OMB Approval No.: 0980-0162

Expiration Date: pending

CO State Council for Department of Disabilities

Five Year State Plan

For Year 2017

Identification

* - Required field

Part A:	State Plan Period:	**10-01-16 through 09-30-21**
Part B:	Contact Person:	**Sue Fager**
	Contact Number:	**303.861.3005**
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PART C:	Council Establishment	
	Date of Establishment:	**06-22-79**
	Authorization Method:	**State Statute**
	Authorization Citation:	**CRS 27-10.5-203**

Council Membership [Section 125(b)(1)-(6)]

* - Required field

Council Membership Rotation Plan *

In keeping with guidance established by federal legislation, the makeup of the Colorado Developmental Disabilities Council includes people with disabilities; family members (including siblings); and representatives of state agencies, non-governmental agencies, and private non-profit groups concerned with services for persons with disabilities. The Council must have 24 members, each of whom is appointed by the Governor for a maximum of two consecutive 3-year terms.

Agency/Organization

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

Gender

- Male : M
- Female : F
- Other : O

Geographicals

- Urban : E1
- Rural : E2

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Council Members

First Name	Last Name	MI	Gender	Race/Ethnicity	Geographical	Agency/Organization Code/Citizen Member Representative	Agency/Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
Irene	Aguilar		F	D5	E1	A9	State Senator	05-20-16	07-01-19	
Claire	Dickson		F	D1	E1	A5	Disability Law Colorado	05-20-16	07-01-18	
Lisa	Franklin		F	D1	E1	A7	Parent-to-Parent Colorado	06-19-15	07-01-18	
Sandra	Friedman		F	D1	E1	A6	JFK Partners	06-19-15	07-01-18	
Patricia	Heinke		F	D1	E1	A1	Division of Vocational Rehabilitation	05-20-16	07-01-17	
Audrey	Krebs		F	D1	E1	A3	Division of Aging and Adult Services	05-20-16	07-01-17	
Jennifer	Munthali		F	D1	E1	A8	Maternal & Child Health	05-20-16	07-01-19	
Gina	Quintana		F	D5	E1	A2	CO Department of Education	06-19-15	07-01-18	
Barbara	Ramsey		F	D1	E1	A4	CO Division for Intellectual & Developmental Disabilities	06-19-15	07-01-18	
Robert	Buzogany		M	D1	E1	B2		06-19-15	07-01-18	
Jeanette	Cordova		F	D5	E1	B2		05-20-16	07-01-19	
Ed	George		M	D1	E1	B1		05-14-14	07-01-17	
Deon	Gillespie		F	D2	E1	B2		05-20-16	07-01-19	
Melissa	Mannix		F	D1	E2	B1		06-19-15	07-01-18	

Sara	Metsch		F	D1	E1	B1		06-19-15	07-01-18	
Corey	Mineo		M	D1	E2	B1		05-20-16	07-01-19	
Sarita	Reddy		F	D3	E2	B3		05-14-14	07-01-17	
Shannon	Secrest		F	D1	E1	B2		06-19-15	07-01-18	
Anuska	Ullal		F	D3	E1	B3		06-19-15	07-01-18	
Mellisa	Umphenour		F	D1	E1	B2		05-14-14	07-01-17	
Willie	Wade		M	D1	E2	B1		05-14-14	07-01-17	
Hal	Wright		M	D1	E1	B3		05-20-16	07-01-19	
Jeanie	Benfield		F	D1	E2	C1		05-20-16	07-01-19	
Jessica	Howard		F	D2	E1	B2		05-20-16	07-01-19	

Council Staff [Section 125(c)(8)(B)]

* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Disability Options

- Yes : Y
- No : N
- Does not wish to answer : DWA

Gender

- Male : M
- Female : F
- Other : O

Council Staff								
Position or Working Title	**FT**	**PT**	**Last Name of person in position**	**First Name of person in position**	**MI**	**Gender**	**Race/Ethnicity**	**Disability**
Executive Director	◉	○	Tewell	Marcia		F	D1	N
Planner	◉	○	Fager	Sue		F	D1	Y
Fiscal Manager	◉	○	Helton	Mackenzie		M	D1	N
Administrative Assistant	◉	○	Downs	Seth		M	D7	Y
Policy Analyst	◉	○	Currently	Vacant		O	D10	DWA

The Designated State Agency [Section 125(d)]

* - Required field

The DSA is *

Council Itself ○ Other Agency ◉

Agency Name	**CO Department of Human Services**
DSA Official's name	**Reginald Bicha, Executive Director**
Address	**1575 Sherman Street, Denver, CO 80203**
Phone	**303.866.3475**
Fax	
Email	**reginald.bicha@state.co.us**

Direct Services [Section 125(d)(2)(A)-(B)]

Does it provide or pay for direct services to persons with developmental disabilities?

Yes ◉ No ○

The DSA provides direct services to persons with intellectual and developmental disabilities through oversight of three regional centers, the State's Veteran's Community Living Centers, Adult Protective Services, and the Disability Determination Services.

DSA Roles and Responsibilities related to Council [Section 125(d)(3)(A)-(G)]

Describe DSA Roles and Responsibilities related to Council *

CDHS receives, accounts for, and disperses funds and performs personnel, accounting, legal, purchasing, reporting, and other administrative functions, per the specifications of this Section. The Council is classified as a Type 1 Transfer Agency, which means that it can function independently while located within a state agency.

Memorandum of Understanding/Agreement [Section 125(d)(3)(G)] *

Does your Council have a Memorandum of Understanding/Agreement with your DSA?

Yes (●) No ( )

Calendar Year DSA was designated [Section 125(d)(2)(B)]* 1979

State Information

* - Required field

Comprehensive Review and Analysis Introduction:

The Council uses its resources for systems change efforts and Council members approach each initiative from this perspective. Discussion during the development of the Plan centered on people with Intellectual and Developmental Disabilities being valued members of their communities. Statewide considerations include the ratchet effect of our constitutionally-based tax limitations/Tax Payer Bill of Rights when the state has increased tax revenue available, increasing use of seclusion and restraint, a limited supply of housing statewide, the increase in the cost of living making housing unaffordable in metro areas, and a lack of public transportation in rural and frontier communities. Colorado ranks 38th in spending on HCBS waivers and our ability to collect data regarding supported employment are truncated due to the way Division on Intellectual and Developmental Disabilities collects data. The process for developing the proposed Five-Year Plan began with input received from 5 public forums in 4 rural/frontier communities (Hugo, Alamosa, Montrose, and Fort Morgan); a forum in Denver included representation from the African American, Spanish/Latino, Somali, Bhutanese, and Nepali communities. The Council also utilized a Survey Monkey available in English and Spanish, the total number of people providing input was 546, including 8 responses in Spanish. Grant projects are located in urban, rural, and frontier communities throughout Colorado and information obtained through grantees also assisted in setting priorities and goals. Once the Council developed proposed goals and objectives based on this input, they were made available for public comment, with 60 people providing input, the majority of whom approved the proposed goals and objectives.

Racial and Ethnic Diversity of the State Population

Race/Ethnicity	Percentage Of Population
White, alone*	68.8 %
Black or African American alone*	3.8 %
Asian alone*	2.9 %
American Indian and Alaska Native alone*	0.6 %
Hispanic or Latino (of any race)*	21.2 %

Native Hawaiian & Other Pacific Islander alone*	0.1 %
Race unknown*	0 %
Two or more races *	2.4 %
Some other race*	0.2 %
Do not wish to answer*	0 %
Total	%

Poverty Rate* 15%

State Disability Characteristics

* - Required field

Prevalence of Developmental Disabilities in the State* 214139

Explanation* The American Community Service Data on Cornell University's Disability Statistics Website estimates the prevalence of DD in the state at 4%; using state population numbers for 2014--4% of 5,353,471 = 214,139.

Residential Settings* ?

Year*	Total Served*	A. Number Served in Setting of 6 or less (per 100,000)*	B. Number Served in Setting of 7 or more (per 100,000)*	C. Number Served in Family Setting (per 100,000)*	D. Number Served in Home of Their Own (per 100,000)*
2012	11857	42.91	3.98	154.29	19.64
2013	11398	37.08	6.3	95.61	73.68
2014	12354	162.1	2.87	64.61	72.55

Demographic Information about People with Disabilities

* - Required field

People in the State with a disability	Percentage
Population 5 to 17 years	4%
Population 18 – 64 years	9%
Population 65 years and over	33%

Race and Ethnicity	Percentage
White alone	10.8%
Black or African American alone	11.1%
American Indian and Alaska Native alone	12.9%
Asian alone	7.2%
Native Hawaiian and Other Pacific Islander alone	9.1%
Some other race alone	10.4%
Hispanic or Latino (of any race)	9.4%

Two or more races	10.6%
Do not wish to answer	0%

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	16.4%	30%
High school graduate, GED, or alternative	28.7%	20.3%
Some college or associate’s degree	32.6%	30%
Bachelor’s degree or higher	22.2%	41.5%

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	28.2%	70.4%
Not in labor force	67.7%	25.9%

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
Earning $1 to $4,999 or less	17.4%	10.4%

Earning $5,000 to $14,999	19.9%	13.9%
Earning $15,000 to $24,999	14.9%	13.9%
Earning $25,000 to $34,999	12.4%	12.8%

Poverty Status Population Age 16 and Over	**Percentage with a disability**	**Percentage without a disability**
Below 100 percent of the poverty level	18%	10.1%
100 to 149 percent of the poverty level	11.2%	6.9%
At or above 150 percent of the poverty level	70.8%	83%

Portrait of the State Services [Section 124(c)(3)(A)(B)]

* - Required field

Health/Healthcare *

Colorado continues to expand Participant-Directed Care and Person-Centered Thinking concepts as the IDD HCBS waivers align to work within the new framework of consumer choice, services based on talents, skills, and needs and not diagnosis and a menu of HCBS Waiver-specific funded services. The implementation of the Community Living Advisory Group Plan, emphasizing a holistic approach to health care and Long Term Services and Supports provision, encompassing employment, psycho-social and other aspects of community inclusion promoting better health outcomes, continues to move forward.

Colorado is working to enroll Medicaid recipients in Accountable Care Collaboratives (ACCs) to better coordinate care and reduce costs. Colorado has applied for a $1 million design contract Dual Eligible Grant from CMS to develop a model for providing person-centered care coordination for people who are dually eligible for Medicaid and Medicare. The Regional Care Collaborative Organizations (RCCO's) and ACC's have been heavily involved. The use of RCCO's and ACC's in Care Coordination has been seen as a strategy to provide better primary care and reduce the frustrations of systems navigation.

Colorado hopes to move toward participation in Community First Choice and currently has two demonstration projects through CMS in addition to a No Wrong Door grant, with the goal of providing accurate information and referral resources when a person is in need of Long Terms Services and Supports, regardless of age, income, insurance or need. The Fully Benefited Medicaid/care Demonstration Project, provides enhanced care coordination through the Regional Care Collaborative Organizations, with a goal of integrating mental health services across populations. Both demonstration projects reflect the restructuring of the Administration for Community Living and are accessing the Community Living Advisory Group for their stakeholder process.

The State is also working on incorporating Qualitative and Quantitative data from the National Core Indicators to measure a person’s satisfaction with their services. Time will tell whether these attempts to braid traditional and preventive medical care with waiver services in the patient-centered/person-centered philosophies behind the Affordable Care Act can be successful when “tested” on “high-cost utilizers” and “special needs and vulnerable populations”.

The State Senate passed SB16-038 this year, which is intended to lead to greater transparency and accountability to people receiving services, family members, advocates and taxpayers. Additionally, the Community Centered Boards (DD Service Providers) are implementing “Conflict Free Case Management” and the new HCBS Settings Rules. There were financial contributions from the trade group for providers (the Alliance) to lobby at the national level for a much slower implementation of the conflict free case management provisions. Consumer Directed Attendant Services and Supports, allowing clients to control their own home health allocation with additional tracking and reporting duties and payroll services through a Fiscal Intermediary Service, will soon be offered in the Supported Living Services Waiver. The enforcement of the new Fair Labor Standards Act Overtime Rules for Home Health Workers and strict Medicaid guidelines around incurring overtime could have a deleterious effect on people using consumer direction who go over hours; many traditional home health agencies are cutting staff hours in order to “comply” with the new rules. Colorado’s affordable housing crisis and the low wages for direct care staff, particularly in the IDD system, create challenges to providers who are

being priced out of being able to work in the direct care field. The state had 100,000 new residents this year which has had an impact on both employment and increased housing costs.

Employment *

Although there are no outcomes available yet to determine if the change is positive, the Division of Vocational Rehabilitation (DVR) moved from the Department of Human Services to the Department of Labor and Employment, via legislation from the state's Joint Budget Committee, effective July 1, 2016. The decision was based on the outcomes of an audit of DVR, the departure of its director, and failure to bring in federal match money. In fiscal year 2014 the state lost $4.6 million of federal match by not meeting the MOE requirements and is thus going to experience a cut in future funding. Currently, DVRs budget consists of $21.3 state money and $87.7 federal match dollars. Additionally, the definition of 'successful employment closure' eliminated the category of jobs paying less than minimum wage and has improved outcomes for integrated employment as well. Current stats include 42% of persons with all types of disabilities are employed, of those employed, 32.2% work more than 52 hours in a year, 26.6% have full time/full year employment. The total number of working age adults is 260,700. Specifically within the DIDD community, the supported employment rate has risen to 28.2%. The difficult part of this statistic is how "employment" is counted: working below minimum wage, as little as an hour a week in supported employment, or working in an enclave count as supported employment within the 27% employment rate. Currently, DVR no longer has a waiting list.

Employment First legislation was passed in 2016, which will create a line item to bill for the Discovery Process, mandates the tracking of both wage and hours to solve the above issue in tracking supported employment use, and mandates training and certification for job coaches. The bill will also tie together many of the entities that are involved with employment but are currently not well coordinated resulting in some overlap in services. Other issues being addressed in the state include the implementation of WIOA, removing "enclaves" from the definition of supported employment, and minimum wage.

The Division on Intellectual and Developmental Disabilities moved from the Department of Human Services to the State's Medicaid Agency, the Department of Health Care Policy and Financing, which included moving the employment unit of the Division to DVR; it is expected that the collaboration between the two departments will continue to be important. Currently, job development is the task of DVR and once a job is found, the ongoing support is moved to DIDD via waiver dollars. If DVR has a wait list, then the job development task moves directly to DIDD. There is currently no parity between the DVR and DIDD rates for supported employment – DVR reimburses at $52/hr. and DIDD $50/hr. which, according to providers, is not sufficient reimbursement to sustain full time qualified staff. The state is working on waiver simplification that would combine the SLS and HCBS-DD waivers into one and include employment as a category.

Non-integrated work settings (sheltered workshops) are no longer reimbursed in the state. A pre-vocational category has been approved with a five-year limit on being in pre-vocational services. An employment path is developed at the start of the pre-vocational experience, followed with close planning on a path to employment. If employment has not occurred in five years, the individual might be referred to a recreation based category such as community connections.

Given the Settings Rule, Olmstead, state rulings in Rhode Island and Oregon, and the lack of funding for non-integrated settings, a few agencies have not allowed new enrollment to pre-vocational services and are slowly closing these settings. The push for minimum wage (which is not allowed in pre-vocational) has also influenced the decrease in enrollment in the pre-vocational category. The unduplicated count of enrollees is 7,332 with 680 individuals in pre-vocational and 3,773 in specialized habilitation. Enrollment in supported employment increases monthly, but this includes enclaves. The National Core Indicators survey found that of the individuals they interviewed only half of those expressing an interest in work, had this wish included in their service plan.

The Support Intensity Scale (SIS) tool is used to set rates on a scale of 1-6 for all people receiving DIDD services. Only those with very high reimbursement rates (i.e. 6) can receive 1:1 supports, and often those supports are not provided for supported employment, but justified for safety purposes in segregated day programs.

The Division of Intellectual and Developmental Disabilities funds Colorado's membership in the Statewide Employment Leadership Network (SELN). Data are not collected to reflect the fact that many adults in services participate part-time in pre-vocational services, community connections, part-time supported employment, volunteering, or day habilitation. There are billing statistics for each service, but people participate in a variety of settings to complete a full week and the data are not separated. Employment First legislation should correct this practice to track progress in employment.

Colorado, in a consortium with 5 other states (AZ, MT, ND, SD, UT), received a PROMISE grant from the SSA to increase employment outcomes for transition age students (14-26 years of age) receiving SSI. The grant provides supports and training to youth and their families. The ASPIRE Project (Achieving Success by Promoting Readiness for Education and Employment) has 400 students participating who were enrolled as of September 2015; all of the youth and families will receive information to further education and employment goals, including supports and services in their communities; half of the youth and families will receive additional services and supports. This will be a longitudinal study to determine impact upon SSI reliance.

The State is also a recipient of an Employment First State Leadership Mentoring Program (EFSLMP) grant from the USDOL, Office of Disability Employment Policy. To receive the grant, the state committed to a cross-system, cross-disability approach to promoting Employment First system's change efforts, with the intention of aligning policy, practice, and funding. Colorado chose to focus its technical assistance on employment with the objective of increasing the number of youth/young adults receiving transition services by 15%, with emphasis on WIOA Pre-employment Transition Services, including targeting wages in integrated work experiences at or above the state minimum wage; and, increasing the number of employers hiring people with disabilities by at least10%. The state has just completed its SWOT analysis and will begin developing and implementing policy or program components related to it. The final stage in this process will be implementing SWOT improvements with an outcome of sustained competitive integrated employment options for youth with disabilities.

The Colorado Department of Education's collection of data for IDEA's transition outcomes indicator (#14) documents how Colorado's youth who had an IEP when they left high school are faring within one year of leaving. CDE has had difficulty getting surveys returned resulting in very small sample sizes; their most current data indicates that 26% of youth were enrolled in higher education; 24% were competitively employed, 6% were enrolled in some other post-secondary education or training program, or other type of employment; and that 43% were not engaged in any activities one year after high school.

The Division of IDD collects no data on employment outcomes for members of un and underserved communities.

Informal and formal services and supports *

Colorado has eleven different waivers and is attempting to simplify this. HB15-1318 regarding waiver redesign was passed by the legislature in 2015 with support from the state's Medicaid agency, the Department of Health Care Policy and Finance, with an expected outcome of waiver simplification. The Community Living Advisory Group (CLAG) met for two years and developed the following recommendations: 1) level the playing field between the extremes of the high cost of providing LTSS supports while others on the wait list are meeting needs entirely out-of-pocket, 2) ensure that changes do not violate any maintenance of effort, 3) require more cost sharing by families that are affluent so state resources can be spent on those most in need. The proposal also includes terminating four waivers that serve children and move the relevant services into the state plan. The four waivers do NOT consider family income, whereas the state plan does.

The Long Term Care Advisory Committee is looking at waiver consolidation, improvements in eligibility, care coordination and the expansion of Consumer Directed Supports and Services (CDASS). The possibility of receiving an enhanced Federal match of 6% for meeting Long Term Care capacity in community settings through the Community First Choice Act has led to the opportunity for departmental collaboration with ADAPT and other leaders in the disability community. The "Participant Directed Public Policy Collaborative" has been meeting monthly to address concerns on a systemic level.

The Institute in Pueblo had a ratio of 62 clients to 1878 staff and at the Wheat Ridge Regional Center the ratio is 126 clients to 383 staff. A committee was Governor- appointed to make recommendations about the Regional Centers. Recommendations center around building capacity in the community to serve those currently living in regional centers (Pueblo, Grand Junction, and Wheat Ridge.) The costs for the Regional Centers was clarified through the same committee report; in 2014 annual costs per person were $325,668 at Grand Junction; $108,370 at the Pueblo Institute; and $232,884 at the Wheat Ridge Regional Center; Bethesda Lutheran, the only private sector provider in CO, was at 179,820. Following the closure of the GJ Regional Center campus, annual costs per resident there should be close to those at Wheat Ridge with individuals living in group homes.

An additional 108 enrollments were added across three waivers under the Division of IDD; 6 in DD, 91 in SLS, and 11 in CES Waivers

HCBS – DD 4,785 enrolled - costs $28,569,657 – This waiver provides services for those 18 and older who are in need of 24-hour residential and day supports. The level of care is again ICF and there is a cap. The JBC has allotted more resources and there is a clear plan to end the waiting list over the next decade.

HCBS –DD regional centers - 116

HCBS –SLS 4,194 enrolled - costs $45,710,318 – cost per client - $10,898. SLS does not provide 24-hour supervision and those who are eligible usually have support from family members or get services from other sources. The waiver requires a level of care that rises to that of ICF and has a cap.

HCBS – CES 1,183 Costs -$15,224,111 enrolled – cost per client $12,869 - The Children's Extensive Support waiver provides supports for children living at home ages birth to 17 and typically serves those with high behavioral or medical needs. Funding was allocated to eliminate the waiting list for CES and was completed at the end of the 2014 fiscal year. The cap at that time was 659.

HCBS – CHRP waiver provides residential supports for children birth to 20 who are in foster care. It has a cap between 160 and 200 children. There is no wait list. It is recommended that the CHRP and CES waivers be combined.

CWA - Children Living with Autism waiver – for children living in the community ages birth to five and provides just one service – behavioral therapy. The waiver requires that children be diagnosed with autism and have needs at least equal to ICF. Because there have been no other therapies that have a certificate involved, the use of ABA or applied behavior analysis is the only option to access behavioral therapy. There is a waiting list for this waiver.

CDASS – IHSS - Under several waivers individuals can choose to self-direct their personal assistance services via both CDASS (for adults) and IHSS (for children).

IHSS requires that providers must offer independent living core services, provide 24-hour back up services and have a staff designated to provide training. Attendants are selected by the clients and are employed by an IHSS agency of their choice.

HCBS – targeted case management 9,898 enrolled - costs $1,900,846
Family Support – general fund - $ 478,864

The State's network of Independent Living Centers provides the federally mandated core services and services for Older Individuals who are Blind. The Statewide Independent Living Council's State Plan for 2017 – 2019 has included a goal to reflect their new transition requirement, including increasing their services for youth to promote self-advocacy, leadership and successful transition to work. Within the next three years the Statewide Independent Living Council's Youth Committee will research national best practices for youth transition and independent living, develop a statewide plan to improve youth programs, if needed, develop a Youth Advisory Committee; they will also conduct a statewide IL Youth Leadership Forum in FFY 2018 and continue it annually if successful.

Interagency Initiatives *

The recommendations of the Community Living Advisory Group are moving from planning to implementation. Interagency Initiative includes representatives from the Area Agencies on Aging, Community Centered Boards, County Commissioners, the Long Term Care Advisory Committee and the Colorado Commission on Aging. The DD Council currently has staff member advisory representation on the State Rehabilitation Council and a Governor appointed former Council member on the SRC. Council staff also sits on the Colorado's University Center for Excellence, JFK Partners' Advisory Committee.

Employment First Legislation mandates interagency coordination of employment efforts among DVR, Workforce Centers, the Division on IDD, the Department of Labor and Employment as well as the State Rehab Council and other committee level groups. It will be an on-going effort as WIOA is implemented in the state. Colorado's receipt of an Employment First State Leadership Mentoring Program technical assistance grant has invited

many stakeholders to participate including the Council, DVR, the Department of Labor and Employment, Behavorial Health, service providers, the state's federally funded Parent Training and Information Center, and many others.

Passage of SB 109 this year, recommends coordination of mandatory reporting of abuse and neglect of individuals with intellectual disabilities that is modeled after similar legislation for the elderly. The bill mandates interagency coordination of reports between Adult Protective Services, the provider community and Police Officers. The task force will study and make recommendations regarding the implementation of mandatory reporting of mistreatment, abuse, neglect or exploitation of at-risk adults with intellectual and developmental disabilities, the recommendations, at a minimum, shall include: the provision of protective services by county departments to adults with IDD who are mistreated, abused, neglected or exploited: conforming changes to the provisions in either civil or criminal areas, estimate of the costs, workload impacts and services, to be incurred by systems, and identify sustainable sources of funding including new or existing revenues that that may be used to offset the costs to be incurred, and recommendations for training employees of state and county departments as well as community centered boards using outcome-based practices, and lastly, task force member designations.

There is a strong need for training around the coordination of roles between agencies as well as training of police officers in active listening skills, like that which occurs in the Crisis Intervention Teams or CIT.

The Colorado Department of Education supports a Community of Practice focused on transition that includes the agencies providing supports and services to youth and their families.

The Aging and Disability Resources for Colorado (ADRCs) provide streamlined access to long term services and supports statewide through a 1-800 number. The Colorado Department of Health Care Policy and Financing received a No-Wrong Door (NWD) Implementation Grant Award through the Administration for Community Living to develop NWD Pilot sites with regional NWD entities, consisting of the following Single Entry Point Organizations: Area Agency on Aging (AAA) ; Aging and Disability Resources for Colorado (ADRC); Center for Independent Living (CIL) ; Single Entry Point (SEP); Community Centered Board (CCB); and the area county department of social or human services office (DSS). Additionally, Community Mental Health Centers (CMHCs) or Behavioral Health Organizations (BHOs) may also participate. The framework for developing a NWD system comes from recommendations in Colorado's Community Living Plan (CCLP) — the state's response to the Olmstead decision — as well as from the Community Living Advisory Group (CLAG).

Due to limited funding, the State's AT-Act funded agency, Assistive Technology Partners, provides limited training and support for disability awareness training for the state's emergency response system; at least one Independent Living Center, whose service area has been hit by extensive wildfires, has developed a close working relationship with their local emergency response system.

Quality Assurance

"Concerning An Exception To The Hearsay Rule To Allow Testimony From Persons With Developmental Disabilities," was passed with collaboration from the Arcs, Disability Law Colorado, law enforcement and local District Attorney's Office. This legislation would increase the prosecution rate, some estimates of the incidence of sexual assault rates are as high as 83% with less than 5% successfully prosecuted and convicted.

SB #109 was passed in 2016 for mandatory reporting of abuse and neglect of individuals with intellectual and developmental disabilities. The bill requires reporting from specific individuals/agencies as well as requires better coordination between providers, protective services and police officers.

The State has passed legislation regarding the use of seclusion and restraint (S&R) on children in public schools; the Colorado Department of Education has developed restraint rules; however the legislation did not mandate reporting incidences of either beyond the district level so the actual occurrence of S&R in the state has not been reported to or compiled by the Colorado Department of Education. However, the US Department of Education's Office for Civil Rights has compiled data for the state, including: 1,811 schools that reported the use of seclusion and restraint which is 100% reporting via an OCR report. Mechanical restraint use was at 70, physical restraint at 457, and seclusion is at 472 specific incidents. 40% of students eligible for IDEA supports experienced mechanical restraint, 69% experienced physical restraint, and 39% seclusion. Of those eligible for 504 Plans, zero were reported for mechanical or physical restraint and .8% were reported for seclusion. English Language Learners had zero mechanical restraints, 5% of physical restraints, and 7% seclusion. OCR data has identified the districts in the state that have the highest occurrence of S&R—the Council's targeted disparity goal will be addressing this issue. The State also does not collect data on the use of S&R upon children in early childhood educational settings.

Education/Early Intervention

According to the Colorado Department of Education, there were 90,388 students in Colorado identified with a disability in 2013 – latest data available. The data is reported accordingly to mutually exclusive categories of disability as identified by the school districts. A total of 14,151 students were identified in categories most likely to include students with an IDD, including, 2,832 with an intellectual disability, 6,039 with an emotional disability, and 5,280 were identified with autism spectrum disorder. Assuming the NADD estimate that 30-35% may have dual diagnosis, an estimated 425 students in the state may be impacted by the two diagnoses. This number represents approximately .5% of the total student population, ages 3-21 of 863,561 in Colorado in 2013.

An important case from Douglas County around charter schools is under appeal to the U.S. Supreme Court. At issue is public dollars to be transferred from the school district to families, who then were able to use the vouchers at religious/ private schools. The ACLU and Disability Law Colorado (Colorado's P and A) filed Amicus Briefs. The private and/or parochial schools admitted they had no experience with IDEA and/or had no intention of complying with the IEP mandate of IDEA. Current litigation is focused on private schools as the district, upon appeal, took the parochial schools out of the voucher options.

A Developmental Learning Materials method is being used for assessments for students with significant needs, in which 51 free online modules are used for content areas. Once the student is described, the student starts in one of five levels and moves up or down based on responses. This has become an effective way to include all students in assessments.

The state's last totally segregated school is in Jefferson County and has received a grant focused on literacy. The mere existence of the grant has raised expectations which has engaged both students and staff in academic endeavors. All students at the school have communication devices which moves expectations upward as well.

Early Childhood therapeutic services are delivered through 20 Community Centered Boards across the state which are overseen by the Colorado Department of Human Services (CDHS). There has been an increase of 6% from FY '13 to '14 creating an unduplicated count of 12,032. Because children are eligible between birth and age two, it is critical that eligibility determination by the Department of Education's Child Find be completed efficiently. When there is a backlog, the Early Childhood division in DHS helps; 220 evaluations were completed by CDHS in '14. There is a 45 day limit to determining eligibility for services which was not always met, this limitation sped up the process but also created confusion. The average cost of Early Intervention considering all sources of revenue is $6,737. A new billing code will allow the separation of direct services through an E.I. program and clinic or hospital setting. State general fund spent approximately $20,000, Federal Part C is $7,000, Medicaid is $8,000, the trust fund is $4,000, and other is $7,000 and includes private insurance. There has been a funding hierarchy for the last seven years to create a payer of last resort with Federal dollars being used last and general fund second to last. First payer is private insurance/pay if parents permit, and other sources in the middle of the hierarchy. There were 817 children who used private insurance. Federal funds in '14 were 1.6% than '08 while the count increased 60% in the same time period. Colorado is the second fastest growing state that uses the same eligibility criteria. 41.2% of children who exited services did not go into preschool special education Part B services.

Housing

Colorado has experienced significant population growth and its housing stock has been unable to keep up, impacting the availability of affordable housing; over the past five years, the population in the state has increased by 1,267,329 people, yet the availability of housing units has only increased by 308,521. This lack of housing impacts people living in urban, rural, and frontier communities. Additionally, the state has 46,413 SSI recipients who receive a monthly SSI payment, which is 17.8% of the state's median income. This population must be prepared to spend 106% of their SSI payment for a 1 bedroom apartment or 88% for an efficiency apartment, when they can find them.

Colorado has recently discussed numerous planned communities that want to use Medicaid dollars for segregated living environments. A L'Arche community is being planned in Ft. Collins, Rooster Ranch in Parker, and a Camphill-like community was phased out of the Ft. Collins area, but was approved as a program approved service agency. It is still unclear if future Medicaid funds will support individuals living in such communities under the 'heightened scrutiny' portion of the Settings Rules. Affordable and accessible housing is very limited in rural and frontier areas of the state; group homes are routinely offered as the housing option by the Community Centered Boards to those who are searching; with limited choice in where and with whom people live. Host homes and adult foster care is another option, however rules and monitoring are not consistently implemented throughout the State resulting in family members' hesitancy to utilize either one.

The state's housing supports include:

Housing Choice Voucher Program provides almost 30,000 vouchers for people with disabilities; there are over 60,000 units of affordable housing in 906 buildings in the state many of which are leased to persons with disabilities—there are 954 units in buildings developed as affordable housing specifically for non-elderly persons with disabilities. Most of these units are subsidized and 467 of the units were developed under Section 504 of the ADA as accessible housing. There are almost 5,900 units designated for older adults of which, 976 were developed with accessible features. Finally, there are almost 850 units in the housing development pipeline that are for persons with disabilities.

The Colorado Legislature has funded 75 State Housing Vouchers for participants of Colorado Choice Transitions (Colorado's Money Follows the Person program); the Department of Houing has also provided this program with 30 "Bridge Subsidies" that provide two years of subsidized housing to assist participants in finding a home to move into. Housing and Colorado Choice located in the state Medicaid agency and the Department of Local Affairs have collaborated to provide housing staff through the CCT grant to provide training and technical assistance and to develop housing resources for participants and agencies in CCT under an Interagency Agreement. As the result of the agreement, there are housing providers that are members of the CCT Regional Transitions Committees. These committees are the local groups that coordinate CCT implementation. This partnership is considered a best practice by CMS.

Low Income Housing Tax Credits: The Colorado Housing and Finance Authority (CHFA) has implemented a preference for developing housing for persons with disabilities in its Low Income Housing Tax Credit program. This preference will make it easier to develop housing for persons with disabilities throughout the state of Colorado.

The Colorado Department of Housing, in partnership with CHFA and the Enterprise Foundation, has implemented the Permanent Supportive Housing Toolkit for rural communities in Colorado. The Toolkit is an intensive, 12-week program to increase the capacity of local communities to develop permanent supportive housing with a goal of adding over 100 new units in non-metro Colorado communities by the end of 2015.

ColoradoHousingSearch.com: ColoradoHousingSearch.com is a free resource that allows owners of affordable housing to list and Colorado residents to find affordable housing in Colorado including those that have options to improve accessibility. This resource also allows persons with disabilities to search for affordable housing, Public Housing Authorities, transitional housing, emergency housing and home modification resources by city and county.

Even with these resources, the state's housing stock in general and affordable, accessible, and visitable in particular falls far short of meeting the populations' needs.

Transportation

Affordable and accessible transportation and housing continue to be the biggest barriers to de-institutionalization, employment and community participation, especially in rural and frontier communities, which have no public transportation, let alone accessible public transportation available. Although the Regional Transportation District and Denver Regional Mobility and Access Council have been working together to try and promote travel training for people with disabilities in the Denver Metro area, there continues to be an increased reliance on para-transit; the belief that the

majority of people with disabilities cannot successfully access fixed route and Light Rail is too pervasive. There have been organized and well attended town halls regarding the reduction of fixed route transit service as light rail expands. Although the disability community welcomes light rail expansion, the targeted audience is the business commuter who drives to a Park-and-Ride, which can lead to a decrease in public bus ridership and as fixed route access and service shrinks, so does Access-A-Ride because para-transit availability is based on fixed route service availability.

Legislation reguarding UBER has been passed in the state, giving it full access to provide transportation. The disability community lobbied hard to get a guarantee for physically accessible UBER to no avail. The coalition on the bill included current taxi companies, but no provision was allowed for accessible cabs/cars.

In 2014, the Colorado Department of Transportation conducted a “Barriers to Using Public Transportation” survey of seniors and persons with disabilities as it prepared to developed a statewide transit plan. Respondents identified how much of a problem 22 possible barriers to using public transportation were for them. More than 4 in 10 respondents felt that the lack of service where they lived or where they wanted to go was a “major problem”. More than a third of survey participants felt that the distance from the bus stop or light rail station was too far to walk, that service did not operate when needed, or bus stops or light rail stations were not easily accessible in poor weather. These were the most frequently cited barriers in both the Urban and Rural Transportation Planning Regions (TPRs), although the lack of service or limited service hours were more often mentioned by those in Rural TPRs, while the distance from the stops or stations and being unable to access stops and stations in poor weather were cited more frequently by those in Urban TPRs. The next “tier” of barriers, considered a major or minor problem, were length of the travel time using public transportation; expense of the fares; difficulties finding information about fares, schedules and routes; and personal safety concerns at the stops or stations. Those in the Urban TPRs were much more likely to deem travel times and personal safety a problem than were those in Rural TPRs and were somewhat more likely to consider fares too expensive. Poor maintenance, personal safety and lack of clear announcements of upcoming stops were a bigger concern to those in Urban TPRs than those in Rural TPRs. A lack of information in a respondent’s first (non-English) language was cited by 6% of respondents overall, 4% in Urban TPRs and 10% in Rural TPRs.

The two issues deemed of highest importance for the statewide transit plan by those completing the survey were supporting the development of easily accessible and understandable transportation information and referral services and providing lower fares for seniors and riders with disabilities. Other areas of high importance included expanding services in their communities and to regional destinations; expanding discount programs and/or subsidies and expanding or adding routes in their community; the hours of service for transportation services and increasing the availability of wheelchair-accessible taxi cabs and supporting faith-based transportation services.

Child Care

Recreation

Analysis of the State Issues and Challenges [Section 124(c)(3)(C)]

* - Required field

Criteria for eligibility for services *

People who have a developmental disability are those who have a "disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to intellectual or developmental disabilities or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability" (CRS 27-10.5-102).
Eligibility for children under five years of age is based on determination of either a developmental delay or factors putting the child at risk of having a developmental disability.

Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families *

The Council is identifying five un and underserved population groups based on geography, ethnicity, refugee/immigrant status, people lacking access to assistive technology, those who are non-verbal, those who have a significant disability, and those who are economically disadvantaged.

Eighty-three percent of Colorado’s population lives in the 12 counties that make up the Front Range, a region east of the Rocky Mountains, stretching from Fort Collins in the north to Pueblo in the south and including the Denver metropolitan area. Ten percent of the population lives in the 21 counties that encompass the Western slope, 3% live in the 16 counties that form the Eastern Plains, 2% live in the 9 counties that constitute the Central Mountains, and 1% live in the 6 counties that make up the San Luis Valley. Twenty-six, or 40% of Colorado’s counties, have fewer than 10,000 people. Eleven, or 17% of the counties, have greater than 100,000 residents. Colorado’s population can also be assigned to counties that are considered to be Metropolitan areas (17), rural (24) or frontier (a population density of 6 or fewer persons; 23).

A comparison of Colorado’s ethnic diversity of the general population compared to the disability community, indicates that while American Indians comprise less than 1% of the general population, they make up 13% of the disability community. Those who identify as African Americans comprise 4% of the general population, but 11% of those with disabilities. The Hispanic Latino community in general comprises 21% of the population, but 9% of the disability community. The Asian community consists of 3% of the general population, but 7% of the disability community. Those who identify as Some Other Race comprise less than 1% of the general population, but 10% of those who are disabled. Those who identify as 2 or More Races comprise 2% of the population, but 11% of the disability community. While those who identify as White comprise 69% of the general population, they comprise 11% of those who are disabled. The Council found very few state agencies that were able to provide service provision information based on the ethnicities identified and reported on by the US Census.

Disparities in income by race and ethnicity are significant and persistent. Median household income among Latino households increased slightly

between 2007 and 2014 but still lags significantly behind white median household income. In 2014, Latino median income was $44,174 or 66 percent of white median income ($67,400). Black households had the lowest median income in 2014 totaling $41,743 or 62 percent of white median household income. And black household income is still down 12.1 percent from 2007. Median household income State of Working Colorado among Asians ($60,000) is 89 percent of white household income and is still down 6.3 percent compared to 2007.

Poverty rates vary widely by race and ethnicity. The poverty rate among white, non-Hispanics in Colorado is 9.4%—lower than the statewide poverty rate of 12 percent and several times lower than the rate among Latinos (24.4%), African Americans (28%) and American Indian/Alaskan Natives (23.5%). The poverty rate among Asian American households is 11.8%.

Over the past 36 years, Colorado has welcomed a total of 54,958 people who are considered to be refugees and immigrants; 48% of whom have come from East Asia (Burma, Nepal/Bhutan, Cambodia, and Laos), 21% from Africa (Somalia and Ethiopia); 20% from Europe and Central Asia (Soviet Union and Bosnia & Herzegovina), 11% from the Near East and South Asia, primarily from Iraq, and 2% from Latin America. Locating statistics on the numbers of immigrants and refugees who have disabilities has proven difficult. Research has been conducted on how four of these populations who arrived in 2011-2012 have integrated into Coloradan society. Researchers surveyed the same community members over the course of five years on the following pathways: employment and economic sufficiency; education and training; children's education; health and physical well-being; housing; social bonding; social bridging; language and cultural knowledge; safety and stability; and civic engagement. Two key findings from the study include that the lack of transportation for employment and community activities; it also found that by year five of the study, between 7 and 10% of participants had participated in meetings, volunteering their time, and advocating for their own or their families' rights.

Suspension and expulsion present a barrier to an inclusive educational experience for African American children with IEPs. Colorado Department of Education does not have requirements on discipline reporting for early childhood settings; however data collected in 2014 – 2015 indicate that while African American children account for 4.6% of the K-3 school population; they account for 13.4% of all out of school suspensions. African American boys account for 2.35% of the K-3 population, yet experience 11% of all out of school suspensions. In contrast, white children account for 54% of the K-3 population in Colorado, but only 43% of all out of school suspensions.

Throughout our public input process, numerous communities continued to express frustration at the lack of transportation, services, housing, and employment in specific geographic areas as well as in Denver. Additionally, citizens are frustrated that much of the policy-making takes place in Denver and the lack of ability to be physically present makes participation difficult. There is a need for transportation and the need for citizens of Denver to become familiar with rural and frontier areas and their needs, including transportation, services, medical care, and employment. Individuals with developmental disabilities and their families of ethnic and cultural minorities experience barriers to full participation due to lack of adequate state and community agency staff that are culturally competent or fluent in languages other than English. Others who experience similar barriers are parents with developmental disabilities and elderly individuals with developmental disabilities. Many people with developmental disabilities do not have access to communication, in part because of attitudinal barriers based on assumptions they are not competent to benefit from alternative and augmentative communication. Additionally, there is an attitudinal barrier in that people with physical disabilities perceive people with cognitive disabilities to be incapable of self-determination and they are therefore excluded from some of the benefits realized from the advocacy for rights and access by people with physical disabilities.

The availability of assistive technology *

The AT Act-funded agency in Colorado is the Colorado Assistive Technology Program, which works to support activities designed to maximize the abilities of individuals and their family members, guardians and advocates to access and obtain assistive technology devices and services. The overall goal of the program is to improve access to assistive technology (AT) in education, employment, community living, information technology and telecommunications. This is accomplished through State Level Activities which include, AT device demonstrations; AT device loans; financing activities; state leadership activities to increase public awareness about AT, improve access to AT devices and services; and training and technical assistance on the use of AT. These goals are accomplished through statewide coordination and collaboration with other agencies and organizations.

ATP's device demonstrations allow individuals to compare the features and benefits of specific types of AT. These device demonstrations allow individuals to make informed choices about an AT device before purchasing. Demonstrations are provided by ATP staff, who are knowledgeable AT professionals.

In partnership with the Colorado Department of Education's SWAAAC project, Assistive Technology Partners (ATP) maintains an inventory of AT equipment worth over $1M. It includes low- to high-tech devices to ensure best practices and informed decision making when AT is being considered for an individual with a disability. Loan bank equipment is available for infants, toddlers, and children in the public school system and early intervention. ATP also provides equipment loans and technical assistance through the AT Network to support Colorado adults and seniors in learning about AT devices or tools to assist them in maintaining or increasing their functional capabilities, independence, and safety at home, work or in the community. These loans assist community agencies in building their local capacity to better serve their clientele and communities by providing additional AT resources and services.

AT device reutilization allows the reuse of AT from individuals who no longer use or need the equipment to those who do. Device exchange occurs with the use of AT Finder, a free online tool that allows up to four online classified and/or auction sites to be searched simultaneously using one simple, accessible, and easy to use interface - www.atfinder.org. AT Finder assists individuals in obtaining new or used AT devices or equipment for little or no cost. Open-ended loans take previously used devices from the ATP loan bank and loan them to SWAAAC team coordinators and Early Intervention service providers who can use them as long as they are needed.

ATP has also developed a funding database, AT Funding $ources, www.at-partners.org/atfunding to assist individuals and agencies locate appropriate national, state, and local funding resources for AT devices and services. It contains over 2,000 agencies that provide funding for all ages and all types of disabilities. Search results provide a description of the agency, contact information, application deadlines, eligibility requirements, application format, who can submit the application, documents required with submission and direct links to the funding source.

AT Partners supports the Assistive Technology Coalition; originally founded by several state agencies with federal mandates to provide assistive technology devices and services to Colorado residents; the mission of the Coalition is to increase awareness and access to assistive technology so that all Colorado residents are assured of their rights to personal development, learning, independent living, and the work opportunities of their choice. The Coalition works to avoid duplication of effort, support members to keep pace with technology and maximize limited resources amongst coalition members. The Council participates in this coalition.

ATP does not collect data on AT provision or training for the communities that the Council has identified as un- or underserved

In FY 2015, 26,468 individuals received information and assistance from ATP staff members about AT devices, services and funding. 37% of recipients represented education, 20% health, allied health and rehabilitation, 15% community living, 12% employment, 7% individuals with disabilities, 6% family members, guardians and/or authorized representatives, 2% technology, and 1% other.

Waiting Lists *

Numbers on Waiting Lists in the State						
Year	**State Pop (100,000)**	**Total Served**	**Number Served per 100,000 state pop**	**National Average served per 100,000**	**Total persons waiting for residential services needed in the next year as reported by the State, per 100,000**	**Total persons waiting for other services as reported by the State, per 100,000**
2012	51.9	11857	228.37	348.5	34.55	22.03
2013	52.7	11398	216.24	355.29	70.42	18.47
2014	53.5	12354	230.76	348.58	69.33	34.38

a. Entity who maintains wait-list data in the state for the chart above

Case Management authorities ○ Providers ○ Countries ◉ State Agencies ○ Other ○

b. There is a statewide standardized data collection system in place for the chart above

Yes ◉ No ○

c. Individuals on the wait-list are receiving (select all that apply) for the chart above

- [x] No Services
- [x] Only case management services
- [x] Inadequate services

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list

- [x] Comprehensive services but are waiting for preferred options
- [ ] Other

Use space below to provide any information or data available related to the response above

Students ages 14 to 16 are not on waitlist due to age. Waitlist categories: 'as soon as possible' status; 'high risk' status. High risk is for those over 40 living with a parent or relative, and/or individuals who have one or more disabilities. DVR no longer has order of selection waitlist. Early intervention has no waiting list per federal regulation. Whether to use funds from fund-raising, grant writing, or general funds for direct services to those on waitlist or to invest is currently in discussion. Currently there is no standard for ratio of operating costs to direct service. One of the 20 area providers recently released information that they are providing $1 million to help address the waiting list.

e. Description of the state's wait-list definition, including the definitions for other wait lists

When people are determined eligible and in need of services, but no openings are available, they are placed on a waiting list. The waiting lists the Council reports twice yearly are for those administered by the Division for Intellectual and Developmental Disabilities (Comprehensive Services, Supported Living Services, Children's Extensive Support Waiver, Family Support Services Program, and Early Intervention) and those administered by Health Care Policy and Financing (Autism Waiver and HCBS Children's Waiver). The DIDD now monitors the wait-list for the state, rather than it being done by the 20 local Community Centered Boards.

f. Individuals on the wait-list have gone through an eligibility and needs assessment

Yes (•) No ( )

Use space below to provide any information or data available related to the response above

The state uses the Universal Long Term Care 100 (ULTC 100) tool to determine eligibility and the Supports Intensity Scale (SIS) to determine service need and rate setting.

g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services)

Yes ( ) No (•)

h. Specify any other data or information related to wait-lists

There is waiting list case management, but this does not involve services, merely information. With Colorado's receipt of the Money Follows the Person grant, people with disabilities desiring to leave nursing homes for life in the community have a funded process by which to leave nursing homes for community living. When people are determined eligible and in need of services, but no openings are available, they are placed on a waiting list. Waiting lists occur in both the DD and DMH systems. The waiting list within Vocational Rehabilitation is known as order of selection. DVR has, however, suspended the use of order of selection and has no waiting list currently. All 20 Community-Centered Boards

(CCB) in the state inform people once a person is determined eligible for services; an Individualized Plan (IP) is developed with the person, their family, the intake case manager, and others as requested by the person or family. The IP describes the person's needs, how they are currently being met, and what services might be needed in the future. The IP at that point will not include specific goals, and also does not provide an estimate for the length of time the person will be waiting for services.

i. Summary of Waiting List Issues and Challenges

Issues for individuals and families are the missed opportunities for leading full and meaningful lives, financial and physical burden imposed on people who, while on the waiting list, are receiving either no services/supports, or grossly inadequate support. Minimum standards of health and safety are not met, putting lives and health in jeopardy. Adults with IDD transitioning from foster care or whose caregivers are no longer able to provide care, face inappropriate and high cost placement in either: three regional centers, intermediate care facilities or nursing homes. Inappropriate placement in nursing homes violates federal PASRR requirements. This represents noncompliance with the Olmstead ruling, and could put at risk Medicaid funding for people with IDD. Children are at risk of longer term or increased levels of delays due to loss of ARRA funds for early intervention (EI) services. Another result is higher costs to CO during public education years and higher health care costs.

Analysis of the adequacy of current resources and projected availability of future resources to fund services *

CO has 11 HCBS waivers, more than any other state, and added a new waiver that allows people with Spinal Cord Injuries SCI to access alternative therapies such as acupuncture, massage, yoga, and chiropractic. Originally the waivers were necessary because the State Medicaid plan is one of the leanest in the country, unfortunately as the waiver categories expanded with the caveat that no waiver could have duplicative services, eligibility became based not on need but on diagnosis, or what box a person fit into. The three overarching departments: CO Department of Human Services, CO Department of Health and the Environment, and CO Department of Health Care Policy and Financing, are trying to become more person centered but struggling with defining the concept and letting go of older models that dealt primarily with safety and a very low threshold for reaching minimum standards of care. There is also recognition that there are significant Conflict of Interest Issues within the service delivery systems, in particular in the Behavioral Health and Developmental Disabilities systems. Family Caregiver has been initiated, but problems are tied to conflict of interest. CCBs take disproportionate amount for administration, reported in one case to be 60 percent. CDASS fiscal intermediaries, on the other hand, have administrative costs capped at 11 percent. Consumer Directed Attendant Supports and Services has been very successful as a model of self-directed care which allows people to recruit, hire, train, manage, and fire their own support staff. Through an exemption from the Nurse Practice Act and with the use of a Fiscal Intermediary and, if necessary, an Authorized Representative, people utilizing CDASS also manage their own Personal Assistance Services allocation, completing time sheets and setting wages for staff of their own choosing. Ensuring stability and sustainability for this model would help CO as it moves toward accepting and implementing Community First Choice. CMS is leading the charge when it comes to pushing CO to embrace person-centered, participant-directed care. Again, the community worries who is at the table to define key concepts and how these changes are implemented systemically. There has been a marked increase of cooperation and collaboration between CMS, Medicaid, and the disability community. Work is being done in waiver consolidation and moving from a diagnosis-based to a needs-based model for eligibility. The state is currently modeling the impact of implementing CFC, this would allow for PAS in the community, consumer directed care options and require an end to the wait-list for services in the DD waivers. The need to address Conflict of Interest in the BHOs and CCBs, the waiver expansion efforts, how PAS are actually delivered for people on the DD waivers, and whether or not CO implements CFC all play a role in postponing the expansion of CDASS.

Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive *

Colorado continues to operate three public institutions/ICFs; one in Grand Junction, a second mental health institute in Pueblo, and the third in a suburb of Denver, Wheat Ridge Regional Center. The Mental Health Institute has had incidents of misuse of prone restraint. The Institute works closely with the state prison that has a unit for special offenders, also located in Pueblo.

There are also 51 facilities in the state that serve students as out-of-district placements, usually residential services and day programming. Many of these facilities use restraint and seclusion as a method of dealing with difficult behaviors. The CO Department of Education has started some training using PBIS based on the George Sugai approach. Many of those efforts are not being sustained, although there are some facilities that are committed to becoming restraint-free.

In terms of facilities and adults there are:
1,742 nursing facility residents have a major mental health diagnosis;
275 nursing facility residents have a developmental disability diagnosis;
38 nursing facility residents are diagnosed with both a major mental illness and a developmental disability;
Of the 2,055 individuals mentioned above, Medicaid serves the large majority and 689 of the 2,055 (33 percent) are 65 years old or younger. There are more individuals with diagnoses of mental health or developmental disability institutionalized in nursing homes than on the campuses of the Regional Centers.

To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act(42 U.S.C. 1396n(c))) *

Current services are inadequate to meet the needs of people with developmental disabilities and their families in Colorado. While the legislature has approved small budget increases since 2011, allowing a few people to get off the waiting lists for services, the waiting lists are projected to last into the foreseeable future. Currently, Colorado has 11 Medicaid waivers. The State continues to explore merging the eleven waivers to simplify the system and put dollars toward services rather than toward the bureaucracy to implement services—it is considering two waivers for children and one for adults There is enough money in the system according to the Director of the State Medicaid Agency (HCPF), but it is not in the right place to serve all in need of supports. Day programming also known as day habilitation was 1800 hours but is being capped at 1200/24 hours a week, to save about $2.5 million. Behavior services were at 165 units, and are capped at 80 units saving $1.4 million, and dental services are moving to being provided by state plan services in Medicaid. Behavioral evaluations are capped at one per year. Spending Authorization Limits (PAL) or spending authorization limits already has affected individuals served in the SLS waiver. For those receiving waiver services, inadequacy still exists in that the

receipt of services presupposes living in poverty, both in terms of income as well as having limited choices or control over life decisions. SIS scores also contribute to this, in that those receiving a low score (1-3 out of 6) tend to wind up in congregate settings because of the billing ration does not support an inclusive environment.

Rationale for Goal Selection [Section 124(c)(3)(E)]

* - Required field

Rationale for Goal Selection *

To gather input from the public, the Council hosted five public forums, four of which were held in communities that are considered rural or frontier; the Council also utilized an on-line survey tool. Both formats were designed to find out from people living with IDD and their family members about the things that were working in their lives and things that were acting as barriers. The needs of un and underserved communities were also considered in the development of the goals and objectives and also the strategies for how to accomplish them, with an understanding of how different rural and frontier communities are in comparison to urban areas of the state, as well as the needs of communities for whom English is not their first language. From this input, Council staff compiled a list of the most common concerns and barriers identified. Potential focus areas and accompanying strategies were developed over the winter and spring by Council members. Draft goals and objectives were approved by the Council at its May meeting and posted on the Council's website for the required 45 day public comment period. The majority of respondents approved the goals and objectives.

The Council has identified 3 goals that it believes it can accomplish given its available resources. The Council's first goal will focus entirely on the DD Act leadership development and self-advocacy requirements—each of these will be reflected in the three objectives identified for this goal. Public input informed how the Council proposes to accomplish the identified objectives.

The second goal is focused on transition-aged students and their family members so that they will be better prepared for an adult life, focusing specifically on person-centered planning, choices in housing, competitive, integrated employment, and inclusion in and engagement with the community of their choice. The Council received a great deal of input on the needs of transition-aged youth and the lack of preparation that reflected what they would truly need; there are also several state-level initiatives occurring now, including WIOA, Olmstead, HCBS, PROMISE, No Wrong Door, and an Employment First State Leadership Mentoring Program grant which will provide significant opportunities for collaboration.

The Council's third goal is focused on the use of seclusion, restraint, expulsion, and suspension to manage the behavior of children and adults with disabilities. This goal combines both federal requirements for targeted disparity and collaboration with the PNA and UCEDD; it also reflects input from the community. The Colorado Department of Education has promulgated rules on the use of seclusion and restraint for the K-12 educational system-- it currently lacks the same for children in pre-schools. State legislation focused on the use of seclusion and restraint in schools failed to include a provision for the collection of data on the use of S&R at the state level. All information currently collected ends at the district level. Also, while there is new legislation regarding mandatory reporting of abuse of people with intellectual and developmental disabilities, it does not include a standardized way to track and report the use of restraints on adults. The adult system does not allow seclusion; therefore gathers no statistics. The use of prone restraint has been banned as well. Statistics on restraint are gathered in incident reports, therefore are among a range of types of incidences. There does not appear to be training available for support providers in the adult service world on the use of PBIS and other alternatives for supporting people with IDD to understand and manage what others perceive to be behaviors.

Strategies for accomplishing the goals were determined based on input from the public, the resources available to the Council, best/promising

practices that might be pertinent, performance measures, and collaborative relationships the Council already participates in and new ones that would lead to the accomplishment of the short and long term outcomes.

Collaboration [Section 124(c)(3)(D)] *

The Council, representatives from the UCEDD, and the P&A met numerous times to discuss collaboration. All three agencies expressed interest in addressing the use of expulsion, suspension, seclusion and restraint for children with disabilities in early childhood and K-12 educational settings. Outcomes for this collaboration include development of reporting requirements for early childhood settings (the current requirements vary by agency responsible—the data collected is not comparable), and identifying best practice tools and resources for positive alternatives to these practices, educating youth, families, and educational teams. While the Colorado Department of Education has developed “Restraint Rules”, the legislation addressing the use of seclusion and restraint did not include a requirement to collect data on the use of these techniques at the state level—no additional funding was attached to the bill for staff. Currently, information on the use of S&R stops at the district level. This collaborative effort will be working towards a dedicated position within the appropriate state agency(ies) to collect and monitor reporting information on the use of suspension, expulsion, seclusion, and restraint.

All three agencies will be collaborating for both objectives identified; the UCEDD will contribute staff expertise in the area of early childhood; the P&A will contribute staff time in the system’s change effort to get staff hired in the appropriate state agency.

The Council will contribute funding for the development and provision of training on positive alternatives with an outcome of families, youth, and their support teams increasing their knowledge and advocacy skills around those alternatives so that the use of suspension, expulsion, seclusion and restraint decreases in the state. The Council will also fund training for school personnel and families about the Colorado Department of Education’s Restraint Rules, so that if seclusion and restraint must be used, it is used appropriately and reporting requirements are met.

Accomplishing these short and long term goals will require collaborating with the Division on Intellectual and Developmental Disabilities, state legislators, community-based and non-profit groups and advocacy organizations, including the Arcs, parent training, information, and resource centers, and civic groups like the PTA who have expressed an interest in addressing these issues. Specifically, the organizations would include, Parent to Parent Colorado, the CO Cross Disability Coalition, provider agencies, and possibly school resource officers.

5 Year Goals

Goal #1: Leadership and Self-Advocacy Training and Development for People with Disabilities and Their Family Members

Descripton *

People with intellectual and developmental disabilities and their family members (including siblings) will increase their self-determination, advocacy, and leadership skills to become agents for system change in Colorado

Expected Goal Outcome *

Self-advocates will have the knowledge, tools and resources needed, including peer-to-peer support, to provide input to policy-making, system's change, and legislative initiatives/efforts and their personal lives. Policy-makers consult with individuals with disabilities and/or family members in their decision-making processes. Individuals who complete Council-supported leadership training continue to be engaged in systems change in meaningful ways to create innovative and improved systems within the efforts of the Council and other advocacy groups. Culturally diverse and cross disability leadership groups welcome and provide appropriate accommodations to people with disabilities and family members, including siblings. Increased access to employment and community participation for members of an un – underserved community.

Objectives

Objective 1. For each year of the Plan (as appropriate) provide logistical and financial support for the formation of a state level self-advocacy group through collaborating with self-advocacy and peer mentoring groups, and individual self-advocates.

Objective 2. Provide and support opportunities for individuals with intellectual and developmental disabilities and family members (including siblings) who are considered leaders to provide leadership training to individuals with intellectual and developmental disabilities and family members (including siblings) who may become leaders.

Objective 3. Support and expand participation of individuals with IDD and family members (including siblings) in cross-disability and culturally diverse leadership coalitions.

Goal #2: Transition

Descripton *

Youth with disabilities will transition from high school better prepared for an integrated life in the community.

Expected Goal Outcome *

Youth and young adults with intellectual and developmental disabilities will transition from high school better prepared for an adult life, including person-centered planning; choices in housing; competitive, integrated employment; and inclusion in and engagement with the community of their choice. Communities become more accepting and inclusive of all members. Graduates of leadership development projects are active participants in transition planning process. Graduates of leadership development projects become a resource for other families, self-advocates, and transition support teams about community inclusion. “Pre-vocational”, segregated settings are no longer an option for transitioning students. Supported employment providers receive sustainable reimbursement rates, especially in rural and frontier communities in the state. Post-secondary opportunities increase for students with IDD. Transition-aged students and their families are prepared for and expect competitive, integrated employment.

Objectives

Objective 1. Youth, their family members, and support teams will receive the knowledge and tools they need to advocate for the housing of their choice.

Objective 2. Employment First principles will be implemented for students transitioning to work and/or higher education.

Objective 3. Transition-aged youth and their families will have access to training on self-advocacy and self-determination.

Objective 4. Transition-aged youth and family members will be supported to continue their community participation efforts throughout transition and into their adult lives.

Goal #3: Expulsion, Suspension, Seclusion & Restraint

Descripton *

Children and adults with disabilities, their families and their support teams will have the resources they need so that the use of seclusion, restraint, expulsion, and suspension to manage behavior will decrease significantly

Expected Goal Outcome *

The use of seclusion, restraint, suspension and expulsion for behavior management across the life span of people with IDD will decrease. At least one position will be created within a state agency to collect and monitor reporting information on the use of suspension, expulsion, seclusion and restraint. The combined advocacy efforts supported by the Council will provide input on potential passing of “Keeping All Students Safe” Act at the Federal Level.

Objectives

Objective 1. The CDDC, Disability Law CO, and JFK Partners will work collaboratively to decrease the use of expulsion and suspension as a means of managing behavior in early childhood settings for African American youth with disabilities in one school district in CO. (Targeted Disparity and Collaboration Requirements)

Objective 2. The Council, JFK Partners, and Disability Law Colorado will work collaboratively to decrease the use of seclusion and restraint for managing behavior in the K-12 system. (Collaboration Requirement)

Objective 3. The Council and other stakeholders will work together to decrease the use of restraint as a means of managing behavior for adults.

Evaluation Plan [Section 125(c)(3) and (7)]

* - Required field

Evaluation Plan *

Over the course of this five year plan, Council staff will evaluate activities at different points of time—both during the activity and at a natural ending point. Evaluating in this manner will allow us to determine if any course corrections need to occur during the activity; evaluating at an end point will allow us to determine to what extent activities were implanted as planned and proposed and if changes or adjustments need to occur before the
activity continues. This Council is interested in lessons learned—those that led to success and those that indicate that a new way needs to be tried. The Council will evaluate activities from a holistic level—determining the extent to which objectives were achieved; the strategies that contributed to achieving the objectives; and the factors that may have impeded progress. At a more tangible level, outcomes resulting from planned activities will be evaluated through the following methods; the method will be matched to the activity and the outputs/outcomes that need to be gathered:

Face-to-face / telephone interviews that will collect data on stakeholders' perceptions of outcome attainment of the goal/objective, but also on the needs groups have for information, education, training, technical
assistance, policy revision.

Pre-tests and post-tests and evaluation forms will be used to determine participant's assessment of their own gain in knowledge, skills, and changed attitudes through participation in the activity.

Surveys will be for two different populations of activity participants—one for self-advocates and family members and another for agencies and community service providers. Both will attempt to determine knowledge and
skill gains acquired through participation in the activity. The non-family survey will measure the extent to which the activity enhanced an organization/agency's capacity to serve individuals with IDD and their family members.

Follow up interview and surveys will be used primarily after year 1 to determine to what extent participants are using and applying the knowledge, skills, or new practices they acquired through the training.

Product review will be used to determine if any changes need to be made to the products developed over the next five years, including completion, quality, relevance and usability.

Project reports include quarterly and year end reports documenting the process and the end result of the work carried out and completed. This will include evaluations from project participants. Council grantees are also expected to participate in a Planning and Grants Committee meeting to educate the committee about the work they are accomplishing.

These tools and processes will be used to determine short and long term outcomes for Council activities including the self-advocacy, collaboration, and targeted disparity requirements. Part of the evaluation process will include determining if we were able to collect the data and outcomes we need; if not we will re-assess and develop more appropriate tools and processes.

Our logic model provides a very detailed map of what we intend to accomplish over the next five years; it will become a comprehensive assessment tool for the Council to determine progress on a holistic level. The
Council review will seek to determine overall progress toward the accomplishment of the Plan in meeting identified needs and achieving intended results; assist in the determination of the status of each goal as achieved, in
progress, or not achieved, and to make recommendations about modification to the Plan in response to emerging trends and needs. The annual work plans along with the evaluation tools and processes already outlined and the data and outcomes they provide will allow the Council to assess in the spring of each year whether significant amendments to the state plan need to occur or if needed changes can be addressed at the end of the year. The process for proposing a significant amendment to the Plan initiates with the Planning and Grants committee, which requests input from other committees, before developing a voting item for the full Council. Review of the PPR in November will also provide the Council with the opportunity to determine course corrections for the upcoming year. Annual reviews of grantee outcomes, combined with reviews of CDDC legislative and policy advocacy as well as information gathered through comprehensive review and analysis of state trends, will be used to adjust
Council grant and policy advocacy strategies and to update the Comprehensive Review and Assessment.

Logic Model

* - Required field

Logic Model *

The Council's Logic Model can be found here:

http://coddc.org/Documents/Logic%20Table%202017%20%2D%202021.docx (http://coddc.org/Documents/Logic%20Table%202017%20-%202021.docx)

Projected Council Budget [Section 124(c)(5) (B) and 125(c)(8)]

* - Required field

Goal	Subtitle B $	Other(s) $	Total
Leadership and Self-Advocacy Training and Development for People with Disabilities and Their Family Members	$277,493.00	$115,927.00	$393,420.00
Transition	$196,157.00	$81,676.00	$277,833.00
Expulsion, Suspension, Seclusion & Restraint	$146,979.00	$65,868.00	$212,847.00
General management (Personnel, Budget, Finance, Reporting)	$228,525.00	$0.00	$228,525.00
Functions of the DSA	$25,000.00	$25,000.00	$50,000.00
Total	$874,154.00	$288,471.00	$1,162,625.00

Assurances [Section [124(c)(5)(A)-(N)]

* - Required field

☑ Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living , United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) -- (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Approving Officials for Assurances

☑ For the Council (Chairperson)

Designated State Agency

☑ A copy of the State Plan has been provided to the DSA

Public Input And Review [Section 124(d)(1)]

* - Required field

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment *

The Council's proposed goals and objectives were posted on the English and Spanish versions of our website. An email blast was also sent announcing the link to provide input in both English and Spanish; the same was done on the Council's facebook page. The documents describing the input process and the proposed goals and objectives were made available as a word document in both English and Spanish; the document included text encouraging reviewers to contact the Council office via email or telephone to request the document in alternate formats (including spoken form and additional languages). Council members and collaborating partners were encouraged to distribute the link to their constituents.

Describe the revisions made to the Plan to take into account and respond to significant comments *

The majority of reviewers agreed that the proposed goals and objectives provided a roadmap that could be followed, so no significant changes were made to the proposed goals and objectives. Input provided online and in follow up focus groups of self-advocates, however, was used to formulate some of the action items in the work plan including:

Linking the self-advocacy summit with the meeting of Speaking for Ourselves, CO;

Providing training and technical assistance to state and community agencies about accommodations self-advocates and family members may need to participate fully in meetings; utilizing the peer mentoring project and state level self-advocacy group;

Information youth wanted to see included in the housing manual;

Specific topics to be covered in Council-sponsored educational events.