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## Reporting Instrument

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OMB Control Number: 0985-0061  
Expiration Date: February 28, 2025

# CIL Program Project Performance Report

(To be completed by Centers for Independent Living)

**Fiscal Year: 2022**

**Grant #: 2203COILCL**

**Name of Center: Center for People With Disabilities**

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

**State: CO**

**Counties Served: Adams (CO), Arapahoe (CO), Boulder (CO), Clear Creek (CO),  
Crowley (CO), Denver (CO), Douglas (CO), El Paso (CO), Gilpin (CO), Jefferson  
(CO), Larimer (CO), Logan (CO), Mesa (CO), Washington (CO), Weld (CO), Yuma  
(CO), Broomfield (CO)**

## SECTION 1 - GENERAL FUNDING INFORMATION

Section 725(c)(8)(D) of the Act

Indicate the amount received by the CIL as per each funding source. Enter '0' for none.

### Item 1.1.1 - All Federal Funds Received

|                                     |                     |
|-------------------------------------|---------------------|
| Title VII, Ch. 1, Part B            | \$37,661.00         |
| Title VII, Ch. 1, Part C            | \$252,732.00        |
| Title VII, Ch. 2                    | \$66,811.51         |
| Other Federal Funds                 | \$ 173751.04        |
| <b>Subtotal - All Federal Funds</b> | <b>\$530,955.55</b> |

### Item 1.1.2 - Other Government Funds

|  |                       |
|--|-----------------------|
| State Government Funds                             | \$818,596.00          |
| Local Government Funds                             | \$467,549.00          |
| <b>Subtotal - State and Local Government Funds</b> | <b>\$1,286,145.00</b> |

### Item 1.1.3 - Private Resources

|  |                       |
|--|-----------------------|
| Foundations, Corporations, or Trust Grants   | \$334,746.00          |
| Donations from Individuals                   | \$18,868.00           |
| Membership Fees                              | \$0.00                |
| Investment Income/Endowment                  | \$0.00                |
| Fees for Service (program income, etc.)      | \$1,213,738.00        |
| Other resources (in-kind, fundraising, etc.) | \$51,018.00           |
| <b>Subtotal - Private Resources</b>          | <b>\$1,618,370.00</b> |

### Item 1.1.4 - Total Income

|  |                |
|--|----------------|
| Total income = (1.1.1)+(1.1.2)+(1.1.3) | \$3,435,470.55 |
|--|----------------|

### Item 1.1.5 - Pass Through Funds

|  |        |
|--|--------|
| Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, or Medicaid funds) | \$0.00 |
|--|--------|

### Item 1.1.6 - Net Operating Resources

|   |                |
|---|----------------|
| Total Income (Item 1.1.4) <minus> amount paid out to Consumers (Item 1.1.5) = Net Operating Resources | \$3,435,470.55 |
|---|----------------|

### **Item 1.2 IL Resource Development Activities**

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

*CPWD employs a Director of Development and Communication who applies for funding from federal, state, county, and city funds throughout the year. Additionally, we apply for funding from private foundations both nationally and in Colorado.*

*This past year, we were very successful in raising funds to support important programs and services, including funds for SSI/SSDI assistance, funds to help develop an assistive technology hands-on library and training center for people with low vision or who are blind as well as funding to provide Career Coaching services.*

*Our fee-for-service, or earned income (note: all services are offered at no cost to consumers) also increased through the expansion of our Veterans Independence Program, Benefits Counseling, and Pre-Employment Youth Transitions Services (more details in section 6.1.1 – Achievements).*

*In this reporting year, CPWD brought in \$1,968,370 of additional resources comprised of fee-for-service revenue and grants, not including State IL and Federal funds.*

## **SECTION 2 - COMPLIANCE INDICATOR 1: PHILOSOPHY**

**Item 2.1 - Board Member Composition**

Enter requested governing board information in the table below:

| Total Number of Board Members | Number of Board Members with Significant Disabilities |
|-------------------------------|---|
| 7                             | 5   |

|   |        |
|---|--------|
| Percentage of Board Members with Significant Disabilities | 71.00% |
|---|--------|

**Item 2.2 - Staff Composition**

Enter requested staff information in the table below:

|                           | Total Number of FTEs | FTEs Filled by Individuals with Disabilities | FTEs Filled by Individuals From Minority Populations |
|---------------------------|----------------------|--|--|
| Decision-Making Staff     | 5                    | 4  | 1  |
| Other Staff               | 27.25                | 22.45  | 4.5  |
| Total Number of Employees | 32.25                | 26.45  | 5.5  |

**Item 2.2.1 - Staff With Disabilities**

|   |        |
|---|--------|
| Percentage of Staff Members with Significant Disabilities | 82.00% |
|---|--------|

## SECTION 3 - INDIVIDUALS RECEIVING SERVICES

Section 704(m)(4)(D) of the Act; Section 725(b)(2) of the Act; Section 725(c)(8)(B) of the Act

### Item 3.1 - Number of Consumers Served During the Reporting Year

Include Consumer Service Records (CSRs) for all consumers served during the year

|  | # of CSRs |
|--|-----------|
| (1) Enter the number of <u>active</u> CSRs carried over from the previous reporting period | 327       |
| (2) Enter the number of CSRs started since the first day of the reporting period           | 282       |
| (3) Add lines (1) and (2) to get the <b><i>total number of consumers served</i></b>        | 609       |

### Item 3.2 - IL Plans and Waivers

Indicate the number of consumers in each category below.

|  | # of Consumers |
|--|----------------|
| (1) Number of consumers who signed a waiver                                  | 462            |
| (2) Number of consumers with whom an ILP was developed                       | 147            |
| (3) <b><i>Total number of consumers</i></b> served during the reporting year | 609            |

### Item 3.3 - Number of CSRs Closed by September 30 of the Reporting Year

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

|                             | # of CSRs |
|-----------------------------|-----------|
| (1) Moved                   | 14        |
| (2) Withdrawn               | 39        |
| (3) Died                    | 22        |
| (4) Completed all goals set | 71        |
| (5) Other                   | 61        |

|   |     |
|---|-----|
| (6) Add lines (1)+(2)+(3)+(4)+(5) to get <b>total CSRs closed</b> | 207 |
|---|-----|

### Item 3.4 - Age

Indicate the number of consumers in each category below.

|   | # of Consumers |
|---|----------------|
| (1) Under 5 years old                       | 0              |
| (2) Ages 5 – 19                             | 21             |
| (3) Ages 20 – 24                            | 34             |
| (4) Ages 25 – 59                            | 221            |
| (5) Age 60 and Older                        | 333            |
| (6) Age unavailable                         | 0              |
| <b>(7) Total number of consumers by age</b> | <b>609</b>     |

### Item 3.5 - Sex

Indicate the number of consumers in each category below.

|   | # of Consumers |
|---|----------------|
| (1) Number of Females served                | 315            |
| (2) Number of Males served                  | 284            |
| <b>(3) Total number of consumers by sex</b> | <b>599</b>     |

### Item 3.6 - Race And Ethnicity

Indicate the number of consumers served in each category below. **Each consumer may be counted under ONLY ONE of the following categories in the PPR/704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).**

|  | # of Consumers |
|--|----------------|
| (1) American Indian or Alaska Native                     | 6              |
| (2) Asian  | 11             |
| (3) Black or African American                            | 26             |
| (4) Native Hawaiian or Other Pacific Islander            | 3              |
| (5) White  | 451            |
| (6) Hispanic/Latino of any race or Hispanic/ Latino only | 89             |

|   |            |
|---|------------|
| (7) Two or more races   | 0          |
| (8) Race and ethnicity unknown                                | 23         |
| <b>(9) Total number of consumers served by race/ethnicity</b> | <b>609</b> |

### Item 3.7 - Disability

Indicate the number of consumers in each category below.

|   | <b># of Consumers</b> |
|---|-----------------------|
| (1) Cognitive   | 103                   |
| (2) Mental/Emotional                                      | 30                    |
| (3) Physical  | 140                   |
| (4) Hearing   | 3                     |
| (5) Vision  | 65                    |
| (6) Multiple Disabilities                                 | 268                   |
| (7) Other   | 0                     |
| <b>(8) Total number of consumers served by disability</b> | <b>609</b>            |

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

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

| <b>County Name</b>                                | <b>Number of County Residents Served</b> |
|---|--|
| Adams, CO   | 130                                      |
| Arapahoe, CO                                      | 7  |
| Boulder, CO                                       | 201                                      |
| Clear Creek, CO                                   | 1  |
| Crowley, CO                                       | 2  |
| Denver, CO  | 60                                       |
| Douglas, CO                                       | 1  |
| El Paso, CO                                       | 1  |
| Gilpin, CO  | 8  |
| Jefferson, CO                                     | 55                                       |
| Larimer, CO                                       | 54                                       |
| Logan, CO   | 2  |
| Mesa, CO  | 1  |
| Washington, CO                                    | 1  |
| Weld, CO  | 56                                       |
| Yuma, CO  | 1  |
| Broomfield, CO                                    | 28                                       |
| <b>Total number of consumers served by county</b> | <b>609</b>                               |



## SECTION 4 - INDIVIDUAL SERVICES AND ACHIEVEMENTS

### Item 4.1 - Individual Services

For the reporting period, indicate in the table below how many consumers requested and received each of the following IL services.

| <b>Services</b>                                       | <b>Consumers Requesting Services</b> | <b>Consumers Receiving Services</b> |
|---|--------------------------------------|-------------------------------------|
| (A) Advocacy/Legal Services                           | 35                                   | 35                                  |
| (B) Assistive Technology                              | 125                                  | 125                                 |
| (C) Children's Services                               |                                      |                                     |
| (D) Communication Services                            |                                      |                                     |
| (E) Counseling and Related Services                   |                                      |                                     |
| (F) Family Services                                   |                                      |                                     |
| (G) Housing, Home Modifications, and Shelter Services |                                      |                                     |
| (H) IL Skills Training and Life Skills Training       | 282                                  | 282                                 |
| (I) Information and Referral Services                 | 592                                  | 592                                 |
| (J) Mental Restoration Services                       |                                      |                                     |
| (K) Mobility Training                                 |                                      |                                     |
| (L) Peer Counseling Services                          | 179                                  | 179                                 |
| (M) Personal Assistance Services                      |                                      |                                     |
| (N) Physical Restoration Services                     |                                      |                                     |
| (O) Preventive Services                               |                                      |                                     |
| (P) Prostheses, Orthotics, and Other Appliances       |                                      |                                     |
| (Q) Recreational Services                             |                                      |                                     |
| (R) Rehabilitation Technology Services                |                                      |                                     |
| (S) Therapeutic Treatment                             |                                      |                                     |
| (T) Transportation Services                           |                                      |                                     |

|                               |     |     |
|-------------------------------|-----|-----|
| (U) Youth/Transition Services | 50  | 50  |
| (V) Vocational Services       | 126 | 126 |
| (W) Other Services            | 16  | 16  |

## Item 4.2 - I&R Information

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

The service provider   X   did /        did not engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology. Describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

*CPWD receives information and referral (I&R) requests through phone calls, emails, and by walking into a CPWD office. I&R inquiries are addressed by the I&R and Outreach Specialist who serves as the first point of contact for individuals seeking services. The I&R and Outreach Specialist provides I&R services and shares about IL Philosophy and the process of becoming a consumer. If an individual needs further IL services, they are assigned to work with the appropriate program staff to complete an intake. Through the intake process, staff work with consumers to identify their goals and the services that would help them maintain or increase their independence.*

*Program accessibility is very important to CPWD. To better assist our consumers we have staff that travels to multiple offices and meets with consumers in the community, reducing the barriers to transportation. Additionally, the staff asks consumers their language and preferred method of contact to ensure we are delivering services and materials in the format that will best meet their needs. We have staff fluent in Spanish and American Sign Language and utilize interpretation services that can provide interpretation in 50+ languages during phone, in-person, and video remote meetings. CPWD materials are available in alternate formats including large print, audio format, and in both English and Spanish. Additionally, our website is translated into English and Spanish and includes an accessibility menu where consumers can control the contrast, text size, spacing, cursor, etc.*

*Below is some additional information about each Core Service.*

Information and Referral: While we do have a designated I&R and Outreach Specialist, all staff has the responsibility of providing Information and Referral (I&R). On average, CPWD handles one hundred new I&R requests a month, primarily from individuals with disabilities, family members, healthcare providers, and social service organizations. We see a variety of requests for information and referrals ranging from housing, legal services, disability benefit education and application assistance, and basic needs requests.

Independent Living Skills Training: All direct service staff provide Independent Living Skills Training (ILST). ILST is done both on an individual level as well as in group settings. Examples of popular ILST topics from our consumers include learning how to budget and manage personal finances, navigating the public transportation system, home and bill payment organization, and how to search for and apply for affordable/accessible housing. Throughout the year, we host specialized workshops based on consumers' interests some of which this past year include a 5-day transportation skills training workshop, a monthly Social Security Disability Insurance workshop, and a variety of events for the blind/low vision community. Blind/low vision specialty workshops this year included self-defense, gardening with low vision, and multiple assistive technology demonstrations.

Individual/Systems Advocacy: Direct service staff and our Community Organizer work with individuals and groups on their advocacy goals. This might include teaching a consumer how to advocate on their own or working with a group to create equal access for all. Common areas for self-advocacy are housing, transportation, employment, and healthcare. This year, we provided 5 disability etiquette trainings and accessibility walk-through tours to public entities to create a more inclusive community. Additionally, we are a member of the Association of Colorado Centers for Independent Living (ACCIL) and participate in many statewide coalitions to advocate for systems change with stakeholders.

Peer Mentoring: Employees with disabilities provide a natural conduit for peer mentoring. Currently, 82% of CPWD's staff are individuals with disabilities. Staff who have overcome barriers and achieved varying degrees of independence are uniquely qualified to mentor others to achieve similar goals. Additionally, CPWD has peer support groups that meet regularly so that consumers can build community and support each other through their independent living goals. We have a mix of both in-person and virtual groups allowing consumers to join in the format they prefer.

Nursing Home Transitions: Staff provides transition services to individuals transitioning out of nursing facilities who have identified a desire to return to the community. Staff also engages in outreach activities to ensure all residents in nursing facilities know they have a right to leave and return to the community. This reporting year, staff transitioned 4 consumers out of facilities and supported an additional 12 consumers pre-transition.

*Youth Services/Transitions Program – We have a strong relationship with the Department of Vocational Rehabilitation (DVR) and are a well-respected Pre-Employment Transition Services (Pre-ETS) vendor. Pre-ETS is provided in partnership with local area schools through hands-on classes specifically designed to address IL and vocational skills. Classes also address the social and emotional needs of students who are entering adulthood. This summer we held a 6-week intensive summer program for Adams County youth focused on career development. Also in the summer, we held a 4-week employment program in Boulder County. During these summer programs, youth gathered to learn vocational skills and tour local businesses to explore a variety of job opportunities. Youth services also include services to post-secondary youth, which include one-on-one assistance from a Youth Independent Living Advisor, peer support groups, and social/peer support activities. Social activities from this past reporting period include a roller skating party, karaoke night, and an arts and crafts event.*

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

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

*Peer support and peer relationships are foundational to all our programs and services. CPWD employs a majority of people with disabilities. This includes people with visible and "invisible" disabilities. Because 82% of CPWD employees are people with disabilities, staff and consumers develop peer mentoring relationships while working together. Staff members are successful peer role models as they have overcome many of the barriers that face people with disabilities - including employment, housing, transportation, and healthcare.*

*CPWD also has over 30 peer support groups that meet regularly throughout our service area. In these peer groups, staff lead conversations with consumers and invite everyone to share their successes and challenges as they work toward their independent living goals. This year many of our peer support groups successfully transitioned back to meeting in person after many years of social isolation due to COVID. If a consumer has a goal to be more involved in their community or to become a peer role model themselves, staff assist them by actively looking for opportunities for that consumer to get involved in our agency or their communities. For example, this year we had a consumer who had attended a low-vision peer support group for over seven years. She asked staff if she could lead the 2022 holiday peer group which was focused on her passion for arts and crafts. The consumer planned and facilitated the group, which included creating custom holiday cards with tactile adaptations. The consumer actively remains involved with planning and is a leader within her peer support group.*

*Below is an additional consumer story that demonstrates the power of our peer support services:*

*A consumer named “Sarah” lost her vision rapidly due to brain cancer. Since her diagnosis ten years ago, she had been relying on sighted supporters to do everything for her. Because of her complete vision loss, she was struggling with severe depression. Sarah heard about CPWD’s Beyond Vision program from her ophthalmologist and has now been receiving services for a full calendar year. Thanks to Beyond Vision’s mix of both virtual and in-person groups, Sarah regularly joins five low vision peer support groups a month. During these groups, Sarah has connected with many other consumers in similar situations, especially in our No Light Perception peer group. Through groups, she gained the confidence to take her first airplane flight independently, without sighted supporters, for the first time in 15 years. During her annual Independent Living Plan review with staff, Sarah shared all the benefits of attending peer support groups; including reduced isolation, feeling more empowered and independent, and finally finding a community of people just like her.*

#### **Item 4.4 - Goals Related to Increased Independence in a Significant Life Area**

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

| <b>Significant Life Area</b>       | <b>Goals Set</b> | <b>Goals Achieved</b> | <b>In Progress</b> |
|------------------------------------|------------------|-----------------------|--------------------|
| (A) Self-Advocacy/Self-Empowerment | 24               | 17                    | 7                  |
| (B) Communication                  | 4                | 1                     | 3                  |
| (C) Mobility/Transportation        | 38               | 14                    | 24                 |
| (D) Community-Based Living         | 141              | 73                    | 68                 |
| (E) Educational                    | 24               | 14                    | 10                 |
| (F) Vocational                     | 136              | 71                    | 65                 |
| (G) Self-care                      | 32               | 16                    | 16                 |
| (H) Information Access/Technology  | 122              | 60                    | 62                 |
| (I) Personal Resource Management   | 83               | 19                    | 64                 |

|   |     |    |    |
|---|-----|----|----|
| (J) Relocation from a Nursing Home or Institution to Community-Based Living | 8   | 2  | 6  |
| (K) Community/Social Participation  | 159 | 89 | 70 |
| (L) Other   | 0   | 0  | 0  |

#### **Item 4.5 - Improved Access To Transportation, Health Care Services, and Assistive Technology**

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

| <b>Areas</b>             | <b># of Consumers Requiring Access</b> | <b># of Consumers Achieving Access</b> | <b># of Consumers Whose Access is in Progress</b> |
|--------------------------|--|--|---|
| (A) Transportation       | 28                                     | 13                                     | 9   |
| (B) Health Care Services | 116                                    | 58                                     | 37  |
| (C) Assistive Technology | 142                                    | 63                                     | 55  |

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

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

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

*As a Center for Independent Living, self-help and self-advocacy is at the heart of how we operate all our services. Independent Living Advisors (ILAs) and direct service providers utilize the IL philosophy as the basis of our work and assist consumers in developing individualized independent living goals. Our role when working with consumers is to encourage, coach, and empower them to take the steps necessary to achieve their goals. This is very different from non-CIL service providers. Staff work with consumers and the community to help them better understand the difference between IL service delivery and case management. Additionally, staff has been trained in a Strength-Based Service Delivery, which compliments the IL Philosophy and creates a common language for consumers and community partners.*

*Common areas needed for self-advocacy support with our consumers are tenant-landlord relationships, reasonable accommodation requests, obtaining medical and financial benefits, and self-advocacy with one's own family. Staff maintain a coaching role throughout their work with consumers and regularly look for ways to promote consumers' self-advocacy.*

*Below is one of many consumer's stories about how CPWD has supported self-advocacy goals:*

*An individual connected with CPWD for self-advocacy skills training to obtain the proper services and support she needed through Medicaid. She faced some challenges as a result of her Traumatic Brain injury and struggled with cognitive processing and keeping things organized. This consumer needed assistance with laundry and meal preparation to help maintain her household. She applied for Medicaid's Home and Community-Based Services; but was told that she did not meet the criteria needed for those services according to Medicaid guidelines. When the consumer had her assessment with the Single Entry Point, the county entity that assesses functional eligibility for Medicaid services, the consumer had difficulty communicating her true needs and thus was denied services. The consumer and ILA identified strategies and techniques for self-advocacy and discussed using a journal to detail daily struggles to explain why she needed these services. The consumer advocated for another assessment and used the strategies that she and her Independent Living Advisor created during her second assessment. The consumer was ultimately successful in her advocacy efforts and was approved for Medicaid services.*

#### **Item 4.7 - Additional Information Concerning Individual Services or Achievements**

Please provide any additional description or explanation concerning individual services or achievements reported in Section 4, including outstanding success stories and/or major obstacles encountered.

Below are several success stories from consumers and innovative practices from CPWD this past reporting year:

Independent Living Advisor (ILA) Program – In April 2023, an ILA started working with a consumer with multiple disabilities. This consumer was not used to speaking with anyone except his immediate family and it took time to establish trust and rapport. He needed help with his SSDI application and had been passed from one organization to another. He experienced many challenges – he does not drive and has agoraphobia, a brain injury, anxiety, and PTSD. His mental health disabilities stem from past trauma including being a war refugee as a teenager and suffering a massive stroke at 38. He lost custody of his children and lost his job. It was clear he was struggling. His main goal was to help with the SSDI application, but his ILA also realized he needed medical coverage, nutrition benefits, and access to medical and mental health services. Six months later after working closely with an ILA, the change has been incredible. Despite the stress and difficulties, he remained dedicated. We completed various benefit applications and found immediate resources. He overcame every challenge and he now has hopes of returning to work and pursuing his passion for video editing. Thanks to our Career Coach, he is now volunteering with another agency in this field, to build up his resume and job skills. This experience highlighted the power of collaboration within CPWD and the joy of seeing someone smile and talk positively about their future after facing so many barriers in his life.

Beyond Vision Program – “Marcus” is a Hispanic male in his late 50s, predominately a Spanish speaker. Over the past several years, he lost his vision due to Retinitis Pigmentosa and also has diabetes. He lives with his wife, who has become the sole earner and therefore is gone from the home most of the time. He had become heavily reliant on his wife and because she is gone so often, had become lonely and depressed. CPWD staff assisted Marcus in applying for funding for assistive technology. His application was ultimately successful and he was able to acquire the following equipment: iPhone, iPhone case, Laptop, JAWS software, and a Braille machine. Staff also connected Marcus to Hadley School of the Blind where he is learning how to read and write in Braille. During this time, Marcus attended many of Beyond Vision’s peer support groups and started connecting and making friends with other people who also had visual impairments. His loneliness and depression began to lift. Through our Low Vision and Diabetes Group, he learned about how to manage his diabetes and use accessible glucose monitoring devices. He also participated in the Don’t Let Low Vision Get You Down group, facilitated by a mental health practitioner who is blind. This workshop focused on working through the emotional adjustments that come with losing one’s vision. After working with CPWD for 2 years, Marcus now regularly goes out for walks, continues to learn and participate in groups, and has made many friends and other life-supporting connections. Marcus is just one example of how Beyond Vision services and supports assist older adults with visual impairments on their initial and ongoing journeys of independence, and how many times, those who need help become



great inspirations for others. This cycle helps improve the lives of older adults with disabilities and contributes to a healthier, more inclusive, and more integrated community overall.

Nursing Home Transitions Program – In February 2023, CPWD began working with a consumer who had been living in a skilled nursing facility for 6 months. Before moving into the facility, the consumer was experiencing homelessness for 6 years and struggled with substance abuse, mainly alcohol. While unhoused, he contracted a bacterial infection, which resulted in a lower limb amputation. Due to the affordable housing crisis, this consumer was left “stuck” in the facility despite having recovered from most of his health challenges. Since that experience, he has focused on making positive changes including maintaining sobriety and learning to walk with his new prosthetic. Once CPWD became involved, his transition back to community living moved relatively quickly thanks to the consumer’s determination, family support, and many months of advocacy and coordination by our Nursing Home Transitions Program Manager. Typically a transition in our state can take 9-12 months. This consumer was able to complete all the assessments, obtain a housing voucher, locate affordable housing, set up home and community-based services, establish care with a new primary care clinic, and move out in 6 months. The consumer transitioned into his own apartment this past summer and has been enjoying living on his own. He immediately invited his family over for dinner and was proud to cook homemade tamales for them. Post-transition, CPWD remained involved to ensure that his home and community services continued, providing independent living skills training, and assisting him to make an appeal when his Medicaid was wrongly terminated due to administrative error.

Youth Transitions Program – In the Fall of 2022, a youth consumer with an intellectual and developmental disability contacted CPWD about some issues she was having within her high school. The youth consumer was struggling academically and at risk of not graduating high school. This high school is underfunded and unable to provide adequate support to students with disabilities. The high school understood its own limitations and asked CPWD to provide services to several students with disabilities who were at risk of not graduating. School administrators announced to families that one path to graduation can include working with CPWD, creating an Independent Living Plan, and receiving IL skills and vocational training. In doing so, high schoolers with disabilities could then apply for a diploma as opposed to receiving a certificate of completion. The youth consumer who originally reached out to us successfully graduated in May 2023 and continues to receive support from CPWD while in this post-secondary stage. Since then our partnership with the high school has expanded. CPWD connected the school with the Department of Vocational Rehabilitation so that students with disabilities could receive Pre-Employment Transition Services (Pre-ETS) and CPWD began its first Pre-ETS class with 5 new students in the Fall of 2023.

Systems Advocacy – Disability advocates from across Colorado organized a Disability Rights Advocacy Day at the Colorado State Capitol in March 2023. An advocacy day at the capitol of this scale had not taken place in years and is a testament to the strength of our community. To prepare for the event, CPWD staff collaborated with various stakeholders for multiple months to plan speakers, create a consumer engagement strategy, coordinate a press conference, and rally support from legislators. The day comprised a morning press conference where Representative Ortiz highlighted various disability rights bills being introduced in the 2023 legislative session, followed by a proclamation read in both the House and Senate chambers acknowledging the day. In addition, there was a rally organized by the ARC of Colorado where community members shared their lived experiences. CPWD staff, board members, and consumers also had the opportunity to speak with representatives for our counties served. These meetings provided a great opportunity to introduce CPWD and bring up key issues facing our community regarding accessibility and Disability Rights Issues Overall. There were approximately 150 people in attendance and 330 viewers who watched the events live-streamed on multiple platforms to provide access to individuals who were unable to attend in person, but still wanted to be a part of the day. To help ensure the success of the day and to carry this momentum into the future, CPWD's Community Organizer reached out to all of our Representatives after the event to further our advocacy agenda. The goal is to make this an annual event and we will be back at the Capitol again soon.

Veterans Independence Program – The Veteran Independent Program (VIP) is one of CPWD's fee for services, funded by the Veterans Administration (VA). VIP not only allows Veterans the opportunity to remain at home and for family caregivers to receive an income for the services provided but also supports Veterans and their families with independent living skills training. VIP has implemented a Hub-and-Spoke model, which expands services to Veterans anywhere in the United States. This expansion supports VA's strategic goal to have the program in all VA Medical Centers by the end of 2024 and will bring this vital program to more Veterans and their families. In June, CPWD enrolled our first Veteran who uses a ventilator. This Veteran had been living in Puerto Rico for about a year and his health continued to decline resulting in him using a ventilator and requiring 24/7 care. After Hurricane Fiona devastated Puerto Rico in 2022, the Veteran's wife had to spend hours each day in line for gasoline to keep the generator running that the Veteran depends on. Because round-the-clock in-home care is not available in Puerto Rico, they decided to move to Colorado knowing that CPWD's VIP program would be there to support him. It was very scary for the family and it took a lot of care and coordination to successfully return to Colorado where they lived previously. Because of VIP, they now have multiple caregivers including family members to help care for the Veteran at his home. We were able to work with the previous providers to make sure that there was no lapse in coverage or paid care. The Veteran and his family are happy to be back in Colorado with a much larger extended family care network available.

*Employment Program – CPWD’s employment program includes three distinct services: Benefits Counseling, Ticket to Work, and Career Coaching. In 2022, CPWD was awarded a grant from the Colorado Workforce Development Council to expand employment services by providing Career Coaching. This aligns well with our other Employment Services and we are now able to provide a full array of employment supports. One consumer originally came to CPWD with the hopes of participating in the TTW program. After talking with our staff, she decided that TTW was not the right place to start her employment journey. TTW has strict timelines and requires participants to achieve specific milestones and deadlines. The consumer decided working with a Career Coach would be a better fit. The Career Coach worked with the consumer to determine her career goals, identify places to apply, and create a resume. After some discussions, the consumer applied for a position at a retail store close to her home. Working close to home was important to her due to transportation issues. She was hired to work in the store stocking and running the cash register. Now that she is working and stable, she is once again interested in the Ticket to Work program and will be assigning her ticket to CPWD. This will allow CPWD to continue to support her in her employment goals long term. She will also have ongoing benefits counseling throughout the process to ensure she understands how her employment is affecting her benefits.*

## **SECTION 5 - PROVISION OF SERVICES**

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

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

*CPWD serves individuals with all types of disabilities through our core and fee-for-service programs. Additionally, all publications about services at CPWD highlight that we are a cross-disability organization to ensure all individuals with disabilities feel welcome and included. Though we only report 3 consumers as having a hearing disability, our data shows that 81 consumers have listed hearing impairment as their secondary disability. These 81 consumers are thus captured in the multiple disability category.*

*Staff regularly participate in a variety of outreach activities to reach people who are unserved or underserved. Specific outreach is targeted towards individuals*

*living in rural communities and the monolingual Spanish-speaking community. Both of these demographics have been identified on a statewide basis as being underserved. To reach the rural communities in our region we participate in the monthly Peak-to-Peak Housing and Human Services meetings to collaborate and outreach to the mountain service providers. Additionally, we attend health and resource fairs in rural areas. To reach monolingual Spanish-speaking consumers, we have three staff who are bicultural and bilingual in Spanish. Our Bilingual staff travel throughout our region to provide IL services in Spanish. CPWD also attends community meetings and resource fairs that target this community and we collaborate with several agencies that have a focus on serving the monolingual Spanish-speaking community.*

*Additionally, staff regularly attend external meetings to educate the community on CPWD's services and programs. CPWD is often contacted to participate in community events and resource fairs. Though we cannot staff all event invitations, we prioritize events that target underserved communities. This past year CPWD staff attended 15 community events and resource fairs including a Juneteenth celebration, LGTBQ+ Pride festivals, two resource fairs in very rural towns, and a resource fair with El Comite, a community non-profit that serves only the Latinx and undocumented immigrant community.*

## **Item 5.2 - Alternative Formats**

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

*CPWD is committed to providing all written material in alternative formats which may include, large print, Braille, Spanish language, electronic and audio files of printed materials. All communications can be made available in alternative formats upon request including newsletters, brochures, and any other communications. Additionally, have on-demand interpretation and one staff fluent in ASL for communication with Deaf consumers. We also regularly update print and digital information and communications to ensure low-vision accessibility and provide materials in both English and Spanish. Consumers are made aware of alternate formats available to them through our intake paperwork, through signs printed in every building, and by discussions with staff as needs arise.*

## **Item 5.3 - Equal Access**

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

*CPWD offices have wide hallways, Braille Office Signs, automatic door openers, and accessible bathrooms. Our offices are scent-free zones with posted signs in all reception areas. Staff that works with consumers outside of our offices, ensure that meetings and events are held at accessible locations. Our outreach materials, forms, and website are produced in English and Spanish to ensure equal access to monolingual Spanish-speaking individuals with significant disabilities. In addition to having several staff members at CPWD who are fluent in Spanish or American Sign Language, we contract with interpreters to ensure the services are accessible in a manner that best works for the consumers. Virtual meetings through Zoom and Google Meets have a built-in captioning option, which we have found to increase the accessibility of peer groups and one-on-one meetings. Additionally, our Zoom account includes the simultaneous interpretation feature to accommodate bilingual peer groups, meetings, and workshops.*

(B) Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities.

Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

*CPWD programs and staff all work together to ensure the communities we serve have full, complete, and equal access for people with disabilities. All programs at CPWD coordinate activities along with our consumers to promote equal access. This can include systems advocacy at public hearings, participating on local committees for transportation and housing, presenting to the business community about disability etiquette and service animals, and providing usability audits of local businesses to ensure physical and programmatic accessibility. Our staff is seen in the community as experts and works with many different entities each year to help address equal access in our community.*

*Below are several examples of advocacy work and the impact that CPWD made this past year.*

*HB 23-1136 - Prosthetic Devices For Recreational Activity Summary - Sponsored by Representative Ortiz, HB 23-1136 addressed the challenge faced by Coloradans with limb loss or difference who struggle to afford crucial prosthetic care due to insurance gaps and high costs. This bill amended Colorado's existing prosthetic coverage law, mandating health insurance plans to include necessary prosthetic devices for physical activity. The fiscal impact was projected to be minimal on premiums but promised extensive long-term benefits, reducing healthcare costs and fostering equity for individuals with disabilities. CPWD strongly supported HB-1136, emphasizing the importance of access to affordable prosthetic devices for children's functional physical activity. CPWD advocated for*

*this bill as a broader disability rights bill as it empowers children living with limb loss or limb difference to lead independent lives, ensuring their right to choose essential care and equipment, ultimately nurturing their independence and potential without limitations imposed by insurance denials or a restrictive medical model. CPWD provided high-priority support for this bill from the beginning when it was proposed to Rep. Ortiz in December 2022 before the 2023 state legislative session began. This support consisted of dedicated grassroots advocacy working towards the passage including: reviewing the bill and all amendments in detail, helping develop factsheets/position papers, working with sponsors, other legislators, and drafters on desired amendments, coordinating with other aligned groups and stakeholders, monitoring committee votes, and advocating for floor passage. CPWD also sent multiple action alerts to consumers and stakeholders requesting support for the legislation. HB 23-1136 was signed into law on May 25, 2023, and CPWD was invited to be a part of the Bill signing ceremony at the Governor's Mansion in honor and recognition of our support.*

*Universal Design Housing Tax Incentive Act Summary - The Universal Design Housing Tax Incentive Act, led by Congressman Neguse and written with direct input from CPWD, was informed by our consumers' and stakeholders' needs. Securing suitable housing poses a significant challenge for people with disabilities, especially when seeking affordable options catering to accessibility needs, notably for low-income individuals. Nationwide, less than five percent of housing accommodates moderate mobility needs, and less than one percent is suitable for people who use wheelchairs. This Universal Design Housing Tax Incentive establishes HUD-enforced Universal Design Housing Standards, offering tax credits for constructing or renovating buildings to enhance accessible housing options, enabling aging in place. On top of providing feedback on bill language, CPWD helped to create a consumer and stakeholder survey to better identify the needs of our community and the impact this bill could have. Once the Universal Design Housing Tax Incentive Act is introduced next year, CPWD will provide a high level of support and continue to provide grassroots advocacy.*

*Tax Reform Legislation – This past year, CPWD has been asked by Congressman Neguse's office to review and provide feedback on a new piece of legislation he intends to introduce focused on tax reform. Currently, the tax code allows for individuals who receive lump sum payments from SSI or SSDI to be taxed as earned income for the tax year, even if those payments are from multiple years of approved benefits. This is an issue that disproportionately affects people with disabilities and if passed, would be very impactful for our community. CPWD's support has consisted of providing a letter of support for the bill and collecting signatures from Colorado CILs and Colorado disability rights organizations. To gain public support, CPWD also submitted a quote for Congressman Neguse's press release and talked with legislators on Hill Day at the NCIL conference.*

*People with Disabilities for Immigration Advocacy - We have a dire situation faced by New Americans in Colorado who are unable to reunite with family due to the overwhelming backlog and limitations within the U.S. Immigration System. With over 4 million relatives trapped in a green card backlog abyss, the current system imposes decades-long waits, separating families and causing immense suffering. This isn't a matter of security but a bureaucratic bottleneck, leaving families isolated, unable to experience life together, or care for disabled family members effectively. People with disabilities are often among the most disproportionately affected by the immigration backlog. Additionally, the process of immigrating to a new country often creates disabilities or worsens existing ones. Without immediate action, the toll on mental and physical health, productivity, and financial stability will continue to rise, impacting not just individuals but communities and the state as a whole. To date, CPWD advocacy efforts related to Immigration Advocacy have consisted of drafting a letter to Governor Polis to raise awareness of this issue, contacting the newly formed Office of New Americans to start a dialogue on this issue, reviewing federal legislation related to immigration reform, and multiple conversations with Senate and Congressional representatives underscoring the intersectionality of disability rights and the need for immigration reform. Most recently, CPWD presented at the Pre-legislative Session Disability Rights Conference to announce the creation of the People with Disabilities for Immigration Reform Coalition.*

*City of Boulder Transportation Improvement Project – CPWD's Community Organizer and a Board Member were asked by the City of Boulder to evaluate a high-traffic intersection for accessibility and safety for people with disabilities. Hosted by the City of Boulder Transportation Department, the City's new ADA coordinator also joined the accessibility audit. CPWD provided feedback on the proposed project's scope of work and pointed out accessibility and infrastructure issues. They also advocated for the city to address several maintenance issues including overgrown trees and obstructions creating unsafe environments for our community members who use mobility devices such as wheelchairs and white canes. As both CPWD representatives have disabilities, this accessibility audit proved to be very eye-opening for city staff who saw firsthand their experiences navigating the intersection. The city plans to incorporate CPWD's feedback into its transportation improvement plans.*

#### **Item 5.4 - Consumer Information**

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

*Individuals who come to CPWD for services are provided information about what it means to become a consumer, the goal development process, and how they*

*can partner with our staff to work towards greater independence. By providing them with this information, the individual can make an informed choice to become a consumer or to receive only information and referral services. CPWD's intake process includes reviewing the consumer's rights and responsibilities, grievance procedure, and the Independent Living Plan (ILP), which an individual can decide to create or waive. During subsequent meetings, staff checks in with the consumers about their satisfaction with services and documents progress toward independent living goals. This information is tracked in our electronic database, CILsFirst.*

*Additionally, CPWD completes an annual satisfaction survey of all consumers as an anonymous way for individuals to share their experience with services. To identify consumers to participate in the survey, the Director of Core Services runs a report from our database to identify any consumers who received CPWD services in the past 6 months. In this report, we also identify how they have indicated they prefer to receive information and in what format. For example, we collect data on the language consumers speak, whether they prefer electronic or paper communications, and whether they need large print or braille communication. The satisfaction survey is then distributed in the format a consumer requires. Staff then consolidates the surveys received and creates a summary report on both qualitative and quantitative findings. The results are shared and discussed among the Board, executive team, and staff which we use to improve our services.*

### **Item 5.5 - Consumer Service Record Requirements**

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

*There are several ways that CPWD ensures that Consumer Services Records (CSR) contain all required information.*

*Whenever we have a new staff join our agency, the Director of Core Services provides comprehensive one-on-one training on our CILsFirst Database, CSR requirements as outlined in the Rehabilitation Act, and the proper procedures related to documentation and required paperwork. The manager then continues to train on these items and actively assists new hires with their documentation during their first three months of employment to ensure the staff is fully meeting expectations.*

*Program managers run a report from our CILsFirst Database once a quarter for all active consumers in their program to monitor several CSR compliance items. First, they review Independent Living Plan (ILP) dates to identify if any plans are due to be reviewed (at least annually). Second, they review goals to ensure staff are appropriately closing goals as indicated by the consumer and to identify any goal target dates that are past due. Third, they check to see when the last*



contact date was with the consumer to ensure staff are routinely following up with consumers. From these reports, managers provide a list of any items that need corrections, review with staff (who then make the corrections), and provide additional training as needed.

During weekly check-ins between managers and staff members, the manager will review additional CSR requirements such as reviewing the content and quality of individual service records and checking to make sure that documents are appropriately filled out and uploaded into our database (including Intake paperwork, ILPs, releases of information, and closure letters). The manager will provide additional training to the staff person during routine supervision meetings.

On top of the one-on-one training described above, the Director of Core Services also provides bi-annual mandatory database trainings to address questions about the database, the intake process, and CSR requirements.

Additionally, we are subject to program monitoring and CIL recertification by our designated state entity (DSE) every 2-3 years. During our November 2022 recertification, the DSE review team randomly selected 30 CSRs to review. CPWD passed the recertification with zero deficiencies or findings.

## Item 5.6 - Community Activities

### Community Activities Table

In the table below, summarize the community activities involving the CIL's staff and board members during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

| Issue Area         | Activity Type                      | Hours Spent | Objective(s)   | Outcomes(s)  |
|--------------------|------------------------------------|-------------|--|--|
| Health Care Access | Advocacy, Education, Collaboration | 196         | To increase access to Health Care and Home Health options so people with disabilities can remain in their own homes. | People with disabilities will be able to live in their communities of choice.                              |
| Transportation     | Advocacy, Collaboration            | 140         | To ensure that people with any type of disability can navigate in and between communities of choice.                 | People with disabilities will be able to travel to their desired location with appropriate transportation. |

|                      |  |     |  |   |
|----------------------|--|-----|--|---|
| Housing              | Advocacy,<br>Education,<br>Collaboration | 247 | To ensure that communities have the appropriate amount of affordable and accessible housing options. | People with disabilities are living in integrated housing.              |
| Resource Development | Outreach,<br>Education,<br>Collaboration | 485 | To build partnerships and expand knowledge of working with individuals with disabilities.            | Individuals will have access to more services that meet their needs.    |
| Assistive Technology | Education,<br>Collaboration              | 563 | Provide demonstration and technical assistance on how to use different assistive technology devices. | People with disabilities have increased access to assistive technology. |

**Item 5.7 - Description of Community Activities**

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

*For many CPWD staff, community outreach and education are part of their daily work. This might be informally through a simple conversation with a local business or more formally such as a presentation or training provided locally or on a national scale. The above numbers capture these more formal community activities and outreach provided by our staff. Additionally, many of our programs rely on strong community partnerships to help our consumers reach their independent living goals. From the transition team creating partnerships for the success of each individual moving from a nursing home back into the community; to the business relationships that contribute to the successful employment of consumers, partnerships are at the center of our programs. To strengthen all of these partnerships staff participate on councils and regional planning committees; offer presentations to the community on a variety of disability-related topics; attend networking events and fairs, and actively participate in national webinars and conferences to learn and share best practices with other CILs around the country.*

*Below are a few highlighted examples of our community activities from the reporting year.*

*Employment Associations* – CPWD’s employment team participates in several employment-specific local and national boards and associations. While participating in these monthly meetings, CPWD provides valuable insights on employment and benefits counseling trends and barriers. A CPWD staff member sits on the board of the National Employment Network Association (NENA). Through NENA, she had the opportunity to work with a SSA Director and a small group of professionals to develop a webpage for the Vocational Rehabilitation Technical Assistance Center for Quality Employment (VRTAC-QE). The webpage used simplified language to briefly explain Ticket to Work, Partnership Plus, and the role of Employment Networks. The purpose of the new website is to increase awareness and knowledge about these topics. Additionally, this same CPWD staff is a member of The Colorado Association of People Supporting Employment (CO APSE). CO APSE held its annual member meeting in June 2023 during which awards were given to individuals who made exemplary contributions to advancing Employment First. She received an award for Excellence in Benefits Counseling, recognizing her work to promote access to benefits counseling within Colorado.

*Denver Regional Mobility and Access Council (DRMAC)* – DRMAC is the designated Regional Coordinating Council for transportation services in our area and operates in many of the same spaces as Centers for Independent Living. To strengthen our work within transportation, CPWD staff focused on rebuilding the relationship with DRMAC by attending community trainings and meeting one-on-one with DRMAC staff to identify ways to collaborate. This relationship building resulted in a comprehensive transportation workshop which CPWD held in July 2023. During the 5-day transportation workshop series, DRMAC provided training to consumers on transit resources including Lyft, Uber, the public bus system, and paratransit options. CPWD staff provided Independent Living Skills training, helped to create customized travel plans for each participant, and organized a celebratory outing to Denver’s Union Station where each participant used their new skills to travel to the location independently. Incorporating DRMAC’s expertise in transportation enhanced our services and connected consumers to another community resource they could access to further develop their transportation skills.

*Partner Agencies Trainings* - To promote ongoing education of staff and improve community partnerships, CPWD invited multiple community agencies in for staff trainings during CPWD team meetings. The agencies and topics listed below were requested by direct service staff to develop resources that consumers can

access. Additionally, in all of these meetings, CPWD staff shared about CIL services to increase and improve referrals for Independent Living services. In January 2023, the executive director of the Colorado Cross Disability Coalition provided a half-day training on the ADA and then focused on effective communication strategies when working with someone with a mental health disability. In February 2023, Mental Health Partners met with staff to share about their services and the best ways to connect consumers to mental health supports including their new Community Health Worker program. In April 2023, The Brain Injury Alliance provided a 2-hour training about traumatic brain injuries, accommodation strategies, and methods to communicate more effectively. In June 2023, the Boulder County Housing Authority provided an overview of housing vouchers, the reasonable accommodation process, resources available when consumers are searching for affordable and accessible housing, and the role of local housing authorities.

Ensign Skills Center – Ensign Skills Center is a local non-profit that provides visual rehabilitation services for individuals who have a visual impairment or who are blind. We have a well-established relationship with Ensign and we often refer consumers to one another. This year, Ensign provided two presentations to consumers and shared an overview of their services and programming. Ensign and CPWD also collaborated to host an event that supported consumers in obtaining assistive technology. Our staff often assist consumers in identifying assistive technology options but because of some consumers' unique visual impairments, determining the appropriate assistive technology sometimes falls outside our scope. In August 2023, CPWD organized an event at the Thornton Active Adult Center where 8 consumers received a free 90-minute evaluation with Ensign's team of ophthalmologists and occupational therapists to discuss challenges and receive recommendations on devices. In subsequent months, CPWD staff then worked with consumers to apply for grants that would pay for the assistive technology they needed. Collaborations such as this eliminate many of the barriers that consumers face and provide consumers with a path to efficiently obtain the assistive technology they need.

International Education & Awareness - In collaboration with the International Visitor Leadership Program, Boulder Council for International Visitors, and the State Department, CPWD hosted a group of professionals from Indonesia for a Boulder Office Tour, an overview of services, and a Q&A session on best practices when advocacy for people with disabilities. In total there were 14 visitors, most were people with disabilities themselves. CPWD provided an overview of the disability rights movement and US legislation that has impacted the disability community. We also shared about CILs, CPWD's history, and our

*approach to advocacy. Attendees shared that they were impressed with CPWD's work and took many notes on things they would like to implement back in Indonesia. The group praised CPWD for our many accessibility features in our Boulder office and were especially happy to see our Welcome art in the front lobby, which displays the word Welcome in multiple languages, including Indonesian.*

*In addition to hosting international group for a day, in 2023, CPWD was privileged to host a disability advocate from Thailand for four weeks. Mind Prawatsrichai, a wheelchair user TV host who presents and shares about the lives of people with disabilities in Thailand, chose CPWD as her host organization where she can learn more about ways to promote and support Independent Living. "I wanted to see how the U.S. treats people with disabilities and learn about possible ways to bring some of the equity and access available in the U.S. back home," she said in an interview.*

*CPWD periodically hosts international visitors and travels to other countries to share about Independent Living and ways to increase access and independence for people with disabilities. In prior years, CPWD has hosted disability advocacy groups from Kyrgyzstan and Ukraine and has traveled to Armenia to provide training and coordinate a conference.*

## **SECTION 6 - ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES**

### **6.1 - Work Plan for the Reporting Period**

#### **Item 6.1.1 - Achievements**

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

*CPWD's Annual Work Plan focuses on delivering essential and core services to people with disabilities in our area. It aligns with our strategic plan goals, adapts to current social and economic factors affecting both consumers' independent living and our organization's ability to offer impactful services.*

*Last year, we focused our activities on the following strategic plan goals:*

*GOAL 1: Outreach & Visibility: Increasing awareness of CPWD and Independent Living Philosophy*

*GOAL 2: Programs: Reaching un- and under-served populations*

*GOAL 3: Human Resources: Addressing compensation inequities, increasing or modifying benefits and incentives to attract and retain high-quality staff*

*GOAL 4: Funding: Developing opportunities for new and additional funding, increasing Fee-for-Service program income*

*GOAL 5: Culture and Administration: Improving cross-office communication/ culture and service delivery consistency; ongoing board development and expansion*

*GOAL 6: Increase the quality and impact of programs*

*Following is a report on our achievements in each area:*

*GOAL 1: Outreach & Visibility: Increasing awareness of CPWD and Independent Living Philosophy*

*Last year, we implemented a broader communications and marketing strategy. This involved hiring a contractor to assist with back-end technology and content generation, who worked with the Director of Development and Communications. Together, they brought several systems up to date, including back-end website systems, email client systems, tracking and analytics, and social media platforms (Facebook and Instagram). In addition, they created an editorial calendar and curated a blog. Content was produced and published in the form of blog articles, videos, and social media posts. All of the content was created in accessible formats – voice-over and captions, including ASL captioning on videos, available in HTML and text-only, screen reader-friendly, image descriptions, and other accessibility features. All of the content was related to Independent Living and IL Philosophy. Examples include educational pieces about disabilities, resources,*

equity, access to services, and so forth; features about consumers or other persons with disabilities; information about legislative initiatives or other local initiatives, benefits information, and topics relevant to systems advocacy; information about services, peer groups, CPWD activities, and other consumer-related information; historical IL pieces and related pieces discussing broader issues of equity, access and inclusion. To review specific pieces, please visit [www.cpwd.org/blog](http://www.cpwd.org/blog), or see our videos on our YouTube channel: <https://www.youtube.com/@CenterforPeopleWDisabilities>.

### GOAL 2: Programs: Reaching un- and under-served populations

We were successful in this goal broadly and specifically. Overall, we served more intake consumers: 609 compared to 494 the year before. This was related to the achievement of Goal 3 and attracting and retaining qualified staff. At this level, we are close to service capacity without hiring additional staff. Year-to-year, we anticipate this number could range from 450 to 750, depending on funding, staffing, community needs, and other outside factors.

Specifically, we grew our services for Veterans with disabilities, expanding the program and serving more veterans. Our Veterans Independence Program provides services that enable Veterans with disabilities to live independently, reduce risk of institutionalization, and further, live fulfilling and healthy lives with a lower incidence of substance use and other harms.

We increased our Nursing Home Transitions, working with 16 individuals and fully transitioning 4 people. Several are still in process, and a few opted out, choosing instead to remain in nursing care due to a lack of needed home-based services or other reasons, such as unwillingness to address substance abuse.

We expanded and increased Youth Transitions Services, working with more youth in schools and developing a Pre-ETS (Pre-Employment Transitions Services) program during the school year and two summer programs. We have partnered with DVR on this initiative, which supports serving more youth and provides reimbursement income to CPWD to support the provision of services. Our summer program doubled in attendance this past year.

### GOAL 3: Human Resources: Addressing compensation inequities, increasing or modifying benefits and incentives to attract and retain high-quality staff

This past year, we were very successful at hiring and retaining high-quality staff. Some of the ways we succeeded were to increase, to the best of our capacity, salaries, and wages to be more competitive (3%-5% overall), offer a 401k retirement with an employer match, and transition to a 4-day workweek. This bold move to a 4-day workweek proved to be highly successful for current staff and attractive to new hires. Reviewing our outcomes for the year, we found that, overall, the 4-day workweek resulted in more consumers served, more activities

*accomplished, greater consumer satisfaction, and increased staff satisfaction and morale within the organizational culture. We maintained low-cost, high-quality health benefits for employees, held all-staff meetings every other month, and conducted several recreational staff outings. In addition, we provided a host of trainings and professional development, including attending the NCIL conference and bringing in experts in brain injury, mental health and mental health communication strategies, housing, assistive technology, and other experts. These served to train, inform, educate and inspire staff.*

*GOAL 4: Funding: Developing opportunities for new and additional funding, increasing Fee-for-Service program income*

*We accomplished this goal in several ways: We were able to secure new and multiyear funding from Workforce Development Council which has allowed us to provide Career Coaching services and enhance our Employment program. We were also able to establish relationships with the newly formed Governor's Disability Funding Committee and secure new and additional funds for SSI/SSDI application assistance services. In addition to new and increased grant funding, we were highly successful in increasing our fee-for-service revenue by 40%.*

*GOAL 5: Culture and Administration: Improving cross-office communication/ culture and service delivery consistency; ongoing board development and expansion*

*The seeds for the outcomes of this goal were planted a few month prior to the reporting year when we restructured and hired a dedicated I&R and Outreach specialist to be the point person for all our services out of all our locations. We consolidated physical phone numbers for all offices into one main line and created a greater consistency in service delivery.*

*In the reporting year, various Board Members participated in various development opportunities such as Board 101 training offered by the local Community Foundation, peer-to-peer conversation at a retreat organized by the Association of Colorado Centers for Independent Living, and Simplify Language training offered by a community partner agency advocating for language accessibility.*

*GOAL 6: Increase the quality and impact of programs*

*This goal was achieved as a natural outcome of achieving the other goals. Retaining high-quality staff and providing professional development resulted in better service delivery; increasing our reach through marketing and communications engaged more consumers and increased the impact of our programs; and our goal to reach underserved people resulted in more people participating in quality services with beneficial results.*



*We conduct annual satisfaction surveys to assess the quality and impact of our services. Following are some excerpts from last year:*

*Question: When receiving services, I felt like I was in control over the goals included in my Independent Living Plan*

*Responses: Yes: 97.5% No: 2.5%*

*Question: It was easy to access services at CPWD (hours of operation, location, Interpreters available, wheelchair access, transportation access)*

*Responses: Yes: 85%. No: 15%*

*Question: Working with CPWD has helped me to be more independent.*

*Responses: Yes: 95.18% No: 4.82%*

*Question: I am satisfied with the services I have received from CPWD.*

*Responses: Very Satisfied: 84.52% Satisfied: 5.95% Neither: 4.76%*

*Dissatisfied: 4.76%*

*In all of the questions, there was an opportunity for consumers to provide additional feedback and details about the reasons for their responses. CPWD carefully reviews this information to determine how well our programs are working, the quality and impact of services, and to make any changes that might increase consumer satisfaction and outcomes, or meet new or unmet IL needs in the community.*

### *Systems Advocacy*

*In addition to our Strategic Goals, we continued our excellent systems advocacy work last year. In addition to section Item 5.3 of the PPR, the following is a topline summary of systems advocacy related to supporting legislative action that would benefit IL and additional IL trainings to expand community awareness and increase equity, inclusion, and accessibility. Many of these were outlined in our work plan, some are ongoing.*

- SSA Reform – Letter of Support from the Association of Colorado Center for Independent Living (September 2022)*
- SSA Reform – Letter drafted with Congressman Neguse to SSA urging reform (October 2022)*
- Clemency Petition Letter of Support (April 2023)*
- Transportation Alternatives Program Letter of Support (April 2023)*
- HB23-1136 Prosthetic Devices for Recreational Activity (May 2023)*
- Safe Streets and Roads Letter of Support (June 2023)*
- H.R.4348 Fairness in Social Security Act (June 2023)*
- 2023 PROTECT Letter of Support (July 2023)*
- Wildlife Matters Review Committee Testimonial (August 2023)*

*Our Community Organizer also provided trainings on Disability Etiquette including Disaster Preparedness Trainings, Advocacy Trainings, organized a Diversity, Equity, and Inclusion in Action Luncheon with community partners, and organized a five-part collaborative effort with Mobility 4 All to provide transportation workshops at CPWD. This contributed to our Goal 1: Outreach & Visibility: Increasing awareness of CPWD and IL Philosophy was accomplished as well.*

- National Employment Network Association: Systems and Individual Advocacy Presentation (March 2023)*
- Multi-Agency Coordinating Committee (Office of Emergency Management, Office of Disaster Management, Boulder Sheriff Department, Boulder Fire Department): Disability Etiquette Presentation (May 2023)*
- Emergency Family Assistance Association: Disability Etiquette Training, Wednesday (May 2023)*
- City of Boulder: Emergency Planning and Preparedness Training (August 2023)*
- Mobility 4 All - Low Vision and Blind Workshop Series at the CPWD Boulder (September, November 2022, February, April, May 2023)*

### **Item 6.1.2 - Challenges**

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

*We are grateful that this year was more stable than some of the recent periods affected by COVID-19, high inflation, and other outside influences. One of the areas where we continue to face challenges is with funders, both state and private.*

*In the private foundation sector, we have been very successful overall. However, in some cases, we are receiving flat to lower funding, even in an inflationary and prosperous economy. In some cases, private foundations over the years, have become more temperamental, changing their mandates every few years to fund the current “issue du jour.” We saw this with COVID-19, where perhaps millions of dollars were available for protective equipment but funding for services dropped off.*

*At the county and city levels of funding, we are also seeing flat to lower funding on average. This is frustrating because cities and counties are asking for more services and recognizing the need, but somehow not successfully increasing their allocations for human services. Property and sales taxes and other municipal sources of income have risen significantly over the past several years, but that rise has not been reflected in human services funding. Similarly, at the state level, we endured COVID-19 cuts that have not been remedied yet.*

*We are also seeing a challenge/opportunity to become stronger advocates of IL. Perhaps a loosely described overarching trend likely fueled by advances in technology is a tendency towards data-driven everything. Funders want predictable performance measures and services. Success is measured in the numbers more than quality of change. The problem is that Independent Living isn't a data-driven philosophy, function, or movement; it is human-driven. And humans are not predictable, nor are their needs, shifts in ability, responses to environmental changes, aging, and so forth. There are many risks to not championing traditional IL philosophy and activities, not the least of which is being overtaken by a medical model.*

*As an example, we were awarded funding from Older Individuals Who Are Blind this year. We were surprised to find that their new program manual and service reimbursement schedule had stripped or offered lower rates for some essential IL services, including Core Services such as Peer Support, Self-Advocacy and Information & Referral. We have already begun to address this issue, essentially practicing systems advocacy within Title 7 funding, which is allocated for IL services. This year, we hope to provide IL trainings to the state's Blind and Low-Vision Unit, and to connect them to the Office of Independent Living. We believe advocacy, connection, cooperation, and education can help preserve essential IL services and funding.*

### **Item 6.1.3 - Comparison with Prior Reporting Period**

As appropriate, compare the CIL's activities in the reporting period with its activities in prior periods, e.g., recent trends.

*Under item 4.1 we have listed the number of consumers who received services by service type. We would like to share some additional context to our service numbers to aid in evaluating our center.*

*In comparison to last year's PPR, we report a growth in almost every service. Over the past two years, we have provided focused training and one-on-one coaching to staff to not only increase the number of consumers served and services provided, but to also improve data collection and documentation. We are immensely proud of the staff and their ability to provide high-quality services to our consumers while maintaining accurate and comprehensive documentation.*

*Though our data only shows 35 individuals receiving Advocacy/Legal services, this number is an underrepresentation of the scope of self-advocacy services we have provided. Through our data collection process, staff can only choose one service type to describe the work they completed with a consumer. In reality, consumers are receiving multiple IL services in any given interaction with staff. So while the service may have been categorized in our database as Independent Living Skills Training, Peer Support, or Vocational (for example), there often are elements of self-advocacy in that consumer interaction. We have provided*

*training to staff on this database limitation and are encouraging staff to choose self-advocacy as a service type, when appropriate.*

*We are not reporting any Mobility Services this year as that service type was used to collect Orientation and Mobility (O&M) services exclusively. This past year, our O&M-certified contractor terminated her contract with CPWD due to personal reasons. We are actively seeking another O&M contractor however in the of Colorado, there is a statewide shortage of certified O&M specialists.*

*Based on guidance from ACL, we are now using the Other Services category to report on services to Nursing Home Transitions consumers.*

*The large increase in vocational services is due in part to a grant we received from the Colorado Workforce Development Council. We used grant funding to hire a Career Coach who is exclusively providing vocational services.*

## **6.2 - Work Plan for the Period Following the Reporting Period**

### **Item 6.2.1 - Annual Work Plan**

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

*Continuing on our work from last, and focusing on a little more, our core work plan centers around program development as a way to meet our ongoing goals of increasing awareness, increasing access for consumers – particularly un- and under-served individuals – and increasing the quality and impact of our programs. A good portion of this goal also centers around maintaining quality staff. Some of the progress we have made during the last year has been because of incredible staff people who were funded by novel grant opportunities. While this has been helpful, it can also be challenging to adjust our budget/general fund to suddenly absorb a previously grant-funded staff person. To this point, developing our programs and increasing access is an ongoing activity that will support the salaries of the staff who do the excellent work of CPWD.*

*In the year ahead, the following are some of our programmatic objectives and goals:*

*SSI/SSDI Services - We received a grant from the Colorado Disability Funding Committee for Disability Benefits Application Assistance, which enabled us to hire two key staff: A bilingual Disability Benefits Advocate, and a Social Security Non-Attorney Representative. This team has done an incredible job of relieving the bottleneck and pressure on people with disabilities in Colorado who are seeking to apply for benefits or appeal a denial. The Social Security Administration (SSA) presents significant challenges including complex application processes, long wait times for determination, denials based on*

clerical errors, and few avenues for individual advocacy, informative communication, or helpful/resourceful information regarding applications and decisions. Public benefits are essential stepping-stones for people with disabilities who have low- to no income, and the value of the services we are providing cannot be underestimated, as it provides a basis from which independent living can be achieved. Our new hires are currently completing SSI/SSDI Outreach, Access, and Recovery (SOAR) training and certification, and then will seek to pass SSA's certification exam. Should they pass, that would allow CPWD to be paid some earned income for the services we provide. This is a longer-term strategy, as benefits approval often can take about 18 months, at which point we would be paid. However, it is one way we are exploring creating sustainability for these critical services. We moderately anticipate that within 18-24 months, we could generate enough earned income to cover at least one position, and possibly both.

Youth Services - Similarly, two years ago, we received a grant from the Daniels Fund to expand our youth services and hire a youth-specific Independent Living Advisor. This has been incredibly successful, as outlined in our Achievements section – we have increased the number of youth served and strengthened our partnership with the Department of Vocational Rehabilitation which provides earned income to cover the cost of services. Our goal this year is to have one of our youth staff fully funded by this earned income, while simultaneously looking for ways to increase access to services for youth with disabilities. Increasing access often starts with cultivating a relationship with a new school, partnering with teachers and administration, and then working directly with the youth. Last year we worked with 3 schools. We hope to increase that to 5 schools over the forthcoming year. We also want to continue our Summer Youth Employment Program and expand that to increase access to more youth in more areas of our service region.

Career Coach - Similar to other positions, we received a grant to fund Career Coaching services for people with disabilities. The 2.5-year grant from the Colorado Workforce Development Council provided the opportunity to hire a highly qualified staff to work on disability-specific career coaching – including seeking and preparing for employment, accommodations, and all the related matters. This program has been incredibly successful in terms of impact on consumers and the community, and we are eager to retain the highly qualified staff member we hired. One challenge here is that there are few opportunities for earned income with this position. One of our goals this year is to determine how to continue providing these services and retain this staff person. We are in the exploration phase of this goal and should have some viable solutions, possibly with DVR, as the year unfolds.

Veterans Independence Program - Another successful program! We have grown our census of Veterans with Disabilities we are serving as well as the revenue from the Veterans Affairs for the provision of these services. We recently became

a “Superhub,” meaning are recognized by ACL and VA to be the administrator of other service providers nationally. Using our expertise and experience, we could guide and manage these services in accordance with VA requirements at multiple locations. This is an excellent opportunity to increase access to the program for more Veterans and generate more earned income which, in turn, could be used to support our Core IL services here in our Colorado service area.

Resource Development - Beyond program development, and consistent with years past, we intend to seek and solicit novel and yet untapped grant-funding opportunities to support programs, facilities, and staff.

Outreach and Awareness - We also have an objective to build off of our marketing and communications successes, increase and/or refine outreach, education, and information to 1) continue to play a role in shifting public awareness and opinion of people with disabilities and independent living, and 2) increase awareness of our services (and our collaborators and other resources) and access to services.

Human Resources - In our hiring trends, we continue to have hiring preferences for people with disabilities and seek to hire bilingual staff as a way of creating capacity to connect with more people, particularly non-English speaking people and immigrants with disabilities.

Systems Advocacy: At the systems advocacy level, our objective is to continue working with Congressman Neguse and other lawmakers to influence the passing of disability-supportive legislation. One of our key initiatives at the start of the year is a Universal Design Building Tax, which would increase the requirements and funds available to support Universal Design. We have also collectively formed a coalition of disability advocates to advocate for and increase access to services for immigrants with disabilities. In addition, we have formed a collaboration in Boulder County with partners including the Center for African and African American Studies, OUT Boulder, Boulder Chapter of the United Nations Association, Area Agency on Aging, Audio Information Network, and Boulder County Public Health to discuss and share about diversity, equity, inclusion, and access at the intersection of different groups and services. In this latter initiative, we are seeking to de-silo DEI and find solutions and applications that will serve the greater community, reduce marginalization and discrimination across all populations, and increase equity and inclusion.

### **Item 6.2.2 - SPIL Consistency**

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

*The 2021-2023 State Plan for Independent Living identified four goals that the Colorado Statewide Independent Living Council (SILC) seeks to accomplish with*

*the assistance of the nine Colorado Centers for Independent Living. SILC is currently working on creating its new SPIL for 2024-2027. CPWD is actively engaging with this planning process with our Executive Director serving on the SPIL Committee and providing feedback and direction for the next SPIL. We've also distributed a SILC survey to our consumers, staff, Board and community partners which asks for feedback as it pertains to the SPIL.*

*Below is each current SPIL goal along with CPWD's related work plan and strategic plan goals.*

*SPIL Goal 1: Developing a strong and effective IL network:* *This is directly aligned with our strategic plan goal 6: Increase quality and impact of programs and goal 3: addressing compensation inequities, increasing or modifying benefits and incentives to attract and retain high-quality staff. Within our annual work plan, this SPIL goal is also supported by our emphasis on the programmatic expansion of our services.*

*SPIL Goal 2: Increasing the Colorado Centers for Independent Living's influence in state and national systems advocacy efforts to ensure public policies represent all members of the disability community:* *This is directly aligned with our annual work plan goal outlined under Systems Advocacy.*

*SPIL Goal 3: Increasing outreach, community education, and employment efforts:* *This is directly aligned with our strategic plan goal 1 - Outreach and Visibility: Increasing awareness of CPWD and Independent Living Philosophy and goal 2 - Programs: Reaching un- and under-served populations. Within our work plan, this is also supported by our focus on expanding and sustaining our Career Coaching program along with our outreach and awareness goal.*

*SPIL Goal 4: Exploring whether to become a 723 state or remain a 722 state:* *CPWD actively participated in the workgroup that discussed and analyzed the pros and cons of becoming a 723 state. Colorado CILs unanimously agreed to remain a 722 state.*

## **SECTION 7 - ADDITIONAL INFORMATION**

### **Item 7.1 - Other Accomplishments, Activities and Challenges**

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

*In October 2022, CPWD shifted to a 4-day workweek with our offices closed on Fridays. Full-time staff reduced their hours from 37.5 hours a week to 32 hours a week. Before the 4-day workweek shift, many months of preparation and planning took place including seeking board approval, analyzing our current*

*services, evaluating the potential impact on consumers, and individual planning with staff and teams to prepare for a seamless transition. We are happy to report that after a full year of monitoring services, we have seen very positive results on all fronts. First, an employee survey shows having Fridays off has alleviated work exhaustion, stress, and burnout. This has ultimately enhanced CPWD's recruitment and retention efforts, which had been a challenge previously. When interviewing candidates for open positions, we repeatedly hear that the 4-day workweek is one of the primary reasons people have applied. Secondly, our consumer data shows a 37% increase in new intakes completed, a 24% increase in services provided, and a 20% increase in hours of service. In this PPR, we report 609 consumers served, the highest number of consumers served in a year since 2017. Finally, our annual consumer satisfaction survey shows increased levels of consumer satisfaction in multiple areas. The 4-day workweek has shown to have little to no-impact on consumers as most staff used Fridays to catch up on administrative tasks and few consumer meetings and groups were taking place on Fridays anyway. Additionally, we created a resource page on our website providing answers to frequently asked questions available 24/7. With support from managers, direct service staff have streamlined and incorporated administrative tasks into their current schedule. In summary, this strategic change to our hours of operation has exceeded our expectations and has stabilized our workforce.*



## SECTION 8 - TRAINING AND TECHNICAL ASSISTANCE

### Item 8.1 - Training And Technical Assistance Needs

| Training And Technical Assistance Needs                      | Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important |
|--|--|
| <b>Advocacy/Leadership Development</b>                       |  |
| General Overview   |  |
| Community/Grassroots Organizing                              |  |
| Individual Empowerment                                       |  |
| Systems Advocacy   |  |
| Legislative Process  |  |
| <b>Applicable Laws</b>                                       |  |
| General overview and promulgation of various disability laws |  |
| Americans with Disabilities Act                              |  |
| Air-Carrier's Access Act                                     |  |
| Fair Housing Act   |  |
| Individuals with Disabilities Education Improvement Act      |  |
| Medicaid/Medicare/PAS/waivers/long-term care                 |  |
| Rehabilitation Act of 1973, as amended                       |  |
| Social Security Act  |  |
| Workforce Investment Act of 1998                             |  |
| Ticket to Work and Work Incentives Improvement Act of 1999   |  |
| Government Performance Results Act of 1993                   |  |
| <b>Assistive Technologies</b>                                |  |
| General Overview   |  |
| <b>Data Collecting and Reporting</b>                         |  |
| General Overview   |  |
| 704 Reports  |  |
| Performance Measures contained in 704 Report                 |  |
| Dual Reporting Requirements                                  |  |
| Case Service Record Documentation                            |  |
| <b>Disability Awareness and Information</b>                  |  |
| Specific Issues  | 1  |
| <b>Evaluation</b>  |  |
| General Overview   |  |
| CIL Standards and Indicators                                 |  |
| Community Needs Assessment                                   |  |

|  |   |
|--|---|
| Consumer Satisfaction Surveys                                |   |
| Focus Groups   |   |
| Outcome Measures   | 2 |
| <b>Financial: Grant Management</b>                           |   |
| General Overview   |   |
| Federal Regulations  |   |
| Budgeting  |   |
| Fund Accounting  |   |
| <b>Financial: Resource Development</b>                       |   |
| General Overview   |   |
| Diversification of Funding Base                              |   |
| Fee-for-Service Approaches                                   |   |
| For Profit Subsidiaries                                      |   |
| Fund-Raising Events of Statewide Campaigns                   |   |
| Grant Writing  |   |
| <b>Independent Living Philosophy</b>                         |   |
| General Overview   |   |
| <b>Innovative Programs</b>                                   |   |
| Best Practices   | 7 |
| Specific Examples  | 6 |
| <b>Management Information Systems</b>                        |   |
| Computer Skills  |   |
| Software   |   |
| <b>Marketing and Public Relations</b>                        |   |
| General Overview   |   |
| Presentation/Workshop Skills                                 |   |
| Community Awareness  |   |
| <b>Networking Strategies</b>                                 |   |
| General Overview   |   |
| Electronic   |   |
| Among CILs & SILCs   |   |
| Community Partners   |   |
| <b>Program Planning</b>                                      |   |
| General Overview of Program Management and Staff Development |   |
| CIL Executive Directorship Skills Building                   |   |
| Conflict Management and Alternative Dispute Resolution       |   |
| First-Line CIL Supervisor Skills Building                    |   |

|   |    |
|---|----|
| IL Skills Modules                                   | 8  |
| Peer Mentoring                                      | 9  |
| Program Design                                      |    |
| Time Management                                     | 10 |
| Team Building                                       |    |
| <b>Outreach to Unserved/Underserved Populations</b> |    |
| General Overview                                    |    |
| Disability  |    |
| Minority  | 3  |
| Institutionalized Potential Consumers               | 4  |
| Rural   | 5  |
| Urban   |    |
| <b>SILC Roles/Relationship to CILs</b>              |    |
| General Overview                                    |    |
| Development of State Plan for Independent Living    |    |
| Implementation (monitor & review) of SPIL           |    |
| Public Meetings                                     |    |
| Role and Responsibilities of Executive Board        |    |
| Role and Responsibilities of General Members        |    |
| Collaborations with In-State Stakeholders           |    |
| <b>CIL Board of Directors</b>                       |    |
| General Overview                                    |    |
| Roles and Responsibilities                          |    |
| Policy Development                                  |    |
| Recruiting/Increasing Involvement                   |    |
| <b>Volunteer Programs</b>                           |    |
| General Overview                                    |    |
| <b>Optional Areas and/or Comments (write-in)</b>    |    |

**Item 8.2 - Additional Information**

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

*CPWD is grateful for ACL's acknowledgment regarding the PPR's antiquated data collection on the demographic of sex. In the PPR, we've reported 315 consumers identified as Female and 284 identified as male. Additionally, we would like to report 3 consumers who identified as non-binary, 3 consumers who identified as transgender, and 4 consumers who opted not to disclose their sex.*

*CPWD acknowledges that the PPR only asks us to report on individuals with significant disabilities who have gone through the formal intake process to become a consumer. However, a large part of our work is not accounted for: our impact and time spent working with those accessing information and referral (I&R) services only. Between 09/30/2022 - 09/29/2023, CPWD provided I&R services to 1,760 unduplicated individuals. On top of providing a seemingly straightforward referral to community agencies, oftentimes staff are spending time listening and validating the individual's experience, which sadly is often accompanied by significant frustration. We also provide education to these individuals on the systems and barriers they are likely to encounter and how to overcome them. These I&R contacts are often all that people need and though we actively encourage these individuals to become consumers, many chose to continue working on their goals independent of our services. CPWD is known and approached by consumers, professionals, and family members as experts in disability-related supports, systems, and services, and thus our I&R services continue to increase year after year. We feel strongly that I&R is an invaluable service to the disability community and should be recognized in this report.*

## Public Health Workforce (PHWF) - Data Reporting Requirements

|              |                         |
|--------------|-------------------------|
| Grant Number | 2203COILPH-00           |
| Date Range   | 10/01/2022 - 09/30/2023 |
| State        | CO                      |

### Item 1 - Total Number of Full-Time Equivalentents (FTEs)

|   |   |
|---|---|
| Total Number of Full-Time Equivalentents (FTEs) | 1 |
|---|---|

### Item 2 - Type of Public Health Professional(s) Hired

|   |   |
|---|---|
| Case Investigator   | 0 |
| Contact Tracer  | 0 |
| Social Support Specialist   | 0 |
| Community Health Worker   | 0 |
| Public Health Nurse   | 0 |
| Disease Intervention Specialist   | 0 |
| Epidemiologist  | 0 |
| Program Manager   | 1 |
| Laboratory Personnel  | 0 |
| Informaticians  | 0 |
| Communication and Policy Experts  | 0 |
| Other positions as may be required to prevent, prepare for, and respond to COVID-19.<br>List below: |   |
| Other 1:  | 0 |
| Other 2:  | 0 |
| Other 3:  | 0 |
| Other 4:  | 0 |
| Other 5:  | 0 |

### Item 3 - The Activities They Are Engaged In To Advance Public Health

This position facilitates the transition of people with disabilities from high-risk congregate settings, specifically nursing homes to community living. By supporting individuals to live in a community setting, this position addresses social isolation and

social determinants of health and supports the public health and well-being of people with disabilities. With 30+ complex steps to successfully transition an individual out of a nursing facility, the length of time to complete a transition varies greatly depending on the consumer's specific circumstances. Between the reporting period of 10/01/2022 - 09/30/2023, 4 consumers successfully transitioned to the community. During that time staff was also working with an additional 12 consumers pre-transition, many of whom are still working towards their transition. A summary of activities are as follows:

- 1) Outreach - Staff conducts outreach within nursing facilities by providing one-on-one education and providing outreach materials to residents and nursing facility staff. They also make direct referrals for consumers who have barriers to doing it themselves, i.e. lack of access to the internet, phone, and unresponsiveness when referrals are made. This outreach is vital as the Department of Justice found the state of Colorado in violation of the Olmstead Decision and Americans with Disabilities Act due to people with disabilities unnecessarily being institutionalized.
- 2) Pre-Transition Activities - Upon working with a new consumer, staff complete multiple assessments to identify what skilled/unskilled services, durable medical equipment, and other supports will be needed to ensure successful independent living. An in-depth risk mitigation plan is also developed. Staff then assist the consumer in applying for a state housing voucher and searching for an affordable and accessible unit. Once a unit is located, staff assists the consumer in applying for the unit, signing a lease, and purchasing furniture household items, and food (using Medicaid funds). Comprehensive discharge planning meetings occur and the discharge date is set. Throughout this process, the staff is in constant communication with the consumer, nursing facility staff, physicians, housing coordinators, Medicaid staff, and home health care providers.
- 3) Post-Transition Activities - Upon discharge, staff continue to coordinate with service providers and monitor/address any risk that could result in re-institutionalization.

## **SECTION 9 - signatures**

Please sign and print the names, titles and telephone numbers of the CIL director and board chair.

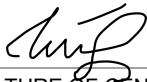
Maria Stepanyan, Executive Director

303-442-8662

---

NAME AND TITLE OF CENTER DIRECTOR

PHONE NUMBER



12/27/2023

---

SIGNATURE OF CENTER DIRECTOR

DATE

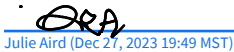
Julie Aird, Board President

720-491-8212

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NAME AND TITLE OF CENTER BOARD CHAIRPERSON

PHONE NUMBER

  
Julie Aird (Dec 27, 2023 19:49 MST)






Dec 27, 2023

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SIGNATURE OF CENTER BOARD CHAIRPERSON

|                 |  |
|-----------------|--|
| Created:        | 2023-12-28                                   |
| By:             | Maria Stepanyan (maria@cpwd.org)             |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAy7LnVbxrFpPFjAZVosPuul-0E2HSQlbd |

## "PPR" History

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