



ANNUAL PLAN FY 2015-2016

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ENVISION MISSION:

Envision’s mission is to enhance the quality of life for persons with developmental disabilities in Weld County, Colorado.

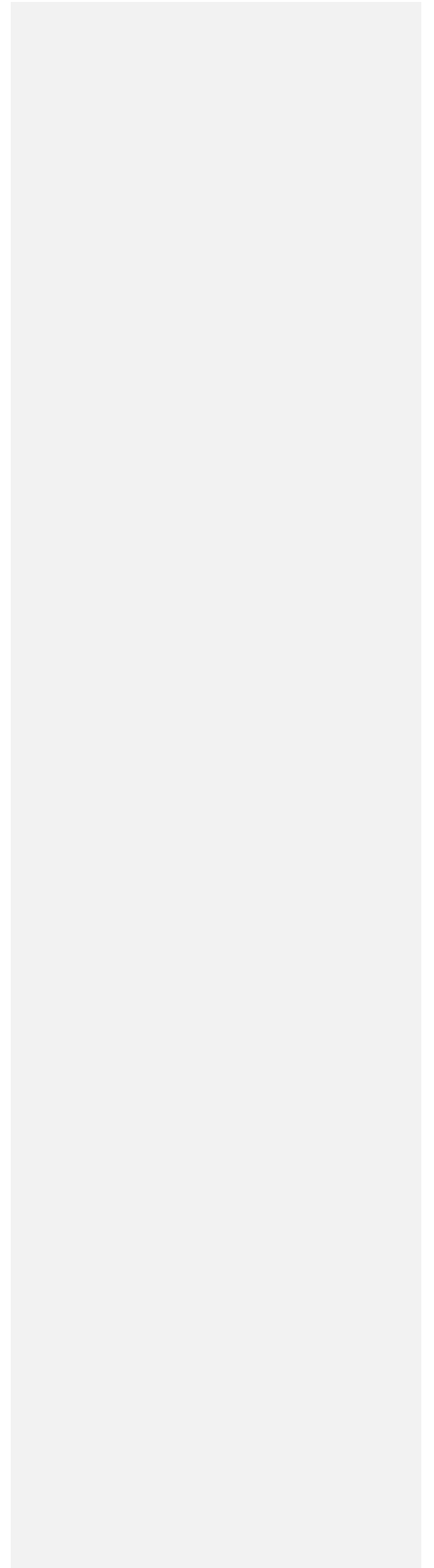
ENVISION VISION:

Envision will be recognized as a passionate and collaborative agent of change, promoting understanding, awareness and inclusion of people with developmental disabilities. We are committed to sustainable and innovative programs and practices to make a positive difference in the lives of all people in our community.

ENVISION OPERATING OBJECTIVES:

Envision will:

- Collaborate with individuals, families, friends and community partners to coordinate quality, individualized services in a dedicated manner that provides choices and effective use of resources;
- Provide advocacy and support for a myriad of life activities that assist persons with developmental disabilities to reach their maximum potential;
- Provide services that promote inclusion, dignity, pride, self-worth and independence to foster a sense of belonging.



ACCOMPLISHMENTS FOR FISCAL YEAR 2014-2015

Adult Case Management:

- Created two lead positions in the Adult Case Management Department to provide more comprehensive training and support to case managers
- Hired a full time bilingual case manager
- Created a structured referral process for Supported Living Services (SLS) enrollments in order to complete the enrollment process utilizing more person centered practices
- Hosted two provider fairs (fall and spring) for people enrolling into SLS
- Effective 5/1/15 completed enrollment for 38 of 50 people receiving new SLS resources and are on target to complete the remaining 12 enrollments by 6/30/15
- Collaborated with the Speech Language Department at University of Northern Colorado on an assessment project resulting in diagnostic teaching sessions and recommendations for therapeutic session to assist participants with improved communications
- Improved processes and communications with local Division for Vocational Rehabilitation for people exiting DVR wait list status resulting in successful job placements and opportunities for individuals
- Partnered with Arc of Weld County and the local Sexual Assault Victims Advocacy organizations to implement Project Illumination, a program that promotes efforts for social skills training, specifically victimization of abuse, to individuals with intellectual and developmental disabilities
- Partnered with North Range Behavioral Health to have a therapist housed at Envision to provide therapeutic services to people with intellectual and developmental disabilities

Children's Case Management

- Effective 4/30/15 completed enrollment for 17 children into Children's Extensive Supports (CES) waiver bringing total enrollment to 52 children with 8 enrollments in process and 10 referrals in process
- Increased CES case management positions from 1.5 to 3 full time staff
- Met or exceeded all state indicators in Early Intervention services
- Created new positions in Early Intervention to include a trainer and a provider liaison
- Increased Early Intervention case management positions from 7 to 10 full time staff
- One Early Intervention case manager completed Routines Based Interview train-the-trainer qualifications
- Trained all Early Intervention staff in completing Standardized Family Assessments
- Formed Blue Print Partnership in collaboration with Project Launch in the Early Intervention program
- Participated in two state workgroups – the Fiscal Cohort Advisory Team and the Office of Early Childhood/Alliance Task Force

Community Centered Board/Administration

- Successfully completed first 18 months of Person Centered Thinking (PCT) training and processes in becoming a Person Centered Organization
 - Person Centered Thinking training
 - required for every employee position and completed within 90 days of hire date
 - scheduled at Envision quarterly for internal and external participants
 - provided through contractual agreement for two other community centered boards at their locations
 - Established monthly Lunch and Learn sessions offering opportunities to practice and utilize tools and skills
 - Person Centered Organization
 - Four employees attained trainer certification
 - Coaches group is self directing half of their semi-monthly sessions
 - Leaders/coaches group meets semi-monthly, discuss and process information to determine improvement and/or changes in practices and policies within the organization in order to fully implement person centered principles
 - Established a “Success Wall” to highlight successes with PCT/PCO
 - Updated all training curriculum to reflect person centered principles and language
- Conducted second annual 5K In My Shoes fund raising event

Program Services Accomplishments

- Decreased use of paper and copying by utilizing Therap more effectively:
 - Annual and amended service plans filed on shared network
 - All Medical paperwork scanned and attached in Therap
 - Quarterly staff meetings completed as a slide show instead of printing handouts; staff not able to attend have the presentation sent through an S-COMM in Therap to obtain the information
- Revised interview questions for three positions
- Developed a Family Support Council training manual and trained FSC members
- Updated training manuals for the Crew Supervisor and Art Program Facilitator and trained all staff
- Created a new Art Program brochure
- Hired a third Crew Supervisor to help meet the demands of the growing Work Crews
- Purchased new work vests for the Work Crew members
- Changed the format in responding to RFPs to align with PCT practices
- Received approval from HCPF to provide additional services in SLS:
 - Respite
 - Homemaker
 - Mentorship
- Opened a new PCA (with people currently supported) which made more residential options available to people and choices for people needing emergency respite

**NEEDS DETERMINATION OF ELIGIBLE PERSONS IN WELD COUNTY
AND PLAN TO ADDRESS THE IDENTIFIED NEEDS**

Increase in State-determined rates for people currently enrolled in and receiving services

Envision is dependent upon the State Legislature, the Department of Health Care Policy and Financing/Office of Community Living/Division for Intellectual and Developmental Disabilities (HCPF/OCL/DDD), and the Department of Human Services/Office of Early Childhood/Early Intervention Colorado (DHS/OEC/EICo) for adequate and equitable funding to provide services to people with intellectual and developmental disabilities/delays who are eligible for and receiving services in Weld County. It is unrealistic to believe that in the foreseeable future Envision will have the ability to attain a long-term, ongoing source of local revenue that would be sufficient or adequate to positively impact our ability to provide long-term, ongoing services to more people in Weld County than are allowed through our current contracts with the State of Colorado.

Different Models of Service/Providers of Services

We know that Colorado is in the process of Medicaid Waiver Redesign for the IDD system and from the information released to date by HCPF; we believe that the redesign has potential to positively impact people receiving services. There is also potential that people identified with very high needs may find they are unable to access funds great enough to meet those needs because there will not be an unlimited amount of funds available. Since little is known at this point about the actual redesigned waiver, we continue to experience difficulties with the waivers currently in existence

Not everyone requires the ongoing support of the SLS or DD waiver programs. Some individuals may need occasional assistance to connect with services within the community, in a time of crisis or to help with more challenging tasks such as housing or benefits application, but do not need daily or even monthly assistance. The availability of a funded Case Management or Community Liaison position would provide the occasional and time-limited assistance needed, freeing up waiver services for other people with greater, ongoing needs.

For individuals requiring less support than customarily provided in the SLS or DD waiver programs, Envision currently employs two Intake/Waiting List Case Managers who assist individuals as needed during intake, connecting them to other existing community services, and when a crisis occurs. For people needing more assistance than what the CM can accomplish with extremely limited time available, Envision will enroll some individuals into State SLS if there are sufficient dollars available to do so. We continue to serve more individuals in State SLS than required by contract. We continue to encourage DIDD-HCPF to consider allowing for and funding different types or levels of case management services to better meet the needs of a growing number of individuals.

Envision continues to seek new providers, encouraging new and existing providers to expand their ability to provide services or consider providing different types of services. We will continue working with community groups to further develop “natural” support systems for individuals. Envision is partnering with the local mental health center, North Range Behavioral Health (NRBH), and a full time NRBH therapist with IDD experience is located at Envision and available to provide therapy to individuals with IDD and provide consultation with staff. We believe this arrangement is helping to build relationships

and understandings that lead to better services overall for individuals with co-occurring IDD and mental illness (MI).

An ongoing unmet need in Weld County is for resources or service models to address the needs of individuals with criminal behaviors, to help contain and provide re-training to change criminal behavior. Although this is not a large population, when there is a referral for services for an individual with criminal issues, it is a struggle to locate appropriate services. Currently there are no program approved service agencies (PASAs) in Weld County that are providing this model of service. It is difficult to build understanding with the greater community regarding the limitations of IDD services and the need for cooperative services with probation, mental health/substance abuse, and human (social) services, as well as with the judicial system.

Respite Care Services

Respite care services are in high demand in Weld County. Envision uses a large portion of Family Support Services program (FSSP) dollars to assist families with their respite care needs. Envision has been successful in obtaining local dollars through United Way of Weld County to help eligible families with costs of respite care. Envision will continue to seek local sources of revenue through grants or donors to assist in addressing respite care for eligible families and collaborate with other community entities that have similar purpose.

In addition to the need for revenue, our area is in great need of qualified providers to provide respite to children in waiver services. With the end of the waiting list for the Children's Extensive Support waiver, Envision is constantly seeking respite service availability for families. Many program approved service agencies (PASAs) in Weld County offer the services but frequently are unable to provide it due to the low reimbursement rate to cover the costs, including the inability to hire individuals to deliver the services. As the community centered board, we continually encourage PASAs to develop and deliver these critical services to families.

Medical Providers for Dental Services and Medical Primary Care Services

Envision has built sustainable relationships with over 100 dentists in Weld County and surrounding areas. Meanwhile, we have always struggled to find dentists who are willing to both bill Medicaid and to serve adults with intellectual and developmental disabilities, creating great difficulty when an individual requires emergency tooth extraction and/or sedation dentistry. There are some dentists willing and able to provide those services, but typically there are long waits for care. The move to Medicaid dental benefits for the first \$1000 of dental care occurring July 1, 2015 provided additional funds for dental care for people as long as they receive the care from dentists enrolled with Medicaid. This causes great concern because there are not a great number of Medicaid dentists in Weld County. That means that many individuals in Weld County could be waiting months for dental care, potentially creating risk for encountering additional health and behavioral (communication of pain) challenges. Although we have been assured that HCPF is working to on recruit dentists to accept Medicaid for providing dental services to adults with IDD, it does not engender confidence as the current list does not include many of the dentists who were previously providing the service. The alternative solution is for individuals to forego the \$1000 dental benefit, receive dental care from a non-Medicaid dentist and private pay for their dental care.

Primary care medical providers who accept Medicaid have always been difficult to find due to high demand in Weld County. With the advent of the RCCO ostensibly enrolling greater numbers of providers, it appears promising, but in practice we often find that physicians are already at their limits for Medicaid patients, and are not accepting new patients. A clinic in Weld County that readily accepts Medicaid is a teaching program for new residents and an option for people seeking medical services. Unfortunately, with residents rotating through, it is difficult to establish a relationship with a primary care provider (PCP) when you are seeing whatever resident is available for the appointment. The only option to see the same medical professional repeatedly and establish a relationship is to choose to see a Nurse Practitioner instead of a physician. That does work for many people if they do not have complex medical needs.

We have already begun and will continue to talk to dentists to encourage them to consider becoming Medicaid providers, even if only to maintain their current patients. Likewise, we meet regularly with the Regional Care Collaborative Organization (RCCO) to address difficulties people have with finding physicians, and will continue to do so. We have a physician, a nurse practitioner, and a RCCO care management director on our Board of Directors, and will continue to exploit those relationships to try to find dentists and PCPs when needed.

More local providers for Early Intervention (EI), Children's Extensive Supports Waiver (CES) and Children With Autism (CWA)

A significant increase in referrals to the EI program in Weld County has resulted in more children being found eligible. Because of this growth, a greater number of providers of EI services are needed to provide families with choices of who provides their services. Along with that, Envision is working to ensure there are providers willing and able to bill multiple funding sources.

The CES program in Weld County has grown in fiscal year 14-15 with 52 children enrolled, 8 in process and 10 referrals effective 4/30/15. Resources are available to enroll children as soon as they are found eligible. By close of fiscal year 14-15, we anticipate up to 80 children being enrolled and receiving services. This growth has created a need for more providers of CES services in order to offer families choices of who provides those services.

The CWA program has not grown in fiscal year 14-15; however, legislation has been introduced to end the wait list for this program in fiscal year 15-16 and expand the program for children up to 8 years of age. That legislation is expected to pass so we anticipate enrollments to increase. We are concerned that there are very few providers in our area approved to provide services for the CWA waiver with most of them being located in the Denver metro area. They have limited time or choose not to travel to Weld County to provide the services.

We plan to do frequent outreach in the community to communicate the need for more providers to serve families in Weld County. We have posted the need on craigslist for EI providers and will continue to utilize those types of posts to secure providers. We discuss these needs at local events and community gatherings that professionals attend in our county and plan to continue those efforts.

Employment for People Supported

Employment for people with intellectual and developmental disabilities (IDD) continues to be a significant challenge in Weld County. In spite of the improving economy and even with the arrival of new employers in Weld County specifically related to the oil and gas industry, there has not been a significant increase in individual community employment for people with IDD. Many of the jobs that are available in our community require specific skills and certifications to perform. People supported who seek assistance to obtain a job and acquire the skills must be referred to the Division of Vocational Rehabilitation (DVR) for assistance. Fortunately Envision has a very good working relationship with DVR in Weld County and the DVR staff assigned to work with us are very responsive and knowledgeable. DVR no longer has a waiting list for people to receive their assistance with employment and we are hopeful that will positively impact people with IDD. Overall, employment for people with IDD has increased in Weld County; however, the majority of the new workers are in enclaves. A number of staff people participate in the State Employment Leadership Network (SELN) trainings that are offered through the Division for Intellectual and Developmental Disabilities (DIDD). Additionally Envision has memberships with all local Chamber of Commerce organizations and staff participates in events that promote employment for people supported and to network with the business community.

Services for Transition-Age Adults

Transition-age adults often have a greater need for services than do adults who have been on waiting lists long-term. Families who have been waiting for longer periods of time have found ways to make things work for their family that results in them having less need for services when a resource is offered. Families with young adults often work outside the home and do not have the support to provide the services to their young adult who may have higher supervision or care needs; after their adult child finishes school, frequently there is not a safe place for them to be during the day while the parents or family are working. The minimum dollars the individual may receive from SSI, or other sources, is not adequate to cover costs for the services an individual may need. This can create a potential crisis when parents take risks and leave the individual at home without the supports they need. On the other hand, individuals who appear to be more capable may be at risk due to lack of structure in their day. They may find themselves developing negative habits or relationships and/ or becoming involved in activities that they find more interesting than pursuing employment or volunteerism.

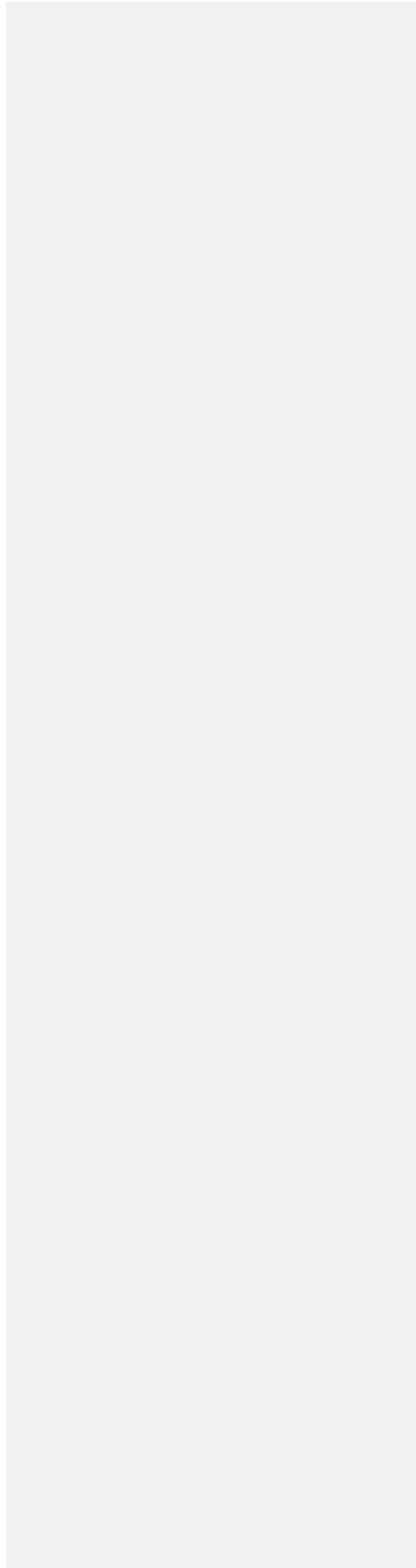
The increase in SLS resources has been very helpful in offering and providing services to many of the transition-age adults. Case managers continue to serve on local school transition teams encouraging the development of employment and participation in SWAP while the student is completing school. Case managers will continue to assist families and individuals to connect to other resources they may qualify for in the community that may be more beneficial for them, including referring them to HCBS-EBD waiver services, Home Care Allowance, Home Health Services and other options.

A gap or lack of information for people transitioning into adulthood and their families exists in how to navigate benefits (social security, Medicaid, etc.) and frequently cause delays in enrollment processes. Case managers often spend many hours of non-billable time helping with these processes. The Social Security Administration office in Weld County operates on limited hours and no longer has the time available to provide detailed assistance to individuals who may require that. Additionally, the local

Department of Human Services has changed some of their processes which have lead to inconsistencies with their turn-around time certifying Medicaid.

Public Transportation

Public transportation within the Greeley-Evans area does exist through Greeley-Evans Transit (GET); however, the times of operation, route patterns and frequencies are limited during nights and weekends. The cities of Greeley and Evans area have continued to grow in every direction and while GET has grown also, they have not expanded adequately to meet all of that growth. Public transportation in Weld County outside of the Greeley-Evans area is virtually non-existent for people with intellectual and developmental disabilities and their families. Envision participated in local and regional transportation groups that meet regularly to discuss county-wide transportation needs, but little progress has been made. Past efforts to improve transportation in the county have met with little success and have been short-lived. Key Envision staff will continue to participate on local and regional transportation groups and will encourage people supported, their family members, and staff from other Weld County provider agencies to participate.



SYSTEM ISSUES IMPACTING OR EXPECTED TO IMPACT WELD COUNTY

Conflict Free Case Management

With HCPF working towards assuring that Colorado's Medicaid waiver programs meet the intent of the CMS rules, specifically Title 42, Chapter IV, Subchapter C, Part 441, Subpart G, 441.301(c)(1)(vi), HCPF is still undecided in determining how Colorado will come into compliance to meet requirements for conflict free case management. With conflict free case management having been studied multiple times over the years, suggestions have been made that the current system works, but may require reinforced firewalls in some circumstances, or people should be able to choose case management from any of the current single entry points, or some other option may be made available. What has been studied more recently has been limited to Targeted Case Management (TCM) functions with no consideration given to the other case management/administrative functions required of and performed by community centered boards. Separation of TCM and services delivery versus separation of direct service provision from a community centered board as the case management agency are two very different matters. As the options are weighed and decisions are made, the overall structure of the community system for IDD services could shift somewhat or we could see enormous changes. As stated above, it would be highly beneficial to have clear communication from HCPF on their thinking related to the future role of CCBs.

Waiver Redesign

Legislation introduced this year by the Joint Budget committee calls for redesign of the adult Medicaid waiver services for people with intellectual and developmental disabilities (IDD). The redesign is required to be based on person centered principles and practices intended to better address all life domains for people supported. This type of waiver will be a welcome change from the structure of the HCBS-DD and HCBS-SLS waivers that are currently operated in Colorado. The structures of the two current waivers do not promote creativity of service, often do not efficiently or effectively meet the needs of people supported. The recent report released by Health Care Policy and Financing (HCPF) from the Redesign Workgroup provides recommendations for the design of a new waiver and clearly defines the services to be available. HCPF is seeking stakeholder input and will respond to recommendations from the Workgroup and stakeholders. It is presumed that that information will be used in developing a waiver application that will be submitted to federal Centers for Medicare and Medicaid (CMS) for approval. All community centered boards (CCBs) along with the entire state service provision network will be significantly impacted in the overall redesign of the Colorado IDD system. For now its business as usual as we begin to strategically think through what the changes might mean for the people we support and their families and how we can best support them through what could be very significant changes in their lives. It would be highly beneficial to have clear communication from HCPF on their thinking related to the future roles of CCBs.

Funding

Essentially funding drives our ability to address all issues. Specifically problematic is funding at a rate that is adequate to cover reasonable expenses incurred in fulfilling contractual obligations as the

community centered board (CCB). We have seen rates increased for targeted case management and for services provided to people with intellectual and developmental disabilities but even those increases have not restored a previous level nor have they offset the rising costs of providing quality, individualized services to the people receiving supports through the CCB system. Requirements continue to increase. There has been virtually no relief in sight for funding the growing administrative functions of the CCB. Those unfunded or underfunded functions are basic to the operation of a very complex business system that is held highly accountable for the use of federal, state and local funds.

Legislative Action to Address the HCBS-DD Wait List

With new legislation passed during this session, there must be full commitment on the part of the State Legislature to appropriate funds for more people with IDD to receive services and for the Department of Health Care Policy and Financing/Office of Community Living/Division for Intellectual and Developmental Disabilities to carefully execute a well thought out plan for those services to happen. Each of the past two years there has been a huge excess of unused dollars reverted (unused) in community developmental disability services. The reasons are many and they vary greatly depending on the source of the information. There was a cash fund established several years ago so some of those reverted funds could be saved to address wait list issues. Gradually those funds have been spent down to conduct a variety of tasks related to waiting lists so the cash fund does not contain a large reserve of funds. Regardless, the fact remains that there are hundreds of people and families still waiting for services. It's past time for Colorado to take the necessary steps to meet the needs of those people.

Communication from Health Care Policy and Financing in General, and the Division for Intellectual and Developmental Disabilities Specifically

Envision is, as are all CCBs, at the mercy of DIDD and HCPF for information about and interpretation of rules and funding. As members of the constituency, we have been invited to and have served on work groups focused on specific issues and those groups have made recommendations to the Department regarding changes that are needed. Communication from DIDD/HCPF regarding outcomes, recommendations or suggestions from those workgroups are slow in coming to the system due to the "clearance process" used within HCPF, consequently by the time reports are received and public comment periods are conducted, many months pass and matters critical to people receiving or waiting for services remain unresolved.

HCPF requires that all Medicaid waiver case management agencies use a web based system, the Benefits Utilization System (BUS), to record referrals received, waiver eligibility assessments, service plans, and case management activity. A second web based system, DDDWeb or CCMS, is used by DIDD to track information for all individuals who have applied for determination of IDD, their participation in IDD programs or status on waiting lists, and is used to submit Prior Authorization Requests (PAR) to authorize payment for services. The two systems each have elements that work well, but there is no communication between the two systems and each has ongoing functionality issues. There are periods of time, a half to a full day, when the CCMS system is unavailable for use due to the need for DIDD to perform updates and maintenance on the system. While it is understandable that needs to occur, it happens during typical work hours and often during times when accessing information is needed to complete monthly billings. Inability to access CCMS inhibits completion of critical functions for case management and administrative staff.

Case managers must rely on HCPF for information regarding approved Medicaid providers for services. If we direct an individual or family to a provider who has not been approved, either the service cannot be delivered, or, if it is, the person will be liable for payment out of pocket for the cost of the service. Asking a provider directly if they are an approved Medicaid provider is also risky, as it is possible that they are in some stage of approval, or perhaps they are approved but the person answering the question is not aware of the approval. Therefore, it is extremely disheartening when we go to the website to find CWA providers, only to be told that it is not up to date, or we search for dental providers who accept Medicaid but find we cannot trust the list when we see retired dentists listed and others who say they will serve only children when we call them.

Person Centered Thinking Throughout the Colorado Intellectual and Developmental Disabilities System

Person Centered Thinking (PCT) practices should be the expected, system-wide norm for all aspects of services and supports available to people with intellectual and developmental disabilities in Colorado. We have seen evidence that many Colorado leaders and policy makers are on board with the core concepts of PCT. We see person centered language being verbalized during presentations and discussions in meetings/sessions of the State legislature and key state departments and there is great focus on the need for choice for people. However, people being supported in the IDD system continue to be commonly referred to as “clients” instead of “people”. A number of staff from Health Care Policy and Financing and The Division for Intellectual and Developmental Disabilities have participated in PCT training sessions conducted in the community that are dedicated to training people to use PCT skills not only when working with people with IDD but in all phases of life. As Colorado redesigns their long term care options for people with IDD, it is imperative that PCT be the focus and guiding principle and that there is clear expectation that organizations and agencies fully embrace and utilize PCT practices in all phases of their service delivery.

Lack of Early Intervention (EI) providers that bill public and private insurance

State and federal funds to provide direct services to children in early intervention are limited. We make best efforts to access all available funding sources when applicable in order to maximize state and federal funds for families who do not have other funding sources. We have a limited number of EI providers who are able to bill public and /or private insurance, making it difficult for us to fully utilize the coordinated system of payment. All of our EI providers are independent contractors and for most, providing EI services is their second job and therefore not cost effective for them to bill public and/or private insurance. Because our EI providers are independent contractors and we do not have the capacity to bill insurances for them, we cannot require that they contract to bill public and private insurances. The process to bill these entities is time consuming, costly and can often result in delayed payment or no payment to the provider. There are also restrictions for providers to bill private insurance with the new ICD10 codes necessitating all billers to have EMR systems. Having specific EI codes to bill to public and private insurance would allow more flexibility in billing and access to funding sources other than state and federal funds. Due to the complicated system it is difficult for Envision to monitor all billing sources, especially since we do not perform billing functions for contractors.

LOCAL ISSUES IMPACTING OR EXPECTING TO IMPACT WELD COUNTY

Person Centered Thinking/Person Centered Organization

Envision is in its second year in working with Support Development Associates (SDA) on the road to becoming a Person Centered Organization (PCO). Our coaches continue to meet every other month and are self directing some of their session as we fade the onsite support from SDA. Leaders and coaches sessions on the opposite months as coaches are still supported through SDA and are structured to focus on utilizing the skills to move Envision forward in instilling person centered practices into all phases of our operation as we deliver services and conduct our everyday business. We continue to provide trainings locally for all new employees, employees of provider agencies and employees from other community and state partner organizations. Through attrition our pool of coaches has diminished and we are working on ways to increase the number of people in that group. It's a challenge because opportunities to train new coaches are limited. We have established monthly Lunch and Learn sessions in order to provide opportunities for people already trained to refresh their skills regularly. We continue prompting Weld County PASAs to provide PCT training to their staff in order to fully utilize PCT tools and skills in every phase of service delivery to people supported. Our ongoing efforts to work with and influence our state leaders and policy makers to embed person centered thinking practices in every phase of operation as they administer the services for people with intellectual and developmental disabilities throughout the state of Colorado is equally important.

Workforce

Envision struggles with employee turnover for a variety of reasons, the primary one being our low pay rates and benefits package. In recent years, we have had to reduce employee benefits, including the elimination of a retirement program and short-term and long term disability benefits. We have stringent training requirements for our employees, high performance expectations and a high volume of work. We often find that our well-trained employees are attractive to other organizations who offer better pay and benefits and perhaps a lower volume of work expectation, which accounts for a significant amount of staff migration within our local community as well as to other locations in the State.

Capacity of Service Provision for Adults – Lack of Response from PASAs

Although the number changes sometimes without notification, Envision currently has 67 Program Approved Service Agencies authorized to provide a variety of services to adults in Weld County through the SLS and DD waivers. Envision's referral process for the DD waiver (37 providers of residential services) involves sending a brief profile of an individual seeking to obtain or change service providers to all providers selected by the individual and, for those not certain how to narrow their choices, sometimes to all providers. Too often, we are fortunate if we receive responses indicating an interest in providing services from only two or three agencies. Often responses that are received are a standard response regarding how the agency provides services and are not individualized for the person, not taking into consideration person centered principles to address the needs and desires of the individual. This does not provide options to individuals nor does it provide the information necessary for informed choice making.

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Similar issues occur with referrals for day program services and requests for information about an agency's ability to address service needs through SLS. People must fit into what agencies currently have available, not receiving individualized services that meet their unique needs and wishes. We frequently hear from PASAs that they are unable to provide services in Weld County until they have sufficient number of people to make it cost effective and/or rates adequate to cover the cost of services.

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Wait list – DD and SLS

The legislative action that created all of the new SLS resources was welcome news for all individuals and families waiting for services. Although the resources received in Weld County will positively impact our current waiting list, we anticipate new growth as new individuals and families contact us. We know there are people who previously did not apply or who dropped off the waiting lists because of the long wait and belief that waiting was essentially futile. In previous years, families selected the SLS waiting list as a preference to the DD waiting list due to unwillingness for their family member to have to move out of the family home. With the advent of family caregiver, as more and more families become aware of that option in the DD waiver, we expect to see significant growth in the DD waiting list, as the funds available to those receiving DD waiver services will more adequately meet significant needs for support.

Children's Extensive Supports (CES) Waiver and Supported Living Services Waiver (SLS) Growth

With the growth of the CES program due to no longer having a waiting list, we have had to make many changes that include increasing the number of full time CES case managers to three, one who is bilingual. Responding to referrals and completing the on boarding of the new enrollments is very time consuming due to untimely responses by the local Medicaid offices including their confusion on how to enroll children eligible for the waiver into Medicaid. Because there are multiple children who are not Medicaid eligible before enrollment into the waiver, the case managers spend a great many hours assisting with the Medicaid enrollment process and those enrollment hours are not reimbursed by state funds.

Essentially ending the SLS wait list has caused similar issues as in CES. The enrollment process takes longer than expected from initial offer of a resource to full enrollment, including selecting providers and receiving active services. The process is often overwhelming to the person or family so case managers spend many hours helping them navigate the many tasks that need to be accomplished to complete enrollment.

Early Intervention (EI) Growth

The EI program continues to grow at a steady pace. Referral sources have increased as more outreach is made to community agencies and with referrals being automatically generated out of the CAPTA system. In some cases new referral sources tend to over refer and we often find case managers bogged down completing required referral tasks for numerous inappropriate referrals.

Technology

The only constant with technology is change. Currently Envision's technology needs far outweigh our financial ability to obtain them. In fiscal year 14-15 we did provide our case managers with business cell phones but they do not have other technology devices to take with them in the community. The lack of access to electronic data during home visits or meetings outside of our building leads to inefficiencies during down time between appointments in remote locations of Weld County. Routine hardware and software updates and replacements for our current technology are very costly, often resulting in delays in having current versions. We still maintain an enormous volume of paper documents which could be created and stored electronically if funds were available, thereby impacting both efficiencies and environmental considerations.

Facility or Other Work Locations

We have experienced rapid growth in Children's Services, both Early Intervention and Children's Extensive Supports services and in adult Supported Living Services. Envision has added six full time staff in case management to accommodate that growth and, with those additions, our building space is at maximum capacity. A portion of our workspace configuration does not allow for the level of privacy we would like to have to assure confidentiality and the ability for everyone to work efficiently. Leasing additional space is not a financial option for Envision at this point in time nor is it financially feasible to provide electronic equipment to accommodate off-site or telecommuting.

Growing Refugee Populations

Weld County attracts migrant and refugee populations with the presence of the beef industry and agricultural employment. The lower cost of living in Weld County compared to many surrounding communities is also a relevant factor. More than 1000 refugees from East Africa, most from Somalia, arrived by 2008 and are still in our community. More than 200 refugees are in the area from Southeast Asia, along with a smaller number of settlers from other regions of the world. In addition, the University of Northern Colorado attracts significant numbers of Saudi Arabian students, many of whom have brought along families. As a result, we receive referrals for services from each of these divergent populations, fueling a growing need for interpreters and documents in a variety of native languages. Working with other community organizations, we have some success finding interpreters and must trust that they are interpreting accurately in both directions. However, we cannot always find interpreters, especially for ongoing early intervention services provided in the home by English speaking therapists. Obtaining documents in the various languages is a significant challenge.

OBTAINING INPUT FOR PLANNING AND PLAN DEVELOPMENT

PUBLIC FORUM

The Board of Directors and management determined they would not host a formal public forum in the Spring of 2015 due to poor or no attendance at the event in recent past years but would instead utilize all events/gatherings held at Envision throughout the year to seek input for planning. Consideration will be given to hosting a forum during fiscal year 2015-2016 depending on success in gaining public input for planning purposes through other means.

OTHER MEANS OF OBTAINING INPUT

Internal Committees and Councils

Envision engages regularly with staff and departmental management to solicit input for the organization. The management team, consisting of the Executive Director and directors/coordinators of each department of Envision meets on a weekly basis to share information, discuss current or expected industry changes, policy trends and other challenges. Departmental team meetings are held on a weekly or monthly basis and “all staff” meetings and employee forums are held as needed.

Additionally, Envision continually solicits input from required local, established inter- and intra-agency advisory bodies. These committees, councils and boards are composed of people receiving services, family members/guardians of people receiving services, trained professionals, public or private providers, members of local government agencies and interested community citizens. Each participant provides valuable perspectives to help guide our decision making process.

Human Rights Committee (HRC): The HRC is dedicated to ensuring the protection of the human rights, civil rights and rights of all people with intellectual and developmental disabilities receiving services through the Weld County service network.

Family Support Council (FSC): The FSC guides the allocation of funds and policies of the Family Support Services Program intended to offer a variety of services and supports to families to offset the costs of needs above and beyond those incurred for a child without an intellectual or developmental disability.

Local Interagency Coordinating Council (LICC): The LICC is a local planning and advisory body that works to develop and implement a comprehensive, coordinated, multi-disciplinary, interagency system of early intervention services for eligible infants and toddlers and their families.

Board of Directors (BOD): Envision is governed by a volunteer BOD representing people being served, their families and interested community members of Weld County. Public board meetings occur monthly at the Envision administration building.

Program Approved Service Agency (PASA) Meetings

To maintain clear and open communications and to share information, Envision convenes a group meeting monthly with all Weld County PASAs. These meetings are designed not only to insure awareness and compliance related to changes required by the state Department of Health Care Policy and Financing/Division for Intellectual and Developmental Disabilities (HCPF/DIDD), the state Department of Public Health and Environment (DPHE) and the federal Centers for Medicare and Medicaid Services (CMS), but also to act as a forum to discuss questions or concerns expressed by both Envision as the community centered board (CCB) and PASAs as the service providers that affect service delivery in Weld County. While there are currently 67 PASAs listed to provide services in Weld County the majority of

them do not currently provide any services and the customary attendance at the monthly meetings averages 10 to 15 PASAs.

In addition to the group meetings, Envision's Executive Director and Case Management Directors meet individually with many of the PASAs bimonthly to discuss issues specific to their service delivery and resolve any matters of concern between administration, case management and individual service providers.

Provider Fairs

The Adult Case Management Department hosted two provider fairs during fiscal year 14-15 and reported great success with attendance and participation from both people with IDD and their families and PASAs. Since the Supported Living Services waiting list has ended and resources are expected to be available ongoing more provider fairs are being planned as a means of offering opportunities for people and families to meet and talk with providers in order to make informed decisions about the services and supports they will receive.

Additional Source of Local Input

Local input from the community is obtained on an ongoing basis through active attendance and participation in community activities, community/state/national professional organizations, inter-agency meetings, intra-agency meetings, community forums, community organizations, community public events, State legislative activities and through formal and informal discussions with key local and state individuals. Below is a list of entities and sources that provide input:

- People supported and family members/guardians
- Private Therapists
- Host Home Providers
- Envision Staff
- North Range Behavioral Health
- Weld County Adult Protection
- Weld County Department of Human Services
- Private Community Providers
- Greeley/Evans School District 6
- School District RE1J, St. Vrain Valley
- School Districts RE-3J and RE-8
- Windsor School District RE-4
- Arc of Weld County
- People First of Weld County
- Centennial BOCES
- Weld County Government (County Commissioners)
- City and Town Councils/Boards of Weld County Communities
- Division of Vocational Rehabilitation
- Division for Intellectual and Developmental Disabilities
- Colorado Department of Human Services
- Colorado Department of Health Care Policy and Financing

- The Joint Budget Committee
- Local and State Legislators
- Community professionals
- Community businesses and employers
- Greeley Chamber of Commerce
- Carbon Valley Chamber of Commerce
- Windsor Chamber of Commerce
- Johnstown-Milliken Chamber of Commerce
- Evans Chamber of Commerce
- United Way of Weld County
- Weld County Community Transition Team
- Weld County mobility Council
- Alliance and Alliance Committees and Workgroups
- Weld Food Bank
- Weld County At-Risk Adult Law Enforcement Task Force
- Weld County Emergency Management Special needs Committee
- Promises for Children-Weld County Early Childhood Council and Community Awareness Committee (LICC)
- Weld County Adult Protection Networking Committee
- St Vrain Valley Early Childhood Committee
- Weld County ABCD Task Force
- RCCO Region 2
- ADRC
- Area Agency on Aging/Single Entry Point
- Connections for Independent Living

Board of Directors' Goals and Objectives

Fiscal Year 2015-2016

Goal 1: Support Envision leadership in identifying options to address conflict free case management.

We will do this by:

- Discussing at monthly Executive/Finance Committee and Board meetings
- Asking Envision leadership to propose multiple models
- Expecting Envision leadership to participate in statewide conversations and provide that information to the Board

Goal 2: Support Envision's implementation to become a Person Centered Organization.

We will do this by:

- Participating in PCT trainings
- Participating in organizational activities related to PCT
- Engaging Board representation on the PCT leadership group
- Receiving periodic updates at Board meetings

Goal 3: Support fundraising and outreach efforts to facilitate the functions and needs of Envision.

We will do this by:

- Supporting planned activities/events
- Attending events
- Leveraging our personal and professional networks to solicit participation and donations

EXECUTIVE DIRECTOR'S GOALS AND OBJECTIVES
Fiscal Year 2015-2016

Goal 1:

Provide information to the Board of Directors related to options that would bring Envision into compliance with federal requirements regarding conflict free case management (same agency cannot provide both targeted case management (TCM) and direct service to the same individual)

Objectives:

- Explore Options 1 and 2 from the Report of the Task Group on Conflict Free Case Management (CFCM) as deemed viable by the Department of Health Care Policy and Financing/Division for Intellectual and Developmental Disabilities (HCPF/DIDD)
- Explore other options that may become available
- Meet with other community centered boards to gather information related to actions they have taken and/or plan to take to address CFCM
- Meet with local groups to discuss their interest and possible viable partnerships related to CFCM

Goal 2:

Provide information to the Board of Directors regarding the viability of retaining community centered board (CCB) status.

Objectives:

- Identify all CCB functions
- Assist the Board of Directors in processing information from Goal 1 and its relationship to CCB status

**Finance and Administration Goals and Objectives
Fiscal Year 2015-2016**

Goal #1 Document Management – Continuation of FY15 Goal

Document management solutions – The Finance and Administration Director in partnership with Envision’s Compliance and Monitoring Coordinator will investigate electronic document storage options, costs and feasibility of eliminating paper files for people supported. The current process of maintaining paper files is not efficient or safe. In the event of fire, natural disaster or employee misconduct it is possible that data would be unrecoverable.

- 3rd quarter objectives
 - get this project back on the table and solicit input from department representatives
 - meet with additional vendors
 - determine if it’s makes sense for Envision to move to electronic document storage
- 4th quarter objective
 - If the decision to proceed is made, develop an implementation plan for FY17

Goal #2 Administration Department Operations Documentation

All Administration Department employees work in specialized and unique jobs which creates a significant burden on supervisors when employees are on leave, changes jobs or terminate. It is essential that all Administrative Services Department positions have an operations guide.

- 1st quarter objective: explain plan and expected completion dates of project phases
- 2nd quarter objective: each Administration Department employee will develop a draft operations manual for their job
- 3rd quarter objective: each Administration Department employee will finalize their operations manual for their job
- 4th qtr objective: Administration Department operations manuals will be available electronically

Goal #3 Develop and Maintain Envision Employee Intranet

Envision would benefit from having an employee intranet which for example could include Envision forms; policies; procedures; job postings; job descriptions; and current organization information and news. The possibilities are endless.

- 1st quarter objectives
 - determine who will be on the project team and develop job responsibilities
 - meet regularly to design and develop intranet as soon as the project team is identified
- 2nd quarter objective: finalize what content will be available on the intranet
- 3rd quarter objectives:
 - select host and design intranet
 - Perform intranet testing
- 4th quarter objective: GO LIVE date 5/1/16

Adult Case Management Department Goals and Objectives

Fiscal year 2015-2016

Goal #1: Improve the growth, knowledge, and support of the case management team to better serve the people we support.

- Case Management team will identify one training need and schedule a training one time a month for the CM team.
- Each Case Manager will identify, schedule, and choose to attend at least one training opportunity during the year that will improve their knowledge and growth in the field. This can include outside or internal training. For example lunch and learns or Mental Health First Aide.
- Case Management team will identify an area of need for a specific case management process. A minimum of one process will be developed and implemented per quarter.

Goal # 2: Create an incentivized plan to increase the number of units billed for targeted case management.*

- At the first case management team meeting each month a minimum unit target for each team (SLS/HCBS-DD) will be established for the month based on case managers work hours per month. This information will be provided to each case manager and will be tracked in team meeting minutes
- The team with the lowest number of billable units in the month will provide lunch to the other team. If this happens three consecutive months the team will re-evaluate and modify this objective.
- It is the expectation that each Case Manager, following their introductory training of 90 days, will meet there minimum billable units based on 80% of hours worked in a 36 hour work week.
 - A. If the minimum target is not met by a case manager they will meet with the CM director and team lead and review expectations and TCM guidelines and improvement plan will be developed and implemented.
 - B. In 30 days if the plan for improvement does not bring the billable units up to expectation a written warning will given and the improvement plan will be reviewed again.
 - C. In 45 days the Case Management Director will pull a report from the BUS and review the units entered since the written warning.
 - D. If improvement is not immediate and demonstrate sustained improvement as evidenced by increased by documented targeted case management a meeting will be scheduled to discuss further disciplinary action with human resources.

*Establish an incentive based bonus plan within next year's budget for case managers who exceed the expectation amount.

Children's Case Management Department Goals and Objectives

Fiscal Year 2015-2016

Goal 1: Improve Employee Work Knowledge and Efficiency

Objectives:

- a. Train the EI Trainer in facilitating the Routines Based Interview in order to provide ongoing support to Service Coordinators (SC) with other Family Assessment Tools.

- b. Request Colorado state EI staff to schedule a day at Envision to provide IFSP training to all EI SCs.

- c. Develop trainings and/or coachings for CES/CWA and FSSP Case Managers (CM) based on need of CMs.

Goal 2: Provide Opportunities for Staff development

Objectives:

- a. Opportunities to engage in different job duties: interviewing, lending library monitoring, leading provider orientations, resource liaison, PCT, Employee Committee Representative, Safety Committee Representative etc.

- b. Encourage more participation in monthly team meetings by leaving time for staff reporting related to different job duties/positions, and SC/CM successes.

Goal 3: Improve the quality of Case Management to families

Objectives:

- a. Set aside time for direct supervision; shadowing meetings, courtesy calls to families

- b. Complete file reviews for each CM throughout the year.

- c. Set aside time during team meetings with each program for case conferencing

**Compliance and Monitoring Goals and Objectives
FY 2015 – 2016**

Goal 1: Complete quarterly county-wide Incident Trend Reports, utilizing data received from PASAs at the completion of the previous quarter.

Goal 2: Monitor data to assure quality.

Goal 3: Develop written procedures and instructions for Compliance & Monitoring Coordinator and Master File & Data Assistant functions.

Human Resources Goals and Objectives

Fiscal Year 2015-2016

Goal 1: Conduct training with Directors, Supervisors and Managers on HR topics

Objectives:

- Facilitate trainings as needed or requested by leadership
- Train any new manager in general HR topics

Goal 2: Review Employee Handbook for any needed updates

Objectives:

- Make any necessary updates and roll out to Employees

Goal 3: Actively participate on Safety Committee.

Objectives:

- Promote workplace safety by participating in the safety committee meetings and activities

**Fund Development and Communications Goals and Objectives
Fiscal Year 2015-2016**

Goal 1: Fund Development

Increase funding for Envision services and operating support.

Objectives:

1. Maintain a tracking system and a single timeline for all donations.
2. Develop a tracking system and a single timeline for all grants/campaigns/events.
3. Enhance and maintain the current fundraising events that Envision is hosting (i.e. 5K, Art Shows, etc.)
4. Research funding sources within the past 3-5 years.
5. Apply for grants that have been awarded in the past. (i.e. United Way, Daniel's Fund, etc.)
6. Maintain reporting to grantors.
7. Seek out new grant and funding opportunities.

Goal 2: Communications

Raise awareness of Envision's mission, purpose, and services within the community.

Objectives:

- Enhance and maintain the current events that Envision is hosting (i.e. 5K, Art Shows, etc.)
- Develop consistent theme for all types of communications that align with Envision logo and branding. (i.e. sponsorship brochures, annual reports, newsletter, website, social media, etc.)
- Participate in external events, functions, committees, etc. (Chamber of Commerce events, parades, etc.)
- Create a modern, functional and end-user friendly website.
- Develop an active social media outlet.
- Remove any unnecessary material from Internet.

Training Goals and Objectives
Fiscal Year 2015-2016

Goal 1. Thorough review of Workplace Safety curriculum to ascertain how well it coincides with Envision Emergency and Safety Procedures.

Objectives:

- Insure that what is taught coincides with Envision procedure.
- The phrasing and tone of the curriculum will be altered to instill a sense of responsibility for and a proactive approach to safety.
- Increase responsibility for scrutiny of potential safety concerns and prompt reporting of these concerns.

Goal 2. Continue adjustment of curriculums to the specific needs of staff and affiliated groups.

Objectives:

- Assess specific training needs prior to sessions so curriculums and training process can be adjusted.
- Schedule specific Safety-Care Recert sessions for these groups: Children's Case Management, Host Home Providers and Respite, Administrative staff.

Program Services Goals and Objectives

Fiscal Year 2015-2016

Goal 1: Fully practice and participate in Person Centered Thinking (PCT) within the Program Services Department.

- Develop a new Vision Statement for the department.
- Update all procedures for all three services areas (Residential, Adult Day Program and Family Support Services Program) using PCT language.
- Develop an assessment using PCT skills/tools to capture information about people that is relevant and respectful. Information will be used in preparation for annual plan, to match people supported with staff and to communicate information about the people supported.
- Update all marketing materials.
- Develop and distribute a new satisfaction survey for people supported, families, community partners and stakeholders.

Goal 2: Increase efficiencies and decrease costs associated with printing and paper use.

- Maximize use of Therap (IPOPs for assessments, IDFs rather than Face Sheets, Personal Property Inventory, Scanning completed forms into Therap and not keeping a paper copy, etc.).
- Build custom forms in Therap specific for people supported and staff monitoring (file reviews, home visits, provider meetings, etc.).
- Print 2-sided copies whenever possible.
- Print only necessary items; otherwise keep flyers/calendars/Memos and other items electronically on the shared network or in emails.
- De-clutter the Program Services (for all three Programs) files in the Shared Network.

AVAILABILITY OF PLAN

The Annual Plan for Envision, Creative Support for People with Developmental Disabilities, is available on the Envision website and at the reception area of the administrative office during business hours. The availability of the Plan will be made known through the agency website, agency newsletter, interagency meetings, service provider meetings, agency departmental meetings, agency Board meetings and during general discussions with system stake holders