style="list-style-type: none"> <li>• Perimeter fencing upgrade</li> <li>• Added secured fire egress</li> <li>• Camera upgrade</li> <li>• Metal detectors</li> <li>• Increased interior &amp; exterior campus lighting</li> <li>• Continued door/lock replacement design and installation; major design work for refurbishments</li> </ul>
<b>2016-17</b>	\$3.7 million	Gilliam, DeNier	<ul style="list-style-type: none"> <li>• Design work: door and lock replacement</li> </ul>



## Office of Economic Security



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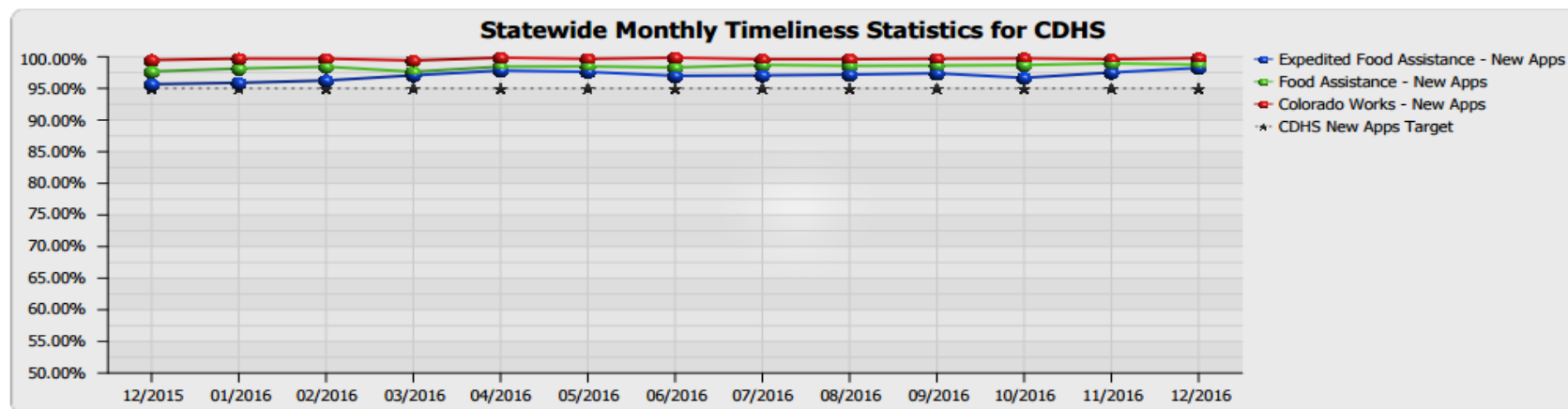
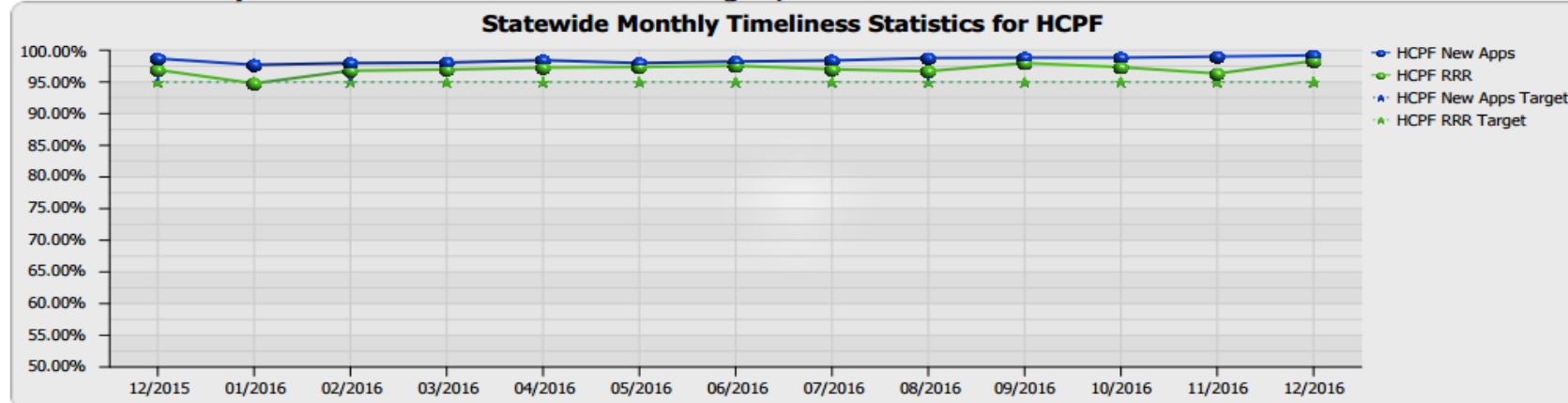
# Office of Economic Security

## County Administration

# Davis v Birch Settlement

## *Court Order Based Timeliness Report-monthly - Summary*

### Statewide Monthly Timeliness Statistics for Month Ending 12/2016





# Davis v Birch Settlement

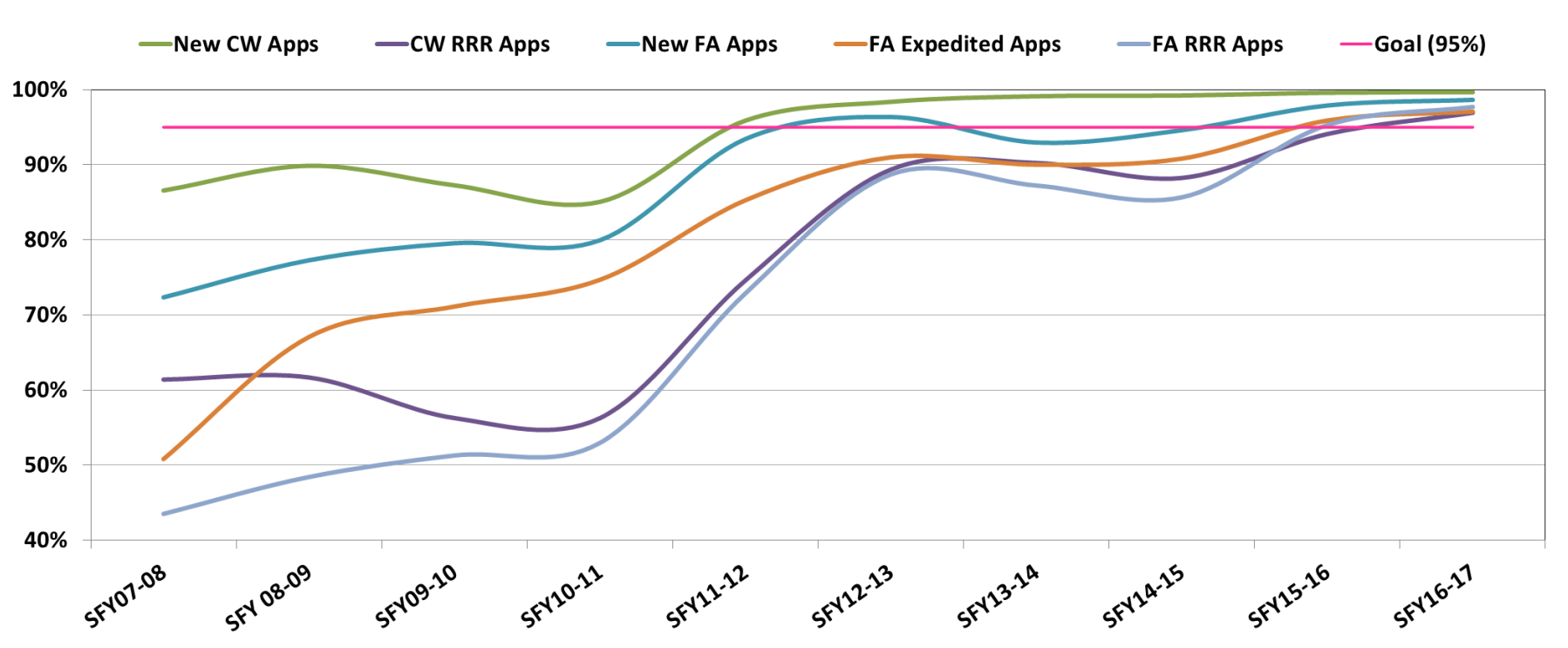
We have met the requirements  
and are seeking release!



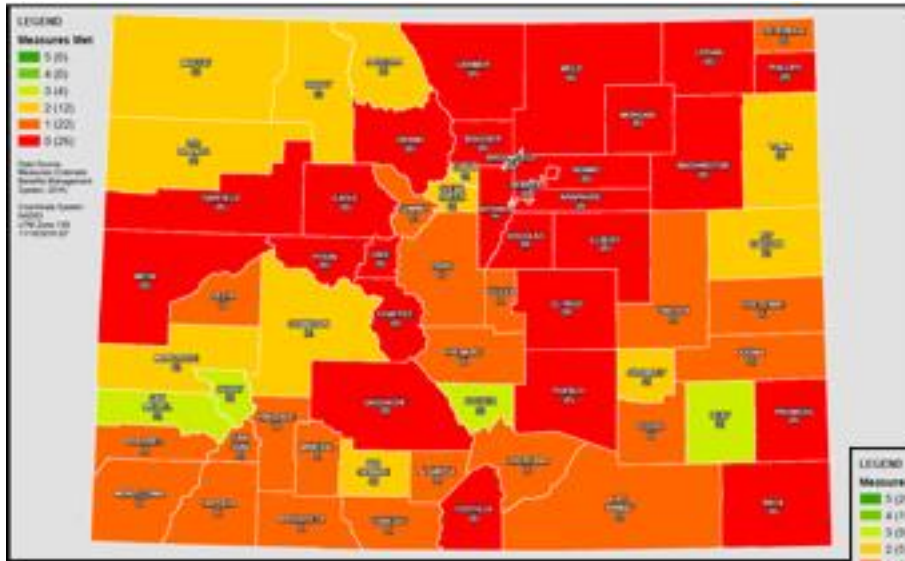
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# Benefits Application Timeliness

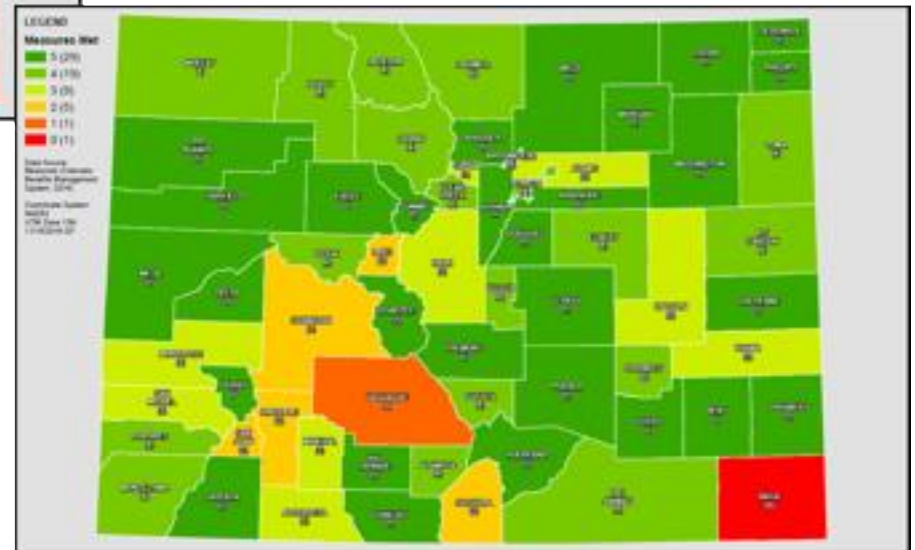
Statewide Performance on Davis-Birch Measures by State Fiscal Year (SFY)



# Benefits Application Timeliness

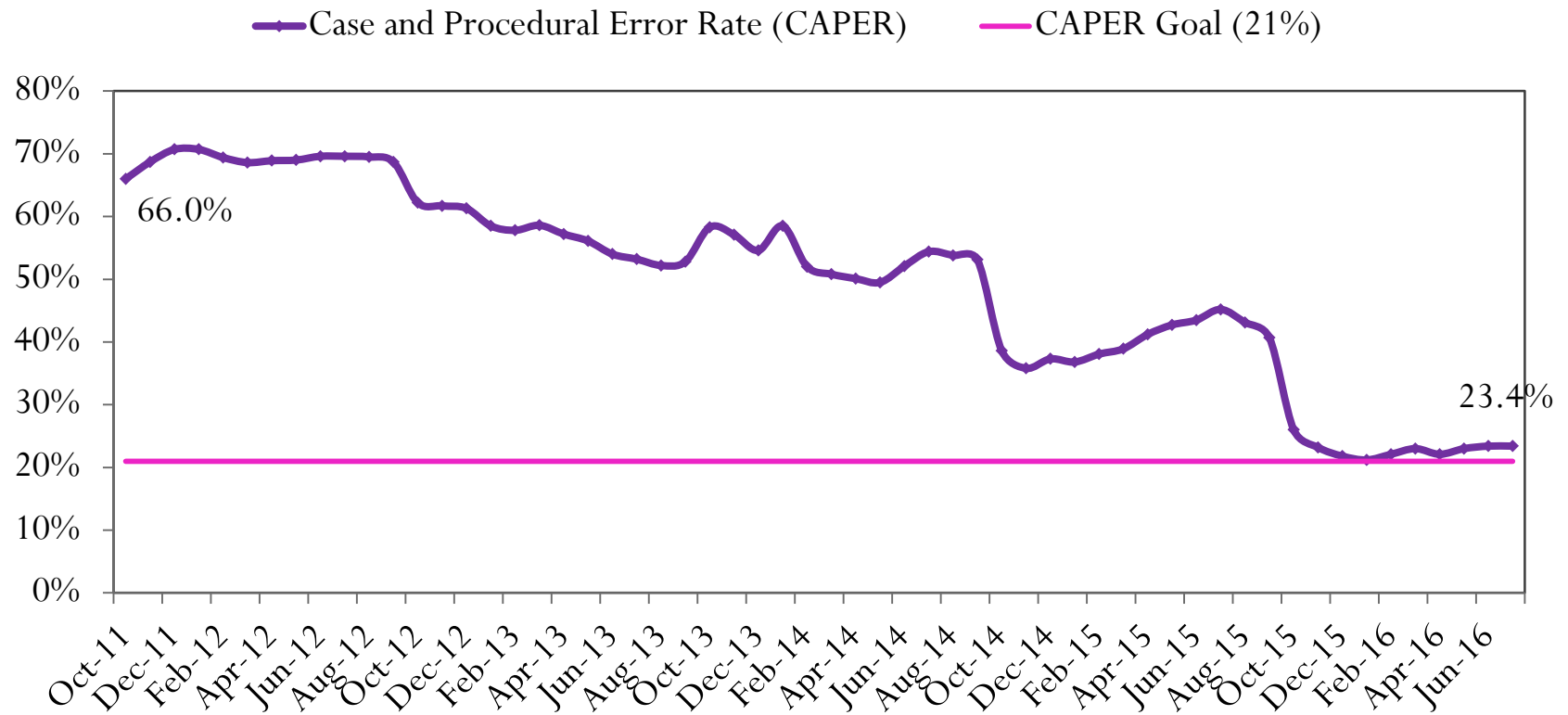


2008 map of counties meeting timeliness



Current map of counties meeting timeliness

# SNAP: Case and Procedural Error Rate

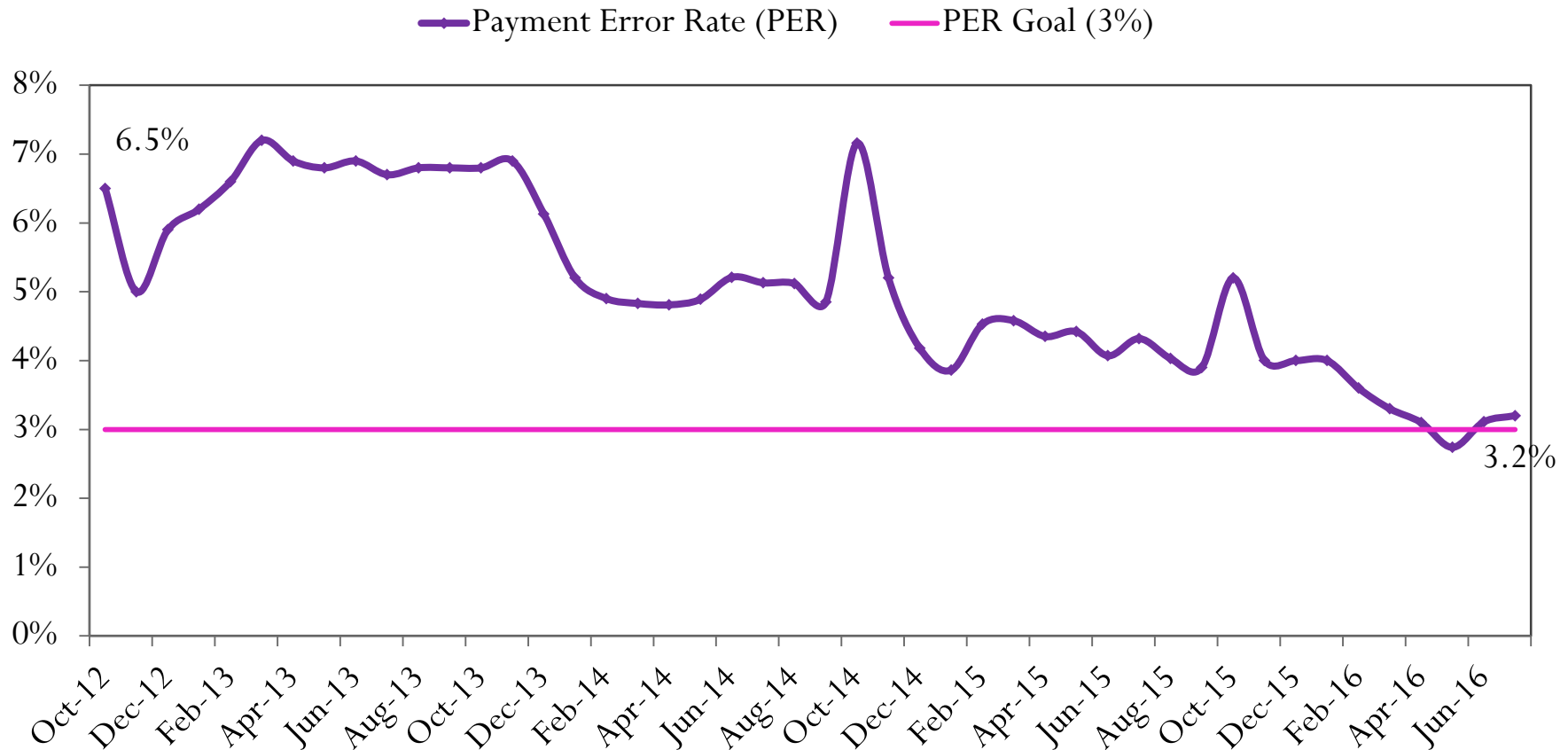


Colorado is the second most improved state in Federal Fiscal Year 2015-16





# SNAP: Payment Error Rate



# From Fixing to Sustaining

## **SB 16-190: County Service Delivery**

- Food Assistance county incentives and sanctions
  - County Workload Study
  - County Continuous Quality Improvement Program
- 

FY 2017-18 Budget Request

**County Administration: \$16.7 million**

\$5 million GF, \$3.3 million CF, and \$8.4 million FF



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# SB 16-190 Study Timeline

## Workgroup 1: SNAP Incentives/Sanctions

September 2016  
First meeting  
Outline processes; draft SNAP  
Incentives & Sanctions policy

January 2017  
Finalize SNAP Incentives &  
Sanctions policy

## Workgroup 2: Workload Study

July 2016  
Solicit/select vendor to draft RFP for  
workload study

September 2016  
RFP drafted and released

December 2016  
Vendor selected; Contract finalized

February 2017  
Data collected/analyzed  
Workload study drafted

June 2017  
Finalize Workload study

## Workgroup 3: Continuous Quality Improvement

September 2016  
Determine process to achieve  
outcome of CQI program

November 2016  
Secure vendor to collect/analyze  
data

December 2016  
Survey counties; Review Business  
Process Reengineering data

February 2017  
Draft report to JBC



# Administration of SNAP

- **All counties use:**
  - CBMS
  - Staff Development Center
  - Federal requirements, State law, and Administrative Rules
  - Performance goals
  - Allocation formula
- Primary costs - personnel services and operations
- **Variables affecting costs:**
  - Wages and benefits to attract/retain qualified staff
  - Health insurance costs
  - Work Management Systems
  - Higher cost of living in certain areas of the State
  - Overtime to meet workload demands
  - Caseload changes



# Historical Funding of County Administration

## Comparison of County Administration Allocation and Expenditures FY 2011-12 through FY 2015-16

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
<b>Total Allocation</b>	\$ 50.1	\$ 49.8	\$ 61.1	\$ 70.1	\$ 70.1
<b>Total Expenditures</b>	\$ 72.3	\$ 75.3	\$ 74.2	\$ 80.4	\$ 88.2
<b>Over-expenditure</b>	(\$ 22.2)	(\$ 25.5)	(\$ 13.1)	(\$10.1)	(\$ 17.8)
<b>Adjusted Over-expenditure</b>	<b>(\$ 7.0)</b>	<b>(\$ 8.1)</b>	<b>(\$ 3.1)</b>	<b>(\$ 3.9)</b>	<b>(\$ 6.0)</b>

Source: Department of Human Services, CFMS summary data





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# Office of Economic Security

## Low-Income Energy Assistance Program

# Low-income Energy Assistance in Colorado

## Colorado Energy Office (CEO)

### • Administers Weatherization Programs

- 42 U.S.C. 6861 et seq.
- 42 U.S.C. 7101 et seq.

### • Funding sources:

- U.S. Dept. of Energy
- LEAP funds (up to 15% of block grant, per annual Exec. Order)
- Tier 2 funds, when available
- Grants

### • Energy assistance activities:

- Efficient consumption of energy resources, including weatherization (residential & commercial)

### • Eligibility:

- Weatherization services targeted to 200% FPL.
- All LEAP eligible families

### • Service delivery model:

- Partners with local agencies



## Colorado Department of Human Services (CDHS)

### • Administers the Low Income Heating Energy Assistance Program (LIHEAP)

- 42 U.S.C. § 8621-8630

### • Funding sources:

- Block grant, U.S. Dept. of Health & Human Services
- Tier 2 funds, when available

### • Energy assistance activities:

- Heating assistance (bill payment) for low-income families

### • Eligibility:

- 165% FPL

### • Service delivery model:

- Administered by county offices and Goodwill
- Seasonal benefits, November-April



## Energy Outreach Colorado (EOC)

### • Non-profit agency

- 40 C.R.S. § 8.5-103.5

### • Funding sources:

- Utility companies, per statute
- LEAP
- Tier 2 funds, when available
- Independent fundraising

### • Energy assistance activities:

- Crisis Intervention Program (CIP)
- Assistance to vulnerable households who are not LEAP-eligible
- Other energy services

### • Eligibility:

- LEAP-eligible, opposite season from LEAP benefits
- Other low-income families

### • Service delivery model:

- Contracts
- Community partners



# LEAP Caseload Factors

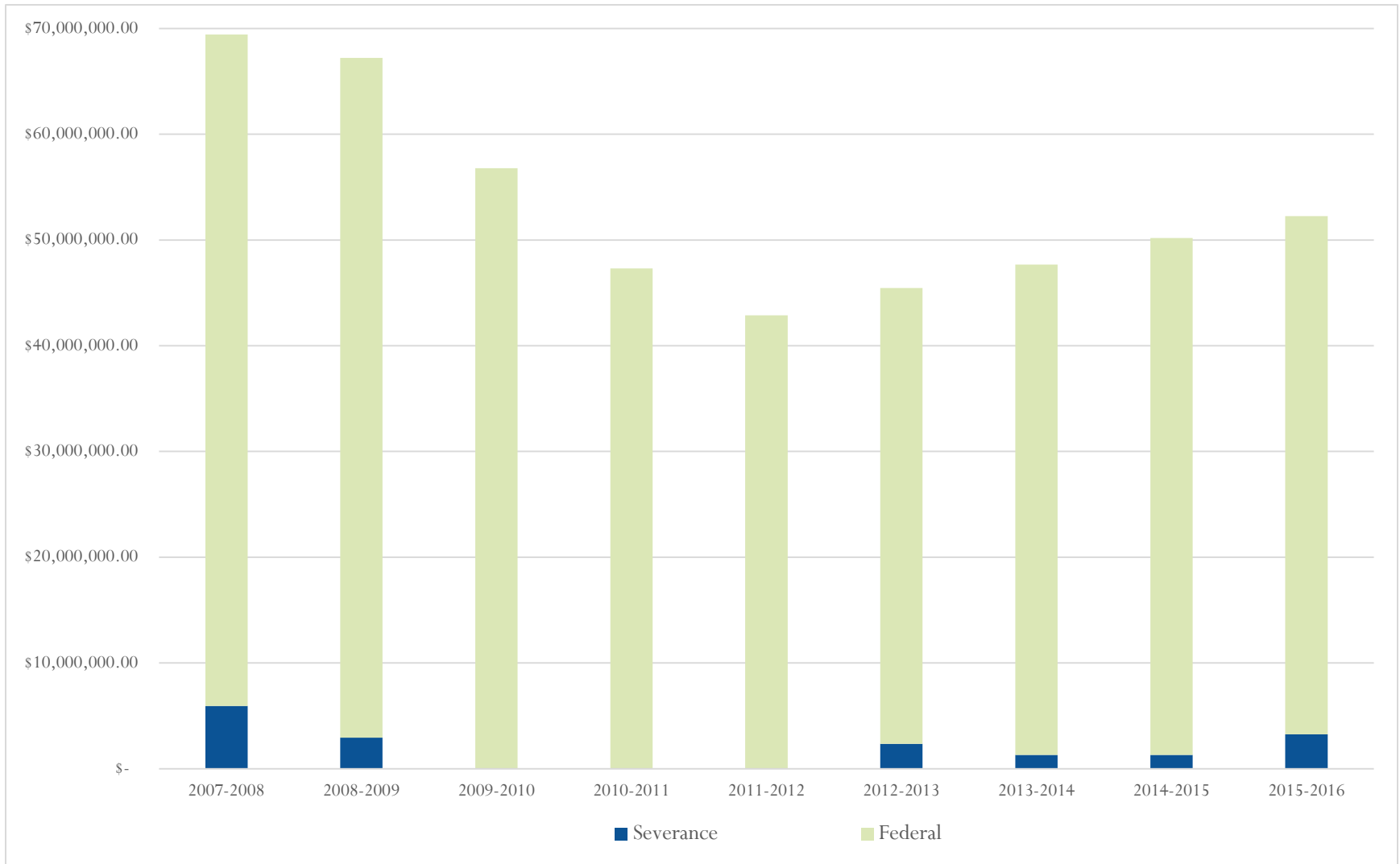
- Factors driving LEAP Expenditures
  - Fuel costs
  - Home fuel-use efficiency
  - Weather
  - Local economic factors

FY 2016-17 year to date shows a 20% increase in application approvals over FY 2015-16





# LEAP Funding Sources





## Office of Community Access and Independence



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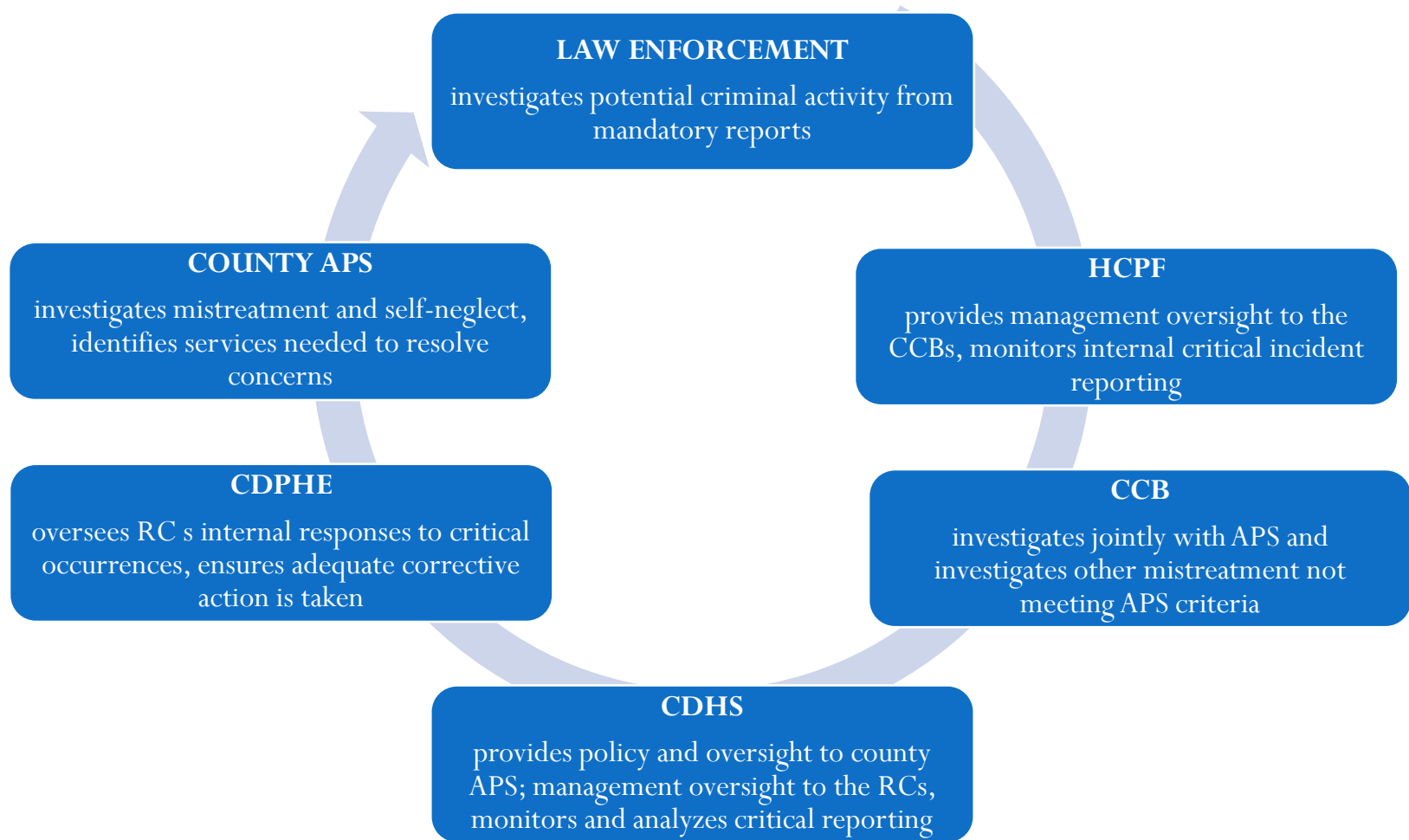
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# Office of Community Access and Independence

## Adult Protective Services

# Adult Protective Services System



# Evolution of Adult Protective Services

July 2014:  
Implementation of  
SB13-111 (criminal  
mandatory reporting  
of mistreatment of at-  
risk elders)

July 2014:  
Colorado Adult  
Protective Services  
data system (CAPS)  
went live

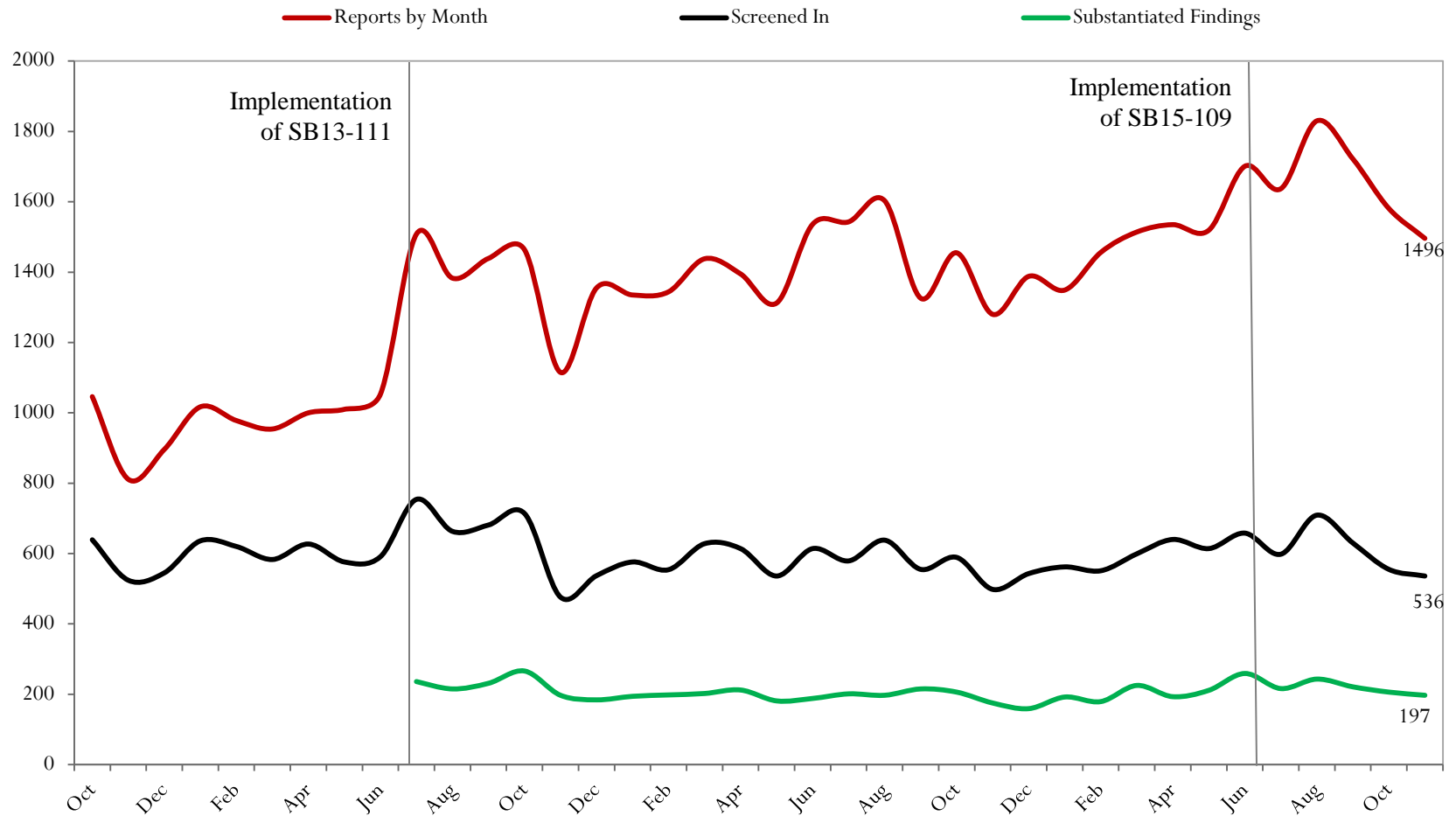
July 2016:  
Implementation of  
SB15-109 (criminal  
mandatory reporting  
for at-risk adults with  
Intellectual and  
Developmental  
Disabilities(IDD)

September 2016:  
US Dept. of Health  
and Human Services,  
Administration for  
Community Living  
published the first-  
ever Federal  
Guidelines for APS  
programs



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# APS Reports: Received, Screened In, and Substantiated Findings



# APS's Response to Changes

- **Response to changes in laws:**
  - Developed education materials and online training and website for county APS staff and mandatory reporters
  - Provided training to county APS staff, CCBs, PASA and other providers
  - Provided technical assistance to county APS workers
  - Updated APS rules
  - Hired contractor to provide in-person training for mandatory reporters
- **Ongoing CAPS implementation:**
  - Providing training to new APS staff on the CAPS data system
  - Developing workload management tools
  - Improving CAPS to enhance user experience and data collection
  - Utilizing CAPS to conduct statewide and county-specific quality reviews
  - Utilizing CAPS to ensure C-Stat outcome measures are met





# Quality Assurance and APS

- State Adult Protective Services Quality Assurance Staff: \$430,000 and 4.6 FTE

## FY 2016-17 Statewide Review – Resolving a Case by Phone

Error	Error Rate
The report should not have been screened in (did not involve an at-risk adult and/or mistreatment or self-neglect).	48%
Phone collaboration, rather than an in-person investigation, was used inappropriately.	56%
Report not entered timely into the data system.	2%
Percentage of cases reviewed with one or more errors noted above.	78%

Source: APS Quality Assurance Results as of December 19, 2016.





# Office of Community Access and Independence: Division of Aging and Adult Services

- R-21: State Unit on Aging, Aging & Disability Resources for Colorado Claiming \$0.5 million (RF)
  - The Aging and Disabilities Resources for Colorado Program provides counseling related to long-term care services and supports.
  - Funding is requested to continue these services, which supports individuals in identifying long-term services and allowing them to remain in their communities.
  - Leveraging existing General Fund to draw down matching federal funds.

# **Reggie Bicha**

## ***Executive Director***

**reggie.bicha@state.co.us**  
**303-866-3475**



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# Colorado Benefits Management System (CBMS) and PEAK

## Questions 45-47