

Reporting Instrument

OMB Approval No.: 0985-0061
Expiration Date: January 31, 2022

CIL Program Project Performance Report

Fiscal Year: 2020

Grant #: 2003COILCL

Name of Center: Center for People With Disabilities

Acronym for Center (if applicable): CPWD

State: CO

Counties Served: Adams, Broomfield, Boulder, Gilpin, Jefferson, Weld

SECTION 1 - GENERAL FUNDING INFORMATION

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

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

Item 1.1.1 - All Federal Funds Received

| | |
|-------------------------------------|--------------------|
| Title VII, Ch. 1, Part B | \$2086.00 |
| Title VII, Ch. 1, Part C | \$243588.00 |
| Title VII, Ch. 2 | \$71658.00 |
| Other Federal Funds | \$173729.00 |
| Subtotal - All Federal Funds | \$491061.00 |

Item 1.1.2 - Other Government Funds

| | |
|--|---------------------|
| State Government Funds | \$677741.00 |
| Local Government Funds | \$1183450.00 |
| Subtotal - State and Local Government Funds | \$1861191.00 |

Item 1.1.3 - Private Resources

| | |
|--|---------------------|
| Foundations, Corporations, or Trust Grants | \$850.00 |
| Donations from Individuals | \$17483.00 |
| Membership Fees | \$0.00 |
| Investment Income/Endowment | \$2957.00 |
| Fees for Service (program income, etc.) | \$1538220.00 |
| Other resources (in-kind, fundraising, etc.) | \$12436.00 |
| Subtotal - Private Resources | \$1571946.00 |

Item 1.1.4 - Total Income

| | |
|---|--------------|
| Total income = (Item 1.1.1)+(Item 1.1.2)+(Item 1.1.3) | \$3924198.00 |
|---|--------------|

Item 1.1.5 - Pass Through Funds

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

Item 1.1.6 - Net Operating Resources

| | |
|---|--------------|
| Total Income (Item 1.1.4) <minus> amount paid out to Consumers (Item 1.1.5) = Net Operating Resources | \$3924198.00 |
|---|--------------|

Item 1.2 - Resource Development Activities

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

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

The past year, we have continued to raise funds for COVID-related costs including lost revenue, new expenses, additional equipment and time, accessibility clinics and vaccination clinics, education and information, and other needs that relate to independent living.

We also raised significant funds for renovations to our main facility in Boulder, which was antiquated and outdated, and in dire need of upgrades. In addition to the improvements, we were able to create more accessible usable areas for individuals and groups, and more space for additional staff and consumers.

In our fee-for-service programs, we continue to be successful in our Veterans Services and Employments Services programs, with increases in service numbers and revenue year-over-year.

SECTION 2 - COMPLIANCE INDICATOR 1: PHILOSOPHY

Item 2.1 - Board Member Composition

Enter requested staff information in the table below:

| Total Number of Board Members | Number of Board Members with Significant Disabilities |
|-------------------------------|---|
| 10 | 6 |

| | |
|---|--------|
| Percentage of Board Members with Significant Disabilities | 60.00% |
|---|--------|

Item 2.2 - Staff Composition

Enter requested staff information in the table below:

| | Total Number of FTEs | FTEs Filled by Individuals with Disabilities | FTEs Filled by Individuals From Minority Populations |
|---------------------------|----------------------|--|--|
| Decision-Making Staff | 6 | 4 | 1 |
| Other Staff | 30.5 | 23 | 9.5 |
| Total Number of Employees | 36.5 | 27 | 10.5 |

Item 2.2.1 - Staff With Disabilities

| | |
|---|--------|
| Percentage of Staff Members with Significant Disabilities | 74.00% |
|---|--------|

SECTION 3 - INDIVIDUALS RECEIVING SERVICES

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

Item 3.1 - Number of Consumers Served During the Reporting Period

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

| | # of CSRs |
|--|-----------|
| (1) Enter the number of active CSRs carried over from the preceding reporting period | 362 |
| (2) Enter the number of CSRs started since the start of the reporting period | 148 |
| (3) Add lines (1) and (2) to get the total number of consumers served | 510 |

Item 3.2 - IL Plans and Waivers

Indicate the number of consumers in each category below.

| | # of Consumers |
|---|----------------|
| (1) Number of consumers who signed a waiver | 204 |
| (2) Number of consumers with whom an ILP was developed | 306 |
| (3) Total number of consumers served during the reporting period | 510 |

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

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

| | # of CSRs |
|---|-----------|
| (1) Moved | 7 |
| (2) Withdrawn | 50 |
| (3) Died | 12 |
| (4) Completed all goals set | 72 |
| (5) Other | 35 |
| (6) Add lines (1)+(2)+(3)+(4)+(5) to get total CSRs closed | 176 |

Item 3.4 - Age

Indicate the number of consumers in each category below.

| | # of Consumers |
|-----------------------|----------------|
| (1) Under 5 years old | 3 |

| | # of Consumers |
|---|----------------|
| (2) Ages 5 - 19 | 11 |
| (3) Ages 20 - 24 | 42 |
| (4) Ages 25 - 59 | 196 |
| (5) Age 60 and Older | 258 |
| (6) Age unavailable | 0 |
| Total number of consumers by age | 510 |

Item 3.5 - Sex

Indicate the number of consumers in each category below.

| | # of Consumers |
|---|----------------|
| (1) Number of Females served | 275 |
| (2) Number of Males served | 235 |
| Total number of consumers by sex | 510 |

Item 3.6 - Race And Ethnicity

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

| | # of Consumers |
|---|----------------|
| (1) American Indian or Alaska Native | 6 |
| (2) Asian | 11 |
| (3) Black or African American | 20 |
| (4) Native Hawaiian or Other Pacific Islander | 1 |
| (5) White | 367 |
| (6) Hispanic/Latino of any race or Hispanic/ Latino only | 84 |
| (7) Two or more races | 0 |
| (8) Race and ethnicity unknown | 21 |
| Total number of consumers served by race/ethnicity | 510 |

Item 3.7 - Disability

Indicate the number of consumers in each category below.

| | # of Consumers |
|----------------------|----------------|
| (1) Cognitive | 73 |
| (2) Mental/Emotional | 41 |
| (3) Physical | 98 |

| | # of Consumers |
|---|-----------------------|
| (4) Hearing | 3 |
| (5) Vision | 61 |
| (6) Multiple Disabilities | 234 |
| (7) Other | 0 |
| Total number of consumers served by disability | 510 |

Item 3.8 - Individuals Served by County During the Reporting Period

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

| County Name | Number of County Residents Served |
|---|--|
| Adams, CO | 100 |
| Arapahoe, CO | 13 |
| Boulder, CO | 225 |
| Clear Creek, CO | 1 |
| Crowley, CO | 2 |
| Denver, CO | 30 |
| El Paso, CO | 1 |
| Gilpin, CO | 3 |
| Jefferson, CO | 37 |
| Larimer, CO | 34 |
| Mesa, CO | 1 |
| Weld, CO | 42 |
| Broomfield, CO | 21 |
| Total number of consumers served by county | 510 |

SECTION 4 - INDIVIDUAL SERVICES AND ACHIEVEMENTS

Item 4.1 - Individual Services

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

| Services | Consumers Requesting Services | Consumers Receiving Services |
|--|-------------------------------|------------------------------|
| Advocacy/Legal Services | 71 | 71 |
| Assistive Technology | 53 | 53 |
| Children's Services | 0 | 0 |
| Communication Services | 0 | 0 |
| Counseling and related services | 0 | 0 |
| Family Services | 0 | 0 |
| Housing, Home Modification, and Shelter Services | 0 | 0 |
| IL Skills Training and Life Skills Training | 237 | 237 |
| Information and Referral Services | 420 | 420 |
| Mental Restoration Services | 0 | 0 |
| Mobility training | 12 | 12 |
| Peer Counseling Services | 125 | 125 |
| Personal Assistance Services | 54 | 54 |
| Physical Restoration Services | 0 | 0 |
| Preventive Services | 0 | 0 |
| Prostheses, Orthotics, and other appliances | 0 | 0 |
| Recreational Services | 0 | 0 |
| Rehabilitation Technology Services | 0 | 0 |
| Therapeutic Treatment | 0 | 0 |
| Transportation Services | 0 | 0 |
| Youth/Transition Services | 27 | 27 |
| Vocational Services | 62 | 62 |
| Other | 0 | 0 |

Item 4.2 - I&R Information

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

The service provider did **X** / did not ___ engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

Describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

CPWD receives information and referral requests through phone calls, emails, and pre-pandemic by dropping into a CPWD office. I&R inquiries are addressed by an Independent Living Advisor (ILA) who serves as the first point of contact for individuals seeking services. The ILA's provide I&R services and share about IL Philosophy and the process of becoming a consumer. Through the intake process, staff work with consumers to identify their goals and the services that would help them reach their goals.

Program accessibility is very important to CPWD and to better assist our consumers we have staff that travels to multiple offices and meets with consumers in their community, reducing the barriers of transportation. Additionally, the staff asks consumers their language and preferred method of contact to ensure we are delivering services and materials in the format that will best meet their needs. We have staff fluent in ASL and Spanish and utilize interpretation services that can provide interpretation in 50+ languages during phone, in-person, and video remote meetings. CPWD materials are available in alternate formats including large print, audio format, and in both English and Spanish. Additionally, our website is translated into English and Spanish and includes an accessibility menu where consumers can control the contrast, text size, spacing, cursor, etc. This reporting year we purchased a portable FM loop system for one on one and group meetings for consumers who need additional hearing assistance.

Below is some additional information about each Core Service.

Information and Referral: All staff has the responsibility of providing Information and Referral (I&Rs). CPWD handles more than one hundred I&Rs a month, primarily from individuals with disabilities, family members, healthcare providers, social service organizations, and funders. When the pandemic hit our community, CPWD served as a hub of up-to-date information for our consumers. Now almost 2 years into the pandemic, we see a variety of requests for information and referrals ranging from housing, legal services, disability benefit education and application assistance, and basic needs requests.

Independent Living Skills Training: Independent Living Advisors and Low Vision Skills Trainers both provide Independent Living Skills Training (ILST). ILST is done both on an individual level as well as in group settings. Examples of training include learning how to budget, navigating the public transportation system, using Assistive Technology and also online platforms and different software and apps for remote communication. Throughout the year we host specialized workshops based on consumers' interests some of which this past year included leadership and presentation skills training, Social Security benefits navigation, and communication skills building.

Individual/Systems Advocacy: Direct service staff and our Community Organizer work with individuals and groups on their advocacy goals. This might include teaching a consumer how to advocate on their own or working with a group to create equal access for all. We provide disability etiquette training and accessibility walk-through tours to the public to create a more inclusive community. Additionally, we are a member of the Association of Colorado Centers for Independent Living (ACCIL) as well as Colorado Long-Term Assistance Providers (CLASP) and participate in State-wide advocacy and systems change collectively with the other members.

Peer Mentoring: Employees with disabilities provide a natural conduit for peer mentoring. Currently, 75% of CPWD's staff are individuals with disabilities. Staff who have overcome barriers and achieved varying degrees of independence are uniquely qualified to mentor others to achieve similar goals. Additionally, CPWD has peer support groups that meet weekly so that consumers can build community

and support each other through their independent living goals. At the start of the pandemic, we shifted all our peer support groups to a virtual format. With the roll-out of vaccines and the new phenomenon of "zoom fatigue", we heard from consumers that they were interested in engaging with CPWD in person once again. Along with our virtual options, this past summer we began to offer a small peer support group, skills building group, and a seated yoga class every Wednesday afternoon to further encourage opportunities for peer mentorship and social engagement.

Transitions: Staff provides transition services to individuals transitioning out of nursing facilities and to youth transition from high school. Nursing Home Transition services are provided to individuals who have identified a desire to return to the community and staff are constantly working to ensure all residents in nursing facilities know they have a right to leave and return to the community. Youth services are provided in partnership with local area schools through hands-on classes specifically developed to address IL and Vocational skills. Classes also address the social and emotional needs of students who are entering adulthood. Youth services also include peer support groups and social outings.

Item 4.3 - Peer Relationships and Peer Role Models

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

CPWD employs a majority of people with disabilities. This includes people with visible disabilities such as those with developmental disabilities, people with cerebral palsy, and people who are blind. CPWD also employs several individuals with "invisible" disabilities. Because CPWD employs a majority of people with disabilities, staff and consumers can develop informal peer mentoring relationships. Staff can be successful peer role models as they have gotten past many of the barriers that face people with disabilities--including employment, housing, transportation, and healthcare. CPWD also has over 30 peer support groups that meet regularly throughout our service area. Additionally this year we contracted with a Licensed Professional Counselor to provide one on one counseling and a peer support group specifically for those who are blind or visually impaired. This contractor is blind herself and provided coping strategies and independent living skills training based on both her professional and personal experiences.

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

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

| Significant Life Area | Goals Set | Goals Achieved | In Progress |
|--------------------------------|------------------|-----------------------|--------------------|
| Self-Advocacy/Self-Empowerment | 67 | 42 | 25 |
| Communication | 4 | 0 | 4 |
| Mobility/Transportation | 38 | 16 | 22 |

| Significant Life Area | Goals Set | Goals Achieved | In Progress |
|---|-----------|----------------|-------------|
| Community-Based Living | 143 | 70 | 73 |
| Educational | 25 | 16 | 9 |
| Vocational | 72 | 27 | 45 |
| Self-Care | 53 | 25 | 28 |
| Information Access/Technology | 90 | 52 | 38 |
| Personal Resource Management | 31 | 14 | 17 |
| Relocation from a Nursing Home or Institution to Community-Based Living | 9 | 5 | 4 |
| Community/Social Participation | 133 | 69 | 64 |
| Other | 0 | 0 | 0 |

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

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

| Areas | # of Consumers Requiring Access | # of Consumers Achieving Access | # of Consumers Whose Access is in Progress |
|--------------------------|---------------------------------|---------------------------------|--|
| (A) Transportation | 9 | 6 | 3 |
| (B) Health Care Services | 298 | 203 | 95 |
| (C) Assistive Technology | 96 | 59 | 37 |

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

Item 4.6 - Self-Help and Self-Advocacy

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

As a Center for Independent Living, self-help and self-advocacy is at the heart of how we operate all our services. Independent Living Advisors (ILAs) and direct service providers utilize the IL philosophy as the basis of our work and assist consumers in developing individualized independent living goals.

Our role when working with consumers is to encourage, coach, and empower them to take the steps necessary to achieve their goals. This is very different from non-CIL service providers and staff constantly work with consumers and the community to help them better understand the difference between IL service delivery and case management. Additionally, staff has been trained in a Strength-Based Service Delivery which mirrors the IL Philosophy and creates a common language for consumers and community partners.

Item 4.7 - Additional Information Concerning Individual Services or Achievements

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

Below are several success stories from consumers and the impact that CPWD made this past year.

Independent Living Advisor Program: A consumer with a Traumatic Brain Injury approached CPWD after her business closed as a result of COVID. She indicated her goal was to be able to continue to provide classes to her clients virtually using Zoom. The consumer needed to write down instructions and practice repeatedly to complete tasks independently. The consumer continued to meet regularly to learn to use Zoom, Google Calendar, and iTunes to provide virtual Tai Chi classes to her clients. An ILA provided continued support and the consumer was able to learn how to host a Zoom meeting, use Google calendar to schedule classes with her clients, sync her iTunes playlist to play music over Zoom. The support from CPWD allowed the consumer to accomplish her goal of independently facilitating her Tai Chi classes to maintain her business during the pandemic.

Beyond Vision Program: When working with an older adult consumer who is blind, a Beyond Vision staff member noted her mentioning that months ago she was terrified to touch her iPad but now is venturing into learning the Screen Reader VoiceOver. After continued exposure and exploration, thanks to the Beyond Vision staff member training and encouragement the consumer no longer fears her device. She originally started with the goal of learning how to use it for entertainment purposes and now is moving to learn accessibility to use the device without any vision.

Nursing Home Transition Program: After many months of work, a nursing home transitions consumers successfully moved out of a nursing home and into a fully wheelchair accessible apartment in Boulder. This required significant advocacy by staff and many conversations with his care team at the nursing home to demonstrate that there were appropriate services and supports in the community to meet his needs. CPWD staff put in many hours assisting the consumer to obtain appropriate coverage from a home health agency and to locate an affordable and accessible apartment. After arriving at his new apartment, the consumers said to CPWD staff, "I asked for an apartment, but CPWD helped me get a castle." He is adjusting to life outside of the nursing facility and reports that he is extremely grateful for his new life.

Youth Transitions Program: Our Youth ILA worked with a 20-year-old consumer who was fired from her job due to being late and missing too much work. Part of the problem was that her former job was 10 miles from home and she had to rely on Uber to travel to and from her job. The Youth ILA worked with the consumer on resume building. Together they created an Indeed account and discussed how working less than a mile from her home would be ideal so that she could walk. They also discussed in depth the importance of not calling in sick to work, when she is not sick. Because of the joint efforts of the consumer and her Youth ILA, she is now employed at a new job she loves! The job is half a mile from her home which removes transportation as a barrier altogether.

Systems Advocacy: This year our Community Organizer was involved in creating and being a presenter in the Intro to Healthcare for All: Inclusivity and Cultural Responsiveness Training. In collaboration with Boulder County Public Health and cultural brokers from Out Boulder County, El Centro Amistad, and the Area Agency on Aging, we provided a 2.5 hr long training to Boulder County Public Health Clinician Staff who work at the COVID-19 vaccine clinics. This training was designed to help prepare the staff to serve our diverse and priority communities in a truly inclusive way providing the equitable environment we are striving for. The overarching goal of this training was to identify and define the "isms" seen in healthcare, and to apply inclusive care and holistic approaches in healthcare settings. This training will now serve as a model for culturally competent trainings within Boulder County with the new goal of including it with the other required county trainings. Our systems advocacy work is not only being recognized and validated as important but is also being implemented into the system where actual positive change can take place.

Veteran Independence Program: A Vietnam Army Veteran had been enrolled in VIP for about a year when he received some devastating news. During a short stay in the hospital, the doctors discovered that he had stage 4 kidney disease. His team of doctors met with him and his family to discuss end-of-life care. The doctors initially recommended that the Veteran go to a nursing home for the remainder of his life, however long that may be. However, because the Veteran already had support in place through VIP, he was able to return home. The Veteran's wife has been his caregiver as they navigate his growing needs for assistance with daily tasks and was able to continue caring for her husband. During a visit the following month, the Veteran teared up when talking about the mere thought of going to a nursing home to die. He and his wife were determined to make the last part of his life as enjoyable and comfortable as possible at home. This program helped him stay in his home where he was able to spend his final days with his family.

Benefits Counseling and Employment Program: Staff had been working with a consumer for over a year. His goal was to be promoted into a team lead role. After watching five other employees with less experience and education get promoted, he reached out to CPWD for help. Staff worked with the consumer on ways to advocate for himself. They did some mock discussions and talked about ways that he could advocate to his managers. With staff's assistance, he was able to get his employer to agree to a trial, where he was trained as a team lead without actually being a team lead. His persistence paid off and he was finally promoted to team lead, with a significant increase in his wage. This consumer is very thankful to CPWD for our assistance and help in learning how to advocate for himself.

SECTION 5 - PROVISION OF SERVICES

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

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

CPWD serves individuals with all types of disabilities through our core services and additional IL services. Additionally, all publications about services at CPWD highlight that we are a cross-disability organization to ensure all individuals with disabilities feel welcome and included. Staff regularly participate in a variety of outreach activities to reach people who are unserved or underserved. Specific outreach is targeted towards individuals living in rural communities and the monolingual Spanish-speaking community. Both of these demographics have been identified on a statewide basis as being underserved. To better reach the Spanish-speaking community we have two bi-lingual direct service staff and a bi-lingual program manager. To better reach the rural community we have a full-time dedicated Rural Independent Living Advisor. Additionally, staff regularly attend external meetings to educate the community on CPWD's services and programs.

Item 5.2 - Alternative Formats

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

CPWD is committed to providing all written material in alternative formats which may include, large print, Braille, Bi-lingual, electronic versions, and audio files of printed materials. All communications can be made available in alternative formats upon request including newsletters, brochures, and any other communications. Additionally, we have a video phone and one staff fluent in ASL for communication with Deaf consumers.

Item 5.3 - Equal Access

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

CPWD offices have wide hallways, Braille Office Signs, automatic door openers, and accessible bathrooms. During the last reporting period, we conducted a major renovation of our main building and were able to increase the accessibility and safety features of our building. Additionally, our offices are scent-free zones with posted signs in all reception areas. Staff that works with consumers outside of our offices, ensure that meetings and events are always held at accessible locations. Our outreach materials as well as our entire website are in English and Spanish to ensure equal access to monolingual Spanish-speaking individuals with significant disabilities. In addition to having several staff members at CPWD who are fluent in Spanish or American Sign Language, we contract with interpreters to ensure the services are accessible in a manner that best works for the consumers. This past year we have been conducting a lot of one-on-one services and peer support groups over Zoom and Google Meets for individuals unable to meet in one of our offices or who are at greater risk of COVID. Google Meets has a built-in captioning option, which we have found to increase the accessibility of peer groups and one on one meetings. This year we also upgraded our Zoom account to include the simultaneous interpretation feature and can facilitate bilingual peer groups, meetings, and workshops.

(B) Briefly describe how, during the reporting period, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

CPWD programs and staff all work together to ensure the communities we serve have full, complete, and equal access for people with disabilities. The Development and Communications Department, Personal Assistance Services, and Core Services at CPWD coordinate activities along with our consumers to promote equal access. This can include systems advocacy at public hearings, participating on local committees for transportation and housing, presenting to the business community about Disability Etiquette and Service Animals, and providing usability audits of local businesses to ensure physical and programmatic accessibility. Our staff is seen in the community as experts and works with many different entities each year to help address equal access in our community.

In addition, CPWD has provided site visits to multiple COVID-19 vaccine clinics to ensure accessibility and increased communication and training with regards to online accessibility to help our consumers transition to the more digital world we're all living in now. Helping remove barriers within this transition included website audits to insure screen reader compatibility, the addition of "Zoom Etiquette" in our Disability Etiquette Trainings, and assisting with online scheduling to ensure everyone has access to the services needed such as vaccine appointment scheduling, accessible transportation scheduling, and easy access to COVID-19 at-home testing kits.

Item 5.4 - Consumer Information

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

evaluated by the center.

Individuals that come to CPWD for services are provided information about what it means to become a consumer, the goal development process, and how they can partner with our staff to work towards greater independence. By providing them with this information, the individual can make an informed choice to become a consumer or to receive only information and referral. CPWD's intake process includes going over the consumer's rights and responsibilities, grievance procedure, and the Independent Living Plan (ILP), which an individual can decide to create or waive.

During each following meeting or service, staff check-in with the consumers about their satisfaction with services and document progress towards independent living goals. This information is tracked in our electronic database, CilsFirst. Additionally, CPWD completes an annual satisfaction survey of all consumers as an anonymous way for individuals to share their experience with services. The satisfaction survey is distributed in both English and Spanish, electronically and via Survey Monkey. This helps us evaluate program quality and effectiveness.

Item 5.5 - Consumer Service Record Requirements

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

During the year, Consumer Service Records (CSRs) are regularly reviewed by the Director of Core services and each program manager to determine if all required information has been maintained. Additionally, we have bi-weekly database training to cover questions about the online system and the intake process. In May of 2020, the Designated State Unit conducted its regularly scheduled CIL Certification audit at CPWD and we passed with zero deficiencies or findings.

Item 5.6 - Community Activities **Community Activities Table**

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

| Issue Area | Activity Type | Hours Spent | Objective(s) | Outcomes(s) |
|----------------------|----------------------------------|-------------|--|--|
| Health Care Access | Advocacy/Education/Collaboration | 520.25 | To increase access to Health care and home health options so people with disabilities can remain in their own homes. | People with disabilities will be able to live in their communities of choice |
| Transportation | Advocacy/Collaboration | 101 | To ensure that people with any type of disability can navigate in and between communities of choice. | People with disabilities will be able to travel to their desired location with appropriate transportation. |
| Housing | Advocacy/Education/Collaboration | 166 | To ensure that communities have the appropriate amount of affordable and accessible housing options. | People with disabilities are living in integrated housing. |
| Resource Development | Outreach/Education/Collaboration | 1050 | To build partnerships and expand knowledge of working with individuals with disabilities | Individuals will have access to more services that meet their needs. |
| Assistive Technology | Collaboration/Education | 239.5 | Provide demonstration and technical assistance on how to use different assistive technology devices. | People with disabilities have increased access to assistive technology. |

Item 5.7 - Description of Community Activities

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

For many CPWD staff, community outreach and education are part of their daily work. This might be informally through a simple conversation with a local business or more formal such as a presentation or training provided locally or on a national scale. The above numbers capture these more formal community activities and outreach provided by our staff. Additionally, many of our programs rely on strong community partnerships to help our consumers reach their independent living goals. From the transition team creating partnerships for the success of each individual moving from a nursing home back into the community; to the business relationships that contribute to the successful employment of consumers, partnerships are at the center of our programs.

To strengthen all of these partnerships staff participate on councils and regional planning committees; offer presentations to the community on a variety of disability-related topics; attend networking events and fairs, and actively participate in national webinars and conferences to learn and share best practices with other CILs around the country.

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

Peak to Peak Housing and Human Services Alliance

* The Peak to Peak Housing and Human Services Alliance is a gathering of representatives of human services organizations serving the Peak to Peak area of the Colorado Rocky Mountains, coming together to identify needs, expand and enhance services to the residents of the Peak to Peak community, and promote inter-agency communication. This past reporting year, this group has collaborated on COVID vaccine efforts and improving access to medical services in the rural, mountain community. This included increasing access to the vaccine by exploring grants to meet the needs of the community, including meeting the transportation needs of the community to have better access to the vaccine.

Advisory Committee for People with Disabilities Regional Transportation District

* The advisory committee has explored several ways to implement systems advocacy for the Regional Transportation District. One focus of the committee has been improving accessibility and visibility. They discussed increasing accessibility of the signs used by increasing the size of the letters, pictures, and decals used. They also discussed improving the visibility of the high block walls constructed throughout the light rail system in the greater Denver Metro area. This could be done by adding features, such as lights, to make it more visible and adding audio interpretations to the marquee signs on all of the high block wall areas. CPWD staff who participate on the committee strongly advocated for these changes not only for individuals with disabilities for everyone's safety and convenience in the community.

City of Boulder

* Website Accessibility for consumers with low vision or who are blind - Multiple meetings and conversations throughout the reporting year between our Community Organizer, Board member, and city staff. The city continually evaluates its materials for accessibility and has reached out to CPWD regularly for input. This collaboration and CPWD's advocacy has resulted in the city implementing accessibility improvements to their websites and digital questionnaires by adding text descriptions and captioning of images, and updating their documents to plain text versions.

* Accessibility Panel Discussion w/ City of Boulder Transportation Staff - As part of our ongoing relationship with the City, staff participated in a panel discussion regarding ADA Self-Evaluation and the new Transportation Plan. Panel questions ranged from recommendations on how to increase engagement within the disability community, to the importance of education and the role individuals have within our community to help with ADA enforcement and awareness.

Veteran Specific Community Engagement

* Staff is a part of Joining Community Forces which is a statewide collaboration organized to allow service providers to engage in multi-service networking to assist with connecting Service Members and Families to local military or community resources. During these meetings, staff not only learn about all the available services to veterans but also receive important training on military cultural competency.

* Staff is also a part of the Veteran Community Partnership through the Denver VA which brings together community partners and VA staff to promote a collaborative relationship to better serve Veterans and their family members. During these meetings, staff promote CIL services and educate on the IL philosophy.

* Finally, staff participated in the annual Veteran Standown and resource fair for Veterans experiencing homelessness in conjunction with the VA and other community partners.

SECTION 6 - ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES

6.1 - Work Plan for the Reporting Period

Item 6.1.1 - Achievements

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

Agency-Wide:

Our focus has been on increasing outreach and visibility, growing/expanding our programs to reach under-served populations, increasing our Fee-for-Service program, diversifying funding sources, increasing the quality/impact of our programs, and demonstrating our culture's value of diversity, inclusion, and equity. There is no doubt that the COVID-19 pandemic and wildfires interrupted these goals and plans as we needed to pivot our attention and efforts to the most pressing and immediate needs. We are proud that amid the unprecedented challenges and interruptions brought by the pandemic and nature we made progress towards our original goals and more importantly stayed true to our mission: to provide resources, information, and advocacy to assist people with disabilities in overcoming barriers to independent living.

Following the national events and increased advocacy by the Black Lives Matter movement in 2020, CPWD staff held several conversations as well as training focused on biases. As a result, last reporting period we have formed an Inclusion, Diversity, Equity into Action (IDEA) Committee made of staff and board members whose goals are to foster a culture that promotes diversity, equity, and inclusion while actively challenging and dismantling systemic oppression. This year the committee distributed newsletters that educated the community on the intersection of the disability rights movement and the civil rights movement. Additionally, CPWD facilitated two all-staff trainings called "Being Anti-Racist" and "Beyond Binary: Sex, Gender & Sexual Orientation."

Development and Communications:

The Development and Communications department's goal is to raise funds for programs and administrative expenses, as well as special expenses such as renovations or new program development, when needed and feasible. In response to this goal, we conducted significant grant writing and fundraising activities last year:

- * Applied for 31 grants total \$1,083,175 in requests
- * Received \$599,975.50 to date with \$164,500 still pending

We also increased our CO Gives Day fundraising from \$7,095 to \$9,113.81 and raised \$16,233 in individual donations.

Over the extended past period since COVID (including part of last fiscal year), we have raised more than \$200,000 to support facility renovations, more than \$125,000 for COVID-related costs not including PPP, and have been successful in securing significant funds from new sources including a \$100,000 grant from the Daniels Fund for Youth Transitions services.

Fee for Service Programs:

Employment and Benefits Counseling: CPWD's Employment Program consists of two main parts, the Ticket to Work program and Benefits Counseling. As an Employment Network (EN) with the Social Security Administration, the Ticket to Work program works with consumers to learn new skills to help them independently acquire and maintain a job. This training includes career exploration, goal setting, resume development, drafting of cover letters, professional communications, mock interviews, tips for online job search, application review, job site visits, accommodations planning, and follow-along support. Benefits Counseling helps consumers understand their benefits and what impacts employment will have on those benefits. This program assists consumers in making an informed decision about work while on public benefits and how to successfully and securely transition to stable employment income. Consumers include referrals from the Division of Vocational Rehabilitation, active participants in the federal Ticket to Work program, and referrals from community partners.

This past year, the Ticket to Work program grew by 67% from the previous year to an agency high of just over \$99,000 in reimbursements. Currently, we have one staff who is a Certified Community Partner Work Incentive Counselor (CPWIC) and have one staff who is going through the certification process. On a statewide level, we continue to see an increase in the need for CPWIC's as the Division of Vocational Rehabilitation is referring more people for this service and the benefits that it has for consumers looking to become more independent through working. Due to the pandemic, more people have had changes to their working situations and need support to navigate their changing benefits and how to safely return to work.

Veterans Independence Program (VIP): VIP at CPWD was launched in 2018 and provides Veteran Directed Home and Community Based Services through referrals and partnership with the local Veterans Affairs Hospitals in Denver and Cheyenne. The program has grown immensely to now serving 76 Veterans at the end of September 2021. CPWD added a third staff to the program to help us meet the needs of veterans in our community. The program continues to expand to serve more Veterans living with disabilities in Northern Colorado, Wyoming, and Nebraska.

Home Health: Our Home Health service (skilled and non-skilled) continued to provide hands-on care at times when the nursing homes had outbreaks and a high number of deaths related to the Covid-19 virus. In total, the program worked with 54 consumers this past reporting year. Due to exacerbated challenges brought by the pandemic, the program was officially and voluntarily closed and all consumers successfully transitioned to other agencies of their choice by 10/26/2021. More information is provided below.

Item 6.1.2 - Challenges

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

The major challenge we experienced in the reporting year was related to our Home Health program.

After several years of working hard to restore our Home Health program to solvency, in July of 202, we made the difficult decision to close the program. Changing funding, service structures, COVID-19 and the lack of availability of quality personal care staff all played a part in CPWD closing the Home Health program as of 10/26/2021. Prior to making the decision, we made earnest efforts to revitalize it, including adopting electronic records, hiring consultants and defining a plan and path towards sustainability, and hiring a new administrator and staff (see below for details).

While a combination of several factors resulted in the decision to close the program, one of the major shifts, and a problem that is not unique to CPWD, is the caregiver staff shortage across the country. Finding quality and committed help in this field, as with many industries currently, is extremely challenging.

Even so, as we closed our program, our key commitments were to our consumers and staff - we put in place incentives and support systems to ensure that our staff could stay on with us until their consumers were transitioned to another care provider, and to ensure that our consumers were well-placed with appropriate care. Unlike 20 years ago, today, fortunately, there are personal care providers who are knowledgeable about and practice the principles of Independent Living. This gave us the confidence that we could assist our consumers in finding the right care providers.

However, we were surprised and more than pleased to find out that our former caregiver staff were as committed as we were. In fact, all of our former caregivers stayed with their consumers and transitioned with them to other agencies that also practice the principles of Independent Living. This means that for our consumers, there was essentially zero disruption in care. On paper they changed companies, but in their day-to-day experience, they saw the same nurse and received the same quality of care they were used to.

We want to thank our staff and consumers for modeling this caring and commitment during the transition, our administrative staff for their tireless work to ensure no one was left uncovered and everyone transitioned to quality care, and our partners and friends in the community who reflected their understanding about this programmatic change, as hard as it was for us, and responded with kindness and support.

Another challenge we've encountered this year is in regards to recruitment and hiring for open positions. With the COVID-19 pandemic, it has taken more time than usual to fill positions. CPWD has made several changes to encourage candidates to apply including increasing the pay range, changing how and where we post open positions, and highlighting our flexibility and positive work culture.

One of the challenges that remain is the provision of in-person services. With the ever-changing COVID dynamics, it has been difficult to resume in-person service offerings. This past summer we offered a weekly in-person option for consumers to attend a skills-building group, a seated Yoga group, and a peer support group. These groups were a hybrid model where consumers could join in person or virtually. Most of our consumers opted to join virtually stating that they preferred to join from their computer rather than arrange for transportation and risk exposure on public transportation. CPWD is following all local and federal guidelines on COVID and we are confident that we can provide small in-person groups safely, taking all necessary precautions. We anticipate that it will take quite some time and concerted efforts to encourage consumers to engage with us in person again. Not being able to connect and gather in person has created social isolation and an increase in mental health issues. We are looking forward to the day that we can gather in person as a community, socialize in-person, conduct classes and workshops in our newly renovated building, have fun outings and events, and improve our mental health through human connections.

Item 6.1.3 - Comparison with Prior Reporting Period

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

All recent trends and program updates are listed in the above sections of this report.

6.2 - Work Plan for the Period Following the Reporting Period

Item 6.2.1 - Annual Work Plan

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

In 2019 CPWD staff and leadership team worked together to develop a new three-year strategic plan. This is the work plan for the organization. The following major categories encompass key overarching goals from both our former strategic plan and our current assessment. Each major category has a subset of goals and related tasks and activities that, if realized, will assist CPWD in making significant progress towards its current vision.

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

Objectives and Action Steps:

- * Increasing community knowledge and understanding of CPWD, our services and programs, and role in the community
- * Increasing community knowledge and understanding of IL Philosophy, Centers for Independent Living, Disability Etiquette, and community-based disability issues
- * Community knowledge of CPWD is increased

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

Objectives and Action Steps:

- * Increasing services to underserved communities whether by geography, ethnicity, identity, orientation, or disability

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

Objectives and Action Steps:

- * Implementing a fair, market-rate wage, salary, benefits, and incentives program
- * Hiring and retaining high-quality staff

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

Objectives and Action Steps:

- * Increasing funding diversity through creative funding sources in support of programs and general

operating

* Increasing Fee for Services programming and income

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

Objectives and Action Steps:

* Implementing cross-office communication consistency and accuracy

* Increasing consistency of service delivery across all CPWD offices

* Increasing the board membership, expertise, and diversity

Goal 6: Increase the quality and impact of programs

Objectives and Action Steps:

* Measure Quality of I&R services

* Measure consumer satisfaction

* Services and growth are aligned within each program

Item 6.2.2 - SPIL Consistency

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

The 2021-2023 State Plan for Independent Living identified four goals that they seek to accomplish with the assistance of the nine Colorado Centers for Independent Living.

Goal 1: Developing a strong and effective IL network

Goal 2: Increasing the Colorado Centers for Independent Living influence in state and national systems advocacy efforts to ensure public policies represent all members of the disability community

Goal 3: Increasing outreach, community education and employment efforts

Goal 4: Exploring whether to become a 723 state or remaining a 722 state

The CPWD work plan is consistent with the SPIL goals. CPWD's strategic plan directly addresses the 1st goal of developing a strong and effective IL network by increasing the quality and impact of programs. Additionally, our strategic plan addresses the 3rd SPIL goal of increasing outreach and community education by increasing awareness of CPWD and Independent Living Philosophy and reaching un- and under-served populations.

SECTION 7 - ADDITIONAL INFORMATION

Item 7.1 - Other Accomplishments, Activities and Challenges

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

All accomplishments, activities, and challenges are listed in the above sections of this report.

| Training And Technical Assistance Needs | Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important |
|---|---|
| <p>Financial: Grant Management General Overview Federal Regulations Budgeting Fund Accounting</p> <p>Financial: Resource Development General Overview Diversification of Funding Base Fee-for-Service Approaches For Profit Subsidiaries Fund-Raising Events of Statewide Campaigns Grant Writing</p> <p>Independent Living Philosophy General Overview</p> <p>Innovative Programs Best Practices Specific Examples</p> <p>Management Information Systems Computer Skills Software</p> <p>Networking Strategies General Overview Electronic Among CILs & SILCs Community Partners</p> <p>Program Planning General Overview of Program Management and Staff Development CIL Executive Directorship Skills Building Conflict Management and Alternative Dispute Resolution First-Line CIL Supervisor Skills Building IL Skills Modules Peer Mentoring Program Design Time Management Team Building</p> <p>Outreach to Unserved/Underserved Populations General Overview Disability Minority Institutionalized Potential Consumers Rural Urban</p> <p>SILC Roles/Relationship to CILs</p> | <p style="text-align: right;">5</p> <p style="text-align: right;">4</p> |

| Training And Technical Assistance Needs | Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important |
|---|---|
| General Overview Development of State Plan for Independent Living Implementation (monitor & review) of SPIL Public Meetings Role and Responsibilities of Executive Board Role and Responsibilities of General Members Collaborations with In-State Stakeholders CIL Board of Directors General Overview Roles and Responsibilities Policy Development Recruiting/Increasing Involvement Volunteer Programs General Overview Other Optional Areas and/or Comments (write-in) | |

Item 8.2 - Additional Information

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

CPWD acknowledges that the PPR only asks us to report on individuals with significant disabilities who have gone through the formal intake process to become a consumer. However, a large part in our work is not accounted for: our impact and time spent working with those seeking information and referral (I&R) services. Between 09/30/2020 - 09/29/2021, CPWD provided I&R services to 1517 individuals. Especially during the pandemic, we know that many need information and referrals on where to go for specific community resources, and often after speaking to CPWD staff once or twice, they can confidently move forward independently. On top of providing a seemingly straightforward referral to community agencies, oftentimes staff are spending time listening and validating the individual's experience which unfortunately is often accompanied by significant frustration. We also provide education to these individuals on the systems and barriers they are likely to encounter and how to overcome them. We never want paperwork and our intake process to become a barrier to those who need support and thus we feel strongly that I&R is an invaluable service to the disability community and should be recognized in this report. CPWD is known and approached by consumers, professionals, and family members as experts in disability-related supports, systems, and services.

SECTION 9 - SIGNATURES

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

Maria Stepanyan, Executive Director

Jan 29, 2022

NAME AND TITLE OF CENTER DIRECTOR

PHONE NUMBER



Jan 29, 2022

SIGNATURE OF CENTER DIRECTOR

DATE

Deborah Conley, President

(303) 696-9850

NAME AND TITLE OF CENTER BOARD CHAIRPERSON

PHONE NUMBER



Jan 29, 2022

[Deborah Conley \(Jan 29, 2022 07:58 MST\)](#)
SIGNATURE OF CENTER BOARD CHAIRPERSON

DATE

CPWD PPR FY 2020 - 1.28.22 - Final

Final Audit Report

2022-01-29

| | |
|-----------------|--|
| Created: | 2022-01-28 |
| By: | Heather Kamper (heather@cpwd.org) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAyt_PT0BvxkjcKfb1-1dN8c2klCUUQhkz |

"CPWD PPR FY 2020 - 1.28.22 - Final" History

-  Document created by Heather Kamper (heather@cpwd.org)
2022-01-28 - 11:18:52 PM GMT- IP address: 174.29.183.192
-  Document emailed to Deborah Conley (deborahconley19@gmail.com) for signature
2022-01-28 - 11:21:17 PM GMT
-  Email viewed by Deborah Conley (deborahconley19@gmail.com)
2022-01-29 - 0:34:49 AM GMT- IP address: 172.225.198.56
-  Document e-signed by Deborah Conley (deborahconley19@gmail.com)
Signature Date: 2022-01-29 - 2:58:18 PM GMT - Time Source: server- IP address: 71.237.73.193
-  Document emailed to Maria Stepanyan (maria@cpwd.org) for signature
2022-01-29 - 2:58:20 PM GMT
-  Email viewed by Maria Stepanyan (maria@cpwd.org)
2022-01-29 - 4:14:03 PM GMT- IP address: 66.249.84.89
-  Document e-signed by Maria Stepanyan (maria@cpwd.org)
Signature Date: 2022-01-29 - 6:29:58 PM GMT - Time Source: server- IP address: 161.97.228.69
-  Agreement completed.
2022-01-29 - 6:29:58 PM GMT