

DEPARTMENT OF HUMAN SERVICES
(SERVICES FOR PEOPLE WITH DISABILITIES)
FY 2020-21 JOINT BUDGET COMMITTEE HEARING AGENDA

Friday, December 20, 2019
1:30 pm – 2:00 pm

1:30-1:35 INTRODUCTIONS AND OPENING COMMENTS

Presenter: Michelle Barnes, Executive Director

1:35-1:40 REGIONAL CENTERS

Main Presenters:

- Michelle Barnes, Executive Director
- Yolanda Webb, Director – Office of Community Access and Independence

Supporting Presenters:

- Mindy Gates, Deputy Director - Office of Community Access and Independence
- Amanda, Lighthiser – Division Director – Division of Regional Center Operations (Acting)

Topics:

- Regional Center Updates: Page 1, Questions 1-3 in the packet, Slides 6-12

1:40-1:55 VETERANS COMMUNITY LIVING CENTERS

Main Presenters:

- Michelle Barnes, Executive Director
- Yolanda Webb, Director – Office of Community Access and Independence

Supporting Presenters:

- Mindy Gates, Deputy Director - Office of Community Access and Independence
- Elizabeth Mullins, Division Director – Veterans Community Living Centers

Topics:

- Upgrades and improvements to Veterans Community Living Centers: Page 5, Questions 4-6 in the packet, Slides 13-18
- Salaries: Page 12, Questions 7-8 in the packet, Slide 19
- Process for addressing delinquent accounts: Page 13, Question 9 in the packet

1:55-2:00 RURAL INTERPRETING SERVICES PROJECT

Main Presenters:

- Michelle Barnes, Executive Director
- Yolanda Webb, Director – Office of Community Access and Independence

Supporting Presenters:

- Mindy Gates, Deputy Director - Office of Community Access and Independence
- Cliff Moers, Director - Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind

Topics:

- Interpreting services capacity in urban counties of the State: Page 15, Question 10 in the packet, Slide 20

DEPARTMENT OF HUMAN SERVICES
SERVICES FOR PEOPLE WITH DISABILITIES
FY 2020-21 JOINT BUDGET COMMITTEE HEARING AGENDA

Friday, December 20, 2019

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REGIONAL CENTERS

- 1. Please provide an update on the Grand Junction Regional Center transition from the campus setting, including but not limited to the number of community homes, the number of individuals still residing on the campus, and the timeline for completion of the transition from the campus setting.**

Senate Bill 16-178 requires the Colorado Department of Human Services (CDHS) to vacate the Grand Junction Regional Center (GJRC) campus by July 1, 2018, or as soon as all current persons residing on the campus are transitioned to settings that support their well-being and respect their individual choices. During the 2018 legislative session the General Assembly appropriated \$3,511,411 for GJRC to build two new homes and renovate two existing homes in the community. The two renovated homes and the two new homes will accommodate 24 people who need the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) program.

Currently there are 22 people living on the GJRC campus. CDHS plans to move 10-12 people to the community once the two existing homes (Elm and Eastbrook) are renovated and relicensed. The waiver license for these two existing homes has been closed and the Department is in the process of applying for the ICF/IID license. The homes continue to be updated to meet ICF/IID regulations and parent/guardian preferences, which has included new phone lines for the fire panel, maintenance updates, and new flooring throughout the home. Once completed, Life Safety will complete an environmental survey to ensure everything is adequate for ICF/IID. The projected date to have residents moved into these homes is March 1, 2020.

The final 10-12 people residing on the GJRC campus will move off the campus when the two new homes are built. CDHS put an offer on a property in Grand Junction, but that offer was rescinded due to issues with getting utilities to the property. CDHS chose a second property and has been working with the Attorney General's office to move forward with an offer. Through this process, it was determined that CDHS does not have the statutory authority to purchase the property. However, the Colorado Department of Personnel and Administration (DPA) has the statutory authority to acquire the property for the new homes. As a result, CDHS is working with DPA to acquire the property for the new homes. There currently is not a target completion date as the work with DPA has just begun to purchase property. However, CDHS is hoping to have the new homes built and people transitioned by the end of December 2020.

- 2. Please provide an update on the Pueblo Regional Center, including but not limited to staff recruitment and retention, the conclusion of the corrective action plan put in place after the Center for Medicare and Medicaid Services findings were reported, and the status of the moratorium on placements of individuals in the center.**

The moratorium on placement of people at the Pueblo Regional Center (PRC) was officially lifted on August 15, 2018. Since then, there have been 12 new people admitted to PRC. Of the 12 people admitted, two people have since transitioned to a private provider in the community. In addition, because there had not been new people admitted for a period-of-time, PRC staff received updated training prior to the first admission after the moratorium and will continue to receive ongoing guidance and support throughout the admission process as needed.

In terms of recruitment and retention of staff, the Division for Regional Center Operations (DRCO) has hired two new clinicians for PRC to provide behavior support for all people supported, including those admitted since the moratorium was lifted. Clinicians have been providing training and support to staff to create and maintain therapeutic environments. DRCO has also hired direct support professionals for PRC, and continues to identify ways to recruit and retain high quality staff. As a way to recruit and retain direct care staff, starting January 4, 2020, PRC will be implementing 12-hour shifts for all homes, while still leaving some 8-hour shifts to accommodate staff and resident needs. Direct support professionals are excited about this change and believe it will offer more work-life balance. Further, PRC employees were engaged throughout the process of coming to this decision. The change to 12-hour shifts will be evaluated to determine its effectiveness.

The following response was provided by Health Care Policy and Financing (HCPF) in regards to the conclusion of the Corrective Action Plan:

HCPF has worked with CDHS to remediate any relevant findings and believes it is in the final stages of negotiating a settlement of the Corrective Action Plan with the Centers for Medicare & Medicaid Services (CMS).

3. Please explain the reasons for the difference between the number of beds (including online and offline) and the census of each regional center. Please explain the difference in costs per capita for each regional center. What factors drive these costs?

The number of available beds at the regional centers varies based on the type of person referred, the number of people admitted, and the number of people transitioning at a given time. There are a variety of factors that go into determining the best home for people to live in including the following considerations: personal preferences, location, gender, level of need, staffing needs, vulnerability of others in the home, bedrooms available in a home, and if a person needs the services and supports offered in the Intensive Treatment Program (ITP) for people with problematic sexual behaviors.

It is important to note that openings for each regional center location are contingent upon these factors. Therefore, as you will see in the table below, the capacity and openings for each regional center are lower than the licensed beds. In this particular situation, capacity refers to the number of licensed beds available outside of the therapeutic needs of current residents, taking into consideration how many beds will or could be available. For example, capacity will change in Grand Junction after the campus is officially closed.

Most of the regional center homes are considered to be online, which means fully operational State-owned group homes licensed to provide HBCS or ICF/IID services. Some homes are considered to be offline, which means State-owned group homes licensed to provide HBCS or ICF/IID services

but are currently not being used. The DRCO currently has seven homes that are offline including one at WRRRC, three at GJRC, and three at PRC. The number of homes online and offline can change based on several factors. Some reasons why a home would be considered offline include:

- Renovations occurring
- Relicensing of homes due to the campus move (Grand Junction)
- Staffing constraints
- Location and not currently being needed due to census

The following table, "Available Beds at Each Regional Center Location " shows the current availability of beds, including online and offline homes, and shows some of the current variables that affect available beds. It should also be noted that these capacity numbers consider all 8 beds being filled at a home, which is not always the most therapeutic environment.

Available Beds at Each Regional Center Location					
GJRC					
	Licensed	Capacity (includes offline)	Census	Openings	Notes
ICF Beds	46	24	22	2	Licensed for 46 ICF beds Campus closure and moves will reduce the number of ICF beds to 24 Currently only accepting ICF admissions up to 24
HCBS Beds	80	54	51	3	Licensed for 80 HCBS Waiver beds Campus closure and moves will reduce the number of HCBS beds to 56 7 homes online with 8 beds per home (56 beds) 3 homes (24 beds) offline (see reasons below) 2 beds unavailable due to therapeutic reasons reducing capacity to 54
PRC					
	Licensed	Capacity (includes offline)	Census	Openings	Notes
HCBS Beds	88	78	48	30: 6 available	8 homes online with 8 beds per home (64 beds) 3 homes (24 beds) offline (see reasons below) 10 beds unavailable due to therapeutic reasons reducing capacity to 78
WRRRC					
	Licensed	Capacity (includes offline)	Census	Openings	Notes
ICF Beds	142	136	119	17: 4 available	13 homes online with 8 beds per home (104 beds), 5 homes with 6 beds per home (30 beds in KV). 1 home offline with 8 beds (see reasons below)

					5 of 17 openings are appropriate only for medically fragile referrals, which are not consistent with current referrals. 6 beds unavailable due to therapeutic reasons reducing capacity to 136.
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Source: Information provided by each regional center location as of December 13, 2019.

There are several factors driving direct and indirect cost including acuity, complex medical needs, severe behavioral/psychiatric crisis, utilities, and depreciation. The table below shows the average cost per person per day for the FY 2018-19 pre-audit and FY 2019-20 estimate. There are two factors driving the cost per capita: census and total cost. For example, the total cost of Wheat Ridge Regional Center-ICF/IID is higher than other regional centers due to the average cost per person per day.

Average Regional Center Cost Per Capita (Cost Per Person, Per Day) and Detailed Costs By Regional Center and License Type Fiscal Years 2018-19 (Pre-Audit) and 2019-20 (Estimated)			
		FY2018-19 (Pre-Audit)	FY 2019-20 (Estimated)
Grand Junction Regional Center-Intermediate Care Facility/Individuals with Intellectual Disabilities	<i>ICF Average Cost Per Person Per Day</i>	\$1,366.80	\$1,316.29
	<i>ICF Billable Census Days</i>	7,262	7,869
	ICF Direct Costs	\$8,001,440	\$8,301,494
	Indirect Costs	\$1,614,679	\$1,675,229
	Utilities	147,795	\$153,337
	Depreciation	\$161,791	\$227,859
	Total Cost	\$9,925,705	\$10,357,919
Grand Junction Regional Center-Home and Community-Based Services/Developmental Disabilities	<i>HCBS Waiver Average Cost Per Person Per Day</i>	\$744.33	\$809.92
	<i>HCBS Billable Census Days</i>	19,844	19,032
	HCBS Waiver Direct Costs	\$12,377,822	\$12,841,990
	HCBS Waiver Indirect Costs	\$2,219,577	\$2,302,811
	HCBS Waiver Utilities	\$159,804	\$165,797
	HCBS Waiver Depreciation	\$13,271	\$103,769
	Total Cost	\$14,770,474	\$15,414,367
Pueblo Regional Center- Home and Community-Based Services/Developmental Disabilities	<i>HCBS Waiver Average Cost Per Person Per Day</i>	\$919.25	\$884.96
	<i>Billable Census Days</i>	16,641	17,934

	Direct Costs	\$12,788,914	\$13,268,498
	Indirect Costs	\$2,309,049	\$2,395,638
	Utilities	\$121,771	\$126,338
	Depreciation	\$77,506	\$80,413
	Total Cost	\$15,297,240	\$15,870,887
Wheat Ridge Regional Center- Intermediate Care Facility/Individuals with Intellectual Disabilities	<i>Average Cost Per Person Per Day</i>	\$839.84	\$843.98
	<i>Billable Census Days</i>	43,636	44,286
	Direct Costs	32,123,959	32,766,438
	Indirect Costs	3,842,631	3,919,616
	Utilities	493,898	503,776
	Depreciation	186,644	186,644
	Total Cost	36,647,132	37,376,474
Source: Information taken from the State's Accounting System, CORE, and the Regional Center billing system, AVATAR.			

VETERANS COMMUNITY LIVING CENTERS

4. For the past seven fiscal years, please provide information on upgrades made to buildings, fixtures, and furnishing, and the associated costs of those upgrades, at each Veterans Community Living Center (VCLC) and compare the amenities found at each. Explain if the upgrades were funded through revenues generated by the Center or by General Fund appropriations to the Central Fund for Veterans Community Living Center pursuant to Section 26-12-108, C.R.S.

The tables below provide both capital and non-capitalized items including fixtures and furnishing as well as the funding source for the past seven years (to include FY 2019-20 and FY 2020-21).

Colorado Veterans Community Living Center at Fitzsimons					
Capital project					
Fiscal Year	Capital Project	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*	HVAC upgrade, replacing hot water tank and replacing building 17 with Metal Storage Building	\$969,346	\$0.00	\$969,346	\$0.00
FY2019-20**	Dayroom expansion, courtyard drainage, corridor floor, fire detection system upgrade, pharmacy remodel and etc.	\$1,090,929	\$0.00	\$1,090,929	\$0.00
FY2018-19	Continue resident safety, security and accessibility from previous years	\$0.00	\$0.00	\$0.00	\$0.00
FY2017-18	Upgrade chiller, fire alarm. Building automation system upgrades and card access replacement	\$378,812	\$0.00	378,812	\$0.00
FY2016-17	Resident safety, security and	\$429,908	429,908	\$0.00	\$0.00

	accessibility including roof assessment, repair, remodel bathrooms with tubs and lifts				
FY2015-16	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
FY2014-15	Continuing building renovations from previous year	\$0.00	\$0.00	\$0.00	\$0.00
FY2013-14	Continuing building renovations from previous year	\$0.00	\$0.00	\$0.00	\$0.00
FY2012-13	Building Renovations	\$2,002,000	\$0.00	\$700,700	\$1,301,300
Total		\$4,870,995	\$429,908	\$3,139,787	\$1,301,300

Source: Budget request documentation, State's Accounting System, CORE

*Budget request for Capital Project-In process

** Current year budgeted amount

Colorado Veterans Community Living Center at Fitzsimons					
Non-Capitalized Items					
Fiscal Year	Non-capitalizable Items	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*		\$0.00	\$0.00	\$0.00	\$0.00
FY2019-20**	Beds, mattress, fixture, vital sign machines, furniture, chairs	\$91,035	\$0.00	91,035	\$0.00
FY2018-19	Beds, mattresses, fixture, chairs	\$79,224	\$0.00	79,224	\$0.00
FY2017-18	Beds, mattresses, fixtures, dining chairs	\$175,986	\$0.00	175,986	\$0.00
FY2016-17	Tub, lift, chairs, fixture, dining chairs	\$117,466	\$0.00	117,466	\$0.00
FY2015-16	Dining Chairs, microwave, cabinets, beds, mattresses	\$134,342	\$0.00	134,342	\$0.00
FY2014-15	Tub, lift, fixtures, Dining Chairs	\$45,999	\$0.00	45,999	\$0.00
FY2013-14	Medical Equipment and Fixtures	\$20,678	\$0.00	\$20,678	\$0.00
FY2012-13	Medical Equipment and Fixtures	\$36,572	\$0.00	\$36,572	\$0.00
Total		\$701,302	\$0.00	\$701,302	\$0.00

Source: Budget request documentation, State's Accounting System, CORE

*non-capitalizable Items budgeted before FY20-21.

**Current year budgeted amount

Colorado Veterans Community Living Center at Florence					
Capital project					
Fiscal Year	Capital Project	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*	Remodel recreation room and bathroom. Renovate soiled linen and clean linen rooms and pave overflow parking lot	\$546,892	\$0.00	\$546,892	\$0.00
FY2019-20**	Floor Scrubber, Kunota Zero Turn Mower	\$26,729	\$0.00	\$26,729	\$0.00
FY2018-19	Fall Prevention, Fire Control and Surveillance Improvements	\$126,894	\$0.00	\$126,894	\$0.00
FY2017-18	Continuing safety and accessibility improvements from previous year	\$0.00	\$0.00	\$0.00	\$0.00
FY2016-17	Continuing safety and accessibility improvements from previous year	\$0.00	\$0.00	\$0.00	\$0.00
FY2015-16	Safety and Accessibility Improvements: including site security, dining room addition, new resident assisted dining area and new energy-efficient LED	\$1,063,670	\$1,063,670	\$0.00	\$0.00
FY2014-15	Resident Support Areas including nurse call system replacement, new wander protection, new security system, interior finish upgrade and telephone system replacement, etc.	\$705,708	\$246,998	\$0.00	\$458,710
FY2013-14	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
FY2012-13	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$2,469,893	\$1,310,668	\$700,515	\$458,710
Source: Budget request documentation, State's Accounting System, CORE					
* Budget request for Capital Project: in process					
** Current year budgeted amount					

Colorado Veterans Community Living Center at Florence					
Non-Capitalized Items					
Fiscal Year	Non-capitalizable items	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*		\$0.00	\$0.00	\$0.00	\$0.00
FY2019-20**	Beds, Mattresses, Fixtures, AED machine, wheelchairs	\$62,519	\$0.00	\$62,519	\$0.00
FY2018-19	Beds, Mattresses, fixtures, Tables, chairs, wheelchairs	\$101,055	\$0.00	\$101,055	\$0.00
FY2017-18	Cabinet, Wander Guards, Refrigerator, Grill, Fixtures	\$51,343	\$0.00	\$51,343	\$0.00
FY2016-17	Equipment, Furniture, Beds,	\$67,940	\$0.00	\$67,940	\$0.00

	Mattresses				
FY2015-16	Mattresses, Medication Carts, Fixtures	\$26,015	\$0.00	\$26,015	\$0.00
FY2014-15	Medical Equipment, Refrigerator, Fixtures	\$79,561	\$0.00	\$79,561	\$0.00
FY2013-14	Medical Equipment, Fixtures and furniture	\$34,567	\$0.00	\$34,567	\$0.00
FY2012-13	Medical Equipment and Fixtures	\$62,426	\$0.00	\$62,426	\$0.00
Total		\$485,426	\$0.00	\$485,426	\$0.00

Source: Budget request documentation, State's Accounting System, CORE

*Non-capitalizable Items budgeted before FY20-21.

**Current year budgeted amount

Colorado Veterans Community Living Center at Homelake					
Capital project					
Fiscal Year	Capital Project	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*	Replace concrete sidewalks, asphalt parking areas and replace vinyl and carpet flooring	\$390,754	\$0.00	\$390,754	\$0.00
FY2019-20**	Rotunda, Workshop/Storage renovation, Street Sweeper and Tractors	\$222,004	\$0.00	\$222,004	\$0.00
FY2018-19	Fall Prevention, Fire Control and Surveillance Improvements	\$655,006	\$0.00	\$655,006	\$0.00
FY2017-18	Continuing resident safety, security and accessibility projects from previous year	\$0.00	\$0.00	\$0.00	\$0.00
FY2016-17	Resident safety, security and accessibility including HVAC, Security fencing	\$1,777,069	\$1,777,069	\$0.00	\$0.00
FY2015-16	Continuing resident support areas updates from previous year	\$0.00	\$0.00	\$0.00	\$0.00
FY2014-15	Resident Support Areas including nurse call system replacement, new security system, main kitchen upgrades, interior finish upgrades and telephone system replacement	\$1,332,327	\$466,315	\$0.00	\$866,012
FY2013-14	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
FY2012-13	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$4,377,160	\$2,243,384	\$1,267,764	\$866,012

Source: Budget request documentation, State's Accounting System, CORE

* Budget request for Capital Project: In process

** Current year budgeted amount

Colorado Veterans Community Living Center at Homelake					
Non-Capitalized Items					
Fiscal Year	Non-capitalizable Items	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*		\$0.00	\$0.00	\$0.00	\$0.00
FY2019-20**	Bed, Mattress, Chair, Vital Sign Machine, Wardrobes/Nightstands	\$66,653	\$0.00	\$66,653	\$0.00
FY2018-19	Bed, Mattress, Pump, Chairs, Fixtures	\$56,909	\$0.00	\$56,909	\$0.00
FY2017-18	Bed, Mattress, Medical Equipment, Furniture, Fixtures	\$95,432	\$0.00	\$95,432	\$0.00
FY2016-17	Dining Room Tables and Chairs, Furniture, Beds, Mattresses	\$78,455	\$0.00	\$78,455	\$0.00
FY2015-16	Beds, Mattresses, Vital Sign Machine, Wheelchairs, Medical Equipment	\$54,858	\$0.00	\$54,858	\$0.00
FY2014-15	Ice machine, Beds, Mattresses, Fixtures, Medical Equipment	\$71,306	\$0.00	\$71,306	\$0.00
FY2013-14	Medical Equipment and Fixtures	\$48,822	\$0.00	\$48,822	\$0.00
FY2012-13	Medical Equipment and Fixtures	\$68,519	\$0.00	\$68,519	\$0.00
Total		\$540,954	\$0.00	\$540,954	\$0.00

Source: Budget request documentation, State's Accounting System, CORE

*Non-capitalizable Items budgeted before FY 20-21.

** Current year budgeted amount

Colorado Veterans Community Living Center at Rifle					
Capital project					
Fiscal Year	Capital Project	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*	Replace the storage units with new storage/maintenance building with concrete foundation and electrical power	\$303,712	\$0.00	\$303,712	\$0.00
FY2019-20**	Lower Level Parking Lot Paving, Grass Mesa Southside Patio Awning, Elevator	\$371,387	\$0.00	\$371,387	\$0.00
FY2018-19	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
FY2017-18	Emergency Generator, Parking Lot	\$181,962	\$0.00	\$181,962	\$0.00
FY2016-17	Resident safety, security and accessibility including interior accessibility improvements and renovations to bathrooms	\$71,083	\$71,083	\$0.00	\$0.00

FY2015-16	Safety and Accessibility Improvement including new accessible covered from entrance, secure outdoor area improvements, new corridor handrail and durable finish upgrades	\$936,330	\$936,330	\$0.00	\$0.00
FY2014-15	Resident Support Areas including new security system, new wander guard protection and main kitchen upgrades (renovation)	\$833,465	\$833,465	\$0.00	\$0.00
FY2013-14	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
FY2012-13	No capital projects	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$2,697,939	\$1,840,878	\$857,061	\$0.00
Source: Budget request documentation, State's Accounting System, CORE					
*Budget request for Capital Project: In process					
** Current year budgeted amount					

Colorado Veterans Community Living Center at Rifle					
Non-Capitalized Items					
Fiscal Year	Non-capitalizable Items	Total Cost	General Fund	Cash Fund	Federal Fund
FY2020-21*		\$0.00	\$0.00	\$0.00	\$0.00
FY19-20**	Beds, Mattresses, Office Chairs, Lifts, Fixture	\$106,292	\$0.00	\$106,292	\$0.00
FY18-19	Beds, Mattresses, Med Carts, Wheelchairs, Fixtures	\$91,661	\$0.00	\$91,661	\$0.00
FY17-18	Beds, Mattresses, Lifts, Furniture, Fixtures	\$126,742	\$0.00	\$126,742	\$0.00
FY16-17	Beds, Mattresses, Freezer, Office Chairs, Fixture	\$59,738	\$0.00	\$59,738	\$0.00
FY15-16	Mechanical lifts, Refrigerator, Medical Equipment, Fixtures	\$50,135	\$0.00	\$50,135	\$0.00
FY14-15	Medical Equipment, Fixtures, Furniture	\$39,365	\$0.00	\$39,365	\$0.00
FY13-14	Medical Equipment and Fixtures	\$52,250	\$0.00	\$52,250	\$0.00
FY12-13	Medical Equipment and Fixtures	\$11,431	\$0.00	\$11,431	\$0.00
Total		\$537,614	\$0.00	\$537,614	\$0.00
Source: Budget request documentation, State's Accounting System, CORE					
*Non-capitalizable Items budgeted before FY20-21					
**Current year budgeted amount					

5. Explain why the amenities at each Center vary and what is being done at each center to create a similar environment as that found at the Fitzsimons VCLC.

The Veteran Community Living Centers (VCLCs) range in age from Homelake, which was established in 1891 to Fitzsimons, which was established in 2001. The physical plant at each location looks and feels as different as the geography surrounding them. Each community serves veterans, veteran spouses and gold star parents and works in partnership with the VA to provide outstanding care to our veterans. Each VCLC offers 24/7 Registered Nurse (RN) coverage with clinical oversight provided by a physician/Medical Director. The primary service amenities in each home do not vary greatly:

- Every home offers specialized physical, occupational and speech therapies available for individuals seeking to return home following a qualifying hospital stay as well as rehabilitation services for long-term care residents to maintain their highest level of independence.
- When applicable, the VCLCs provide palliative and hospice services onsite to support the residents and their families at the end of life. Our rural homes have few provider partner options and have developed internal palliative programs to meet these needs with great success.
- Three of the four VCLCs have secured neighborhoods for residents diagnosed with dementia. These neighborhoods are staffed with nurses, CNAs and other professionals who have been trained to meet the special needs of this population. Secured neighborhoods are designed to allow residents who wander or who have difficult behaviors due to dementia to be safe in their environment without unnecessary restraints.
- All VCLCs have newer security and surveillance systems.

Each of the VCLCs has its own culture and atmosphere in addition to basic amenities they all provide.

The following is a description of each home and their amenities:

Homelake: built in 1891 with the addition of 60 long-term care beds in 1990. On the grounds are 48 domiciliary cottages for individuals or couples who can live independently with assistance. The domiciliary has an onsite clinic with a nurse and CNA available to assist with medication distribution and other non-emergency medical needs. Homelake offers mostly semi-private rooms in long-term care and has the Harmony Room, which is a private, specially designed room for end of life comfort.

At Homelake, the residents enjoy the convenience of their own post office and banking services. They have a pool hall, a newly renovated chapel with weekly services and a museum that is open daily. Residents have full access to the expansive grounds that include the historic Homelake Veterans Cemetery that dates back to the Mexican American War, expansive gardens and views of the lake itself. Inside the community is a general store stocked with snacks, gifts and other small items. They have a veterans service officer (VSO) onsite in a private office available to provide

assistance to residents and multiple indoor common areas. The campus has ample parking for visitors and staff in the parking lot that was resurfaced and striped in August 2019.

Bruce McCandless at Florence: built in 1975 has undergone multiple renovations to update and improve its living and working spaces over the years. In 2016, the dining room was expanded to create ample space for its open, restaurant style dining that remains open throughout the day. They added a Sports Grill to the community and built a large, detached classroom for the staff education.

The community has a stocked general store that is managed by a current resident and large grounds decorated with monuments, a retired tank and a playground for resident families to enjoy. The interior of the home was recently repainted, received new flooring, windows and lighting. The outside grounds are beautifully landscaped and a new porte-cochère was added recently.

Rifle: built in 1989 has beautiful views of mountains and newly renovated patios with picnic and BBQ spaces. The rooms are large and every resident has their own window. Both kitchens and service areas were completely remodeled in 2015 and the bathing suites were expanded and updated to create a spa atmosphere with jetted tubs. This community has large community rooms with new floors and furniture throughout.

Fitzsimons: established in 2001 and began admitting residents in 2002. The newest VCLC is located on the urban campus at Colfax and Peoria in Aurora. This nursing home is the largest with 180 beds available. Since opening, it added a greenhouse on site. In 2016, the roof was replaced and eight bathing suites were renovated.

6. Please provide additional detail and cost of the VCLC capital projects. Does the Department have a priority list for the VCLCs?

Every VCLC has a resident council that meets at least monthly to discuss the needs and wants of the residents in the community. This group nominates residents to lead and to represent their collective voices. With ideas obtained from the resident council, the Nursing Home Administrators, Division Budget Director and Division Director meet to determine needed capital improvements and to forecast capital projects. These projects can include items identified in state, federal or VA surveys; items discovered as part of ongoing preventative maintenance, items requested by the residents or identified by the professional staff onsite. Projects that impact the physical plant directly (parking lots, expansions, etc.) require the involvement of the Department of Facilities Maintenance (DFM) and if the cost of completion exceeds \$500,000, the project must be approved by the CDC.

7. Please provide information on the salaries for direct care staff at the Walsenburg VCLC and describe how they compare with salaries for the same positions at the other VCLCs.

The Table below provides a comparison of salaries for direct care staff between the Walsenburg and VCLC.

Salaries of Direct Care Staff at VCLCs and Walsenburg-Fiscal Year 2019-20		
	CVCLCs	Walsenburg
CNA	\$15.47	\$15.52
LPN	\$23.88	\$24.04
RN	\$37.42	\$36.65

Source: HR data from Walsenburg Nursing Home and DPA Pay Plan Table for Fiscal Year 2019-20

8. Please discuss how the salary increases provided at the VCLCs have impacted the recruitment and retention of direct care staff at each center.

The wage increases for staff at the VCLCs became effective July 2019. As the table below demonstrates, since that time the vacancy and turnover rates for direct care staff at the VCLCs have decreased. Turnover rates are only available through September 2019 whereas vacancy rate data are shown through December 9, 2019.

Comparison of Vacancy and Turnover Rates for Direct Care Staff at the VCLCs Prior to and Post Wage Increases				
VCLC	June 17, 2019 Vacancy Rate	December 9, 2019 Vacancy Rate	Average Monthly Turnover Rate July 2018 through June 2019	Average Monthly Turnover Rate July 2019 through September 2019
Fitzsimons	17.14%	12.57%	2.49%	1.11%
Florence	17.89%	15.79%	3.34%	3.36%
Homelake	16.98%	9.43%	3.94%	3.52%
Rifle	13.58%	11.11%	5.18%	3.80%

Source: Department analysis of CPPS data

9. Please describe the process through which the Department handles delinquent accounts at each VCLC. Are the accounts of residents who are unable to pay sent to collections? If so, for each VCLC, please provide data for the past seven years, including: the total numbers of accounts and the total balance sent to collections; the amount collected by the collections agencies or subsequently written off by the VCLC; and what happened to the resident of the VCLC after an account was sent to collections?

The VCLCs work with residents and their representatives to understand their financial responsibilities as a VCLC resident. The VCLCs must abide by state law and follow the fiscal rules set forth for the State of Colorado. As stated in Section 24-30-201 (1)(j), C.R.S.. *“Department Controllers have responsibility for accounting, financial reporting, and internal control activities of the Department. Specific responsibilities include: Accounts Receivable-Collect all accounts receivable, referring past due debts to Central Collections Services”*.

Upon admission into a VCLC, the resident and/or resident’s representative must review and agree to the admission agreement. This contract is presented by trained admission coordinators who review the important details and answer any questions the resident or their representative

might have. The Resident Admission Agreement states: “By signing this Agreement, the Resident agrees to pay for services and supplies provided by the facility under the terms of this Agreement. If a resident Representative is signing the agreement on the Resident's behalf, the Resident Representative will agree to use the Resident's income and resources promptly to pay the Resident's Expenses.”

Regardless of payer source, every nursing home resident has a patient portion that is due to the VCLC to assist with the cost of care and services. The patient portion will vary based on income, insurance and other factors. The VCLCs make every effort to avoid collections and no residents have ever been discharged from a VCLC as a result of nonpayment.

The tables below provide the collection information for each center for the last seven fiscal years.

Colorado Veterans Community Living Center at Fitzsimons				
Fiscal Year	Number of Accounts	Total Balance to Collections	Amount Collected by Collections	Write Off Amount
FY2018-19	-	\$0.00	\$16,530.04	\$0.00
FY2017-18	16	\$171,085.85	\$0.00	\$0.00
FY2016-17	1	\$1,771.58	\$0.00	\$0.00
FY2015-16	21	\$62,539.45	\$0.00	\$0.00
FY2014-15	-	\$0.00	\$0.00	\$369,632.67
FY2013-14	-	\$0.00	\$0.00	\$0.00
FY2012-13	2	\$12,432.98	\$0.00	\$0.00
Total	40	\$247,829.86	\$0.00	\$369,632.67

Note: FY 2013-14 write off amounts for Fitzsimmons are carried over from previous years of uncollectible debt.

Colorado Veterans Community Living Center at Florence				
Fiscal Year	Number of Accounts	Total Balance to Collections	Amount Collected by Collections	Write Off Amount
FY2018-19	-	\$0.00	\$0.00	\$0.00
FY2017-18	-	\$0.00	\$0.00	\$0.00
FY2016-17	6	\$17,632.00	\$0.00	\$0.00
FY2015-16	-	\$0.00	\$0.00	\$11,361.00
FY2014-15	-	\$0.00	\$0.00	\$0.00
FY2013-14	4	\$48,629.00	\$0.00	\$136,247.00
FY2012-13	22	\$187,730.00	\$0.00	\$0.00
Total	32	\$253,991.00	\$0.00	\$147,608.00

Colorado Veterans Community Living Center at Homelake				
Fiscal Year	Number of Accounts	Total Balance to Collections	Amount Collected by Collections	Write Off Amount
FY2018-19	-	\$0.00	\$0.00	\$0.00
FY2017-18	-	\$0.00	\$0.00	\$0.00
FY2016-17	-	\$0.00	\$0.00	\$0.00
FY2015-16	-	\$0.00	\$0.00	\$0.00
FY2014-15	-	\$0.00	\$0.00	\$0.00
FY2013-14	-	\$0.00	\$0.00	\$0.00
FY2012-13	2	\$0.00	\$0.00	\$9,538.61
Total	2	\$0.00	\$0.00	\$9,538.61

Colorado Veterans Community Living Center at Rifle				
Fiscal Year	Number of Accounts	Total Balance to Collections	Amount Collected by Collections	Write Off Amount
FY2018-19	1	\$3,296.60	\$0.00	\$0.00
FY2017-18	2	\$11,116.95	\$0.00	\$0.00
FY2016-17	3	\$5,998.13	\$0.00	\$0.00
FY2015-16	1	\$248.69	\$0.00	\$0.00
FY2014-15	-	\$0.00	\$0.00	\$0.00
FY2013-14	-	\$0.00	\$0.00	\$0.00
FY2012-13	-	\$0.00	\$0.00	\$0.00
Total	7	\$20,660.37	\$0.00	\$0.00

RURAL INTERPRETING SERVICES PROJECT (RISP)

10. The RISP pilot is intended to increase the capacity to deliver American Sign Language/English interpreting services in rural areas of Colorado. Is there sufficient capacity for these services in areas not served by the RISP pilot? If possible, please provide the numbers of available interpreters available in the counties not covered by the RISP pilot.

The counties in the Front Range area (e.g., Arapahoe, Denver, Douglas, El Paso, and Jefferson counties) are not served by RISP because this area has sufficient capacity for sign language

interpreting services. Most certified American Sign Language (ASL)/English interpreters and sign language interpreting agencies are concentrated along the Front Range. To illustrate this point, according to the Registry of Interpreters for the Deaf (RID), there are 255 certified ASL/English interpreters in Colorado and only seven of those certified ASL/English interpreters reside in rural areas. However, it is important to note that businesses and providers (i.e., ADA Title III entities) in the Front Range area may face similar issues as rural areas in terms of lack of knowledge about sign language interpreting and being able to afford the cost of such services despite the greater access they have to local ASL/English interpreters.

RID is a national member-driven organization that provides technical assistance, including resources and consultation, to their members and the clients who seek best practices (i.e., interpretation in multiple types of setting) for sign language interpreting. It maintains a voluntary list of certified ASL/English interpreters available for the communities across the nation.

The exact number of available ASL/English interpreters in counties in the Front Range area that are not served by RISP is not available, as there is no state central oversight/licensing entity for ASL/English interpreters. The best source of data is the Registry of Interpreters for the Deaf (RID) website, which provides limited public information on the number of ASL/English interpreters working in the community and the ASL/English interpreters' residences.

Number of RID-Certified ASL/English Interpreters in Front Range counties

(Data pulled from the Registry of Interpreters for the Deaf website on 12/17/19)

<https://myaccount.rid.org/Public/Search/Member.aspx>

By Number of Interpreters

County	Number of interpreters
El Paso	48
Denver	27
Larimer	22
Jefferson	21
Adams	17
Arapahoe	15
Aurora	7
Broomfield	7
Boulder	6
Weld	5
Douglas	4

Total	179
--------------	------------

Please note: there are 69 additional certified ASL/English interpreters listed for which there are no residence listed for them. Based on the fact that the majority of the ones listed are in the Front Range area, it is possible that a majority of those are located in the Front Range area.

FY 2020-21 Joint Budget Committee Hearing



Department of Human Services
December 20, 2019



COLORADO
Department of Human Services

FY 2019-20 Department Appropriation

Department of Human
Services
\$ 2,344,561,981 total funds
5,130.9 FTE

Office of Children, Youth and Families
\$712,584,424 TF and 1,320.6 FTE

Office of Community Access and Independence
\$231,096,194 TF and 1,588.4 FTE

Office of Early Childhood
\$273,611,088 TF and 90.8 FTE

Office of Economic Security
\$512,022,051 TF and 151.6 FTE

Office of Behavioral Health
\$384,933,088 TF and 1,427.9 FTE

Administrative Solutions
\$106,190,575 TF and 524.3 FTE

Executive Director's Office
\$124,124,561 TF and 27.3 FTE



Colorado Department of Human Services FY 2020-21 Budget Requests

Administrative Solutions

- *Joint Agency Interoperability Operations and Maintenance - \$6,627,766*
- *Replace Phone Systems - \$917,525*

Economic Security

- *Child Support Pass-through - \$800,182*
- *Subsidized Employment Continuation - \$4,000,000*
- *Adjust Old Age Pension Funding Based on Caseload - (\$22,268,490)*

Community Access & Independence

- *Respite Care Task Force Funding Adjustments - \$374,770*
- *Adjust Excess Reserves Older Coloradans Cash Fund - \$0*
- *Records and Reports Fund Adjustments - \$648,048*

Early Childhood

- *Comprehensive Approach to Improving Child Care Quality - \$5,619,496*
- *Early Intervention Caseload Growth - \$3,231,940*
- *Colorado Child Care Assistance Program Direct Services - \$6,762,446*
- *Scholarships for Early Childhood Education Professional - \$600,000*
- *Expansion of Evidence-Based Home Visiting - \$521,605*
- *Redirect Intrastate Redistribution Funding - (\$1,500,000)*
- *Increased Efficiency of Resource and Referral Funding - (\$630,350)*



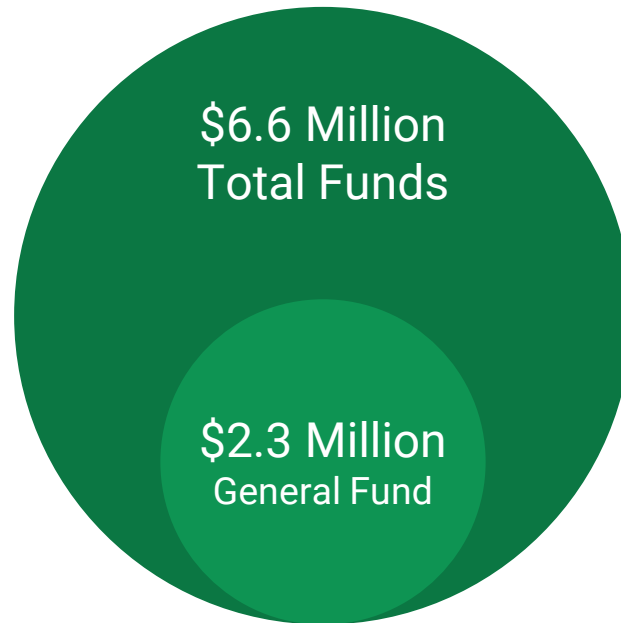


Office of Information Technology

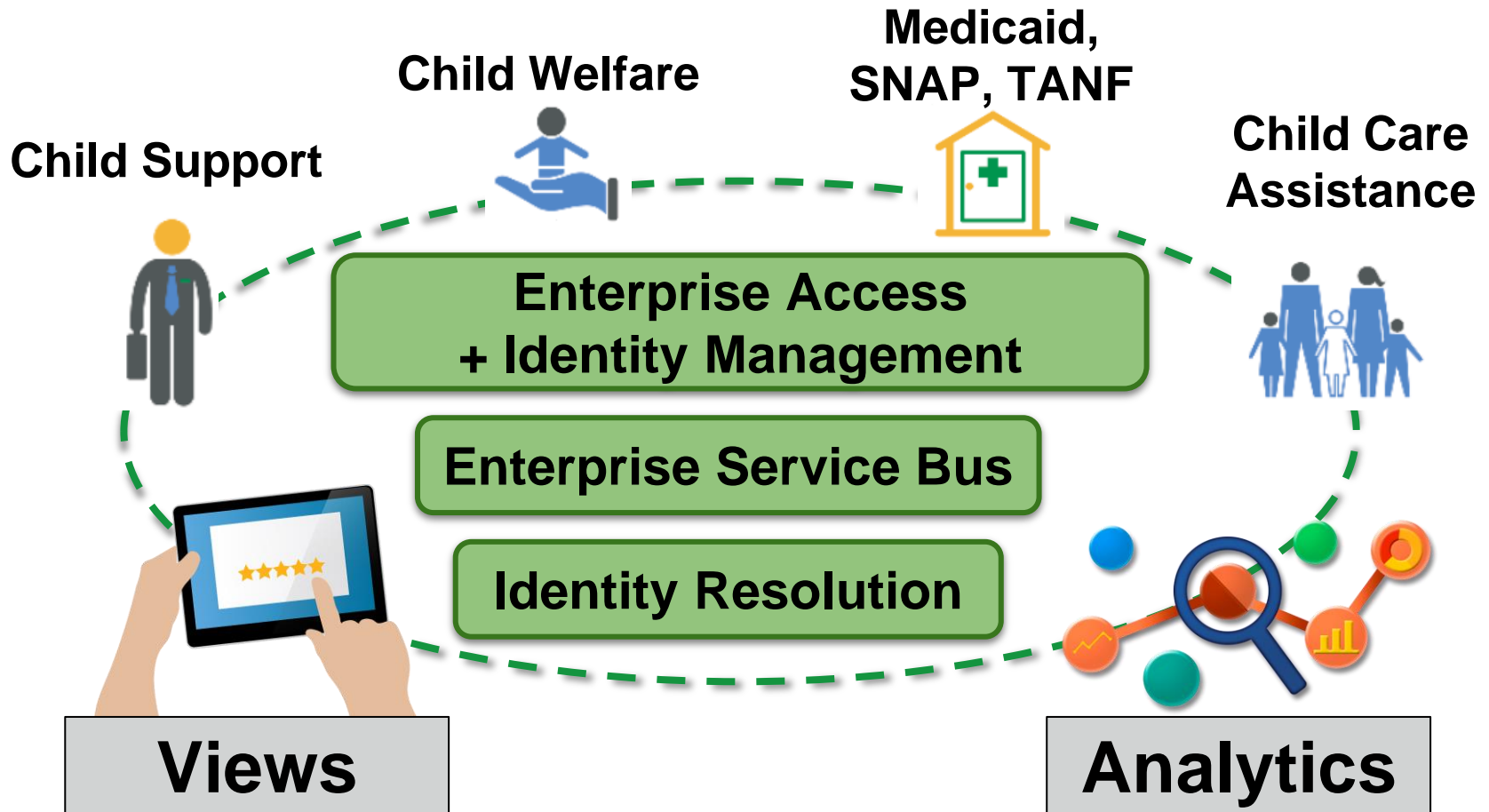


COLORADO
Department of Human Services

R-14 Joint Agency Interoperability Operations



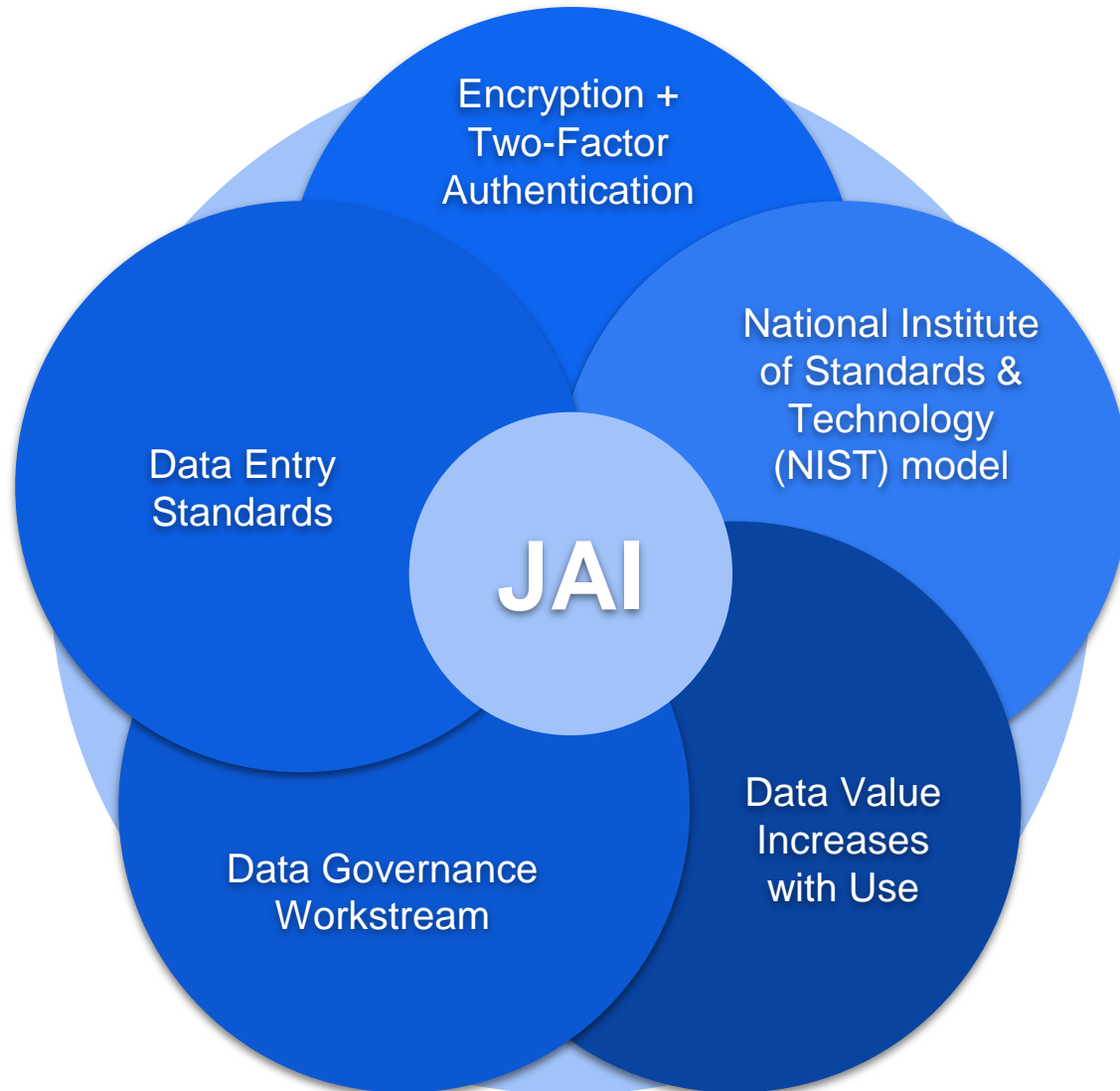
Caseworker View and Infrastructure



Partnerships



System Security and Data Integrity



R-19 Replace Phone Systems

- ❑ \$917,525 General Fund Request
- ❑ Five facilities within the Division of Youth Services and the Colorado Mental Health Institute at Pueblo campus





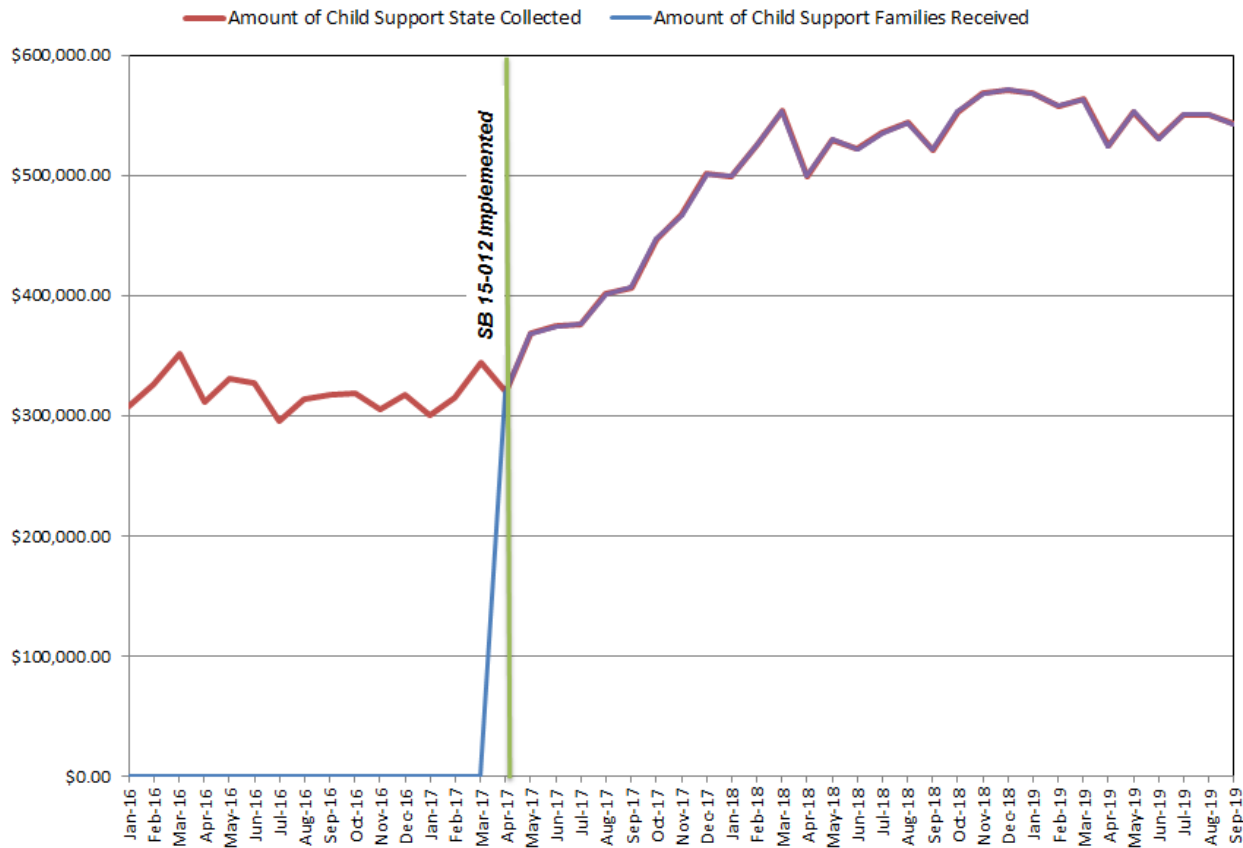
Office of Economic Security






COLORADO
Department of Human Services

Office of Economic Security Child Support Pass-through (R-10)

Amount of Child Support Collected & Disbursed Monthly For Families on
Temporary Assistance for Needy Families



- 
\$167 On average families receive \$167 more each month because of the policy change
- 
- 
33% This reflects a 33% increase over TANF benefits for a single mother with two children

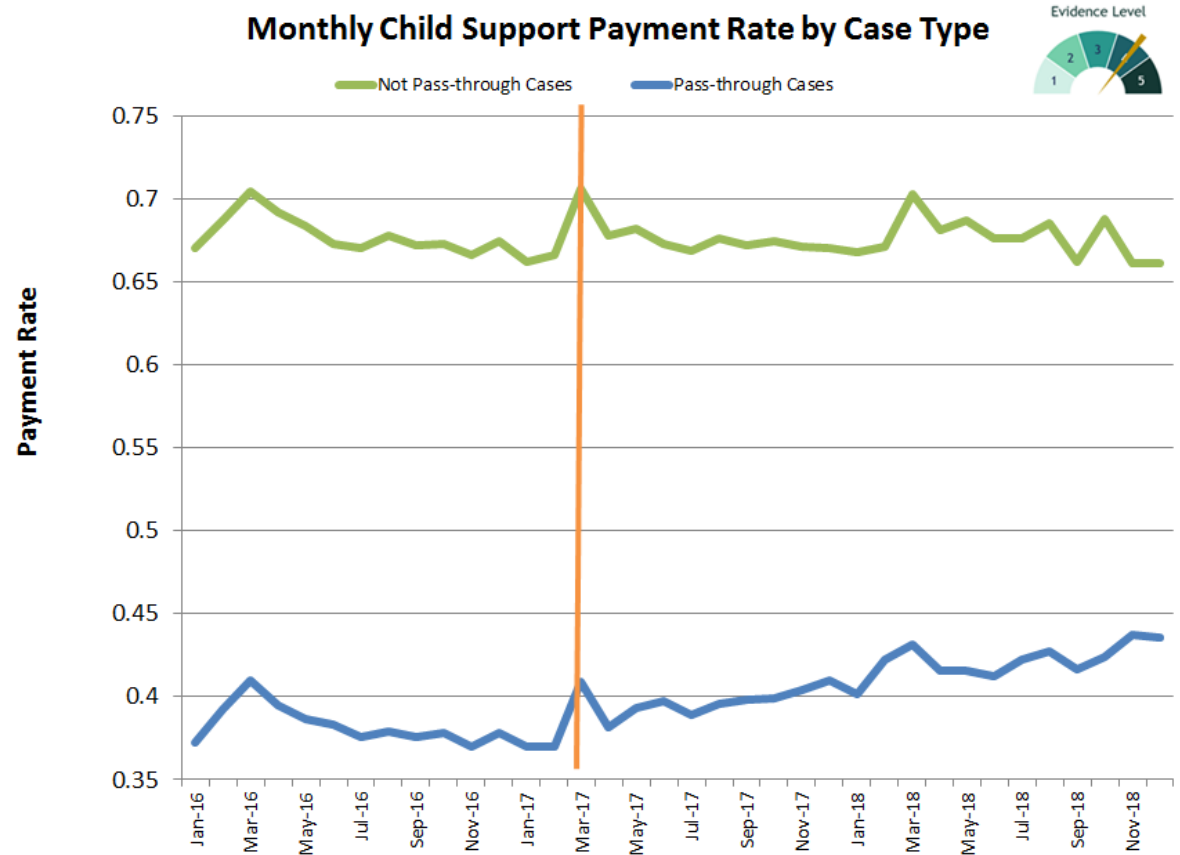


Office of Economic Security

Child Support Pass-through (R-10)

Evidence of positive behavioral change

- payment rates for non pass-through cases declined by 2.5%.
- payment rates for pass-through cases increased by 12.4%.



Office of Economic Security CW-STEP Program (R-12)

Since January 2018 CW STEP has placed 620 individuals in subsidized employment across the State including:

- urban and rural areas,
- large, medium, and small counties.



Table 1: CW STEP Placements by Local Area Contractors (LAC) in SFY 2019

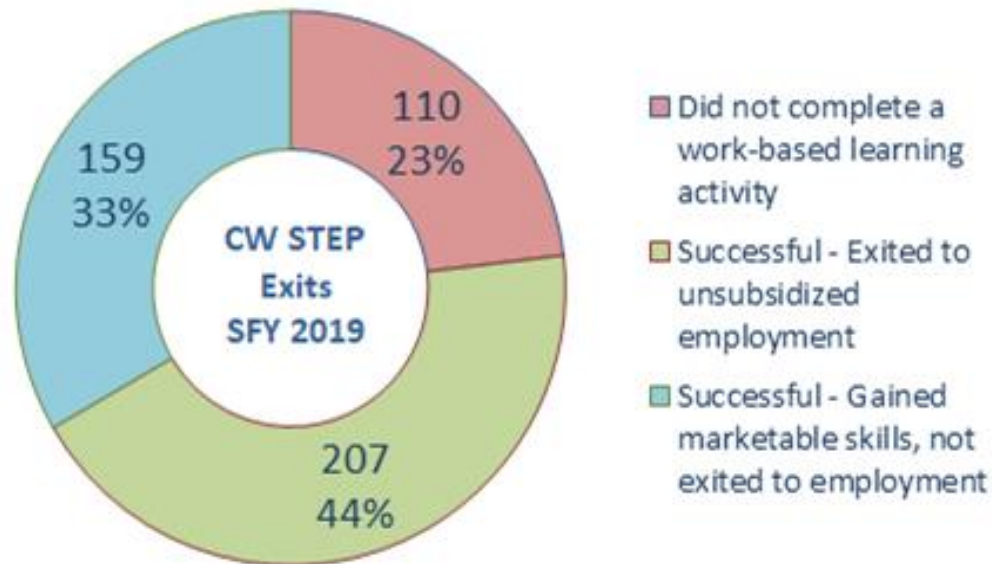
LAC	SFY 2019 Goal	SFY 2019 Actual	Percentage of Goal
Discover Goodwill	35	71	203%
Front Range Alliance	212	272	128%
Hilltop	45	58	129%
Rio Grande	23	32	139%
Total	315	433	137%



Office of Economic Security CW-STEP Program (R-12)

- In FY 18-19, 476 participants exited subsidized employment placements.
- 33% exited to unsubsidized jobs, all of which paid a living wage.
- Median wage earned post CW-STEP is \$13.07/hour.

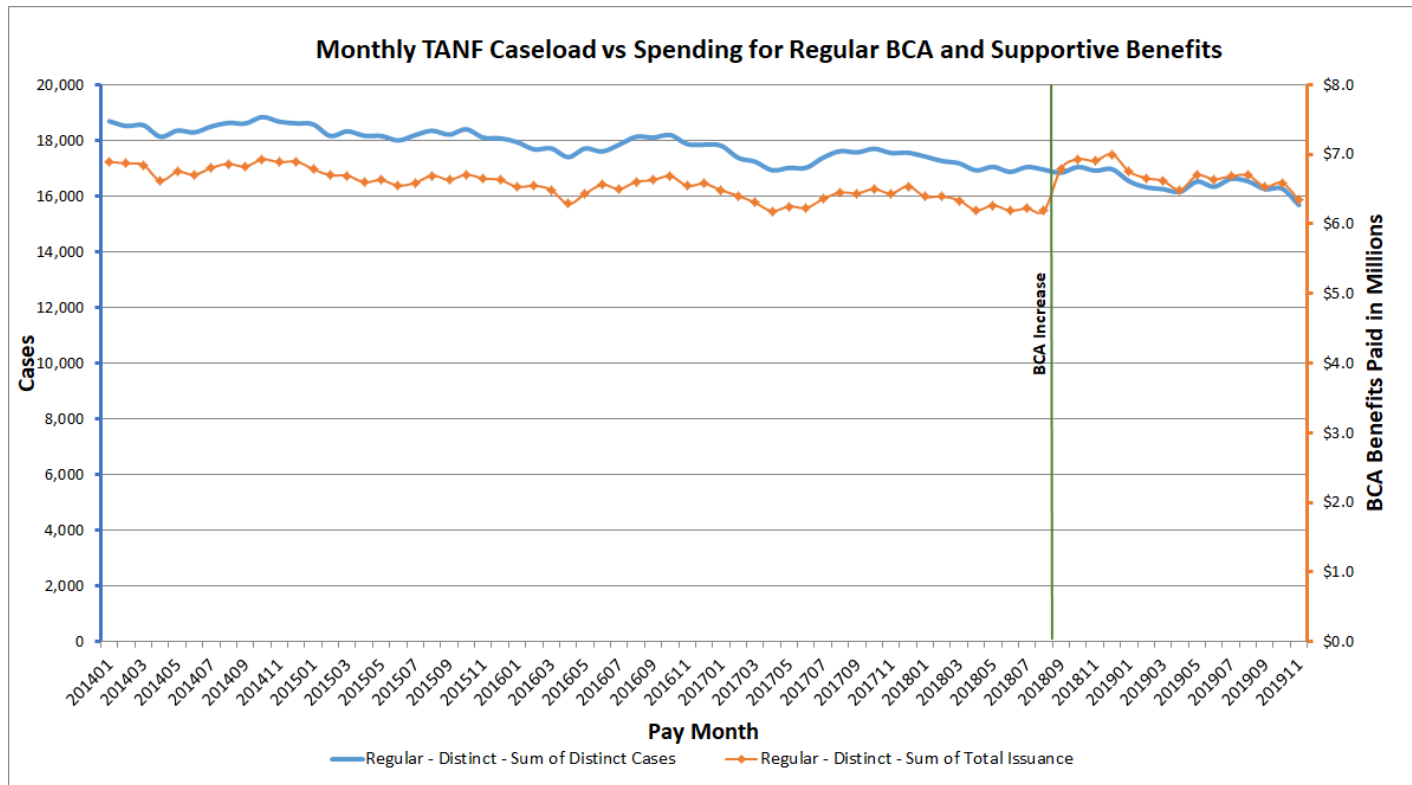
CW STEP Exits by Outcome in SFY 2019



Office of Economic Security

Colorado Works - Basic Cash Assistance

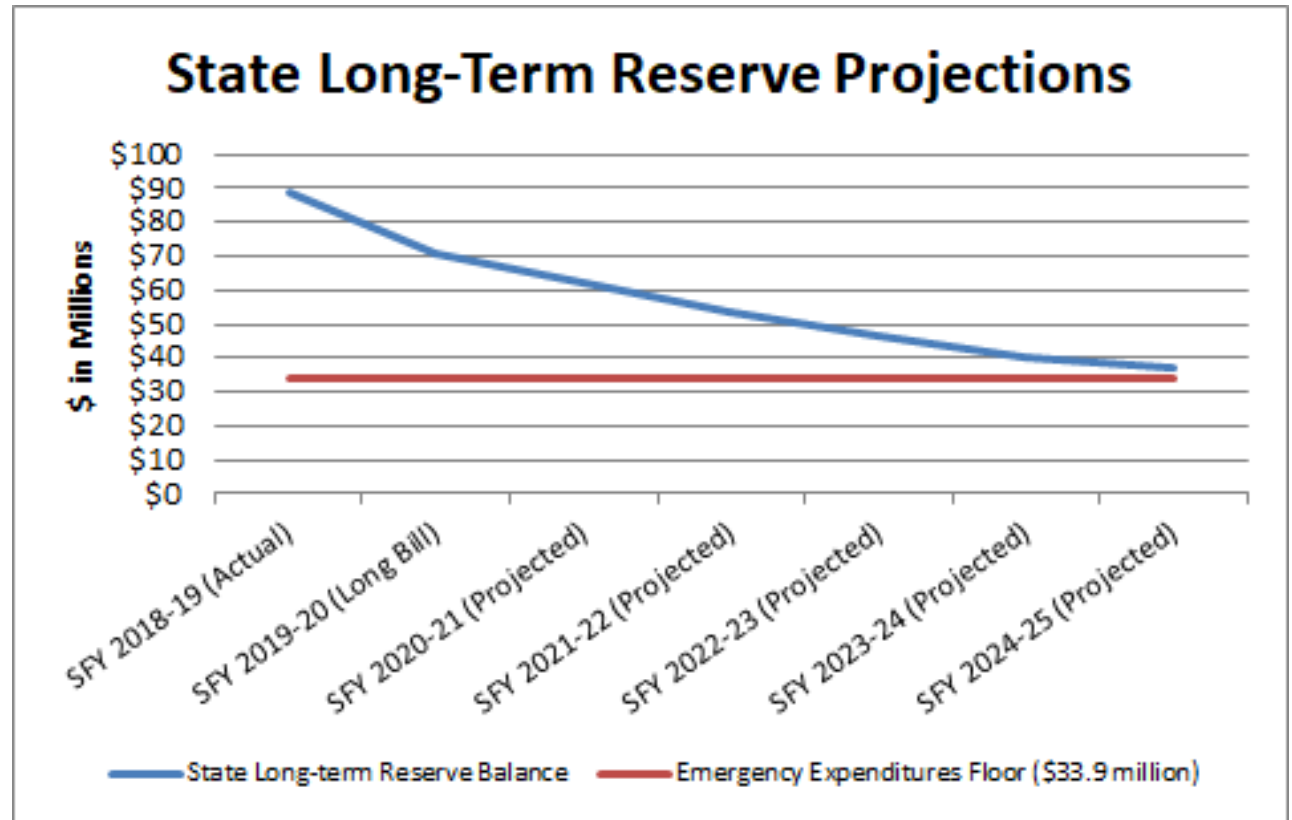
- Sept. 2018 - 10% increase to the monthly basic cash assistance grant



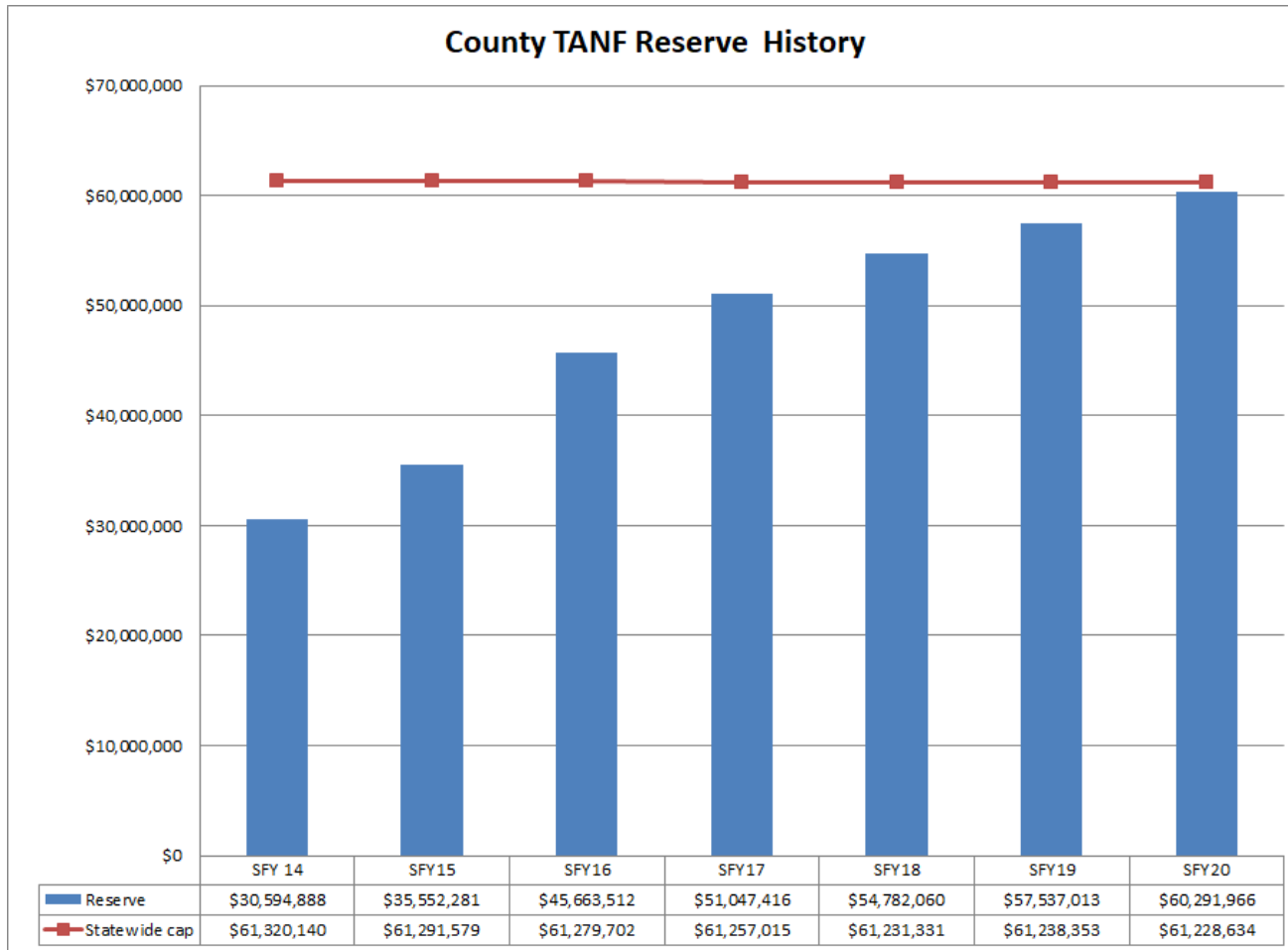
Office of Economic Security

Colorado Works - Long Term Reserve (LTR)

- At the current rate of expenditures, the LTR is projected to approach the \$34 M threshold in 5 years
- The Department and counties recommend not dipping below this threshold
 - represents one quarter of funds needed for emergency purposes



Office of Economic Security Colorado Works - County Reserves



Office of Economic Security

Federal Food Assistance Rule Change

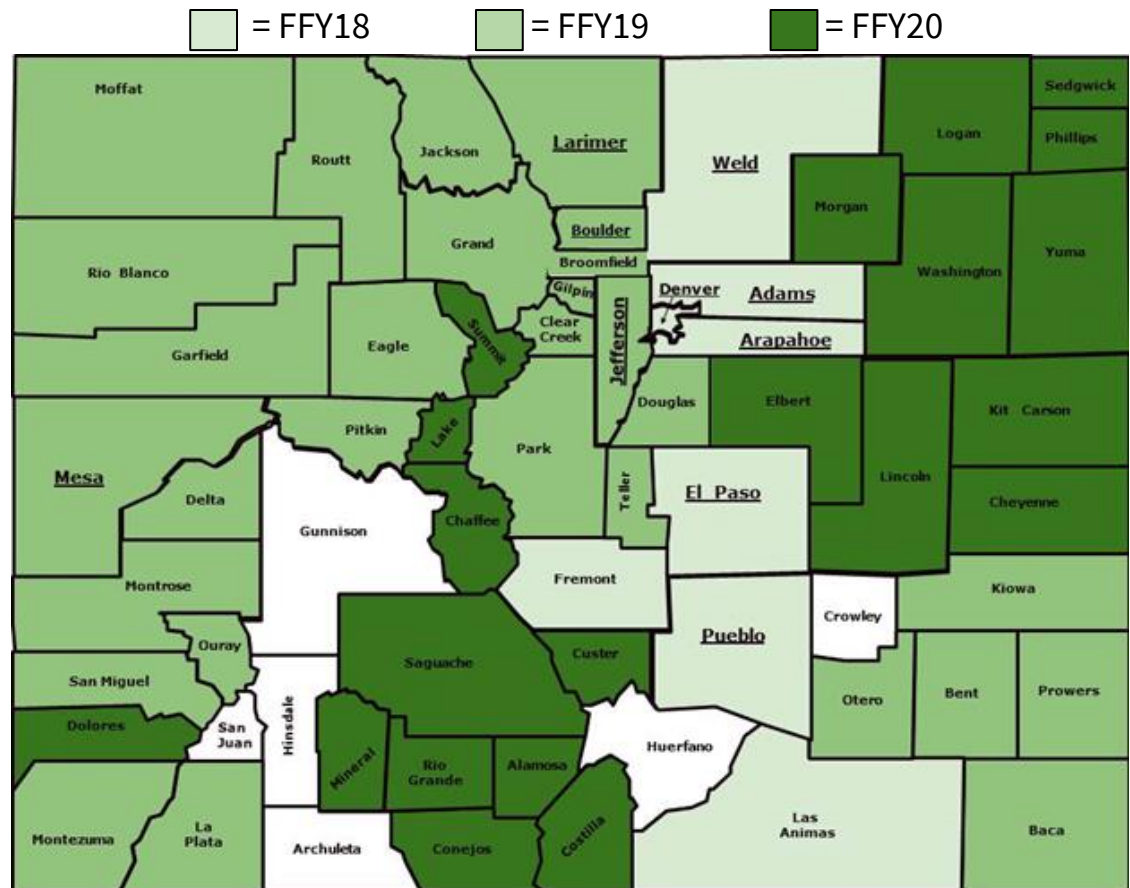
<u>Rule</u> and Potential Impact	Proposed Rule Released by Feds	Final Rule Released by Feds	Implementation Date
<p><u>Public Charge</u> Unknown as it impacts future applicants; It would likely become a deterrent to apply.</p>	Oct 2018	Aug 2019	October 1, 2019; not implemented due to court order
<p><u>Eliminate Local Area Waivers (Able-Bodied Waivers)</u> Five counties in CO and the Ute Mountain Tribe will likely lose their current waiver resulting in 895 people being held to work requirements which could result in benefit loss without compliance.</p>	Dec 2018	December 4, 2019	April 1, 2020
<p><u>Revision of Broad-Based Categorical Eligibility</u> 90,000 citizens would be eliminated from SNAP in CO annually.</p>	Jul 2019: initial comments Oct 2019: re-released for additional comments	Pending	None proposed
<p><u>Adjust and Standardize Standard Utility Allowance</u> This would reduce benefits at \$32/month for 90,000 households.</p>	Oct 2019: open for initial comments Dec 2019: comment period closed	Pending	None proposed



Office of Economic Security SNAP Outreach

In-person Application Assistance Growth Over time

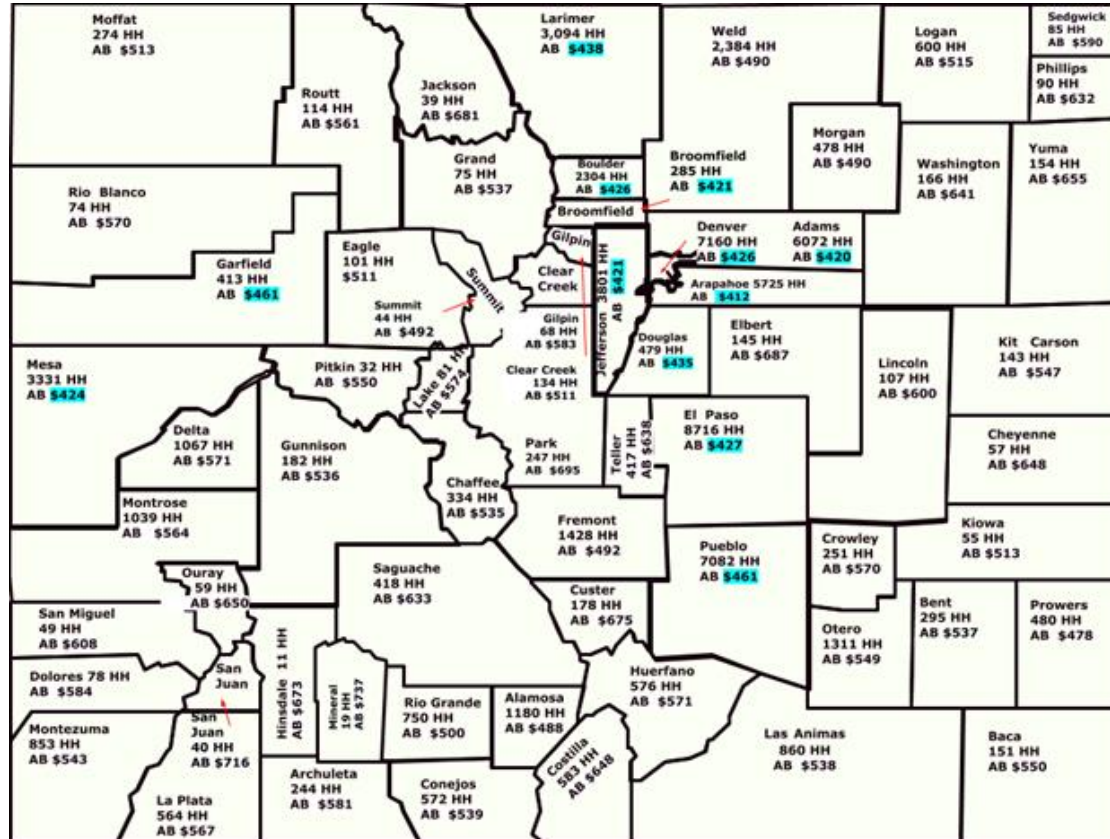
- In FFY20, extended to 21 rural and underserved counties with investment by the JBC.



Office of Economic Security

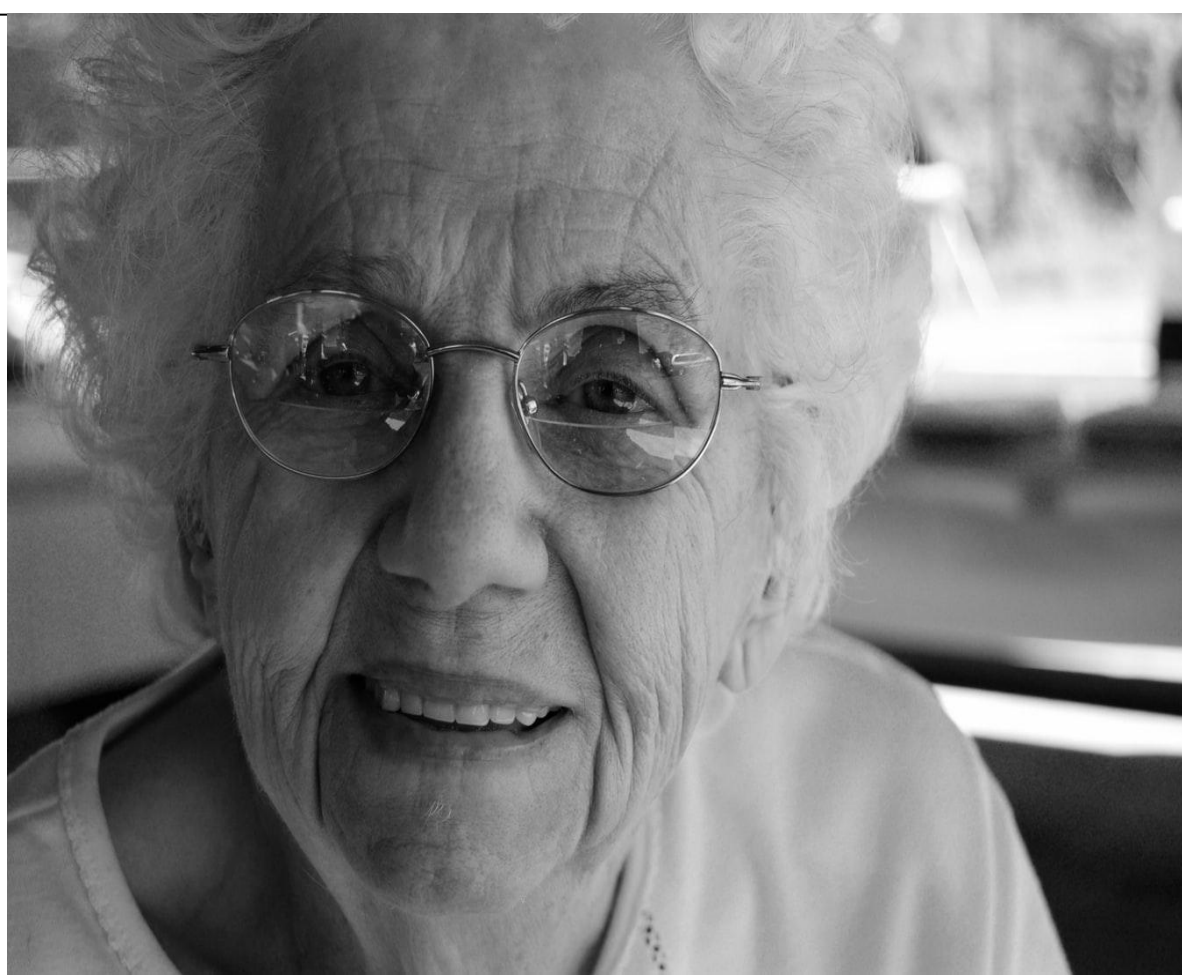
Low-income Energy Assistance

2018-2019 LEAP Household (HH) count and Average Benefit (AB) by County



Note. A blue highlight indicates the Average Benefit is less than the Statewide Average





Office of Community Access & Independence



COLORADO
Department of Human Services



COLORADO
Department of Human Services



Office of Community Access & Independence

Division of Aging and Adult Services

State Unit on Aging

Adult Protective Services

Division of Aging and Adult Services

In FY 2018-19:

- More than 58,000 older adults received services provided through the 16 Area Agencies on Aging across the state
- 9,479 adults were provided protective services through the state's Adult Protective Services program administered by county departments of human services



A Colorado resident celebrates being 100 years old at the 2018 Centenarian celebration in Greeley



R11 Respite Care Task Force Recommendations Funding Adjustment

Funding Request - \$374,770

This increase allows the Department to continue its contract with Easterseals Colorado to complete the implementation of the Respite Care Task Force recommendations and fund the final year of the Task Force



COLORADO
Department of Human Services

The Aging and and Adult Services
Division hosted the Centenarian
celebration in Greeley, CO

Respite Care Task Force Recommendation Implementation

Respite Care
Task Force
Recommendation
Implementation



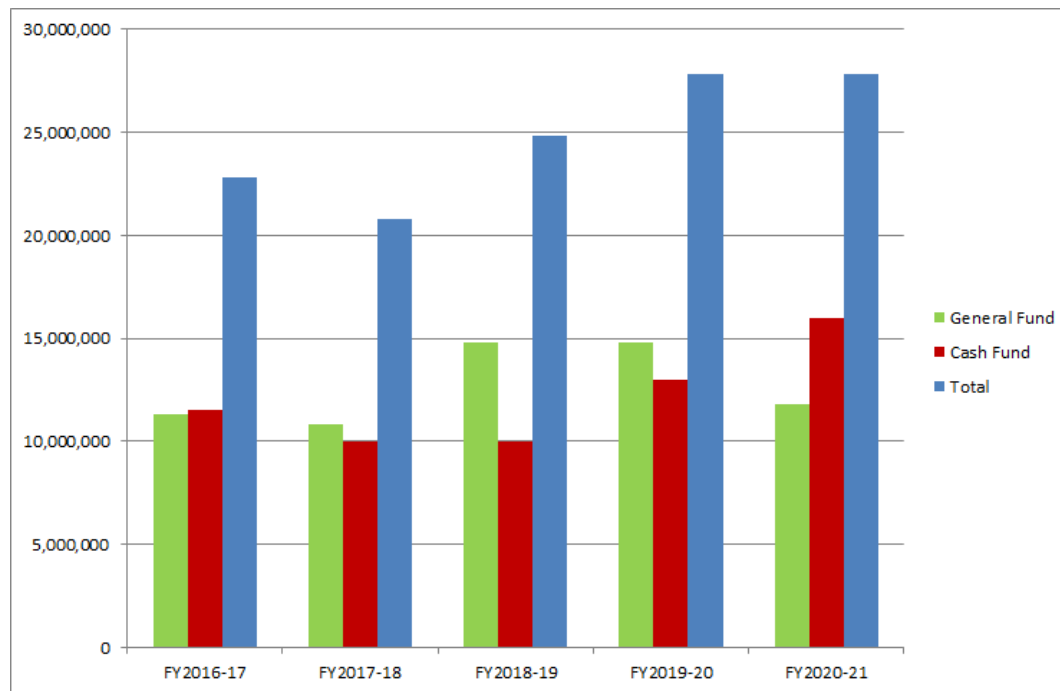
Material from the Colorado Caregiver Marketing Campaign



COLORADO
Department of Human Services

R33 Adjust Excess Reserves Older Coloradans Cash Fund

- Request to utilize \$3 million of the \$16 million from the Older Coloradans Cash Fund
- A net zero adjustment is requested to reduce the GF appropriation by \$3 million while increasing spending authority.



Older Americans Act Waitlist for Services - FY 2018-19*

Service	# of Individuals on Waitlist	Number of AAA's with a Waitlist
Chore	2,130	5
Material Aid	1,284	5
Homemaker/Personal Care	944	6
Home Delivered Meals	550	2
Other (Counseling/Adult Day)	241	4
Transportation	244	3
Respite	149	5
Case Management	111	1
Total	5,654	

*Source: State Unit on Aging data system



COLORADO
Department of Human Services

Adult Protective Services

- Established in statute in 1983 (Title 26, Article 3.1 of the CRS)
- Provides protective services for at-risk adults
- State-supervised, county-administered



APS Statutory Changes

July 2014:

Implementation of SB13-111 (criminal mandatory reporting of mistreatment of at-risk elders).

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)).

May 2017:

HB 17-1284 passed and signed by Governor. Establishes due process for substantiated perpetrators and requires a background check of the CAPS data system for direct care providers.

July 2017

Formal independent quality assurance unit created and funded to review APS cases.

July 2018:

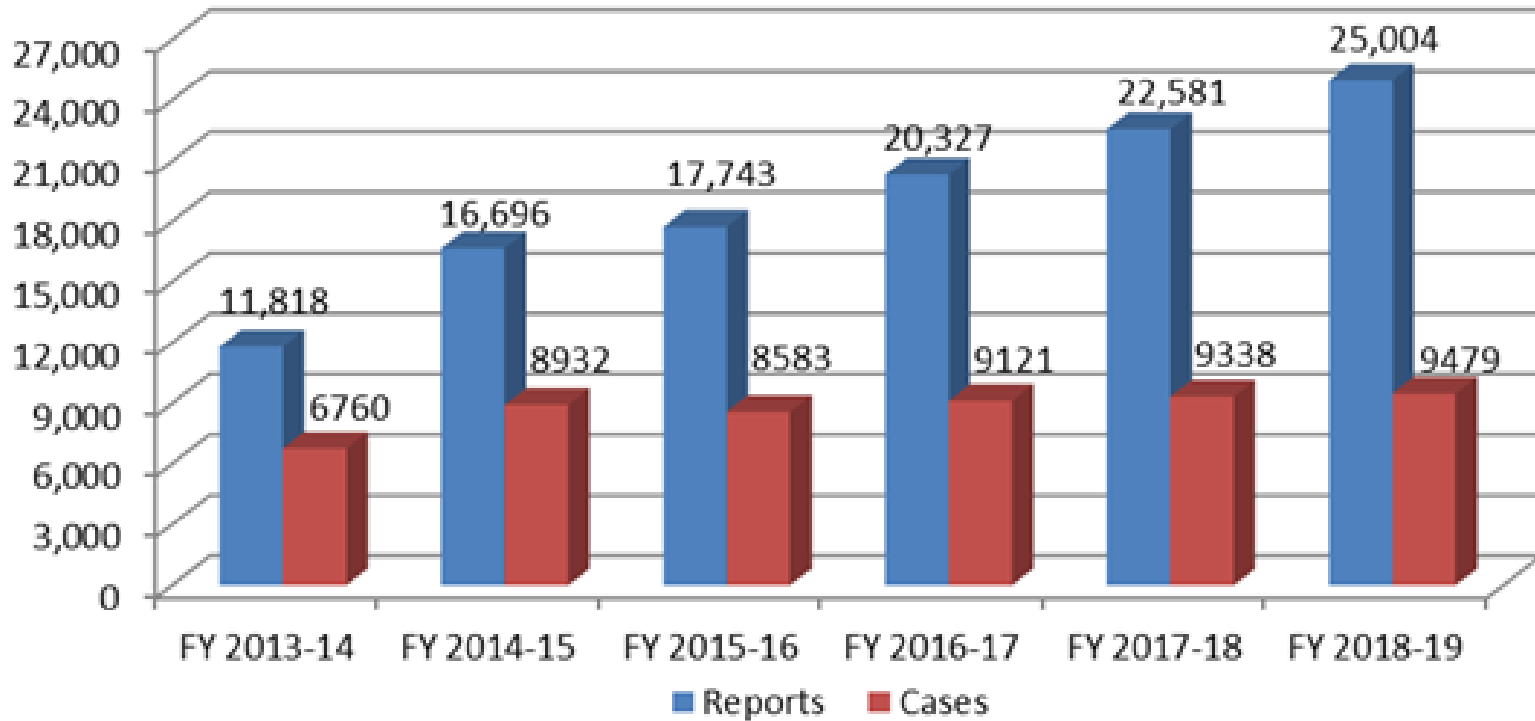
Due Process for Substantiated Perpetrators in APS implemented

January 2019:
CAPS Background Checks Begin



APS

APS Reports and Cases FY 2013-14 through FY 2018-19



R17 Records and Reports of At-Risk Adults subject to Abuse & Neglect

Funding Request \$648,048 (\$422,847 GF, \$225,201 CF)

Total FTE: 6 FTE OCAI: 3

- Requesting cash fund spending authority to fund 2.0 FTE for the CAPS Check Unit and 1 FTE to help process appeals to ensure due process is provided in a timely manner.





Office of Early Childhood

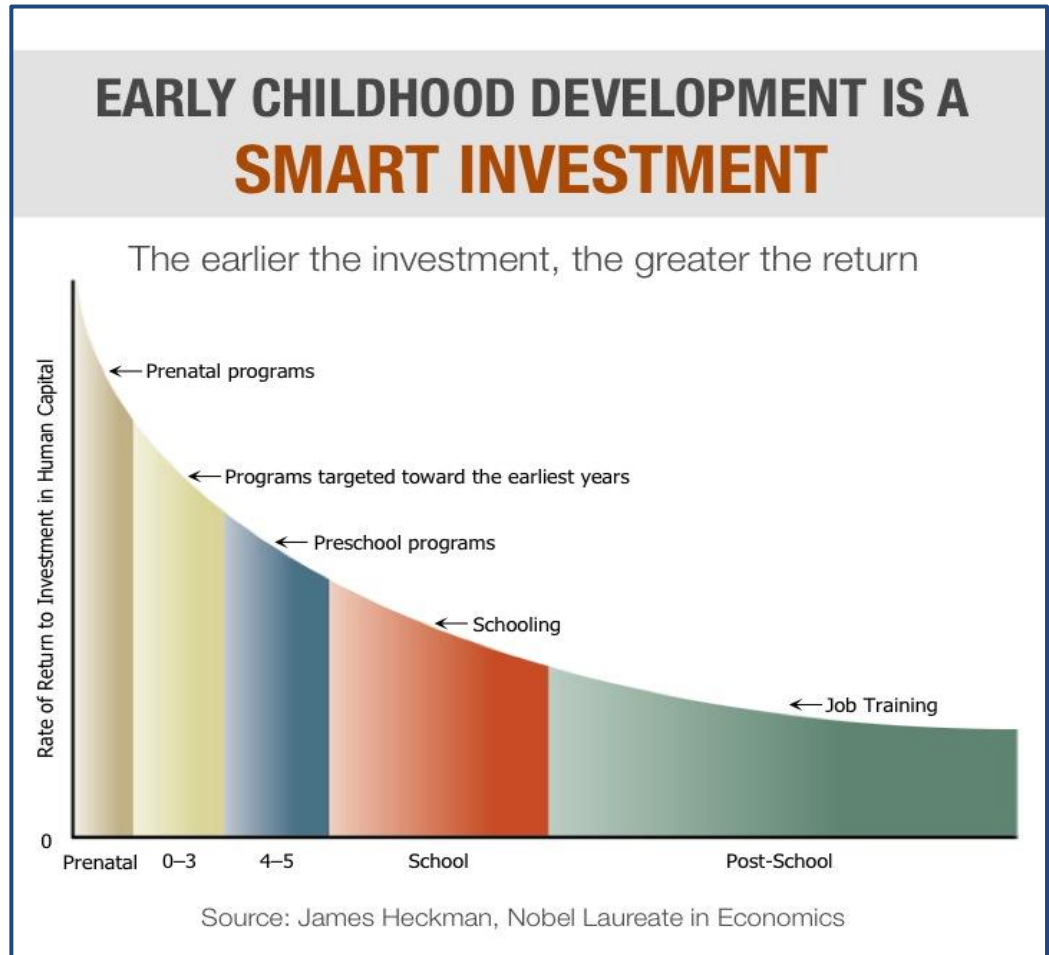
Early Investments Drive the Greatest Gains

Increases in:

- Cognitive and social-emotional development
- Educational performance and graduation rates
- Parental involvement
- Job training, earnings, and productivity

Reductions in:

- Juvenile and adult crimes
- Cases of abuse and neglect
- Domestic violence
- Welfare dependency
- Special education



Office of Early Childhood: FY 2020-21 Budget Requests

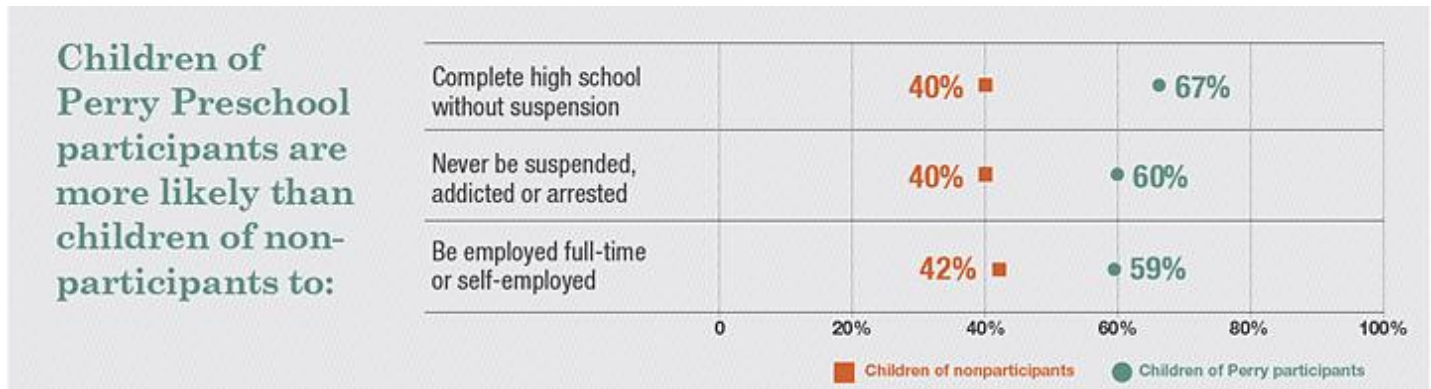
- **R1: Comprehensive Approach to Improving Child Care Quality** - \$5,619,496 total funds, including \$2,809,748 General Fund and \$2,809,748 federal funds and 7.2 FTE
- **R2: Early Intervention Caseload Growth** - \$3,231,940 total funds/General Fund
- **R3: Colorado Child Care Assistance Program Direct Services** - \$6,762,446 total funds, including \$940,292 General Fund, \$2,666,581 cash funds, and \$3,155,573 federal funds
- **R8: Scholarships for Early Childhood Education Professionals** - \$600,000 total funds including \$500,000 General Fund and \$100,000 federal funds and 0.9 FTE
- **R9: Expansion of Evidence-Based Home Visiting** - \$521,605 total funds/General Fund and 0.9 FTE
- **R17: Records and Reports Fund Adjustments** - \$648,048 total funds, including \$422,847 General Fund and \$225,201 cash funds and 6.0 FTE
- **R27: Redirect Intrastate Redistribution Funding** - A reduction of \$1,500,000 total funds/federal funds
- **R31: Increased Efficiency of Resource and Referral Program Funding** - A reduction of \$630,350 total funds including reductions of \$315,175 General Fund and \$315,175 federal funds

Comprehensive Approach to Improving Child Care Quality (R1)

Quality child care is an effective investment.



The benefits are intergenerational...



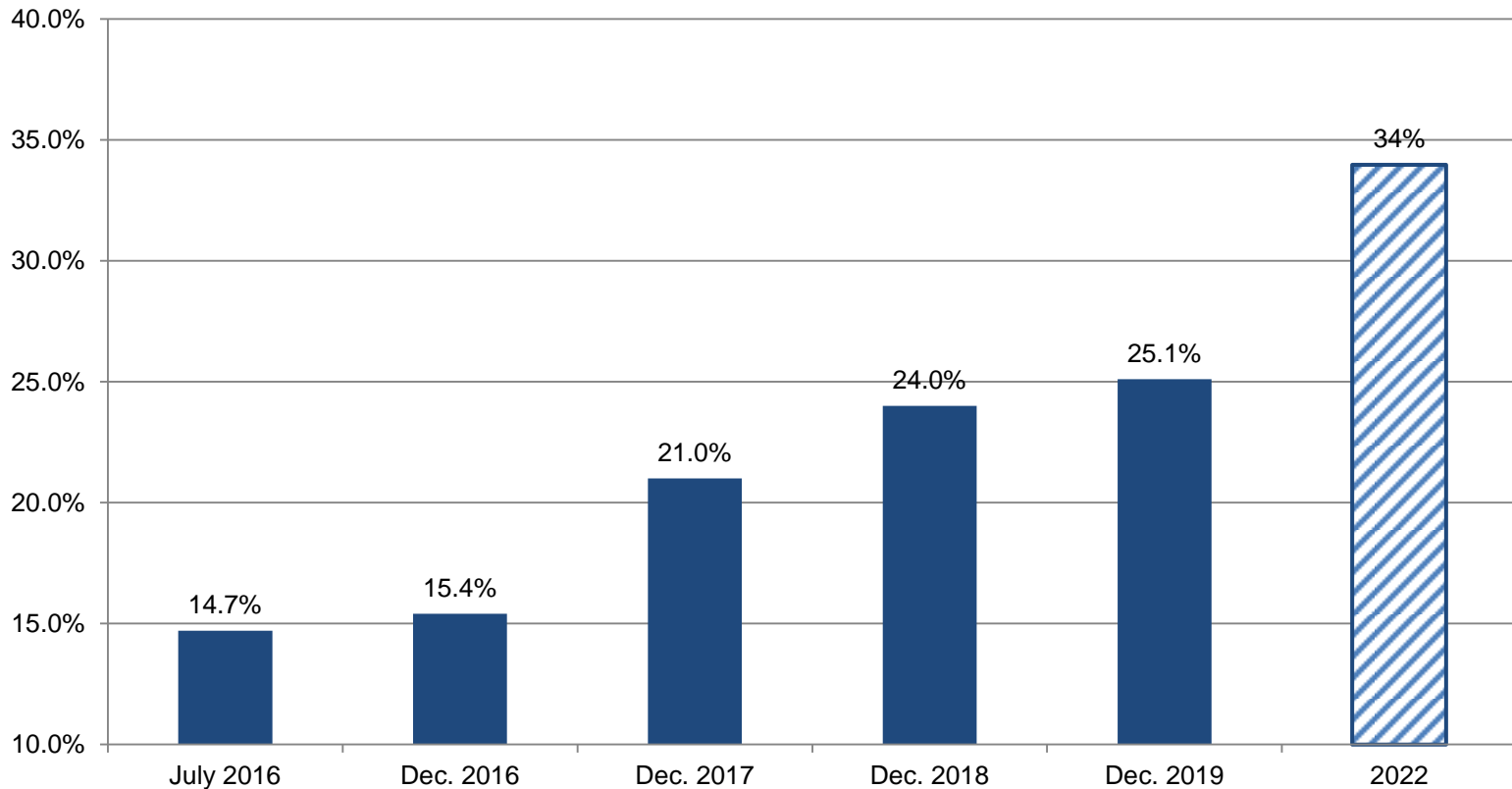
Comprehensive Approach to Improving Child Care Quality (R1)

Colorado Shines Quality Rating & Improvement System



Comprehensive Approach to Improving Child Care Quality (R1)

25.1% of Providers are High Quality in 2019, up from 14.7% in 2016



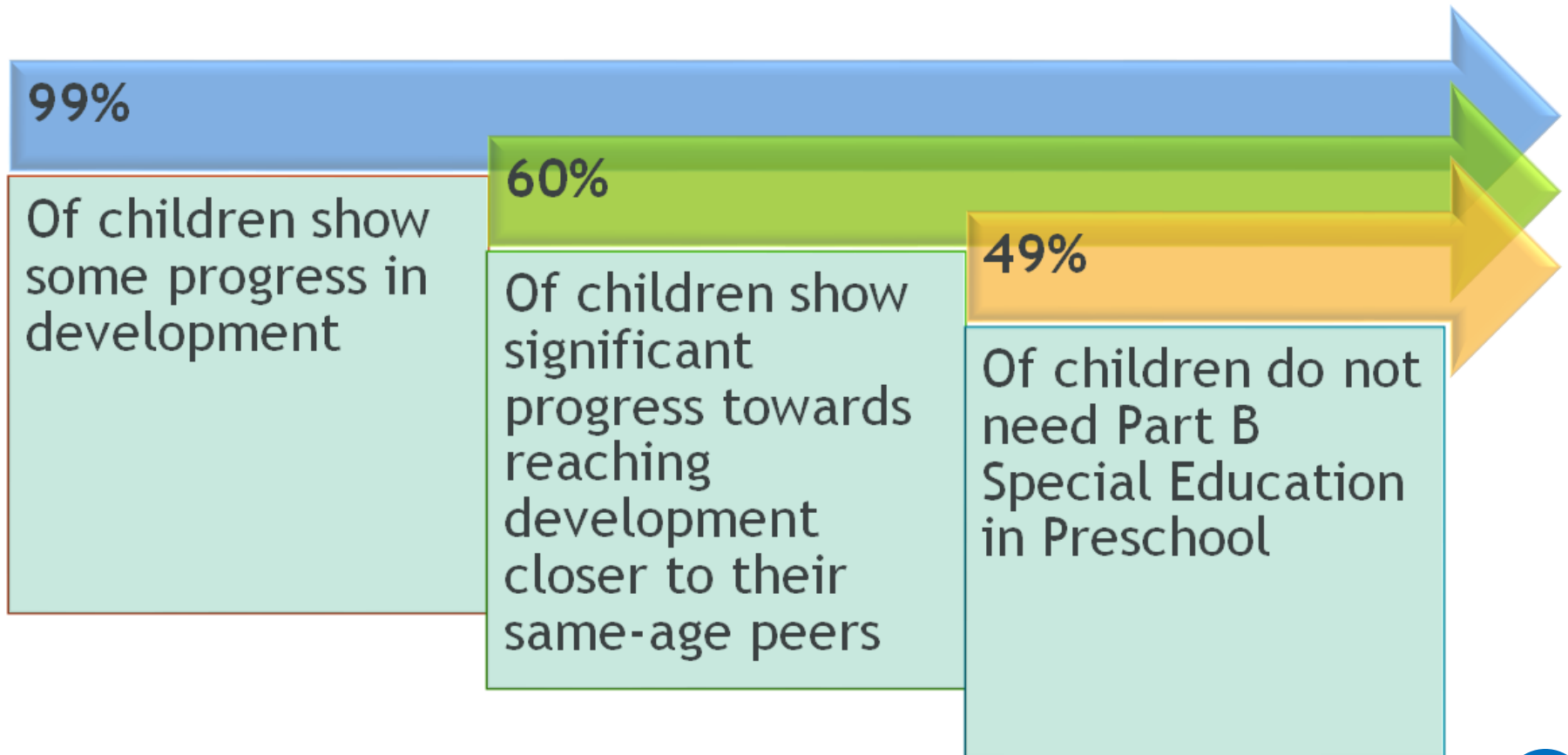
Comprehensive Approach to Improving Child Care Quality (R1)



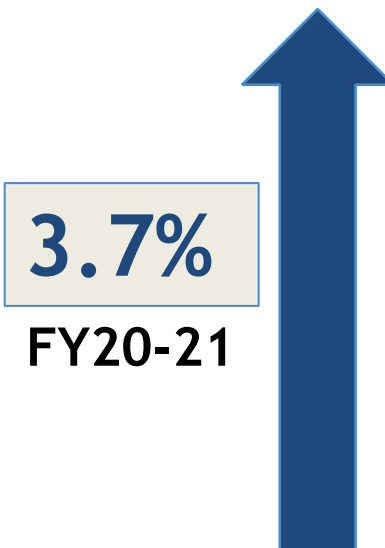
Achieving the OEC's 2022 goal of 34% high quality providers, would increase the number of children served in high quality settings to 81,090.

Early Intervention Caseload Growth (R2)

Success of Early Intervention

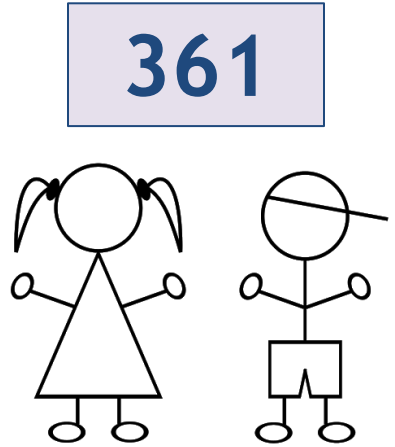


Early Intervention Caseload Growth (R2)



Reasons for Growth

- 1) Increased referrals from:
 - Physicians and hospitals including Level 1 Neonatal Intensive Care Units
 - Home visitors
 - Child welfare
- 2) Increased exposure of infants to developmentally harmful substances



Colorado Child Care Assistance Program Direct Services (R3)



Colorado Child Care Assistance Program (CCCAP)

- Paid through reimbursement
- Pay based on attendance only

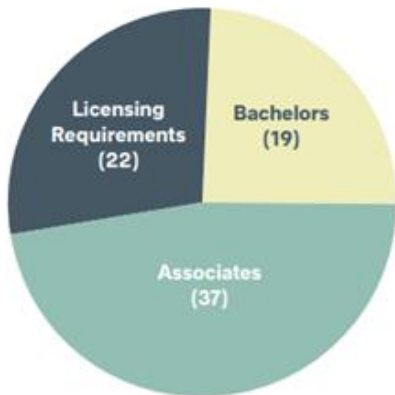
Private Pay

- Paid in full, in advance
- Not based on attendance

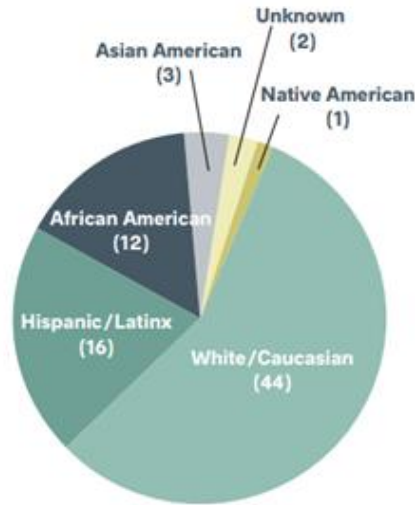
TEACH Scholarships for Early Childhood Educators (R8)

Colorado TEACH Program

Scholarships by Type
FY 17/18
(Number of recipients)



Diversity of Recipients
FY 17/18
(Number of recipients)



Wage
Increase of
4-5%



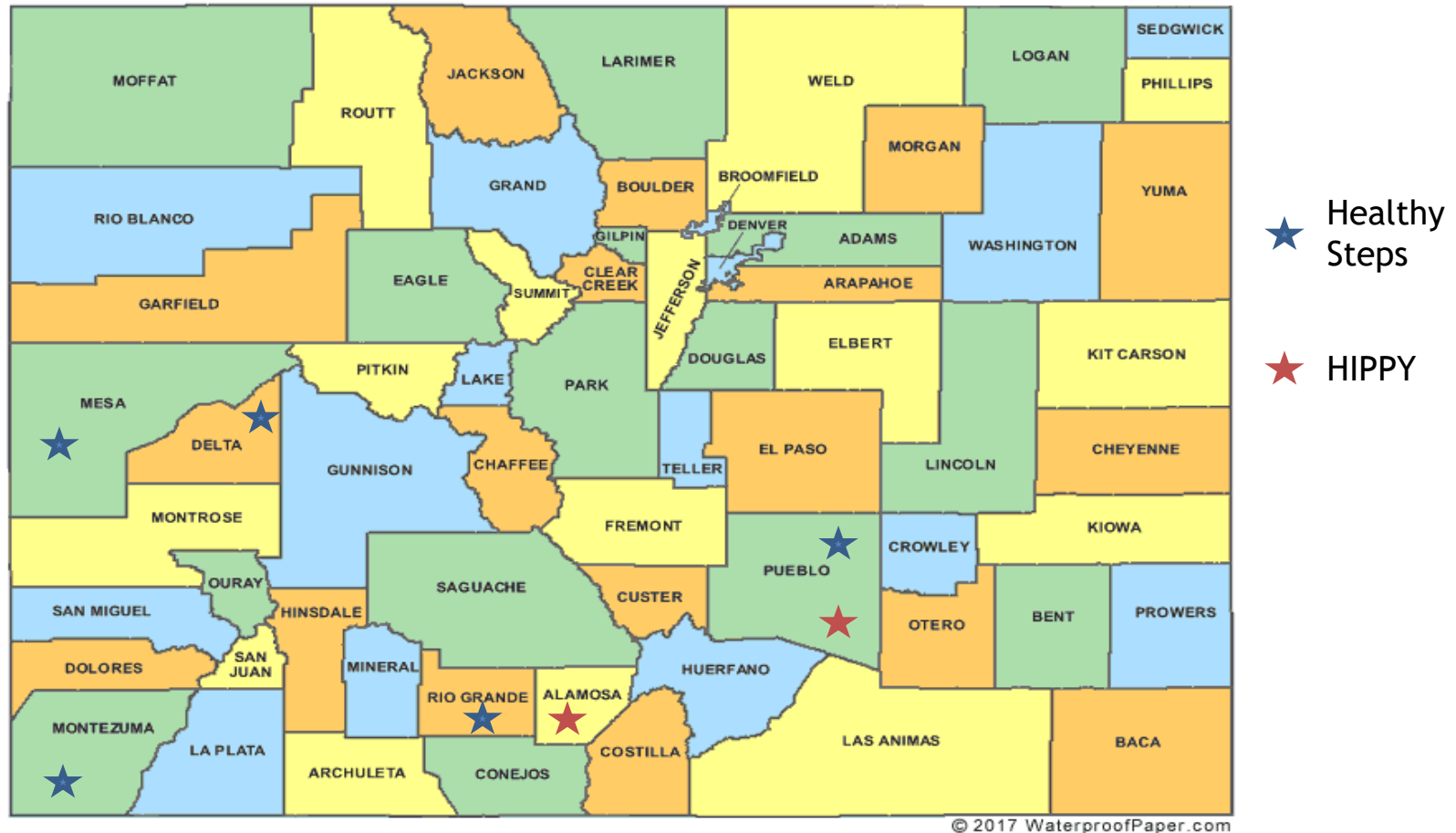
National TEACH Retention Rates

94% for Associates Scholarship Recipients
&
96% for Bachelors Scholarship Recipients

v.

33% National Average

Expansion of Evidence-Based Home Visiting (R9)



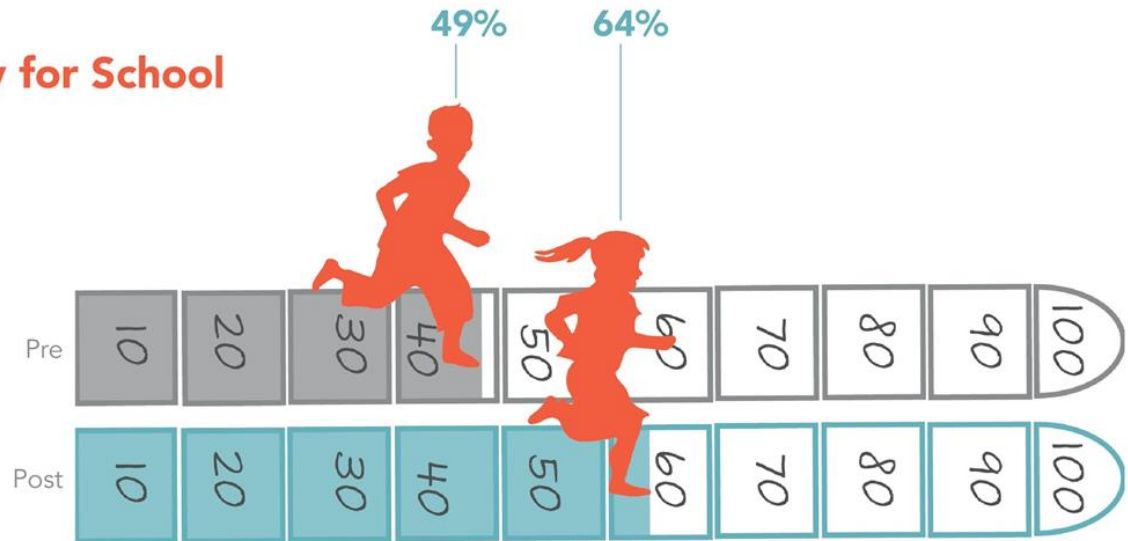
Risk factors that help identify if a community needs additional school readiness support include:

- High rates of poverty, child abuse and neglect, and illegal substance use
- Lack of access to quality early education
- Low 3rd grade test scores
- Low rates of high school graduation

Expansion of Evidence-Based Home Visiting (R9): HIPPY

HIPPY Helps Kids Get Ready for School

On average, HIPPY children scored better on the Bracken School Readiness Assessment than **64%** of their same aged peers at post-test.*



93% of HIPPY children ended the program year on track for success in school.*



*Percentile and proficiency levels from our state-level evaluation using the Bracken School Readiness Assessment.

Expansion of Evidence-Based Home Visiting (R9): Healthy Steps

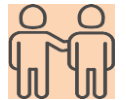
CORE COMPONENTS



Child and Family Need Screening



Developmental/Behavioral Consultations



Referrals to Needed Services



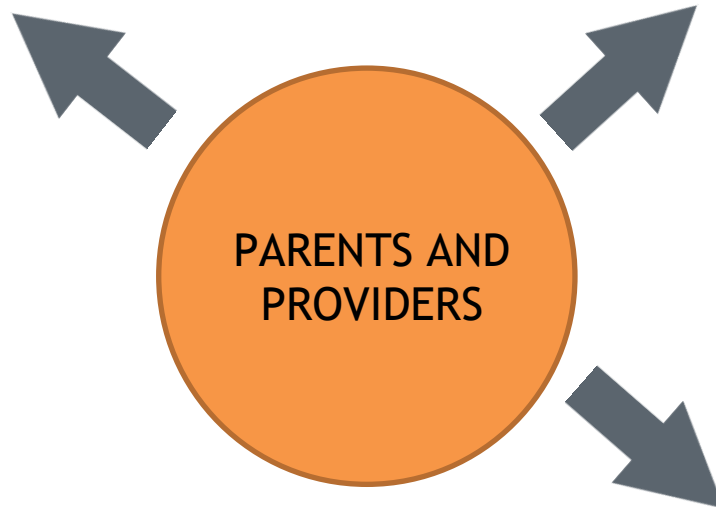
Positive Parenting Guidance & Early Learning Resources



Increased Efficiency of Resource and Referral Funding (R31)

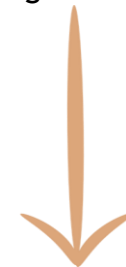


Centralized Call Center (CCR&R) since 2016



16 Child Care Resource and Referral Agencies (CCR&Rs)

- Awareness of local child care landscape
- Coordination of disaster preparedness plans
- Addressing emergency care situations
- Holding pre-licensing training



34 Early Childhood Councils