



# Envision

Creative Support for People  
with Developmental Disabilities

## Annual Plan Fiscal Year 2017-2018

## **MISSION STATEMENT**

The mission of Envision, Creative Support for People with Developmental Disabilities is to enhance the quality of life for people with intellectual and developmental disabilities in Weld County.

Developed February 2004  
Revised August 6, 2015

## **OPERATING OBJECTIVES**

Envision will:

Collaborate with individuals, families, friends and community partners to coordinate quality, individualized person centered services in a manner that provides choices and effective use of resources.

Provide advocacy and support to assist people with intellectual and developmental disabilities to live the lives they choose.

Encourage the provision of person centered, self-directed services that promote inclusion, dignity, pride, self-worth and independence that create a sense of belonging and responsibility in the community.

Developed February 2004  
Revised August 6, 2015

## **VISION STATEMENT**

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

Developed May 7, 2009  
Revised August 6, 2015

## CORE VALUES RELATED TO PEOPLE SUPPORTED

### **We Believe:**

**Self-determination/self direction empowers people** to determine the direction of their lives and to make informed and responsible choices about services and how to direct their resources.

People supported **enjoy and live** the lives they choose.

People supported are **valued partners** within Colorado's intellectual and developmental disabilities community, as are their family members when appropriate.

Parents and family members are recognized and valued as the **person's first teacher**.

The **health and safety** of people with intellectual and developmental disabilities is a critical aspect of the decision making process.

Every person who **wants to work** will be offered the opportunity to do so.

A **strong and diverse provider network** is essential to providing continuity of care and quality services and supports utilizing person centered practices.

**Well-informed and involved advocacy** is the responsibility of everyone and contributes to the overall strength and integrity of services and supports.

An **informed and involved community** is a vital resource for natural supports.

## CORE VALUES RELATED TO EMPLOYEES/ORGANIZATION

### **We Believe:**

**All employees are valued professionals** who deserve competitive pay and professional development opportunities.

**Support and respect for the diversity** of racial, cultural, religious, and gender differences of people and communities is vital to the success of Envision.

Provision of services should **promote inclusive opportunities**.

**Meaningful partnerships** are based upon trust and a commitment to people with intellectual and developmental disabilities.

To achieve our vision and enable true collaboration, it is imperative that the **leadership** of Envision be **accessible, forthright, trustworthy and committed to person centered practices**.

**MAJOR ACCOMPLISHMENTS**  
**FISCAL YEAR 2016-2017 YEAR TO DATE**

Community Centered Board – Administration and Case Management

- 1) People supported have access to case managers' one page person centered descriptions and can use these as a way of selecting their case manager.
- 2) Thus far in fiscal year 16-17 the following number of individuals have been enrolled in HCBS services: CES-23 enrolled, 10 pending, 5 scheduled for assessment; DD-7 enrolled (4 emergencies, 3 transfers); SLS-13 enrolled, 7 pending.
- 3) Successfully transitioned one adult from Pueblo Regional Center into a community placement.
- 4) Completed a case management satisfaction survey and data will be used to improve the quality of case management services.
- 5) Early Intervention received incentive funds to support cost of implementing Go4It (Global Outcomes for Infants and Toddlers) process, a statewide initiative that must be fully implemented by FY2018. An EI Colorado team lead was assigned to assist Envision and conducted a 2 day visit to develop process from referral to transition. Additionally a full day training specific to process was conducted for 97 providers and community members.
- 6) Children's Extensive Support (CES) program increased staff by adding one part time case manager and one full time technician who will help with enrollment processes and assist with daily support to case managers.
- 7) Continue developing as a Person Centered Organization
  - Became "self directed" – no longer requiring support and facilitation through Support Development Associates (SDA)
  - Train all new employees and host home providers with a two-day Person Centered Thinking training
  - Identified and have begun to train 10 additional employees to become PCO Coaches. The 4 Envision PCT trainers are providing the training through support from SDA and upon completion will be certified coach trainers.
  - Conduct monthly Lunch & Learn sessions to provide opportunities for employees to learn and practice PCT skills/tools
  - Provided PCT training to 37 community case managers from a variety of governmental and non-profit agencies
  - Developed curriculum and provided a Workshop for People Supported utilizing PCT concepts where participants will develop their own one page profiles
  - Have applied for a grant through United Way of Weld County to fund PCT training for youth ready to transition from school.
- 8) Successfully completed Health First Colorado Medicaid Provider Revalidation process and obtained 4 new Provider Numbers:
  - OHCDs functions
  - Children's Extensive Supports and Adult Targeted Case Management
  - Early intervention Targeted Case Management
  - Billing Agent

- 9) Smart phones and mobile computer tablets have been provided to case managers in both Children and Adult Case Management Departments so they can be more connected, productive and efficient in providing case management services while working directly with people/families and when away from the Envision building.

Community Centered Board – Program Approved Service Agency/Program Services Department

- 1) Survey developed and distributed to all program services staff and host home providers seeking input and feedback on service provision and the current culture of the department
- 2) Developed a Vision Statement for the program services department: “Persevering together to empower everyone to live the life they choose”.
- 3) Held a Vision reveal party and direct support professional/host home provider recognition and celebration
- 4) Developed a program services technician position and hired to fill the position
- 5) Purchased a new wheelchair accessible van
- 6) Revised and distributed satisfaction surveys to all people supported, guardians and community partners
- 7) Developed two mentor positions, one each in residential and day program, and hired to fill the positions
- 8) Six employees in program services department are currently training to become person centered coaches
- 9) Two people supported in residential services participated in the person centered Workshop for People Supported
- 10) Day program and supported employment have gained financial stability
- 11) Eleven people supported were placed in individual employment position in the community
- 12) Was awarded a \$20,000 grant from Xcel Foundation to hire an additional part time employment support professional in order to expand the individual supported employment program
- 13) Increased attendance and participation in the annual H’art of Envision Art Show and opening reception
- 14) Are collaborating with the Greeley Art Commission and local artist Debbie Dalton on production of art on benches at Aven’s Village
- 15) Developed leadership training curriculum and provided training to program services management team staff

## **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/DIDD), 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 who have been determined to have intellectual and developmental disabilities/delays who are eligible for and are 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. We have no local short or long term solution on our horizon to address the need for increased funding.

### **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. While we continue to wait patiently for the redesigned waiver to become reality, we continue to experience difficulties with the waivers currently in existence in meeting people's needs.

Consumer Directed Attendant Supports and Services (CDASS) in the HCBS-SLS waiver has been anticipated for quite some time by some individuals and families who feel that would better meet their needs. As it continues to be delayed, we see individuals choosing to remain with CDASS under the EBD waiver, or move to that option under EBD if they qualify. It would be helpful for CMS to provide a specific timeline for implementation of CDASS in the SLS waiver program.

Not everyone requires the ongoing support of the SLS or DD waiver programs. Some individuals may need only 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 routine ongoing assistance. The availability of funding to meet these types of sporadic needs would provide the occasional and time-limited assistance needed by some people, thereby freeing up waiver services for other people with greater and ongoing needs.

For individuals requiring less support than customarily provided in the SLS or DD waiver programs, Envision currently employs two Intake/Family Support Case Managers who assist individuals as needed during intake, connecting them to other existing community services, assisting with enrollment into the Family Support Program, if qualified, and providing guidance and assistance when a crisis occurs. For those adults who do not qualify for Medicaid waiver services, we provide access to State Funded SLS. We continue to serve more individuals in State SLS than required by contract. And we continue to believe that allowing for and funding

different types or levels of case management services to better meet the needs of a growing number of individuals would be cost effective.

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 has an ongoing partnership with the local mental health center, North Range Behavioral Health (NRBH), to have a full time NRBH therapist with IDD experience located at Envision and available to provide therapy to individuals with IDD and to 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.

In general we experience difficulty in finding providers who are willing and able to provide discreetly and specifically requested individualized services for people, and who have the knowledge and talent to truly connect people to their community to establish natural supports so paid assistance can be diminished. Residential, out of home placements, are predominately provided through the host home model which often is not the most optimal or viable solution for individuals. We often hear providers say they attribute their lack of ability to meet individual needs/requests or to provide other models of service to inadequate reimbursement rates, an issue we have minimal ability to impact.

#### **More local providers for Early Intervention (EI)**

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, specifically Medicaid and private insurances.

We take advantage of every opportunity available to us to do frequent outreach in the community to communicate the need for more providers to serve families in Weld County. We discuss these needs at local events and community gatherings attended in our county and plan to continue those efforts.

The EI Case Management provider liaison conducts orientation sessions at Envision six times per year for providers who contract with our EI program. The sessions are specific to both Envision’s EI program and to the state and federal rules and regulations. At this time there is no



formal “training” or orientation provided by EI Colorado to ensure EI providers are well informed in the delivery of services, including understanding EI philosophy versus clinical services, the funding hierarchy, the billing system, or the data system. Envision’s EI department staff provides support and information in this area. During the orientation, EI providers are given a thorough overview of the EI model and service delivery expectations and are informed of Envision’s procedures and requirements. Prior to orientation, the EI coordinators spend a great deal of time coordinating with providers, scheduling time and space for meetings and ensuring appropriate provider documents are submitted to Envision and uploaded into the data system. They prepare packets for the providers to use during the orientation that include the presentation power point, relevant state requirements and regulations, EI forms and Envision contract requirements. They also include a survey for each participant so they can offer feedback on the orientation and offer comments and suggestions for improvement in the future. Attendance at the sessions ranges from 5 to 20 providers and we often have providers attend from other locations in the State outside of our specifically assigned area of Weld County.

### **Employment for People Supported**

Employment for people with intellectual and developmental disabilities (IDD) continues to be a focus of attention in Weld County. Although Weld County experienced employment growth over the last few years with the arrival of large oil and gas companies, the significant drop in oil prices in the past two years caused loss of employment opportunities. We continue to struggle to find viable opportunities for 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. Some additional providers have begun to add employment to their list of services available and we do find that overall, employment for people with IDD has increased in Weld County. We continue to see a growing number of workers in crew and enclave situations. We are concerned about the ability to maintain and/or increase services in those models with the increase in minimum wage due to reimbursements rates. Additionally there is concern about what those services will be like with the HCBS final settings rule. The State Employment Leadership Network (SELN) trainings that are offered through the Division for Intellectual and Developmental Disabilities (DIDD) have been a good resource for employment providers. Additionally Envision has memberships with all local Chamber of Commerce organizations and staff participate in events that promote employment for people supported and to network with the business community.

### **Services for Transition-Age Adults**

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 while the student is completing school. A grant application has been submitted with the hope of enabling Envision to provide PCT support for students and families as they prepare for transition. 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 than IDD waivers, including referring them to HCBS-EBD waiver services, Home Care Allowance, Home Health Services, EPSDT and other options.

A gap or lack of information for people transitioning into adulthood and their families exists in knowing how to navigate benefits (social security, Medicaid, etc.) and frequently causes 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 assistance. Additionally, the local Department of Human Services has changed some of their processes which have led to inconsistencies with their turn-around time certifying Medicaid eligibility.

### **Community Resources**

Public transportation within the Greeley-Evans area does exist through Greeley-Evans Transit (GET) . While still not ideal for later night hours and weekends, the change in the hours and locations of services have been a positive improvement. The cities of Greeley and Evans 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. Envision participates in local and regional transportation groups that meet regularly to discuss county-wide transportation needs but, while there has been a lot of talk, little progress has been made. 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.

Housing is extremely difficult to find in Weld County, especially rental properties. When wheelchair accessibility is also required it is nearly impossible. When housing is available, the rent is very high and usually unaffordable for people or is at an amount that would disqualify them from their housing resource. Envision continues to partner with local real estate agents and landlords to identify appropriate and affordable housing for people.

Medical Medicaid providers willing to take new patients are scarce in our community. This is true of primary care physicians and dental providers. We work closely with the local Regional Care Collaborative Organization as well as the North Colorado Health Alliance to attempt to address this issue.

### **Guardianship/Representative Payee/Medical Proxy Decision Maker**

Older adults with IDD often no longer have family members in their lives and as their health fails through aging or capacity diminishes, their need for a guardian increases. Some individuals have been declared incompetent through legal process and have had a guardian appointed but when the guardian passed away or experienced diminished capacity themselves, there has been no one to take their place. Public volunteer guardians do not exist in Weld County and the County itself does not provide guardianships except in extremely rare, typically abusive situations. We have occasionally been successful in having people who previously worked with the individual in some capacity step up to take guardianships but that is rare. When there is need for medical decisions to be made, teams often have had to scramble to find someone to be willing to be appointed as a Medical Proxy decision maker. To date, we have not experienced

concerns with the relatively new legislation that allows medical doctors to make treatment decisions for people with diminished capacity.

Individuals enrolled in SLS who have no family involvement experience the same concerns but have an added concern with lack of resources or options for individuals or agencies to serve as their Representative Payee, to assure that their Supplemental Security Income is spent as intended and needed to support them to meet housing, food, clothing and other needs as well as for recreation.

## **SYSTEM ISSUES IMPACTING OR EXPECTED TO IMPACT WELD COUNTY**

**Convergence of Initiatives all the pieces yet undetermined – ACC Phase II (RAEs/RCCOs), No Wrong Door, TEFT, Final Settings Rule, CFCM, Waiver Redesign, CDASS in SLS, initiation of systems to include Interchange, Bridge, and more, and Implementation of a new LTC Assessment.**

With so many new initiatives at various stages of development, evaluation and implementation, as well as the potential that our community centered board (CCB) may cease to exist as a result of a combination of some of these initiatives, it is difficult to plan for the future and it is disconcerting to staff members. Although it can be an exciting time, it presents concern and trepidation and we anticipate the unknown may have impact on our ability to attract and retain valued employees to continue with our mission for whatever time our organization continues to exist in its present form or into and through transformation and transition into future roles. Ongoing and frequent communication from all State partners as these initiatives move forward is critical, including what will remain as separate initiatives and what will combine or overlap in parts. It will be critical for Health Care Policy and Financing (HCPF) to determine not only the impact each initiative and change may have on the individuals who are relying upon the State of Colorado and Medicaid to fund services to support and enhance their lives, but also taking into account every current function of a CCB in determining how changes can occur and what needs to continue to be available in some capacity to address the needs of individuals with intellectual and developmental disabilities (IDD).

### **Conflict Free Case Management (CFCM)**

A bill is expected to be introduced and passed by state legislators during the 2017 session that will give clear direction to the Department of Health Care Policy and Financing (HCPF) on implementation of conflict free case management in Colorado as it relates to the federal final settings rule. At this stage there are still many unanswered questions regarding definitions, roles, possible rural/geographic area exemptions, and timelines. Even if legislation is successful and includes specified timelines, there will still be multiple challenges and barriers to overcome in moving toward full implementation. HCPF will be required to submit an implementation plan to the federal Centers for Medicare and Medicaid (CMS) for their acceptance and rules must be written all in a relatively short period of time. There is a possibility that adherence to the federal rule timeline of March 2019 will be extended to allow Colorado more time to meet compliance. It is clearly evident that the overall structure of the community system for IDD services will see enormous changes over the coming years. Many pieces of this complex puzzle are yet to be determined and at this point it appears that HCPF is in agreement that an extended timeline for completion of a redesigned system that will meet compliance and meet the needs of the people supported would be beneficial.

### **Waiver Redesign**

Waiver redesign, the melding of the current HCBS-DD and HCBS-SLS waivers into one waiver, is still in process in Colorado. What we hear about the redesign is that it is based on person centered principles and practices intended to better address all life domains for people supported by offering a menu based concept that includes an array of service choices instead of a “canned set of services” defined within the structures of the current waivers. That will be a welcome

change from what is currently operated in Colorado that does not promote creativity of service and often does not efficiently or effectively meet the needs of people supported. The timeline for submission for approval of the redesigned waiver concept to the federal Centers for Medicare and Medicaid (CMS) has been pushed out several times so timelines for possible changes are unknown to us. Community centered boards (CCBs) along with the state service provision network will be significantly impacted in the overall redesign of the Colorado IDD system and we are anxious to move forward with what we believe will result in good opportunities for people supported and their families. For now it is business as usual until we receive further direction on implementation of redesigned waiver services.

### **HCBS-DD Wait List**

The state legislature has actively pursued funding in the recent past to enable people/families previously waiting for services to begin receiving services through the HCBS-CES and HCBS-SLS waivers. They have yet to secure or approve funding to address people waiting to receive services through the HCBS-DD waiver. There is talk that we may see that happen by or before 2020. Unless and until waiver redesign becomes reality the system continues to have numerous people waiting to receive services, primarily services currently available only through the HCBS-DD Waiver. Prior to that occurring it is imperative that the legislature and the HCPF address reimbursement rates for services provided. Rates for out of home placement do not adequately support varying models of service, so consequently the host home model, which currently appears to be most cost efficient, is the model most frequently offered. That model is not always the best solution or the most effective in meeting individuals' needs. However, until reimbursements more adequately cover the actual cost of providing services in alternative models, it is likely host homes will remain the prevalent and predominant modes. Whether through waiver redesign that is promised to offer alternatives to the traditional service delivery models or through reimbursement rate increases for our current service delivery system it will be critical to address the growing cost of doing business in order to assure quality of life for people supported. Regardless of the mode, the fact remains that there are hundreds of people and families still waiting for services. It is past time for Colorado to take the necessary steps to meet the needs of those people.

### **Funding Specific to Community Centered Board (CCB) Functions**

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 CCB. Requirements continue to increase but there has been no increase in funding to cover the growing administrative functions of the CCB including producing the contract deliverables and now meeting the requirements due to the legislation related to the perceived lack of transparency by CCBs. Those unfunded or underfunded administrative 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.

### **Person Centered Principles and Practices Throughout the Colorado Intellectual and Developmental Disabilities System**

The Colorado long term care system has made strides in moving forward with introducing the expectation that person centered practices will be a system-wide norm. We have seen evidence that many Colorado leaders and policy makers are on board with the core concepts of

personcenteredness. 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, consumers or patients” instead of “people”, providing clear evidence that there is still a great deal of work to be done before we declare success. HCPF/DIDD disbursed funds derived from the “DD Cash Fund” through a grant process to immerse Colorado’s IDD community in opportunities to receive person centered training before the close of fiscal year 2015-2016. This targeted training and targeted timeline will not be sufficient for the long term but it is a good start. There will need to be continuing efforts put forward to address sustainability of person centered practices over time as new people and families begin receiving services and to address the attrition/turnover of the IDD workforce in existing organizations and the development of new providers. Ongoing training will be needed for staff to keep the initiative fresh and foremost in practice. As Colorado redesigns their long term care options for people with IDD, it is imperative that person centered principles be the focus and that there are clear expectations that organizations and agencies fully embrace and utilize person centered 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. CCBs are expected to access all available funding sources by effectively using the specified funding hierarchy when applicable in order to maximize state and federal funds for families who do not have other funding sources. There are a limited number of EI providers who are willing and/or able to bill public and/or private insurance, making it difficult to fully utilize the coordinated system of payment. The process for these providers to bill is time consuming, costly and can often result in delayed payment or no payment to the provider. These types of complications within the system are barriers to efficiently and effectively utilizing all available funding sources, in addition to compromising the retention of valued providers.

## **LOCAL ISSUES IMPACTING OR EXPECTING TO IMPACT WELD COUNTY**

### **Person Centered Thinking/Person Centered Organization**

Envision began its fourth year as a Person Centered Organization (PCO). We ended our contractual relationship with Support Development Associates (SDA) in January 2017 and are now fully self-directed. We experience ongoing barriers in regularly and routinely connecting with staff to support our cultural change and their efforts to naturally incorporate person centered practices into the completion of their everyday tasks and job responsibilities. We are focusing our momentum on instilling person centered practices into all phases of our operation as we deliver services and conduct our everyday business, and to model person centered practices in all of our internal and external interactions with other IDD providers and with community partners. We completed the development of curriculum for training sessions for people supported to provide them with additional person centered skills that would provide them opportunity to exercise more control over what services they choose, how they choose them and how they access supports needed/wanted. We are excited to hold our first session beginning in March 2017. We do expect that adjustments will be made from what we learn with our first few groups of participants and their support people. Our four certified PCT trainers are working with ten additional employees who are interested in becoming coaches and when that training is completed they will be certified PCT Coach trainers as well. They have taken on those responsibilities in addition to their typical job responsibilities and they frequently encounter competing demands of their time and energy.

### **Workforce**

Envision struggles with employee turnover as do many non-profit organizations. A variety of reasons contribute to that, including pay rates, a diminished benefits package, and high demand job responsibilities. 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 and performance expectations. We believe another contributing factor is the constant change in how employees are expected to perform their job duties due to frequent changes in rules, regulations and requirements that must be met to remain in compliance with our contractual obligations with the State of Colorado. In order to meet those obligations we are dependent upon employees to assume additional responsibilities because there is seldom additional funding provided to enable us to employ additional people to take on those responsibilities. We often find it necessary to piece together assignments in order to complete them and sometimes the assignment has no direct correlation to the employee's actual job. It gets assigned to them because they happen to have the talent needed to accomplish it quickly or they "raised their hand" indicating they were willing to help. Frequent staff turnover is a drain on resources as recruiting, hiring and training is costly and it is a non-motivator to remaining employees, having a significant impact on overall morale of our workforce.

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

Although the number changes sometimes without notification, Envision currently has 84 identified Program Approved Service Agencies authorized to provide a variety of services to adults and children in Weld County through the CES, SLS and DD waivers and state SLS

services. At the direction and choice of people receiving services, Envision case management assists them in seeking qualified providers to deliver the services they have selected to receive through RFP processes. Those processes can be complicated given the number of qualified providers authorized in Weld County. However, what we are often faced with is a lack of response to the individuals' requests or responses to the requests that do not correspond to the actual services requested. The responses do not provide adequate information specific to the individual but instead are generic in nature, 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. People are expected to fit into what agencies currently have available, instead of receiving individualized services that meet their unique needs and wishes. We frequently hear from PASAs that reimbursement rates for people are not adequate to provide the services they request and, secondarily they say they are unable to provide services in Weld County until they have sufficient numbers of people to make it cost effective for them to do so.

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

With the growth of the CES and SLS programs due to wait list elimination, workloads have increased requiring an increase in the number of case managers needed. Responding to referrals, completing intake and enrollment and onboarding services for a new enrollee is very time consuming. It is a complicated and overwhelming process that can easily get delayed or diverted for people and families unless case managers consistently support them to navigate the many tasks. Often receiving documents from or getting tasks completed by entities other than case management are less than timely and require constant checking and reminders, all of which contributes to the significant amount of time required for enrollments. We are relooking at internal processes to determine where we can gain efficiencies because referrals continue at a steady pace; honing those processes are critical to completing enrollments in a timely manner.

### **Early Intervention (EI) Growth and Requirements**

The EI program continues to grow at a steady pace. Referral sources have increased as more outreach is made within our community. In some cases, referral sources tend to over refer and we often find case managers bogged down completing required referral tasks for numerous inappropriate referrals. With growth comes demand for additional services and service providers. Finding providers willing and able to bill Medicaid and private insurances is a barrier to effective use of the EI funding hierarchy. We will also need to consider the effect the GO4IT process will have on providers. Finding a Most Likely Provider to attend a Family Assessment/IFSP meetings is going to be difficult since most current providers do not have the 2 to 3 hour time slots available to attend these meetings. We reached out to home healthcare agencies hoping we would gain more providers but that has not been reality. EI Colorado has begun developing trainings that include telehealth as a method of service delivery which may allow families the opportunity to receive service at a time more convenient for them. Telehealth would also allow providers to support more families throughout the day by eliminating drive/transportation time.



### **Technology**

The only constant with technology is change. Currently Envision's technology needs far outweigh our financial ability to obtain them. However, we have recently had the ability to purchase tablets and smart phones to assist case managers' working in the field at individual and family homes or other locations as needed. Although we made the leap to purchase this technology, we have great concern regarding our ability to financially maintain and upgrade the technology as needed. We look forward to greater efficiency through the use of technology. We continue to 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 significant growth in Children's Services, both Early Intervention and Children's Extensive Supports services and in adult Supported Living Services. Envision has added additional 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.

### **Affordable Accessible Housing**

Housing in our Weld County community is at a premium. It is difficult to find affordable housing for people supported whether for families or for individuals. Coupled with that, finding accessible housing is virtually impossible.

Many of the people supported benefit from the Section 8 voucher program but many are waiting for vouchers. The waiting list for Section 8 vouchers is currently frozen and the waiting list for income based properties/rentals is 2 to 3 years. Some rental agencies/companies will not accept section 8 housing vouchers, further limiting housing choices for people with limited incomes. Housing prices have increased statewide and the federal funds allocated to the state are not sufficient to maintain or grow the housing program.

## OBTAINING INPUT FOR PLANNING AND PLAN DEVELOPMENT

### **Public Input:**

The Board of Directors and management determined they would not host a formal public forum in the Spring of 2017 due to poor or no attendance in recent past years but would instead utilize all events/gatherings held at Envision throughout the year to seek input for planning.

### **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 or major area 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 at least six times per year 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 81 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 8 to 10 PASAs.

In addition to the group meetings, Envision's Executive Director and Case Management Directors and Coordinators 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.

**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
- Host Home Providers
- Envision Staff
- PASA Staff
- North Range Behavioral Health
- Weld County Adult Protection
- Weld County Department of Human Services
- Community Providers/Professionals
- 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
- Colorado Department of Public Health and Environment
- The Joint Budget Committee
- Local and State Legislators
- 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/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 ABCD Task Force
- RCCO Region 2
- ADRC
- Area Agency on Aging/Single Entry Point
- Connections for Independent Living
- Greeley Center for Independence
- Home Health Agencies
- North Colorado Health Alliance
- Weld County Medical Community

## **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 stakeholders

**Board of Directors' Goals and Objectives**  
**Fiscal Year 2017-2018**

**Goal 1:**

Support Envision in planning for impending regulatory changes expected in the intellectual and developmental disabilities system over the next three to five years and in developing primary leadership roles within the organization to meet those changes.

We will do this by:

- Expecting Envision leadership to participate in statewide conversations and provide that information to the Board
- Considering information provided and discussing options at monthly Executive Finance Committee and Board of Directors' meetings
- Working with the Executive Director in determining and designing the future role of the organization including leadership roles.
- Actively developing a strategic plan with Leadership to include all aspects of Envision's programs, as well as addressing additional needs of the people supported by Envision

**Goal 2:**

Support Envision's efforts in sustaining Person Centered Organization (PCO) status and the use of person centered principles.

We will do this by:

- Participating and engaging in organizational activities related to person centeredness
- Promoting community awareness of person centeredness
- Receiving regular 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 community events
- Leveraging personal and professional networks to solicit participation and donations
- Continuing to build Board membership.
- Partnering with leadership to develop a strategic plan specific to fundraising for Envision's programs and staff.

**Goal 4:**

Support new Executive Director and organization in transition, both internal to the organization and within the community.

We will do this by:

- Exchanging information and needs at monthly Executive Finance Committee and Board of Directors' meetings.
- Coordinating community meetings using personal and professional networks to introduce new Executive Director and assist in developing new partnerships.

**Organizational Goals and Objectives**  
**Fiscal Year 2017-2018**

**Goal 1:**

Promote Envision as a person centered organization

Support PCO activities within the organization (Coaches Group, Leaders Group, PCO Group, PCT Training, Workshop for People Supported, Lunch & Learn)

Seek opportunities to actively engage Weld County citizens in person centered principles and practices

**Goal 2:**

Provide Leadership for Envision through impending regulatory change

Provide information to Board of Directors for informed decision making

Facilitate decision making by the Board of Directors

Communicate decisions to staff, people supported, families, community

Determine timelines for implementation of change to meet regulatory compliance

**Finance and Administration Department Goals and Objectives**  
**Fiscal Year 2017-2018**

**Goal 1:**

Person Centered Goal

- Continue to use PC tools and skills
- Create one-page descriptions
- Continue to review tools, skills, success stories at team meetings

**Goal 2:**

Educate our team about services in each waiver and program

- Develop list of topics
- Set monthly topic schedule
- Assign topic leaders
- Begin sessions by October 12th

**Adult Case Management Department Goals and Objectives**  
**Fiscal year 2017-2018**

**Goal 1:**

Be an integral part of the upcoming changes to the organization as a result of CFCM

- Explore all options and information and share with leadership to aide decision making.

**Goal 2:**

Person Centered principles are reflective in all case management practices and processes

- Review information from satisfactions survey and current practices from intake, enrollment, continued stay review, and termination to ensure processes are person centered.



- Seek and develop training opportunities and continued support for case managers to improve skill sets.
- Address challenges as they arise with person centered practices in a way that is positive and remains focused on the person supported.
- Assist in recruitment and support for the workshop for people supported.

**Goal 3:**

Utilize technology to increase productivity and efficiency

- Review through tracking of TCM, utilization, and monthly case management reports.
- Utilize key staff versed in the application of technology in case management to mentor and support co workers to use and improve use of technology for case management purposes.

**Children's Case Management Department Goals and Objectives  
Fiscal Year 2017-2018**

**Goal 1:**

Improve training process for new and ongoing employees, and for contracted providers.

**Objectives:**

- a. Develop training materials for employee's that pertains to the new state data systems.
- b. Create and administer training for the departments contracted providers that incorporates GO4IT.

**Goal 2:**

Improve the quality of Case Management for all Children's programs.

**Objectives:**

- a. Quarterly peer reviews of program documentation and plans.
- b. Incorporate Person Centeredness into forms that are provided to families.
- c. Explore options for optimizing the use of tablets and smart phones to utilize work hours more efficiently.
- d. Review department structure; explore options for restructure to maximize efficiency.

**Case Management Quality Assurance Goals and Objectives  
Fiscal Year 2017 – 2018**

**Goal 1:**

Explore options for an electronic/virtual case management records system that will be viable long-term, with the ability to transfer records if individuals choose other agencies to provide case management services.

**Goal 2:**

Provide specific CM processes trainings as needs indicate to assure quality case management processes and delivery in a person-centered manner.

**Human Resources/Safety/IT Support Goals and Objectives  
Fiscal Year 2017-2018**

**Goal 1:**

Revise the new employee orientation (NEO) and onboarding process

**Objectives:**

- Review current NEO process with department directors to identify areas needing revision
- Brainstorm with department directors on possible improvements
- Revise process with input from various departments
- Roll out revised process to new hires
- Follow up with new hires and departments to assess the impact of the new process

**Goal 2:**

Safety Program Active Shooter implementation

**Objectives:**

- Implement a newly developed active shooter policy throughout the agency
- Investigate the feasibility of partnering with local law enforcement on active shooter training for Envision employees

**Training Goals and Objectives  
Fiscal Year 2017-2018**

**Goal 1:**

Make the Workshop for People Supported operational

**Objectives:**

- Create structure to simplify the registration process and selection of guides.
- Investigate the possibility of offering the workshop outside of Envision.
- Investigate resources for an effectiveness study.

**Goal 2:**

Assist in the development of a Person Centered Thinking recert/refresher class.

**Objectives:**

- Monitor the progress of the SDA gathering of what is being done elsewhere for refresher classes.
- Present options on formats to the PCO Leaders.
- Begin recert/refresher classes before 2018.

**Goal 3:**

Investigate the improvement of the defensive driving class.

**Objectives:**

- Investigate possibilities for improving the program to address the challenges of driving safe while multi tasking.

**Fund Development and Communications Goals and Objectives  
Fiscal Year 2017-2018**

**Goal 1: Fund Development**

Increase funding for Envision services and operating support.

**Objectives:**

1. Finalize “Annual Sponsorship Brochure” and promote to potential sponsors year-round.
2. Develop and initiate a Donor Stewardship plan that has a primary focus on planned and annual giving. The plan would include further developing Donor Recognition program to enhance the donor cycle and relationship with Envision.
3. Migrate all past fundraising records into Salesforce to gain new insights on grant, sponsor and donor trends and activities.
4. Explore additional fund-raising opportunities.

**Goal 2: Communications**

Raise awareness of Envision’s mission, purpose, and services within the community with a focus as a Person Centered Organization.

**Objectives:**

1. Promote the use of person-centered language and practices when marketing Envision in all capacities including print, digital, broadcast and word-of-mouth.
2. Complete and promote the use of “contact cards” to gain more people supported as participants in Envision events and activities.
3. Develop more meaningful relationships with volunteers through an active and ongoing Volunteer Recognition program.
4. Identify and capitalize on current community relationships and develop new ways to market Envision’s mission, objectives, events and other activities in those markets.

**Program Services Goals and Objectives  
Fiscal Year 2017-2018**

**Goal 1:**

Fully practice and participate in Person Centered Thinking (PCT) within the Program Services Department, with an emphasis on person centered outcomes for people supported.

- Update all procedures for new practices and to include PCT language.

- Review/revise how the training of new and current employees occurs to include and emphasize PCT, shared values/vision statement and the purpose/importance of the work they are doing.
- Update all file review, site visit, provider meeting, assessments, annual summary and other monitoring forms to include PCT language, skills and tools.
- Identify and capture/document at least one success story for every person supported in the PS department.
- Incorporate “Vision Victories” in all department meetings (SE, DP, Residential, Provider and DCP Quarterly meetings).

**Goal 2:**

To be efficient and effective in the work that is completed in all positions in the Program Services Department.

- “Blue sky” sessions for each service area to identify inefficiencies or poor quality in current tasks and responsibilities (complete what’s working/what’s not working in specific programs, positions and with specific tasks).
- Review current job descriptions and make revisions based on the outcome of the “Blue sky” sessions.
- Identify processes/practices that need to be revised based on the outcome of the “Blue sky” sessions.
- Develop plans with action steps, timeframes and responsible person/people to change the identified processes/practices.
- Conduct “check-in” meetings to share updates and track what changes have been made and what things are still in process.