Colorado Department of Health Care Policy and Financing
Colorado Department of Human Services
Colorado Department of Local Affairs

Colorado's Community Living Plan

Colorado's Response to the Olmstead Decision

COLORADO'S COMMUNITY LIVING PLAN

On June 22, 1999, the United States Supreme Court found in *Olmstead v. L.C.* that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability[1]. Referring to the *Americans with Disabilities Act* (ADA)[2], the *Olmstead* decision holds states accountable for providing community-based care whenever appropriate, rather than placing individuals with disabilities in institutional settings. The *Olmstead* decision was reinforced on June 18, 2001, when President George W. Bush signed an Executive Order requiring states to provide community-based alternatives for individuals with disabilities in compliance with the terms of the *Olmstead* decision.

Many states have drafted strategic plans as either a direct result of litigation or to comply with the Olmstead Decision, such as Colorado's Community Living Plan. Our hope is that this plan represents Colorado's commitment to ensuring that people with disabilities and older adults have the same rights as people without disabilities to live in the home of their choice with the supports and services they need to live independent lives. Colorado's intent with this plan is out of respect for the rights of individuals at risk for placement in long-term care facilities to know about their community-based alternatives and to support them in action upon their choices about how, when and where they receive the supports they need. This plan represents the collaboration of the Departments of Health Care Policy and Financing, Human Services and Local Affairs.

With this plan, Colorado is articulating its commitment to foster community living for individuals with disabilities. On July 5, 2012, Governor Hickenlooper issued Executive Order D 2012-027, establishing the Office of Community Living. In this order, the Governor articulated the following vision, "All Coloradans—including people with disabilities and aging adults—should be able to live in the home of their choosing with the supports they need and participate in the communities that value their contributions." Colorado's Plan for Community Living provides specific strategies to act on this vision and is synergistic with the charge of the Office of Community Living and the work of the Colorado Community Living Advisory Group. It is imperative that we move forward together with ensuring that the rights of aging adults and people with disabilities have real choice in how they live their lives in the community of their choice.

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[1] *Olmstead v. L.C.*, (98-536) 527 U.S. 581 (1999)

[2] Americans with Disabilities Act of 1990, 104 Stat.337, 42 U.S.C. Section 12132

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I. Executive Summary

On June 22, 1999, the United States Supreme Court found in *Olmstead v. L.C.* that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability[3]. Referring to Title II of the *Americans with Disabilities Act* (ADA)[4], the *Olmstead* decision holds states accountable for providing community-based care whenever appropriate, rather than placing individuals with disabilities in institutional settings. The *Olmstead* decision was reinforced on June 18, 2001, when then President George W. Bush signed an Executive Order requiring states to provide community-based alternatives for individuals with disabilities in compliance with the terms of the *Olmstead* decision.

Colorado has implemented a number of planning efforts that were designed to address the Olmstead decision. For example, a report of program and policy recommendations was developed in 2002 with the assistance of state agency representatives and community stakeholders. However, that plan was never formally recognized by the then sitting Governor and, therefore, was not implemented. A second strategic plan document was then published in 2010 entitled, "Olmstead: Recommendations and Policy Options for Colorado." While this second set of recommendations updated efforts originally set forth in the 2002 plan, it too was not implemented.

While not implemented, these plans provided substantive guidance to state efforts which resulted in a number of important achievements. These include a variety of program, infrastructure and policy improvements within the Departments of Health Care Policy and Financing, Human Services and Local Affairs that directly relate to Olmstead requirements.

Since publication of the 2010 report, there has been strong interest on the part of both state agency representatives and stakeholders groups to develop, sanction and implement a comprehensive Olmstead Plan. In 2013, the Departments of Health Care Policy and Financing and Human Services hired a contractor to collect information from a variety of state and community individuals and stakeholders groups to help inform the development of a new plan. Plan contents also drew heavily from relevant documents, including: "Restoring Lives: Building Integrated Communities and Strengthening Support" (SAMHSA), which outlined best strategies for Olmstead implementation; "Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act," a report prepared by Senator Tom Harkin's office; and Colorado's "Money Follows the Person (MFP) Rebalancing Demonstration Application," which represents foundational work in Colorado directly related to Olmstead efforts.

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[3] *Olmstead v. L.C.*, (98-536) 527 U.S. 581 (1999)

[4] Americans with Disabilities Act of 1990, 104 Stat.337, 42 U.S.C. Section 12132

This work culminated in the development of this document, "Colorado's Community Living Plan," a comprehensive approach to meeting the requirements of the Olmstead ruling. At the highest level, the plan strives to achieve four overarching aims:

1. Successfully help individuals who want to transition from institutional settings to community settings;
2. Ensure that individuals living in community settings can do so in a stable, dignified and productive manner;
3. Prevent initial entry or re-entry into institutional settings when this is unnecessary;
4. Ensure the achievement of outcomes and responsive plan modifications through transparent oversight and evaluation efforts.

These larger aims are reflected in nine goals that are accompanied by measurable outcomes, strategies and action steps. The plan's goals are as follows:

- **Goal 1:** Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.
- **Goal 2:** Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.
- **Goal 3:** Increase availability and improve accessibility of appropriate housing options in the most integrated setting to meet the needs of people moving to the community.
- **Goal 4:** Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization through the provision of responsive community-based services and supports.
- **Goal 5:** Increase the skills and expertise of the Direct Service Workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups.
- **Goal 6:** Improve communication strategies among long-term services and support (LTSS) agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.
- **Goal 7:** Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.
- **Goal 8:** Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes.
- **Goal 9:** Ensure successful plan implementation and refinements over time through the creation of an Olmstead Plan Governance Structure and supportive workgroups.

As is the case with all complex strategic plans, the specified goals, strategies and action steps represent an imperfect attempt to project work well into the future. It is expected that the contents of this plan will be monitored and updated as lessons are learned, state and federal priorities shift and new needs are identified. Thus, this plan should be viewed as a solid foundation from which to launch critical efforts, and that its contents will continually evolve in ways that improve the state's ability to meet the

goals and principles of the Olmstead decision that, in turn, improve the lives of individuals living with disabilities.

II. Acronyms

Many acronyms referring to federal and state agencies, policies and programs are used throughout the Community Living Plan. The following table serves as a reference guide to the full set of acronyms included in the document, listed in alphabetical order.

Acronym	Meaning
ADA	Americans with Disabilities Act
BH	Behavioral Health
CCT	Colorado Choice Transitions
CDHS	Colorado Department of Human Services
CEO	Colorado Energy Office
CHFA	The Colorado Housing and Finance Authority
CMS	Centers for Medicare and Medicaid Services
C-SCHARP	Colorado-Second Chance Housing and Reentry Program
DDD	Division for Developmental Disabilities
DOH	Division of Housing
DOLA	Department of Local Affairs
DRCO	Division for Regional Center Operations
HCBS	Home and Community-Based Services
HCPF	The Colorado Department of Health Care Policy and Financing
HCV	Housing Choice Vouchers
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
ICF-I/ID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MFP	Money Follows the Person Rebalancing Demonstration Grant
NED	Non-Elderly Disabled
OCR	Office of Civil Rights
PASRR	Preadmission Screening and Resident Review Program
PHA	Public Housing Agency
RC	Regional Centers
SHV	State Housing Vouchers
TBRA	Tenant Based Rental Assistance Program

III. Introduction

On June 22, 1999, the United States Supreme Court found in *Olmstead v. L.C.* that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability[5]. Referring to the *Americans with Disabilities Act* (ADA)[6], the *Olmstead* decision holds states accountable for providing community-based care whenever appropriate, rather than placing individuals with disabilities in institutional settings. The decision reinforces the premise that, with adequate resources, many individuals with disabling conditions can successfully live in the community. The *Olmstead* decision was reinforced on June 18, 2001, when then President George W. Bush signed an Executive Order requiring states to provide community-based alternatives for individuals with disabilities in compliance with the terms of the *Olmstead* decision.

In June, 2009, Colorado Governor Bill Ritter signed Executive Order D01109, "Directing the Development of a Strategic Plan to Promote Community-based Alternatives for the Disabled Citizens of Colorado." The Executive Order directed the then Long-Term Care (LTC) Advisory Committee, housed in the Colorado Department of Health Care Policy and Financing (HCPF), its delegates, and other relevant community stakeholders to develop long-term policy recommendations to ensure the continued development and improvement of systems designed to support people with disabilities and others at risk for living in institutional settings.

The LTC Advisory Committee and representatives from HCPF collaborated with relevant community stakeholders and state agency representatives to develop policy recommendations resulting in a report of recommendations published in 2010. While the report provided helpful guidance to possible efforts related to the Olmstead law, it was not developed into an actionable plan.

In July, 2013 HCPF, in conjunction with partners at the Colorado Departments of Human Services and Local Affairs, and with support and input from a host of community organizations and persons living with disabilities, engaged in an effort to revisit and update the original recommendations with the intent of developing a strategic plan that could be fully implemented, monitored and evaluated. This plan is the result of that effort.

Overview of the Olmstead Decision

The Supreme Court's 1999 *Olmstead* decision directs states to move individuals with disabilities in institutions to more integrated settings when the individuals are qualified and desire such transitions. The Court held that states are required to provide community-based services for people with disabilities

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[5] *Olmstead v. L.C.*, (98-536) 527 U.S. 581 (1999)

[6] Americans with Disabilities Act of 1990, 104 Stat.337, 42 U.S.C. Section 12132

who would otherwise be entitled to institutional services when: (a) treatment professionals reasonably determine that such placement is appropriate; (b) the affected person does not oppose such treatment; and (c) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other individuals with disabilities[7].

The federal Department of Health and Human Services (HHS), Office of Civil Rights (OCR) and the Centers for Medicare and Medicaid Services (CMS) offer on-going guidance and resources to states to enable compliance with the *Olmstead* decision. CMS has offered several grant funded demonstration programs, like the Money Follows the Person (MFP) Rebalancing Demonstration Grant, aimed at increasing the number of qualified individuals who choose to transfer from institutional settings into community-based settings as well as to re-balance funding away from institutional settings and into less restrictive home and community-based settings. Nationally, the OCR is responsible for investigating complaints under Title II of the ADA and overseeing *Olmstead* enforcement.[8] The OCR shares emerging themes regarding complaints with state policy specialists, decision-makers and stakeholders so that concerns can be adequately and promptly addressed. It is noteworthy that in a number of states, there is litigation tied to issues related to compliance with the *Olmstead* decision.

In its progress report titled, "Still Waiting…The Unfulfilled Promise of *Olmstead*," the Bazelon Center for Mental Health Law suggests that states' compliance with the *Olmstead* decision will be helped by (a) states continuing to re-balance funds toward supportive home and community-based services (HCBS); (b) states collecting and acting upon data regarding the number of individuals who qualify and desire to move into a less institutional setting; and (c) states improving the quality and availability of supportive services to reduce the incidence of individuals returning to institutional settings[9].

The *Olmstead* decision points out that the ADA does not suggest that individuals should be moved from institutional settings if unable to handle or benefit from community settings, or if the integrated setting is inappropriate to their needs. Rather, states are obliged to "make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity."[10] Fundamental alteration of a program takes into account three factors:

1. The cost of providing services to the individual in the most integrated setting appropriate;

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[7] From: http://www.hhs.gov/ocr/civilrights/understanding/disability/serviceolmstead/ accessed May 1, 2010.

[8] See, 28 C.F.R. Section 35.130(b)(7)(1998), *General prohibitions against discrimination.*

[9] June, 2009. "Still Waiting, the Unfulfilled Promise of *Olmstead*." The Bazelon Center for Mental Health Law

[10] See, 28 C.F.R. Section 35.190(b)(1998), *General prohibitions against discrimination.*

2. The resources available to the state; and
3. The ability of the state to meet the needs of others with disabilities.

In the end, the onus is on states to provide access to an appropriate range of supportive services to enable qualified individuals to live in the least restrictive settings possible. For individuals eligible for Medicaid long term care services, this is largely accomplished via 1915(c) waivers, also known as Home and Community-based Services (HCBS) waivers. The HCBS waiver allows a Medicaid agency to pay for non-medical supportive services to enable individuals to live in the least restrictive setting possible. The waiver services are in addition to and complement the array of medical services that are available to Medicaid waiver participants through the Medicaid State Plan.

Review of recent accomplishments since Publication of the 2010 Report, "*Olmstead*: Recommendations and Policy Options for Colorado"

Colorado initially developed recommendations aligned with the *Olmstead* decision in 2002 using a committee of state agency representatives, service providers, and advocates. These recommendations were comprehensive, but the sitting Governor at that time did not elect to sign off on the larger plan and, therefore, it was never granted official status. The 2002 recommendations, however, did serve as the foundation for a second plan published in 2010. This second document outlined a set of policy recommendations that were designed to support individuals, as desired and appropriate, transition to community-based housing with supportive services, while seeking to broaden housing options, improve the workforce and expand funding for needed services. These recommendations were viewed to be consistent with Colorado's progressive efforts to ensure that persons with disabilities and the elderly are able to live in the most appropriate integrated settings possible.

The 2002 and 2010 reports, while providing guidance to the state, were never fully implemented as strategic plans. Despite lack of formal implementation, the reports were seen to provide general guidance to affected state agencies and seated workgroups, resulting in a number of important achievements related to the *Olmstead* decision. The following summarizes some of these achievements by the three primary state agencies: the Departments of Health Care Policy and Financing, Human Services and Local Affairs.

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING *Olmstead Achievements*

- **Colorado Choice Transitions:** Colorado Choice Transitions (CCT), part of the federal MFP Rebalancing Demonstration, is a five year, $22 million dollar grant awarded to Colorado in 2011. The primary goal of the grant is to facilitate the transition of 490 Medicaid clients from nursing or other long-term care (LTC) facilities to the community using home and community-based services and supports. Services are intended to promote independence, improve the transition process, and support individuals in the community. Participants of the CCT program have access

to qualified waiver and demonstration services. They are enrolled in the program for up to 365 days after which time they enroll into one of five HCBS waivers so long as they remain Medicaid eligible. The state legislature also approved resources for 67 people with intellectual disabilities transition from nursing homes and intermediate care facilities through CCT.

- **Community Transition Services:** While Community Transition Services are now available through Colorado Choice Transitions, these services have been available for several years through HCBS Waiver for the elderly, blind and people with disabilities. These services provide funds to Medicaid clients in nursing facilities to set-up a household in the community, and support a transition coordinator who assists with reintegration into the community of the client's choice.

- **Changes to the Preadmission Screening and Resident Review Program (PASRR) Assessment: T**he PASRR assessment is used to determine the services needed to support an individual with either an intellectual disability or mental illness who will be residing in a nursing facility. These services must be provided by nursing homes, or through a partnership with a local mental health center or Community Centered Board. Recently, HCPF and the Colorado Department of Human Services (CDHS) modified the PASRR to include a section that assesses transition potential and promotes development of a transition plan for individuals who may be able to thrive in the community with the right services and supports.

- **Home and Community-Based Services (HCBS):** Colorado continues to be a leader in providing HCBS to multiple populations at-risk for institutionalization. Colorado was one of the first states to implement an HCBS waiver program when it became available through the federal government. Presently, Colorado serves more people in the community than it does in nursing homes. Colorado also invests slightly over 50% of its long-term care dollars on HCBS. A key feature of Colorado's entry point system, which includes Single Entry Point Agencies and Community Centered Boards, is that whenever a nursing home resident is being admitted through Medicaid or is switching from Medicare to Medicaid coverage for nursing home care, a case manager must complete a face-to-face visit with the resident to complete an eligibility assessment. This visit provides an opportunity for the case manager to present HCBS options to the client.

DIVISION FOR DEVELOPMENTAL DISABILITIES (DDD) ***Olmstead Achievements***

- **Transfer of DDD to HCPF:** House Bill 13-1314 transfers the administration of the long-term services for persons with intellectual and developmental disabilities to HCPF. Moving DDD to HCPF centralizes management of community-based services and supports across disabilities and the lifespan under one department. This centralization will lead to efficiencies in administration and allow for synergy and leveraging of initiatives to promote community living.

- **Family Caregiver Support:** The HCBS for people with developmental disabilities, typically referred to DD-Comp, provides 24-7 residential services. In the past, the waiver program provided out-of-home placement in group homes. Recently, DDD added a family caregiver component to the program that allows individuals accessing this waiver to receive comprehensive 24/7 services while living in the family home.

- **Specialized Day Services and Case Management:** For individuals with intellectual disabilities who are living in nursing facilities, specialized day services and case management are available. These services are designed to keep nursing home residents connected to their community and assist with their transitions when they are ready. The specialized services are tailored to each individual and may include supported community connections, specialized habilitation, or employment services. These funds are used to provide services not otherwise available through the nursing facility.

DEPARMENT OF LOCAL AFFAIRS – DIVISION OF HOUSING (DOH) ***Olmstead Achievements***

- **Housing Choice Voucher Program:** Housing Authorities in Colorado have shown a strong commitment to providing housing in the community for persons with disabilities. There are 2,505 special purpose vouchers administered by Public Housing Agencies (PHAs) in the state through Non-Elderly Disabled (NED), Mainstream and Project Access voucher programs. In addition, there are almost 30,000 Housing Choice Vouchers in Colorado, many of which house persons with disabilities. Other PHAs have committed Housing Choice Vouchers (HCV) to provide housing for persons with disabilities. For example, the Colorado DOH administers over 3,500 HCVs for persons in addition to its NED, Mainstream and Project Access vouchers.

- **Affordable Housing Development:** There are over 60,000 units of affordable housing in 906 buildings in Colorado. Many of these units are leased to persons with disabilities. There are 954 units in buildings developed as affordable housing designated specifically for non-elderly persons with disabilities. Most of these units are subsidized and 467 of the units were developed under Section 504 of the ADA as accessible housing. There are almost 5,900 units designated for older adults of which, 976 were developed with accessible features. Finally, there are almost 850 units in the housing development pipeline that are for persons with disabilities.

- **Permanent Supportive Housing for Homeless Persons with Disabilities:** According to the three local homeless continua of care, there are over 1,200 permanent supportive housing units for homeless persons with disabilities in Colorado. This housing provides individuals who are homeless with disabilities housing and access to services to assist with moving individuals into homes of their choice.

- **State Housing Vouchers (SHV)**: There are approximately 159 housing subsidies for persons with mental health disorders who are either currently living in the state mental health institutes or are chronically homeless. These subsidies are funded through a combination of Substance Abuse and Mental Health Services Administration (SAMHSA) dollars and funding appropriated by the Colorado Legislature. The Colorado Legislature is funded 75 State Housing Vouchers for participants of Colorado Choice Transitions (Colorado's Money Follows the Person program).

- **Tenant Based Rental Assistance Program (TBRA)**: DOH has provided the CCT program with 30 "Bridge Subsidies" to assist CCT participants in finding homes to move out of nursing homes into the community. TBRA is funded by the U.S. Department of Housing and Urban Development (HUD) HOME funds and provides two years of subsidized housing for CCT participants. The CCT transition coordinators will work with DOH staff assist CCT participants in finding permanent affordable housing.

- **Colorado - Second Chance Housing and Reentry Program (C-SCHARP)**: DOH has been awarded funds from the Department of Justice to provide supportive services to 30 ex-offenders with co-occurring substance abuse and mental health disorders to assist them to transition from state institutions (e.g. prisons) to independent living. To enhance the success of this project, DOH is providing TBRA rental assistance to participants in the C-SCHARP program.

- **Medicaid Home Modification:** HCPF, the Department of Local Affairs (DOLA) and the Colorado Energy Office (CEO) collaborated on a plan to increase the quality and efficiency of the Medicaid Home Modification program. This plan will be implemented in 2014 and will increase the efficiency and effectiveness of the Home Modification program while leveraging other funding to assist in providing persons with disabilities safe, accessible homes.

- **Low Income Housing Tax Credits**: The Colorado Housing and Finance Authority (CHFA) has implemented a preference for developing housing for persons with disabilities in its Low Income Housing Tax Credit program. This preference will make it easier to develop housing for persons with disabilities throughout the state of Colorado.

- **The Colorado Permanent Supportive Housing Toolkit**: The Colorado DOH, in partnership with CHFA and the Enterprise Foundation, has implemented the Permanent Supportive Housing Toolkit for rural communities in Colorado. The Toolkit is an intensive, 12-week program to increase the capacity of local communities to develop permanent supportive housing with a goal of adding over 100 new units in non-metro Colorado communities by the end of 2015.

- **Housing and Colorado Choice Transitions**: HCPF and DOLA have collaborated to provide housing staff through the CCT grant to provide training and technical assistance and to develop housing

resources for participants and agencies in CCT under an Interagency Agreement. As the result of the agreement, there are housing providers that are members of the CCT Regional Transitions Committees. These committees are the local groups that coordinate CCT implementation. This partnership is considered a best practice by CMS.

- **ColoradoHousingSearch.com**: ColoradoHousingSearch.com is a free resource that allows owners of affordable housing to list and Colorado residents to find affordable housing in Colorado. With the assistance of DOH staff, ColoradoHousingSearch.com has almost doubled its listings of affordable housing, many of which may have options to improve accessibility. In addition, ColoradoHousingSearch.com has been working with DOH staff to develop a customer interactive map that will allow persons with disabilities to search for affordable housing, Public Housing Authorities, transitional housing, emergency housing and home modification resources by city and county. This map will be implemented in 2014.

DEPARTMENT OF HUMAN SERVICES – *Olmstead Achievements*

- **Community Support Team:** Regional Centers (RC) are administered by the Division for Regional Center Operations (DRCO) and serve persons with developmental disabilities who have the most intensive needs. DRCO coordinates service delivery within three State-owned and operated RCs that provide a number of services including: 24-hour supervision, residential services, day programming, habilitation, medical, training and behavioral intervention, plus short-term emergency/crisis support to the community system. RCs include Intermediate Care Facilities for Individuals with Intellectual Disabilities. Recently, the DRCO established a community support team at the RCs to provide technical support and training to community providers working with individuals transitioning from RCs. This is designed to divert individuals from an RC admission and to promote stabilization to those in crisis through a short-term stay. In the first three months of operation, Community Support Teams have supported 34 individuals to transition into the community.

- **Governor's Plan for Strengthening Behavioral Health - Initiative to Improve Community Capacity:**
  Colorado will expand community-based services and supported housing to promote inclusion and independence and enable people with mental illness to participate fully in community life. The funding is aimed at providing resources that better serve clients in the most appropriate and effective setting. Colorado will accomplish this by transforming its behavioral health system to one that is focused on providing community-based services and housing that enable individuals to live, work, and participate fully in community life. The following provides information on these efforts.

- Money Follows the Individual - A model of community reintegration includes an intensive array of services including residential services for an annual average of 36 high needs behavioral health clients in the state mental health institutions. This approach includes a person center planning board that will identify each individual's needs in the community and ensure that those needs are met to enable the person to successfully transition to the community.
- Assertive Community Treatment (ACT) – This evidence based program provides intensive wrap around services for clients entering the community. ACT teams are self-contained and provide intensive services (clinical, emergency, rehabilitation, and support) in the community in a way that emphasizes outreach, relationship building, individualization of services, and recovery. This request increases ACT service capacity to serve 429 additional clients.
- Housing Subsidies and other Wraparound Services - Providing 109 clients with rent subsidies that will improve the client's stability, independence, and long-term treatment and recovery. Additionally, there will be wrap-around services provided to serve more difficult to place clients (e.g., personal needs, individualized mentoring, and transportation).
- Navigation and Intensive Case Management – Behavioral health transition specialists have been hired to work with patients at the state mental health institutes to facilitate their transition to the community. These behavioral health transition specialists assist clients and communities in managing the transition from hospitalization to less restrictive alternatives. The specialists will assist clients with benefits acquisition, coordination of services and funding sources, and identification and enhancement of formal and informal community resources.

- **Governor's Plan for Strengthening Behavioral Health – Colorado Crisis Support Services**
  The Governor's plan will create a coordinated behavioral health crisis response system for communities throughout the state. Colorado crisis support services will improve access to the most appropriate treatment resources and decrease utilization of emergency departments and jails. By working toward better integration of acute care services and community-based services, individuals will receive appropriate, timely, quality care through the implementation of comprehensive crisis response services. Colorado crisis support services will improve outcomes for consumers, reduce inpatient hospital stays and costs, and facilitate access to other necessary behavioral health services and supports. This approach will help to prevent individuals from unnecessarily ending up in institutional care through de-escalation and preventing worsening of behavioral health conditions. The system will demonstrate a continuum of care from crisis response, through stabilization, to safe return to community with adequate supports to reduce the potential for recurrence.
  Components of the Colorado Crisis Support System include:
  - Statewide 24-Hour crisis help line – Telephone lines staffed by skilled professionals and peers to assess and make appropriate referrals to resources and treatment.

- Walk-in crisis services / crisis stabilization unit(s) – Urgent care services with capacity for immediate clinical intervention, triage, and stabilization.
- Mobile crisis services – Mobile crisis units will have the ability to respond to a behavioral health crisis anywhere in the state within one-hour in urban areas and one to two hours in rural areas (e.g., homes, schools, or hospital emergency rooms).
- Crisis Respite/Residential – A range of short-term crisis residential services (e.g., supervised apartments/houses, foster homes, and crisis stabilization services).
- Statewide awareness campaign and communication – multi-media campaign/branding and communication to increase awareness of behavioral health illness and crisis resources.

- **Implement Trauma Informed Services:** Efforts have been made to improve patient outcomes through the implementation of a best practices trauma informed care approach to behavioral health services. This includes assessing clients for trauma and adverse experiences, understanding the impact of trauma on mental health and substance use disorders, incorporating the treatment of trauma at all levels of service delivery, and utilizing peer support to improve patient outcomes within the mental health institutes as well as the community behavioral health providers. As a part of this process, a trauma informed assessment tool will be developed with related training provided to clinicians. Training also will be developed for trauma-informed clinical supervision.

- **Implementation of Mandatory Reporting for Adult Protective Services:** Senate Bill 13-111 established mandatory reporting of adults age 70 and older suspected of being abused, exploited or neglected by their caregivers. In addition to the establishment of mandatory reporting, the Bill provided $1 million in funding for community services to assist county Adult Protective Services in providing services necessary to stabilize the victim in the most appropriate setting. These services include: shelter, in-home services, legal assistance, medical assistance, and utilities. The Bill also provided funding for a new data system that will provide access to real-time data to better track outcomes of the Adult Protective Services program across Colorado.

- **Establishment of a Community Based Care Transition Program:** The Denver Regional Council of Governments (DRCOG) became a Medicare provider to implement an evidence-based care transitions program with a goal of reducing re-hospitalizations for individuals with certain identified medical conditions. The evidence-based intervention, developed by Dr. Eric Coleman with the University of Colorado, provides coaching and follow-up with individuals being discharged from hospitals to ensure the individual understands his/her discharge plan and is able to follow through with the plan. Through its partnership with several local area hospitals, DRCOG has reduced avoidable re-hospitalizations from 16% at the beginning of the program to 6% today. This program has been identified as a successful method to reduce avoidable re-

hospitalizations and the Division of Aging and Adult Services is working with other communities in the State to replicate this program.

- **Congregate Care Reduction:** In the past few years, Colorado has recognized its over-reliance on the use of congregate care for children in foster care. Congregate care, also considered institutional placements, includes group homes, group centers and residential child care facilities (RCCFs). To address this problem, Colorado, with the assistance of the Annie E. Casey Foundation, has set goals to "right-size" the use of congregate care, because we know that children and youth have better outcomes when they are served in family settings. Our goal is to reduce the use of congregate care to 15% of all children and youth in out-of-home care by FY 2015-2016. We have developed a multi-pronged approach to make these changes, in a thoughtful and planned way to include:
  - Fiscal re-design to discourage the inappropriate use of congregate care and incentivize the use of family based placements.
  - Through the IV-E Waiver Program, implement "front door" strategies in counties to control new congregate care entries and develop strategies to increase the use of kinship care, using the savings from the reduction in congregate care to increase the use of community based services.
  - Expand our continuum of care to broaden our service and placement array, while adopting a level of care assessment tool.
  - Engage with the judicial system to develop policies, practices and services that support community based placements.
  - Enhancing treatment foster care to serve children and youth who are currently placed in congregate care settings. This includes incorporating treatment foster care into Behavioral Health Organization contracts for reimbursement of clinical services.

  With efforts between many systems (state and county DHS, courts, HCPF, and care providers) changes are already being realized. We have met and exceeded our FY 2013-2014 goal of 21.7%, with a measure of 19.5%, in May of this year. While there is recognition that congregate care will need to remain as a placement option for some youth, we are committed to making sure it is the right placement at the right time.

- **Parole Transition Services:** Youth committed to the custody of the Department in the Division of Youth Corrections have demonstrated an increasingly higher degree of complex treatment issues to include mental health, substance abuse, sequelae of trauma, aggression, domestic violence, multi-generational gang involvement and criminal behaviors. The Division has developed a comprehensive approach to providing services to youth who are transitioning from institutional settings back to their home communities on juvenile parole. This approach relies heavily on private, contract agencies that specialize in serving youth with complex issues, but who are also embedded in the youth's local community. The focus of this approach is to:

- Provide direct services to youth including but not limited to mental health and substance abuse counseling, employment support, educational support, mentoring, in-home family services, and supportive housing.
- Connect youth to long term community resources for housing, food, mental health and substance abuse treatment that will remain in place after discharge from the Division of Youth Corrections system.
- Assist youth in identifying and connecting to pro-social, long term relationships with extended family members, family friends, and/or positive community role models such as pastors, mentors, coaches and teachers.

Through these efforts, the Division of Youth Corrections seeks to ensure youth who have had involvement in the juvenile justice system and who have a high level of treatment needs are re-connected to positive role models and supports in the community, have the ability to access community resources, are able to effectively meet their housing, food and medical/mental health needs and are able to live crime-free, productive lives.

IV. Development of the Colorado Community Living Plan

The 2010 "Olmstead: Recommendations and Policy Options for Colorado" report served as the starting point for the development of the current Community Living Plan. However, as plan development efforts got underway, it quickly became clear that much had changed in the larger federal and state environments and, while many of the activities in the earlier plans remained relevant, state and community stakeholders felt much more work could be done to make the plan more relevant and useful.

To support plan development, the Department of Health Care Policy and Financing hired a contractor to collect information from a variety of state and community individuals and stakeholders groups to help inform plan contents. Data collection efforts included face-to-face interviews, group meetings and the use of online tools. A number of documents were also consulted, including: "Restoring Lives: Building Integrated Communities and Strengthening Support" (SAMHSA), which outlined best strategies for Olmstead implementation; "Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act," a report prepared by Senator Tom Harkin's office; and Colorado's "Money Follows the Person (MFP) Rebalancing Demonstration Application," which represents foundational work in Colorado directly related to Olmstead efforts. In the end, multiple drafts of the plan were developed and circulated for feedback allowing for incremental refinements and a final document.

The number of individual stakeholders, interest groups and state representatives who participated in the development of this plan is large (see acknowledgement section). Indeed, it would not have taken its current form if not for the tremendous dedication, passion and voluntary efforts of so many who believe in the critical importance of having a plan that works to support persons with disabilities to live safe and

productive lives in the community. As is bound to happen with a plan this complex and informed by so many voices, more ideas were expressed than could be accommodated, and some ideas were in direct conflict. While the plan accommodates as many ideas as possible and reconciles those that were contradictory where possible, decisions were ultimately made so that implementation efforts could get underway. However, the plan's inclusion of a strong governance structure and evaluation requirements allow for efforts to be reviewed and strategies to be modified to ensure that Colorado adheres to the tenets of the *Olmstead* decision.

Colorado's Community Living Plan

The following goals, outcomes, strategies and activities were developed from data collection efforts and conversations with individuals and groups including consumers, advocacy organizations and state agency representatives. As discussed above, the starting point for this work was the 2010 report, "Olmstead: Recommendations and Policy Options for Colorado." That report was developed by the then Long Term Care Advisory Committee in partnership with staff at the Department of Health Care Policy and Financing, as well as stakeholders groups and individuals from across the state. It, therefore, represents some degree of consensus on efforts related to the Olmstead decision. This final plan merges important objectives from the previous plan that remain outstanding with new ideas voiced by state and community stakeholders.

A set of four larger principles informs all facets of the plan. These principles, embraced by over 26 national consumer advocacy organizations, such as ADAPT, the National Council on Independent Living, Mental Health America and the National Alliance on Mental Illness, are as follows:

General Principles

- Individuals with disabilities should have the opportunity to live like people without disabilities. They should have the opportunity to be employed, have a place to call home, and be engaged in the community with family and friends.
- Individuals with disabilities should have control over their own day, including which job, educational or social and recreational activities they pursue.
- Individuals with disabilities should have control over meeting their health care needs.
- Individuals with disabilities should have choice and control over where and how they live.

In seeking to operationalize these principles, Colorado's Community Living Plan strives to achieve four overarching aims:

1. Successfully help individuals who want to transition from institutional settings to community settings;
2. Ensure that individuals living in community settings can do so in a stable, dignified and productive manner;
3. Prevent initial entry or re-entry into institutional settings when this is unnecessary; and

4. Ensure the achievement of outcomes and responsive plan modifications through transparent oversight and evaluation efforts.

Finally, as is detailed in the tables below, the plan operationalizes these principles and aims by working to achieve nine Community Living goals:

- **Goal 1:** Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.
- **Goal 2:** Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.
- **Goal 3:** Increase availability and improve accessibility of appropriate housing options in the most integrated setting to meet the needs of people moving to the community.
- **Goal 4:** Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization through the provision of responsive community-based services and supports.
- **Goal 5:** Increase the skills and expertise of the Direct Service Workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups.
- **Goal 6:** Improve communication strategies among long term services and support agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.
- **Goal 7:** Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.
- **Goal 8:** Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes.
- **Goal 9:** Ensure successful plan implementation and refinements over time through the creation of an Olmstead plan governance structure and supportive workgroups.

The following tables specify outcomes, strategies and activities for each of the nine goals of the plan. Activities are further defined in terms of responsible parties and the approximate year in which they will be implemented. It is important to note that all plans, especially very complex ones, are imperfect attempts to project efforts well into the future. Because this plan also is imperfect, it will be critical to monitor and update efforts as lessons are learned, as new information becomes available and as the state and federal environments change. Similarly, the years specified for activity implementation should be viewed in many cases as approximate, since a more thorough determination of how to focus short and long-term efforts will be accomplished through the work of the governance body and related subcommittees. Thus, this plan should be read as a solid foundation from which to launch critical efforts. Plan contents will evolve in important ways as stakeholders learn from both implementation successes and challenges.

V. Community Living Plan: Colorado's Response to the Olmstead Decision

Goal 1: Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.[11]

Measurable outcomes for this goal

- Annual targets are met on the number of individuals transitioning out of institutional settings
- A process to proactively identify individuals interested in exploring transition to the community is implemented
- A centralized list of individuals ready for transition is developed and managed
- A Person Centered Planning (PCP) protocol and related planning process is implemented
- The workforce is trained on the PCP approach
- Service partners demonstrate increased capacity to match ready individuals with available housing and service opportunities

Strategy 1.1: Develop and implement monitoring and review processes to identify individuals ready and able to transition to a community living option.

Activities to fulfill this strategy

#	Activity	Who	Year
1.1.1	Develop a standard, proactive and transparent protocol for exploring with individuals living in various institutional settings their interest in learning about community-based living options.	HCPF & CDHS	2
1.1.2	Develop and implement a protocol that guides a transition process for those who answer affirmatively in 1.1.1, including timeframes for action and considerations for high risk populations.	HCPF & CDHS	2
1.1.3	Centralize information related to ready individuals and their transition requirements in order to ensure successful matching as community opportunities become available.	HCPF & CDHS	2
1.1.4	Learn from efforts to implement the Colorado Choice Transitions (CCT) project and expand successful transition practices.	HCPF	3+

[11] Includes identifying intermediate care facilities for individuals with intellectual disabilities.

Strategy 1.2: Implement a Person Centered Planning (PCP) protocol and related tools to ensure uniformity in transition planning efforts.

Activities to fulfill this strategy

#	Activity	Who	Year
1.2.1	Develop and implement a person centered protocol based on best practices.	HCPF & CDHS	3
1.2.2	Create a workgroup to explore existing assessment measures to support development and implementation of a universal assessment process. Include creation of a transition plan template to document transition needs, assign specific responsibilities for transition tasks, and specify timing of all activities.	HCPF & CDHS	2
1.2.3	Adopt core components of the PCP transition planning process including, but not limited to: • A team planning effort that includes all relevant parties identified by the client, including a client advocate; • Identification of community service needs, potential barriers to success, and proposed remedies; • Provision of choice in services and case management options; and • Visits to potential housing options.	HCPF & CDHS	3+

Strategy 1.3: Implement a training program to build the capacity of the workforce to effectively implement the Person Centered Planning protocol.

Activities to fulfill this strategy

#	Activity	Who	Year
1.3.1	Develop training curricula with specific learning objectives reflecting PCP components. Ensure contents align with and improve Colorado's CCT initiative and are a part of the workforce training goal (Goal 5).	HCPF & CDHS	3
1.3.2	Develop agreement between the relevant state agency programs concerning the adoption of the PCP protocol to support training efforts. Determine where the protocol can be established within contract language, program rules, board adoption, etc.	HCPF & CDHS	2
1.3.3	Develop financing options and outline a training approach to support roll-out of the PCP training curriculum.	HCPF & CDHS	3+

#	Activity	Who	Year
1.3.4	Deliver training to the workforce and state Department staff using a variety of approaches including webinars, in-person training, training-of- trainers, etc. Include booster/re-training efforts to ensure consistency across the workforce.		3+
1.3.5	Develop and implement an evaluation plan to measure quality of implementation and consumer satisfaction with the PCP approach and adjust in response to feedback.	HCPF & CDHS	3

Goal 2: Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.

Measurable outcomes for this goal

- Processes are implemented that proactively inform individuals of their choices for community-based services when considering institutional placement, particularly when discharging from a hospital and when in crisis
- Streamlined access to community-based services when transitioning from a hospital or crisis services is consistently achieved
- The Preadmission Screening and Resident Review (PASRR) is used to support community placement for people with mental illness or intellectual disabilities
- Crisis intervention services for people with behavioral health needs are implemented

Strategy 2.1: Develop and implement practices to inform people of available community-based alternatives when preparing to discharge from a hospital or crisis services or when considering institutional placement from the community.

Activities to fulfill this strategy

#	Activity	Who	Year
2.1.1	Establish crisis hotline as one of the resource and referral systems to help connect individuals experiencing behavioral health crisis to appropriate community supports and services.	CDHS	1
2.1.2	Structure crisis intervention services as a prevention and early intervention to prevent unnecessary institutionalization and to ensure that individuals have the support and services that they need to lead successful lives in the community.	CDHS	1

#	Activity	Who	Year
2.1.3	Establish statewide 1-800 number or website where people considering their long-term services and support or mental healthcare options can make informed choices about community-based options.	HCPF	3+
2.1.4	Establish protocols for hospital discharge planners to proactively inform people of their community-based options prior to discharge, even if discharging to a nursing facility for rehabilitation.	HCPF & CDHS	2
2.1.5	Expand the capacity of the entry point systems to provide options counseling to people who are placed in nursing facilities for post-acute care under Medicare and who are Medicaid eligible.	HCPF	3+

Strategy 2.2: Streamline processes to access and arrange community-based services at the point of discharge from a hospital or crisis services so that it is as viable an option as institutional placement.

Activities to fulfill this strategy

#	Activity	Who	Year
2.2.1	Examine eligibility and enrollment processes for behavioral health care and LTSS at the point of discharge and develop recommendations to streamline processes that inhibit access to community supports when more appropriate than institutional placement.	HCPF & CDHS	3+
2.2.2	Engage discharge planners to identify barriers and solutions to coordinating and arranging community alternatives to institutional placement.	HCPF & CDHS	2
2.2.3	Promote evidence-practices for successful post-acute care transitions among hospitals and community-based organizations to reduce readmissions.	HCPF & CDHS	2

Strategy 2.3 Use the PASRR process to divert people from institutional placement to community placement or to support transitions to a community placement.

Activities to fulfill this strategy

#	Activity	Who	Year
2.3.1	Take advantage of the PASRR Technical Assistance Center to advise the state on connecting PASRR to Olmstead efforts.	HCPF	1
2.3.2	Review the PASRR Level I and II screens to ensure the tools promote diversion or transition from institutional placement and assess individual community living skills.	HCPF	1
2.3.3	Identify ways to more directly link the PASRR process to home and community-based waiver programs; Medicaid state plan community-based long-terms services and supports and behavioral health care services; and/or the Colorado Choice Transitions program.	HCPF	2

Goal 3: Increase availability and improve accessibility of appropriate housing options in the most integrated setting throughout Colorado to meet the needs of people moving to the community.

Measurable outcomes for this goal

- Compliance with key housing related statutes including the Affirmatively Furthering Fair Housing (AFFH) program and the Fair Housing Act improve
- Increase access to housing opportunities and related resources including specifics on accessible features through deployment of a geographically-based, searchable web application
- Increase numbers of PHAs utilizing disability preferences
- Adopt a standard housing application by local Public Housing Agencies (PHA)
- The number of housing units increase due to expanded and diversified funding, and increased prioritization of persons with disabilities
- Annual targets are met on the number of individuals transitioning out of institutional settings

Strategy 3.1: Develop messaging and information dissemination efforts to demonstrate commitment to and advance the objectives of, the Fair Housing Act Amendment requirement to Affirmatively Furthering Fair Housing for Persons with Disabilities program (AFFH).

Activities to fulfill this strategy

#	Activity	Who	Year
3.1.1	Work with the Olmstead Housing Coalition to develop messaging and dissemination strategies related to the Affirmatively Furthering Fair Housing (AFFH) program. Information to include: • How to file a fair housing complaint; • Assisting persons with disabilities in gaining access to supportive services available within the community; • Assisting in identifying public and private funding sources to help participants with disabilities cover the costs of structural alterations and other accessibility features needed to accommodate disabilities; • Provision of technical assistance, through referrals to local fair housing and disability rights programs, to owners interested in making reasonable accommodations or units accessible to persons with disabilities; • Provision of training to owners, renters, homeowners associations, housing authorities, property managers, transition coordinators and case managers on the Federal Fair Housing Amendments Act requirements regarding reasonable accommodation; and • Compliance with requirements of title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and title II of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).	DOLA/DOH	1,2,3
3.1.2	Develop marketing material and provide technical assistance on how housing providers can ensure compliance with the Fair Housing Act.	Denver Metro Fair Housing Center	2
3.1.3	Market materials to consumers and advocacy groups to promote the objectives of the AFFH and provide easy access to a site where a fair housing complaint can be filed.	Denver Metro Fair Housing Center, Olmstead Housing Coalitions	2

Strategy 3.2: Centralize housing resources and related information within a searchable, geographically-based web application to support a central point of information for all housing resources and opportunities.

Activities to fulfill this strategy

#	Activity	Who	Year
3.2.1	In the short term, develop and deploy a basic searchable web application to provide access to housing resources.	DOLA/DOH	1
3.2.2	Outline the types of housing resources (type of dwelling, income requirements/restrictions, Section 8 acceptance, animal policy, accessible features, etc.) to be contained in the database and the data structure and interface requirements for the web application.	DOLA/DOH	2
3.2.3	Develop procedures for the collection, organization and geo-coding of housing resource information.	DOLA/DOH	2
3.2.4	Over the long term, move data into the ColoradoHousingSearch.com to become a permanent platform for housing related data.	DOLA/DOH	2
3.2.5	Identify staff responsible for system upkeep, develop related procedures and ensure resources are available to support this work.	Would be a community issue	3
3.2.6	Use data from the online system to assess the availability and types of housing options available to determine gaps and needs.	DOH	2

Strategy 3.3: Develop and implement a common housing application form and work with local Public Housing Agencies (PHA) to expand its use.

Activities to fulfill this strategy

#	Activity	Who	Year
3.3.1	Finalize the common housing application form with input from a broad-based group of local PHAs.	DOLA/DOH	1
3.3.2	Market use of the common application to PHAs in order to increase its adoptions across the state.	Olmstead Housing Coalition	2
3.3.3	Develop a plan to encourage landlord adoption.	Olmstead Housing Coalition	3

Strategy 3.4: Work to extend the number of PHAs who adopt specific preferences for individuals with intellectual and physical disabilities as well as those with mental illness leaving institutional settings.

Activities to fulfill this strategy

#	Activity	Who	Year
3.4.1	Identify the specific preferences that might be adopted by PHAs for each consumer group.	Olmstead Housing Coalition	1
3.4.2	Assess the number and types of preferences currently adopted across all PHAs in the state to set a baseline.	Olmstead Housing Coalition	2
3.4.3	Develop messaging strategies for PHAs to assist with the adoption of preferences.	Olmstead Housing Coalition	2
3.4.4	Work with allied groups and coalitions to support preference adoption efforts.	Olmstead Housing Coalition	3

Strategy 3.5: Explore opportunities to expand housing related funding to increase the availability of, and access to, a range of housing options.

Activities to fulfill this strategy

#	Activity	Who	Year
3.5.1	Actively pursue opportunities to expand the number and availability of housing vouchers for Permanent Supportive Housing through leveraging state agency funds that target individuals wanting to leave or avoid admission to institutional settings.	DOLA/DOH and HCPF	1,2,3
3.5.2	Re-apply for the U.S. Housing and Urban Development 811 Supportive Housing for Persons with Disabilities Program to increase integrated housing options.	DOLA/DOH	As needed
3.5.3	Continue to explore creative funding strategies including the use of tax credits, ways to develop a pool of matching funds, coordinating preferences, adding to affordable housing availability, etc.	CHFA, DOH and the Governor's Office	1,2,3
3.5.4	Develop specific funding strategies to support home ownership opportunities.	CHFA	2
3.5.5	Explore options and develop a concept for the creation of a Housing Trust Fund.	CHFA, DOH and the Governor's Office	1,2,3

Goal 4: Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization by providing community-based services and supports that are responsive to consumers' needs.

Measurable outcomes for this goal

- The amount and array of community-based services and supports increases to support increased consumer choice

- Funding is expanded and diversified resulting in increased service capacity
- Consumer directed delivery models and services options are expanded
- A searchable web-based application that manages service information is developed
- Case management practices become uniform and reflect a person centered planning approach
- An annual report on service barriers and waitlists is submitted to the Governor's Office
- Waitlists for all services become smaller each year leading to elimination

Strategy 4.1: Increase the array of community-based services to more individuals by adopting and implementing recommendations of the Waiver Simplification and Care Coordination subcommittees (Community Living Advisory Group).

Activities to fulfill this strategy

#	Activity	Who	Year
4.1.1	Support the work of the Waiver Simplification subcommittee to integrate waivers and increase services made available to consumer groups without eliminating current service delivery models or eligibility categories.	HCPF	1
4.1.2	Identify opportunities for and expand the amount of Consumer Directed Delivery models.	HCPF	1,2,3+
4.1.3	Monitor waitlists across service areas to determine needed expansion.	HCPF	Ongoing
4.1.4	Assess where gaps continue to exist after waiver simplification efforts are completed and the degree to which consumers are able to get the right services at the right time and in the right amount. Include assessments of mental health services not covered through waivers.	HCPF	2

Strategy 4.2: Explore financing opportunities to expand the array and availability of community-based services and supports.

Activities to fulfill this strategy

#	Activity	Who	Year
4.2.1	In conjunction with information from waiting lists and that provided by consumer groups regarding specific service needs, identify gaps in core service areas.	HCPF	Ongoing
4.2.2	Hire a consultant to research and develop a report outlining capacity needs and costs estimates related to needed services. Include a focus on consumer-directed service options	HCPF & CDHS	2

	and recovery-oriented service models (e.g., Assertive Community Treatment, wrap-around services, and other evidence-based models).		
4.2.3	Fund support for community-based services and housing for clients who are high risk due to interaction with the correctional system.	HCPF & CDHS	3
4.2.4	Identify funding strategies. Examples include: requests for legislative financing, federal authorities available to Medicaid, new opportunities under the Affordable Care Act (e.g., Community First Choice), and local partnerships with foundations.	HCPF & CDHS	2
4.2.5	Implement viable funding strategies to increase the amount and array of needed services based on identified gaps and waiting lists.	HCPF & CDHS	3

Strategy 4.3: Improve access to community-based services and increase consumer choice by developing a searchable, web-based data system of available services and supports.

Activities to fulfill this strategy

#	Activity	Who	Year
4.3.1	Document the types of service to be managed in the database, develop an organizing index, and specify the data structure and interface requirements for the web application.	HCPF & CDHS	3+
4.3.2	Develop procedures for the collection, organization and geo-coding of service data. As appropriate, leverage data sets already containing similar information.	HCPF & CDHS	3+
4.3.3	Identify financing and/or an agency sponsored approaches for developing the system.	HCPF & CDHS	2
4.3.4	Work with a programmer to develop the resource database and organize stakeholders to provide assistance in testing and providing feedback on the site during development.	HCPF & CDHS	3
4.3.5	Determine roles and responsibilities for management and updating of information so that the site remains current.	HCPF & CDHS	3

Strategy 4.4: Develop an annual report for the Governor on the status of community-based service availability, waitlist improvements and systemic barriers to accessing services.

Activities to fulfill this strategy

#	Activity	Who	Year
4.4.1	Continue to develop and improve mechanisms to monitor waitlist status and changes across services areas.	HCPF, CDHS & DOLA	Ongoing
4.4.2	Further systematize collection and obtain assistance from consumers to assist in determining barriers to accessing service to develop recommendations for system changes.	HCPF, CDHS & DOLA	2
4.4.3	Develop an annual report that is submitted to the Governor on system and capacity issues within the community-based services system and request that this be referenced in the state's annual budget.	HCPF, CDHS & DOLA	2
4.4.4	Develop a set of strategies to address systemic barriers and decrease the numbers of consumers on waiver waitlists with the participation of state agency representatives and key stakeholder groups.	HCPF, CDHS & DOLA	3

Goal 5: Increase the skills and expertise of the Behavioral Health and LTSS Workforce to increase retention, improve service quality and better meet the needs of consumers.

Measurable outcomes for this goal

- A core services training is developed and implemented
- An advanced training program with specialty modules is developed and implemented
- The number of individuals trained in core and specialized training efforts increases annually
- The workforce demonstrates an increasing capacity to serve people with all types of disabilities
- The overall workforce grows to meet the needs of all consumer groups through targeted recruitment and retention efforts
- Case management standards are developed and implemented across case management agencies and behavioral health service providers
- Consumers report increasing satisfaction and perceived effectiveness of received services

Strategy 5.1: Develop a core competency workforce training program for behavioral health and long term services and support workers.

Activities to fulfill this strategy

#	Activity	Who	Year
5.1.1	Develop core content for the training focused on the Person Centered Planning approach (Goal 1.3) and other essential skill areas. Involve consumer groups in the creation of training contents and, as appropriate, research promising practice models in other states for training direct service workers.	HCPF & CDHS	2
5.1.2	Develop financing options and outline a training approach to support roll-out of the workforce training curriculum.	HCPF & CDHS	3
5.1.3	Deliver training to the workforce using a variety of approaches including webinars, in-person training, training-of-trainers, etc. Include booster/re-training efforts to ensure consistency across the workforce.	HCPF & CDHS	3
5.1.4	Collect feedback from participants (e.g., numbers trained, agencies and sectors represented, satisfaction with trainings, etc.).	HCPF & CDHS	3+

Strategy 5.2: Develop and implement specialized trainings based on critical workforce service areas.

Activities to fulfill this strategy

#	Activity	Who	Year
5.2.1	Identify specialized content service work areas for which modules should be developed.	HCPF & CDHS	3+
5.2.2	Explore existing training curricula within Colorado and in other states and develop into a set of specialized training modules. Involve consumer groups in the creation and eventual delivery of training contents	HCPF & CDHS	3+
5.2.3	Develop financing options and outline a training approach to support roll-out of the workforce training curriculum.	HCPF & CDHS	3+
5.2.4	Deliver training to the workforce using a variety of approaches including webinars, in-person training, training-of-trainers, etc. Include booster/re-training efforts to ensure consistency across the workforce.	HCPF & CDHS	3
5.2.5	Collect feedback from participants (e.g., numbers trained, agencies and sectors represented, satisfaction with trainings, etc.)	HCPF & CDHS	3

Strategy 5.3: Utilize the Community Living Advisory Group's Workforce Subcommittee to explore recruitment and retention strategies that expand the workforce, promote career opportunities, improve retention, increase service quality and encourage improved pay.

Activities to fulfill this strategy

#	Activity	Who	Year
5.3.1	Perform a thorough environmental scan identifying all relevant stakeholders, funding sources and decision makers related to workforce efforts. Seek input from non-traditional sources, including private insurance companies, major pharmaceutical firms, and other major players in the health industry who have long term public relations and financial interests.	HCPF & CDHS	2
5.3.2	Communicate with identified stakeholders regarding recruitment and retention of the direct service workforce, cooperation in implementing workable solutions and addressing the challenges of implementing these solutions.	HCPF & CDHS	2
5.3.3	Organize data related to: • Barriers to achieving long-term employment. • The number of direct services workers currently in the field in relation to current and anticipated needs. • Short- and long-term costs associated with workforce needs. • Barriers, constraints, and other legislation, rules, policies, procedures, etc., at the federal, state, and local level that may inhibit retention and training of the workforce.	HCPF & CDHS	2
5.3.4	Develop and propose a strategic plan to relevant State Departments that includes changes, programs, processes, etc., to address and ameliorate any barriers and identify needs for improving working conditions, recruitment and retention.	HCPF & CDHS	3

Strategy 5.4: Implement a standardized case management practice model that reflects the values and operating principles of a Person Centered Planning process.

Activities to fulfill this strategy

#	Activity	Who	Year
5.4.1	Examine and document case management best practices within current state efforts. Include identification of roles, core competencies, quality expectations.	HCPF & CDHS	1
5.4.2	Examine other sources of case management best practice including national standards, strengths based approaches, and critical elements and practices reflected in person-centered approaches.	HCPF & CDHS	1

#	Activity	Who	Year
5.4.3	Outline standards of practice for a Colorado case management approach and develop a training program that includes modules related to case management core competencies.	HCPF & CDHS	2
5.4.4	Develop a plan to train the case management workforce on the approach.	HCPF & CDHS	2

Strategy 5.5: Implement an evaluation strategy to gauge client satisfaction and the perceived effectiveness of community-based services.

Activities to fulfill this strategy

#	Activity	Who	Year
5.5.1	Identify common service areas that could be evaluated from the perspective of consumer experiences.	HCPF & CDHS	1
5.5.2	Develop basic data collection tools that can be completed to assess the satisfaction with and perceived effectiveness of different service types from the perspective of consumers.	HCPF & CDHS	2
5.5.3	Develop a report of compiled data that can be shared with stakeholders to support service improvements efforts.	HCPF & CDHS	3

Goal 6: Improve communication strategies among LTSS agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.

Measurable outcomes for this goal

- An information Clearinghouse of resources related to long term services and supports is created
- A marketing campaign is implemented to encourage use of the Clearinghouse
- Monitoring demonstrates increasing use of the site over time
- Stakeholders report positive feedback on use of the site
- Re-institutionalization is averted due to improved quality and timeliness of information
- The number of complaints to the state's Long-Term Care Ombudsman reflecting individuals being given inadequate information about home and community-based options is reduced

Strategy 6.1: Develop Olmstead-related informational resources intended for state and local agencies, legal guardians and consumers that are written in user-friendly, understandable language.

Activities to fulfill this strategy

#	Activity	Who	Year
6.1.1	Outline content areas to be managed within a centralized system containing long term services and supports information.	HCPF & CDHS	2
6.1.2	Organize existing information that is focused on informing consumer groups and determine strengths and gaps in these resources.	HCPF & CDHS	2
6.1.3	Organize and provide a draft set of resources based on identified information needs.	HCPF & CDHS	2
6.1.4	Test information formats and contents on a broad range of consumers representing all disability types (e.g., cognitive, developmental, behavioral and physical) before being implemented on a statewide basis.	HCPF & CDHS	3
6.1.5	Document existing resource and information sites that can be accessed through the web site via links.	HCPF & CDHS	2

Strategy 6.2: Create a web-based Clearinghouse that organizes comprehensive and up-to-date resources, applications, websites, FAQs, etc. that is accessible to all consumer groups, including guardians.

Activities to fulfill this strategy

#	Activity	Who	Year
6.2.1	Outline the needed functions of the web system and create systems specifications. Use the No Wrong Door/Single Entry Point System as a possible model.	HCPF & CDHS	2
6.2.2	Explore various technologies and choose one that will provide the best array of needed functions.	HCPF & CDHS	2
6.2.3	Identify financing and/or an agency sponsored approach for developing and managing the system.	HCPF & CDHS	2
6.2.4	Work with a contractor to create the Clearinghouse. Organize a group from across the stakeholder community to provide assistance in testing and providing feedback on the site during its development.	HCPF & CDHS	3
6.2.5	Determine roles and responsibilities for managing and updating information so that the site remains current.	HCPF & CDHS	2

Strategy 6.3: Develop and implement an information campaign, including a social media strategy, to advertise the Clearinghouse to intended users.

Activities to fulfill this strategy

#	Activity	Who	Year
6.3.1	Determine the goals and objectives for the larger information campaign and specific strategies to use with social media efforts. Include specification of all intended audiences/stakeholders.	HCPF & CDHS	1
6.3.2	Develop a process to accept and react to feedback that may arise over the course of the information campaign. Implement useful recommendations into the site.	HCPF & CDHS	1
6.3.3	Develop a plan around implementing the information campaign including presentations, social media efforts, etc.	HCPF & CDHS	2
6.3.4	Execute the various campaigns and collect data on reactions and feedback.	HCPF & CDHS	3

Goal 7: Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.

Measurable outcomes for this goal

- A position paper reflecting integration/alignment/leveraging (IAL) opportunities is developed
- Efficiencies are demonstrated through a reduction in the number of groups formed to support related plan efforts
- Collaboration between key system partners increases
- Recommendations are created that reflect IAL opportunities for the local long term care and service and supports system
- Steps are taken to align and/or integrate critical components of the long term service and supports system
- Outcomes improve for all stakeholders groups due to improved system performance

Strategy 7.1: Identify related efforts that have a direct relationship to Olmstead Plan implementation, and outline opportunities for integrating, aligning or leveraging these efforts.

Activities to fulfill this strategy

#	Activity	Who	Year
7.1.1	Identify major initiatives, workgroups, work plans, position papers, legislative initiatives, etc. that have a significant relationship to Olmstead Plan implementation.	HCPF, CDHS & DOLA	1
7.1.2	Research these efforts to determine where there are overlapping, supportive and possibly conflicting objectives and work efforts. Include a review of Community Living Advisory Group efforts and recommendations.	HCPF, CDHS & DOLA	2
7.1.3	Synthesize findings in a position paper that recommends ways to bring these various efforts together where this can lead to improved efficiencies and improved outcomes for stakeholders groups.	HCPF, CDHS & DOLA	2

Strategy 7.2: Implement a strategic process to align and/or integrate work group structures, related work plans, strategic efforts, etc. in order to make these more efficient and effective.

Activities to fulfill this strategy

#	Activity	Who	Year
7.2.1	Based on the 7.1.2 analysis, identify specific opportunities for alignment and integration that will occur in conjunction with Olmstead Plan implementation.	HCPF, CDHS & DOLA	2
7.2.2	Strategically implement these efforts and measure how they result in greater efficiency and effectiveness.	HCPF, CDHS & DOLA	3

Strategy 7.3: Implement effective collaboration efforts across DOLA, HCPF and CDHS, CDOT and CDPHE related to transition initiatives for people with disabilities to ensure successful implementation, learning and state-level integration of project efforts.

Activities to fulfill this strategy

#	Activity	Who	Year
7.3.1	Develop a multi-agency (state partners) learning group related to community transition programs and services among the departments to explore and identify best practices across agencies and service providers.	HCPF, CDHS & DOLA	1
7.3.2	Identify opportunities to build on and expand successful practices within the broader long term care services and supports system.	HCPF, CDHS & DOLA	3

7.3.3	Use learning to strengthen the Community Living Plan implementation.	HCPF, CDHS & DOLA	3

Strategy 7.4: Explore opportunities for greater system alignment at the state and local level that relate directly to current systems infrastructure in support of a more seamless and effective service delivery system.

Activities to fulfill this strategy

#	Activity	Who	Year
7.4.1	Explore opportunities to implement larger system alignment and integration opportunities within the long term care services and support system.	HCPF, CDHS & DOLA	3
7.4.2	Leverage federal and state opportunities to outline the creation of a consumer-friendly Long Term Care system through reorganization and integration of entry point functions and development of collaborative relationships throughout local level systems.	HCPF, CDHS & DOLA	3+
7.4.3	Utilize Olmstead subcommittee efforts to support larger system alignment efforts, as appropriate.	HCPF, CDHS & DOLA	3

Goal 8: Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes.

Measurable outcomes for this goal

- A process for conducting the evaluation is established including the identification of responsible entities
- An evaluation plan for the Community Living Strategic Plan is developed
- Resources are secured to support evaluation plan implementation
- A report of findings is developed for each year of Community Living Plan implementation

Strategy 8.1: Determine how the Olmstead plan will be evaluated to support an objective and transparent assessment.

Activities to fulfill this strategy

#	Activity	Who	Year
8.1.1	Determine who will be responsible for carrying out implementation of the evaluation plan and if this should be done internally or through a third-party evaluator.	HCPF, CDHS & DOLA	1
8.1.2	Create an oversight group (as a part of the larger governance group, Goal 9) with the responsibility of guiding evaluation efforts and utilizing findings.	HCPF, CDHS & DOLA	1
8.1.3	Identify/select the individuals (internal staff/RFP) to conduct the evaluation.	HCPF, CDHS & DOLA	2

Strategy 8.2: Develop an evaluation plan and measurement strategies that reflect Olmstead efforts and benchmarks (see strategy 9.2.2, below).

Activities to fulfill this strategy

#	Activity	Who	Year
8.2.1	Work with evaluator to develop a measurement plan. The plan should consist of measures of implementation (including successes and barriers), outcomes, and consumer satisfaction.	HCPF, CDHS & DOLA	2
8.2.2	Support the evaluators in measurement efforts, and set quarterly evaluation oversight meetings (as part of Governance structure, goal 9).	HCPF, CDHS & DOLA	2
8.2.3	Review preliminary data at quarterly meetings to assess emerging findings and to identify implementation challenges. Bring findings to the larger Governance group to assist in troubleshooting Olmstead issues.	HCPF, CDHS & DOLA	2

Strategy 8.3: Oversee the development of an annual evaluation plan.

Activities to fulfill this strategy

#	Activity	Who	Year
8.3.1	Based on projected annual benchmarks, develop an outline for the evaluation report to assist in organizing information.	HCPF, CDHS & DOLA	1
8.3.2	Use the plan outline to assist in the analysis and organization of evaluation data and findings to support development of an annual report.	HCPF, CDHS & DOLA	2
8.3.3	Support the evaluator in the development of an annual report on Olmstead accomplishments and publish the report. Use findings as a part of the larger status of Olmstead implementation report (Strategy 9.3).	HCPF, CDHS & DOLA	2

Goal 9: Ensure successful plan implementation and refinements over time through the creation of the Community Living plan governance structure and supportive workgroups.

Measurable outcomes for this goal

- A responsive and transparent governance and workgroup structure is developed and implemented
- Membership criteria is established and used to select members
- The governance structure achieves part of Goal 7 in integrating, aligning and/or leveraging existing groups and efforts
- The identified governance leadership develops and presents an annual status report on Colorado's Olmstead implementation efforts

Strategy 9.1: Define an overall governance structure to support and guide plan implementation and select members based on established criteria.

Activities to fulfill this strategy

#	Activity	Who	Year
9.1.1	Outline the macro-structure for plan governance including executive, steering, advisory and subcommittee functions. Define the roles between each group, membership criteria and decision-making authority.	HCPF, CDHS & DOLA	1
9.1.2	Set specific responsibilities and authorities of state partners related to plan leadership including the Colorado Departments of Health Care Policy and Financing, Human Services, Local Affairs and the Governor's office.	HCPF, CDHS & DOLA	1
9.1.3	Based on the identified governance structure, develop a group charter to include a mission statement and group goals.	HCPF, CDHS & DOLA	1
9.1.4	Implement efforts to seat members, in consideration of other existing subcommittees or related efforts to identify opportunities to leverage and not duplicate efforts (strategy 6.2).	HCPF, CDHS & DOLA	1

Strategy 9.2: Develop with the governance membership operating procedures and bylaws to guide decision-making processes and set annual benchmarks based on plan components.

Activities to fulfill this strategy

#	Activity	Who	Year
9.2.1	Develop basic operating procedures and bylaws to reflect group functions.	HCPF, CDHS & DOLA	1

#	Activity	Who	Year
9.2.2	Review the Olmstead Strategic Plan to develop annual benchmarks to ensure steady progress on project efforts.	HCPF, CDHS & DOLA	1
9.2.3	Ensure necessary staffing and resources are available to support oversight functions of the larger governance structure.	HCPF, CDHS & DOLA	1
9.2.4	Set an annual calendar of meetings for all groups.	HCPF, CDHS & DOLA	1
9.2.5	Collect and distribute agenda and minutes from all groups to the general public.	HCPF, CDHS & DOLA	1

Strategy 9.3: Develop review and decision making processes related to Title II of the ADA to support a critical review of existing or requested changes to policies, practices and procedures.

Activities to fulfill this strategy

#	Activity	Who	Year
9.3.1	Develop mechanisms that support the review of stakeholder or client requests to alter an existing policy, practice or procedure and create a dissemination process that provides a thorough rationale for related decisions.	HCPF, CDHS & DOLA	2
9.3.2	Develop agency processes to review and address individual requests for reasonable accommodations with respect to existing policy or regulations to support one's ability to live in the least restrictive environment.	HCPF, CDHS & DOLA	2
9.3.3	Develop criteria that can be used to review new policies, practices or procedures under development to ensure that they will not unintentionally violate the spirit or intent of the Olmstead decision.	HCPF, CDHS & DOLA	2+

Strategy 9.4: Prepare and present an annual Olmstead status report that documents implementation efforts, outcome achievement, identified barriers and plan modifications.

Activities to fulfill this strategy

#	Activity	Who	Year
9.4.1	Provide oversight and support to all Olmstead Plan subcommittee efforts.	HCPF, CDHS & DOLA	ongoing
9.4.2	Synthesize subcommittee accomplishments and evaluation findings (goal 8) to support development of a comprehensive report of the status of Olmstead Plan implementation.	HCPF, CDHS & DOLA	2
9.4.3	Identify forums and other mechanisms to distribute and present report findings.	HCPF, CDHS & DOLA	2+

VI. Next Steps

Colorado's Community Living Plan can be viewed as a complex set of interdependent strategies and action steps that, in combination, help to improve systems, practices and service efforts to positively impact the lives of people living with disabilities. Goal 1 outlines critical processes that help to identify individuals who are interested in and able to move from institutional care, and implements planning efforts through a person-centered approach. Goal 2 organizes systems and supports that help those in the community avoid re-institutionalization. Goals 3 and 4 build on these preceding goals by increasing responsive housing options and the accessibility and capacity of appropriate community services and supports. Goal 5 seeks to ensure that long term care services are of high quality through the provision of training and technical assistance to develop the workforce. Goal 6 implements communication and information dissemination strategies to help connect individuals with the right services at the right time. Goal 7 provides a wider lens to the plan by seeking to connect, align and integrate Olmstead efforts with existing programs, initiatives, services and infrastructure. Finally, Goals 8 and 9 serve as the foundation of the plan through the creation of a collaborative governance structure whose members guide, review and adjust plan components. It further includes a related evaluation component to provide critical feedback on implementation successes and challenges, as well as data on the achievement of outcomes.

Colorado's Olmstead plan is ambitious. Many activities are slated to start within the first year of implementation. In moving forward, it will be critical for state officials and community stakeholders to work together in ways that consider both individual activities and their relationship to other plan components. In addition, it will be important to consider the ways in which plan efforts affect the larger service delivery system. As a first step in moving the plan forward, state partners will work together to seat a governance body, develop operating procedures, and outline a larger governance structure (i.e., leadership, work groups, etc.). Importantly, the governance body will be comprised of both state agency leaders and community stakeholders to promote collaboration and process transparency. Once seated, members will further specify and prioritize strategies and activities resulting in the creation of focused work plans.

As a part of work plan creation, process and outcome measures will be identified, along with timeframes for task completion. This work will help inform data collection and related uses within the evaluation component to support the provision of ongoing feedback and support performance monitoring. Evaluation findings will be reviewed at least quarterly and result in an annual summative report of Olmstead process efforts and accomplishments.

As a starting point, key agency representatives have created a high level work plan with identified areas of focus for the first year as provided below.

Colorado's Community Living Plan: First Year Work Plan

Goal 1: Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.

Initial planning for the strategies under Goal 1 will be planned with implementation beginning in year 2.

Goal 2: Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.

Strategy 2.1: Develop and implement practices to inform people of available community-based alternatives when preparing to discharge from a hospital or crisis services or when considering institutional placement from the community.

Activities to fulfill this strategy

#	Activity	Who
2.1.1	Establish crisis hotline as one of the resource and referral systems to help connect individuals experiencing behavioral health crisis to appropriate community supports and services.	CDHS
2.1.2	Structure crisis intervention services as a prevention and early intervention to prevent unnecessary institutionalization and to ensure that individuals have the support and services that they need to lead successful lives in the community.	CDHS

Strategy 2.3 Use the PASRR process to divert people from institutional placement to community placement or to support transitions to community placement.

Activities to fulfill this strategy

#	Activity	Who
2.3.1	Take advantage of the PASRR Technical Assistance Center to advise the state on connecting PASRR to Olmstead efforts.	HCPF
2.3.2	Review the PASRR Level I and II screens to ensure the tools promote diversion or transition from institutional placement and assess individual community living skills.	HCPF

Goal 3: Increase availability and improve accessibility of appropriate housing options in the most integrated setting throughout Colorado to meet the needs of people moving to the community.

Strategy 3.2: Centralize housing resources and related information within a searchable, geographically-based web application to support a central point of information for all housing resources and opportunities.

Activities to fulfill this strategy

#	Activity	Who
3.2.1	In the short term, develop and deploy a basic searchable web application to provide access to housing resources.	DOLA/DOH

Strategy 3.3: Develop and implement a common housing application form and work with local Public Housing Agencies (PHA) to expand its use.

Activities to fulfill this strategy

#	Activity	Who
3.3.1	Finalize the common housing application form with input from a broad-based group of local PHAs.	DOLA/DOH

Strategy 3.4: Work to extend the number of PHAs who adopt specific preferences for individuals with intellectual and physical disabilities as well as those with mental illness leaving institutional settings.

Activities to fulfill this strategy

#	Activity	Who
3.4.1	Identify the specific preferences that might be adopted by PHAs for each consumer group.	Olmstead Housing Coalition

Strategy 3.5: Explore opportunities to expand housing related funding to increase the availability of, and access to, a range of housing options.

Activities to fulfill this strategy

#	Activity	Who
3.5.1	Actively pursue opportunities to expand the number and availability of housing vouchers for Permanent Supportive Housing through leveraging state agency funds that target individuals wanting to leave or avoid admission to institutional settings.	DOLA/DOH & HCPF
3.5.2	Re-apply for the U.S. Housing and Urban Development 811 Supportive Housing for Persons with Disabilities Program to increase integrated housing options.	DOLA/DOH
3.5.3	Continue to explore creative funding strategies including the use of tax credits, ways to develop a pool of matching funds, coordinating preferences, adding to affordable housing availability, etc.	DOLA/DOH

Goal 4: Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization by providing community-based services and supports that are responsive to consumers' needs.

Strategy 4.1: Increase the array of community-based services to more individuals by adopting and implementing recommendations of the Waiver Simplification and Care Coordination subcommittees (Community Living Advisory Group).

Activities to fulfill this strategy

#	Activity	Who
4.1.1	Support the work of the Waiver Simplification subcommittee to integrate waivers and increase services made available to consumer groups without eliminating current service delivery models or eligibility categories.	HCPF
4.1.2	Identify opportunities for and expand the amount of Consumer Directed Delivery models.	HCPF
4.1.3	Monitor waitlists across service areas to determine needed expansion.	HCPF

Goal 5: Increase the skills and expertise of the Behavioral Health and Long Term Services and Supports Workforce to increase retention, improve service quality and better meet the needs of consumers.

Strategy 5.4: Implement a standardized case management practice model that reflects the values and operating principles of a Person Centered Planning process.

Activities to fulfill this strategy

#	Activity	Who
5.4.1	Examine and document case management best practices within current state efforts. Include identification of roles, core competencies, quality expectations.	HCPF & CDHS
5.4.2	Examine other sources of case management best practice including national standards, strengths based approaches, and critical elements and practices reflected in person-centered approaches.	HCPF & CDHS

Strategy 5.5: Implement an evaluation strategy to gauge client satisfaction and the perceived effectiveness of community-based services.

Activities to fulfill this strategy

#	Activity	Who
5.5.1	Identify common service areas that could be evaluated from the perspective of consumer experiences.	HCPF & CDHS

Goal 6: Improve communication strategies among long term services and supports agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.

Strategy 6.3: Develop and implement an information campaign, including a social media strategy, to advertise the Clearinghouse to intended users.

Activities to fulfill this strategy

#	Activity	Who
6.3.1	Determine the goals and objectives for the larger information campaign and specific strategies to use with social media efforts. Include specification of all intended audiences/stakeholders.	HCPF & CDHS
6.3.2	Develop a process to accept and react to feedback that may arise over the course of the information campaign. Implement useful recommendations into the site.	HCPF & CDHS

Goal 7: Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.

Strategy 7.1: Identify related efforts that have a direct relationship to Olmstead Plan implementation, and outline opportunities for integrating, aligning or leveraging these efforts.

Activities to fulfill this strategy

#	Activity	Who
7.1.1	Identify major initiatives, workgroups, work plans, position papers, legislative initiatives, etc. that have a significant relationship to Olmstead Plan implementation.	HCPF, CDHS & DOLA

Strategy 7.3: Implement effective collaboration efforts across DOLA, HCPF and CDHS, CDOT and CDPHE related to transition initiatives for people with disabilities to ensure successful implementation, learning and state-level integration of project efforts.

Activities to fulfill this strategy

#	Activity	Who
7.3.1	Develop a multi-agency (state partners) learning group related to community transition programs and services among the departments to explore and identify best practices across agencies and service providers.	HCPF, CDHS & DOLA

Goal 8: Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes.

Strategy 8.1: Determine how the Olmstead plan will be evaluated to support an objective and transparent assessment.

Activities to fulfill this strategy

#	Activity	Who
8.1.1	Determine who will be responsible for carrying out implementation of the evaluation plan and if this should be done internally or through a third-party evaluator.	HCPF, CDHS & DOLA
8.1.2	Create an oversight group (as a part of the larger governance group, Goal 9) with the responsibility of guiding evaluation efforts and utilizing findings.	HCPF, CDHS & DOLA

Strategy 8.3: Oversee the development of an annual evaluation plan.

Activities to fulfill this strategy

#	Activity	Who
8.3.1	Based on projected annual benchmarks, develop an outline for the evaluation report to assist in organizing information.	HCPF, CDHS & DOLA

Goal 9: Ensure successful plan implementation and refinements over time through the creation of an Olmstead plan governance structure and supportive workgroups.

Strategy 9.1: Define an overall governance structure to support and guide plan implementation and select members based on established criteria.

Activities to fulfill this strategy

#	Activity	Who
9.1.1	Outline the macro-structure for plan governance including executive, steering, advisory and subcommittee functions. Define the roles between each group, membership criteria and decision-making authority.	HCPF, CDHS & DOLA
9.1.2	Set specific responsibilities and authorities of state partners related to plan leadership including the Colorado Departments of Health Care Policy and Financing, Human Services, Local Affairs and the Governor's office.	HCPF, CDHS & DOLA
9.1.3	Based on the identified governance structure, develop a group charter to include a mission statement and group goals.	HCPF, CDHS & DOLA
9.1.4	Implement efforts to seat members, in consideration of other existing subcommittees or related efforts to identify opportunities to leverage and not duplicate efforts (strategy 6.2).	HCPF, CDHS & DOLA

Strategy 9.2: Develop with the governance membership, operating procedure and bylaws to guide decision-making processes, and set annual benchmarks based on plan components.

Activities to fulfill this strategy

#	Activity	Who
9.2.1	Develop basic operating procedures and bylaws to reflect group functions.	HCPF, CDHS & DOLA
9.2.2	Review the Olmstead Plan to develop annual benchmarks to ensure steady progress on project efforts.	HCPF, CDHS & DOLA
9.2.3	Ensure necessary staffing and resources are available to support oversight functions of the larger governance structure.	HCPF, CDHS & DOLA
9.2.4	Set an annual calendar of meetings for all groups.	HCPF, CDHS & DOLA
9.2.5	Collect and distribute agenda and minutes from all groups to the general public.	HCPF, CDHS & DOLA

VII. Acknowledgements

The State is extremely grateful to the following organizations and entities whose collective vision, guidance and counsel helped to shape and focus Colorado's Community Living Plan:

Bazelon Center for Mental Health Law

Behavioral Health Planning and Advisory Group

Colorado ADAPT

Colorado Cross-Disability Coalition

Colorado Department of Health Care Policy & Financing (lead agency)

Colorado Department of Human Services

- Office of Community Access and Independence – Division of Aging and Adult Services
- Office of Behavioral Health
- Office of Children, Youth, and Families – Divisions of Youth Corrections and Division of Child Welfare

Colorado Department of Public Health and Environment

Colorado Department of Local Affairs

- Division of Housing

Colorado Disability Advisory Group

Community Living Advisory Group

The Legal Center for People with Disabilities and Older People

The Olmstead Policy Academy Workgroup

Parents of Adults Living with Disabilities (PADCO)

U.S. Department of Health and Human Services

- Administration on Community Living
- Office for Civil Right