Developmental Disabilities Resource Center

DDRC

Helping PEOPLE with intellectual and developmental disabilities

Jefferson County "Campaign to Help" Mill Levy

Background

Based upon the request of citizens, the Colorado Legislature created Community Centered Boards (CCBs) in 1964 to provide, coordinate and oversee locally based services for people with developmental disabilities. Prior to the establishment of CCBs, services were provided in state-run, regionally-centered institutions including the State Regional Center in Wheat Ridge, Grand Junction and Pueblo. The legislation creating CCBs envisioned a private public partnership in a local community collaborative approach to serving this vulnerable population. From the earliest days, various local, county and state entities have worked together to provide these desperately needed services, which are costly due to the long term care and intense support needs.

The enabling CCB legislation promoted local fiscal support for these services. The Colorado statute allowed up to ½ mill of local property tax to be collected for developmental and habilitative services. County Commissioners across the state had the power to determine annual fiscal allocations. In Jefferson County, our commissioners provided increasing support and in 1990 the full ½ mill level was achieved. The original ½ mill was used primarily for developing the administrative structure and to enhance poorly funded state and local programs. Recognizing the great need for services to grow, the County Commissioners encouraged Developmental Disabilities Resource Center (DDRC), (then called Jefferson County Community Center), to work to amend the state law to allow a higher local tax base. The DDRC Board of Directors took on the challenge and, with the assistance of Jefferson County Senator Bonnie Allison and Representative Norma Anderson, was successful in revising the law to allow a full mill of local tax support.

The County Commissioners planned to implement the new higher cap when Colorado's funding mechanisms were altered in 1992 by a new amendment to the Colorado Constitution, commonly called the Taxpayer's Bill of Rights (TABOR). A key component of this referendum was that citizens must directly vote to approve tax increases of any sort.

The DDRC community responded to the challenge and in 1994 hastily created a campaign to ask voters to raise taxes by the additional ½ mill. Voters rejected the proposal. However, inspired by direct citizen communication, DDRC launched a multi-year community education effort, followed by a referendum campaign in 2003. The effort was named the *Campaign to Help* and was dramatically successful with passage of the addition ½ mill. The initiative allowed increased support for Developmental Disabilities (DD) services within the parameters established in the Colorado Care and Treatment of the Developmentally Disabled Act.

DDRC takes seriously its responsibility to be an excellent steward of this additional public community support and provides financial reports and presentations as required and requested. DDRC funds are subject to an annual financial statement audit by an independent certified public accounting firm. These audits are published on the DDRC website.

Allocation of assigned resources is determined each year by the DDRC Board of Directors in public meetings. The DDRC Board is made up of a caring and extremely knowledgeable group of business and civic leaders. The by-laws require that 51% be family members of individuals receiving services. This highly informed group is led by a president who serves as the designee of the Jefferson County Commissioners. Under this leadership, and with regular opportunities for public input, the Board takes on the challenging task of budgeting available dollars against unlimited needs. Mill levy funding is allocated based upon direction set through public input derived from a wide range of public meetings. This input consisted of four community forums, three Consumer Council/People First meetings, focus group feedback, widely distributed feedback request forms, The Arc in Jefferson County presentation and proposal, web site requested feedback, Board committee meetings, public testimony and a strategic planning effort.

Colorado ranks 47th in the country in its fiscal effort for services to individuals with intellectual and developmental disabilities. Consequently, to provide individuals with intellectual and developmental disabilities the service and supports they need, within the DDRC catchment area, and are waiting for adult services, a minimum of $10.5 million of additional annual funding would be required. People with I/DD in the metro area of Colorado have waited for 10 plus years or more for services.

Mill Levy Participation Requirements

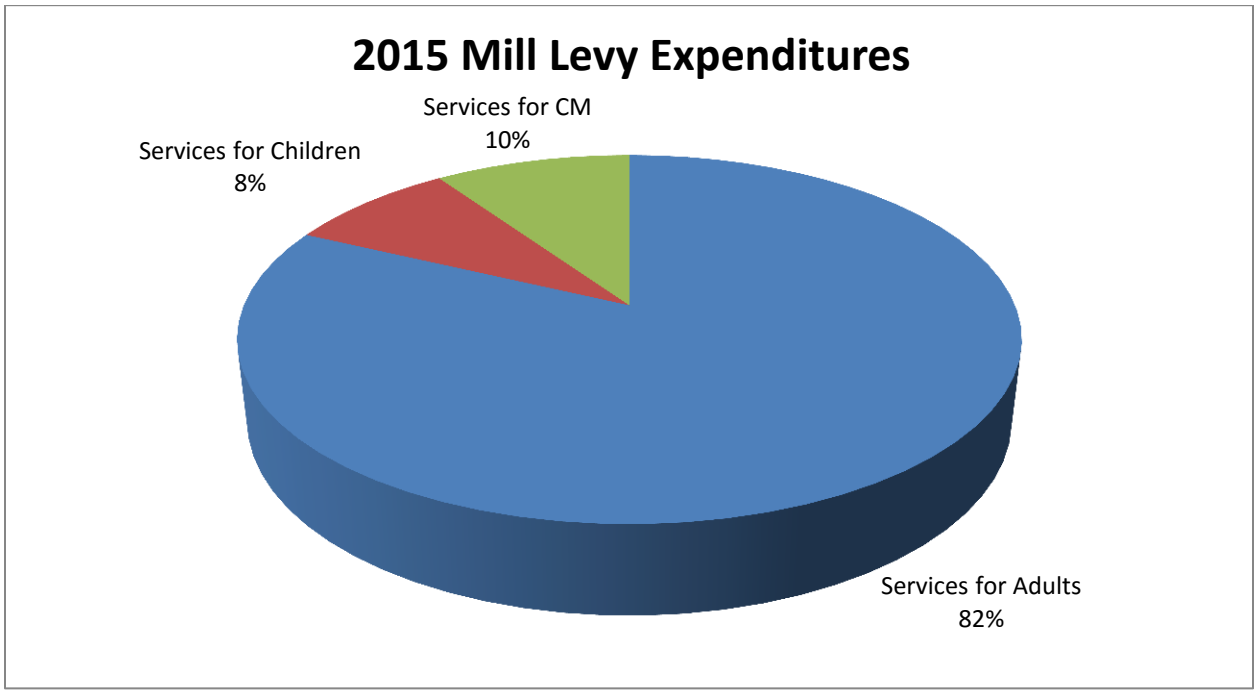
While some mill levy funded services may have additional criteria for participation, all services require individuals be a resident of Jefferson county and meet Colorado's criteria for an intellectual and developmental disability. Colorado's rules defining an intellectual and developmental disability have been revised and a new expanded rule was implemented August 1, 2013.

Developmental Disabilities Resource Center
Report on Developmental Disability Services
Supported by Mill Levy Funding
July 1, 2014 through June 30, 2015

The following report provides a breakdown of the cost of case management and direct services provided to adults and children and families with intellectual and developmental disabilities, for the period of July 1, 2014 through June 30, 2015. The report details the expenditure of $6,754,770 mill levy funding used for the services and supports that were delivered to approximately 3,700 individuals and their families. Graph A illustrates the percentage costs incurred by case management, adult services, and children and family services as funded by mill levy dollars. Section I of the report presents the expenditures for case management services for adults and children and families. Section II of the report presents the detail of expenditures for adults. Section III of the report presents the detail of expenditures for children and families. Lastly, Section IV offers additional background related to how services are funded and the nature

of expenditures of developmental disability services for both adult and children and family services. It provides the reader a clear breakdown of the cost of services by funder, type of service and on a per-person basis.

Graph A: Case Management, Adult, and Children and Family Expenditures



I. Case Management Service Costs (Mill levy costs of $651,166)

Case Management includes services to adults and children and families aged from birth to death. The total cost to provide case management services to individuals with developmental delays and intellectual and developmental disabilities, within the DDRC catchment area, for the year were approximately $3.9 million. Of the $3.9 million, $3.3 million was generated through DDRC's contract with the State for both Medicaid and State General funds, as well as through fundraising and other revenue. Six hundred and fifty one thousand was generated from the mill levy, which constitutes approximately 16% of the total funding for the year. Table 1 summarizes the average cost for the year to serve an individual.

Table 1. Mean Cost of Case Management Services: Annual Average per Individual

Source	***Cost***	***Percentage***
All Sources	$1,440	100%
All Sources without Mill Levy	$1,204	84%
Mill Levy	$236	16%

Adult Case Management

Adult Resource Coordination (Case Management) serves individuals and families by working together to maximize opportunities, resources and community involvement. Resource

Coordination is a service of DDRC that assists individuals and families with developmental disability determination and assessment, individual service plan development, information and referral for community resources and options, assistance in applying for Medicaid Waivers and monitoring of services and supports. On a full-time basis, 1,174 adults received active case management services during this fiscal year. In addition to developmental disability services, an average of 63 individuals accessed Home Care Allowance support and an average of 63 individuals were enrolled in long term home health supports. Approximately 88 referrals were received for the reporting period. Many more individuals contacted DDRC and were provided support in finding other resources.

A Case Manager (aka Resource Coordinator) is assigned to each person requesting service. Case Management's role is to provide assistance as needed to individuals and families to identify desired outcomes and the resources needed for those outcomes. Case Management strives to maximize support options in the individual's natural community. Through information, education and advocacy, Case Management partners with individuals and families to safeguard rights and assure due process.

Individuals and families are also provided the option of receiving their case management services from another case management agency. Case Management affords individuals fair and equitable access to available Service Agencies through a Request for Proposal (RFP) process for both the HCBS-I/DD and SLS Waivers.

DDRC facilitates all meetings and provides written reports to individuals and their families in their preferred primary language. While DDRC has case management staff members who are bilingual, there are occasions when it is necessary to contract with a professional translation service. DDRC also uses Language Line, which provides immediate access to a wide range of languages. In addition, professional interpreter services for individuals with hearing impairments are available.

During fiscal year 2015, there were 1,517 adults enrolled throughout the reporting period (see Table 2). The calculations in this report are based on a census of 1,174, which is the fulltime equivalent of individuals receiving services. Hospitalizations, absences due to illness or other reasons impact these numbers as DDRC does not receive state or federal revenue during the days that individuals are absent from program, although DDRC still incurs fixed costs.

Table 2. Number of Adults by Service Enrollment (n=1,517)

Service	***Number***
Group Residential	120
Host Home, PCA, Own Home	449
Supported Living Services-Waiver	473
Supported Living Services-State	73
Wait List Only	402
Total	**1,517**

Table 2A indicates that 47% of individuals receiving services are age 18+. Approximately 55% of adults receiving services are male and 45% female.

Table 2A. Adult Services by Age Group (n=47%)

Age Range	***Percent***
18-19	1
20-29	13
30-39	11
40-49	8
50-59	9
Over 60	5

Table 3 highlights the secondary and other tertiary diagnoses for the individuals who received Adult Services through the reporting period. The number of conditions exceeds the number of persons served because individuals may have more than one corresponding condition.

Table 3. Secondary & Other Tertiary Diagnoses for Adults with a Primary Clinical Diagnosis of Mental Retardation

Diagnosis	***Number***
Seizure Disorder	244
Cerebral Palsy	159
Fragile X Syndrome	20
Down Syndrome	116
Visual Impairment/Blind	47
Brain Injury	15
Speech Impairment/Non-verbal	178
Hearing Deficit/Deaf	38
Autism	82
Non-ambulatory	54
Attention Deficit Disorder	51
Maladaptive Behavior	106
Dual/Mental Illness	151
Medically Fragile	26
Other	91
Other Neurological	50
Developmental Delay	24
Non-mobile	16

Adult Case Management Individuals Waiting for Service

In addition to the direct services and resource coordination services provided to active enrolled adults, an average of 402 individuals per month received waitlist case management. Waitlist case management includes the annual review of waiting list options and choices, assistance with referrals to generic services and requests for emergency status. When a crisis is encountered,

resource coordination works with the Division for Intellectual and Developmental Disabilities to approve emergency enrollments. In addition to those 402 individuals that received waitlist case management, an average of 723 adults received some level of services while waiting for additional types of services. During the fiscal year, DDRC received 13 new requests for emergency prioritization and 10 were provided an authorization to enroll in comprehensive services, 1 was withdrawn, and 2 people were denied emergency status by DIDD.

II. Adult Service Costs (Mill levy costs of $5,539,711)

Adult Services includes Comprehensive, Supported Living Services, and Family Support Services for adults whom are of the age 18+. The total cost to serve the adult population of individuals with intellectual and developmental disabilities, within the DDRC catchment area, for the year were approximately $27.1 million. Of the $27.1 million, $21.6 million was generated through DDRC's contract with the State for both Medicaid and General funds, as well as through fundraising and other revenue. Five million five hundred thousand was generated from the mill levy, which constitutes approximately 20% of the total funding for the year. Table 4 summarizes the average cost for the year to serve an individual in the adult population.

Table 4. Mean Cost of Adult Services: Annual Average per Individual

Source	***Cost***	***Percentage***
All Sources	$24,654	100%
All Sources without Mill Levy	$19,622	80%
Mill Levy	$5,032	20%

Comprehensive Program Information and Enrollments

During the fiscal year ending June 30, 2015 an average of 569 individuals were enrolled in Home and Community Based Services – Intellectual and Developmental Disabilities (HCBS-I/DD, commonly referred to as Comprehensive Services). Included are a number of different types of residential settings that provide an array of training, learning, experiential and support activities provided in residential living alternatives designed to meet individual needs. "Comprehensive" refers to residential services, adult day services, employment, supports and transportation activities as specified in the individual's Service Plan.

Additionally, adult day services provide opportunities for individuals to experience and actively participate in valued roles in the community. These services and supports enable individuals to access and participate in typical community activities, such as work, recreation, and senior citizen activities. Finally, transportation activities refer to "Home to Day Program Transportation" services relevant to an individual's work schedule as specified in the Individualized Service Plan. For these purposes "work schedule" is defined broadly to include adult activities such as education, training, community integration and employment.

The Family Caregiver model is an option offered through the HCBS-I/DD Comprehensive Waiver. It allows individuals to remain in their family home and the service agency employs the family member to provide the needed care and support.

Another alternative under the Family Caregiver model is Comprehensive Services in the Family Home. This also allows Comprehensive Services to be provided to the individual in the family home but these are provided by service agency providers who are not family members. Within the 569 individuals enrolled in HCB-DD comprehensive, 48 are enrolled in Family Caregiver and 15 are enrolled in Comprehensive Services in the Family Home.

Supported Living Services Program Information and Enrollments

The adult Supported Living Services (SLS) Program had an enrollment 546 of individuals. There are approximately 73 adults waiting for adult services receiving Family and Support Services. SLS is an opportunity to support individuals with intellectual and developmental disabilities based on their needs and preferences. Key concepts of SLS include individual choice, involvement and the availability of supports to assist individuals to access and participate in typical activities and functions of community life. SLS can provide supports to both adults living in the family home and adults living in their own homes. SLS, unlike traditional 24-hour supervision models, offers an array of supports to choose from to assist individuals in being as independent as possible. SLS is designed to use a variety of natural non-paid supports and generic community services available to all individuals who qualify, augmenting the paid supports provided. SLS is not able to provide all of the supports a person necessarily needs but is able to assist and supplement some of those needs. Included in the 546 individuals enrolled in SLS services, 72 participated in Family Caregiver services.

The types of allowed support services that are provided in SLS are identified in Table 5. This table reflects twelve months of services by the number of individuals receiving the specified service. Some individuals may have received more than one service.

Table 5. Type of Service: Individuals Receiving Specified Services

Type of Service Served	***Number of Individuals***	***Percent of Total***
Personal Care	70	5
Day Habilitation	179	13
Supported Employment	57	4
Transportation	235	18
Dental	362	27
Respite	134	10
Mentorship	76	6
Behavioral	16	1
Homemaker	80	6
Vision	97	7
Specialized Medical Equipment & Supplies	21	2
Assistive Technology	7	0
Pre-Vocational Services	18	1
Total	**1,352**	**100**

Community Access/Support, Transportation, Education and Participation (STEP) Program

DDRC therapists and specialists work with individuals living in service area group homes who need additional one on one support to access the community. This service was developed from input indicating individuals living in group settings access the community. The Community Access/STEP Program allows them opportunities to participate in community activities and events in addition to increasing individual skills. General activity goals may include cooking skills, social skills, hygiene, safety, independence, choice/decision making, community integration, leisure involvement, physical fitness, money management, healthy eating skills and educational opportunities. Activities are designed and adapted to each individual's specific needs and desires.

Presently there are 42 individuals served in this program. These activities involve assessing barriers to community involvement, identifying community resources, education and planning for community involvement along with door-to-door transportation. Individuals participated in 208 activities, received 665 direct contact hours and provided 179 hours of transportation.

Special Olympics

DDRC Recreation offers the opportunity for individuals with intellectual and developmental disabilities in the community to participate in Special Olympics year-round. Currently, DDRC has a total of 116 athletes that participated in 10 sports:

Fall Sports = 36 athletes
- Bowling
- Unified Volleyball
- Unified Flag Football

Winter Sports = 24 athletes
- Unified Basketball
- Alpine Skiing

Spring Sports = 25 athletes
- Track and Field
- Aquatics
- Unified Soccer

Summer Sports = 31 athletes
- Bocce Ball
- Unified Softball

Participation included 157 hours of training and participation in community leagues and 91 hours of competition in area and state meets. Total staff time equaled 406 hours. There were also 51 volunteer coaches and unified partners from the community who put in approximately 1,000 hours volunteering in the DDRC Special Olympic program.

In addition to participation in the various Special Olympic sports, 28 individuals participated in 4 Special Olympic fundraisers in the community, 30 individuals participated in the Unified Relay Across America and 90 individuals participated in the Special Olympic Sports Celebration Dinner and Awards.

Self-Determination Initiative

DDRC's Self-Determination Initiative (SDI) supports people with intellectual and developmental disabilities to access their communities, become more independent, and experience self-direction and authority over their lives. The Initiative allows for both self-direction and control

over funding and provides more flexibility than what is available through Medicaid. The Colorado service delivery system studied self-determination and was very close to implementation but was not able to proceed. The Arc in Jefferson County proposed the initiative to DDRC, helped to develop it and continues to participate on the steering committee. SDI is open to eligible individuals 18 and older residing in Jefferson County.

The DDRC Self-Advocacy Coordinator, with the support of the Self Determination Initiative steering committee, served more than 90 individuals through the Self-Determination Initiative in FY 2015, helping them reach unique and individualized goals. The steering committee includes DDRC's Deputy Director & CFO and DDRC's Director of Access and Community; Jefferson County Parent & Volunteer and former Arc in Jefferson County employee; the Business Development Coordinator with The American Job Center; the Director of Young Adult Advocacy for the Arc in Jefferson, Clear Creek and Gilpin Counties.

Health/Safety/Quality Assurance Services and Requirements

To assure that service provision adheres to state and Medicaid standards, rules and regulations, DDRC's Customer Relations/Quality Assurance staff engages in quality oversight, customer responsiveness, health and safety, rights and due process, monitoring, and mistreatment investigations. More than 3,100 incident reports were reviewed during the year to determine appropriate follow-up for health and safety and to look for possible need for preventative measures. DDRC investigates allegations of abuse and neglect of individuals with intellectual and developmental disabilities. When there is a suspicion of a crime, the police department of jurisdiction is notified. Furthermore, Child Protection or Adult Protection is notified when indicated.

Reports are submitted to the Colorado Department of Health for health issues or violations that occur for residents of group homes. The Colorado Department of Health Care Policy and Financing, Division for Intellectual and Developmental Disabilities and the Colorado Department of Human Services are notified of all serious incidents and reports of deaths. DDRC's independent Human Rights Committee (HRC) reviews all investigations.

Table 6. Quality Assurance Monitoring and Investigations:

Type	***Number***
Pre-move Site Visits and Individual Site Monitoring	126
Technical Assistance to New and Current Service Agencies	655
Day Program Site Monitoring Visits	7
Personal Needs Audits (for individuals receiving services through DDRC Contracting service agencies)	156
Investigations (approximately 10 hours per investigation)	38
Review of Incident Reports (Separate Reports)	3,188

DDRC's Human Rights Committee (HRC) is comprised of independent third-party review experts and family members who volunteer to meet once a month for approximately 5 hours. The HRC reviews investigations, psychotropic medication usage, rights restrictions and

suspensions and safety control plans. An average of 47 reviews take place each month for the protection of rights for individuals receiving services.

Table 7. Focus of Human Rights Committee

Type	***Number***
Review for Use of Psychotropic Medications	339
Review for Suspension of Rights	116
Review for Restrictive Procedures	7
Review for Safety Control Procedures	26
Follow-up Reviews	26
Final Reviews	9
Investigations	38

III. Children and Families Service Costs (Mill levy costs of $563,893)

Children and Family Services include Early Intervention, Family Support, Children's Extensive Support, Children's Home and Community-Based Services and Children with Autism and serves individuals who are under the age of 18.

The total cost to serve the population of children with developmental delays and disabilities and their families, within the DDRC catchment area, for the year was approximately $3.6 million. Of the $3.6 million, $3.1 million was generated through DDRC's contract with the State for General funds, as well as through fundraising and other revenue. Five hundred and sixty three thousand was generated from the mill levy, which constitutes 15% of the total funding for these services. Table 8A summarizes the average cost for the year to serve children and their families. Table 8B indicates that 62% of the individuals receiving services through DDRC are children from birth to age 18.

Table 8A. Mean Cost of Children & Family Services: Annual Average per Child/Family

Source	***Cost***	***Percentage***
All Sources	$2,507	100%
All Sources without Mill Levy	$2,121	85%
Mill Levy	$386	15%

Table 8B. Children in Services by Age Group (62%)

Age Range	***Percentage***
Birth to 4	26
05-09	22
10-13	8
14-17	6

Early Intervention Program Information

Early Intervention (EI) services offer educational and therapeutic supports to children birth to three with developmental delays or disabilities. These services are designed to enhance the capacity of families to support their child's well-being, development, learning and full participation in their communities. Services are coordinated by a Resource Coordinator to address desired functional outcomes and are provided in the everyday routines and activities of the families.

Research has shown that children who receive early intervention services are more likely to need fewer services as adults, if any at all. Within the current structure, the state of Colorado funds only a portion of the children served in Jefferson County. DDRC's EI program provides services to an average of 636 infants and toddlers per month, although we receive funding from the state for only 312. Under the Individuals with Disabilities Education Act (IDEA), EI is not allowed to have a waiting list for children birth – 3, so every eligible child must receive services. Research also shows that children birth – 3 respond best to intervention when it occurs in their natural environment and within everyday routines and activities. Accordingly, under IDEA, we are required to provide services in the child's natural environment, which is the home for most families. Table 9 highlights early intervention services by location and number of hours of services provided.

Table 9. Early Intervention Services: Hours of Service and Location

Early Intervention Hours of Services	***Center-based***	***Natural Environment (Home and Community)***	***Total***
Total Hours	0	17,397	17,397
Percent	0%	100%	100%

A child can receive EI services under the age of three if he or she is significantly delayed in one or more of the following areas: communication, adaptive behavior, social-emotional, motor, sensory, or cognition.

Because of the importance of identification of children at a young age, DDRC works with all its community partners regarding public awareness and the importance of developmental screening. This helps ensure children are referred at an early age and that referral sources are aware of the early intervention services available. DDRC staffs participate on the Assuring Better Child Health and Development (ABCD) Model Community Framework Project through Jefferson County Public Health. Jefferson County's goal is that all children will be screened at least three times by the age of three, using a standardized developmental screening tool, and when necessary, referred to the appropriate community agencies. The expansion and maintenance of referral networks throughout the county is critical to reach all diverse populations. Towards this end, DDRC distributes informational materials and sponsors or participates in forums to reach Jefferson County families, childcare providers, and health-related professionals. Individuals in the community need to be informed and educated about developmental delays and disabilities and how to apply for services. In addition, DDRC sends bi-annual newsletters to eligible children and families, as well as interested community partners. Children and Family Services staff are also members of the Triad Early Childhood Council and the Jefferson County Collaborative

Management Program. Both interagency groups actively work to better meet the needs of children and families in our community through provision of services that are individualized, strength-based, culturally competent, and family centered. Table 10 summarizes the material distribution activities for community outreach for Children and Family services, including EI.

Table 10. Information and Referral

Type	***Units of Material***
Mail/E-mail Contact	18,883
Hand-delivered Materials	3,674
Community Events	10

Table 11. Number of Children Ages 0-3 Referred Per Month:

Month	***Number of Referrals***	
July 2014	107	
August	102	
September	107	
October	109	
November	91	
December	88	
January 2015	128	
February	92	
March	152	
April	136	
May	92	
June	141	
Total	**1,345**	**Average of 112 per month**

Services to children by gender are disproportionate with 33% for females and 67% for males. Similar to national trends, there has been a rising incidence of children with autism in DDRC services.

Family Support and Services Program Information

The Family Support Services Program (FSSP) provides an array of services to people with a developmental disability, and their families, when the person remains within the family home, thereby preventing or delaying the need for out-of-home placement, which is unwanted by the person or the family.

Families who are considered Most in Need relative to other families may receive FSSP funds. Overall level of need is based on a child's care needs, behavior, family composition and stability, access to support networks and other resources.

FSSP provided funding to 363 families in their role as primary caregivers for a family member with a developmental disability for the period of July 1, 2014 through June 30, 2015.

Table 12. Type of Family Support Services

Service	***Percent***
Respite	31
Professional Services	26
Home Modifications, Assistive Technology and Supplies	15
Transportation	4
Medical & Dental	10
Parents & Siblings Education and Supports	8
Other Individual Services	6
Total	**100**

Children's Extensive Support Program Information

Children's Extensive Support (CES) is intended to provide needed services and supports to eligible children under the age of 18 years of age in order for the children to remain in or return to the family home. Waiver services are targeted to children having extensive support needs, which require direct human intervention on a consistent basis. The behavior and medical condition must be considered beyond what is typically age appropriate. Available services include personal assistance, household modification, specialized medical equipment and supplies, professional services, and community connection services. DDRC served 85 children in the CES waiver in the fiscal year 2015. There is no longer a waiting list for this program.

Behavior Health Services Program Information

DDRC developed a Behavioral Health Team with mill levy funds responding to feedback that such services are a priority for many individuals with intellectual and developmental disabilities and an unmet need in the DDRC community. The team consists of a part-time contract psychiatrist, RN/Case Manager, two Board Certified Master level behavior analysts and a behavioral specialist, with clinical supervision provided to the behavior specialist. This team provides clinical assessment, behavior intervention services and psychiatric evaluation, consultation, medication management, social skills classes and training for parents and caregivers. These services are available to all eligible Jefferson County individuals regardless of age, wait list status, funding category or service agency. The psychiatrist provides services to children 13 years of age or older since he is not a child psychiatrist. During fiscal year 2014-2015, DDRC's behavior health team provided an average of 566 hours in such services per month. Individuals who have a covered diagnosis through mental health services are referred to the Jefferson Center for Mental Health. The Behavioral Health Organization for Jefferson County, Value Options, does contract with DDRC as a behavioral health provider for some individuals who meet the Medicaid covered diagnoses criteria but whose needs have been determined to be better met through the DDRC behavioral health team. Most of the individuals served do not have a Medicaid covered mental health diagnoses but benefit from behavior health interventions. The overall goal is to move each individual toward as much independence and community integration as possible.

Table 13. Information Specific to Psychiatric Services is as Follows: Incidence of Individuals in Active Service with Mental Retardation and Mental Illness by Diagnosis Category/Disorder

Disorder	***Incidence***
Pervasive Developmental Disorders	149
Major Depressive Disorder	190
Bipolar Disorders Type	391
Attention Deficit and Disruptive Behavior	201
Communication Disorders	20
Reactive Attachment Disorder	7
Schizophrenia	30
Psychotic Disorders	76
Anxiety Disorders	213
Personality Disorders	9
Intellectual/Developmental Delay	363
Intermittent Explosive Disorder	4
Dementia	1
PTSD	2

Information specific to behavior analyst's intervention services for fiscal year ended June 30, 2015 is as follows: Average caseload for the 1.5 behavior analysts and behavior specialist per month is 84 individuals, average length of treatment days is 7.7 months, average time spent waiting for such services was 91 days. Participants ranged from 3-72 years of age with 54% being individuals over 18 years of age. Targeted Behaviors treated included Physical Aggression, Verbal Aggression, Property Destruction, Low Levels of Follow Through/Uncooperative Behavior/Non-Compliance, Self-Injurious Behavior, Perseveration, Eloping, Social Skills Concerns, Sexualized Behaviors, Toileting Concerns, Lying, Excessive Crying, Excessive Self-talk, Sleep Concerns, Self-care Concerns, Disruptive Behaviors, Isolation, Inappropriate Touch, Fecal Smearing, Eating to Excess, Inappropriate Behaviors, Grief, Rectal Digging, Stealing, Food Refusal, Responding to Hearing Voices, Safety Concerns, High Intensity Vocalizations, Misrepresenting Illness, Food Stuffing, Money Management, Sexual Stimulation with Dangerous Objects, Spitting, Inappropriate Police Contact, Animal Abuse, Excessive Hair Dyeing and Eating of Foreign Objects. Most common behaviors addressed for 2014-2015 were physical aggression, verbal aggression, property destruction, low level follow through/uncooperative behavior/non-compliance. Services are provided in a variety of settings including the family home, community, school, day program, work, daycare, host homes, apartment, group home, and nursing home. This year, a behavior clinic model was utilized for many individuals. The behavior clinic takes an interdisciplinary approach, with members of the entire team attending to ensure accurate information sharing and consistency in treatment implementation. Types of developmental disability diagnoses include: Autism Spectrum Disorders, Mental Retardation, Down Syndrome, Intellectual Disorder, Developmental Delays, Cerebral Palsy, Learning Disabilities, Asperger's, 22 QQ Deletion, Chromosomal Abnormality, Chromosomal Translocation, Prader-Willi, Cognitive Delays, Trisomy 4P+1, 14th Chromosomal Abnormality, Cri Du Chat Syndrome. Some individuals also have a mental health

diagnosis including Attention Deficit Hyperactivity Disorder (ADHD), Mood Disorder NOS, Obsessive Compulsive Disorder, Bi-Polar Disorder, Anxiety Disorder, Post Traumatic Stress Disorder, Depression, Attention Deficit Disorder, Schizoaffective Disorder, Psychosis, Intermittent Explosive Disorder, Conduct Disorder, Impulse Control Disorder and Oppositional Defiant Disorder.

Caregiver Competency and Training

Mill levy funds support the development and implementation of training programs and technical assistance to improve the knowledge, skills and abilities of employees of DDRC, along with contractors and volunteers to ensure quality services and best practices. During the year, an aggregate attendance of 1,345 participants advanced their knowledge and skills in such topics as:

- Abuse/Neglect/Exploitation/Mistreatment
- ADA and Reasonable Accommodations for Managers
- Adult, Infant, Child CPR
- Blood Borne Pathogens
- Code of Ethics
- Confidentiality and HIPAA
- Conflict of Interest
- Diversity
- Documentation
- Epilepsy
- Money Matters
- First Aid
- Functional Communication
- Healthy Eating with Fast Food
- Hospice Care for People with I/DD
- Human Rights
- Incident Reporting
- Individualized Service Plans
- ISSP Development and Tracking
- Introduction to Alzheimer's
- Legal Issues Update
- Memory Loss Communication
- Mission/Vision/Values
- Onboarding/Orientation of New Employees for Managers
- Oral Hygiene
- Organizational Change
- Person-Centered Thinking
- Pharmacology
- Physical Transfer – Wheelchair
- Positive Behavioral Supports
- Restrictive Procedures
- Safe Driving/Van Safety
- Safety Care/Behavioral Intervention
- Sensitivity
- Seeking the Truth
- Sign Language
- Universal Precautions
- Unlawful Harassment
- Unlawful Harassment for Managers
- Working with Families

In addition, DDRC has provided many training sessions to individuals and families receiving services including:

- Medical Durable Power of Attorney/Proxy
- Home Ownership
- Guardianship and Alternatives
- Grief Dancers
- Self-determination Initiative
- Self-advocacy in Job Search
- Special Needs Trusts
- Life After High School

IV. Cost Breakdown and Cost Methodology for Developmental Disability Services

Nearly 3,700 adults, children and families are served by DDRC. While some individuals need personal care for eating, dressing, bathing and toileting, others may need monitoring of oxygen or g-tube feeding, others may have behavioral issues, psychological conditions or medical or mobility issues. Many individuals need help with transportation, cooking, money management, job placement, and assistance in accessing general services in the community. However, each service area has a financial ceiling based on funding and the support needs identified in the individual's Service Plan. The state's Division for Intellectual and Developmental Disabilities and Health Care Policy & Financing establishes the rates and expenditure ceilings for Medicaid services. Increases to services can only be adjusted by an amendment to the Service Plan by a Case Manager, which is then submitted to the Division for Intellectual and Developmental Disabilities. For an adjustment to be considered, Case Managers include an analysis demonstrating that the individual requires an increase in services based on life changes. State staff review and determine whether the request meets criteria for a change.

DDRC follows the rate-setting levels established by the state. Medicaid services have mandated rates established by the state. In those instances, DDRC is required to use the state-imposed rate structure as a maximum rate per service.

In order to manage cost decisions, an expenditure methodology based on tiers is used to track average and projected costs. The tiers are established by the state and are based on the assessment of support needs of the individual including behavioral health issues, medical needs, level of mental and cognitive capacity, among other clinical factors listed in Tables 3 and 13, in addition to ongoing individualized risk assessments.

Additional cost factors inclusive of the average rate of service include ancillary service costs such as case management, transportation, and durable medical equipment. The following charts report average per person costs for adult and children and family services for the period of July 1, 2014 – June 30, 2015.

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Chart A: Case Management Services

Average Cost funded by All Sources by Tier	Average Cost funded by All Sources without Mill Levy by Tier	Average Cost funded by Mill Levy by Tier
1,440	1,204	236

Chart B: DD Comprehensive Services

Level	Average Cost funded by All Sources by Tier	Average Cost funded by All Sources without Mill Levy by Tier	Average Cost funded by Mill Levy by Tier
1	19,929	15,674	4,255
2	32,536	25,589	6,947
3	38,271	30,100	8,171
4	44,875	35,294	9,581
5	49,016	38,551	10,465
6	57,823	45,477	12,345
Total	38,355	30,166	8,189

Chart C: Supported Living Services (SLS)

Level	Average Cost funded by All Sources by Tier	Average Cost funded by All Sources without Mill Levy by Tier	Average Cost funded by Mill Levy by Tier
1	4,285	3,592	693
2	9,709	8,139	1,570
3	11,495	9,636	1,859
4	14,635	12,268	2,367
5	17,869	14,979	2,890
6	16,982	14,236	2,746
Total	9,457	7,927	1,529

Average Cost funded by All Sources by Tier	Average Cost funded by All Sources without Mill Levy by Tier	Average Cost funded by Mill Levy by Tier
24,654	19,622	5,032

Please note that the Costs Funder by Waiver include cost for Dental services in the amount of approximately $770 thousand. As of July 1, 2015 Dental services are no longer processed by DDRC as the State of Colorado now manages all Dental benefits.

Chart D: Early Intervention, Children's Extensive Support & Family Support Services (EI, CES & FSSP)

Average Cost funded by All Sources by Tier	Average Cost funded by All Sources without Mill Levy by Tier	Average Cost funded by Mill Levy by Tier
2,507	2,121	386

Adults and children who receive services in Jefferson County are dispersed throughout the entire county. Table 14 illustrates the heaviest concentrations of services by zip code where the number of individuals exceeds100 individuals per code.

Table 14. Individuals Served by Zip Code

Zip Code	*Individuals Served*
80004	202
80128	198
80003	186
80127	185
80228	170
80226	158
80401	154
80033	142
80005	140
80214	135
80021	137
80227	117
80215	114
80123	107

IV. Appeals/Grievances/Complaints

DDRC had no requests submitted to appeal developmental disability determinations for this reporting period. Four individuals initiated CES waiver appeals and one HCBS-DD waiver appeal. There were 4 formal complaints addressed by the customer relations manager. These complaints involved issues regarding care and provider concerns.

V. Report Distribution

Hard copies of the annual mill levy report will be provided on request. Additionally, the report can be viewed and downloaded from DDRC's website www.ddrcco.com.

Please send inquiries and comments to:
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