

Mill Levy Feedback by Question 4/18/17 & 4/22/17

A. What services are currently being adequately met?

1. Mill Levy \$\$ providing FTEs
2. Recreational passes
3. Case Management*
4. Same day response
5. Some parents very satisfied*
6. Part C services
7. Family support monies
8. Access-a-ride
9. Veteran case managers
10. Training for providers (first aid)
11. Adult services
12. Recreational passes*
13. Individual client requests*
14. Case management payroll
15. Rec Center
16. Mattress program
17. Case management, people power, operating cost
18. Day Program - Mon.-Thur. days
19. Level of communication with RMDS staff*

B. What services currently provided are not being met?

20. Not clear where funds are going*
21. Case managers overloaded
22. Disconnect with families and case managers
23. Less specialty for client needs
24. No way for parents to get direct funds – always through a provider*
25. Awareness of how to use funds*
26. Transition: School -> RMDS
27. Transport: RTD/Waiver
28. Case manager professional development – *
 - Child/Adult waivers
 - Role in transition C -->B, Sch-->Comm
29. SLS Waiver (Day Program Offer)
 - Supported employment
 - Limited by 1400 hours
30. Need explanation of waivers to parents
31. Family support money – unknown resource*
32. Diagnosis and Assessments
 - Timeliness for intake to start of service
33. Continuity
34. Respite services

35. Respite providers are not adequately trained -behavior plans
36. Tiered rates for respite providers
37. Rates overall are not covering the costs for providers
38. Current regulations do not provide the flexibility to provide certain services*
39. Management of person-centered perspective*
40. Crisis and behavioral support*
41. Residential services – daily rates
42. Some services may not be Mill Levy specific
43. Day Program – no option for 5 days
44. Day Program - no make-up if absent or holiday
45. Mental Health
46. Behavioral Health Services*
47. Non-Medical Therapy services
48. Lack of providers
 - Behavioral
 - SLS
 - Healthcare providers
 - OT – Occupational Therapy
 - PT – Physical Therapy
 - SLP – Speech Language

C. What new services are needed to close the greatest gaps?

49. Additional training for case managers
50. Travel fund access
51. \$\$ for job coaching
52. Ask the people what they want. Direct access!
53. Transitional services: Continuity
 - School -> CCB
 - Earlier Part C -> School
 - Med -> School Models
54. Advocacy for foster care youth – Application Process, getting them into the system
55. Advocacy for homeless youth – mailing addresses
56. Mental Health for Dual Diagnosis
 - Supply-side need
 - Substance abuse
57. Full day of services needed, not 2 hrs. 3 days/week
Because of SLS waiver caps
Implement via Mill Levy supplement
58. Don't allow only a finite of services (above Medicaid) *
Total flexibility
No menu
Don't fit into boxes
59. Inexperienced case managers

60. Mill Levy \$ should go beyond Medicaid cap in services
61. Better representation is needed across the community from people with disabilities*
62. More thoughtful method of allowing group participation
63. Parent networking opportunities
64. More funding flexibility with Consumer Directed Support Services (CDSS)
65. Flexibility beyond existing programs based in individual needs*
66. Direct access to cash
67. Mill Levy services for dual diagnosis -behavioral services
68. Behavioral services in school
69. Respite care – may not be Mill Levy specific
70. Gap funding – reimbursement and actual funding
71. SLS Waiver
72. Preparation of families for transition
 - Age transition
 - One service to another
73. Networking for those with similar disabilities, considering balance with segregation
74. Programs that allow access to services, staff, transportation, evening access, interests, hobbies, based on real life experiences
75. Build in flexibility for families and providers for things like going to the zoo for example
 - Age transitions
 - Drive own needs
76. More training for community partners – Denver Police, providers, parents
77. Something that would allow diagnosis outside of Children’s Hospital – huge backlog
78. Keep in mind what already is provided
79. Transition Services – training for families, resource fairs
80. Flexible respite services
81. Adaptive equipment (addition resources)
 - Electronic wheelchairs
 - Size requirements
 - Assist with getting out into the community
82. More customized pre-vocational services
83. Better communication and understanding from case managers or other avenues
 - Program Information
 - Community partners
 - Educational Outreach

D. What should we know that we don’t?

84. Denver should be in charge of \$\$\$. Tax payer \$\$, should know RMHS is a 501(c)3
85. City Council should be in charge of tax payer \$\$ for control
86. Concern that more loss of transparency with a change to Denver control
87. Emergency housing – host homes
 - Funding need, cross-county borders
88. If move to Littleton, lose Mill Levy \$ for everyday services and have to start from scratch

- 89. Problems surface, if no mailing address
 - Homeless families
 - Mobile families
- 90. 'Adequately met' is subjective
- 91. Asking the wrong questions
- 92. Concerns from stakeholders that \$\$ is being allocated fully to serve the people with disabilities
- 93. Issues are at a higher level than this meeting is addressing*
- 94. Re-invent the entire model – access, technology, etc. has changed over the years
- 95. Rates are in adequate (HCPF issue)
- 96. Need the voice of the person with the disability, not the provider
- 97. Needs are individually based
- 98. Over representation of providers, under representation of families. One family on 4/22*
- 99. Abundance of meeting requests and? invites providing input without response
- 100. City and DHS should be the decision makers
 - Consider and distribute funding
 - Would be more open
 - Would those without social service background have sufficient understanding
- 101. Much of this is already happening, not everyone is aware. More communication needed.
- 102. Not enough money in the system to do all of this and to give everyone what they need

E. GROUP SUMMARY – What stood out as important?

- 103. Choice and Equity, person-centered services
- 104. There's some dissatisfaction with how Mill Levy funds are administered by RMHS
- 105. It can be run better
- 106. Are current programs appropriate?
- 107. Mill Levy expense transp.
- 108. Accountability
- 109. I/DD not here, only some can advocate for themselves
- 110. Assistive technology is not here, limiting I/DD participation
- 111. 5-year contract is too long
- 112. Survey monkey is not a good participation method for parents. Meetings with case managers or via phone may be better.
- 113. Over representation for providers
- 114. Build in flexibility for families and providers
- 115. More customized pre-vocational services

F. CLOSING COMMENTS – Jay

- 116. Send ideas on what questions should be asked at future community forums and any other comments via email to Brenda Lechuga
- 117. Will summarize meeting into a report and deliver City Council and to attendees ahead of Council

118. Will report back to City Council in mid-May but this doesn't end the community forum communication process

119. How do we better hear from the consumers? Technologies? Remote? Technologies?

* Items presented at readouts