

# Division of Regional Centers

## *Who Are We?*

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**Office of Adult, Aging &  
Disability Services**

Division of Regional Centers



# Agenda for Today

- ❑ Mystery
- ❑ Myths
- ❑ Evolution
- ❑ Q and A



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# MYSTERY



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# We support people with intellectual and developmental disabilities through high quality, innovative, and comprehensive services to empower individuals to live the lives they choose.

**Long Term Care**  
Institutional Settings,  
Medical Model



**1970's**  
**Census: 2100**

**2013**



**IDD Definition Change**  
**RC Short Term Model**  
Major shift in the IDD system

**Transitions**  
Transition Processes



**2014**

**2015**



**HB 14-1338**  
**Regional Center Task Force**  
Strategic plan for transitions and  
transition planning

**Stabilization Treatment**  
Data Driven, Person Centered,  
Complex Medical and  
Behavioral needs



**2023 Census:**  
**168**



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When people receiving services demonstrate they can no longer be served in a community setting due to challenging behaviors putting themselves and/or others at risk, the **Regional Centers** serve as Colorado's "provider of last resort" by offering treatment-focused stabilization to individuals with IDD.



# *Regional Centers Overview*

## What are the Regional Centers?

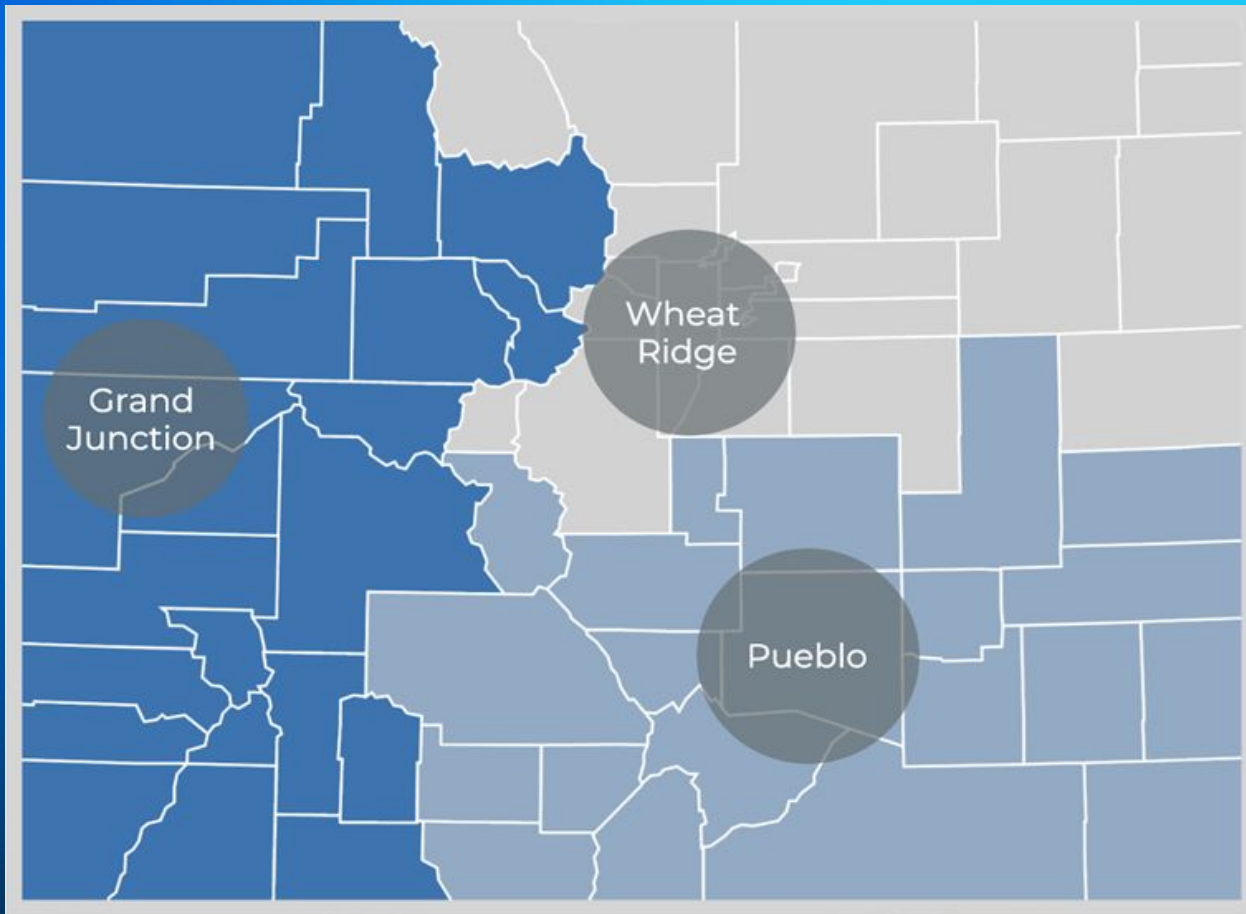
- ❑ Serve as the “provider of last resort” for individuals with IDD who are in crisis or need a higher level of care that cannot be provided safely in the community
- ❑ Offer services and supports through:
  - ❑ Home and Community Based Services Waiver for people with Developmental Disabilities (HCBS-DD)
  - ❑ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- ❑ Provide 24-hour residential services and access to/direct providers of behavior services, day services, community integration, and other therapy supports.
- ❑ Provide services to people with problematic sexual behaviors through the Intensive Treatment Program (ITP) located only at the Wheat Ridge Regional Center, Kipling Village.



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# Locations



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# Regional Centers



## Wheat Ridge Regional Center

### 16 Homes in Operation

Licensed Beds: 152  
Current Census: 73

19 ICF-IID (3 ITP) Homes  
3 Homes Offline



## Pueblo Regional Center

### 9 Homes in Operation

Licensed Beds: 72  
Current Census: 43

9 HCBS-DD Homes



## Grand Junction Regional Center

### 10 Homes in Operation

Licensed HCBS Beds: 56  
Current Census: 35

Licensed ICF Beds: 24  
Current Census: 18

7 HCBS-DD Homes  
4 ICF-IID Homes



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# Admissions Overview

## Request

- CCB submits referral to DRC-Community Services Director
- Detailed Admission Request Form and Supporting Documentation
- Admission Referral Checklist Form

## Review

- DRC determines if the referral meets admission criteria
- Determines appropriate setting and Regional Center OR
- Notifies the CCB that the request for admission has been denied

## Referral

- DRC sends referral to the selected Regional Center
- Regional Center confirms appropriate placement
- DRC notifies CCB of accepted referral and placement type (standard vs. emergency)
- CCB initiates ILD process

## Pre-Admission

- Regional Center admissions team lead contacts CCB to schedule pre-admission meeting
- Establish admission date, review community barriers, identify needed documentation, review admission logistics, and establish preliminary transition criteria to return to the community.



# Admission Criteria

RC admissions focus on people that need **SAFETY, STABILIZATION & TREATMENT**

- ❑ IDD, Medicaid, and SSI eligible
- ❑ **EXHAUSTED RESOURCES** to be served in a less restrictive environment

## Emergency Requirements

Being discharged from a more restrictive setting and has no community placement option

Experiencing a crisis that demonstrates harm to self and/or others in a manner that a provider cannot adequately control

Jail  
Hospital  
SNF

2+ Severe Behavior incidents (last 6 mos)  
3+ failed placements (last 90 days)  
3+ Hospital/ER visits (behaviors or Med review)  
2:1 Staffing Ratio  
CST engagement with no improvement



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# Transitions

Regional Centers collaborate with CCBs and community agencies to transition individuals to the most integrated setting appropriate to their needs.



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# MYTHS



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# Myth #1:



vs.

# Fact:



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**Myth #2:**

**Long-term Care**

**Physical/Medical  
Rehabilitation**

**Skilled Nursing  
Facility**

vs.

**Fact:**

**Short-term model  
offering supports to  
individuals with the  
intention of  
transitioning back  
into the community  
of their choice**



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**Myth #3:**

**Locked &  
Secured Facility  
with Security**

**Can Admit  
Anyone**

vs.

**Fact:**

**Only the ITP program at  
Kipling Village (WRRC) has a  
high wall surrounding the 5  
homes; no security guards**

**Provider of Last Resort;  
must be the least  
restrictive setting**



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**Myth #4:**

**Reimbursement  
rate is .....**

**vs.**

**Fact:**

**As the Provider of Last  
Resort:**

- **Most restrictive**
- **Tough of the tough situations**
- **Cost reimbursement rate is used to pay for all facets of support and infrastructure**



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# ***EVOLUTION***



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# *New Endeavors*

- Becoming a Center of Excellence
- Pursuing Accreditation
- Building Community Partnerships
- Leveraging Our Expertise in the Community



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# THE PATH FORWARD



- ★ **Community Integration**
  - Employment First
- ★ **Residential**
  - BCBA's & RBT's
- ★ **Transitions**
  - Consultative Services
- ★ **Staff Development**
  - Career-pathing -> Staff Retention



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# Our Goals

Support individuals in multiple ways so they have the opportunity to live in the most integrated community settings

Collaborate with our partners in the Community and the IDD system - CCBs, HCPF, PASAs, Advocates, and Families

Provide supportive resources to the community

Provide a person-centered short-term treatment-focused stabilization model

Ensure transitions to the community are well-planned and assist the individual in adjusting to their new environment



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Thank you for your attending today, and now we would like to know what else we could be doing to help you?



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# Contact Information

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