



SMART Government Act

Joint Presentation to:

Senate Health and Human Services Committee

House Health, Insurance and Environment Committee

House Public Health Care and Human Services

Committee

Colorado Department of Human Services

November 5, 2013

Mission, Vision and Values

Mission

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

Vision

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.

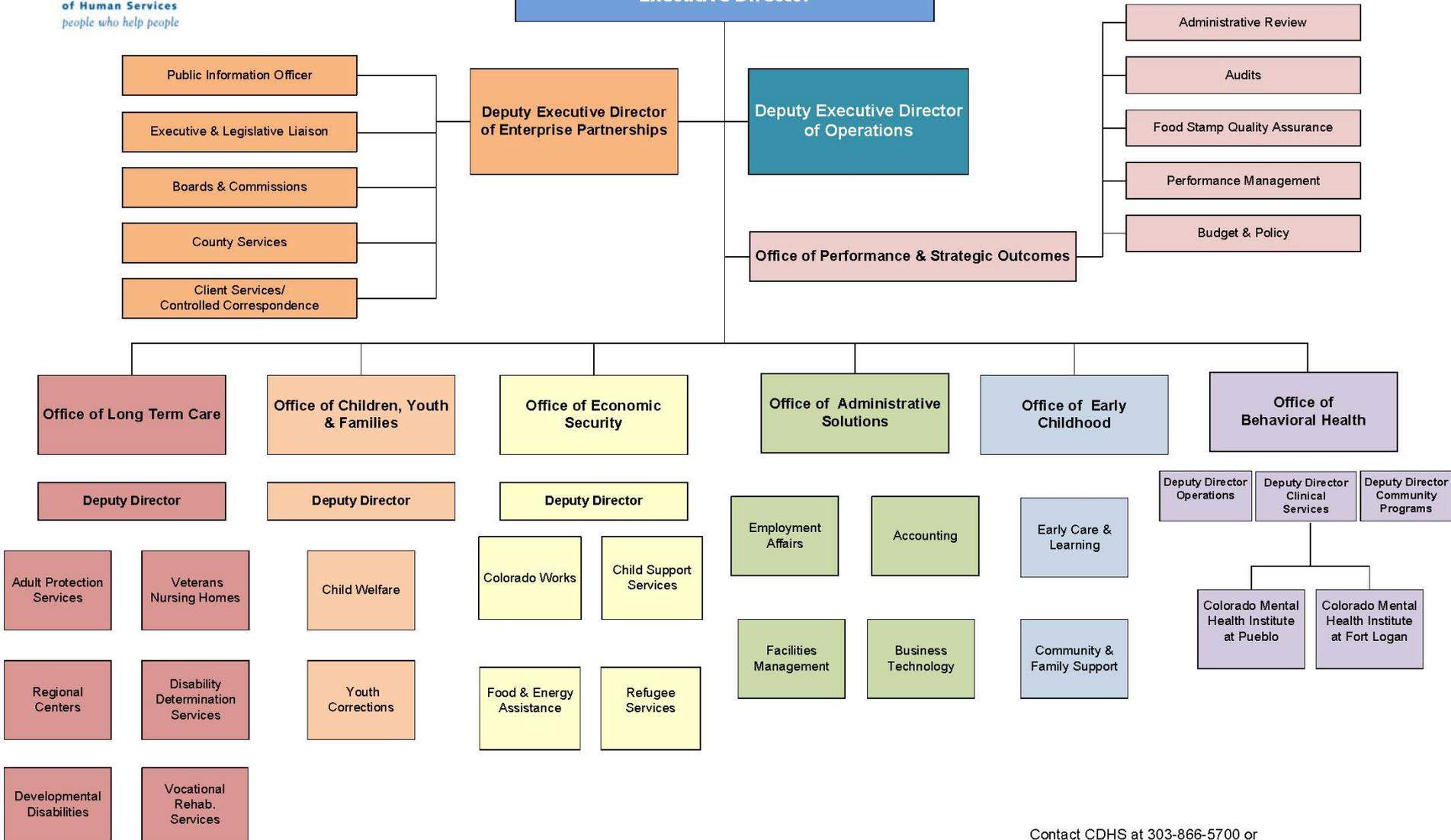
Values

The Colorado Department of Human Services will:

- Make decisions with and act in the best interests of the people we serve because Colorado's success depends on their well-being.
- Share information, seek input, and explain our actions because we value accountability and transparency.
- Manage our resources efficiently because we value responsible stewardship.
- Promote a positive work environment, and support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.



Colorado Department of Human Services
Reggie Bicha
Executive Director



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

CDHS on the move...

Children, Youth & Families

- “Keeping Kids Safe and Families Healthy 2.0”
- Restructured and right-sized Colorado’s Youth Corrections System

Economic Security

- Colorado Works and Food Assistance regular eligibility timeliness improved by more than 20%

Long Term Care

- Transitioning individuals from Regional Centers to the community
- Reforming Colorado’s Elder Abuse Reporting System
- Caring for Our Heroes - Colorado State Veterans Nursing

Early Childhood

- Created the Office of Early Childhood

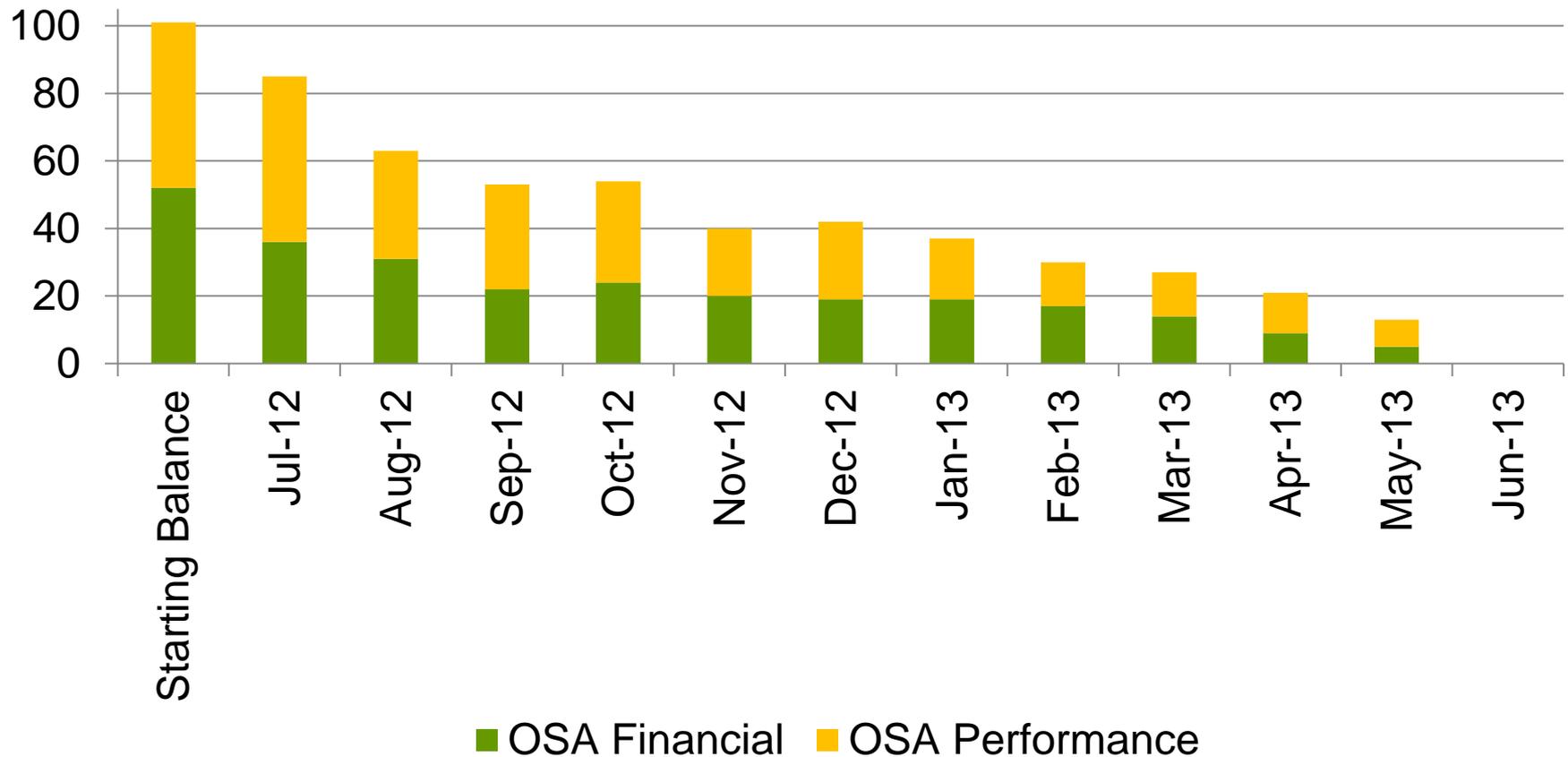
Behavioral Health

- Strengthening Colorado’s Mental Health System: A Plan to Safeguard All Coloradans – \$30 million
- Colorado Mental Health Institute – Pueblo

Efficient

- **FTE**
 - 6.4% reduction since FY 2010
 - 109 FTE reduction in DYC
 - WINS support
 - No layoffs
- **Rules review**
 - Rules Reviewed: 4,429
 - Rules Repealed: 855 (19%)
 - Rules Revised: 2,231 (51%)
 - Rules Unchanged: 1,354 (30%)
- Resolved outstanding audit recommendations

Audit Recommendations*



*Audit Recommendations do not reflect OIT-related recommendations.

Crosswalk to Office of the State Auditor Annual Report

OSA reports 19
outstanding audit
recommendation parts
in its
*Annual Report of
Audit
Recommendations
Not Fully
Implemented as of
June 30, 2013*

10 - IT recommendations related to the EBT, CBMS, CFMS
and AVATAR systems

6 - Marked as implemented internally by CDHS, but when
sample tested by the OSA auditors this year had exceptions
and therefore are considered to be only partially
implemented

2 - Implementation dates in SFY 2014

1 - New recommendation related to cash fund balances



Effective



Performance Management

- Nearly 2 years of data and program enhancements
- Commitment to transparency
 - Quarterly reports posted on website
- C-Stat awards
 - Colorado Mental Health Institute at Pueblo - Reducing barriers to discharge
 - Rifle State Veterans Nursing Home – Elimination of pressure ulcers
- Next Generation of C-Stat
 - Predictive analytics
 - Cross-program performance measures
 - Integration of a research agenda that brings cutting-edge research and analysis to the Department

Elegant

- Office of Early Childhood
- County/State Partnership
- Commitment to Community Based Services
- 26-page application for benefits reduced to 8 pages...and now on to PEAK

2013-14 Strategic Initiatives

- ✓ Consolidating early childhood services and funding streams
Redesigning the business model for long-term care services
- ✓ Assisting families and individuals in achieving a level of economic stability
- ✓ Keeping Kids Safe and Families Healthy
- ✓ Strengthening the behavioral health/mental health services and supports system
- ✓ Developing strategies to best support Coloradans to age safely in their homes

2014-15 Strategic Plan

- Statewide outreach effort - stakeholders, clients, constituents, partners and employees
 - 8 townhall style meetings throughout Colorado
 - Employee feedback through focus groups, webinars and written responses
 - Posted drafts of plan on website for public feedback
- Colorado WINS participation at webinars and through written responses
- Development of strategic plan goals aligned with C-Stat, budget and legislative priorities

2014-15 Strategic Initiatives

- To improve kindergarten readiness through quality early care and learning options for all Coloradans
- To expand community living options for all people with developmental disabilities
- To achieve economic security for more Coloradoans through employment
- To ensure child safety through improved prevention, access, and permanency
- To achieve a statewide crisis response system and expand community supports in mental health and substance abuse
- To prepare Colorado to meet the needs of more seniors who choose to live and thrive in their homes and communities

FY 2014-15 Budget Requests

Long Term Care

- Old Age Pension Cost of Living Adjustment
- Regional Center Capital Outlay

Children, Youth & Families

- General, Career and Technical Education
- Trauma-informed Care
- Parole/Transition Services
- Title IV-E Cash Fund Spending Authority

Economic Security

- Continuation of ReHire Colorado (HB 13-1004)
- Improving Colorado Works Performance Capabilities

Early Childhood

- Increased Staffing for Child Care Licensing
- Investing in Early Care Providers
- Early Literacy Book Distribution Partnership

Behavioral Health

- Outside Medical Expenses
- Mental Health Institutes Electronic Health Record System
- Psychiatrist Base Salary Adjustment
- Mental Health First Aid

Counties and Partners

- 1.5% Community Provider Rate Increase
- Fully Fund County Tax Base Relief

2014 Legislative Agenda

Office of Early Childhood

- Categorical Eligibility for Foster Children to Access Child Care

Office of Long Term Care

- Amend the names of State Veteran's Nursing Homes to Community Living Centers

Office of Behavioral Health

- Involuntary Civil Commitment Consolidation

General

- Medicaid Funds Transfer Authority

2013 -14 Regulatory Agenda

- Updated 2012 – 13 Agenda on CDHS website
 - Includes all Stakeholders who provided input
- November 1, 2013 - October 31, 2014
 - Posted to website Oct. 31
 - 20 proposed rule revision packages

Legislation Not Fully Implemented* (2009 - 2013)

Fiscal Year	Bill Number	Bill Title	Comments/Explanation
FY12	HB 12-1226	Surcharge On Crimes Against At-risk Persons	To date, the fund has not received money for distribution to the Department.

Bills from 2013 session in process of implementation and rule making.



Office of Long Term Care

Bobby King

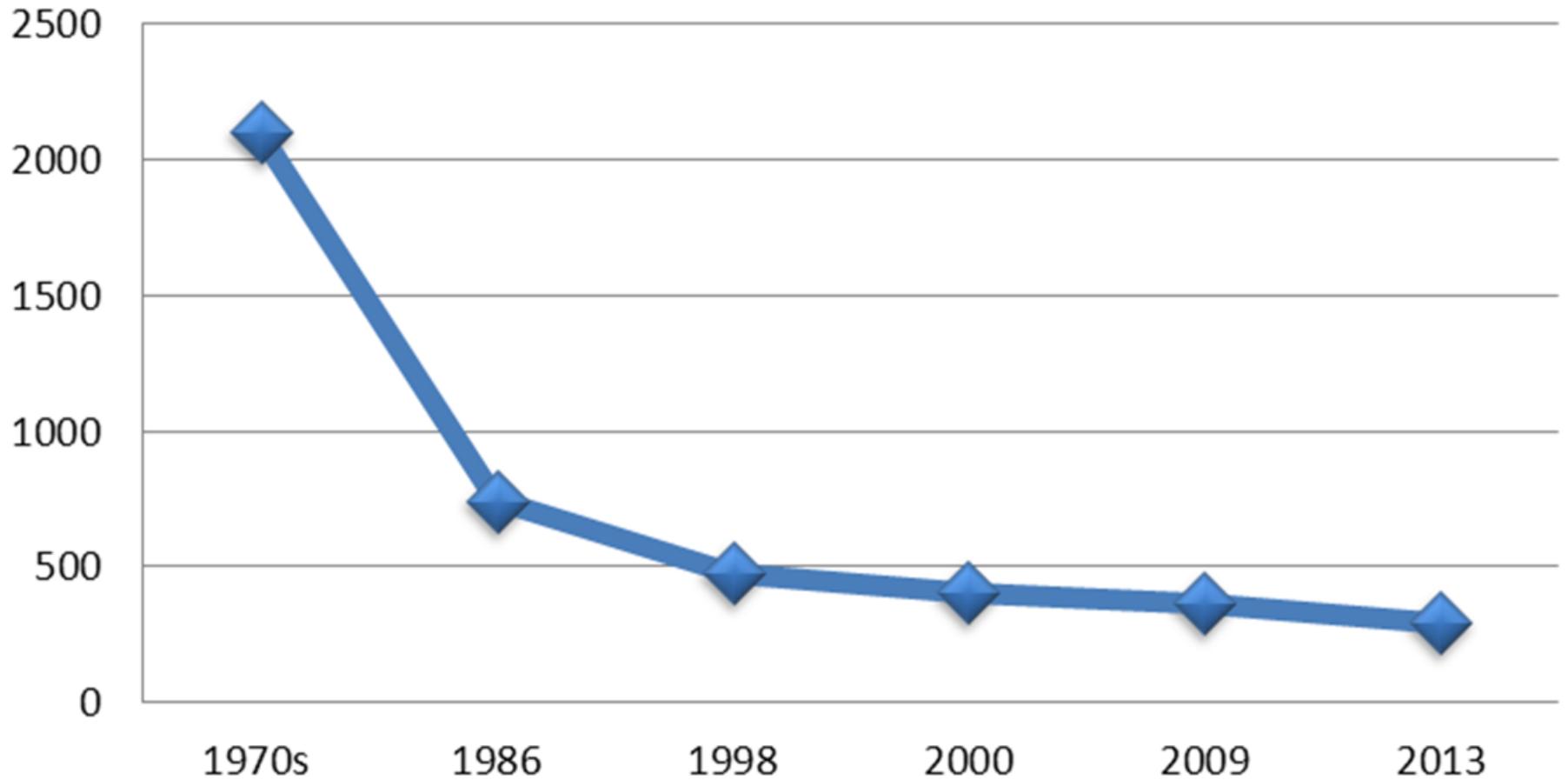
“ I think he’s doing great, just wonderful. He really enjoys it there. He is a people person and he likes the people there.”

Bobby’s mom, Ruth Weichselbaumer



- 53 years old; 47 of those spent at the Regional Center
- Lives at Imagine!
- Bobby enjoys outings with caregivers – wants to go tobogganing
- Got to grow a beard

Historical Population of the Regional Centers



Regional Center Transitions

All Models as of 9/30/13

146 Individuals Ready for Transition into the Community from the RCs

97 Individuals Remain in the RCs

49 Individuals Have Successfully Transitioned to a Private Provider

60 Individuals – Barrier of Guardian Refusal

3 Individuals – Referral Packets Sent

5 Individuals – Awaiting Provider Interest

9 Individuals – Provider Available

11 Individuals – Facilitated by CO Choice Transitions program

9 Individuals – On Hold For External Reasons

Reference Data

Office of Long Term Care
Regional Centers

Realigning Regional Center Services

Community Support Teams

Individuals transitioning to the community:

Provides support and training to community provider

Provides support to individuals in the community in crisis who without support may be admitted to the Regional Centers

Short Term Treatment Model

Provides short term treatment and stabilization with IDD and acute behavioral or medical crisis

Meeting the Needs of Seniors in Their Homes and Communities

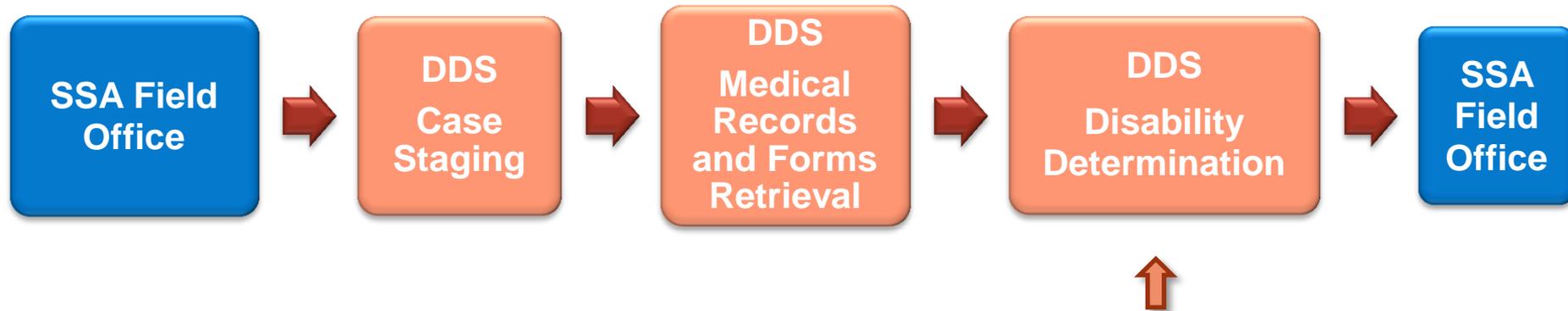
- Achieve the ability for anyone to age safely in their homes and be vibrant members of the community
- “Catch up” with Colorado’s communities to align partnerships to best serve vulnerable adults



Adult Protection Services

- Fully implement SB13-111
 - Elder Abuse Mandatory Reporting
- Currently use CBMS as a case management system
- Received \$250,000 for new electronic case management system
 - Consistent Report Screening Process
 - Risk Assessment Process
 - Data Tracking for Performance and Outcomes
- Boulder-based Vertiba, Inc. selected as vendor to build new system

Disability Determination Services



The Bottleneck and the Focus of LEAN

- ✓ Examiner best practices training
- ✓ Work process improvements
- ✓ Linked accountabilities for productivity, quality and processing time
- ✓ Case triage for faster determinations

Disability Determination Services

Challenges

Personnel:
Federal Hiring Freeze
Colorado Staff Turnover

42,000 new cases
anticipated in FFY 2014

Backlog Continues

Opportunities

Personnel:
Temporary Federal Disability
Examiner Assistance
New Positions

LEAN Project
Implementation



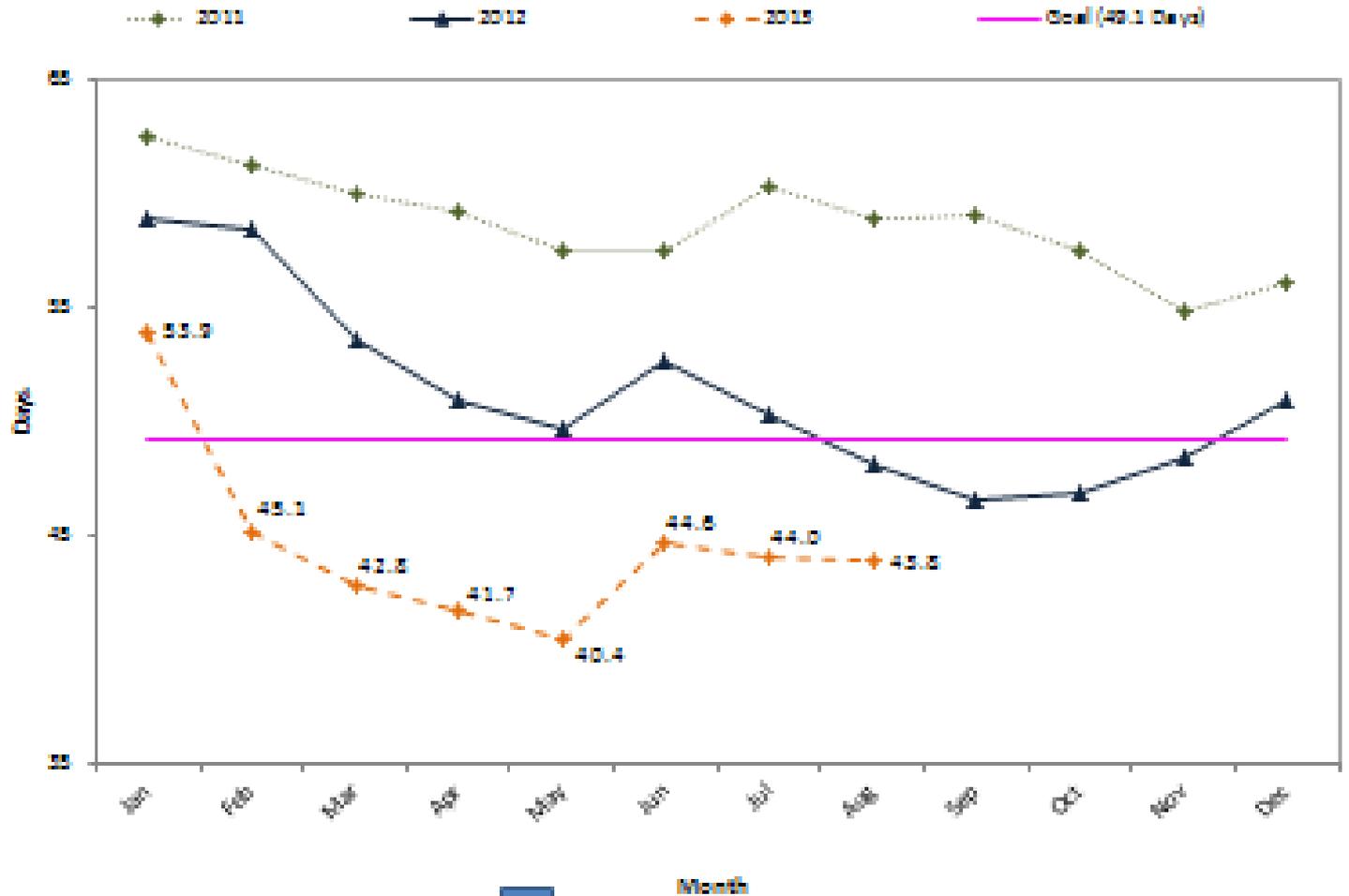
Examiner Processing Time

Description of Trend:

Despite an isolated increase in performance from May 2013 to Jun. 2013, since then performance has improved, with current EPT at 43.8 days.

Numerator: # of Days (from Assign Date to Clearance Date) to Close Disability Claims

Denominator: # of Disability Claims Closed;
Current Monthly Denominator = 3,650

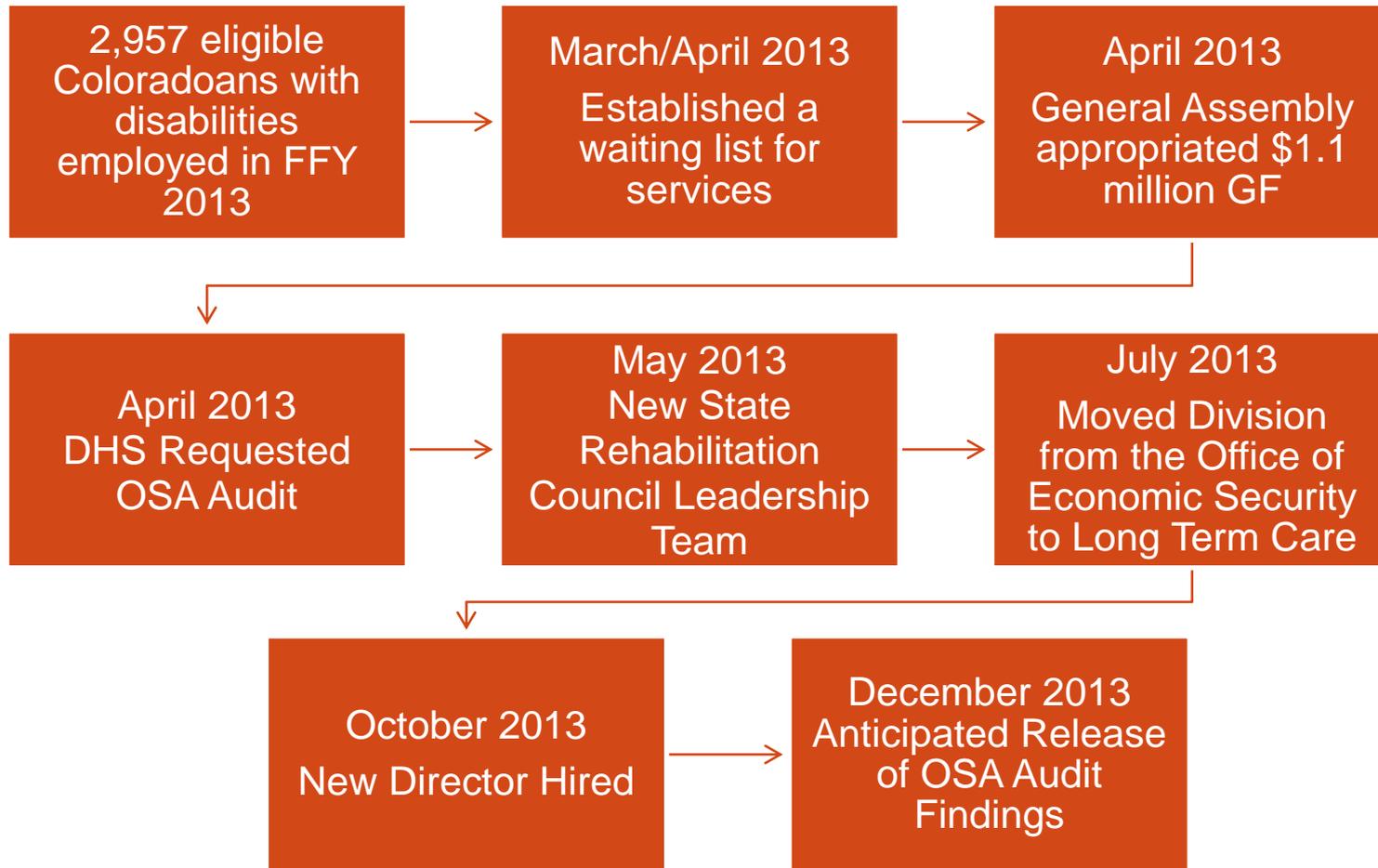


Office of Long Term Care
Disability Determination Services

Disability Determination Services Next Steps

- Continued work with the Social Security Administration
- Looking to other states and private sector for solutions

Vocational Rehabilitation





Office of Children, Youth and Families

Keeping Kids Safe and Families Healthy 2.0

Focusing on Prevention

Budget

- Create new prevention programs for families with young children “screened out”
 - SafeCare
 - Community Response
 - Nurse Family Partnership
- Core Services funding to counties to support safety services for children at home

Legislative

- Expand mandatory reporting
- IV-E Waiver implementation and funding

Consistent Decision Making

Budget

- Establish a statewide child abuse reporting hotline
- Create a public awareness campaign on reporting child maltreatment
- Establish new competencies and training for child abuse hotline and screening & assessment staff
- Create new training for mandatory reporters
- Require consistent screening rules and practices for all counties (RED Teams)

Legislative

- Public release of child identifying information in fatality reports
- Amend statewide referral and screening authority

Investing in the Work Force

Budget

- Fund new mobile technologies (tablets, laptops, smartphones) for caseworkers
- Transparency through public facing website

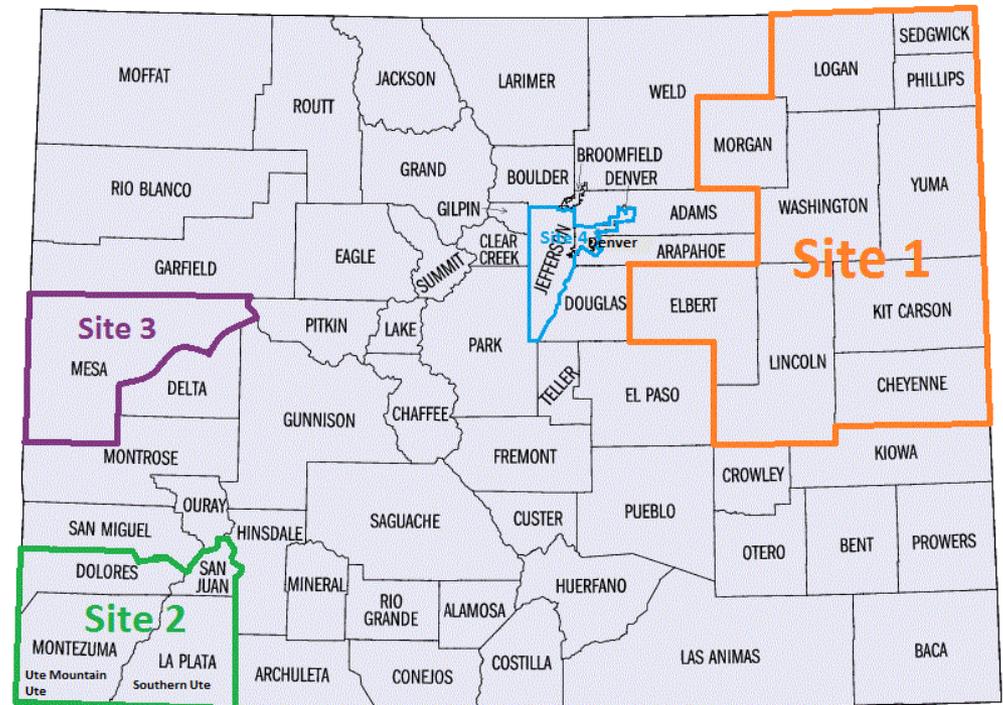
Budget/Policy/Legislative

- Workload/caseload audit

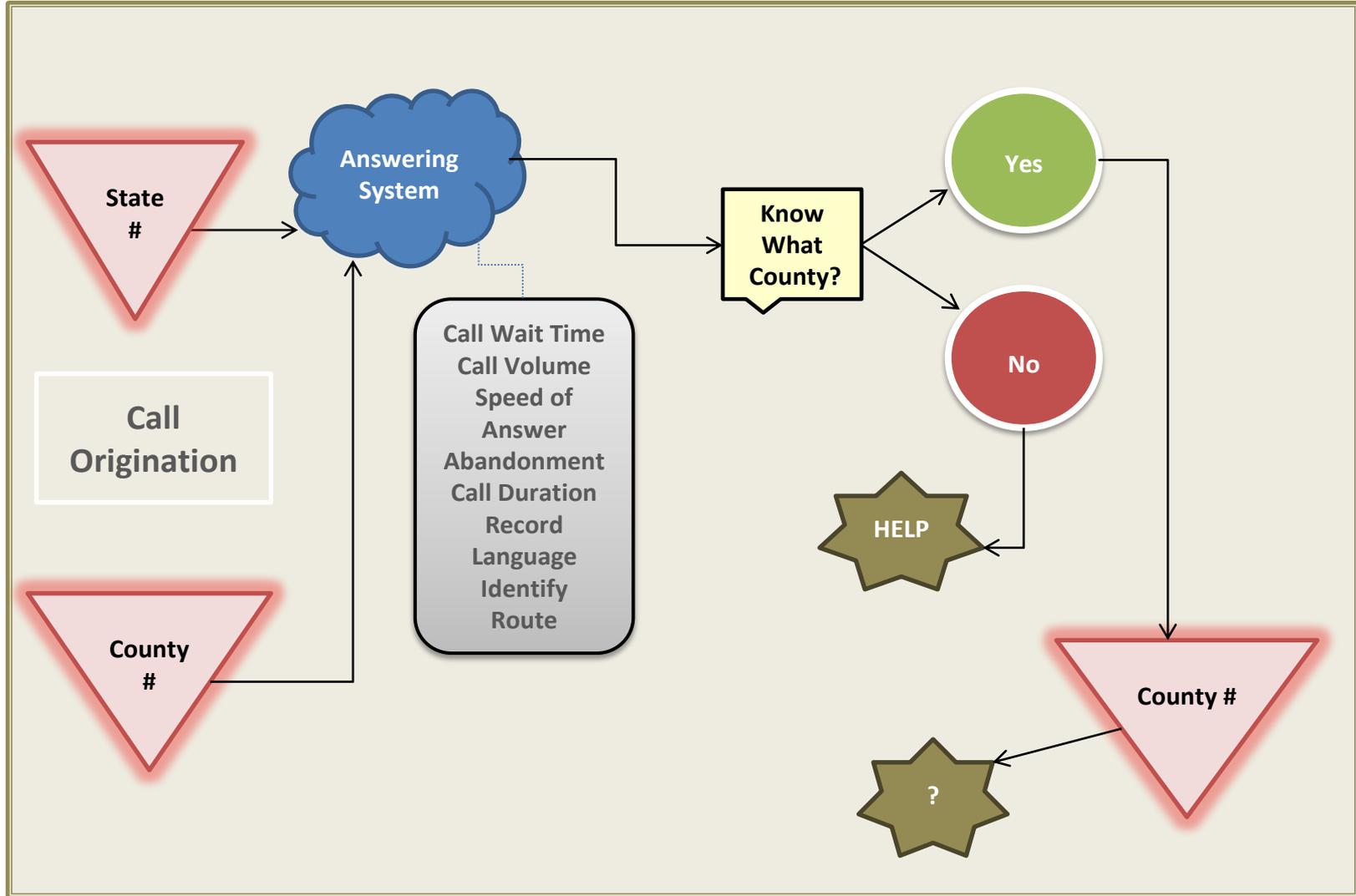
Focusing on Prevention

SafeCare Colorado

- In-home prevention service designed to stabilize families and prevent child maltreatment
- Parents are assisted through services addressing child behavior management, planned activities training, home safety training and child health care skills
- Program resources include home visits, family coaches and access to other services that may be of need to a family, i.e., food assistance, work assistance, child care assistance, etc.
- Will be made available to Colorado communities through the Kempe Center
- Program will expand over the next 2 years adding additional sites each year



Statewide Child Abuse Reporting Hotline



Statewide Child Abuse Reporting Hotline

- Next Steps:
 - Finalize recommendation for the hotline reporting system
 - Develop funding request
 - Develop a RFP for the hotline reporting system vendor; and
 - Review and propose rules according to the legislation's requirements.



Timeliness of Assessment Closure

Description of Trend:
 Performance has improved considerably when compared to the previous year despite not achieving the 90% goal.

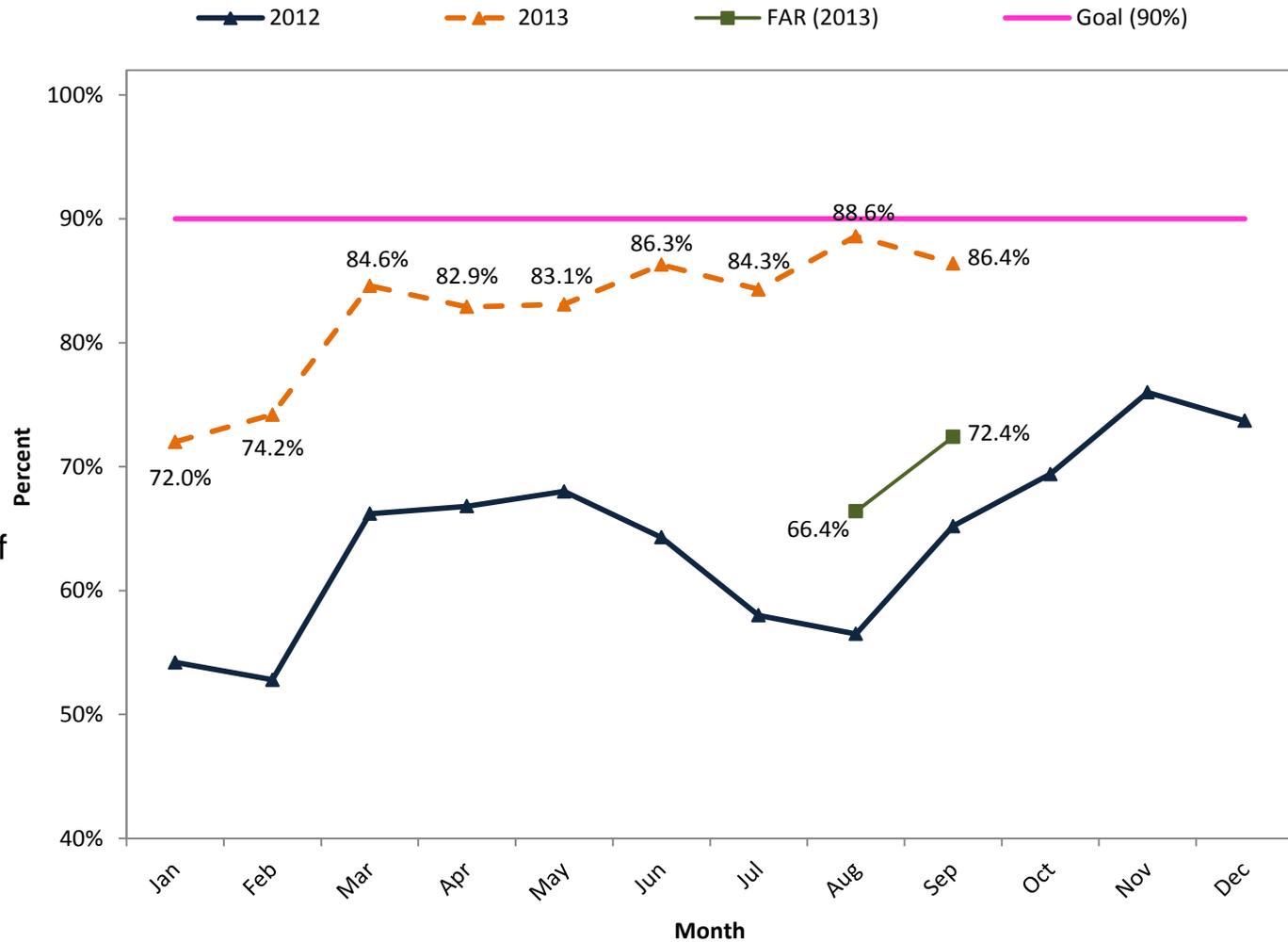
Numerator: Number of child protection assessments closed within 60 days of referral

Denominator: Total number of child protection assessments closed in a specific month

Monthly denominator(s):

High Risk: 1,870

FAR: 384



Congregate Care

- Youth are best supported in family and family-like settings
- Over the last four years reduced the number of children in congregate care from 1,578 to 1,164
- However, the percentage of youth in out of home placements who reside in congregate care has risen from 22.3% in FY2010 to 23.0% in FY2013
- Colorado remains one of the highest users of congregate care settings

FY 201415 Strategic Plan: Youth in Congregate Care Settings

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
	Actual	Actual	Actual	Actual	Request	Request	Request
Benchmark:					21.7%	18.4%	15%
Actual:	22.3%	22.3%	23.3%	23.0%			

Tony Gramscas Youth Services

- Program Evaluation
 - Current contract is with Colorado State University
 - Grantees participate in the evaluation program through a yearly pre- and post-test model
- Early FY 2012-13 evaluation results
 - Most at-risk youth increased school performance
 - Increased resiliency and social competencies
 - Increases in self-efficacy and social connectedness
 - Decrease in substance use among youth
 - Decrease in tolerance of deviance / delinquent behaviors
- H.B. 13-1239 Statewide Youth Development Plan
 - Coordinated effort to convene stakeholders
 - Plan to be completed by September 30, 2014

Division of Youth Corrections Capacity Realignment Update

- Completed the consolidation of DYC Front-Range Assessment Services at the Mount View Youth Services Center
- Completed closures of both detention and commitment living units in five State-operated facilities
- Completed the realignment without laying off staff
- Reduced the detention cap to 382 beds pursuant to S.B. 13-177.



Family Engagement: Residential Client Contact with Families

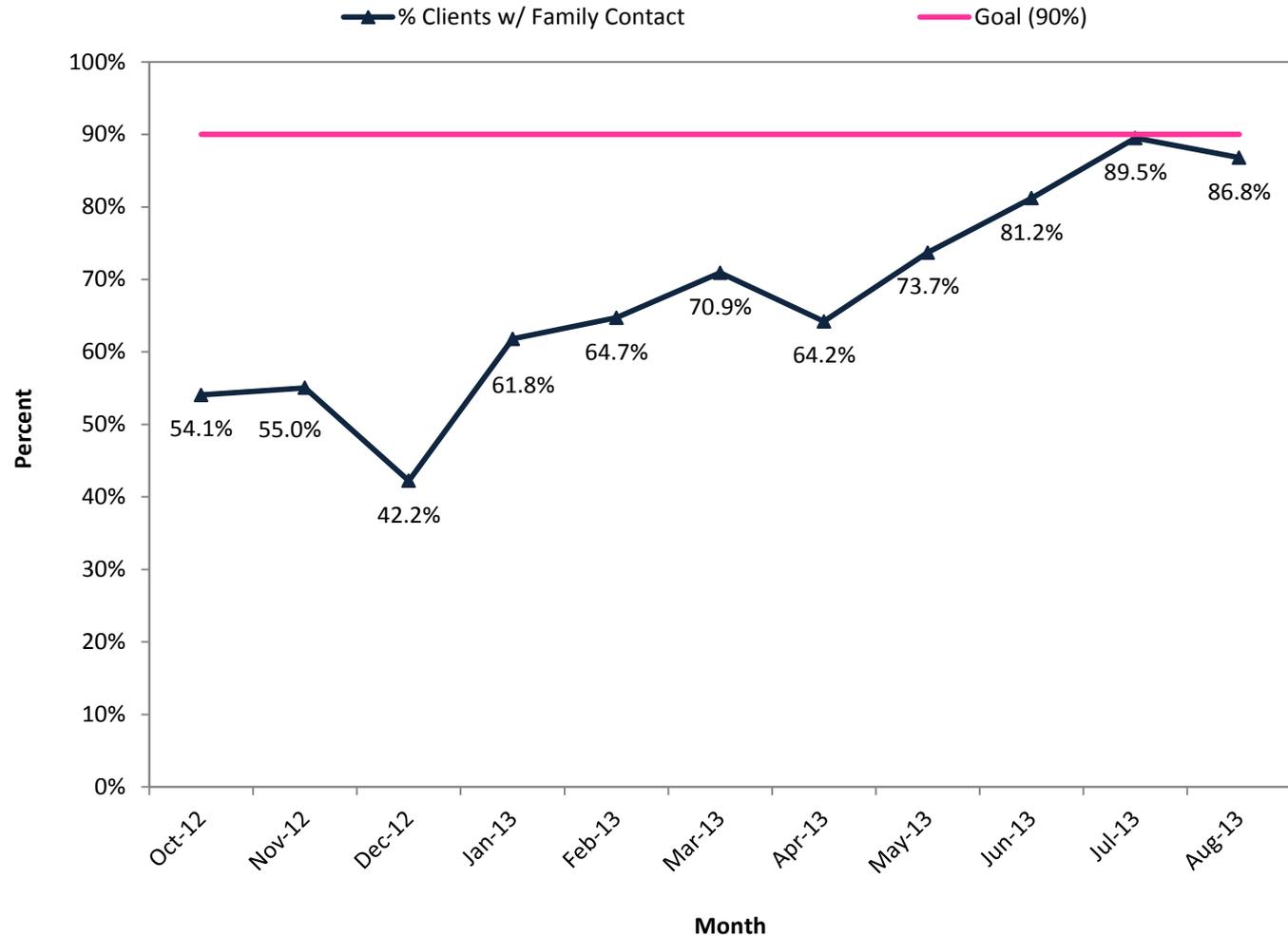
Description of Trend:

Performance declines 2.7% from the previous month. August 2013 continues to demonstrate improvement from previous months.

Numerator: Number of committed youth in state-operated facilities who have at least one face-to-face or phone contact with their families during a given month

Denominator: Total number of committed clients in state-secure residential facilities

Monthly denominator: 469



Best Practices in Treatment and Rehabilitation – Family Engagement

- **DYC Policy Review**
 - Formal review of DYC policies to identify barriers to family engagement
 - Developed recommendations regarding practices to enhance the involvement of families
- **Family Engagement Work Group**
 - Composed of staff, private providers and family representatives
 - Organizational Scan to assess attitudes and practices
 - National Scan to identify best practices in family engagement across the country to inform Colorado's strategies.
 - Changes in Practice

Best Practices in Treatment and Rehabilitation – Trauma Informed Care

- 80% of youth in the DYC system have experienced trauma as children
- Focus on trauma-informed assessment and intervention, family involvement and engagement, and integrated care approach for youth
- Budget Initiative: \$255,000 total funds for implementation of trauma informed care practices at all 10 state-operated DYC facilities
- Anticipated outcomes: reduction in assaults and fights, less disruptive behaviors, improved quality of treatment, higher skills acquisition and a reduction in recidivism

Eligible Youth Who Have a GED or High School Diploma at Discharge



Colorado Department of Human Services
people who help people

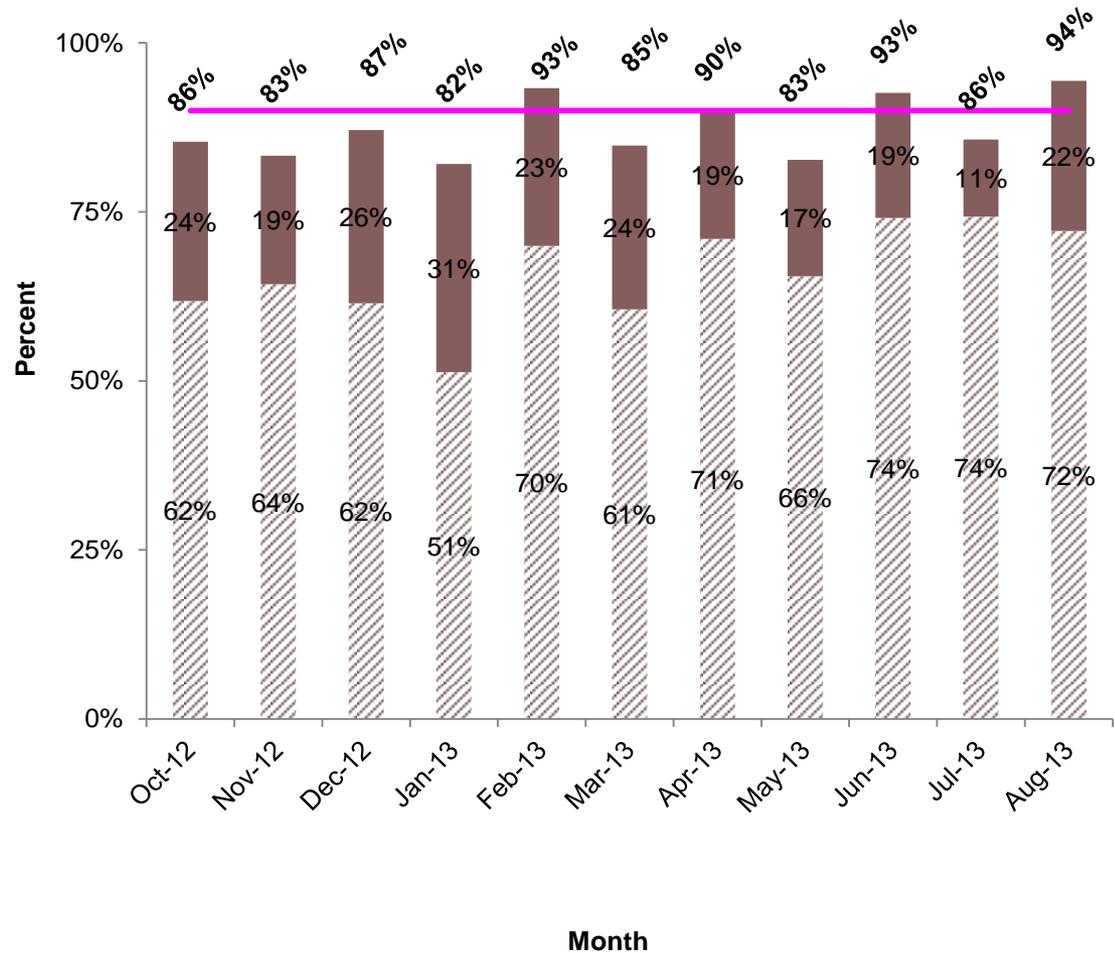
//// % Receive GED ■ % Receive Diploma — Goal (90%)

Description of Trend: Performance improved in August 2013; the 90% goal was achieved and exceeded.

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

Denominator: Number eligible DYC discharges

Monthly denominator(s): 37





Youth Enrolled in a Full/Part Time Program at Discharge

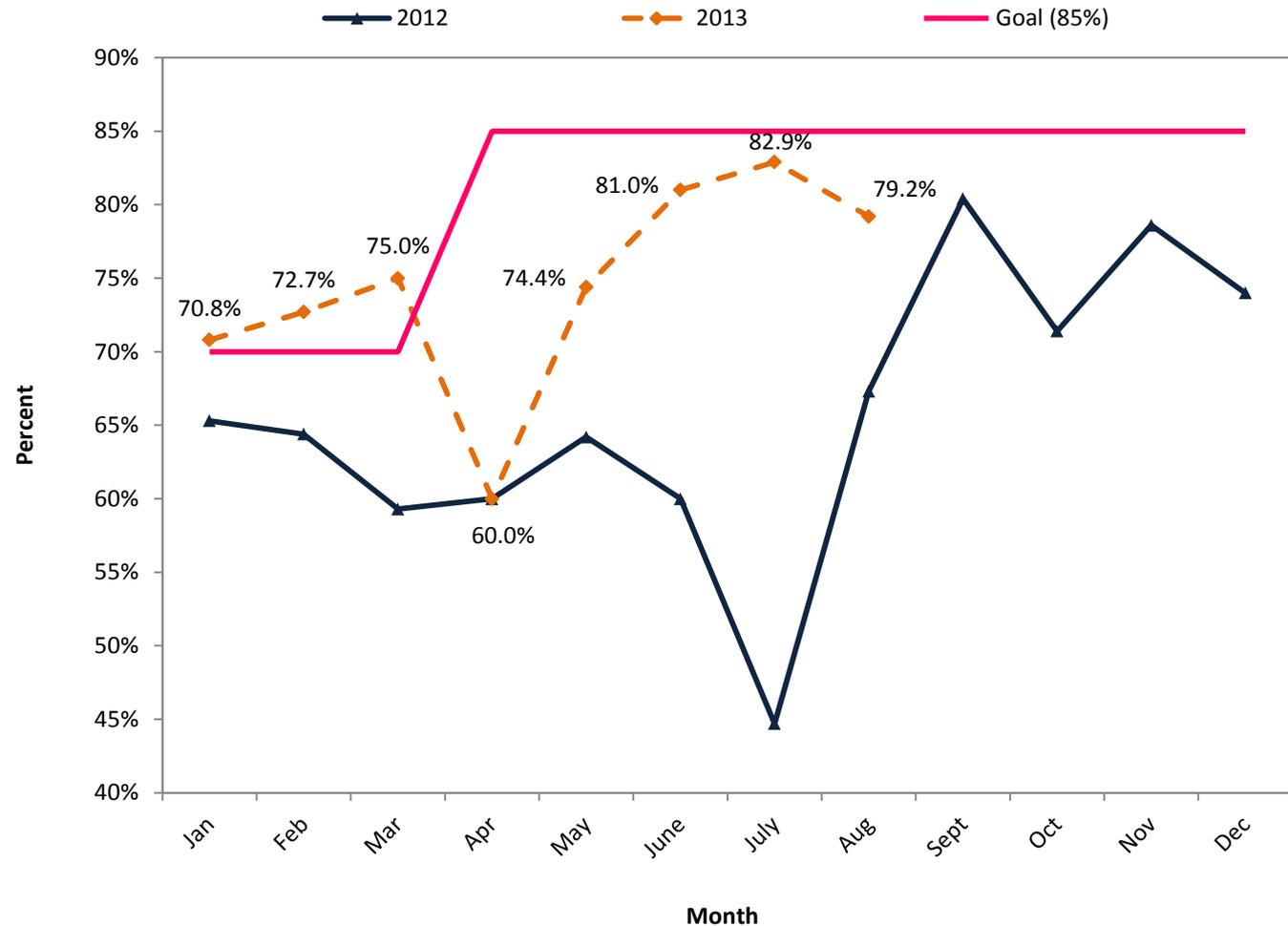
Description of Trend:

Performance demonstrated a decline from previous months, resulting in 79.2% enrollment in full/part time program at discharge.

Numerator: Number of clients enrolled in a full or part time program upon discharge from DYC (education, employment, or other forms or pro-social community engagement)

Denominator: Total number of clients who discharge in a specific month

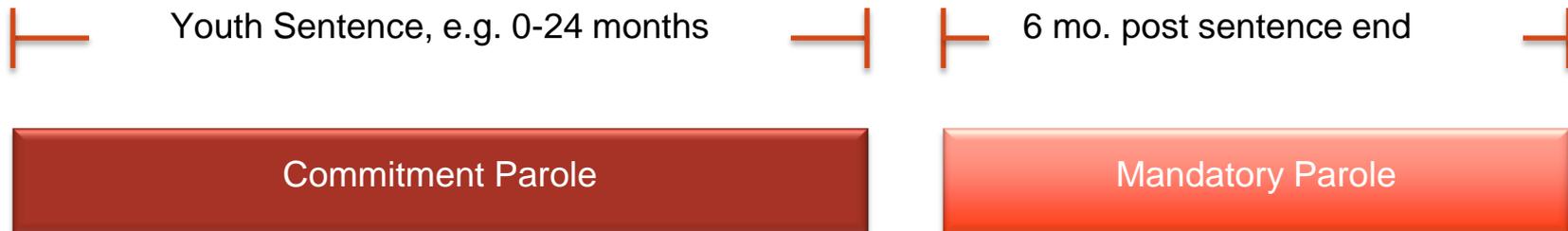
Monthly denominator(s): 38



Parole Types

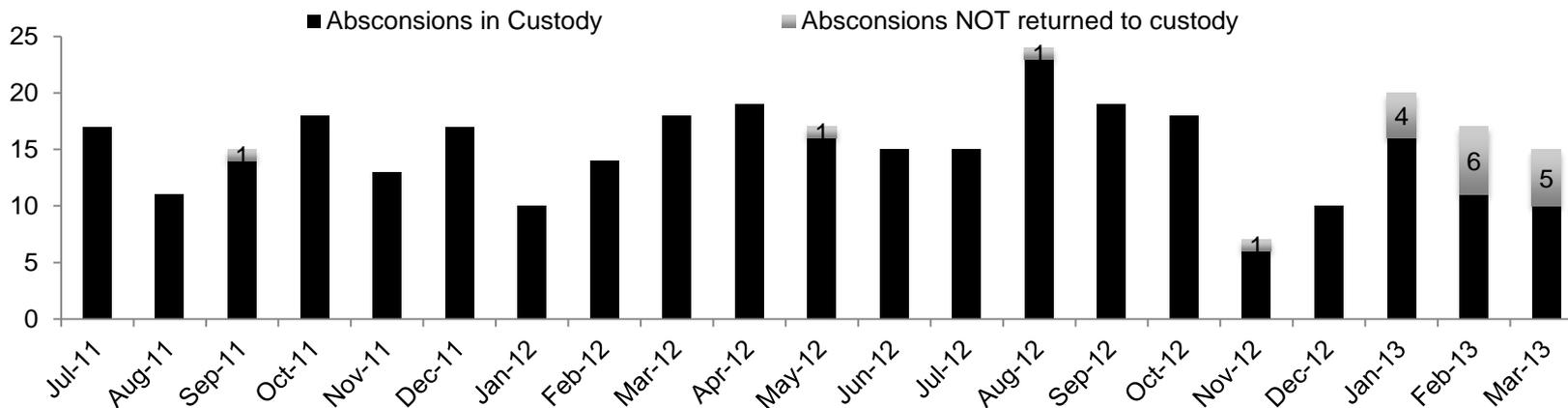
- Section 19-2-909(b), C.R.S. – Juvenile Mandatory Parole
 - All youth committed to the Department of Human Services must serve a mandatory 6 months of parole.

Two types of parole based upon when the parole period begins:



Juvenile Parole Information

DYC Parole Absconsions by Custody Status For youth absconding after July 2011, by Month



* The chart depicts each absconsion, youth may have multiple absconsions

For youth who absconded in calendar year 2012, 98% were returned to custody. In the recent months of 2013 (Jan, Feb, Mar), many of the absconders not in custody are because they have not been returned yet, but likely will be based on past patterns of absconders returning to custody

Parole and Transition Services

- Intensive Parole Services: provides highest risk youth with “wrap around” services
- Apprehension Services: assistance from law enforcement to apprehend you who abscond
- Budget Initiative: \$562,000 total funds to enhance and expand parole program services provided to high risk, high need youth and apprehension services for youth who have escaped/absconded
- Anticipated outcomes: Reduced time on escape/absconsion status, increased successful transition back to the community



Office of Economic Security

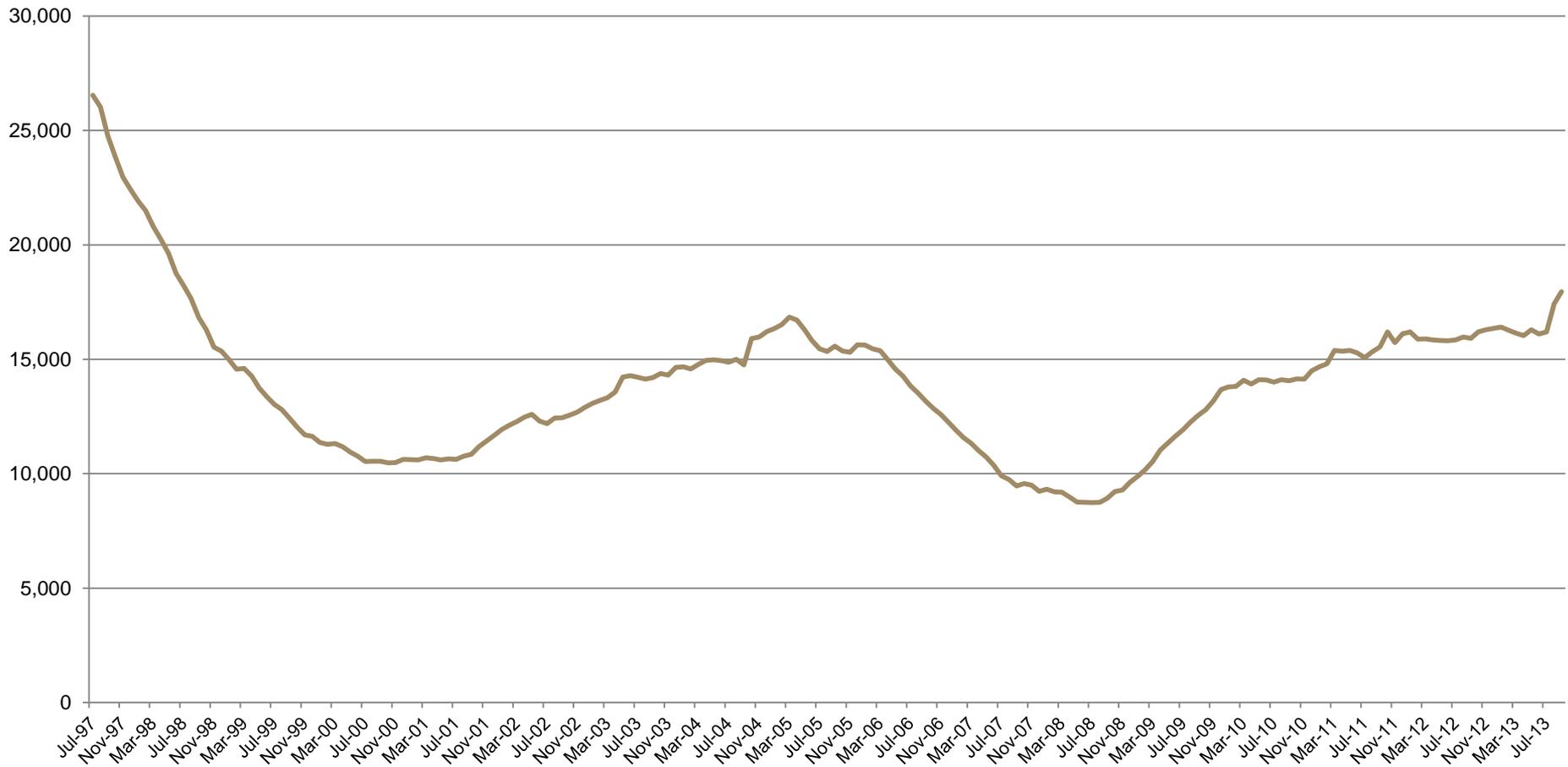
ReHire Colorado (H.B. 13-1004)

- Addresses barriers faced by long-term unemployed individuals
 - Veterans
 - Non-custodial parents
 - Individuals more than 50 years old
- Transitional jobs program providing earned income, work history, skills and references to acquire and maintain employment
- 300 participants annually
- Budget Initiative: \$1.2 million General Fund in FY 2014-15

Colorado Works and CBMS

- Goal of assisting individuals achieve employment, earnings and retention
- Lack data systems to measure these goals
- Improving Performance Management Capabilities
 - Budget Initiative: \$400,440 ongoing federal funds (Temporary Assistance for Needy Families) for increased program evaluation and performance management capacity
 - Will support process, outcome and performance monitoring
 - Will build data infrastructure, analytical expertise, data collection, analytical software and related training
- Anticipate the next CBMS work plan in the next few months

Colorado Works Basic Cash Assistance Caseload July 1997 – July 2013



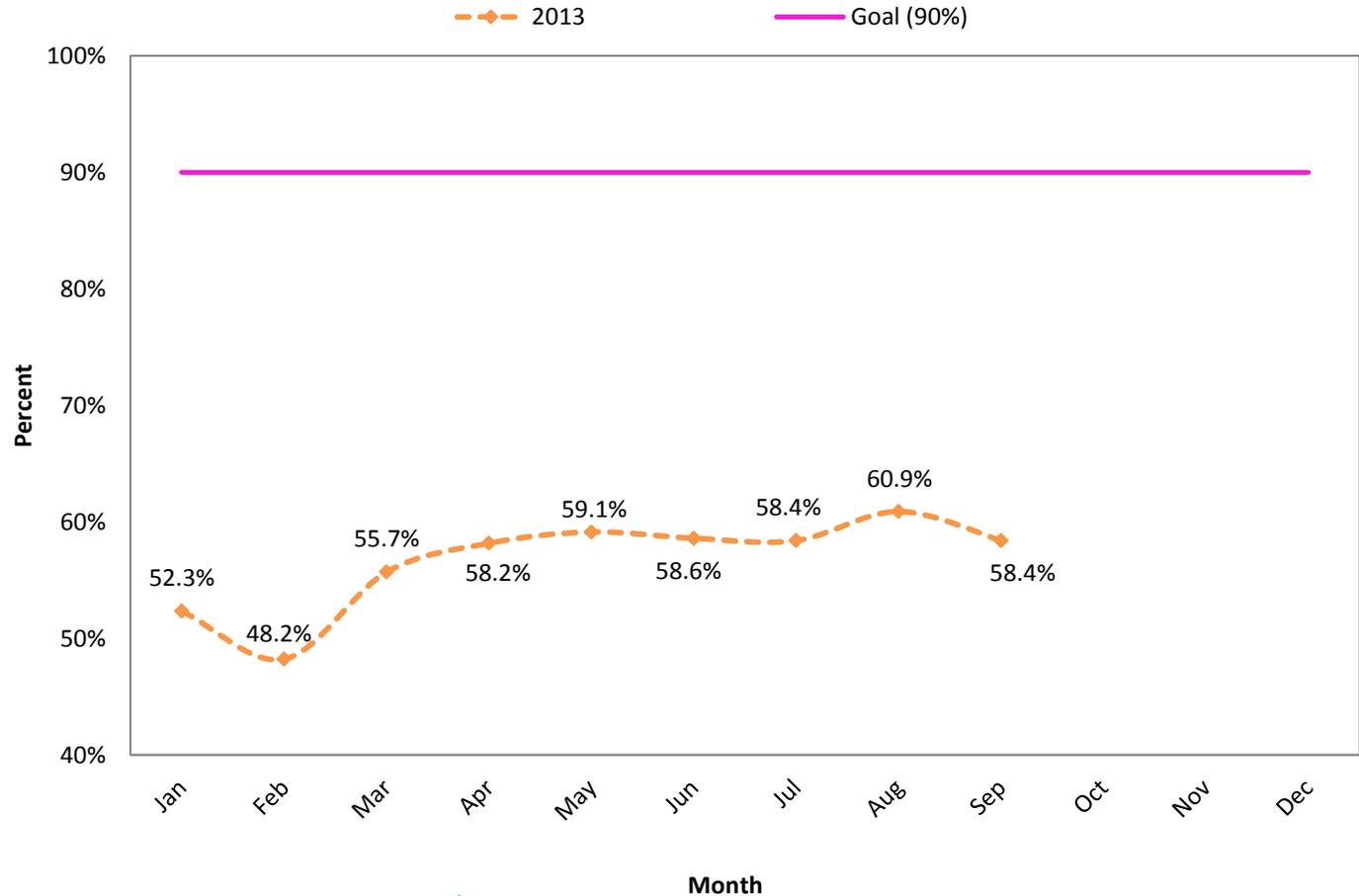


Colorado Works New Applications Processed in 7 Days or Less

Description of Trend: Two percent dip from August 2013 to September 2013, but slowly trending upwards since January 2013.

Numerator: Number of applications processed in 7 days or less

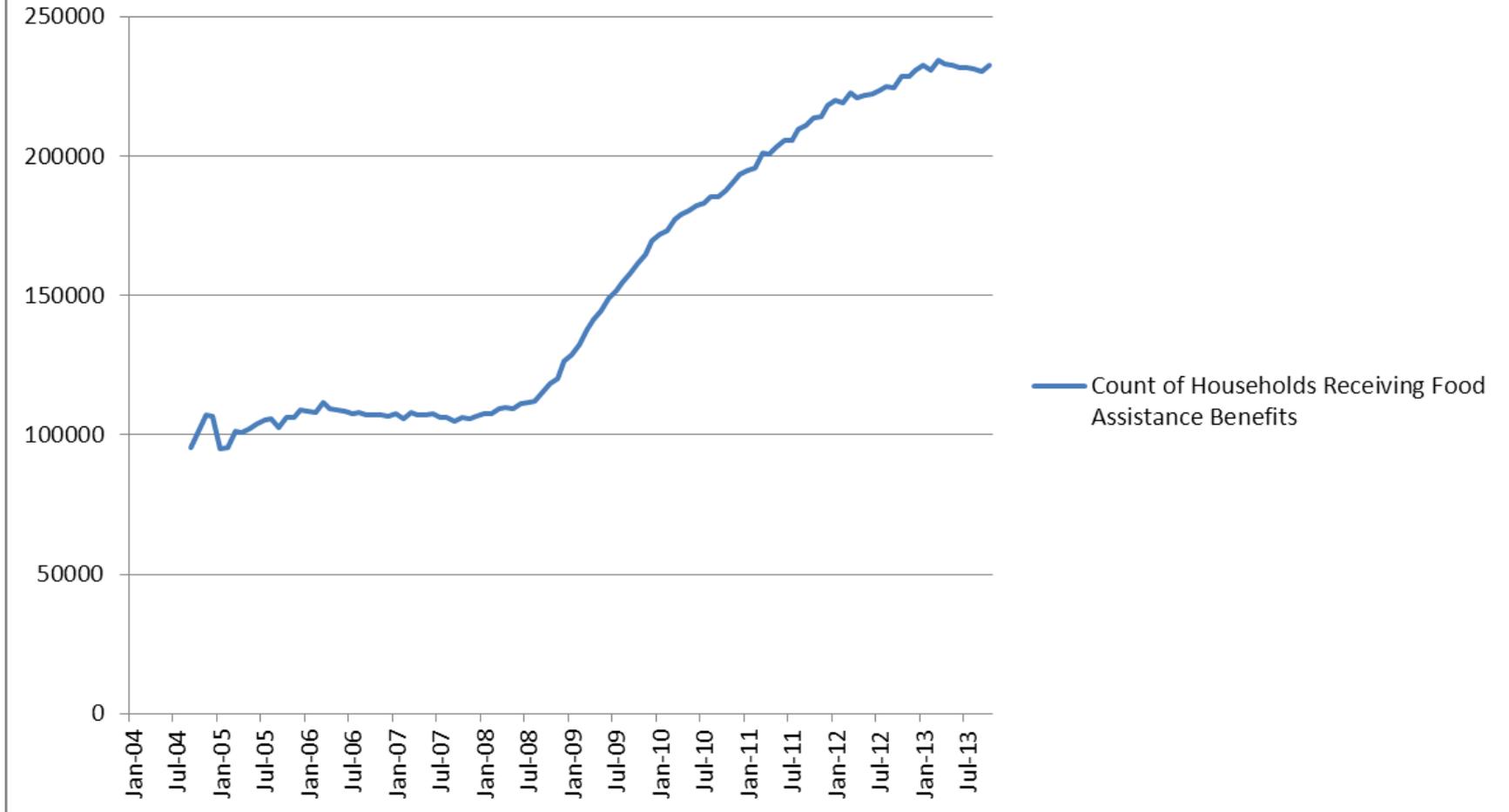
Denominator: Number of applications processed in the month (2,901)



Office of Economic Security
Colorado Works

Internal Working Document

Count of Households Receiving Food Assistance Benefits



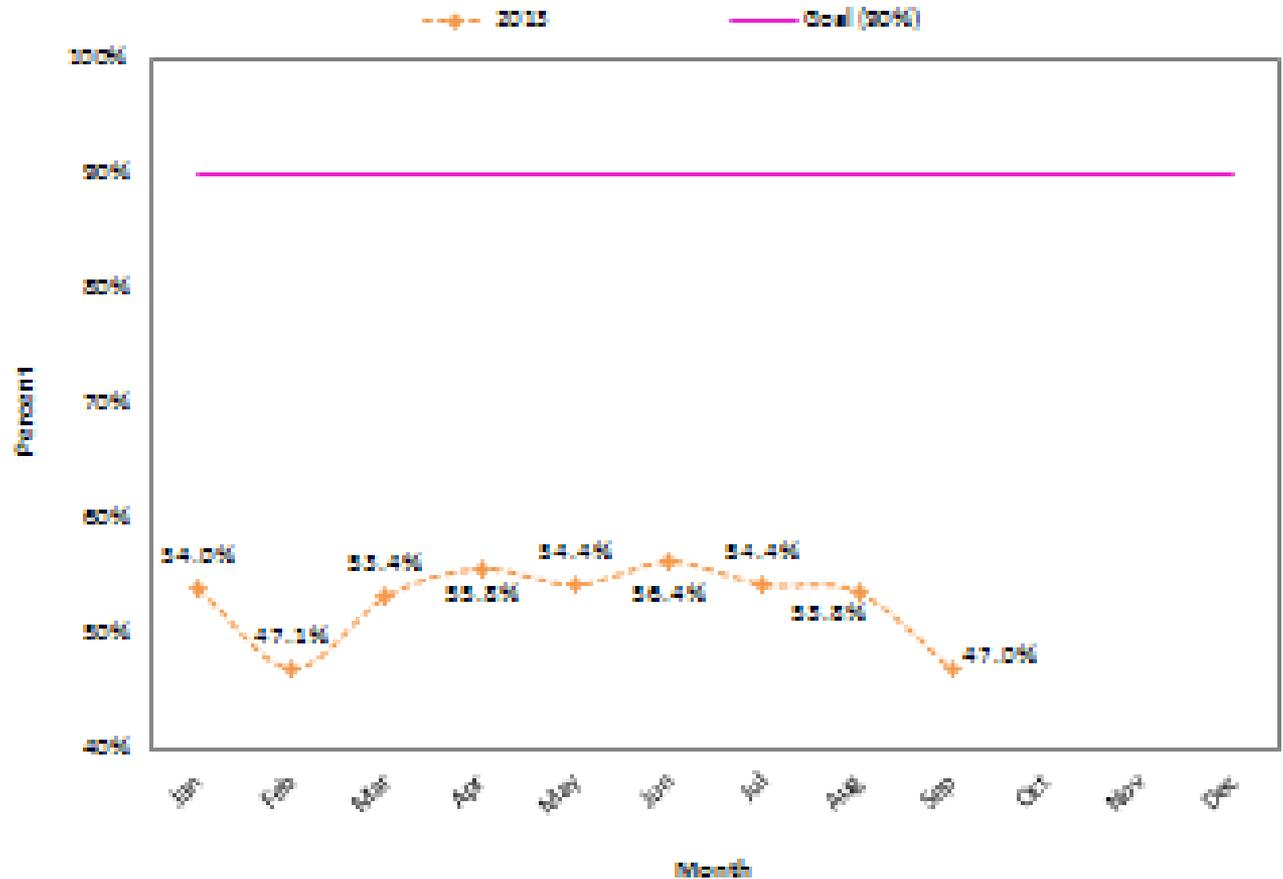


Food Assistance Regular Applications Processed in 7 Days or Less

Description of Trend: Seven day application processing has remained flat in 2013, without moving upward toward the 90% goal.

Numerator: Number of new regular applications processed in 7 days or less

Denominator: Number of applications processed in the month (11,813)



Internal Working Document

Office of Economic Security
Food & Energy Assistance

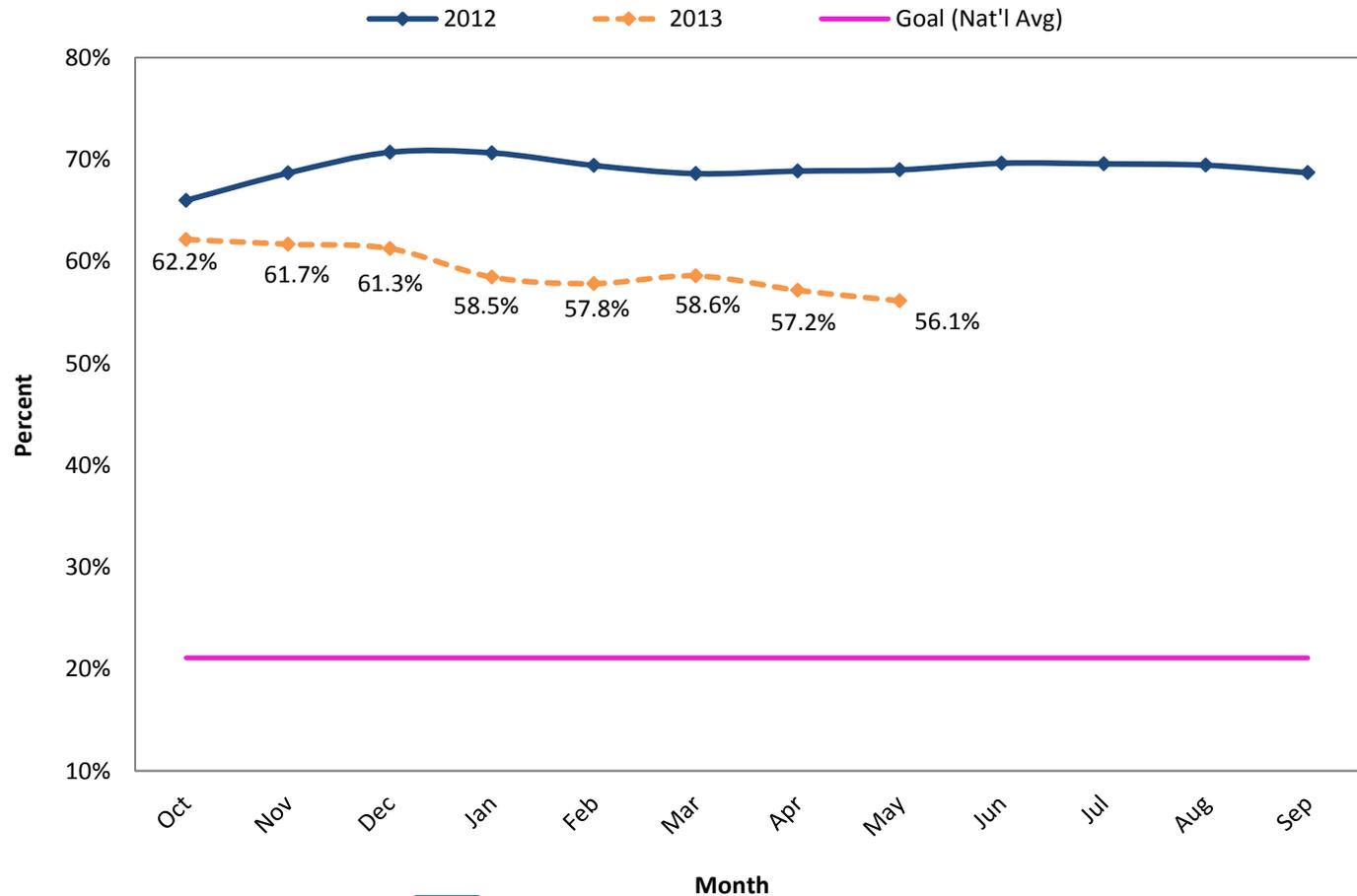
Food Assistance Case & Procedural Error Rate

Description of Trend:

Consistently trending downward from 62.2% to 56.1% in 2013. Still a long way from the goal of 21%.

Numerator: Cumulative number of Incorrect Negative Actions sampled

Denominator: Cumulative number of Negative Actions sampled (522)



Internal Working Document

Office of Economic Security
Food & Energy Assistance



Office of Early Childhood

The Early Childhood System



Safety

- Increased quality of care and increased safety.

Industry Standards	Colorado Today	Colorado Proposed
<ul style="list-style-type: none">• 1:50 Licensing staff to child care centers• 2 visits, including 1 unannounced annually	<ul style="list-style-type: none">• 1:145 Licensing staff to child care centers• 1 inspection every 2 years	<ul style="list-style-type: none">• 1:100 licensing staff to child care centers• 1 inspection approximately every 18 months

- Licensing specialist to take a more active role in providing technical assistance and improving quality.

Quality

- Investing in Early Care Providers
 - \$2.2 million total funds for grants to purchase:
 - Educational materials
 - Coaching and technical assistance
 - Professional development
- Resources targeted to providers serving a high percentage of Colorado Child Care Assistance Program families



Access

- Legislative Proposal
 - Categorical Eligibility for Foster Children to Access Child Care
- Allow foster children to be categorically eligible for a child care subsidy



Early Childhood Literacy

- Budget Initiative: \$100,000 grant funding to organizations that promote early literacy by partnering with health care providers
- Distribute 11,540 new books to approximately 6,320 children during routine well-child check-ups
- Program will primarily serve children living in families with incomes under 250% of the federal poverty level

Childcare Automated Tracking System (CHATS)

2010 CHATS
completed

Cost of \$14.7
million and 3.5
FTE

Insufficient
user testing
and training



Backlog
1,314 help
tickets
187,000 staff
hours

Lack of tools
for fiscal
management

Numerous
staffing
changes



Provider Self-
Service Portal

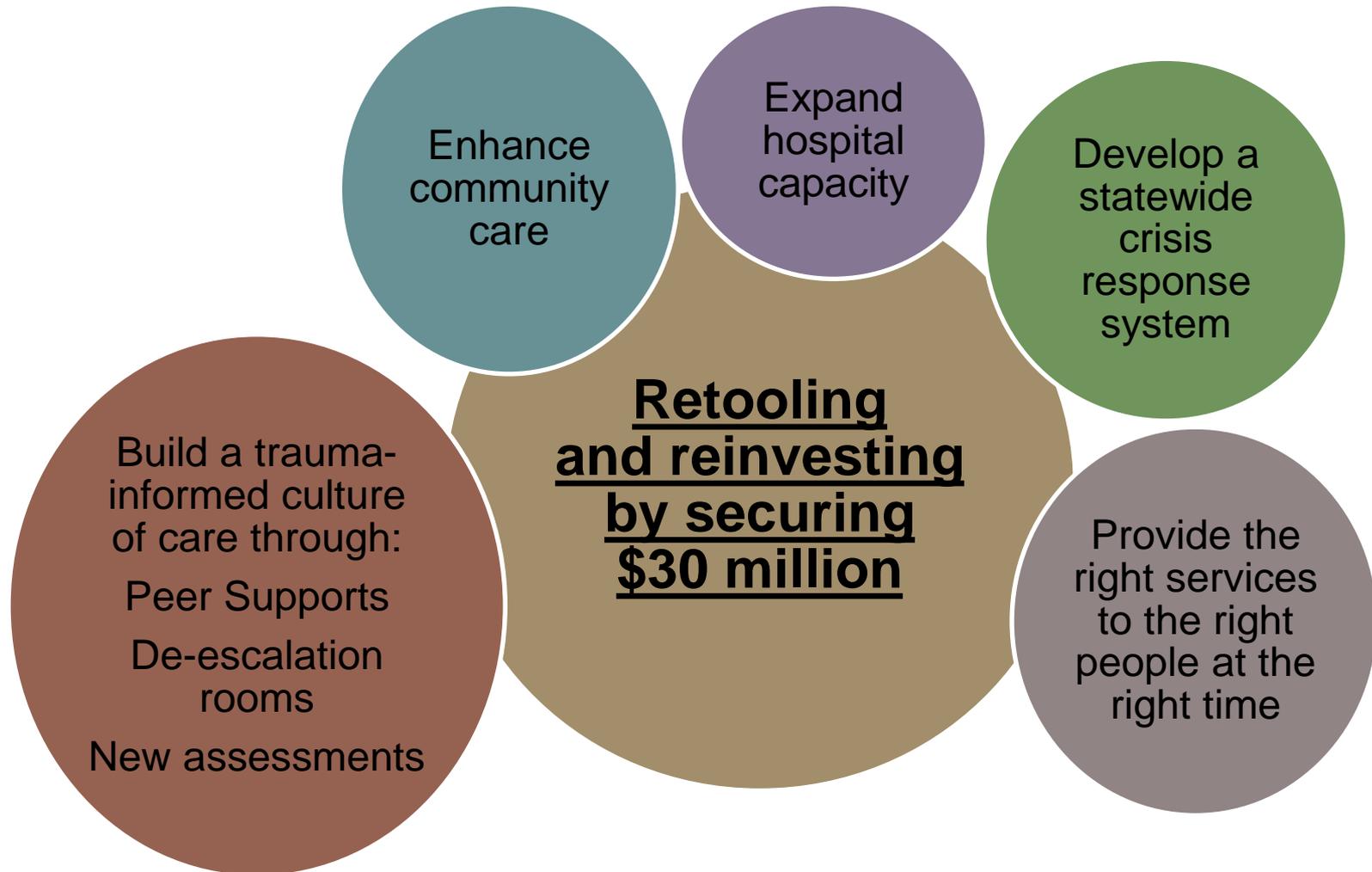
County Case
Management
Portal

Quality Rating
Improvement
System



Office of Behavioral Health

Redesign Behavioral Health Care



Civil Commitment Task Force

- Task Force
 - Created pursuant to HB 13-1296
 - 30 members representing diverse stakeholders
- Recommendations:
 - Ratification of the definition of “danger to self or others”
 - Consolidation of the alcohol and substance use civil commitment statutes
 - Alignment of the mental health and new substance use statutes
 - Revision to the definition of “gravely disabled”
 - Statutory language that pertains to “behavioral health advance directives”

Develop Statewide Crisis Response System

Crisis Response Component	Description	Awardee Apparent & Anticipated Implementation Date
Statewide Crisis help line	Hot line staffed by skilled professionals and peer specialists to assess, deescalate, make appropriate referrals to resources, and treatment	Metro Crisis Services TBD
Statewide Awareness campaign and communication	Multi-media campaign/branding and communication to increase awareness of behavioral health illnesses and resources	Cactus Communications TBD
Walk-in crisis stabilization	Urgent care services for immediate clinical intervention, triage, and stabilization	TBD
Mobile crisis services	Crisis Services able to respond in the community (e.g. homes, schools, or hospital emergency departments)	TBD
Crisis respite/residential	Range of short-term crisis residential services (e.g. supervised apartments/houses, foster homes)	TBD

Expand Hospital Capacity - Jail Based Restoration

- Services for individuals involved in the criminal justice system court ordered to receive a competency evaluation and restoration to competency services
- Arapahoe County Detention Center, Denver Health, University of Colorado at Denver, and GEO Care
- Services began November 1, 2013

Enhance Community Care

Component	Description	Provider and Implementation Date
Assertive Community Treatment (ACT)	Specialized teams providing intensive services (clinical, emergency, rehabilitation, and support) focused on outreach, relationships, individualization of services, and recovery	Community Mental Health Centers
Enhanced Alternative Living Residence (ALR)	Step-down services after hospitalization or as an alternative to hospitalization for individuals who cannot live independently	Exploring current DHS facilities and potential for requests for proposals
Housing subsidy	Rent subsidy vouchers through the Department of Local Affairs - Division of Housing	Department of Local Affairs October 2013
Housing subsidy with wrap-around services	Wrap-around services to serve harder to place clients	TBD
Seven behavioral health transition navigators	Intensive case management and transition individuals from mental health institutions to less restrictive settings	Competitive bid to be released in November 2013. Service delivery scheduled in February 2014.

Office of Behavioral Health – Strategic Program Modernize Treatment Services at the Colorado Mental Health Institutes - Trauma Informed Care



Seclusion Use - CMHIFL & CMHIP

Description of Trend: After meeting the goal for 2 consecutive months, CMHIP's rate has crept up over the new goal line. CMHIFL's rate continues to be well under the new goal line.

Most recent rate –

CMHIFL: 0.20

CMHIP: 1.44

Numerator: # of hours of seclusion.

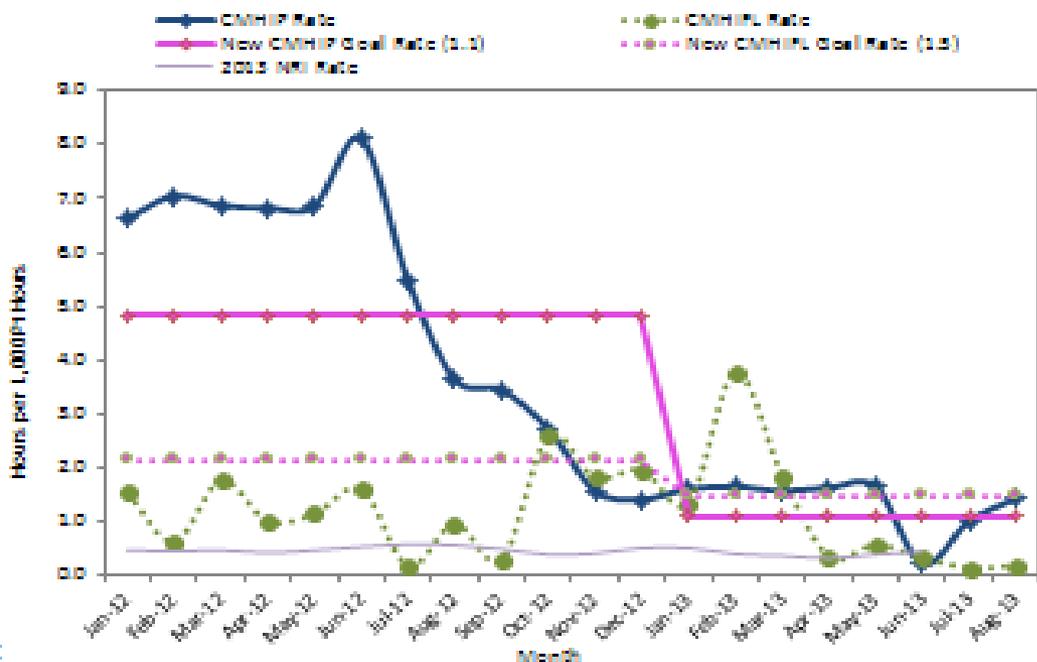
CMHIFL: 13.98

CMHIP: 420.98

Denominator: Per 1,000 patient hours.

CMHIFL: 68.69

CMHIP: 291.38



Internal Working Document

Office of Behavioral Health
Mental Health Institutes

Build Trauma Informed Culture of Care

Component	Description	Provider and Implementation Date
Trauma support groups	Networks for individuals who have experienced similar traumatic incidents, lead by behavioral health professionals, to share experiences and work with individuals	State staff including 3 psychologists and 4 social workers. Services anticipated to begin November 2013
Peer Support Specialists	Individuals who have successfully been through recovery to support individuals at the State mental health institutes in mental health crises.	Behavioral Healthcare Inc. Services begin November 2013.
De-Escalation Rooms	A series of remodeled rooms at the mental health institutes will be designed to allow someone experiencing an escalated crisis to calm themselves down.	Design and construct 6 de-escalation rooms for highest acuity units. All rooms completed and in use November 2013.

Mental Health First Aid Colorado Program

- 19.4% of Colorado adults estimated to have a mental illness in FY 2011-12
 - Identification, understanding and response to individuals in mental health and substance abuse crises
 - Budget Initiative: \$750,000 General Fund to expand the Mental Health First Aid (MHFA) Program for adults and youth
- 
- Anticipated Outcomes: timely recognition of a mental health emergency, timely referral to appropriated resources and prevention of further harm to the individuals and others



Office of Administrative Solutions

Training Opportunities

- Budget Initiative: \$357,501 total funds to provide for employee development
 - Traditional employee training
 - Supervisor/management training
 - Career development training

FY 2014-15 Capital Requests

Office of Long Term Care

- State Veterans Homes Resident Security and Support

Office of Children, Youth & Families

- Youth Corrections Facility Refurbishment for Safety and Risk Mitigation

Office of Behavioral Health

- Suicide mitigation – Fort Logan and Pueblo
- Electronic Health Records
- Mental Health Institute Facility Modernization



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