



COLORADO MENTAL HEALTH INSTITUTE-PUEBLO  
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April 15, 2019

As a condition for accepting Federal (IDEA) resources dedicated to meeting the individual needs of students with disabilities, the CDE must annually review the Administrative Unit (AU)'s performance to determine if the AU:

- 1) Meets the requirements and purposes of Part B of IDEA,
- 2) Needs assistance in implementing the requirements of Part B of IDEA,
- 3) Needs intervention in implementing the requirements of Part B of IDEA, or
- 4) Needs substantial intervention in implementing the requirements of Part B or IDEA.

34 C.F.R. § 300.603(b)(1)

The AU's performance is measured based on information provided by the AU, information obtained through monitoring visits, and other public information made available to the AU.

In making the determination in spring 2019, the CDE considered data submitted by Colorado Mental Health Institute - Pueblo throughout SY2017-18 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 **50%** and the Results Score is weighted at **50%** to calculate the RDA Percentage.
6. A consideration of **Special Conditions**
7. The AU's overall **Determination**

### **SPP compliance indicators and other compliance elements examined in the current determination:**

**Indicator 4A:** Whether the AU has significant discrepancy from the state in the rate of out-of-school suspensions/expulsions of students with disabilities that sum up to greater than 10 days in a school year.

**Indicator 4B:** Whether the AU has disproportionate representation by race/ethnicity in the rate of out-of-school suspensions/expulsions of students with disabilities that sum up to greater than 10 days in a school year, and the disproportionate representation is due to inappropriate policies, procedures, or practices.

**Indicator 9:** Whether the AU has disproportionate representation of students with disabilities by race/ethnicity due to inappropriate policies, procedures, or practices.

**Indicator 10:** Whether the AU has disproportionate representation of students with disabilities by race/ethnicity in a specific disability category due to inappropriate policies, procedures, or practices.

**Indicator 11:** Percent of children who were evaluated within 60 calendar days of receiving parental consent for initial evaluation.

**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 birthdays.

**Indicator 13:** Percent of youth with Individual Education Plans (IEPs) aged 15 and above with an IEP that includes each of the required components for secondary transition.

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

### **SPP results indicators and other results elements examined in the current determination:**

**Indicator 1:** Percent of youth with IEPs graduating from high school with a regular diploma.

**Indicator 2:** Percent of youth with IEPs dropping out of high school.

**Indicator 3:** Statewide Assessments participation, regular assessment 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 SY2017-18)
3. Keep Up in ELA and Math (No data in SY2017-18)



4. For information only: Regular assessment mean scale score in ELA and Math with “IEP exiters” included. (Please see “[How the CDE ESSU Made Determinations 2019](#),” for detailed information about these informational items.)

**Indicator 7:** 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:** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and

1. Whom AUs attempted to contact.
2. Participated in the post-school outcome interview.
3. Interview results indicate that the youth is enrolled in higher ed or some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

Based on an evaluation using the criteria identified above, the CDE has made the following determinations for Colorado Mental Health Institute - Pueblo:

Compliance Determination: **Meets Requirements**  
Results Determination: **N/A**

All together, Colorado Mental Health Institute - Pueblo **Meets Requirements** for the implementation of Part B of the IDEA for SY2017-18. Please access <http://www.cde.state.co.us/cdesped/determpref> for various resources related to the determinations.

CDE is committed to supporting Colorado Mental Health Institute - Pueblo 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 Candace Hawkins at 303.866.6213 or by e-mail at [Hawkins\\_C@cde.state.co.us](mailto:Hawkins_C@cde.state.co.us).

Sincerely,

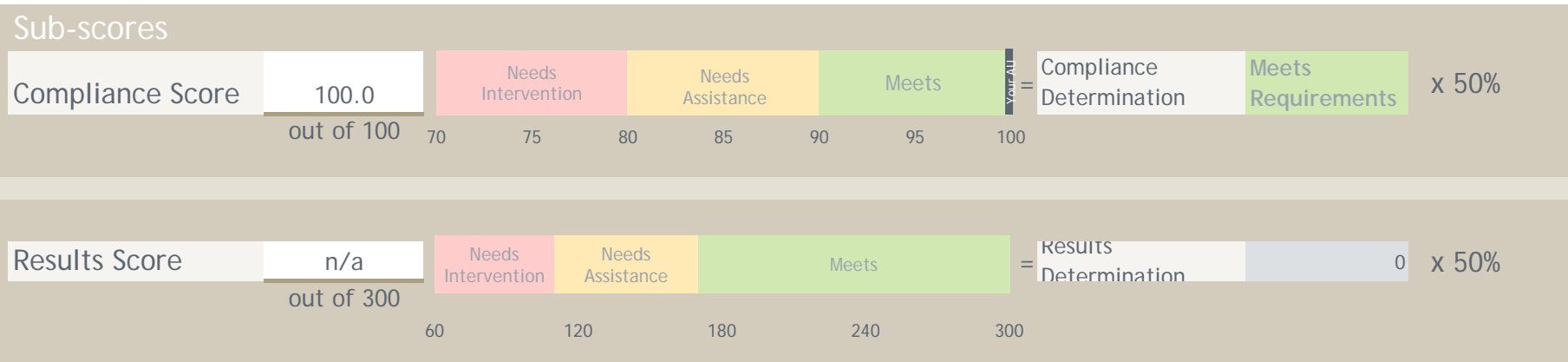
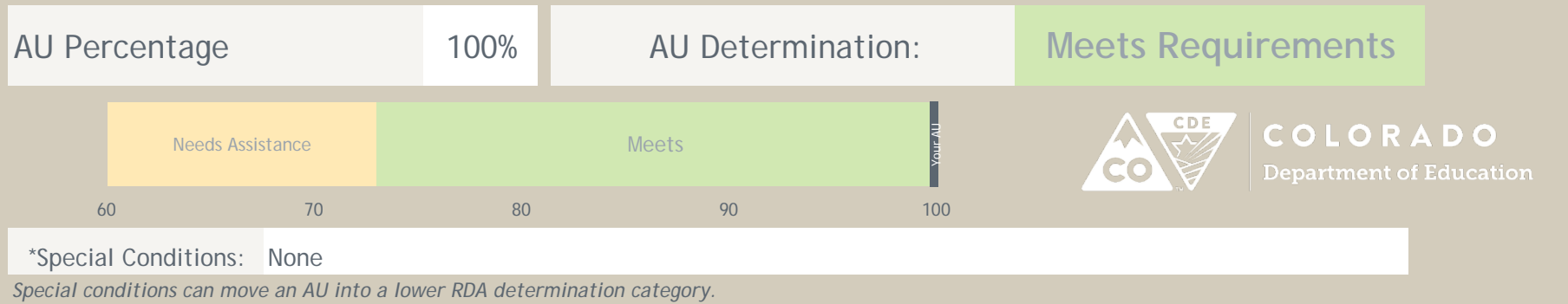


Paul Foster, Ed.D  
Executive Director; State Director of Special Education  
Exceptional Student Services Unit

Posted to <https://www.cde.state.co.us/cdesped/determinations> on 4/22/2019



# AU Determination 2019 for 66060 - Colorado Mental Health Institute



# AU Compliance Matrix 2019



COLORADO  
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.	0.0%	0	0
<p>2 = The rate of children with disabilities who received suspensions/expulsions for &gt; 10 days in a school year was below 2.56%</p> <p>1 = Rate is above threshold for current year</p> <p>0 = Rate is above threshold for the current and previous two school years</p>			
4B: Significant discrepancy in the rate of suspensions and expulsions from the state rate by race and ethnicity.	NA	0	0
<p>2 = No racial category was found with significant discrepancy for Indicator 4B</p> <p>1 = At least one racial category was found with significant discrepancy for current year</p> <p>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.</p>			
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
<p>2 = No racial category was found with disproportionate representation due to inappropriate identification for Indicators 9 and 10.</p> <p>1 = At least one racial category was found with disproportionate representation for the current year</p> <p>0 = At least one racial category was found with disproportionate representation for the current and previous year</p>			
Indicator 11: Timely initial evaluation	n/a	0	0
Indicator 12: IEP developed and implemented by third birthday.	n/a	0	0
Indicator 13: Secondary transition	n/a	0	0
<p>2 = Indicators were at least 95% compliant</p> <p>1 = Indicators were at least 75% and less than 95% compliant</p> <p>0 = Indicators were less than 75% compliant in the current year <u>OR</u> less than 95% compliant for the current and previous year</p>			
Timely and Accurate Data Submission	Yes	2	2
<p>Special Education December Count, Special Education End of Year Collection, Special Education Discipline Collection, and Indicator 13 file review</p> <p>2 = All above submissions were both timely and accurate</p> <p>1 = One or two of the above submissions were late and/or inaccurate</p> <p>0 = Three or four of the above submissions were late and/or inaccurate</p>			
Total Points Available:	2		
Compliance Points Earned:	2		
Compliance Score:	100 out of 100		
<b>Compliance Determination:</b>	<b>Meets Requirements</b>		
<p>90 to 100 = Meets Requirements      80 to 89 = Needs Assistance      0 to 79 = Needs Intervention</p>			