



Jefferson County “Campaign to Help” Mill Levy June 30, 2021

EXECUTIVE SUMMARY

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 intellectual and developmental disabilities (I/DD). 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, and 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 to support developing services that were not funded or underfunded. Statute was later revised to allow for a full mill of local tax support and in 2003 the voters in Jefferson County passed the Developmental Disabilities Resource Center’s (DDRC’s) “*Campaign to Help*” to allow an increase to one full mill. 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.

For the period of July 1, 2020 through June 30, 2021, DDRC received \$10,359,532 of Jefferson County mill levy support. This report details the expenditures of mill levy funding used for the services and supports that were delivered to approximately 4,400 individuals and their families. DDRC provides person-centered case management services for children and adults with I/DD or developmental delays and their families. Approximately \$618,000 from the mill levy, which constitutes approximately 6% of the total funding for the year was used for case management services.

Adult Services for individuals who are of the age 18+ include personal care, homemaker services, home modifications, residential settings, day programs, employment services, respite, mentorship, assistive technology, therapeutic recreation, transportation, behavioral health, community access and the Self-Determination Initiative. The Home and Community Based (HCBS) I/DD and Supported Living Services (SLS) Medicaid Waivers are the primary funding sources for these programs. Approximately \$8.1 million from the mill levy, which constitutes approximately 78% of the total funding for the year was used for adult services.

Children and Family Services (CFS) include Early Intervention (EI), Family Support Services Program (FSSP), and Children's Extensive Support (CES). Approximately \$1.6 million from the mill levy, which constitutes 16% of the total funding was used for children and families.

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 I/DD. Prior to the establishment of CCBs, services were provided in state-run, regionally centered institutions including the State Regional Centers in Wheat Ridge, Grand Junction and Pueblo. The legislation creating CCBs envisioned a private public partnership in a local community with a 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 programs. Recognizing the great need for services to grow, the County Commissioners encouraged 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 created a campaign to ask voters to raise taxes by the additional ½ mill. Unfortunately, there were limited resources and time available, and 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.

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 voluntary DDRC Board is made up of a caring and extremely

knowledgeable group of business and civic leaders. The bylaws 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 for unlimited needs. Mill levy funding is allocated based upon direction set through public input derived from a wide range of public meetings. This input has consisted of community forums, Consumer Council/People First meetings, focus group feedback, widely distributed feedback request forms, The Arc serving Jefferson County presentation and proposal, web site requested feedback, Board committee meetings, public testimony and a strategic planning effort.

The Coronavirus pandemic which began in March 2020 has and continues to pose significant challenges to the country and world. Throughout these unprecedented years of the global pandemic, DDRC steadfastly continued in our mission, and created and adapted new approaches to serve individuals of all ages with I/DD, and their families. The Coronavirus can pose a greater risk to people with I/DD than it does to people without disabilities. Certain services within this report were disrupted and curtailed through the year, and therefore are not comparable to the prior years, to ensure the health and safety of the individuals and families we serve, our staff and the community.

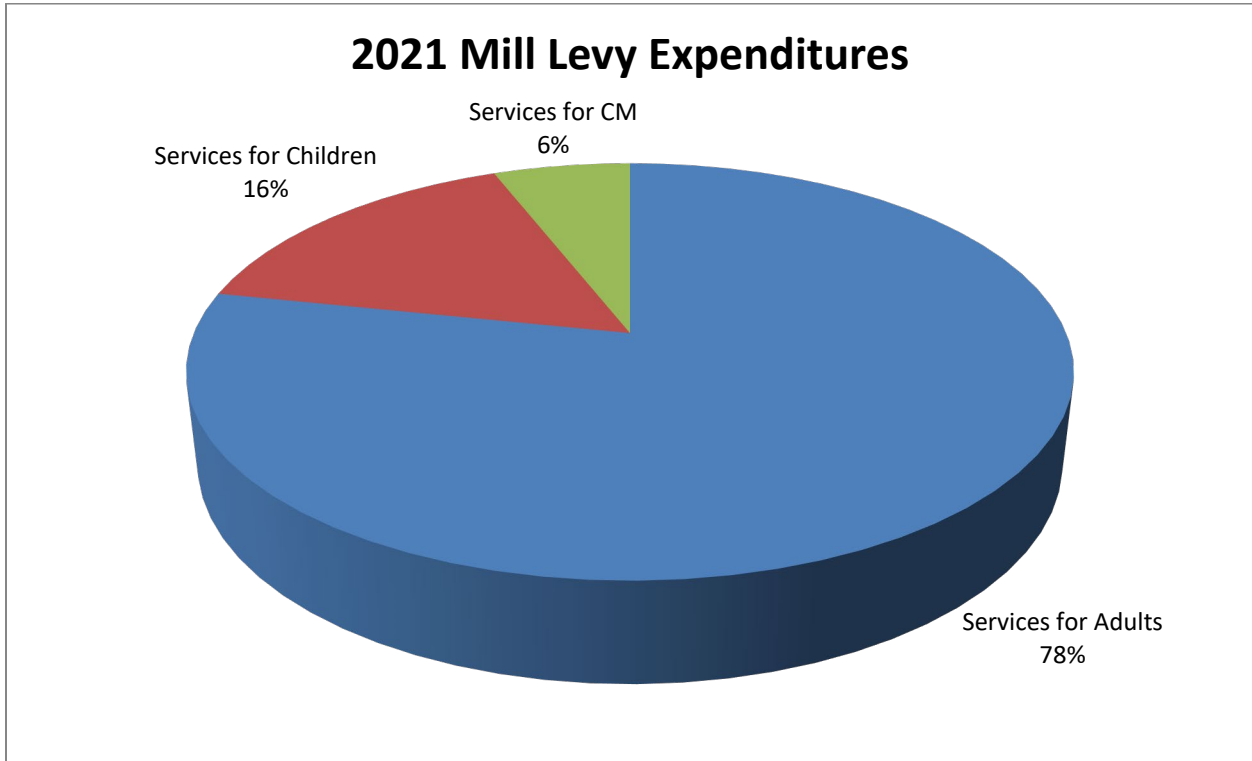
Mill Levy Participation Requirements

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 I/DD. Colorado's rules defining an I/DD have been revised and a new expanded rule was implemented August 1, 2013.

Developmental Disabilities Resource Center Report on Intellectual and Developmental Disability Services Supported by Mill Levy Funding July 1, 2020 through June 30, 2021

The following report provides a breakdown of the cost of case management and direct services provided to adults and children and families with I/DD, for the period of July 1, 2020 through June 30, 2021. The report details the expenditure of \$10,359,532 mill levy funding used for the services and supports that were delivered to approximately 4,400 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 adult services. Section III of the report presents the detail of expenditures for children and family services. 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 \$617,189)

DDRC provides person-centered case management services for children and adults with I/DD or developmental delays and their families. The total cost to provide case management services within the DDRC catchment area, for the year were approximately \$6 million. Of the \$6 million, \$5.4 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. Approximately \$618,000 was generated from the mill levy, which constitutes approximately 10% 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

<u>Source</u>	<u>Cost</u>	<u>Percentage</u>
All Sources	\$1,667	100%
All Sources without Mill Levy	\$1,497	90%
Mill Levy	\$170	10%

Resource Coordination and Service Coordination DDRC refers to case management services for children birth through age 2 as Service Coordination and Resource Coordination for individuals 3 and older. Resource/Service Coordination serves individuals and families by working together to maximize opportunities, resources, and community involvement. A Resource/Service Coordinator is assigned to each person requesting service. Resource/Service Coordination includes determination of eligibility, information and referral, assessment, service

plan development, and coordination and monitoring of services. Resource/Service Coordinators help individuals and families understand what services are available, the enrollment process, service and support options and service agency and provider options. The Resource/Service Coordinator’s role is to assist, as needed, to individuals and families to identify desired outcomes and the resources needed for those outcomes. Resource/Service Coordinators strive to maximize support options in the individual’s natural community. Through information, education and advocacy, Coordinators partner with individuals and families to safeguard rights and assure due process.

DDRC Resource/Service Coordinators facilitate all service plan meetings and provide written reports to individuals and families in their preferred primary language. While DDRC has some staff that is bilingual, there are occasions when it is necessary to contract with a professional interpreter or translation service. DDRC also has Language Line, which provides immediate access to a wide range of languages. In addition, professional interpreter services for individuals with hearing impairments are available.

DDRC affords individuals fair and equitable access to available Program Approved Service Agencies (PASAs) through a Request for Services (RFS) process for the HCBS-I/DD, Supported Living Services (SLS), and Children’s Extensive Support (CES) Waiver programs. Individuals and families are also provided the option of receiving their Medicaid Waiver Case Management services from another Case Management Agency.

Children and Family Services

DDRC Children and Family Services (CFS) provides Resource/Service Coordination to children (ages 0-18) and their families applying for and enrolled in Early Intervention (EI), Family Support Services Program (FSSP) and Children’s Medicaid Waivers, which include Children’s Extensive Support (CES) and Children’s Home and Community Based Services (CHCBS).

Adult Resource Coordination

During fiscal year 2021, there were 1,776 adults enrolled or eligible for adult services throughout the reporting period (see Table 2). The calculations in this report are based on a census of 1,343, which is the fulltime equivalent of individuals receiving services.

Table 2. Number of Adults by Service Enrollment (n= 1,776)

<u>Service</u>	<u>Number</u>
SLS-Waiver	465
Host Home, PCA, Own Home	768
Case Management/Wait List Only	433
Group Residential	58
SLS-State	<u>52</u>
Total	1,776

Table 2A indicates that 40% of individuals receiving services are age 18+. Approximately 59% of adults receiving services are male and 41% female.

Table 2A. Adult Services by Age Group (n= 40%)

<u>Age Range</u>	<u>Percent</u>
18-21	15%
22-29	25%
30-39	22%
40-49	14%
50-59	12%
Over 60	12%

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 I/DD

<u>Diagnosis</u>	<u>Number</u>
Seizure Disorder	314
Dual/Mental Illness	294
Speech Impairment/Non-verbal	210
Cerebral Palsy	209
Down Syndrome	207
Autism	482
Maladaptive Behavior	102
Attention Deficit Disorder	217
Other Neurological	132
Non-ambulatory	64
Visual Impairment/Blind	72
Hearing Deficit/Deaf	71
Medically Fragile	27
Fragile X Syndrome	22
Brain Injury	34
Non-Mobile	14

Adult Case Management Individuals Waiting for Service

In addition to the direct services and Case Management services provided to active enrolled adults, an average of 433 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, Case Management works with Health Care Policy and Financing (HCPF) to approve emergency enrollments. During fiscal year 2021, DDRC received 24 new requests for emergency enrollment prioritization; 23 were provided an authorization to enroll in comprehensive services, 3 people withdrew their enrollment request, and 1 person is pending enrollment. Individuals with I/DD in Jefferson County have waited for 15 plus years or more for residential services.

II. Adult Service Costs (Mill levy costs of \$8,106,538)

Adult Services include I/DD and SLS for adults who are of the age 18+. The total cost to serve the adult population, within the DDRC catchment area, for the year were approximately \$23.2 million. Of the \$23.2 million, \$15.1 million was generated through DDRC’s contract with the State for both Medicaid and General funds, as well as through fundraising and other revenue. Approximately \$8.1 million was generated from the mill levy, which constitutes approximately 35% 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

<u>Source</u>	<u>Cost</u>	<u>Percentage</u>
All Sources	\$27,436	100%
All Sources without Mill Levy	\$7,842	65%
Mill Levy	\$9,594	35%

I/DD Program Information and Enrollments

During fiscal year 2021 an average of 826 individuals were enrolled in the I/DD waiver. Included are a number of different types of residential settings that provide an array of training, learning, experiential and support activities designed to meet individual needs.

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 (FC) model is an option offered through the I/DD 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 FC model is Comprehensive Services in the Family Home (CSFH). 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 826 individuals enrolled in I/DD, 91 are enrolled in FC, 21 are enrolled in CSFH, and 12 have a combination of FC and CSFH.

Supported Living Services (SLS) Program Information and Enrollments

During fiscal year 2021 SLS had an enrollment of 517 individuals. SLS is an opportunity to support individuals with I/DD based on their needs and preferences. SLS includes 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 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 may not be able to provide all of the supports a person necessarily needs but is able to assist and supplement some of those needs.

The Family Caregiver (FC) model is an option offered through the SLS. It allows individuals to remain in their family home and the service agency employs the family member to provide the needed care and support. Within the 517 individuals enrolled in SLS, 29 are enrolled in FC.

The types of allowed support services that are provided in SLS are identified in Table 5. This table reflects 12 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 by Percent Receiving Specified Services

<u>Type of Service</u>	<u>Percent of Total Served</u>
Transportation	27%
Day Habilitation	19%
Respite	6%
Other	1%
Vision	10%
Homemaker	8%
Mentorship	7%
Personal Care	8%
Supported Employment	4%
Specialized Medical Equipment & Supplies	8%
Assistive Technology	1%
Behavioral	1%
Total:	100%

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

DDRC Recreation Therapists and Specialists work with individuals living in service area group homes that need additional one-on-one or one-on-two support to access the community. This service was developed from input indicating individuals living in group home settings need support to access the community. The Community Access/STEP Program allows individuals 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 everyone’s specific needs and desires.

During fiscal year 2021 there were 52 individuals served in this program. The 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 350 activities, received on average 90 direct contact hours per month and were provided 175 hours of transportation.

Special Olympics

DDRC Therapeutic Recreation offers the opportunity for individuals with I/DD in the community to participate in Special Olympics (SO) year-round. Participation includes both traditional (individual/teams) and unified teams.

DDRC had a total of 55 athletes that participated in 7 sports:

Fall Sports = 26 athletes

- Bowling
- Volleyball
- Flag Football

Winter Sports = 4 athletes

- Snow Shoeing

Spring Sports = 12 athletes

- Track and Field

Summer Sports = 17 athletes

- Bocce Ball
- Softball

Participation included 92 hours of training and participation in community leagues and 48 hours of competition in SO Regional and State meets. Total staff time equaled 140 hours. There were also 17 volunteer coaches and unified partners from the community who put in approximately 81 hours volunteering in the DDRC SO program.

Self-Determination Initiative

DDRC's Self-Determination Initiative (SDI) supports people with I/DD to access their communities, become more independent, and experience self-direction and authority over their lives. SDI allows for both self-direction and control over funding and provides more flexibility than what is available through Medicaid. The Arc serving 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 Determination Coordinator, with the support of a steering committee, reviewed 85 applications for funding and assistance through the SDI during fiscal year 2021, helping them reach unique and individualized goals. The steering committee includes DDRC's Executive Director, DDRC's Director of Access, a representative of the Arc for Jefferson, Clear Creek and Gilpin Counties and DDRC's Self Determination Coordinator.

Health/Safety/Quality Assurance Services and Requirements

DDRC's Quality Assurance staff engages in quality oversight, customer responsiveness, health and safety, rights and due process, monitoring, and mistreatment investigations and assures that service provision adheres to state and Medicaid standards, rules, and regulations. More than 1,000 incident reports were reviewed during the year to determine appropriate follow-up for health and safety and to look for possible need for additional preventative measures. DDRC investigates allegations of mistreatment of individuals with I/DD. DDRC has an independent Human Rights Committee (HRC) that reviews all investigations.

DDRC complies with all mandatory reporting laws and HCPF regulations in regard to critical incident reporting. DDRC will provide mandatory reporting training if requested and appropriate.

Reports of health issues or violations concerning residents of group homes are submitted to the Colorado Department of Public Health and Environment (CDPHE).

DDRC’s Quality Assurance continues to provide technical assistance to new and existing agencies on a daily or as needed basis.

Table 6. Quality Assurance Monitoring and Investigations:

<u>Type</u>	<u>Number</u>
Review of Individual Incident Reports	1,022
Personal Needs Audits for individuals with PASAs contracting with DDRC	10
Investigations (approximately 12 hours per investigation)	98
Individual Site Monitoring	90

Comparatively, during fiscal year 2020, DDRC had 126 investigations and 1,449 reviews of individual incident reports. There has been a decrease in investigations and incident reports due to the decreased level of day program services due to the pandemic.

During fiscal year 2021, there were 550 critical incident reports which resulted in 86 investigations. DDRC’s HRC reviews do not always occur in the same fiscal year as the investigation, hence the smaller number of investigations reviewed by DDRC’s HRC for fiscal year 2021.

DDRC’s HRC is comprised of independent 3rd-party review experts and family members who volunteer to meet once a month for approximately 4 hours. The HRC reviews investigations, psychotropic medication usage, rights restrictions and suspensions and safety control plans. An average of 56 reviews took place each month for the protection of rights for individuals receiving services. HRC reviews increased accordingly with the number of new enrollments for the I/DD waiver.

Table 7. Focus of Human Rights Committee

<u>Type</u>	<u>Number</u>
Review for Use of Psychotropic Medications	342
Review for Suspension of Rights	180
Investigations	98
Review for Safety Control Procedures	11
Review for Restrictive Procedures	7
Follow-up Reviews	29
Final Reviews	6

III. Children and Families Service Costs (Mill levy costs of \$1,635,804)

Children and Family Services (CFS) include Early Intervention (EI), Family Support Services Program (FSSP), Children’s Extensive Support (CES).

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 \$6.5 million. Of the \$6.5 million, \$4.9 million was generated through DDRC’s contract with the State for General funds, as well as through fundraising and other revenue. Approximately \$1.6 million was generated from the mill levy, which constitutes 25 % of the total funding for these services.

Table 8 summarizes the average cost for the year to serve children and their families. Table 8A indicates that 60% of the individuals receiving services through DDRC are children from birth to age 18.

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

<u>Source</u>	<u>Cost</u>	<u>Percentage</u>
All Sources	\$2,935	100%
All Sources without Mill Levy	\$2,200	75%
Mill Levy	\$735	25%

Table 8A. Children in Services by Age Group (60%)

<u>Age Range</u>	<u>Percentage</u>
Birth to 4	39%
5-9	15%
10-13	4%
14-17	2%

Early Intervention (EI) Program Information

EI services offer educational and therapeutic supports to children birth through age 2 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 Service Coordinator to address desired functional outcomes and are provided in 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. DDRC’s EI program provides services to an average of 1,054 infants and toddlers per month. Under the Individuals with Disabilities Education Act (IDEA), EI is not allowed to have a waiting list for children birth through age 2, so every eligible child must receive services. Research also shows that children birth through age 2 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

<u>EI Hours of Services</u>	<u>Center-based</u>	<u>Natural Environment</u>	<u>Total</u>
Total Hours	0	24,914	24,914
Percent	0%	100%	100%

A child can receive EI services from birth through age 2 if 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 EI services available. DDRC staff continue to participate in Launch Together, a county-wide multi-year grant funded initiative aimed at better screening for, identifying and addressing the social-emotional needs of young children and families. DDRC staff also participate in the Jefferson County Home Visitation Collaborative and the Centralized Intake Pilot Workgroup, both of which are community groups created to increase collaboration, work toward ensuring needs of children and families are met and streamline referral and access to community resources. The expansion and maintenance of referral networks throughout the county is critical to reach all diverse populations. DDRC distributes informational materials and sponsors or participates in forums to reach Jefferson County families, childcare providers and health-related professionals via email and postings on social media including LinkedIn and Facebook. Individuals in the community need to be informed and educated about developmental delays and disabilities and how to apply for services. CFS and EI staff are members of the Triad Early Childhood Council. CFS staff are also members on the Jefferson County Child and Youth Leadership Commission subcommittees. 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. Number of Children Ages 0-through age 2 Referred Per Month:

<u>Month</u>	<u>Number of Referrals</u>
July 2020	110
August	115
September	105
October	103
November	97
December	92
January 2021	114
February	121

March	144
April	136
May	100
June	<u>130</u>
Total	1,367 Average of 114 per month

Comparatively, during fiscal year 2020 DDRC received a total of 1,717 referrals, an average of 143 per month.

Referrals have been impacted by COVID 19. Services to children by gender are disproportionate with 38% for females and 62% for males. Similar to national trends, there has been a rising incidence of children with autism in DDRC services.

Family Support Services Program (FSSP) Information

FSSP provides an array of services to people with I/DD, and their families, when the person remains within the family home, thereby preventing or delaying the need for out-of-home placement.

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 473 families in their role as primary caregivers for a family member with I/DD during fiscal year 2021.

Table 11. Type of FSSP

<u>Service Per Great Plains</u>	<u>Percent</u>
Respite	28%
Professional Services	19%
Medical & Dental	14%
Home Modifications, Assistive Technology and Supplies	8%
Transportation	6%
Parents & Siblings Education and Supports	4%
Other Individual Services	<u>21%</u>
Total	100%

Children’s Extensive Support (CES) Program Information

CES is intended to provide needed services and supports to eligible children under the age of 18 in order for the children to remain in or return to the family home. Services are targeted to children having extensive support needs, which require direct intervention on a consistent basis. The behavior and medical condition must be considered beyond what is typically age appropriate. Available services include personal assistance, home modification, specialized medical equipment and supplies, professional services, and community connection services. DDRC served 132 children during fiscal year 2021. There is no longer a waiting list for this program.

Behavioral Health Services Program Information

DDRC developed a Behavioral Health Team (BHT) with the support of mill levy funds responding to feedback that such services are a priority for many individuals with I/DD and an unmet need in the DDRC community. The team consists of the Behavioral Health Team Manager, a part-time contract psychiatrist, a Registered Nurse/Case Manager and two Board Certified Master’s level behavior analysts. This team provides clinical assessment, behavior intervention services and psychiatric evaluation, consultation, medication management, social skills classes and training for parents and caregivers. During fiscal year 2021, DDRC’s BHT provided an average of 648 hours in such services per month.

DDRC’s BHT services are designated for eligible Jefferson County individuals regardless of age, wait list status, funding category or service agency. The psychiatrist provides services to individuals 14 years of age or older. Individuals with a Medicaid covered Mental Health diagnosis are referred to Colorado Community Health Alliance for the mental health services.

Table 12. Information Specific to Psychiatric Services is as follows:

Intellectual/Developmental Disabilities
Bipolar Disorder
Anxiety Disorder
Depressive Disorder
Autism Spectrum Disorder

Some individuals in service have multiple diagnoses being addressed.

Information specific to behavior analyst’s intervention services during fiscal year 2021: The behavior analysts served 31 individuals with an average length of treatment of 33 months, and an average time spent waiting for such services to be initiated during the current fiscal year was 229 days. Participants ranged from 6-51 years of age with 63% being individuals over 18 years of age. Most common behaviors supported by the BHT’s analytic services were physical aggression, verbal aggression, property destruction, disruptive behaviors, and inappropriate interactions. Some individuals in service have multiple supported behaviors being addressed. 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. The BHT utilizes a behavior clinic model 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. In addition, BHT’s Manager provides clinical supervision for DDRC’s vocational services, expanding behavioral services within their program. BHT’s Manager also conducts four 6-hour trainings on behavioral principles with prevention and intervention strategies. The trainings were moved to online remote class due to the COVID pandemic.

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, contractors and volunteers to ensure quality services and best practices. During fiscal year 2021, DDRC employees developed, arranged and/or provided over 54 hours of live or virtual classroom instruction to over 545 caregivers, managers, and service providers. The live instruction were reduced in fiscal year 2021 due to the pandemic. In order to compensate, DDRC increased the availability and use of the internet-based learning systems. Approximately 279 users completed approximately 7,800 hours of training.

The classes include:

Safety Care – Behavioral Intervention and De-escalation	New Employee Orientation
CPR and First Aid	Agency Overview/Mission/Vision/Values
Person Centered Thinking	Customer Service
Diversity	Family Services and Support Plans
Working with Families/Sensitivity	Home Visit Safety – Safer Interactions with Clients
Employment Law/Legal Update for Managers	Human Rights
Restrictive Procedures	Mistreatment/Abuse/Neglect/Exploitation
Positive Behavioral Supports	Prevention of Slips, Trips and Falls
Universal Precautions/Infection Control	Hand Hygiene
Unlawful Harassment	Essentials of Communication: Effective Listening
Colorado Mandatory Reporting	Employee Wellness: Personal Care for Frontline Care Providers
Health Insurance Portability and Accountability Act/Confidentiality	Safe Winter Driving
Effective Documentation	Defensive Driving: The Basics
Fundamentals of Leadership	Pharmacology Recertification
Improving Employee Engagement	Cultural Awareness of Older Adults
Intellectual Disabilities Overview	Cultural Competency

IV. Cost Breakdown and Cost Methodology for I/DD Services

Nearly 4,400 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 health, psychological, medical or mobility service needs. 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 cap based on funding and the support needs identified in the individual's Service Plan. The state establishes the rates and expenditure caps for Medicaid services. Increases to services can only be adjusted by an amendment to the Service Plan by a Resource Coordinator, which is then submitted to the state. For an adjustment to be considered, Resource Coordinators 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.

In order to manage cost decisions, an expenditure methodology based on supports intensity scale (SIS) levels are used to track average and projected costs. The levels 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 12, 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 during fiscal year 2021.

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Chart A: Case Management Services

Average Cost funded by All Sources	Average Cost funded by All Sources without County	Average Cost funded by County
\$1,667	\$1,497	\$170

Chart B: Adult Services

SIS Level	Average Cost funded by All Sources by Level	Average Cost funded by All Sources without County by Level	Average Cost funded by County by Level
1	\$16,604	\$10,798	\$5,806
2	\$24,729	\$16,082	\$8,647
3	\$29,301	\$19,055	\$10,246
4	\$36,046	\$23,442	\$12,604
5	\$33,999	\$22,110	\$11,889
6	\$42,587	\$27,695	\$14,892
Average	\$27,436	\$17,842	\$9,594

*Chart C: Early Intervention, Children’s Extensive Support & Family Support Services (EI, CES & FSSP)**

Average Cost funded by All Sources	Average Cost funded by All Sources without County	Average Cost funded by County
\$2,935	\$2,200	\$735

* SIS levels do not apply to Children and Family Services

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 exceeds 100 individuals per code.

Table 13. Individuals Served by Zip Code

80004	152
80003	153
80127	158
80128	145
80228	118
80226	137
80033	120
80401	110
80214	134
80227	104
80242	100

V. Appeals/Grievances/Complaints

DDRC had 3 individuals who initiated an appeal, 2 in the adult waivers and 1 in the children waiver.

VI. Report Review and Distribution

This report has been submitted for review by the Jefferson County Commissioners.

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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