

## Agency Information

**Fiscal Year:**

2016

**Grant #:**

90IL0198-02-00

**Name of Center:**

Center for People With Disabilities

**Acronym for Center (if applicable):**

CPWD

**Counties Served:**

Adams, Boulder, Jefferson, Weld

### Section 1. General Funding Information

#### 1.1 Sources and Amounts of Funds and Resources

\* - Required field

##### 1.1.1 All Federal Funds Received

| Federal Funds                       | Current Year |
|-------------------------------------|--------------|
| <b>Title VII, Ch. 1, Part B*</b>    | 19059        |
| <b>Title VII, Ch. 1, Part C*</b>    | 203116       |
| <b>Title VII, Ch. 2*</b>            | 50680        |
| <b>Other Federal Funds*</b>         | 0            |
| <b>Subtotal – All Federal Funds</b> | 272855       |

##### 1.1.2 Other Government Funds

| Government Funds               | Current Year |
|--------------------------------|--------------|
| <b>State Government Funds*</b> | 569705       |

| <b>Government Funds</b>                            | <b>Current Year</b> |
|--|---------------------|
| <b>Local Government Funds*</b>                     | 340758              |
| <b>Subtotal – State and Local Government Funds</b> | 910463              |

## 1.1.3 Private Resources

| <b>Private Resources</b>                             | <b>Current Year</b> |
|--|---------------------|
| <b>Foundations, Corporations, or Trust Grants*</b>   | 9250                |
| <b>Donations from Individuals*</b>                   | 16425               |
| <b>Membership Fees*</b>                              | 0                   |
| <b>Investment Income/Endowment*</b>                  | 0                   |
| <b>Fees for Service (program income, etc.)*</b>      | 1193024             |
| <b>Other Resources (in-kind, fundraising, etc.)*</b> | 13860               |
| <b>Subtotal – Private Resources</b>                  | 1232559             |

## 1.1.4 Total Income

| <b>Total Income</b> | <b>Current Year</b> |
|---------------------|---------------------|
| <b>Total Income</b> | 2415877             |

## 1.1.5 Pass Through Funds

| <b>Pass Through Funds</b> | <b>Current Year</b> |
|---------------------------|---------------------|
|---------------------------|---------------------|

|  |      |
|--|------|
| <b>Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, or Medicaid funds)*</b> | 4743 |
|--|------|

#### 1.1.6 Net Operating Resources

| <b>Net Operating Resources</b> | <b>Current Year</b> |
|--------------------------------|---------------------|
| <b>Net Operating Resources</b> | 2411134             |

#### 1.2 Resource Development Activities \* - Required field

**Briefly describe the CIL's resource development activities conducted during the reporting year to expand funding from sources other than chapter 1 of Title VII of the Act. \***

CPWD employs a Director of Development and Communication who applies for funding from federal, state, county and city funds throughout the year, as well as funding from private foundations. We also participate in ColoradoGives Day each year. We also seek funding from individual contributors and sponsorships from local businesses. CPWD's development activities will be highlighted more in depth in the Workplan.

### Section 2. Compliance Indicator 1: Philosophy

#### 2.1 Board Member Composition \* - Required field

**(A) Number of board members**

5

**(B) Number of board members with significant disabilities**

4

**(C) Percentage of board members with significant disabilities**

80

**2.2 Staff Composition**

\* - Required field

## Staff Composition

| Staff                            | Total FTEs | FTEs filled by individuals with disabilities | FTE's filled by individuals from minority populations |
|----------------------------------|------------|--|---|
| <b>Decisionmaking staff*</b>     | 5          | 4  | 0   |
| <b>Other Staff*</b>              | 22         | 15   | 2   |
| <b>Total number of employees</b> | 27         | 19   | 2   |

**2.2.1 Percentage of Staff with Disabilities**

70.37

**Section 3. Individuals Receiving Services****3.1 Number of Consumers Served During the Reporting Year**

\* - Required field

## Number of Consumers Served During the Reporting Year

| Consumer Type | # of CSRs |
|---------------|-----------|
|               |           |

|  |     |
|--|-----|
| <b>Enter the number of active CSRs carried over from September 30 of the preceding reporting year*</b> | 473 |
| <b>Enter the number of new CSRs opened since October 1 of the reporting year*</b>                      | 257 |
| <b>Total number of consumers served</b>  | 730 |

### 3.2 Independent Living Plans and Waivers \* - Required field

#### Independent Living Plans and Waivers

| <b>Consumer Type</b>  | <b>Number of Consumers</b> |
|---|----------------------------|
| <b>Number of consumers who signed a waiver*</b>                   | 550                        |
| <b>Number of consumers with whom an ILP was developed*</b>        | 180                        |
| <b>Total number of consumers served during the reporting year</b> | 730                        |

### 3.3 Number of Consumer Service Records Closed by September 30 of the Reporting Year \* - Required field

#### Number of Consumer Service Records Closed by September 30 of the Reporting Year

| <b>Record Type</b> | <b># of CSRs</b> |
|--------------------|------------------|
| <b>Moved*</b>      | 11               |
| <b>Withdrawn*</b>  | 50               |

| Record Type                        | # of CSRs  |
|------------------------------------|------------|
| Died*                              | 6          |
| Completed all goals set*           | 29         |
| Other*                             | 29         |
| <b>Total number of CSRs closed</b> | <b>125</b> |

### 3.4 Age

\* - Required field

#### Age

| Age Period                               | # of Consumers |
|--|----------------|
| Under 5 years old*                       | 0              |
| Ages 5-19*                               | 4              |
| Ages 20-24*                              | 16             |
| Ages 25-59*                              | 163            |
| Age 60 and Older*                        | 362            |
| Age unavailable*                         | 185            |
| <b>Total numbers of consumers by age</b> | <b>730</b>     |

### 3.5 Sex

\* - Required field

#### Sex

| Sex  | # of Consumers |
|--|----------------|
| <b>Number of Females served*</b>           | 454            |
| <b>Number of Males served*</b>             | 276            |
| <b>Total number of consumers by gender</b> | 730            |

### 3.6 Race and Ethnicity

\* - Required field

#### Race and Ethnicity

| Race   | # of Consumers |
|--|----------------|
| <b>American Indian or Alaska Native*</b>                     | 2              |
| <b>Asian*</b>  | 10             |
| <b>Black or African American*</b>                            | 16             |
| <b>Native Hawaiian or Other Pacific Islander*</b>            | 1              |
| <b>White*</b>  | 544            |
| <b>Hispanic/Latino of any race or Hispanic/ Latino only*</b> | 82             |
| <b>Two or more races*</b>                                    | 0              |
| <b>Race and ethnicity unknown*</b>                           | 75             |

| Race  | # of Consumers |
|---|----------------|
| <b>Total number of consumers served by race/ethnicity</b> | 730            |

### 3.7 Disability

\* - Required field

#### Disability

| Disability Type               | # of Consumers |
|-------------------------------|----------------|
| <b>Cognitive*</b>             | 72             |
| <b>Mental/Emotional*</b>      | 60             |
| <b>Physical*</b>              | 149            |
| <b>Hearing*</b>               | 26             |
| <b>Vision*</b>                | 387            |
| <b>Multiple Disabilities*</b> | 36             |
| <b>Other*</b>                 | 0              |

### 3.8 Individuals Served by County During the Reporting Year

\* - Required field

List each county within the CIL's service area, as indicated in the CIL's application for Part C funds and the approved SPIL. Add additional rows as necessary. For each county, indicate how many individuals residing in that county were served by the CIL during the reporting year.

#### 3.8.1 Individuals Served by County During the Reporting Year



| County Name | Number of County Residents Served |
|-------------|-----------------------------------|
| ADAMS       | 130                               |
| ARAPAHOE    | 22                                |
| BOULDER     | 355                               |
| BROOMFIELD  | 53                                |
| CLEAR CREEK | 2                                 |
| CROWLEY     | 1                                 |
| DENVER      | 26                                |
| DOUGLAS     | 4                                 |
| GILPIN      | 2                                 |
| GRAND       | 1                                 |
| JEFFERSON   | 120                               |
| LARIMER     | 5                                 |
| LOGAN       | 1                                 |
| WELD        | 8                                 |

## Section 4. Individual Services and Achievements

### 4.1 Individual Services

\* - Required field

Individual Services

| Other IL Services   | Consumers Requesting Services | Consumers Receiving Services |
|---|-------------------------------|------------------------------|
| <b>Advocacy/Legal Services*</b>                           | 73                            | 73                           |
| <b>Assistive Technology*</b>                              | 71                            | 71                           |
| <b>Children's Services*</b>                               | 2                             | 2                            |
| <b>Communication Services*</b>                            | 14                            | 14                           |
| <b>Counseling and Related Services*</b>                   | 9                             | 9                            |
| <b>Family Services*</b>                                   | 6                             | 6                            |
| <b>Housing, Home Modifications, and Shelter Services*</b> | 10                            | 10                           |
| <b>IL Skills Training and Life Skills Training*</b>       | 126                           | 126                          |
| <b>Information and Referral Services*</b>                 | 864                           | 864                          |
| <b>Mental Restoration Services*</b>                       | 1                             | 1                            |
| <b>Mobility Training*</b>                                 | 2                             | 2                            |

| Other IL Services                                   | Consumers Requesting Services | Consumers Receiving Services |
|---|-------------------------------|------------------------------|
| <b>Peer Counseling Services*</b>                    | 328                           | 328                          |
| <b>Personal Assistance Services*</b>                | 87                            | 87                           |
| <b>Physical Restoration Services*</b>               | 0                             | 0                            |
| <b>Preventive Services*</b>                         | 0                             | 0                            |
| <b>Prostheses, Orthotics, and Other Appliances*</b> | 0                             | 0                            |
| <b>Recreational Services*</b>                       | 0                             | 0                            |
| <b>Rehabilitation Technology Services*</b>          | 0                             | 0                            |
| <b>Therapeutic Treatment*</b>                       | 0                             | 0                            |
| <b>Transportation Services*</b>                     | 1                             | 1                            |
| <b>Youth/Transition Services*</b>                   | 5                             | 5                            |
| <b>Vocational Services*</b>                         | 90                            | 90                           |
| <b>Other Services*</b>                              | 0                             | 0                            |

## 4.2 I&R Information

\* - Required field

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

**The service provider did engage in follow-up contacts with I&R recipients to document access gained to previously unavailable transportation, health care or assistive technology**

Yes  No

**Describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services. \***

*Information and Referral:* All staff have the responsibility of providing Information and Referral (I&Rs). CPWD handles more than hundred I&Rs a week, primarily from individuals with disabilities and family members. Additional requests come from healthcare providers, social service organizations, and funders.

*Independent Living Skills Training:* ILAs and Independent Living Skills Trainers (ILSs) both provide Independent Living Skills Training (ILST). ILST is done both on an individual level as well as in group settings. Examples of training include learning how to budget, navigating the public transportation system, using Assistive Technology and cooking.

*Individual/Systems Advocacy:* During the program year staff advocated with, and on behalf of, individuals with disabilities in the area of employment, benefits and housing to name a few. Advocacy is performed on an individual level (teaching them how to advocate on their own) and on a systems level (creating equal access for all).

*Peer Mentoring:* As previously noted, employees with disabilities provide a natural conduit for peer mentoring. The IL philosophy holds that people with disabilities who have overcome barriers and achieved varying degrees of independence are uniquely qualified to mentor others to achieve similar goals. As has also been mentioned, CPWD has a number of peer groups that specifically address disabilities. These will be highlighted later in the Workplan.

#### **4.3 Peer Relationships and Peer Role Models**

\* - Required field

**Briefly describe how, during the reporting year, the CIL promoted the development of peer relationships and peer role models among individuals with significant disabilities. \***

CPWD employs a majority of people with disabilities. This includes people with visual disabilities such as those with developmental disabilities, people with cerebral palsy, people who are blind and people who are deaf and hard of hearing. CPWD also employs several individuals with “invisible” disabilities. Because CPWD employs a majority of people with disabilities, staff and consumer can develop informal peer mentoring relationships. Additionally, employees are able to be successful peer role models as they have

gotten past many of the barriers that face people with disabilities—including employment, housing, transportation and health care.

CPWD also has 42 successful peer support groups throughout their office locations.

#### 4.4 Increased Independence and Community Integration

\* - Required field

##### Increased Independence and Community Integration

| Significant Life Area                  | Goals Set | Goals Achieved | In Progress |
|--|-----------|----------------|-------------|
| <b>Self-Advocacy/Self-Empowerment*</b> | 81        | 2              | 79          |
| <b>Communication*</b>                  | 38        | 2              | 36          |
| <b>Mobility/Transportation*</b>        | 38        | 4              | 34          |
| <b>Community-Based Living*</b>         | 94        | 14             | 80          |
| <b>Educational*</b>                    | 41        | 3              | 38          |
| <b>Vocational*</b>                     | 142       | 21             | 121         |
| <b>Self-care*</b>                      | 81        | 2              | 79          |
| <b>Information Access/Technology*</b>  | 96        | 8              | 88          |
| <b>Personal Resource Management*</b>   | 110       | 21             | 89          |

| Significant Life Area   | Goals Set | Goals Achieved | In Progress |
|---|-----------|----------------|-------------|
| <b>Relocation from a Nursing Home or Institution to Community-Based LivingCommunity/Social Participation*</b> | 16        | 4              | 12          |
| <b>Community/Social Participation*</b>  | 244       | 7              | 237         |
| <b>Other*</b>   | 16        | 0              | 16          |

**4.5 Improved Access To Transportation, Health Care Services, and Assistive Technology** \* - Required field

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

**Improved Access To Transportation, Health Care Services, and Assistive Technology**

| Areas                  | # of Consumers Requiring Access | # of Consumers Achieving Access | # of Consumers Whose Access is in Progress |
|------------------------|---------------------------------|---------------------------------|--|
| <b>Transportation*</b> | 78                              | 51                              | 27   |

| Areas                        | # of Consumers Requiring Access | # of Consumers Achieving Access | # of Consumers Whose Access is in Progress |
|------------------------------|---------------------------------|---------------------------------|--|
| <b>Health Care Services*</b> | 953                             | 585                             | 368  |
| <b>Assistive Technology*</b> | 278                             | 90                              | 188  |

Note: For most IL services, a consumer's access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to report that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

#### **4.6 Self-Help and Self-Advocacy**

\* - Required field

**Briefly describe how the CIL has promoted self-help and self-advocacy among individuals with significant disabilities during the reporting year. \***

Employees at the Center for People with Disabilities (CPWD) personify the “do for” perspective of the Independent Living (IL) philosophy. They encourage people with disabilities to “do for” themselves in areas such as working with social service providers, housing authorities and others. For example, consumers within our Employment Program are taught how to work with potential employers regarding their career goals as well as how to conduct their own job search. Consumers seeking to get benefits, either in obtaining their Social



Security Disability Insurance (SSDI)/Supplemental Security Income (SSI) or food stamps, gain the skills to apply themselves and work through the barriers that may come with the application process.

#### **4.7 Additional Information Concerning Individual Services or Achievements** \* - Required field

**Please provide any additional description or explanation concerning individual services or achievements, including outstanding success stories and/or major obstacles encountered. \***

None not in the narrative (see section 6.1)

### **Section 5. Provision of Services**

#### **5.1 Compliance Indicator 2: Provision of Services on a Cross-Disability Basis** \* - Required field

**Briefly describe how, during the reporting year, the CIL has ensured that IL services are provided to eligible individuals with a diversity of significant disabilities and individuals who are members of populations that are unserved or underserved, without restrictions based on the particular type or types of significant disability and in a manner that is neither targeted nor limited to a particular type of significant disability. \***

CPWD data shows that we serve all disabilities and no one is refused. Staff participate in a variety of outreach activities in order to reach people who are unserved or underserved. Staff also regularly attend external staff meetings to agencies and organizations in order to educate the community on CPWD's services for people with disabilities of any age or disability.

## 5.2 Alternative Formats

\* - Required field

**Briefly describe how, during the reporting year, the CIL has ensured the availability in alternative formats of all of its written policies and materials and IL services, as appropriate. \***

CPWD is committed to providing all written material in alternative formats as necessary. All communications can be made available in alternative formats upon request. This includes newsletters, brochures and any other communications.

## 5.3 Equal Access

\* - Required field

**Briefly describe how, during the reporting year, the CIL has ensured equal access of individuals with significant disabilities, including communication and physical access, to the center's services, programs, activities, resources, and facilities, whether publicly or privately funded. Equal access, for the purposes of this indicator, means that the same access is provided to any individual with a significant disability regardless of the individual's type of significant disability. \***

CPWD offices have wide hallways, automatic door openers and accessible bathrooms. CPWD goes beyond accessible guidelines and provides greater access than required.

In addition, CPWD employs staff who have firsthand knowledge of accessibility law and needs due to the diverse disability population employed. Not only do staff have firsthand knowledge, they are sought after in the community for technical assistance where accessibility is concerned.

**Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities. \***

CPWD has various departments that work together to ensure the communities we serve have full, complete and equal access for people with disabilities. The Development and Communications, Personal Assistance Services and Independent Living Departments in particular coordinate activities along with our consumers to promote equal access. This can include testifying, attending rallies, working with city planners and local businesses to ensure accessibility—both on a physical level and a programmatic one. We will highlight our most significant efforts in greater detail in the Workplan Narrative.

#### **5.4 Consumer Information**

\* - Required field

**Briefly describe how, during the reporting year, the CIL has ensured that consumers have the opportunity to develop and achieve their goals (either with or without an ILP) and that the consumer has the opportunity to express satisfaction with the center and such consumer satisfaction results are evaluated by the center. \***

Independent Living Advisors (ILAs) utilize the IL philosophy as the foundation of their services in order to provide a framework in assisting consumers in

developing goals for independent living. Part of the initial meeting with the consumer describes what their rights and responsibilities are. The consumer signs a document to verify they understand. Consumers are told that at any time they are able to speak to a supervisor if there are problems, issues or concerns. ILAs also discuss with consumers their right either to waive or to develop an individualized Independent Living Plan (ILP).

### 5.5 Consumer Service Record Requirements

\* - Required field

**Briefly describe how, during the reporting year, the CIL ensured that each consumer's CSR contains all of the required information \***

During the year, Consumer Service Records (CSRs) have been reviewed to determine if all required information has been maintained.

### 5.6 Community Activities

\* - Required field

| Issue Area           | Activity Type             | Hours Spent | Objective(s)   |
|----------------------|---------------------------|-------------|--|
| Assistive Technology | Community Education/Outre | 2000        | Provide demonstrator and technical assistance on benefits and how to use different assistive technology for those with |

| Issue Area     | Activity Type             | Hours Spent | Objective(s)   |
|----------------|---------------------------|-------------|--|
| Transportation | Advocacy                  | 200         | To ensure that people with any type of disability are able to navigate in and between communities of choice.             |
| Housing        | Advocacy, Collaboration   | 500         | To ensure that communities have the appropriate amount of affordable and accessible housing options.                     |
| Health Care    | Community Education/Outre | 9999        | To increase access to healthcare and home health options so people with disabilities can remain in their own homes and/o |
|                |                           |             |  |
|                |                           |             |  |

### 5.7 Description of Community Activities \* - Required field

**For the community activities mentioned above, provide additional details such as the role of the CIL staff board members and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits. \***

Staff and consumers are active in achieving the outcomes outlined in the above table. For instance CPWD's PAS Department has staff that provides a variety of healthcare services that enables consumers to remain in their own home rather than being confined to nursing facilities. The hours 9999 in the table were only a partial reflection of the 45000 hours plus, demonstrated below:

- Five (5) part time nurses and one full time nurse, who perform approximately 50 skilled nurse visits per week, or 2600 visits per year
- Nine (9) full time CNAs and 2 part time CNAs, who perform approximately 325 hours of care per week, or 16,900 hours of care per year
- One (1) full time homemaker/PCP and nine (9) part time homemaker/PCPs, who perform approximately 157 hours of care per week, or 8164 hours of care per year
- Four (4) full time and eight (8) part time IHSS caregivers, who perform approximately 255 hours of care per week, or 13,260 hours of care per year
- Two and a half (2.5) management staff working 37.5 hours per week, or 4875 hours per year.

Additionally, many times remaining in one's own home is a collaborative effort between staff who are providing transition services out of nursing facilities, staff in our Independent Living Program and staff in our PAS Department. When a consumer is "sprung" from the nursing facility, PAS steps in to provide the necessary personal and home care to remain in their home and the ILP (or Independent Living Advisors) provide Independent Living Skills Training. Consumers set goals for their own community living and learn the required self-advocacy to achieve and maintain their

independence. These outcomes are further enhanced by CPWD's peer groups. Consumers not only encourage each other, but provide information on how they have "been there, done that".

Peer groups between consumers and staff contribute to the above outcomes through their time together. For instance, when the City of Boulder's snow removal was inadequate and created a transportation barrier for people with disabilities, consumers and staff of the group discussed how to advocate for code enforcement and developed a plan of action.

The Beyond Vision peer groups are another example of how consumers, staff and outside agencies are working toward assistive technology outcomes. Peer groups focus many of their meetings on the latest technology for people who are blind or visually impaired. Staff and outside representatives demonstrate use of the equipment. Where necessary, staff provide additional one-on-one assistance.

Staff also maintain a presence on a number of committees and provide testimony at City Councils. This includes a City of Longmont Study Session on affordable housing as well as monthly Housing Opportunities.

The Workplan narrative will further demonstrate how the above outcomes are being met.

## **Section 6. Annual Program and Financial Objectives**

\* - Required field

### **6.1 Work Plan for the Reporting Year**

\* - Required field

#### 6.1.1 Achievements

**Discuss the work plan's proposed goals and objectives and the progress made in achieving them during the reporting year. \***

The Development and Communications department had a busy year with grant writing and developing communications for CPWD.

Twenty Grants Applied for a total of: \$640,585

Fourteen Grants Received for a total of:  
\$332,389

Other Fundraising Activity included \$5,340 from Colorado Gives Day

### *Marketing and Communications*

The Development Department has continued to work with all the programs to create and distribute effective marketing and outreach materials, including: Fliers for events, Program-specific brochures, Overall agency brochures in English and Spanish, Web marketing, advertising and outreach

CPWD produced an annual report again this year, highlighting programs, significant accomplishments, success stories and financial position.

### *Outreach Events/Collaborations/Networking*

Staff attended several outreach events that increased CPWDs visibility. Below are some of the highlights:

### *Programs and Services*

#### *Youth Services*

In collaboration with the Main Street School, CPWD taught a 6-session class on Living Well with a Disability (LWD) to 10 transition students' ages 18 to 22 years old. CPWD staff modified the LWD curriculum to meet the needs of the students. Since most of the students in the class were identified as having Intellectual



Disabilities, CPWD created classes that were more concrete than the original format, while still focusing on building self-advocacy skills and creating and meeting goals.

The school was delighted with the class and CPWD is on track to teach another class in 2017.

Staff took part in an Interagency Team Meeting that will continue to meet 3 times a year. The team is comprised of agencies and schools and is intended to offer the team the most pertinent information and resources affecting youth with disabilities.

Staff also attended “Youth In Transition” meetings intended to celebrate the accomplishments of youth in Boulder County and keep abreast of issues affecting youth with and without disabilities.

Staff offered a focus group to Monarch High School’s transition class to find out exactly what they would like CPWD to offer to youth. Youth informed CPWD of classes and excursions they would have interest in partaking in. CPWD remains in contact with the teacher who facilitates this class.

One CPWD staff member completed the Living Well with a Disability class. Staff had numerous other meetings with schools and School to Work Alliance Programs about how they too can coordinate services. Staff also attended evening programs that promote youth services throughout Boulder County and the St. Vrain Valley. Staff promoted CPWD’s services and made numerous connections to other agencies and schools that serve youth with disabilities.

## *Transition Services*

CPWD receives funding for several Medicaid services through Colorado Choice Transitions, which is a waiver based services. These services include Extended Transition Services, Independent Living Skills Training, and Peer Support.

Staff successfully assisted two (2) individuals to transition out of nursing facilities back into their communities. One gentleman, who successfully transitioned, is monolingual Spanish speaking. The Single Entry Point (SEP), known as ACMI of Boulder County, refused to hire a Spanish speaking case manager so that he could receive the same intensive case management services offered through the Colorado Choice Transition (CCT) program that other consumers regularly receive. CPWD transition staff, who do speak Spanish, offered him these services.

Because of our commitment and demonstration of quality transition services, Health Care Policy and Financing made CPWD part of a Pilot Project (this is an invitation only pilot project), called Extended Transition Services (ETS). Most importantly, now the monolingual Spanish speaking consumer was able to transition into the community through CPWD.

In October a consumer was set to move into his own fully wheelchair accessible apartment when the services with a home health agency fell through. It is now clearly identified that Boulder County is in need of home health services for consumers who can live on their own and have higher medical needs, such as 2 transfers a day. He still remains in the facility he was trying to leave, as does another woman

with similar needs. Staff continues to advocate strongly on their behalf and with them to find home health agencies that will provide good services to them.

The Transitions Manager is a nationally recognized expert in transitioning people out of nursing homes. This expertise has led to being a national trainer in the past. She has been recruited to again provide a national training with the Independent Living Research and Utilization (ILRU) on Independent Living Skills Training and Nursing Facilities Transitions, which will be presented in January 2017.

### *Beyond Vision*

The Center for People With Disabilities (CPWD) has followed a proven method of implementation that consists of peer groups in multiple counties as well as one-on-one in-home independent living skills training. These have been in the areas of assistive technology (our current number one request), orientation and mobility, and communication. We also provide numerous information and referrals with follow-up.

With the one-on-one services a goal is established by the consumer, this is also in accordance with the Standards and Indicators of a Center for Independent Living for the consumer controlling their services. An independent living plan is developed where it specifies how the goal is to be achieved via action steps. Progress notes are maintained to demonstrate how the goal is progressing.

This year the Beyond Vision assisted almost 500 individuals who were blind or visually impaired. Their focus was on assistive technology devices, peer support services, independent living skills training, peer support, and Independent living and adjustment training.

In addition, our Beyond Vision team has worked hard to reach underserved and unserved populations. We serve rural, mountain communities and have focused efforts with service organizations that are within those communities in order to build trust and demonstrate our commitment to those who reside there. We have participated in community events (such as service fairs) and in-person meetings (such as service organization meetings). We have continued to focus our community events to larger audiences, and where we can best reach older adults or their caregivers.

Consumer satisfaction assessment of the program continues to be high. We had 56 surveys returned with our most recent satisfaction surveys. Of those, 77% indicated the services they have received help them acquire new skills; 94% indicated they have learned about low vision resources; 72% indicated that they have improved independence and 60% indicated they feel more connected with the community.

Comments indicated consumers were overall satisfied with locations being one of the most noted as a suggested improvement with 62% rating the knowledge of the staff at the highest rating.

Monthly programmatic reports must include both outcomes and impacts.

The biggest challenge of the program has been the fluctuation in funding level to individual programs over the past few years. In particular, the loss of the OIB grant that we have held for decades has presented staffing challenges.

Our biggest need that poses a problem due to decreased funding, is the high demand for technology training. Older Americans who are suddenly with either partial, or complete, vision loss recognize that current technology can prevent them from maintaining their life in the community of their choice. We are looking at “train-the-trainer” trainings that are low or no cost in order to bridge that gap.

### *Employment*

The core of the CPWD Employment Program continues to be skills training to independently acquire and maintain a job. This training includes career exploration, goal setting, resume development, drafting of cover letters, professional communications, mock interviews, tips for online job search, application review, job site visits, accommodations planning, and follow-along support.

Consumers include referrals from the Division of Vocational Rehabilitation, active participants in the federal Ticket to Work program, referrals from community partners, and walk-ins. With being an Employment Network (EN) with the Social Security Administration we have served more Ticket to Work Consumers this year and as a Partnership Plus participant with Department of Vocational Rehabilitation. CPWD

has been participating in the LEAN project, an implementation and process improvement team, to strengthen the partnership between State Employment Networks (EN), Department of Vocational Rehabilitation, and consumers which will provide a smoother and more educated handoff of consumers from DVR to EN.

CPWD now has a Certified Community Partner Work Incentive Counselor "CWIC" who provides in-depth benefits counseling to assist consumers in making an informed decision about work, the effect work will have on their medical, cash and public benefits such as SSI, SSDI, Medicare, Medicaid, subsidized housing and food stamps, as well as the work incentives available to them so they will not lose medical benefits while working. This knowledge has empowered consumers and has brought a sense of control they once feared due to the overwhelming amount of information and complex system.

This year the Employment program met and exceeded its goal of participating in several Job Fairs which included being part of the self-sufficiency employment work group committee for the first Annual Adams County Job/Resource fair and served as the leader for Assistive Technology, providing accurate and updated equipment for participants.

CPWD participated in Disability Employment Awareness Month #InclusionWorks to educate businesses of the benefits in hiring people with disabilities. The month of October CPWD received a proclamation from the City of Thornton and City of Longmont, distributed

packets of information to businesses, schools and the community explaining the benefits, success stories and provided educational materials of the important message that people with disabilities are equal to the task and how building an inclusive community will help build a strong economy. The theme was: "Inclusion works throughout the year".

This year's job club had several guest speakers with 100% turnout.

Speakers included: American Disability Act (ADA), Equal Employment

Opportunity Commission (EEOC), and a few past consumers who talked of their successes.

Business and Community Partnerships continue to expand.

### *Specialized Day Program*

CPWD's Independent Living Program (ILP) is the only Elderly, Blind and Disabled (EBD) Medicaid Waiver program that can be billed in Colorado. Consumers range in age but are predominately young adults. The ILP is considered a "day program" in which consumers learn real life skills as well as participate in recreational activities.

One of the most prominent opportunities to learn independent living skills has been through CPWD's accessible kitchen. Along with an Independent Living Skills Instructor, consumers learn food preparation and cleanup. Many times this starts with submitting an idea for a meal, finding the recipes and assisting the ILSI with the meal preparation. They would then provide a shopping list of all ingredients needed and

would assist in preparing it. The overall plan was to engage consumers in the kitchen and to have them take pride in their recipes. It is also an advantageous way to incorporate new foods that consumers may have been reluctant to try.

In addition to many skills training activities that take place onsite, consumers attend outdoor and offsite excursions. This is mainly possible due to having an accessible bus which the consumers' affectionately call "The Party Bus". These excursions promote personal fitness, outdoor safety and social opportunities in an integrated setting.

### *Personal Assistance Services Department*

CPWD is one of two Colorado CILs that implements the PAS program. We provide services in the counties of Boulder and Larimer. We have researched expanding our program into other counties. Outreach has included provider fairs in our region and working with Adult Care Management Incorporated (ACMI) and Imagine! , our primary referral sources. Staff training is also completed throughout the year to stay up-to-date on regulations, emergency preparedness, etc.

The PAS Department has as part of their mission that "all people are entitled to the freedom to make choices and the right to live independently in the community". Barriers, both physical and in attitude, restrict these rights of people with disabilities, causing a reduction of self-esteem and in community diversity. A support network which emphasizes personal empowerment and dignity is the key for individuals with disabilities in the process of claiming control over their lives. CPWD



provides the resources, information and support necessary to challenge and alleviate barriers to independence.

The PAS Department also encourages consumers to participate in the home care program that best fits their lifestyles (i.e., CDASS, IHSS or conventional home care). We continue to assist some of our consumers in guiding them through the Medicaid system in order to obtain the program of their choice.

In keeping with the CIL philosophy, the PAS Department has focused efforts this year on expanding the IHSS (In Home Support Services) program, which is a consumer directed program. We have seen a 133% growth in IHSS with an anticipation of equal or greater growth of this program in the coming year.

Annually PAS completes satisfaction surveys for HCBS and/or skilled services.

PAS employs a variety of skilled and unskilled staff. Skilled include Registered Nurses and Certified Nursing Assistant's (CNAs). Unskilled include Homemakers (HMK), Personal Care (PCP), Health Maintenance Attendants (HMAs) and Relative Care Providers (RCPs).

Skilled staff perform medically oriented services such as setting up medications, giving injections and wound care, as well as personal care requiring a certified nurse aide. Unskilled staff focus on services involving chores around the home such as cleaning, laundry and shopping and giving verbal prompts in care without physical assistance.

All consumers admitted to PAS must have a permanent disability. We have served a myriad of consumers with multiple disabilities. The PAS department will accept any disability as long as we are able to provide necessary care needed per the consumer's plan of care.

### *Unserved/Underserved*

#### *Homeless Population*

We have seen an increased need with the homeless community—in particular youth within families that are homeless. In the St. Vrain School District alone there is over 300 reported youth who are homeless.

Staff have been involved with several outreach and collaborative efforts.

#### *Hispanic Population*

CPWD has a Bi-Cultural Independent Living Advisor that has been overwhelmed with the need for the Hispanic community. In addition to having several consumers, staff have found many opportunities for collaboration and education. Staff have only been able to concentrate on the Longmont Colorado and Boulder County area, but there is also a demand for this service in our Adams and Jefferson County service area.

CPWD has completed many outreach and collaborations this year

#### *Mental Health Population*

One of the largest under-served populations in those with mental health disabilities. While the community mental health organizations do an excellent job of providing mental health assessments and services, there has been

found to be a gap for those individuals who do not want to go to a community mental health agency—much like those who want employment, but do not want to go through DVR. We continue to outreach and have collaborations within the community.

### 6.1.2 Challenges

**Describe any substantial challenges or problems encountered by the CIL, and the resolutions/attempted resolutions. \***

None.

### 6.1.3 Comparison with Prior Reporting Year

**As appropriate, compare the CIL's activities in the reporting year with its activities in prior years, e.g., recent trends. \***

None.

## 6.2 Work Plan for the Year Following the Reporting Year \* - Required field

### 6.2.1 Annual Work Plan

**List the CIL's annual work plan goals, objectives and action steps planned for the year following the reporting year. \***

Goal 1: Increase the Center for People with Disabilities awareness and resource base through fund development, networking, collaboration, and outreach.

Objective 1: Increase CPWD revenue base

Action Steps: Determine fundraising activities and implement as needed; Research appropriate grants and apply; Implement plan to increase donor base

Objective 2: Coordinate Disability Awareness Events

Action Step: Locate partners and, with those partners, develop and hold events

Objective 3: Conduct outreach and disability awareness presentations/events

Action Steps: Develop and implement a strategic plan of outreach; Conduct follow-up

Objective 4: Maintain presence on committees, Boards of Directors, coalitions, etc.

Action Steps: Develop a comprehensive list of staff involvement on committees, Boards of Directors, etc; Develop a list of potential committees, Boards, etc. and apply.

OUTCOME: CPWD will have a solvent financial position; the community will see CPWD as the preeminent service provider and resource for people with disabilities.

Goal 2: Increase core and programmatic service participation

Objective 1: Increase involvement in the five (5) core services (including transition opportunities for youths and those in institutions (such as nursing facilities or group homes).

Action Step: Incorporate outreach from Goal 1

Objective 2: Increase outreach to unserved and underserved people with disabilities

Action Step: Develop and implement strategic outreach plan

Objective 3: Maintain presence at the capital and increase visibility of CPWD with local, state, and national representatives

Action Steps: Coordinate with other Centers for Independent Living on legislative issues; Executive

Director will develop list of priorities in coordination with the Board of Directors; Staff will meet regularly with local, state, and national representatives on issues pertaining to people with disabilities; CPWD staff and consumers will attend rallies, events, etc. that draws attention to issues pertaining to people with disabilities; CPWD staff and consumers will testify as requested and appropriate

Objective 4: Increase employment opportunities for people with disabilities

Action Steps: Outreach to businesses; Implement outreach from Goal 1

OUTCOME: People with disabilities will have the information they need to make informed choices, as well as be empowered to make those choices.

#### 6.2.2 SPIL Consistency

**Explain how these work plan goals, objectives and action steps are consistent with the approved SPIL.**  
\*

The State Plan for Independent Living identifies 3 goals that they seek to accomplish with the assistance of the ten Colorado Centers for Independent Living. They are as follows:

Goal 1: Identify disability populations hubs

Goal 2: Increase capacity for Centers to provide services

Goal 3: Increase involvement of youth in Independent Living

As demonstrated throughout CPWD's Workplan Narrative these goals are consistent with our goals and services.

## Section 7. Other Accomplishments, Activities and Challenges \* - Required field

**Describe any additional significant accomplishments, activities and/or challenges not included elsewhere in the report, e.g. brief summaries of innovative practices, improved service delivery to consumers, etc. \***

None other than what was described in the narrative.

## Section 8. Training and Technical Assistance

### 8.1 Training and Technical Assistance Needs \* - Required field

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| <b>Training And Technical Assistance Needs</b> |
| <b>Advocacy/Leadership Development</b>         |
| <b>General Overview</b>                        |
| <b>Community/Grassroots Organizing</b>         |
| <b>Individual Empowerment</b>                  |
| <b>Systems Advocacy</b>                        |
| <b>Legislative Process</b>                     |

**Training And Technical Assistance Needs****Applicable Laws****General overview and promulgation  
of various disability laws****Americans with Disabilities Act****Air-Carrier's Access Act****Fair Housing Act****Individuals with Disabilities  
Education Improvement Act****Medicaid/Medicare/PAS/waivers/long-  
term care****Rehabilitation Act of 1973, as  
amended****Social Security Act****Workforce Investment Act of 1998****Ticket to Work and Work Incentives  
Improvement Act of 1999****Government Performance Results  
Act of 1993****Assistive Technologies**

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| <b>Training And Technical Assistance Needs</b>      |
| <b>General Overview</b>                             |
| <b>Data Collecting and Reporting</b>                |
| <b>General Overview</b>                             |
| <b>704 Reports</b>                                  |
| <b>Performance Measures contained in 704 Report</b> |
| <b>Dual Reporting Requirements</b>                  |
| <b>Case Service Record Documentation</b>            |
| <b>Disability Awareness and Information</b>         |
| <b>Specific Issues</b>                              |
| <b>Evaluation</b>                                   |
| <b>General Overview</b>                             |
| <b>CIL Standards and Indicators</b>                 |
| <b>Community Needs Assessment</b>                   |
| <b>Consumer Satisfaction Surveys</b>                |
| <b>Focus Groups</b>                                 |



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| <b>Training And Technical Assistance Needs</b>    |
| <b>Outcome Measures</b>                           |
| <b>Financial: Grant Management</b>                |
| <b>General Overview</b>                           |
| <b>Federal Regulations</b>                        |
| <b>Budgeting</b>                                  |
| <b>Fund Accounting</b>                            |
| <b>Financial: Resource Development</b>            |
| <b>General Overview</b>                           |
| <b>Diversification of Funding Base</b>            |
| <b>Fee-for-Service Approaches</b>                 |
| <b>For Profit Subsidiaries</b>                    |
| <b>Fund-Raising Events of Statewide Campaigns</b> |
| <b>Grant Writing</b>                              |
| <b>Independent Living Philosophy</b>              |

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| <b>Training And Technical Assistance Needs</b>                      |
| <b>General Overview</b>   |
| <b>Innovative Programs</b>  |
| <b>Best Practices</b>   |
| <b>Specific Examples</b>  |
| <b>Management Information Systems</b>                               |
| <b>Computer Skills</b>  |
| <b>Software</b>   |
| <b>Networking Strategies</b>  |
| <b>General Overview</b>   |
| <b>Electronic</b>   |
| <b>Among CILs &amp; SILCs</b>                                       |
| <b>Community Partners</b>   |
| <b>Program Planning</b>   |
| <b>General Overview of Program Management and Staff Development</b> |

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| <b>Training And Technical Assistance Needs</b>                |
| <b>CIL Executive Directorship Skills Building</b>             |
| <b>Conflict Management and Alternative Dispute Resolution</b> |
| <b>First-Line CIL Supervisor Skills Building</b>              |
| <b>IL Skills Modules</b>                                      |
| <b>Peer Mentoring</b>   |
| <b>Program Design</b>   |
| <b>Time Management</b>  |
| <b>Team Building</b>  |
| <b>Outreach to Unserved/Underserved Populations</b>           |
| <b>General Overview</b>                                       |
| <b>Disability</b>   |
| <b>Minority</b>   |
| <b>Institutionalized Potential Consumers</b>                  |
| <b>Rural</b>  |

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| <b>Training And Technical Assistance Needs</b>          |
| <b>Urban</b>  |
| <b>SILC Roles/Relationship to CILs</b>                  |
| <b>General Overview</b>                                 |
| <b>Development of State Plan for Independent Living</b> |
| <b>Implementation (monitor &amp; review) of SPIL</b>    |
| <b>Public Meetings</b>                                  |
| <b>Role and Responsibilities of Executive Board</b>     |
| <b>Role and Responsibilities of General Members</b>     |
| <b>Collaborations with In-State Stakeholders</b>        |
| <b>CIL Board of Directors</b>                           |
| <b>General Overview</b>                                 |
| <b>Roles and Responsibilities</b>                       |
| <b>Policy Development</b>                               |

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| <b>Training And Technical Assistance Needs</b>   |
| <b>Recruiting/Increasing Involvement</b>         |
| <b>Volunteer Programs</b>                        |
| <b>General Overview</b>                          |
| <b>Optional Areas and/or Comments (write-in)</b> |

## 8.2 Additional Information

\* - Required field

**Provide additional information, comments, explanations or suggestions not included elsewhere in the report \***

None.

## Section 9. Signatures

**NAME OF EXECUTIVE DIRECTOR\*** Maria Stepanyan



**I certify that the information provided in this report is true, complete and accurate to the best of my knowledge.**



**As the Executive Director, I certify that the Board has reviewed and given approval for submission of this report.**

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