



Along with the metrics you are hearing about in regards to our programming, we want to pass along some other key informational points as well as concerns. We have two major departments, the Home Health Care department and our Independent Living Programs. Following are some highlights from both departments as well as some issues that inform or hamper our ability to provide effective services.

Some of our concerns relate to federal, state, or local regulations as well as societal issues. Perhaps, in your role as lawmakers, you will have the opportunity to positively impact some of these concerns.

## **Independent Living Centers**

The Independence Center (The IC) is a federally designated Center for Independent Living (CILs). CILs are mandated under Title 7 Federal regulations to be certified and provide 5 Core Services and may provide other services that meet the needs of their community. Our CIL provides a whole host of additional services.

### ***5 Core Services of a CIL***

- Information and referral: Provides information on community resources and services
- Peer Support: Provides the opportunity through peer to peer experiences to overcome barriers to living independently
- Advocacy: Advocacy at the systems change level as well as individual issue assistance. Examples of systems level advocacy; lack of, public transportation, affordable accessible housing, accessible health care, accessible buildings and communication access
- Independent Living skills training: Classes that teach skills such as riding the bus, budgeting, healthy cooking, personal and home management
- Transition from institutions to community, from school to work and provide assistance to individuals who are at risk of entering institutions to remain in the community

### ***Centers for Independent Living in Colorado and Home in State Government***

- Colorado has 10 CILs across the State of Colorado: Greeley, Fort Collins, Denver (2), Boulder, Colorado Springs, Pueblo, Durango, Grand Junction and Steamboat
- CILs are currently a program under the Division of Vocational Rehabilitation (DVR) housed under Colorado Department of Human Services
- Currently CDHS provides a PT person to oversee and provide support to the 10 Centers

### ***Future Home and Support Level Needed***

- DVR is mandated to move under Colorado Department & Labor (CDLE) in July of 2016.
- CILs were not part of that mandate and need to determine a home in State Government to ensure Centers have the support needed to thrive and show our value through standardized outcome metrics and continuous service improvements.

## Independent Living Programs

The Independent Living Center Programs help those who self-identify as having a disability to achieve their goals. Last year, in 2014 The IC served 491 people. The programs we offer:

1. Benefits Support
2. Community Organizing
3. Community Choice Transitions
4. Deaf & Hard of Hearing Services
5. Emergency Preparedness
6. Employment Services
7. Assistive Technology
8. Independent Living Skills Classes
9. Information & Referral Services
10. Older Individuals with Blindness
11. Outreach Services
12. Peer Support, Peer Mentoring and Volunteer Services
13. Systems and Individual Advocacy

The IC is also providing Americans with Disabilities Act consultations/audits to a segment of the medical providers in RCCO 7 and our staff provides cultural competency programming.

# Housing

Housing is essential for a person's well-being and ability to work. The lack of housing that meets the needs of community members is the leading cause of homelessness. The IC has two full time community organizers working on housing and transportation issues.

## Needs

- ***There is a shortage of rental housing in Colorado Springs and El Paso County for people with low and very low incomes.*** There is a general shortage of over 20,000 housing units in the Pikes Peak Region, and a deficit of 4,695 units for renters who earn less than \$27,250 per year. This means that for every 100 households earning less than \$17,250 per year, there are only 16 units available.
- ***Waiting times on average last from 2-5 years for people applying for housing vouchers, low-income or subsidized housing.*** It is not uncommon for a person to wait for housing resources on the streets, due to the lack of interim housing and a shortage of shelter beds.
- People with disabilities experience a severe shortage in affordable housing that is accessible. ***People who need accessible units usually wait longer than others -- for some, up to 8 years.*** Currently, there is a lack of awareness about the legal guidelines for accessibility under the Fair Housing Act which apply to residential buildings.
- Housing choices are extremely limited for people who have disabilities and lower incomes. More affordable and accessible housing is needed in desirable areas that are connected to public transportation. To promote the health and well-being of all community members, there is a need to integrate affordable and accessible housing units with market-rate units.

## Recommendations

- ***A sustained effort to increase capacity for affordable and accessible housing development is essential.*** Housing trust funds, land trusts, low-income housing tax credits, and long-term sources of funding dedicated to supporting affordable and accessible housing are needed investments. Additionally, policies that encourage, reward or require affordable and accessible housing development are important.
- ***There is a need for a Fair Housing Office in the Pikes Peak Region that provides education and enforcement regarding Fair Housing Laws.*** There is currently no resource in the Pikes Peak Region that is dedicated to addressing Fair Housing complaints.
- Currently, information about available housing units in the Pikes Peak Region is not completely streamlined. The process of looking for housing and housing resources is difficult and discouraging, especially for people who do not have assistance. Building on existing resources such as the Colorado Housing Search, ***a centralized method of tracking available affordable and accessible housing units is needed.***

# Transportation

## Need

Human Services Transportation and Paratransit services are vital for the most vulnerable people in our communities. They enable people with disabilities to play active and meaningful roles in their community and help transportation dependent populations overcome barriers that lead to social isolation.

### *Policy Recommendations*

- Advocate for enhanced funding for specialized transportation for those most transit dependent, especially in rural areas.
- Advocate for increased Medicaid and Medicare transportation funding to align with current policy to encourage community living, as opposed to living in a facility. While these policies save taxpayers money, if transportation funding is not increased to encourage independent living, the policies create access barriers to medical treatment, grocery shopping, social interaction, and can increase social isolation.
- Advocate for more flexible Human Service Transportation and paratransit funding to avoid inefficiencies created by funding one target demographic group, i.e., funding silos for seniors or people with disabilities.



## Need

Improving transportation infrastructure funding is essential, due to our aging and underfunded system. For a city of our size, transit service is insufficient to meet the needs of the population. For example, there is no service on weekend evenings and limited service on weekday evenings and there is no service to two major hospitals on the northeast end of town.

### *Policy Recommendations*

- Advocate for funding to improve safety, quality and quantity of transportation routes within the region.
- Advocate for multimodal transportation infrastructure that can improve overall quality of health of citizens, encourage life-long independence, and reduce wear and tear on infrastructure.
- Advocate for funding and support for affordable transportation for a large pool of people get to jobs, health care and attending school
- Advocate for aligning housing and transportation policies to create whole communities with access to affordable housing and public transit options.

## Employment

According to Cornell University's 2013 report on Disability Statistics, 10.7 percent of Coloradoans have a disability. The unemployment rate was 57.3 percent in 2013 among those who are of working age (ages 21 to 64). Twenty percent of people with disabilities of working age hold a Bachelor Degree or advanced College Degree. The IC has two full time employees working to increase employment opportunities for people with disabilities. We work with DVR on job assessments and job training and also have programs for members of the general public who have disabilities.

### ***Barriers to Employment***

- A major barrier to employment, we have seen, the confusing regulations on how work status effects benefit status. It can take years to successfully receive SSI Benefits that provide somewhat of a safety net between a person and homelessness. People with disabilities are fearful that working too much will take that safety net away.
- Mass Transit options are limited in Colorado Springs in coverage area and in hours of operation and may prohibit a person from taking a job.
- Having long breaks in employment history or no past work history makes it difficult to land a job.
- Employers are reluctant to hire people with disabilities due to lack of knowledge about easy accommodations that could be put into place to allow a person to do a comparable job to a person without a disability.

## Community Choice Transitions

According to a recent national AARP survey nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live. However, in 2014 there were 16,340 people living in Colorado's nursing homes. Young people aged 31 to 64 make up 14 percent of that population.

When a nursing home resident expresses a strong desire to live more independently, our agency is notified. Our program has the highest rate of transitions of any CIL in the state, we are averaging one transition every month. The amount of thought, work and support that must be put into place by not only the staff but the resident, makes the process somewhat slow and involved. Living independently saves a substantial amount of state money and improves the quality of life for the former skilled nursing facility resident.

### ***Hindrances to Transitioning Seniors***

- Lack of Affordable & Accessible housing in safe and desirable neighborhoods. Over 90% of our consumers need both accessible housing and affordable housing due to disability & low fixed income.
- The necessity of having certain types of Durable Medical Equipment (DME) in place and delivered to new home by day of transition; currently this process is long and requires detailed chart notes from the Skilled Nursing Facility.
- There is a high turnover rate at Nursing Home Facilities, (AHCA study shows an annual rate of 35% in 2013). This has caused us to have to go back to square one if the social worker at the nursing home facility quits in the middle of a transition.
- The consumer may want to put forth effort to transition, but not be able to follow through. We can match their effort level but we cannot do it for them.
- Limited funds for people transitioning. Most people who have transitioned out of a nursing home have incomes of less than \$800/month.

## Home Modifications and Assistive Technology

Technology for people with disabilities is advancing as fast as all technology sectors. For example, an app on a smart phone can read text, tell you the denomination of a dollar bill, magnify and tell you the direction you are facing. Simple home modifications such as a talking thermostat, grab bars or a ramp can keep people living independently in their homes. Assistive technology can give people access to their homes, work, school and recreational opportunities. The IC has developed a fund to help our consumers in both of these areas. \$50,000 a year is directed to this pool of money, and additional money is leveraged from foundations and donors. While our program helps many, much more is needed:

Our fund is flexible. People can qualify easily, we can quickly provide home modifications through our network of contractors and we are able to identify and train on different pieces of assistive technology with our certified Assistive Technology Specialist.

### **Needs**

- The 10k awarded to Medicaid recipients for home modifications many times does not cover all necessary modifications needed. Also, we believe, there is a lack of oversight in construction contractors in the current system which results in shoddy and unacceptable work.
- Current laws about having to get bids for DME equipment is making it harder for people to get a needed product and to get it in a timely manner.
- Funds are scarce. The IC works with PPACG, Friends of Man and AV Hunter Trust to leverage our funds. It has almost doubled our annual fund. And yet there is a need to do more and to be able to raise a significant amount of money to satisfy the need. A very positive move in this direction is the proposed legislation by Representative Lois Landgraf that would increase the state Medicaid contribution toward home modifications.

## Emergency Preparedness

Emergency planning and response are of great concern for Colorado. This state has suffered the two most destructive wildfires in its history in the past five years. And as the rate of natural disasters continues to grow, so will Colorado's need to effectively prepare.

The United Nations' Enable Committee states: "Experience reveals persons with disabilities are more likely to be left behind during evacuation in disasters due to a lack of preparation and planning, as well as inaccessible facilities and transportation systems." Closer to home, in the U.S, the National Council on Disability's report on Hurricane Katrina concluded: "People with disabilities were disproportionately affected by the hurricane because their needs were often overlooked or completely disregarded. Their evacuation and shelter experiences differed vastly from the experiences of people without disabilities."

### **Current Information**

- In 2013, the Independence Center hired an emergency coordinator to act as a liaison between emergency responders and the disability community. During the flooding of that year, at the request of FEMA, The IC's emergency coordinator was a much sought-after resource for affected communities across the state.
- The Independence Center's emergency coordinator helped establish a consumer advisory group, or CAG, made up of people with disabilities and their advocates. The CAG has worked closely with local emergency planners, to help guide their planning for disabilities during a crisis. This is a model that could be easily replicated in other municipalities across the state, and ought to be.
- Responsibility for emergency planning rests almost entirely within agencies at the local level. And as hard as these agencies work during crises, it is unlikely that their planning has addressed all the needs of their diverse communities. This is especially true when it comes to the needs of the elderly and those with disabilities.

### **Concerns and Observations**

- The fastest growing sector of Colorado's population is over the age of 60. And nearly 1 in 5 people in the state live with a disability. To not include these communities in the discussions surrounding emergency preparedness - the current practice in many municipalities - means a significant number of people are not properly served during crises.
- Without proper inclusive planning, those with disabilities often lack proper access to information and sheltering. During the Waldo Canyon Fire, there were numerous incidents of people with disabilities not being alerted to evacuations and not given accessible information. A number of shelters were unable to accommodate their needs - a requirement of the Americans with Disabilities Act.
- Failure to comply with federal regulations not only lessens a community's ability to save lives and minimize the personal devastation caused by disasters, it also opens up municipalities to the threat of lawsuit. Currently, Los Angeles, New York City, Fort Morgan, and Washington D.C. have all been found in violation of the ADA as it pertains to emergency systems.



- A network of emergency coordinators, working for 8 to 10 disability competent organizations across the state, could dramatically improve local response to disasters. These issue-matter experts could help bridge the gap between the disability community and emergency responders.
- The state legislature and local governments need to make this network of emergency coordinators a priority. Whether it is through federal FEMA grants, awarded every year to the state, or assistance from state or local governments, we need our partners in government to help us ensure that this network becomes a reality.
- Proper emergency planning ensures that everyone in a threatened community will be able to better serve themselves during a crisis. With proper access to information and resources, people with disabilities and the elderly will be able to take effective measures to protect themselves, find adequate shelter and quickly resume their lives in the aftermath.

## Services in Rural Areas

The IC provides service to six counties through two outreach employees. El Paso County is the second most populated county in Colorado; the others we serve are rural in nature: Lincoln, Teller, Park, Cheyenne, and Kit Carson. The IC has helped form a consortium of nonprofits based in El Paso County that work to expand services in rural areas.

### ***Top Needs/Issues of Rural Areas***

- Transportation and all the problems related to the lack of Public Transit.
- Affordable groceries. Many people have to spend what little resources they have for food in Country stores that are very expensive.
- Access to VA Care. If a Vet doesn't drive it is difficult for him to have access to VA care because of limited transportation options in rural areas.
- Employment. Many people with disabilities are in a catch 22 situation. They are living with relatives in out of the way areas and have a hard time gaining employment because of the lack of transportation.
- Education. Many people with disabilities live with family in rural areas. Due to a lack of transportation they are not able to attend places to further their education.
- Affordable Housing. There are very few affordable or subsidized housing opportunities in rural areas.
- Access to adaptive equipment in a timely manner. When a person is discharged from a rehab facility, they must wait from three to six months to be approved for needed assistive technology around their home to keep them safe. For example, a person may need grab bars in the bathroom and puts themselves at risk of re injury when they bathe.

## Home Health Care

Our Home Health Care Service provides skilled and unskilled care for 218 people through Medicaid Services and the Home and Community Based Service waivers. The IC holds both Class A and Class B licenses. Many of our consumers direct their own care and designate their own care provider within guidelines set by medical professionals. The program revenue from our Home Health Care Services is budgeted to support our Independent Living Programs.

### Overarching Vision

People with disabilities should be able to live independently with the assistance of caregivers who are able to provide services and supports in the home, their community, or their workplace.

### Current Information

- Children with severe disabilities are cared for in the home by family members. A consumer directed program, such as the Medicaid's in-home support services, allows parents to be paid for extraordinary care without having to go to school to become a licensed certified nurse's aide.
- Medicare pays for short term, acute home care (like aftercare for a broken hip) while Medicaid pays for short acute episodes as well as long term care such as a person with a spinal cord injury who requires daily assistance.
- Home Healthcare comes in two broad categories: skilled and unskilled care. Skilled care utilizes Registered Nurses, Physical and Occupational Therapists (PT's and OT's), and Certified Nurse's Aides. Unskilled care is provided by attendants, usually family members, to provide assistance with activities of daily living such as bathing, dressing, exercise programs, and meal assist.
- Baby boomers want to age in place. They are already beginning to stress the capacity of the health care systems. The number of people with chronic conditions and illness will triple to an estimated 37 million by 2030.

### Potential for Health Care Cost Savings

- Currently, it is easier for the hospitals to discharge a client to a skilled nursing facility vs homecare. The cost of a nursing facility is 2-3 x that of homecare. Home care can prevent Emergency Room visits and hospitalizations through daily contact by caregivers, telehealth monitoring and skilled interventions.
- A doctor must now sign a change in home health care orders, and they are often unavailable when needed adding to unnecessary treatments and expense. By having Nurse Practitioners and Physician Assistants able to sign off on orders, the process would be more streamlined, resulting in better quality of care and reduced costs. (Federal law would need to be changed).
- Trained social workers for our single entry point assess clients for their homecare as well as what care is necessary for their medical condition. Many of these social workers do not have a medical background and, in our opinion, do not appropriately assess clients leading to excess care orders or insufficient care.

- Physical therapists are in great demand and difficult to find in the homecare setting. This shortage is only expected to grow. By thinking out of the box, would it be possible to hire personal trainers who have a college degree in their field to set up home therapy exercise programs? Personal trainers would be less costly than physical therapists or therapy assistants and could fill some gaps in services available through homecare.

### Project to Potentially Cut Future Hospitalization Costs

The IC is working on a new care delivery system. After receiving a grant from RCCO 7, we have partnered with Care at Hand who has developed a sophisticated question and answer database. Their purpose is to get real time information on the client with a long term chronic condition in order to prevent an ER visit or hospitalization. Non-skilled caregivers gather information daily about the client they are providing care for, the answers to information gathering questions may trigger an alert for potential changes in a client's condition. An RN receives the alert, then follows up with the client or caregiver regarding this alert. The result is to avoid ER visits and hospitalization through earlier identification of problems and intervention.



*The Independence Center is one of the ten Centers for Independent Living in Colorado and is located in Colorado Springs. The IC serves over 800 people with disabilities in El Paso, Teller, Park, Lincoln, Cheyenne, and Kit Carson counties. In addition to providing Independent Living Services in the community, The Independence Center also operates a Home Health program, funded by Medicaid, that pays for personal services in the home to prevent institutionalization. We employ 300 people, 225 who are Home Health field staff.*

People with disabilities  
building community  
**THE INDEPENDENCE CENTER**