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2016 Annual Report on Intellectual and Developmental Disability Services Supported by Denver Mill Levy Funding

January 1, 2016 – December 31, 2016

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Introduction

Rocky Mountain Human Services provides case management and direct services to adults and children with cognitive disabilities in Denver and surrounding communities. We have a variety of funding sources for our organizational programs, and utilize Mill Levy funds to supplement projects supporting Denver's intellectual and developmental disabilities population. The Mill Levy Program Portfolio is comprised of project innovations developed to ensure I/DD adults, children and families in Denver County are receiving the care services needed to ensure health and safety, as well as improving their quality of life.

Rocky Mountain Human Services Mission Statement

Rocky Mountain Human Services serves humanity, provides opportunity and encourages a world of compassion and hope.

We utilize our human services expertise to improve the health, self-sufficiency and overall quality of life for individuals who face challenges from developmental delays, cognitive and intellectual impairments, brain injuries and social conditions.

Providing resources, case management and direct services for individuals, families, nonprofit organizations and government agencies, we do our very best to deliver unsurpassed human services every day.

RMHS Vision and History

Rocky Mountain Human Services (RMHS) is guided by the vision and belief that with the appropriate supports, people who have intellectual disabilities or are socially disadvantaged can live meaningful, productive lives. RMHS specializes in person-centered case management to provide our customers and their families with the type of services and resources both needed and desired. RMHS's focus on person-centered care planning, coupled with organizational expertise and strong community partnerships, make RMHS services more effective and impactful for our population served.

Denver Options, Inc. doing business as Rocky Mountain Human Services was founded in 1992 to serve children and adults with developmental disabilities living in Denver. Over the past 24 years, RMHS has expanded the breadth of services provided, and we have added new programs to serve additional vulnerable populations across Colorado:

- Children and adults with developmental delays and disabilities
- Veterans who are homeless or at imminent risk of becoming homeless
- Veterans involved in El Paso/Teller County Judicial District's Veterans Treatment Court program

RMHS Customer Demographics

In order to provide the best possible service to RMHS customers, it is important to understand the populations our organization serves. There are several basic areas of demographic data collection standardized across all RMHS programs to better address customers' needs and to ensure RMHS services reach all catchment areas.

Table 1 RMHS Active Customers by Primary Language

<i>Primary Language</i>	<i>RMHS customers who speak and/or can understand verbal language</i>	<i>Denver residents</i>
English	80%	72%
Spanish	16%	21%
Russian	.17%	.50%
Chinese	.09%	.47%
French	.14%	.46%
All languages other than English (including those listed above)	20%	28%

Source for Denver data as of 4/20/16: <https://en.wikipedia.org/wiki/Denver#Languages>

Table 2 RMHS Active Customers by Gender and Ethnicity

<i>Additional demographics as of 2014</i>	<i>RMHS customers</i>	<i>Denver residents</i>
% Female	39%	50%
% White and/or Hispanic	75.01%	80.7%
% Black/African American only	11.72%	10.2%
% American Indian/Alaskan only	.47%	2%
% Asian only	2.05%	3.8%
% Native Hawaiian/Pacific Islander only	.06%	.2%
% Two or more ethnicities	2.17%	3.1%
Other or unknown ethnicity	8.53%	-

Source for Denver data as of 4/20/16: <http://www.census.gov/quickfacts/table/RHI125214/08031,00>

Table 3 Age Ranges of Active RMHS Customers

<i>Age range</i>	<i>RMHS Customers</i>	<i>Denver County residents</i>
<5 years	38.81%	6.8%
<18 years	57.47%	20.9%
18-65 years	39.87%	68.2%
>65 years	2.67%	10.9%

Source for Denver data as of 4/20/16: <http://www.census.gov/quickfacts/table/RHI125214/08031,00>

Table 4 Active Customers by Age Range 1/1/16 – 12/31/16

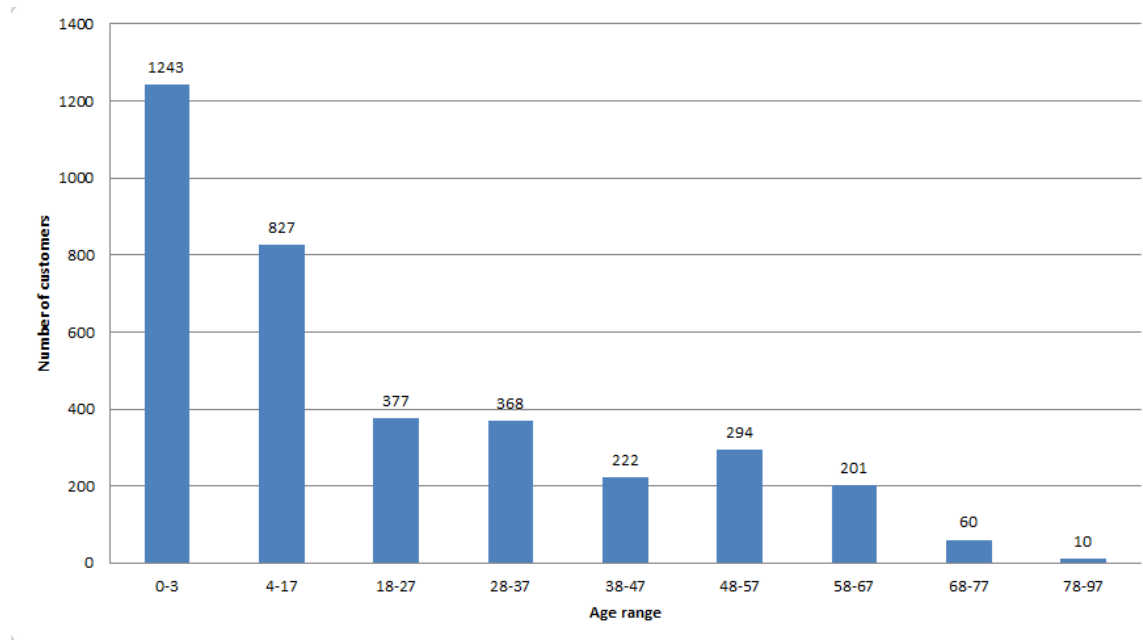


Table 5 Most Common Diagnoses for RMHS Customers

Diagnoses for RMHS customers are collected and tracked insofar as they are relevant to a person’s eligibility for receiving services or relevant for determining customer needs.

Most common diagnoses given to RMHS customers	National prevalence	Number of RMHS customers*
Intellectual Disability ¹	12 : 1,000	1258
Autism spectrum ²	1 : 68 (as of 2012)	615
Mood Disorder ³	95 : 1,000	494
Anxiety & related disorders (PTSD and OCD) ⁴	18 : 100	482
Epilepsy or Seizure Disorder ⁵	7.1 : 1,000	282
Down Syndrome ⁶	1 : 691	274
Cerebral Palsy ⁷	2-3 : 1,000	254
Obesity ⁸	357 : 1,000	235

*Customers may be represented more than once. Sources for prevalence of diagnoses as of 11/15/16

¹ <http://cirrie.buffalo.edu/encyclopedia/en/article/144/>

² <http://www.nimh.nih.gov/health/statistics/prevalence/autism-spectrum-disorder-asd.shtml>

³ <http://www.nimh.nih.gov/health/statistics/prevalence/any-mood-disorder-among-adults.shtml>

⁴ <https://www.nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-adults.shtml>

⁵ <http://www.epilepsy.com/learn/epilepsy-statistics>

⁶ <http://www.cdc.gov/ncbddd/birthdefects/data.html>

⁷ <http://www.cdc.gov/ncbddd/cp/data.html>

⁸ <https://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx#b>



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2016 RMHS Funds by Program

In the 2016 calendar year, RMHS utilized \$8,654,292 in Mill Levy dollars. In addition to the below programs, Mill Levy Management and Communications utilized \$352,958. There was also \$327,836 in new programming efforts beginning in July, 2016 (see New Mill Levy Programming section for details of current and pending new programming efforts funded through Mill Levy).

Table 6 Calendar Year 2016 RMHS Program Funding

	1200 Residential	2100 SLS/CES	3100 FSSP	3200 EI	3300 CC	4400 SC	4600 BH
Support Revenues							
State General Fund	\$ (103)	\$ 915,760	\$ 1,051,115	\$ 1,542,045	\$ 3,284,748	\$ 886,359	\$ 16,197
Medicaid	\$ 3,773,312	\$ 4,631,614	\$ -	\$ 602,745	\$ 293,343	\$ 2,371,630	\$ 120,949
Mill Levy	\$ 789,872	\$ 1,772,245	\$ 703,186	\$ 1,627,221	\$ 757,284	\$ 1,832,850	\$ 490,840
Grants	\$ -	\$ -	\$ -	\$ 238,459	\$ -	\$ -	\$ -
Other Revenue	\$ 616,119	\$ (159,715)	\$ -	\$ (30,129)	\$ 168,678	\$ 20,866	\$ 184,289
Donations	\$ -	\$ -	\$ -	\$ 9,009	\$ -	\$ 25,196	\$ -
Total	\$ 5,179,200	\$ 7,159,904	\$ 1,754,301	\$ 3,989,350	\$ 4,504,053	\$ 5,136,901	\$ 812,275

Legend

Residential: 24 hour support for customers in the setting in which they choose to live

SLS/CES: Direct services for Supported Living Services and Children’s Extensive Services

FSSP: Family Services & Supports Program

EI: Early Intervention Program

CC: Children’s Clinical Services

SC: Service coordination/case management for Children’s Extensive Services, Supported Living Services, Children with Autism and HCBS-DD waiver programs

BH: Adult Behavioral Health/Mental Health Service

RMHS’ Role as Community Centered Board⁹

Denver Options, Inc. dba Rocky Mountain Human Services (RMHS) is the designated Community Centered Board (CCB) for the City and County of Denver. CCBs are private corporations, for-profit or not-for-profit organizations who provide case management services to persons with intellectual and/or developmental disabilities, pursuant to section 25.5-10-209, C.R.S. Authorized CCBs determine eligibility of I/DD individuals within respected counties, CCBs serve as the single point of entry for persons to receive services and supports under section 25.5-10, C.R.S., and provide authorized services and supports to persons either directly or under contract from other service agencies.

RMHS Prioritization of Mill Levy Funds

Below is a prioritization model representing how Mill Levy project proposals are evaluated. RMHS is working to ensure the funds are utilized to provide the most needed benefit to the most individuals in Denver’s community. To that end, RMHS is currently underway adapting programming in order to expand existing and new opportunities with our community partners and provider agencies.

Figure 1 Prioritization of Mill Levy Funding

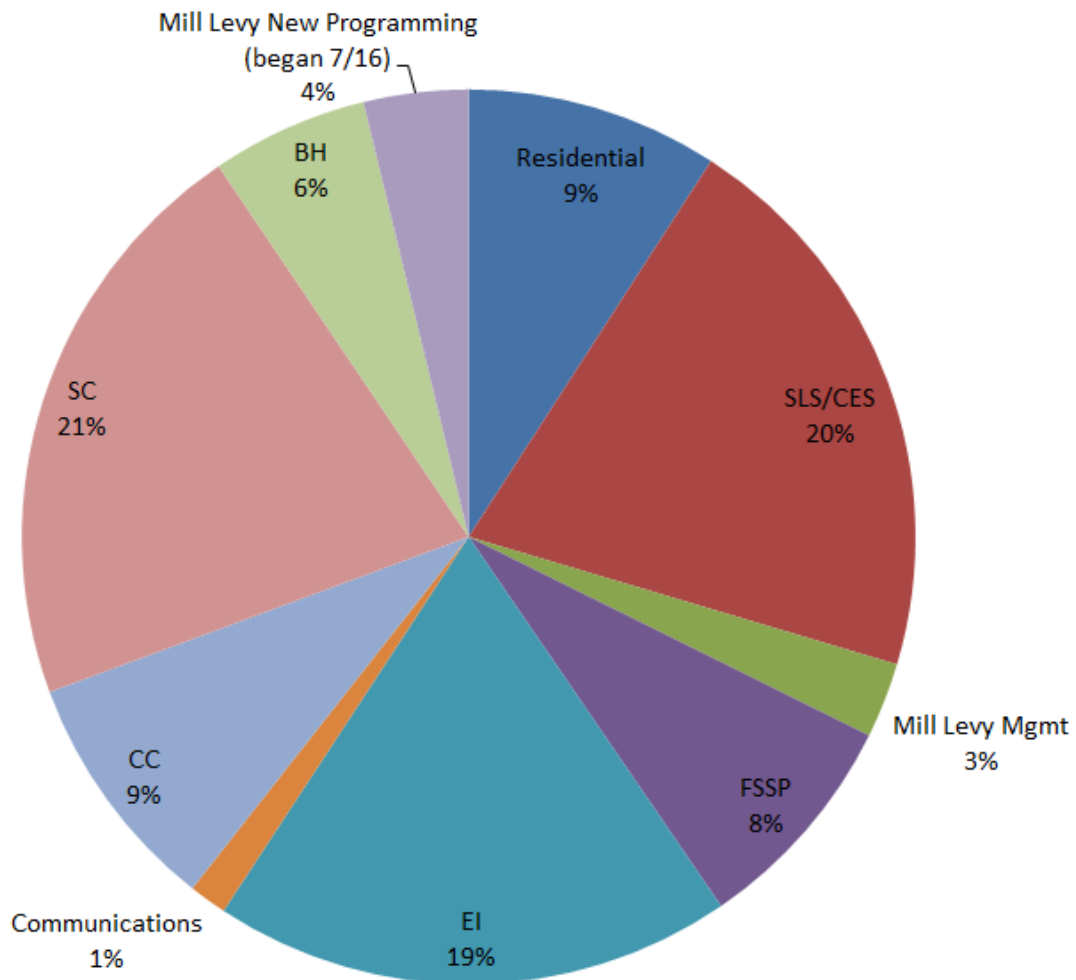
		Urgency/Criticality		
Impact/Scope	Highly urgent, great impact/scope	Highly urgent, great impact/scope 1	somewhat urgent or critical, great impact/scope 2	low urgency, great impact/scope 3
	Highly urgent, moderate impact/scope	Highly urgent, moderate impact/scope 2	somewhat urgent or critical, moderate impact/scope 3	low urgency, moderate impact/scope 4
	Highly urgent, low impact/scope	Highly urgent, low impact/scope 3	somewhat urgent or critical, low impact/scope 4	low urgency, low impact/scope 5

⁹ <https://www.colorado.gov/pacific/hcpf/community-centered-boards>

RMHS Scope and Costs of I/DD Services

The following report summarizes the RMHS scope and costs of intellectual/developmental disability (I/DD) services provided to Denver residents for the period January 1, 2016 through December 31, 2016. RMHS has been working closely with the Denver Department of Human Services (DDHS) to improve transparency of Mill Levy allocation by reporting the value of project innovations to RMHS populations served. This 2016 report reflects our work with DDHS, as well as our efforts to provide the City and other stakeholders with information that is consistent and relevant to RMHS's value-added developments. This report details the expenditure of \$8,654,292 of Mill Levy Funding, used for the array of services and supports that were delivered to adults, children and their families (see Figure 1) accepting I/DD services.

Figure 2 Use of Mill Levy Funds by Program 1/1/16-12/31/16



RMHS Programs: Intellectual & Developmental Disability Services

Early Intervention (EI) Services

The EI Colorado program provides eligible infants and toddlers, and their families, with services and supports to enhance child development in the areas of cognition, speech, communication, physical development, motor development, vision, hearing, social or emotional development, and self-help skills.

*Early Intervention Population Served*¹⁰

Early Intervention is a public health entitlement program and therefore does not have a waitlist. During the 2016 calendar reporting period, 2,169 customers were served in this program; 1,068 customers terminated services and 1,095 were newly enrolled in 2016.

Early Intervention Primary Funder(s)

RMHS's EI contract is held with Colorado Department of Human Services (CDHS), Office of Early Childhood, Early Intervention. The two primary services that RMHS is required to perform and monitor include case management and direct services. Case management is funded two ways. Targeted Case Management (TCM) is reimbursed by Medicaid up to 240 units per child per year for children who have Medicaid, and additionally offers a Flat Fee, which is reimbursed by CDHS through the State General Fund. The total dollar amount provided is based on the average amount of children served in the program. Direct Services are funded through a funding hierarchy: Private Insurance/Trust Fund, Medicaid, and then State General Funds (SGF).

Early Intervention Contract Deliverables/Requirements

[Click here for our most recent report card from the State](#)

1. Percent of infants/toddlers with an Individualized Family Service Plan (IFSP) who receive the early intervention services within 28 days
2. Percent of infants/toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings
3. Positive social-emotional skills (including social relationships)
 - a. Of those children who entered or exited the program below age expectation, the percent who substantially increased their rate of growth by the time they exited the program
 - b. The percent of children functioning within age expectations by the time they exited the program
4. Acquisition and use of knowledge and skills (including early language/communication)
 - a. Of those children who entered or exited the program below age expectation, the percent who substantially increased their rate of growth by the time they exited the program
 - b. The percent of children who were functioning within age expectation by the time they exited the program
5. Use of appropriate behaviors to meet client needs

¹⁰ In this report, "population served" in a given period is represented in two ways: the total number of people who received any services in that period and the average (census) numbers in that period. For example, if customer A was in the program for the first 45 days of the quarter, then terminated, and customer B entered the program for the second 45 days of the quarter, two people received services during the quarter, but the average/census number was one because only one was served at a time.

- a. Of those children who entered or exited the program below age expectation, the percent who substantially increased their rate of growth by the time they exited the program
 - b. The percent of children functioning within age expectation by the time they exited the program
6. Percent of families participating in Part C who report that early intervention services have helped the family
 7. Percent of infants and toddler birth to age one with IFSPs
 8. Percent of infants and toddlers birth to age three with IFSPs
 9. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline
 10. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:
 - a. IFSPs with transition steps and services
 - b. Notification to Denver Public Schools, If child is potentially eligible for Part B¹¹
 - c. Transition conference, if child is potentially eligible for Part B

In addition to the above contract deliverables, our Early Intervention program strives to achieve positive outcomes for children receiving EI services in measuring their success in achieving goals set by their teams. Each child's team (which typically consists of involved family/caregivers, service providers, and an RMHS case manager), establishes goals for the child in receiving the needed services. Progress toward those goals is then measured at the end of the service delivery period and the goal is either identified as met, not met, or in progress at that time. The areas of need are as follows:

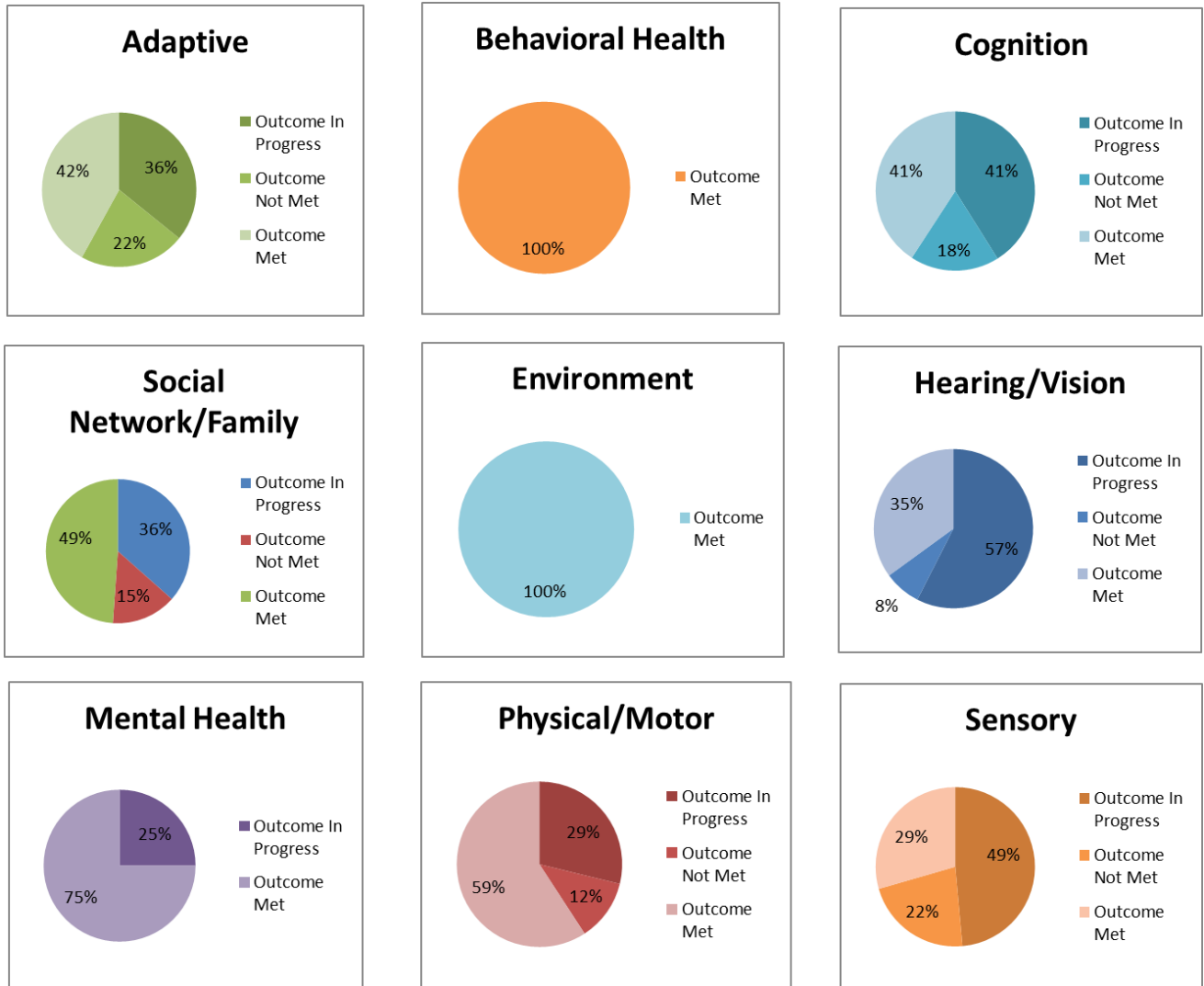
Table 7 Early Intervention (EI) 2016 Outcomes by Area of Need

Area of Need	Percentage of Outcomes
Communication	45%
Physical/Motor	25%
Adaptive	13%
Social-Emotional	7%
Cognition	5%
Sensory	3%
Hearing/Vision	1%

¹¹ Part B of IDEA is the section which lays out the educational guidelines for school children 3-21 years of age.

- Every child is entitled to a free and appropriate public education (FAPE).
- When a school professional believes that a student age 3-21 may have a disability that has substantial impact on the student's learning or behavior, the student is entitled to an evaluation.
- Creation of an Individualized Education Plan (IEP) to lay out specific actions and steps through which educational providers, parents and the student themselves may reach the child's stated goals.
- Education and services for children with disabilities must be provided in the least restrictive environment, and if possible, those children be placed in a "typical" education setting with non-disabled students.
- Input of the child and parents must be taken into account in the education process.
- When a parent feels that an IEP is inappropriate for their child, or that their child is not receiving needed services, they have the right under IDEA to challenge their child's treatment (due process).

Figure 3 2016 Early Intervention Outcome Data by Area of Need



EI Demonstrated Effectiveness of Services Provided

Infants and toddlers participating in the EI program have a corresponding diagnosis known to be associated with developmental delays, and/or have a parent with a developmental disability. Each participating child is tracked in the EI program via an Individualized Family Service Plan (IFSP). The child receives an assessment of their current functioning, and the child's family has an opportunity to express their priorities and concerns for the child's development plan.

Early intervention is meant to provide family-centered evidence-based interventions during the most critical period of brain development. Effective early intervention services have been shown to result in long-term positive educational and social outcomes for children who have or are at risk for developmental delays.

The most recent report card available for RMHS EI services indicates that over 2/3 of children in our EI program were functioning at age expectations with regard to their social/emotional outcomes at the time of exit from the program, and for those who exited below age expectations, almost 3/4 made substantial gains in that area. In the area of acquisition and use of knowledge and skills, over half of the children were functioning within age expectations upon program exit, and of those who were not within age expectations, almost 80% had made significant gains in that area. In the area of "use of appropriate behaviors to meet their need," over 3/4 were within age expectations upon program exit, and of those who were not within age expectations, over ¾ had made substantial gains. Eighty-six percent of families in EI reported that EI had helped them to know their rights, 93% reported that EI has helped them to effectively communicate their child's needs, and 97% reported that EI has helped their children to develop and learn.

Early Intervention Mill Levy Fund Use and Related Outcomes

Increased Care Coordination across Providers

RMHS encourages all EI providers to participate in Transdisciplinary Teams. These teams consist of providers from a variety of disciplines who meet monthly to offer collective consultation on their EI cases. This collaborative care model is best practice in Early Intervention, as it allows most children to be served by a Primary Service Provider (PSP) who can develop a relationship with the child and family while offering developmental support. This individualization by child and family offers a patient-centered approach in understanding the context of family routines, rather than having the child receive various therapies from multiple providers and risk the gaps in provider communication adversely impacting the client and family's identified goals. For infants and toddlers with developmental delays, the PSP model has proven effective as it allows for a more holistic approach that is consistent with family values, and reduces the likelihood of a family receiving conflicting advice from providers in areas that can cross various therapy disciplines (e.g., challenging behaviors). However, it is important that a primary service provider in EI has access to consultation from providers of other disciplines to give strategies in areas that may not be the PSP's primary expertise, and also to help determine when an in-person consultation from another discipline is warranted.

RMHS bills State General Funds for the PSP's time in the transdisciplinary team meeting spent discussing a particular child, though provider team consultation is not yet a designated billing code. Seeing that it is not realistic to ask clinicians to donate their time for patient-centered consultation, RMHS has opted to supplement this comprehensive care model with Mill Levy funds in order to pay providers for their time. Since implementing this payment subsidy in the summer of 2015, RMHS has seen the number of children in EI who are receiving transdisciplinary team services increase dramatically i.e. in the first quarter of 2016, 65% of children in EI benefitted from receiving a transdisciplinary care plan.

Support for Customers in Transition during Eligibility Process

RMHS receives three hours of work for pre-evaluation, though comprehensive case management often requires more dedicated time and resourcing to meet families where they are at. When determining EI eligibility, RMHS receives funding if the children continue with the process through the evaluation stage, as there is a fair amount of time spent by RMHS intake staff on providing and gathering information to/from families. In the common circumstance where children do not enter the EI program, RMHS utilizes Mill Levy funds to ensure families have the supplemental support needed as they traverse the EI system.

The reasons for children dropping out prior to receiving their EI evaluation can vary, though the most common reason is families may not agree with the pediatrician's EI diagnosis and hence decline the child's evaluation and follow up. Additionally, children referred under the Child Abuse Prevention and Treatment Act (CAPTA) require a great deal more time prior to evaluation than RMHS is reimbursed for. CAPTA children are substantiated cases of child abuse or neglect where child welfare is required to refer them for a developmental screening, though they still require parental consent, even if they are not living with their parents at the time of evaluation. It is important to attempt locating and engage these families, as children who experience abuse and neglect are at greater risk for developmental delays and can benefit from early intervention. With an average CAPTA referral requiring 4.3 hours of pre-evaluation service coordination, Mill Levy funds supplement the additional care coordination costs to offer families in transition an honest opportunity to see their child through the EI evaluation.

Transitioning out of Early Intervention

Our EI case managers often provide support beyond what is funded by State funds during the transition out of Early Intervention at age 3, especially when children do not receive their IEP by age three. When this happens we no longer can bill targeted case management or State funds for the time spent on supporting families through the IEP meeting, because the child is no longer active in EI. It is important for continuity of care to provide the family with that support, so we attend when our presence is requested. Of course, we also work with our community partner (particularly Denver Public Schools) to address barriers to scheduling the IEP before age three, as it is ideal that there be no gap between EI and IEP services.

Foster Care Transitions

When children move in and out of foster care, or move between foster homes, it can be very challenging to coordinate the needed early intervention services and may require service coordination beyond what is funded through Medicaid or other means. As EI requires parent consent and involvement, the case manager has to attempt to keep that parent involved, regardless of custody, as long as parental rights remain intact. Because foster families are not typically in contact with the parents, this necessitates communication and coordination beyond what is typical for an intact family, as IFSP meetings usually are not held together, but the case manager may need to hold two meetings to ensure everyone is informed of the plan. While this can be onerous, if we do not provide this level of care, children in foster care often drop out of EI services at a time when they may need that developmental support most urgently.

Children's Clinical Services (CC)

Our Children's Clinical Program provides comprehensive assessment, consultation and intervention services to infants, children and adolescents, birth to 18 years of age. We provide expert developmental assessments and diagnostic evaluations for children with autism spectrum disorder or other complex developmental needs. We also provide individualized recommendations about interventions for developmental needs or behavioral concerns and can help with the transition home from the NICU. Our clinicians conduct evidence-based interventions utilizing approaches such as child-parent psychotherapy and applied behavior analysis.

For children with an active IFSP in our Early Intervention program who are referred to the Children's Clinical team, eligibility for the service is determined through an IFSP review with their IFSP team. If the child receiving services has an active IFSP, then we will utilize the appropriate funding according to the funding hierarchy, and no children will be turned away for lack of funding. All children have access to State General Funds or Part C funds if no other funding is available for services. For children three years of age and older (and therefore not eligible for EI services), the process is much the same except that eligibility is determined through a clinical intake rather than through the IFSP process. If children do not have insurance for which we are contracted, we may not be able to provide the services for them, as there is not a back-up State General Fund for this purpose. We then refer those children out, although at times we have provided an unreimbursed assessment for a child when the family did not have access to any other means to obtain the assessment. The assessment is critical in identifying services necessary to support the child's optimal development and possibly decrease the need for lifelong services.

Children's Clinical Services Population Served

Children's Clinical Services does not typically maintain a waitlist for services. There were 790 children served in Children's Clinical this period. About 1/3 of the children served in this program receive evaluations or assessments only, while the other 2/3 receive ongoing therapies.

Children's Clinical Services Primary Funder(s)

1. State General Fund via Early Intervention
2. Medicaid
3. Denver Department of Human Services Core Services
4. Private Insurance

Children's Clinical Services Contract Deliverables/Requirements

1. Keep accurate and up to date customer files securely
2. Submit claims in timely fashion
3. Ensure customer is eligible for services
4. Obtain authorization and re-authorization for services when needed
5. Provide covered service consistent with CPT code
6. Maintain utilization of services
7. Collect customer financial responsibility portion
8. Maintain Treatment Plan and Progress Notes Securely
9. Providers maintain licensure/certification with their respective association/board
10. Maintain appropriate liability insurance
11. Credential Providers with funder prior to working with child with that specific funding

Children's Clinical Services Provided

Assessments and Interventions are provided in the following areas:

1. Applied Behavior Analysis (ABA), Behavioral Assessment and Therapy
2. Speech and Language Assessment and Therapy
3. Occupational Assessment and Therapy
4. Physical Assessment and Therapy
5. Psychological Assessment and Therapy
6. Diagnostic Evaluation

Demonstrated Effectiveness of Children's Clinical Services Provided

Our children's clinical services program provides a variety of evidence-based assessments and interventions according to the individual needs of each child served and the priorities of the family. Each child receiving intervention has a treatment plan that is developed in conjunction with the family and is reviewed at a minimum every six months, or more frequently when there are significant changes. At each intervention session, the therapist assesses the child's progress toward treatment plan goals and makes adjustments in the intervention strategies to maximize positive outcomes. This is documented in their progress notes. In the next few months, we plan to implement a more data-based way of tracking this information, so that we can report out on the percentages of outcomes met in an aggregate fashion, rather than just tracking individually, but we need to develop data systems first.

We also ask families to complete satisfaction surveys following completion of assessments. Most recent survey results indicate average ratings above 4.5 on a 1-5 scale of satisfaction. The highest rated item was related to the convenience of the assessment location (most are done in the family home). Comments included "Everyone listened to me. The report was written so I could easily follow;" "Thorough explanation was provided;" and "The people were so nice to my son and were able to understand him and his frustration since he cannot speak or communicate with me." We also ask for suggestions for improvements and read each one and incorporate them into our evaluations when possible.

Children's Clinical Services Mill Levy Fund Usage and Related Outcomes

Care Coordination across Providers, Family Members and Caregiver Facilities

Overlapping team assessment time: While our clinical assessment services are typically funded by insurance or other funding sources, RMHS utilizes a team assessment approach for children with complex developmental delays and disabilities in order to apply careful consideration of multiple factors impacting their care plan. By offering an interdisciplinary approach to a patient's care coordination, RMHS works to ensure that the diagnosticians are covering all areas prior to making a diagnosis. Often the overlap in care team diagnostic assessments is not typically funded by other sources. Further, the complexity of diagnosing a child who may have multiple developmental and/or mental health concerns typically requires great team consultation time that is also not funded. Mill Levy funds to support this complex team assessment and consultation, and find that it increases the accuracy and confidence in our diagnostic formulations.

The overall family satisfaction score for "The evaluation addressed my concerns and answered questions about my child's development" was 4.73 out of 5, which is a high rate of satisfaction and indicates that families feel that our evaluation approach was helpful to them. Looking at this slightly differently, the service providers working with children our team evaluated rated "The results and recommendations of the evaluation were useful to me in working with this child and family" at 4.53 out of 5, which is also high and indicates that professionals also feel that this is a useful approach.

Transdisciplinary Team Meetings

In addition to the standard EI transdisciplinary team model described above, RMHS utilized Mill Levy funding to support the development and sustaining of a BABIES team under Children’s Clinical Services, which specializes in care for medically fragile young infants, often born in Neonatal Intensive Care.

Community Training Provided

Our clinical management and staff provide a variety of trainings and consultations in their areas of expertise to our service coordination staff and to the Denver community as a whole. This year, we have provided education to residents and fellows at Children’s Hospital on developmental assessment, to students at the University of Denver on early intervention, and to our own service coordination staff on understanding the criteria for developmental disability determination and the various tests that are used to provide evidence of intellectual and adaptive delays. While none of this is reimbursed, we believe that it is important as it allows us to ensure that community awareness exists, and also that our own staff are up to date on the most current knowledge related to the work that they do.

Family Services & Supports Program¹² (FSSP)

FSSP is a partnership between families and publicly funded supports. The individual's and family's circumstances and needs are the primary consideration for determining the appropriate types of services or supports which can best assist a family with the least disruption to the family lifestyle. At RMHS, we provide all eligible and interested families with service coordination, and we also have limited funds available to assist families in obtaining services or supports not otherwise available to them. Requests for funds are prioritized based on the needs of the child and family.

Family Services & Supports Program Population Served

“The Family Support Services Program (FSSP) provides support for families who have children with developmental disabilities or delays with costs that are beyond those normally experienced by other families. The primary purpose of the FSSP is to support children with developmental disabilities or delays remaining within their own nurturing family setting and prevent out-of-home placements.” Although many CCBs have a waitlist for this program, RMHS does not have a waitlist for FSSP. The program provided case management services to 1,177 children during this reporting period, 305 newly enrolled and 294 terminated.

FSSP funds are distributed based on those most in need. The State provides just under \$60,000 per month to fund direct services in this program. Requests always exceed that amount. In the first six months of 2016, an average of 71 children per month received FSSP funding for approved services. Beginning July 1, 2016, Mill Levy dollars were used to supplement this program to serve an additional 59 children per month, a 45% increase in customers served.

¹² <https://www.colorado.gov/pacific/hcpf/family-support-services-program-fssp>

Table 8 Family Support Services Program Services Funded 1/1/16-12/31/16

Service	FSSP funds spent 1/1/16-6/30/16	FSSP funds spent 7/1/16-12/31/16	ML funds spent 7/1/16-12/31/16	Total 2016 Funding
Respite	\$244,648	\$298,293	\$202,659	\$745,600
Professional Services	\$46,875	\$28,707	\$38,463	\$114,045
Medical/Dental	\$6,047	\$7,469	\$3,039	\$16,555
Home Modifications	\$4,422	\$3,462	\$2,182	\$10,066
Parent/Sibling Support	\$1,475	\$3,105	\$605	\$5,185
Assistive Technology	\$426	\$4,664	\$1,764	\$6,854
Transportation	\$356	\$2,807	\$1,306	\$4,469
Other*	\$86,771	\$18,176	\$5,366	\$110,313
TOTAL	\$391,020	\$366,683	\$255,384	\$1,013,087

**Includes camp, diapers, adaptive recreation, etc., typically increases drastically in the summer due to camp funding requests*

Family Support Services Program Primary Funder(s)

Colorado Department of Healthcare Policy and Financing¹³

Family Support Services Program Contract Deliverables¹⁴/Requirements

1. At least 95% of the member months met for State SLS
2. Individuated Plans: 100% are completed within 30 days of enrollment
3. Waiting list: 100% data corrected within 30 days of notification
4. OBRA enrollment: 100% of OBRA enrollment changes are reported to the department within ten business days
5. Critical incident trend analyses are completed quarterly

Family Support Services Program Demonstrated Effectiveness

Each child served in Family Support has a Family Supports and Services Plan (FSSP) that outlines the priorities of the family and how they would like to utilize family support to achieve those priorities. The plan is developed in conjunction with completing the Most In Need Assessment, which evaluates a family’s needs in order to prioritize family support funds and resources. The Family Support case manager develops the plan in conjunction with the family. Each individual’s plan is updated on an annual basis to evaluate progress and outcomes.

¹³ <https://www.colorado.gov/pacific/hcpf/family-support-services-program-fssp>

¹⁴ These deliverables are the same for Family Support, State SLS, HCBS CES, SLS, and HCBS-DD

FSSP Use of Mill Levy Funds and Related Outcomes

RMHS provides case management to all families who request this service. Even for families who may not have high most-in-need scores, case management and service coordination can help to improve quality of life and thus improve family functioning.

RMHS utilizes Mill Levy funds at times to provide additional services that are not otherwise funded. For example, Service Coordinators attend transition conferences when children are aging out of Early Intervention at age 3. This is a critical transition for the child and family and the Service Coordinator's involvement can provide valuable continuity of care. RMHS also sponsors several customer activities throughout the year, including a Thanksgiving Drive to ensure those in need have food for their Thanksgiving dinner, a Spring dance for teens, and Sibshops to support young people who have a sibling with a disability.

Family Supports

The Family Support Services Program (FSSP) supports families of children with developmental disabilities or delays in obtaining services not otherwise available to them. FSSP can assist families with a newborn concerning costs of crucial supports and services during the early stages of life. Early intervention can support healthy child development and reduce complications for the infant and family.

Upon moving to Denver County, Tommy was enrolled in RMHS' Early Intervention (EI) program due to delays in his physical/gross motor skills. Through Tommy's intake assessments, he was quickly referred to Physical Therapy (PT) as a part of his treatment plan. During his therapy, the Physical Therapist discovered that Tommy had concerning displays with his feeding. This discovery led to Tommy's visiting a medical specialist and he was placed with a nasogastric tube (NG-tube).

Though the medical diagnosis and comprehensive care path can be long and challenging for the patient, family members and caregivers also experience stress through client's compiling needs and challenges. Working in tandem with Tommy's care teams, his mom became overwhelmed and was struggling with his adapted care needs.

Acknowledging Tommy's mom's need for support, the family's RMHS Service Coordinator helped the family apply for FSSP respite funding to further support them with medical appointments, home care, and understanding. Partnering organization, Nurturing Newborns, was able to provide an in-home nurse to Tommy's family. The respite funding and procured nursing support have given Tommy access to services that cultivate his developmental needs, while allowing with their own needs to be cared for. Respite care can afford RMHS clients and families to maintain a supported and healthy family lifestyle.

*Paige Martin, Family Support Program Manager – Developmental & Behavioral Health
Christy Jo, Services Coordinator II – Developmental & Behavioral Health*

Service Coordination Department Case Management Programs: CES, CWA, HCBS-DD, SLS

The Service Coordination Department provides case management to children and adults receiving HCBS or State-funded developmental disability services. Case management includes intake activities and eligibility determination, the facilitation of enrollment into HCBS or State-funded services, and locating, coordinating and monitoring developmental disabilities services. In addition, Service Coordinators assist clients with other non-developmental disabilities funded services, such as medical, social, education and other services to ensure non-duplication of services and to monitor the effective and efficient provision of services across multiple funding sources.

Children's Extensive Supports¹⁵ (CES)

CES is a Medicaid Waiver program that provides services and supports to help children less than 18 years of age establish a long-term foundation for community inclusion.

Children's Extensive Supports Population Served

This program provided services to 88 children this reporting period with 13 terminations and 13 new enrollments.

Children's Extensive Supports Primary Funder(s)

Colorado Department of Healthcare Policy and Financing

Children's Extensive Supports Contract Deliverables/Requirements

See Family Support, as the deliverables are included in one contract

Children's Extensive Supports Services Provided

RMHS provides case management services to children enrolled in the CES Waiver Program. Services in this program include Adaptive Therapeutic Recreational Equipment and Fees, Assistive Technology, Behavioral Services, Community Connector, Home Accessibility Adaptations, Homemaker Services, Parent Education, Personal Care Services, Professional Services, Respite Services, Specialized Medical Equipment and Supplies, Vehicle Adaptations, and Vision Therapy.

Demonstrated Effectiveness of Children's Extensive Supports Services Provided

Each child served in the Children's Extensive Services Waiver has a Service Plan completed annually that outlines the priorities of the family and how they would like to utilize services available to meet those priorities. This is typically developed in conjunction with completing a functional assessment which evaluates needs and is used to prioritize needs. The case manager develops the plan with the family and reviews it on a quarterly basis to make sure that the right services are in place and also to evaluate progress toward outcomes. The Service Coordination department is in the process of piloting a monitoring tool that will be able to measure the success of children enrolled in CES based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

Children's Extensive Supports Uses of Mill Levy Funds

- Community education and outreach
- Support for customers in transition during eligibility process and transitioning into adult system

¹⁵ <https://www.colorado.gov/hcpf/childrens-extensive-support-waiver-ces>

Children with Autism (CWA)¹⁶

CWA is an HCBS Medicaid Waiver program providing behavioral services to children with autism up to age six. This is a limited program with a limited number of resources. The State manages the waitlist.

Children with Autism Population Served

Eleven children were served in this program through RMHS this reporting period with 4 terminations and 2 new enrollments.

Children with Autism Primary funder(s)

Colorado Department of Healthcare Policy and Financing

Children with Autism Services Provided

Case Management and Behavioral Therapies

Demonstrated Effectiveness of Children with Autism Services Provided

Each child served in the Children with Autism Waiver has a Service Plan completed annually that outlines the priorities of the family and how they would like to utilize behavioral therapies to meet those priorities. The Service Coordinator develops the plan with the family and reviews it quarterly to make sure that the therapies in place are effective and the child is progressing with the established goals. The Service Coordination department is in the process of piloting a monitoring tool that will be able to measure the success of children enrolled in CES based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

Children with Autism Uses of Mill Levy Funds

Community education and outreach
Support for customers in transition
During eligibility process
Transitioning out of this program at age six

Support Living Services¹⁷ (SLS)

SLS is either a Medicaid Waiver or State funded program intended to provide supported living in a person's home or in the community.

Support Living Services Population Served

There were 756 individuals who received Support Living Services this reporting period with 47 terminations and 25 new enrollments.

Support Living Services Primary funder

Colorado Department of Healthcare and Financing

SLS Contract Deliverables/Requirements: See Family Support; these are all included in one contract with Colorado Department of Healthcare and Financing

¹⁶ <https://www.colorado.gov/pacific/hcpf/children-autism-waiver-cwa>

¹⁷ <https://www.colorado.gov/hcpf/supported-living-services-waiver-sls>

SLS Services Provided

Case management provided by RMHS, which includes development of a service plan in concert with the customer, identification of possible service providers for choice by the customer, and monitoring of services for effectiveness. Services include, for example, Assistive Technology, Behavioral Services, Day Habilitation Services, Personal Care Services, Respite, and Supported Employment.

Demonstrated Effectiveness of Support Living Services Provided

The service plan is monitored quarterly for utilization, customer satisfaction and progress toward goals established by the customer. The Service Coordination Department is in the process of piloting a monitoring tool that will be able to measure the success of adults enrolled in SLS Waiver or State - funded SLS based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

Support Living Services Uses of Mill Levy Funds

Community education and outreach

Support for customers in transition

During waitlist and eligibility process

Transitioning into adult system

Training provided to Denver Police Department on working with individuals with I/DD

Emergency funds

Case management hours provided beyond the Medicaid cap of 60 hours per year for people in crisis and transitioning in/out of institutions

Case management hours provided to State SLS customers that we serve above our contract limit of 120 customers. We are now serving an additional 20 customers above our contract.

Home & Community Based Services – Developmental Disabilities Waiver¹⁸

HCBS-DD (formerly referred to as Comprehensive or Comp) is a Medicaid Waiver program that provides access to 24-hour supervision through residential and day habilitation services. Living arrangements can range from host homes (one to two customers), individualized settings (one to three customers), group homes (four to eight customers), and supports for customers who live with or are receiving services provided by their family member(s).

HCBS-DD Population Served

RMHS served 718 customers in this program in 2016. During this period, 32 people were terminated from the program and there were 19 newly enrolled.

HCBS-DD Primary Funder:

Colorado Department of Healthcare Policy and Financing

HCBS-DD Contract Deliverables/Requirements

See Family Support; these are all included in one contract with Colorado Department of Healthcare Policy and Financing

¹⁸ <https://www.colorado.gov/pacific/hcpf/developmental-disabilities-waiver-dd>

HCBS-DD Services Provided

Case management provided by RMHS, which includes development of a service plan in concert with the customer, identification of possible service providers for choice by the customer, and monitoring of services for effectiveness. Services include, for example, Behavioral Services, Day Habilitation Services, Non-Medical Transportation, Prevocational Services, Residential Services, Specialized Medical Equipment and Supplies, Supported Employment, and Vision.

Demonstrated Effectiveness of HCBS-DD Services Provided

The Service Coordination department is in the process of piloting a monitoring tool that will be able to measure the success of adults enrolled in DD Waiver based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

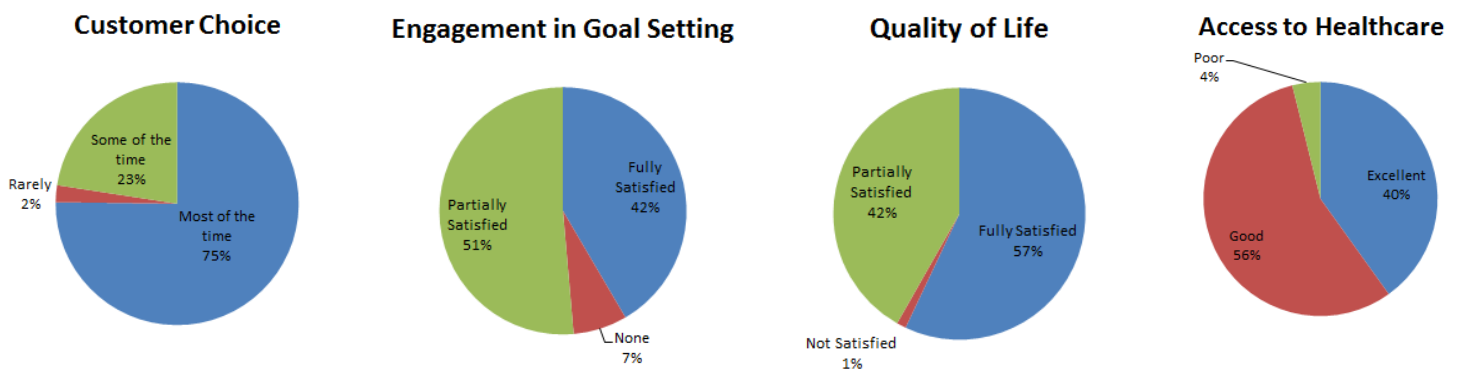
HCBS-DD Uses of Mill Levy Funds

- Community education and outreach
- Support for customers in transition
- During waitlist and eligibility process
- Transitioning into adult system
- Training provided to Denver Police Department on working with individuals with ID
- Emergency funds
- Case management hours provided beyond the Medicaid cap of 60 hours/year for people in crisis and transitioning in/out of institutions

Outcomes in Service Coordination

Service Coordination implemented a new process for monitoring services and tracking outcomes in late 2016. Once a quarter, case managers work through a monitoring tool for all customers receiving services in HCBS-DD Waiver, SLS Waiver, State SLS, CES Waiver, and CWA Waiver services. The tool guides the case manager through a review of areas such as utilization of services identified in the customer’s annual plan, satisfaction with providers, determining whether customers have adequate access to health care services, and whether there are significant health & safety or behavioral concerns that need addressed, among others. Case managers also score customers in one of four outcome areas each quarter: extent to which the customer has choice in the service planning process, quality of life, general health, and participation in working on goals. Below are the results of the first quarter of outcome measures using this tool.

Figure 4 2016 Service Coordination Outcomes



Adult Behavioral Health

The Behavioral and Mental Health Clinic for adults with I/DD and other cognitive needs promotes overall wellbeing and behavioral health. The clinic specializes in care for adults with complex coordination of care needs – a population for which there are highly limited resources in our community. The team is staffed with Psychiatry, Psychology, and Licensed therapists, all with specialized expertise and extensive experience in a dual diagnosis of I/DD and co-occurring mental health and behavioral issues. RMHS provides mental/behavioral health and I/DD behavioral Medicaid Waiver services.

Population served: There were 257 customers served in our Adult Behavioral Health program, 30 of which ended services during the reporting period. There were 29 new customers this period. There is no waitlist for this program.

Adult Behavioral Health Primary Funder(s)

Medicare, Medicaid – CO BHO provider, Medicaid Waivers

Adult Behavioral Health Services Provided

The Behavioral Health Clinic provides psychiatric, mental health and behavioral assessments, evidence-based practice of individual and group therapies, PTSD trauma focused therapy, behavioral consultation, medication management and psychological testing, including neuropsychological evaluations.

Adult Behavioral Health Deliverables/Requirements

Adult Behavioral Health Requirements are prescribed in the Colorado Office of Behavioral Health Uniform Services Coding Manual, CMS Medicare regulations and HCBS Medicaid Waiver Service Rules and Regulations. In addition, we adhere to the following standards:

1. Keep accurate and up to date customer files securely
2. Submit claims in timely fashion
3. Ensure customer is eligible for services
4. Obtain authorization and re-authorization for services when needed
5. Provide covered service consistent with CPT code
6. Maintain utilization of services
7. Maintain Treatment Plan and Progress Notes Securely
8. Providers maintain licensure/certification with their respective association/board
9. Maintain appropriate liability insurance
10. Credential Providers with funder prior to working with child with that specific funding

Demonstrated Effectiveness of Adult Behavioral Health Services Provided

All customers seen in the Adult Behavioral Health clinic have been referred for a significant mental health and/or behavioral concern. Every customer is evaluated with an initial focus on reducing the need for crisis intervention and identifying appropriate treatment for the problem(s) presented. Adult Behavioral Health works to ensure every customer participates in his/her treatment and behavioral planning 100% of the time. Customers' active participation has shown to improve treatment effectiveness.

Evidence-based therapeutic interventions are selected to restore stability, reduce the need for crisis intervention, and reach mental and behavioral wellness and stability.

All customer behavioral health plans are reviewed by a clinician with the customer every six months and updated annually to ensure that progress is being made on treatment plan goals. If progress has not been made, RMHS coordinates with the client's team to alleviate barriers to successful treatment.

Numerous studies have shown that significant problems occur when appropriate mental health services for people with I/DD are unavailable, resulting in excessive use of emergency services and psychiatric hospitals, duress from untreated mental illness and frequent changes in home and work/community life¹⁹.

Each customer receives high value integrated and coordinated care across I/DD, mental health and physical health systems of care, which has been demonstrated to result in a significant reduction in emergency service use²⁰.

Adult Behavioral Health Uses of Mill Levy Funds and Related Outcomes

- High value care coordination with all systems of care for each customer, to reduce and prevent emergency service use and integrate care for successful treatment results (see Colorado Community Guide to Care Coordination, University of Colorado School of Medicine, JFK Partners, June 2013; discussion of emerging studies and data of positive impact of care coordination).
- Enhanced direct and indirect customer service time (non-reimbursable) by clinicians for customers with significant I/DD, who require additional time for the communication and understanding of symptoms, determination of mental health diagnosis, and specialized therapy visits (at home or extensive between visit follow up with care providers). Enhanced service time includes expanded assessment time to accommodate client communication and fatigue factors.
- Intake screening, including a records review, interviews and other investigation to determine the need for specialty clinic, and, provide initial clinical consultation and recommendations.
- Develop partnerships and training initiatives in the Denver Community with other service systems of care, including mental health, hospitals and law enforcement, to promote informed and integrated care for our population.
- Neuropsychological testing for customers without funding.

Life Skills & Support (LSS)

The Life Skills & Support Program provides direct care for adults and children with intellectual and developmental disabilities through the HCBS-DD waiver, including 24/7 home living arrangements, as well as home health care daily living skills coaching, and independent living supports through the Children’s Extensive Waiver (CES) and Support Living Services Waiver (SLS).

Life Skills & Support Population Served

In 2016 Life Skills & Support provided residential services to a total of 99 customers, with 16 new customers enrolled and 6 who terminated their residential services this year.

Life Skills & Support Primary Funder(s)

Medicaid waivers, State SLS and private pay

¹⁹ “Analysis of Access to Mental Health Services for Individuals Who Have Dual Diagnoses of I/DD and Mental and/or Behavioral Health Disorders,” University of Colorado School of Medicine, JFK Partners, November 1, 2014 <http://www.ucdenver.edu/academics/colleges/medicalschoo/programs/JFKPartners/projects/Documents/Gap%20Report%2012-3-14%20Revised.pdf>

²⁰ START model <http://www.centerforstartservices.org/>

Positioned for a Purpose

After being removed from her current foster care setting, Sally came to RMHS from Denver Adult Protective Services as an emergency placement with very little information. Several letters and phone calls later, Perriann Worman, RMHS's Senior Financial Specialist found that Sally had recently lost her disability status with Social Security due to her former rep-payee failing to complete her disability review. Perriann knows all too well that when working with clients on Social Security, the delays in processing can cause losses for RMHS when the organization provides necessary services in the interim.

Still waiting for Social Security nearly six months into receiving RMHS services, Sally was working on getting her life back on track. She began learning how to effectively manage her SSI benefits and income with reporting requirements, began to understand the delays in processing her SS benefits all with Perriann's support and training. Sally's Continuation of Benefits were finally approved, though her SS check only covered three months of back pay to RMHS for her room and board, resulting in a financial loss for the organization. When benefit coverage is lacking, RMHS has committed staff like Perriann to continue providing education, training and service supports, regardless of the net loss. Without Mill Levy funding for Perriann's position to support I/DD clients in tough financial predicaments, Sally would not have been able to appeal and manage her own benefits.

Today, nearly two years after submitting Sally's initial appeal, the appeal remains unprocessed and backlogged. Over these two years, Perriann has continued to work with Sally and educate her how to manage her benefits, while working toward her financial stability and understanding.

- Perriann Worman, Senior Finance Specialist – Life Skills & Support

Life Skills & Support Contract Deliverables/Requirements

1. Keep accurate and up to date customer files securely
2. Submit claims in timely fashion
3. Ensure customer is eligible for services
4. Obtain authorization and re-authorization for services when needed
5. Provide covered service consistent with CPT code
6. Maintain utilization of services
7. Collect customer financial responsibility portion
8. Maintain treatment plan and progress notes securely
9. Providers maintain licensure/certification with their respective association/board
10. Maintain appropriate liability insurance
11. Credential providers with funder prior to working with child with that specific funding
12. Maintain customer rights

Life Skills & Support Services Provided

Life Skills & Support provides for Residential Services, Respite, Personal Care, Behavioral Services, Mentorship, Transportation, Hippotherapy, Movement Therapy, Massage Therapy, Day Habilitation, Basic and Enhanced Homemaker, Supported Employment, and Community Connections.

Life Skills & Support Residential Program

- LSS has 147 active host home providers

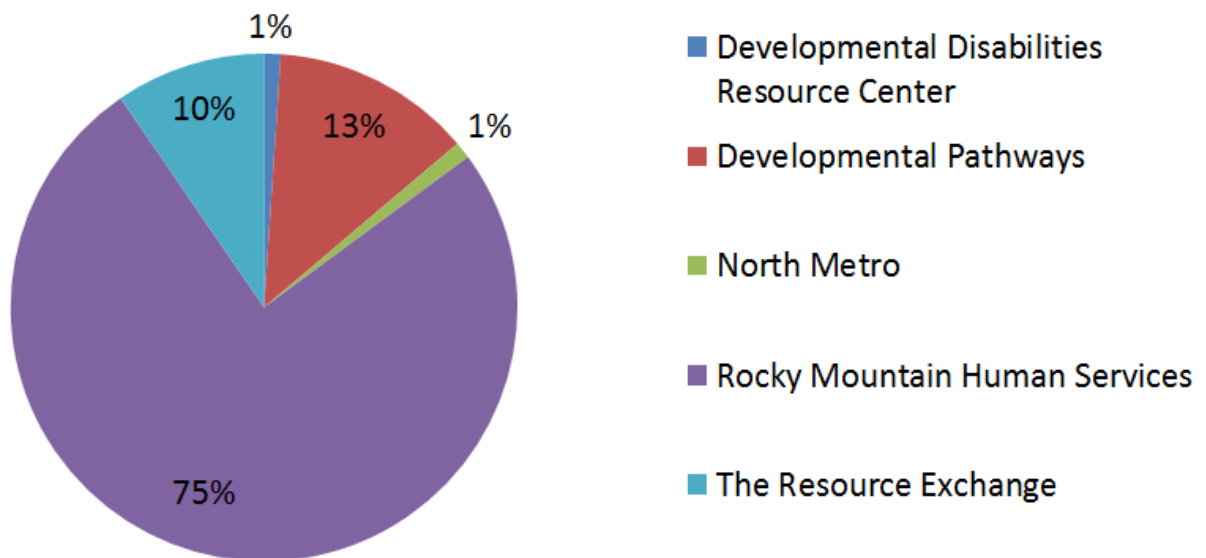
- Nearly all of our 90 residential customers are between the ages of 18-65, but we do serve 6 individuals over the age of 65.
- Nearly a quarter of our customers are non-verbal and/or use communication devices

Table 9: Most common non-I/DD diagnoses among RMHS’s residential customers

<i>Diagnostic category</i>	<i># of customers</i>
Vitamin D deficiency	18
Seizure disorder	16
Osteoporosis	14
Hypertension	14
Cerebral Palsy	13
Depression	13

Figure 5 Life Skills & Supports Residential Customers by Community Center Board

Life Skills & Supports’ residential customers receive case management from four different Community Center Boards:



The individual service and support plan (ISSP) is a plan addressing the individual customer’s needs identified in his annual Service Plan. The ISSP provides direction to staff working with that customer as well as a methodology for capturing progress made toward an established goal. Adaptive goals address skill development in areas such as money management, hygiene, domestic skills, health, and communication. Behavioral goals address areas such as development of coping skills, social skill development, and reducing inappropriate behaviors. Life Skills and Supports monitors progress in these areas for customers accepting our direct services as a way to measure effectiveness of the services and identify areas for improvement in service delivery.

Table 10 LSS Residential Customers' 2016 Outcome Data

Adaptive Goal Progress	Percent
Making Progress	30%
Not Making Progress	30%
Fluctuating	27%
Maintaining	10%
Completed	3%
Total	100%

Behavioral Goal Progress	Percent
Making Progress	43%
Not Making Progress	7%
Fluctuating	24%
Maintaining	24%
Completed	2%
Total	100%

Demonstrated Effectiveness of Life Skills & Support Services Provided

Nursing is not a service that is paid for out of the Home and Community Based Services for Developmentally Disabled (HCBS-DD Waiver) daily rate. RMHS provides this support to customers with high medical needs, so that they can have choice to live as independently as possible within their community. To do this, we employ several nursing staff in this program.

- Nursing staff provides training for all Host Home Providers (HHP). The training allows our HHPs to understand the customer’s needs and individualized service. All respite providers must be trained in identical fashion so that the primary caregiver may have the needed mental and physical breaks from customer care.
- Medically complex customers requiring some types of skilled care can only receive that care with the unique oversight of a registered nurse known as delegation. The RN provides training to HHPs who care for medically complex customers that require the skills and use of equipment needing delegation such as suctioning and blood glucose monitoring.
- Our nurses do quarterly home visits as well as acute visits for provider training and monitoring. Nurses ensure that customers with multiple medical conditions, g-tubes and aspiration risks, etc. have qualified providers that are properly trained.
- Nurses review new customer intake for customers with complex and specific medical needs. They review medical diagnosis, medications, and create protocols to ensure the proper care is identified and instruction is given.
- Per Intellectual Developmental Disability rules, care instructions must be outlined in medical protocols for each individual served and the nurses create, maintain and provide an annual review of these protocols.
- Nurses consult with physicians, hospital case managers and home health agencies to ensure services are in place after hospitalization or rehabilitation stays. They ensure medical appointments are kept and necessary follow up is completed so that our customers can maintain their best health possible.
- Nurses are able to complete routine and acute physical assessments of customers in their home and evaluate the ongoing or changing needs of medically fragile customers to ensure their health and safety is maintained.

LSS Life Essentials Provider Network Program

RMHS has made the decision to use sub-contractors to provide some services available through the CES Waiver, HCBS-DD Waiver and Supported Living Services, so that individuals and their families have more

choice in providers and can even have a family member or other known individual become a trained provider paid to provide those services. Because of this opportunity, the administrative burden on RMHS to provide the oversight of just over 300 contractors has its challenges in ensuring choice, but also meeting the regulatory responsibilities as the Program Approved Service Agency (PASA), Medicaid provider and licensed Home Care Agency. RMHS staff performs the following functions:

- Develops contracts, compliance and orientation oversight of more than 300 contractors.
- Reviews invoices to ensure accuracy so that families and subcontractors can be paid timely and accurately.
- Ensures billing to Medicaid and State SLS pool by authorization of Service Plans, Medicaid, Prior Authorizations, utilization management and denials.
- Manages payment to families and subcontractors by meeting contractual deadlines.
- Monitors services to meet regulatory requirements for Medicaid, PASA designation, and Home Care License through HCPF and CDPHE.
- Works directly with individuals and their families to provide Admission Packet and meet regulatory guidelines.
- Works directly with families and subcontractors to ensure proper protocols are in place to ensure health and safety of the customer.
- Works directly with families and subcontractors to ensure that medication assessments and quarterly reviews for medication reminder boxes are monitored, if medications are administered during services.
- Works directly with families and subcontractors to ensure that HRC, Incident Reports, ISSPs and contact notes are completed and reported per regulatory requirements.

Uses of Mill Levy Funds and Related Outcomes

- Provide choice and person centered services to individuals who have CES, HCBS-DD, and SLS services and supports.
- Provide oversight of regulatory requirements while allowing choice.
- In home visits and observations to ensure health and safety.
- Provide oversight of invoices and provide direct billing for subcontractors and families.
- RMHS does the vetting of professional services, so that individuals and families have confidence in professional services received.
- Identified liaisons for improved and ongoing communication and assistance.

Veteran Employment Services (VES)

VES assists Veterans who are homeless or at risk of becoming homeless with workforce preparation and job placement. VES also offers career development services for returning Veterans.

Veteran Employment Services Population Served

In 2016, VES served 265 veterans, 113 of which were successfully placed into employment. There is no waitlist for the program.

Veteran Employment Services Primary funder(s)

U.S. Department of Labor Contract

Veteran Employment Services Provided

- Individualized assessment and employment plan

- Address barriers to employment
- Resume assistance
- Interview prep/mock interviews
- Computer technician certification
- Career development facilitation
- Job search skills
- Job placement
- Work clothing, tools, etc.
- Job retention support
- Referral to local and State resources

Veterans Treatment Court²¹ (VTC)

RMHS' Veterans Treatment Court (VTC) Peer Mentor Program provides support and incentives to Veterans/service members in the criminal justice system and pairs them with fellow Veterans as peer mentors.

Veterans Treatment Court Population served

In 2016 there was an average of 85 active participants in this program on any given day. Typical length of time in the program is 2 years. There is no waitlist for this program.

Veterans Treatment Court Primary funder(s)

State of Colorado, Judicial Department

Veterans Treatment Court Services provided

The Peer Mentor Program pairs VTC participants with fellow Veterans as peer mentors. Because of their shared military service, peer mentors are uniquely able to understand and connect with participants. The program provides support, incentives, and resource referrals.

Homes for All Veterans (HAV)

The HAV Program assists Veterans who are homeless or at imminent risk of becoming homeless to obtain or maintain safe, stable housing, while addressing the root causes of homelessness.

Homes for All Veterans Population Served

There were 1279 Veterans (plus 841 family members) served through Homes for All Veterans this reporting period. New enrollments totaled 1002 Veterans (plus 643 family members), while 1058 Veterans (plus 685 family members) exited the program. There is no waitlist for this program. Over half of the veterans served (55%) are 50 years of age or older. 90 percent are male.

Homes for All Veterans Primary funder(s)

U.S. Department of Veterans Affairs contract

HAV Services provided

- Finding temporary shelter and permanent housing
- Obtaining VA and other public benefits

²¹ https://www.courts.state.co.us/Courts/County/Custom.cfm?County_ID=6&Page_ID=501

- Rent, utilities, and food needs
- Health care services
- Legal and financial planning services
- Employment services

Addressing System Gaps

Waitlist Management

Although most RMHS programs do not have waitlists, there are waitlists for three of our waiver programs: the HCBS-DD (Comp) Waiver, the SLS Waiver, and the CWA Waiver. All of those waitlists are managed at the State level, but RMHS tracks and makes at least annual contact with the individuals who we have placed on the State waitlist after determining them eligible for those programs. People are added to waitlists for Waiver services by the date they were found to have met the State’s criteria for Developmental Disability. We offer case management to customers on the waiting lists even if they are not active in any RMHS program. In those situations, case management typically involves connecting the customer to community resources, applying for Family Support Funds when appropriate, or requesting an emergency DD Waiver enrollment from HCPF.

Table 11: RMHS customers waiting for services

Program	Number of people on the waitlist	Number of people waiting who are receiving services from another RMHS program	Number of people on the waitlist who are not yet ready to accept services	Number of people ready to accept services who are not receiving services in another RMHS program
HCBS-DD (COMP)	713	549	81	83
SLS	58	0	58	0
CWA	70	70	0	0

Emergency Resources

HCPF has set forth a process and criteria for customers that may qualify for an emergency HCBS-DD Waiver enrollment. The RMHS case manager will gather customer information and submit a request to HCPF on the customer’s behalf. If HCPF grants an emergency enrollment, the case manager will help the customer with the enrollment process.

RMHS Case Management Eligibility Criteria

- SLS Waiver click [here](#)²²
- HCBS-DD Waiver click [here](#)²³
- CES Waiver click [here](#)²⁴

²² <https://www.colorado.gov/hcpf/supported-living-services-waiver-sls>

²³ <https://www.colorado.gov/pacific/hcpf/developmental-disabilities-waiver-dd>

- Family Services & Supports Program:
 - *For children birth to age 5:* A physical examination form from a physician indicating the presence of a syndrome which is known to put the child at risk of a developmental disability (e.g. Down Syndrome, Fragile X Syndrome), in conjunction with a signed request for the eligibility determination from the parent(s) or legal guardian might suffice.
 - *For ages 5 and older:* An individual might be required to supply only a signed request expressing interest in determining whether he/she has a developmental disability, a psychological evaluation of cognitive ability, a functional assessment of adaptive behavior and some type of social history for persons over the age of 22 to verify that the onset of the disability occurred prior to age 22.

Mill Levy New Programming

Enlisting Feedback from the Community

Over the past several months, RMHS has engaged in a variety of activities intended to gather feedback from RMHS customers, family members, providers, community partners and other stakeholders regarding unmet needs among persons accepting I/DD services in Denver. Currently, RMHS is offering [surveys in both English and Spanish](#)²⁵ to community stakeholders including customers, families, providers and area partner. In addition, community forums are scheduled alongside Community Advisory Committee meetings, which are held bi-monthly and are open to the public. Themes in responses and feedback (bolded items indicate multiple responses for this area were given).

Emergencies

- Broken adaptive/assistive equipment and technology: technical support, loaning out equipment
- Health emergencies, including providing care/supervision to persons accepting services when primary caregiver has a health emergency or hospitalization
- Emergency housing: Assistance with eligibility costs: testing, obtaining records, etc.
- Assistance for people in crisis in the process of obtaining Medicaid or temporarily lost Medicaid
- Food, clothing, furniture, rental assistance

Quality of Life, Wellness & Connecting to the Community

- Social/educational groups: Dances, sports, attending events, zoo, museum
- Evening and weekend activities
- Integrated peer group: Attending/participating in community events & activities
 - Funds for summer programs: Parks & Recreation, library, rec centers, bowling, movies
- Swimming opportunities
- Transportation
- **Social networking, relationship development, opportunities for friendships**
- Travel opportunities (with and without family members)
- Civic engagement: Supporting people to serve on boards and committees
- Purchasing rec center passes
- Funding for personal trainers trained on disability specific needs/concerns
- Information sharing among providers & families on knowledge & resources

²⁴ <https://www.colorado.gov/hcpf/childrens-extensive-support-waiver-ces>

²⁵ <https://www.rmhumanservices.org/media/news/mill-levy-funding-survey-available#.V5kOYk1wV3c>

- Inclusive education resources
- Resources for computers (inexpensive or loan program)

Training & Education

- Training for providers: dual diagnosis training, behavioral support
- Training for persons accepting services
 - How to use public transportation (specifically, the Light Rail)
 - Voting education and support
 - **Social skills groups**
 - Basic computer classes
 - Voting & legislative information
 - Job readiness skills training: Resumes, interviews, volunteering
 - Driver's education
 - Art, crafts, and cooking classes
 - Classes similar to what is offered through adult education at community colleges
 - Learning independent living skills, learning how to use public transportation
 - Health & nutrition classes, meal planning
 - Parenting classes
 - Academic tutoring, obtaining high school diploma/learning a trade
 - Preventing fraud/exploitation/identity theft, financial planning
- Training for family members/natural supports
 - Guardianship classes, divorce/legal issues, parents' rights, wills/trusts
 - **Ways to support family member accepting services** (particularly in handling behaviors)
 - **Parent support groups (with child care provided)**
 - Housing training, Section 8 lotteries by county
 - **Guide to I/DD services** (eligibility, what to expect, contact information)
 - Medicaid coverage
 - Financial planning
- Training for the general public
 - Classes on disabilities and how to support people
 - Librarians, rec center employees, etc.
 - Information to schools on CCBs and the Waivers
 - Technical assistance for people to form program approved service agencies
 - Early Intervention – brochures at pediatricians' offices

Filling Gaps between Systems

- Services for elderly/aging issues: dementia, physical decline, transition to retirement
- Family therapy/counseling, support for siblings
- Alternative therapies, animal therapy, music therapy
- Vision services, hearing aids
- Assistance with skilled nursing costs: cut backs, funds for night nurses
- **Funding for mental health & behavioral supports while enabling choice of therapists (including those not a part of the I/DD system)**
- Preschool/childcare resources
- A Medicaid benefit person at RMHS: Medicaid re-determination, housing
- Collaboration between disciplines in providing continuity of care (hospitals, government agencies, mental health)
- Ability to save more than \$2,000 without disrupting benefits (specifically saving for retirement)

- Transitions
 - From SLS to DD Waiver
 - from school to adulthood
 - **from EI to FSSP, particularly 3-6 years of age**

Filling Gaps within the I/DD System

- Money to cover funding gaps
 - Services beyond funding limits: **Supported employment**, supported community connections, **behavioral, respite** (in home and out-of-home), **day program**
 - Assistance with out of pocket expenses
 - Home modifications that exceed waiver caps
- Transportation beyond that needed to access day program (for Comp customers)
- Self-determination
- Dental services, including necessary sedation
- Services for teens & pre-teens
- Assistive Technology
- Reducing the waitlist
- Services for undocumented, services for non-English speakers
- Too big of a gap between SLS and HCBS-DD (ie, need more respite available in SLS)
- Provider resources for FSSP, particularly respite
- Funding for IQ/adaptive testing for eligibility determinations, autism evaluations
- Purchasing adaptive vehicles (rather than having vehicles modified)
- Durable medical equipment not covered by Medicaid
- Expansion of play & learn library (equipment/therapeutic toys loaned to children’s clinicians)

Figure 6 RMHS Programs Survey Respondents by Familiarity

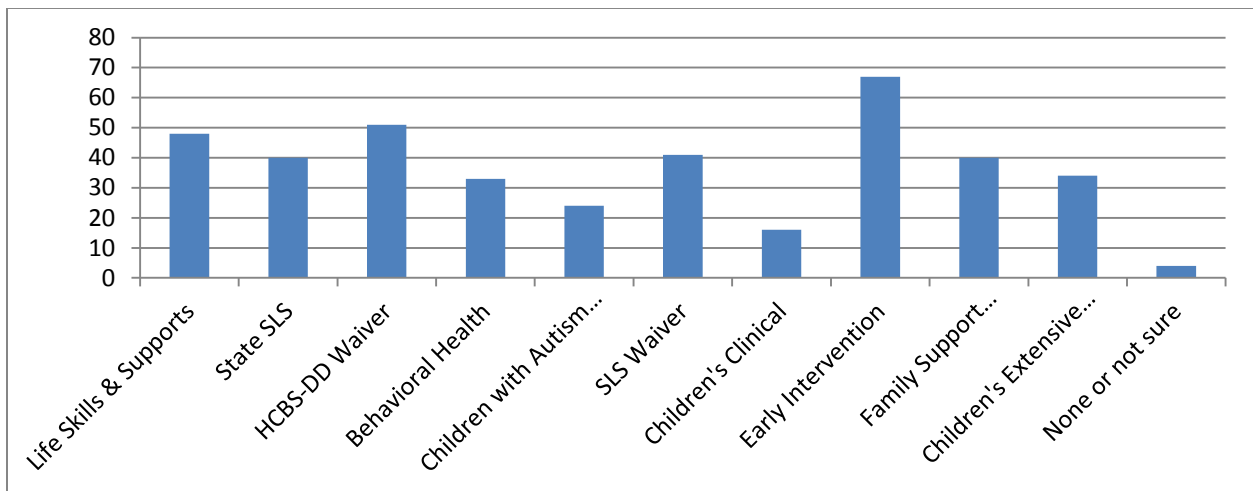


Table 7 Prioritization Values

Statement	Agree or Strongly Agree
Gaps in the I/DD system affect people’s quality of life	80%
Funding should be divided equally to all people accepting services.	47%
Funding should be prioritized to support those most in need.	69%
Funding should be prioritized to support health and safety issues.	47%
Funding should be prioritized to support people's quality of life.	79%

Table 8 Prioritizing Services/Programming

Category	Yes/Probably	No/Probably not*
Social events	56%	27%
Clinician collaboration	89%	6%
Enrollment/eligibility	81%	11%
Provider training for services that are extremely limited or not otherwise available	77%	12%
Provider training for services to give additional options of providers	57%	20%
I/DD training for professionals outside I/DD field	60%	19%
Outreach at schools, community events to educate on I/DD services	73%	11%
Parent/family/caregiver education	84%	5%

*(Remaining Responses were "I'm not sure")

New Mill Levy Programming

Working to apply feedback received from the community, RMHS is diligently implementing current Mill Levy funded projects, and is in the planning stages on developing several new projects. Detailed descriptions of all of these projects, including applications and eligibility guidelines can be found in the Mill Levy section on RMHS’s website: <https://www.rmhumanservices.org/current-mill-levy-funded-projects>.

The Client Assistance Project is intended to address emergencies as well as gaps within/between system(s) on a case-by-case basis until larger trends in specific needs are identified. This project began in mid-September 2016. Anyone with an Intellectual/Developmental Disability living in Denver can request these funds, regardless of whether they are in active services or waiting for services with RMHS or another agency. The project provided needed funding to 27 individuals, totaling just under \$16,000, for such needs as bed bug extermination, one-time rental assistance to avoid eviction, and prescriptions or treatment for medical conditions not covered by Medicaid or other payers.

The Recreation Center Passes Project was established to address, in part, much needed opportunities for health and fitness, recreation, and community integration. RMHS has partnered with Denver Parks & Recreation to offer annual regional passes for people living in Denver who have an Intellectual/Developmental Disability when those passes are not otherwise provided. Recreation center passes are currently available to people accepting services in our State SLS program and are also

available to students of Denver Public Schools through their My Denver card. For children who are not enrolled in Denver Public Schools a regional membership is available for the child and one caregiver. For adults with developmental disabilities aged 19 and up who are no longer enrolled in Denver Public Schools, a Persons with Disabilities Annual Membership will be provided. RMHS made an initial purchase of 125 passes in November 2016. Additional passes will be purchased as interest in this project increases.

The Mattress Project was launched to address a specific gap within the I/DD system. Customers accepting services in the HCBS-DD waiver program often do not have the means to purchase new or replacement beds. This is an expense the residential agency serving them must absorb. Initial surveying of these providers indicated that they must purchase mattresses for about 25% of the customers they serve every year. Those costs range from \$400-\$900 per customer and were not previously reimbursable. The mattress project provides a mechanism for reimbursement of this necessary expense if the need is established. RMHS received and approved requests from residential agencies for 7 customers needing mattresses (about \$3,700). Customers either did not own a mattress or the mattress they did own was excessively soiled, torn or otherwise unusable. The mattresses purchased with this funding are the customers' property and go with them should they move to another residential setting.

The Opportunity to Choose

The HCBS-DD waiver program provides 24-hour service and support to adults with intellectual and/or developmental disabilities (I/DD) whose living arrangements can range from host homes, individualized settings, group homes or some living with family members. New RMHS clients often onboard with few belongings, some arriving with only the clothes on their back. To receive waiver benefits, new adult clients navigate the adult intake process, determining individuals' needs, services and supports. Knowing the DD waiver does not allow funds to be used for clothing or other basic essentials, available Mill Levy funds work to fill the gaps that can improve the client's quality of life.

Living in a host home, clients are offered a bed to sleep on and provided with living essentials. Knowing that host homes are often transitional living placements, clients can be transferred to another living scenario without their own bed. The Mattress Project provides mattresses for clients to take with them across their living scenarios, as needed. The Client Assistance Program affords emergency funding to provide immediate assistance to clients qualifying for I/DD services living in Denver. For many clients, receiving their very own mattress is a first, let alone assistance funding to purchase their own bedding and other home needs. By providing opportunity and choice through supplemental funding, RMHS customers realize their ability to make decisions and can become both empowered and comfortable in the process.

- Aaron Allen, Residential Specialist – Life Skills & Support

The FSSP Supplemental Funding Project (detailed earlier in the [FSSP section](#) of this report) was also implemented to address system gaps by adding funds for direct services in the FSSP program. With over 800 customers active in this program at any given time and just under \$60,000 in funds for direct services, many requests were historically underfunded or denied outright because there were not

enough funds to meet everyone's needs. This project was initiated in July 2016 and has seen a steady increase in spending since then. In 2016 services for nearly 700 customers were funded through this project totaling over \$250,000. Significant increases in November and December increased monthly average spending to around \$70,000 for such services as respite, assistive technology, home modifications, and underfunded medical needs.

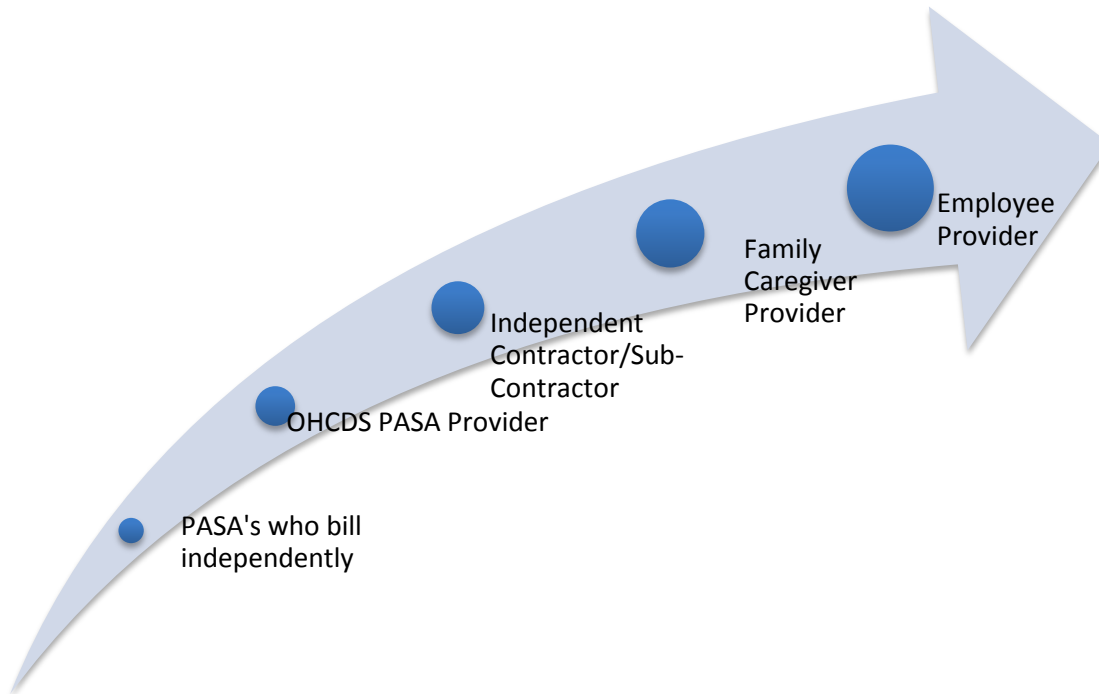
Upcoming Mill Levy Programming

RMHS has many more projects in various stages of development planned for 2017. Below are brief summaries of some of these projects and their intended outcomes. The Mill Levy section on RMHS's website (<https://www.rmhumanservices.org/future-mill-levy-funded-projects>) provides detailed up-to-date information on the projects and contact information.

- EI Provider Training Series – intended to address the complex needs of children birth to 3 years of age. Trainings are available to providers and caregivers. The first topic in this series is infant feeding.
- CPR & First Aid Training – for customers, caregivers, and paid providers to maximize individuals trained in these areas, particularly for people with I/DD who may be at increased risk of experiencing cardiac arrest or a first aid emergency
- Requests for Funds – this project allows for our community partners to submit proposals to address unmet needs of their choice given their interest and experience, particularly those needs most frequently identified in stakeholder feedback
- Play & Learn Library – expansion of RMHS's existing library of materials and equipment to support and enhance therapy work with children. Available to all therapists contracted with RMHS and families through their service coordinators.
- Expansion of behavioral services – intended to address the system gap in behavioral services. Nearly half of all customers accepting our services who need behavioral services are accessing the maximum allowable, which often is not enough to meet their needs.
- Waitlist project – the purpose of this project is to provide services to a minimum of 10 people who are waiting for HCBS-DD (comprehensive) services. These services will replicate those available in the HCBS-DD ("Comp") waiver but will be fully funded through Mill Levy.

Service Providers and their Relationship with RMHS²⁶

There are several different types of providers working with our customers. Some are Program Approved Service Agencies (PASAs) acting in their own right, either billing directly to Medicaid or billing through the CCB, and some are independent subcontractors, all of which bill through RMHS. Regardless of their relationship with RMHS, all PASAs and subcontractors receive referrals for customers needing providers for services for which they are approved to provide. RMHS' case management staff and Life Skills & Support (RMHS' internal PASA) have the responsibility to locate providers and monitor the service as it is indicated in the customer's service plan, which is typically renewed on an annual basis.



Employee Provider

This is an employee of RMHS who is a direct service provider in our Children's Clinical Program, Adult Behavioral Health, or Life Skills and Support. CCP direct service providers offer services to individuals receiving case management from either RMHS, another CCB, or to those individuals not receiving case management within the I/DD system. Employee providers receive referrals through case management. Our internal programs monitor the services being provided to the customer and meet with the providers and customer as needed for updates to the treatment plan, service plan, or IFSP.

Family Caregiver Provider

These providers are related to the customer and are independent contractors with RMHS' Life Skills and Support (LSS) program to be the direct care provider. These providers are approved to provide services based on what the customer needs and as outlined in the Service Plan by a case manager. Some of the customers receiving services from these providers also receive their case management from RMHS and some do not. Family caregiver providers deliver the service as outlined in the Service Plan and submit

²⁶ All case management services in all RMHS programs are provided by RMHS employees

their service documentation and invoice to RMHS. RMHS' LSS helps the providers find the appropriate trainings needed to provide the services.

Independent Contractor/Sub-Contractor

There are two different programs at RMHS that have independent contractors providing services. First, there are independent contractors in LSS who typically provide non-professional services to customers. The services the independent contractors provide include, but are not limited to, family care giver, host home, mentorship, respite, day habilitation, professional services, and community connections. These independent contractors receive their referrals from LSS staff. These independent contractors are responsible for delivering the services that are outlined in the Service Plan. The independent contractors submit their invoices and service documentation to RMHS. RMHS pays these providers and receives payment from the designated funder (typically Medicaid). Some of the customers receiving services from these subcontractors also receive their case management from RMHS and some do not. They submit documentation of the services provided, and it is monitored by the LSS staff.

Secondly, the Child and Family Program has independent contractors who provide professional services to children in the Early Intervention program (all of these children receive their case management through RMHS). The services these independent contractors provide include but are not limited to speech therapy, occupational therapy, early childhood special education, psychological services, nutrition services, and physical therapy. These providers receive their referrals from RMHS case management in the Child and Family Program. The providers provide services as outlined in the customer's Individual Family Service Plan (IFSP). They submit their service documentation to RMHS. RMHS pays these providers and receives payment from the funder (e.g., Medicaid, State General Fund). Case management staff reviews service documentation to monitor the services and the child's progress on service goals.

OHCDs PASA²⁷ Provider

These are PASAs who contract with RMHS to provide services to customers. The PASAs maintain their own liability insurance, training, and State requirements. The PASAs employ staff to deliver the services. The PASAs receive referrals from RMHS case managers and deliver services that are identified in the Service Plan. The providers submit their invoices and service documentation to RMHS. RMHS bills on their behalf and case management staff review service documentation to monitor customer services and progress on service goals.

PASAs that Bill Independently

These providers receive referrals from RMHS case managers as well and they deliver services as outlined in the customer's Service Plan. They submit their service documentation to RMHS. Case managers review the service documentation to monitor customer services. The main difference is that these PASAs bill Medicaid directly.

²⁷ PASA stands for program approved service agency – agencies that have been approved by Colorado Medicaid to deliver services to people with intellectual/developmental disabilities

Stability of RMHS Customer Base

Table 9 2016 Enrollments by Program and Enrollment Type

Count of Customer	Program						
Enrollment Type	CES	HCBS-DD	CWA	EI	FSSP	SLS	Grand Total
CCB Transfer	1	4		45	6	4	60
CCT Nursing Home		4					4
CES to DD Waiver transfer		2					2
CES to SLS transfer						2	2
EI to FSSP transfer					195		195
Emergency resource		26				1	27
Foster Care Resource		4					4
New Referral		2		965	67		1032
OBRA resource						2	2
Out of state transfer				14			14
Regional Center		5					5
Re-referral				72	37		109
State SLS						53	53
Waitlist	13	8	7			43	70
Grand Total	14	53	7	1096	305	105	1580

Table 10 2016 Terminations by Program and Reason

Count of Customer	Program						
Reason for Termination	CES	HCBS-DD	CWA	EI	FSSP	SLS	Grand Total
CCB Transfer		3		86	14	4	107
Completed Program				115			115
Deceased		14		3	1	4	22
Moved out of Area	4	2		75	39	7	127
Moved to Institution		2					2
No Contact with Client	1	3		80	107	4	195
No Documentation of Citizenship/Residency				1	3		4
Not Eligible	3	1	4	49	28	7	92
Other		4					4
Part B Eligibility				533	3		536
Transferring to another RMHS program area	4	1		1	35	12	53
Voluntary Withdrawal	1	2		125	64	9	201
Grand Total	13	32	4	1068	294	47	1458

Table 11 Stability of RMHS Customer Population over Time

RMHS Program	Customers served in this program 1/1/15-12/31/15	Customers served in this program 1/1/16-12/31/16
Children’s Clinical	811	790
Children’s Extensive Services Waiver	85	88
Children with Autism Waiver	17	11
Early Intervention	2,369	2,169
Family Services & Supports (FSSP)	1,154	1,177
HCBS-DD (Comp) Waiver	684	718
SLS (Waiver & State)	721	756
Adult Behavioral Health	266	257
LSS Residential Services	96	99
Total	6,203	6,065

Community Partnerships & Projects

Launch Together

RMHS is participating in Launch Together, which is a privately-funded initiative to expand evidence-based programs to advance young children’s social-emotional health. This initiative is led by the Denver Early Childhood Council, and in the current phase, our involvement is ensuring that the needs of infants and toddlers with developmental delays are considered in the project design. This will be of benefit not only to the children we serve but also to the broader Denver community.

Outreach

RMHS Early Intervention managers and staff engage in a variety of outreach activities to ensure community awareness of early intervention, as well as to help physicians and community members understand how to refer children to needed services. RMHS contacts pediatric practices and childcare settings in cases where additional information is needed. Such instances include effective referrals to tertiary providers or practices, and also respond to many community requests for outreach and education. These activities take place approximately once per month on average.

Global Down Syndrome Educational Series

RMHS participates in the Global Down Syndrome Educational Series Planning Committee to share information with other community groups that work with individuals with Down Syndrome. RMHS’s presence on this committee ensures that the educational efforts are meeting family and service provider needs, while working to publicize the educational efforts as community resources for families with children of Down syndrome. RMHS currently has 274 customers with documented Down syndrome, which is almost 5% of our population.

Denver Provider Advisory Council (DPAC)

This is a monthly meeting of RMHS staff and representative Early Intervention subcontractors, meant as a mechanism to obtain subcontractor input as we develop programmatic policies, procedures, and

performance improvement initiatives, with the purpose of increasing the quality of services provided to children in Early Intervention and their families, regardless of whether those services are provided by staff or subcontractors. At least one RMHS program staff facilitates the meeting, and depending upon the topic, there may be more staff present.

Child Abuse Prevention and Treatment Act (CAPTA) Work Group

The CAPTA work group is a statewide work group with representation from multiple stakeholders (child welfare, early intervention, infant mental health, education, etc.) to ensure that children with substantiated abuse and neglect (and their families) are connected to the appropriate developmental and educational supports. Current workgroup activities include supporting the development of memorandums of understanding between various state and local agencies involved in this work, providing education about roles and responsibilities via FAQ document and webinars, supporting communities in need of technical assistance related to CAPTA, ensuring clarity of information for parents related to developmental screening, identifying and addressing barriers to referred children making it through the eligibility evaluation, and supported coordinated and consistent messaging for public awareness.

Denver Maternal and Infant Mental Health Advisory Board

This is a group of community stakeholders advising Denver Public Health on their activities related to pregnancy related depression in the context of maternal and child health. Some of the work of the group has focused on mapping the current state, and identifying the barriers that impede recognizing and addressing pregnancy related depression. Currently the group is working on mapping a referral algorithm for medical providers who identify pregnancy related depression.

Young Child Wellness Council

The Young Child Wellness Council serves as the clearinghouse and connector for Colorado Project LAUNCH, local community LAUNCH efforts, and other state or local early childhood mental health initiatives aimed at improving the social-emotional wellbeing of young children and their families. The Council serves as a forum where stories, data, and lessons learned about work in the five core areas are captured. The five core areas consist of 1) screening and assessment 2) integration of behavioral health into primary care 3) mental health consultation in early care and education 4) enhanced home visiting 5) family strengthening and parent skills training. The Council ensures core efforts are connected, resources are leveraged, and redundant strategies are minimized. In addition, the Council aims to ensure that best practices and policies are widely shared, spread, saturated, and infused into the community-at-large for the benefit of all Colorado children and families.

The Council fulfills this purpose by:

- Serving as activators by taking the work of Colorado Project LAUNCH to other venues, sharing information with our own organizations and networks, identifying potential areas for collaboration, and sharing lessons learned
- Bringing information about related efforts from the community to the Council to inform state and local work, ranging from informal information sharing, recommendations for speakers to come to Council meetings, or bringing materials/plans to provide feedback
- Reflecting on communities' implementation barriers and successes and making recommendations for changes to state-level policies, practices, or systems to address them
- Engaging with diverse stakeholders including the business sector, non-profit organizations, faith-based institutions, state and local governments

- Informing the Early Childhood Leadership Commission on successes, challenges, and systemic barriers to engage the ECLC in discussions and/or action steps on implications for the state early childhood system related to policy, financing, workforce, and sustainability

Children’s Disability Advisory Committee

This group meets monthly to share current issues in services for children with disabilities. Recent work includes reviewing provider rates for services, discussing the development of a new tool to assess the level of care a child needs, sharing resources about applied behavior analysis services, discussing the implementation of EPSDT funding for applied behavior analysis services, and updates on the utilization of children’s Medicaid waivers.

Early Intervention Task Force

The EI Task Force is comprised of EI Colorado staff, CCB representatives, and Alliance representation aimed at addressing fiscal and systemic issues within the Colorado Early Intervention system. This group works on issues such as:

- Identifying issues in billing Medicaid, Insurance Trust and commercial insurance and developing recommendations, reviewing the change in TCM revenue related to the 7.5 minute rule and develop recommendations for changes in allocations if needed
- Discuss concerns related to Child Find and possible solutions; discuss and address provider issues, especially as they relate to Medicaid
- Consider addressing issues related to CAPTA if they are not addressed elsewhere.

Strengthening Families Network

Strengthening Families has a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. The Network’s philosophy is based on engaging families, programs, and communities in building five protective factors: 1) parental resilience 2) social connections 3) knowledge of parenting and child development 4) concrete support in times of need 5) social and emotional competence of children. The Network includes professionals from across the state from sectors and fields of practice who meet quarterly to provide feedback on statewide projects and initiatives involving children, youth, and families. The Network develops workshops on the protective factors and related information and works to bring curriculum to Colorado that supports building the protective factors.

No Wrong Door

Colorado’s No Wrong Door system, through collaborative partnerships, increased communication and shared technology, ensures that all Coloradans with disabilities and older adults are connected to the supports and services they need to live dignified and self-determined lives in the community of their choice, regardless of pay source.

Through a grant provided by the ACL, Colorado plans to test the No Wrong Door model by financing regional No Wrong Door systems as pilot sites. The pilot sites will carry out the six identified functions of a No Wrong Door system to serve individuals seeking Long Term Services and Supports, illuminating best practices, identifying barriers to a seamless and individual-friendly experience, and informing the best possible framework for a statewide No Wrong Door system.

RMHS is partnering with Colorado Access, Developmental Pathways, North Metro, Atlantis Community, DRCOG, Arapahoe County Human Services, and Douglas County Human Services to create a regional No Wrong Door pilot site²⁸.

Denver Forensic Collaborative for At-Risk Adults

The DFCAA is a multidisciplinary team created to better respond to victims of abuse and financial exploitation who are elderly or intellectually/developmentally disabled. The team meets monthly to discuss cases, offering insight into community resources that would be available to victims in order to ensure the victim's ongoing well-being.

TEFT (Testing Experience and Functioning Tools)

In March 2014, the Centers for Medicare & Medicaid Services awarded TEFT grants to nine states to test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports. The grant program spans four years through March 2018 and is designed to field test a cross-disability experience of care survey and a set of functional assessment items including understanding personal health records and utilizing an electronic LTSS service plan standard.²⁹

Aging and Adult Services Committee

The Aging and Adults Services Committee advises the Executive Committee on policies and practices related to the effective administration of adult protective services and aging and adult services such as long term care, adult financial programming, as well as caregiver and aging supportive services. This includes service delivery, impact to county operations and the administration of programming for the aging and adult populations. The committee works with the Colorado Department of Human Services, Colorado Health Care Policy and Financing and other partner organizations to promote consistent interpretation and applications of law, standards and best practices throughout the state.

Summary

Rocky Mountain Human Services provides case management and direct services to adults and children with cognitive disabilities in Denver and surrounding areas. We have a variety of funders for our programs and incorporate Mill Levy funds as needed to ensure adults and children in Denver County with intellectual and developmental disabilities are getting the services they need to ensure their health and safety and improve their quality of life.

During this reporting period, we provided case management services to over 4,900 individuals with Intellectual/Developmental Disabilities. Many more were served in our direct care and military and Veteran programs. In our service to these individuals, both directly and in partnership with others in our community, we strive to ensure people's health and safety needs are met, that they are supported in their own self-determination, and that they benefit from our services in a measurable way.

Kris Kogan, Ph.D.

Director of Strategy & Innovation

Rocky Mountain Human Services

kkogan@rmhumanservices.org

²⁸ <https://www.colorado.gov/pacific/hcpf/no-wrong-door-implementation-grant>

²⁹ <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/grant-programs/teft-program.html>