



Colorado Mental Health Institute 66060
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Colorado Mental Health Institute-Pueblo

1600 West 24th Street

Pueblo, CO 81003-1411

April 20, 2018

A condition of accepting Federal (IDEA) resources for meeting the individual needs of students with disabilities requires that Administrative Units be given an annual Determination based on several factors. Additionally, the Colorado Department of Education (CDE) must publicly report annually on the Administrative Unit's progress toward meeting the State Performance Plan (SPP) targets as required by 34 CFR §300.602(b)(1)(i)(A). Further, 34 CFR §300.6041 mandates that the CDE use the same categories that the United States Department of Education, Office of Special Education Programs (OSEP), uses for making State determinations.

In making the determination, the CDE considered data submitted by Colorado Mental Health Institute in the following manner:

1. A **Compliance Matrix** that includes scoring on SPP Compliance Indicators and other compliance elements
2. A **Results Matrix** that includes scoring on Results Elements
3. A **Compliance Score** and **Compliance Determination**
4. A **Results Score** and **Results Determination**
5. An **AU Percentage** based on the Compliance Score and the Results Score. The Compliance Score is weighted at **75%** and the Results Score is weighted at **25%** to calculate the RDA Percentage.
6. A consideration of **Special Conditions**
7. The AU's overall **Determination**

State Performance Plan compliance indicators:

Indicator 4A: Whether the AU has significant discrepancy from the state in the number suspensions/expulsions of students with disabilities for greater than 10 days in a school year.



Indicator 4B: Whether the AU has disproportionate representation by race/ethnicity in the number of suspensions/expulsions of students with disabilities for greater than 10 days in a school year due to inappropriate policies, procedures or practices.

Indicator 9: Whether the Administrative Unit (AU) has disproportionate representation of students with disabilities by race or ethnicity due to inappropriate identification.

Indicator 10: Whether the AU has disproportionate representation of students with disabilities by race or ethnicity in a specific disability category due to inappropriate identification.

Indicator 11: Percent of children for whom an evaluation was completed within 60 calendar days.

Indicator 12: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthday.

Indicator 13: Percent of youth with Individual Education Plans (IEP) aged 16 and above with an IEP that includes appropriate measurable postsecondary goals.

Timely and Accurate Data Submission: The timeliness and accuracy of data submitted by the AUs under section 616 and 618 of the IDEA.

State Performance Plan Results Indicators:

Indicator 1: Graduation rate of youth with IEPs graduating with a regular diploma

Indicator 2: Dropout rate of youth with IEPs

Indicator 3: Statewide Assessments participation, regular assessments mean scale score, and alternate assessment proficiency rate

In addition, the following results elements are also included:

1. Median Growth Percentile in ELA and Math
2. Rise Up in ELA and Math (No data in 2017 or 2018 determination)
3. Keep Up in ELA and Math (No data in 2017 or 2018 determination)
4. For information only: the above items with “exiters” included. (Please see “[How the CDE ESSU Made Determinations 2018.](#)” for detailed information about these informational items.)

Indicator 7: Preschool skills includes the percent of preschool children who showed substantial growth and those who reached age expectations by the time they exited the program in positive socio-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors.

Indicator 14: Secondary Transition/Post School Outcomes percent of youth who had IEPs; are no longer in secondary school and who have been employed, enrolled in postsecondary school, or both, within one year of leaving school

Based on the information above, the CDE must determine whether Colorado Mental Health Institute:



1. Meets Requirements;
2. Needs Assistance;
3. Needs Intervention; or
4. Needs Substantial Intervention

The CDE has evaluated the criteria listed above and determined that Colorado Mental Health Institute **Meets Requirements** for the implementation of Part B of the IDEA for SY2015-16. Please access <https://www.cde.state.co.us/cdesped/rda> for various resources related to the determinations.

CDE is committed to supporting Colorado Mental Health Institute in its efforts to improve results for children with disabilities and looks forward to working with you over the next year.

If you have any questions regarding this determination or the process, please contact Toby King at 303.866.6964 or by e-mail at King_T@cde.state.co.us.

Sincerely,



Paul Foster, Ed.D
Executive Director; State Director of Special Education
Exceptional Student Services Unit

Posted to <https://www.cde.state.co.us/cdesped/determinations> on 4/20/2018.



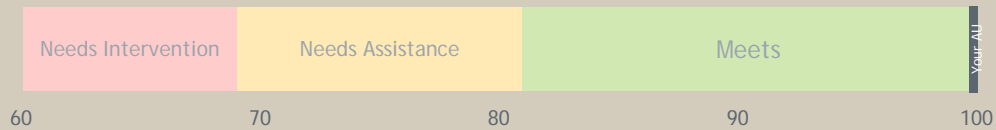
AU Determination 2018 for 66060 - Colorado Mental Health Institute

AU Percentage

100%

AU Determination:

Meets



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*Special Conditions: None

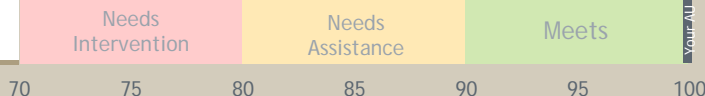
Special conditions can move an AU into a lower RDA determination category.

Sub-scores

Compliance Score

100.0

out of 100



Compliance
Determination

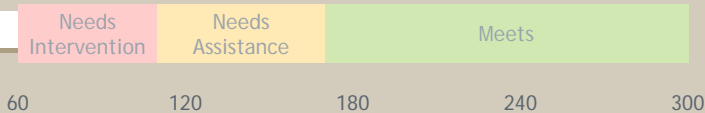
Meets
Requirements

x 75%

Results Score

-

out of 300



Results Determination

0

x 25%

AU Compliance Matrix 2018



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Department of Education

Administrative Unit: 66060 - Colorado Mental Health Institute

Indicator	Performance	Points Eligible	Points Earned
4A: Significant discrepancy in the rate of suspension and expulsion from the state rate.	NA	0	0
2 = The rate of children with disabilities who received suspensions/expulsions for > 10 days in a school year was below 2.9% 1 = Rate is above threshold for current year 0 = Rate is above threshold for the current and previous two school years			
4B: Significant discrepancy in the rate of suspensions and expulsions from the state rate by race and ethnicity.	NA	0	0
2 = No racial category was found with significant discrepancy for Indicator 4B 1 = At least one racial category was found with significant discrepancy for current year 0 = At least one racial category was found with significant discrepancy for the current and the previous two school years, and 2) policies, procedures, and/or practices were found to contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.			
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	NA	0	0
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	NA	0	0
2 = No racial category was found with disproportionate representation due to inappropriate identification for Indicators 9 and 10. 1 = At least one racial category was found with disproportionate representation for the current year 0 = At least one racial category was found with disproportionate representation for the current and previous year			
Indicator 11: Timely initial evaluation	NA	0	0
Indicator 12: IEP developed and implemented by third birthday.	NA	0	0
Indicator 13: Secondary transition	NA	0	0
2 = Indicators were at least 95% compliant 1 = Indicators were at least 75% and less than 95% compliant 0 = Indicators were less than 75% compliant in the current year <u>OR</u> less than 95% compliant for the current and previous year			
Timely and Accurate Data Submission	Yes	2	2
Special Education December Count, Special Education End of Year Collection, Special Education Discipline Collection, and Indicator 13 file review 2 = All above submissions were both timely and accurate 1 = One or two of the above submissions were late and/or inaccurate 0 = Three or four of the above submissions were late and/or inaccurate			
Total Points Available:	2		
Compliance Points Earned:	2		
Compliance Score:	100 out of 100		
Compliance Determination:	Meets Requirements		

90 to 100 = Meets Requirements

80 to 89 = Needs Assistance

0 to 79 = Needs Intervention