



**There is more to me
than my disability.**

Community Connections

2018-2028 Strategic Plan Community Connections, Inc.

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Introduction

In the 1950's, families and professionals working with individuals with intellectual and developmental disabilities (IDD) began a movement to create the opportunity for adults and children with IDD to live in their communities. Prior to this movement, the sole option for individuals with IDD to receive services was to go to an institution that served their "region." (The region of Southwest Colorado was served by Grand Junction.) By the mid 1970's, state governments began to feel the pressure to create alternate living situations for individuals with IDD to live in their communities. Due to advocacy from residents across the state, the Colorado legislature created the Community-Centered Board (CCB) system in 1963. The new CCB's were initially formed with parents of individuals with IDD as the leadership, creating a new way of life for individuals with IDD and their families. When the Federal government authorized the use of Medicaid funding for community living, the independent living movement and de-institutionalization increased exponentially. Finally, kids and adults with IDD could stay in the communities where they were born or grew up or in communities of their preference. They could receive support in their family home, independent homes and apartments or group homes in their communities.

Community Connections, Inc. (CCI) was founded in 1985 as the CCB serving individuals with IDD in southwest Colorado (Archuleta, Dolores, La Plata, Montezuma, and San Juan Counties). The de-institutionalization movement was still in its infancy even then, and many individuals were not moved from the Regional Centers back into their communities until the 1990's. In order to serve the growing need for services, Colorado began to rely heavily on federal Medicaid funding. The result has been an amalgamation of the vision of the families who fought for community services and the structured requirements of Medicaid programs. It is a tension within our system that remains to this day and leads to the need for CCB's to find local and private funding to respond to those specific needs in their communities that don't fall within the Medicaid funding guidelines.

The families, caregivers and committed professionals who started Community Connections had a vision of people with intellectual and developmental disabilities living in regular homes, working and playing in the community, leading typical lives. CCI has remained true to that vision and continues to provide services in the least-restrictive environments possible. It is our commitment that children are served in their family home or child care setting, and adults live and work in the community rather than segregated sheltered workshops and group homes.

In 2018, the vision of the founders of CCI is still relevant. Though not generally institutionalized, individuals with IDD continue to face barriers—philosophical, physical, institutional, and financial—that keep them segregated from people without disabilities. They still often play on special teams, participate in special events and activities, and live with other people with disabilities. Individuals with IDD suffer a high rate of abuse and high unemployment rates. Grouping people with IDD together continues due to the lack of resources from government and private funding and lack of understanding in society. Organizations such as CCI continue to chase our vision and try to find creative ways to help people with IDD find and reach their life goals.

Mission Statement

The mission of Community Connections is to create opportunities for children and adults with developmental and intellectual disabilities to lead healthy and fulfilling lives within our community.

Vision

The vision of Community Connections is a community where all people with developmental disabilities have the same opportunities as other community members.



Key Assumptions and Implications

Assumption	Implication for Community Connections
Conflict-free Case Management will be implemented across Colorado.	CCI will cease to provide Targeted Case Management services within the next five years.
Changes in the Colorado 1915c Waiver System will spur increased competition amongst providers, including in Southwest Colorado.	CCI must assure that it can demonstrate that it provides high quality services that meet the needs of its customers.
The redesign of Colorado's IDD Waiver programs will reduce the cost-efficiency of residential services.	All programs within CCI must be self-sustaining; surplus from some programs may not be available to cover losses in others.
The retirement of the Baby Boomer generation will place increased pressures on the current caregiver workforce crisis.	CCI must provide compensation and a working environment to make it a highly competitive employer in Southwest Colorado.
Medicaid funding is unpredictable and unsustainable for the long term. Due to TABOR, the State of Colorado is unlikely to be able to fill the entirety of gaps that would be caused by cuts or caps to Medicaid funding.	CCI will require alternate sources of funding to continue its programs. Programs may need to be cut or streamlined to prevent significant budget shortfalls.
Services that reflect person-centered thinking and promote full inclusion will be expected by customers and required by funders.	CCI should be a leader in implementing programs and processes that support the future of IDD services.

Our Goal: Social Integration for children and adults with intellectual or developmental disabilities

A key theme pervades Community Connections' past foundations, current passions, and the future trends of the industry. When intellectual and developmental disabilities services moved from large institutions to segregated settings within the community, Community Connections was one of the first agencies in Colorado to push our services to the next step. By the 1990's, Community Connections had closed all group homes and sheltered workshop settings in preference of smaller, more natural homes and services alongside people without disabilities. Leaders in the IDD field recognize that there is a crucial step from physical presence to social integration within the fabric of the community (Jackson, p 6).

The future of Community Connections is fully achieving the next step and serving as a bridge to improve social integration for people with intellectual and developmental disabilities in their communities.

We understand social integration as the experience of people with intellectual and developmental disabilities who live as contributing members of their communities, and thereby experience regular and positive interactions with their fellow citizens (O'Brien p 3). Social integration includes participation in social networks, memberships in clubs/associations, mutual friendships, performing a variety of social roles. Simply put, social integration means people with intellectual and developmental disabilities have the chance to live the same quality of life and participate in their communities in same ways that people without disabilities do.

Though some components of integration may be subjective and individual interests and relational needs vary widely, studies have found certain elements to be indicative of greater social integration (Amado, p 5):

- Friendships with community members—Reciprocal relationships with people with and without disabilities are a key component to integration and are shown to increase the health and safety of individuals with IDD and decrease incidents of abuse.
- Community Group/Association/Club Membership—Participation in community groups or clubs is often a step toward developing friendships and taking on valued social roles. Note that active participation in a group is not the same as participation in activities or events where the individual is a passive participant (eg. movies, theater, concerts, tourist destinations) or where the individual does not have meaningful, sustained contact (e.g. eating out, shopping, "hanging out" at a park or mall).
- Community Social Roles—Social Roles often include leadership and valued roles in community settings: volunteer at church or nonprofit, leadership in advocacy group, member of a board or committee, etc.

- ▶ Family Contact—Individuals who are supported in social integration may also experience a corresponding increase in their time spent and contact with family members.
- ▶ Community Employment—Paid employment in community settings alongside people without disabilities may occur with or without paid supports.
- ▶ Number of hours in the community—Though hours spent in the community does not automatically result in increased social integration, there is a demonstrated correlation between increased time spent in the community and social integration (Jackson p 13). Social integration cannot occur without time in the community.

Each of these elements in isolation may not paint a full picture of integration. However, focus on a combination of elements can reflect the variety of ways that individuals may choose to be involved in their communities and may be ways to help measure movement on a continuum from social isolation to social integration. Care should be taken to ensure that participation in data collection is voluntary.

As Community Connections strives toward social integration, it should be noted that in studies, certain environmental factors lead to improvements in social integration among individuals who are involved in formal services. These factors should be figured into plans to increase opportunities for social integration.

- ▶ 1. Opportunity for choices and autonomy
- ▶ 2. Variety and stimulation of facility environment
- ▶ 3. Smaller size of settings (Note that though smaller settings sizes were essential for social integration, staff to client ratios did not have statistically significant impacts.)
- ▶ 4. Vocational services
- ▶ 5. Availability of transportation

(Amado et. al, p 363.)

Overall, a review of documents relating to social integration reveals components most needed to build an effective social integration program. These will be key components to consider in the strategies and steps that Community Connections will need to take to support improved social integration.

- ▶ Caregiver/employee training (repeatedly the top factor)
- ▶ “Winning the hearts and minds of the community”
- ▶ Significant amount of time spent by the individual in an inclusive environment
- ▶ Assessment of skills needed to successfully integrate (ex: Manners) and supports to acquire and practice those skills
- ▶ Opportunities for individuals to have a variety of experiences

Strategic Priorities

- Improve opportunities for people with intellectual and developmental disabilities to engage
- Increase community outreach and education
- Diversify and increase funding
- Improve processes and operations

Strategic Priorities with Objectives

Improve opportunities for people with intellectual and developmental disabilities to engage	
1) <i>Educate people with intellectual and developmental disabilities about benefits of broadened engagement and opportunities.</i>	a) By 2028, at least 80% of adult clients will have participated in targeted training and planning to identify opportunities of interest to them.
	b) By 2028, at least 50% of adult clients will be actively involved in at least one valued social role (ex. community employment, club membership, active involvement in a group).
2) <i>Increase transportation opportunities provided by paid or unpaid supports.</i>	a) By 2028, at least 80% of adult clients will have transportation to and from the activities of their choice.
3) <i>Increase community employment and volunteering.</i>	a) By 2028, at least 95% of clients who choose to work will have paid community employment or a meaningful volunteer position within six months of identifying their interest in such positions.
4) <i>Increase access to and appropriate use of technology that supports integration.</i>	a) By 2028, at least 95% of clients in all programs will have potential assistive technology supports assessed within their person-centered planning process.
	b) By 2028, at least 75% of identified technology needs will be provided within six months of identification.

Increase community education and outreach	
1) <i>Increase engagement of community members with individuals with intellectual and developmental disabilities.</i>	a) By 2028, CCI will double the number of community companies, organizations and groups who provide engagement opportunities to individuals with intellectual and developmental disabilities.
2) <i>Equip employees and volunteers as community ambassadors.</i>	a) By 2028, at least 75% of employees and volunteers will demonstrate proficiency in the skills necessary to support social integration.

Diversify and Increase Funding	
1) <i>Increase funding from sources other than Medicaid, State General Fund, and Part C Federal funds</i>	a) Between July 1, 2018 and June 30, 2028, Community Connections will increase its non-state and federal funding by 10% per year.
	b) By 2028, Community Connections will triple the number of combined individual and corporate donors.

Improve Processes and Operations	
1) <i>Develop a robust program evaluation program.</i>	a) By 2023, Community Connections will report outcomes on each of its programs on at least an annual basis and adjust programs in response.
2) <i>Implement accepted principles of Quality Improvement Strategies throughout the organization.</i>	a) By 2028, turnover at Community Connections will be less than 20% per year for five straight years.
	b) By 2028, Community Connections' client and employee satisfaction will be stable within an acceptable range.
3) <i>Implement a coordinated, competency-based training program that covers all agency positions.</i>	a) By 2028, 100% of Community Connections employees will demonstrate job competency within 6 months of their date of hire.

About the Process

The Community Connections Long Range Strategic Plan for 2018-2028 was developed over the course of a year with input from a variety of stakeholders. We performed in-person SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analyses with several groups: Adult Program Clients in Durango and Cortez communities, Senior Executive Team, Board of Directors, Program Managers, Case Managers, and Cortez area staff. A public survey was created on Survey Monkey and sent to employees, families and community stakeholders via Constant Contact email. A link to the survey was also posted prominently on the Community Connections website and the CCI Facebook page. Seventeen individuals responded to the survey. We also gathered information at our Annual Forum in September 2017, although attendance was low.

Our Board of Directors then participated in an exercise over the course of several board meetings to identify what CCI is passionate about, what we are good at, and what drives our resource engine. Our Strategic Plan Committee was tasked with determining the point of intersection between those areas. The SP Committee articulated our long term goal and identified the priority areas. Several workgroups helped develop those priority areas into objectives and steps we can take to complete our goal.

Strategic Plan Committee Members

Alexandra Rodriguez, Board of Directors
Janice Moen, Board of Directors
Richard Siegele, Board of Directors
Elizabeth Fabrey, VP of Case Management
Judy Schreckenbach, VP of Human Resources
Marcy Cummins, VP of Operations
Shannon Kreuser, CFO
Tara Kiene, CEO

Additional Workgroup members:

Bob Conrad, Board of Directors
Donna Fitzpatrick, Host Home Provider
Lynn Hunter, Accounting Assistant
Lynn Urban, Executive Director, United Way of SW Colorado
Pat Smith, Children and Family Services Program Director
Rocky Moss, Manager, Dolores Chamber of Commerce

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