

## **HIGHLIGHTS**

### **State—HCPF/DHS/Alliance.**

- Department of Health Care Policy and Financing—
  - Conflict-Free Case Management—Where to begin and how to explain? Several years ago when the State of Colorado was designing its plan to eliminate conflict in case management, CCB's like ours were asked to submit our own plan around one of four options. At that time, based upon what we knew, we chose to divest targeted case management services and continue providing direct services. The Department of Health Care Policy and Financing has recently determined that their previous plan was overly complicated and difficult to navigate for people wanting to access the IDD system. While they are essentially correct, they are looking at completely restructuring the future plan, which essentially means that our internal decisions have been based on a future landscape that may no longer exist. At this point, there are too many unknowns for us to devise a new course of action. (As of the time I am writing this, I have had less than 24 hours—including one very sleepless night—to process this tectonic shift.) The idea that HCPF has proposed is to create some regional entities who will take on all case management and CCB functions (including intake, eligibility, ongoing case management, information and referral, community relations, capacity building, etc.) for all of the IDD programs and all the waiver programs currently managed by the Single Entry Points (in our community that is Montezuma Cty. Health Department and San Juan Basin Public Health). Essentially, those two entities could take all of our case management and CCB functions under their umbrella; we could take all of their case management under our umbrella and stop providing services; or a completely new entity could come in and take over those functions from all of us. But, as I say, that idea is about 24 hours old and could shift as significantly as the old one. Oh, did I mention we have 28 months left before we are required have all these changes made?
  - Rural Sustainability—The federal Centers for Medicare and Medicaid Services (CMS) has approved Colorado's proposal to begin allocating waiting list enrollments by county population, helping to ensure that rural communities don't lose quite as many residential enrollments to the front range in the future. HCPF is currently collecting stakeholder feedback and then we hope to see the new allocation methodology go into place with the coming fiscal year starting June 1<sup>st</sup>.
- Alliance—
  - End the Wait campaign—Our proposed legislation to end the statewide waiting list for comprehensive services is making gains. There is a lot of enthusiasm and legislative support at this time, even though the final bill

has not been proposed (because it will be a Joint Budget Committee bill, it will come out later in the session). We are concerned that the final version will continue to include the provider capacity component, which ties rates for IDD Services to the Consumer Price Index and helps ensure that we don't fall further behind inflation. But so far, the concept is well received. We may be calling on everyone again to contact our local representative to ask them to PLEASE support this bill.

### **Local Community**

- Ability Summit—Mark your calendars for this year's Ability Summit (formerly known as Family Day) on March 12<sup>th</sup> at the Durango Recreation Center. I will include the flyer in your packet.
- CIT—Our regional Crisis Intervention Team training is coming up in April. This is an opportunity for first responders, particularly law enforcement, to gain a better understanding of mental illness and other disabilities and develop skills and strategies to support people with disabilities who are in crisis. I am serving on the planning team and in the past couple of years, a couple of our current Board members have served on panels. They can probably fill us in more about what that training is like.
- Health Equity Conference—San Juan Basin Public Health is also coordinating a day-long training on May 19<sup>th</sup> for first responders to be prepared to address a variety of functional needs that people might experience during a community-wide emergency. Matt Payne and I are assisting with this planning and will likely be looking for adults and/or parents of children with IDD to participate and give first responders feedback on how emergency plans would impact them. Any Board member who would like to attend will be welcome.
  - Our Health Equity group is also planning a table-top exercise specifically with CCI employees and/or host homes to do a mock exercise around our response in the case of a pandemic illness (which I had ironically brought up as a potential discussion even before coronavirus flared up. I'm not psychic; I just cast a wide net with my anxieties.)

### **Fundraising/Development**

- Fund Development Committee—Since the FDC is now a standing agenda item, I won't steal Cynthia and Ellen's thunder other than to say I am really excited about the momentum in the committee! We are planning a meet and greet/requirement session for potential committee members on March 18<sup>th</sup>.
- Employment Challenge Application—At the 11<sup>th</sup> hour, we found out about an Employment Challenge offered by the federal Administration for Community Living. The Challenge was seeking proposals from organizations/businesses around innovative approaches to increasing community employment for people with IDD. This Challenge was very much in alignment with an idea we have had for recruiting people with IDD into Direct Service Professional Careers, so Ellen Stein and Jeff Newman helped me pull together our proposal (see summary below). This isn't a traditional grant where we make a pitch and they decide

whether to fund it. In a Challenge, we make a pitch, prove that we can do it without their money, and if they really like it we might receive a cash award. I'm not holding my breath since it looks like there will only be one finalist in the entire nation, but the process of creating the proposal helped us develop a very interesting idea and sell it to some partners who were enthusiastic about the idea as well. It would be wonderful if we were one of the semi-finalists who gets to go to Washington DC to pitch our idea to experts who can consult with us on making it happen. The opportunity for some positive exposure was worth the (quite extensive) time it took to put together the proposal. And now I know how to make a pdf 508 compliant!

- Summary of our proposal: The United States is experiencing a critical workforce shortage in professionals providing direct care to people with disabilities. By 2024, the American Network of Community Options and Resources (ANCOR) predicts there will be over 230,000 vacancies in these crucial positions. We propose to address this issue by matching the underemployed workforce of people with intellectual and developmental disabilities (IDD) to these vacancies. Our strategy is to actively recruit disability activists who are committed to transforming the disabilities services industry to fill Direct Support Professional positions. These disability activists will create training, policies and practices to ensure a welcoming and supportive working environment for people with disabilities in our industry, carving a way for more people with intellectual and developmental disabilities to see direct support as a valid career path. The predicted outcomes of this project include increased numbers of people with intellectual and developmental disabilities employed as Direct Support Professionals (DSPs), decreased vacancies in the disability services field, and the development of proven tools that employers can use to recruit and support people with IDD into their businesses
- Full proposal in your packet in case you want to read the full 14 pages.

### **Internal CCI highlights**

- Business Planning—As you know, we've been working on some more specific action plans to support our 10 year Strategic Plan and ensure our future financial sustainability. We have lots of great brainstormed ideas that we are working to prioritize and bring our top ones to the Board to propose what we'd like to tackle in the upcoming couple of year. However, the situation I explained at the very beginning of this report has thrown a huge wrench in our plans, and I need some time to digest the changing tide before we can have clarity around which of our strategies might still be appropriate in the new universe.

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### **Facilities**

- Sawyer Drive—It's always something at Sawyer Drive. Apparently our elevator is in its death throes, so that might be our next capital project.

- Harrison—We are adding security cameras to the Administrative Building in Cortez to increase employee safety, particularly in light of some troubling activity at the car wash across the street.

## **Other**

- We recently had a request from a man representing the CCB Transparency Group on the front range asking us to provide information on our finances, including our 990 and audit and accounting for local government funding that we receive. They also requested a copy of our detailed ledger so they could see our exact expenditures. Much of this information is already on our website, and I gladly sent that along. The detailed ledger goes way beyond what we are required to disclose, and I was uncomfortable sending that level of detail without discussing it with the Board first. I will include the letter we received in your Board packet and will ask for a quick discussion on how we should respond to the request.
- On a happier note, an application from a potential Board member is in your packet this month and I anticipate we'll have another guest who has expressed interest in (re)joining the Board.

## Acronym Cheat Sheet

- ART (Administrative Review Team) –The Executive Team and Program Directors oversight of Quality Indicators
- The Arc – advocacy organization for people with intellectual disabilities
- ANCOR (American Network of Community Options and Resources (for DD))
- BHO (Behavioral Health Organization)
- CCB (Community Centered Board) we are 1 of 20 in the state
- CCI (Community Connections, Inc.)
- CDLE (Colorado Department of Labor and Employment)
- CFCM (Conflict-Free Case Management) Federal mandate that the provision case management must be separated from direct program services.
- CES (Children's Extensive Services)
- CHCBS (Children's Home and Community Based Services)
- CMS (Centers for Medicare & Medicaid Services) Federal
- CORA (Colorado Open Records Act)
- DHS or CDHS (Colorado Department of Human Services)
- DSP (Direct Support Professional) – field staff working with clients
- DVR (Department of Vocational Rehabilitation)
- EI (Early Intervention) Developmental services for kids Birth to 3
- FOT (Festival of Trees)
- HCPF (Health Care Policy and Financing) State Medicaid office
- I/DD (Intellectual and Developmental Disabilities)
- JBC (Joint Budget Committee at the Colorado legislature)
- MOU (Memorandum of Understanding)

- PASAs (Program Approved Service Agencies) agencies approved to provide Medicaid Waiver services across the state
- PCA (Personal Care Alternative) residential services not in a host home
- RAE (Regional Accountable Entity) Medicaid Care Management organization
- Residential (a.k.a. Comprehensive – our adult 24/7 support)
- ROI (Return on Investment)
- SJBPH (San Juan Basin Public Health)
- SLS (Supported Living Services) – Services for adults living independently or with family
- TCM (Targeted Case Management)