



## Jefferson County “Campaign to Help” Mill Levy June 30, 2022

### 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, 2021 through June 30, 2022, DDRC received \$10,863,328 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 4,600 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 \$800,000 from the mill levy, which constitutes approximately 7% 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 \$8.6 million from the mill levy, which constitutes approximately 80% 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 \$1.4 million from the mill levy, which constitutes 13% 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 continued to pose significant challenges to the country and world. Throughout these unprecedented years of the global pandemic, DDRRC 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.

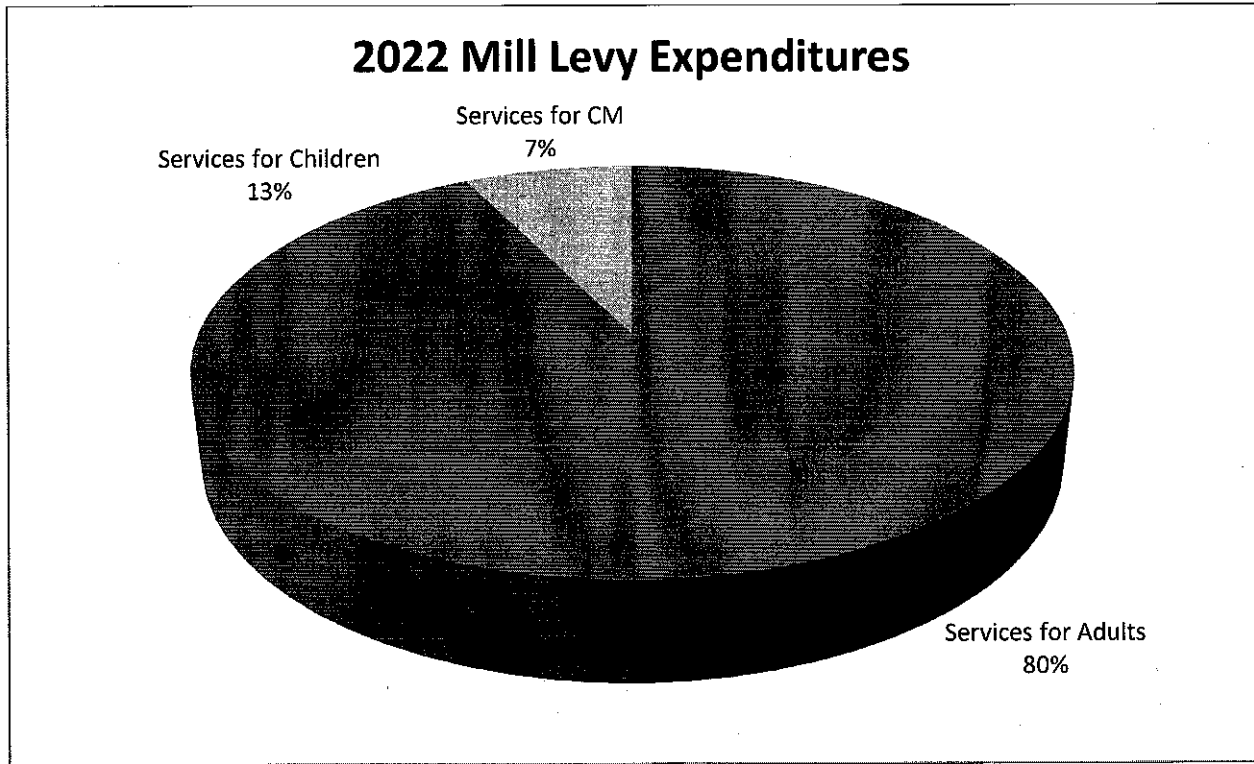
#### **Mill Levy Participation Requirements**

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 determination.

**Developmental Disabilities Resource Center  
Report on Intellectual and Developmental Disability Services  
Supported by Mill Levy Funding  
July 1, 2021 through June 30, 2022**

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, 2021 through June 30, 2022. The report details the expenditure of \$10,863,328 mill levy funding used for the services and supports that were delivered to approximately 4,600 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 \$801,107)**

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 \$6.4 million. Of the \$6.4 million \$5.6 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 \$800,000 was generated from the mill levy, which constitutes approximately 12% 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	\$1,662	100%
All Sources without Mill Levy	\$1,455	88%
Mill Levy	\$207	12%

**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, individuals and families identifying 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 are 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) 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), Children's Home and Community Based Services (CHCBS) and Children's Residential Habilitative Program (CHRP).

**Adult Resource Coordination**

During fiscal year 2022, there were 1,750 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 1,285, which is the fulltime equivalent of individuals receiving services.

*Table 2. Number of Adults by Service Enrollment (n= 1,750)*

<u>Service</u>	<u>Number</u>
SLS-Waiver	440
Host Home, PCA, Own Home	761
Case Management/Wait List Only	465
Group Residential	50
SLS-State	<u>34</u>
<b>Total</b>	<b>1,750</b>

Table 2A indicates that 41% of individuals receiving services are age 18+. Approximately 61% of adults receiving services are male and 39% female.

**Table 2A. Adult Services by Age Group (n= 41%)**

<u>Age Range</u>	<u>Percent</u>
18-21	15%
22-29	28%
30-39	24%
40-49	15%
50-59	5%
Over 60	13%

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	295
Dual/Mental Illness	283
Speech Impairment/Non-verbal	195
Cerebral Palsy	202
Down Syndrome	161
Autism	462
Maladaptive Behavior	97
Attention Deficit Disorder	164
Other Neurological	101
Non-ambulatory	62
Visual Impairment/Blind	64
Hearing Deficit/Deaf	67
Medically Fragile	27
Fragile X Syndrome	22
Brain Injury	32
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 465 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 the Department of Health Care Policy and Financing (HCPF) to approve emergency enrollments. During fiscal year 2022, DDRC received 16 new requests for

emergency enrollment prioritization; 14 were provided an authorization to enroll in I/DD services, and 2 people withdrew their enrollment request.

**II. Adult Service Costs (Mill levy costs of \$8,644,749)**

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 \$23.7million. Of the \$23.7 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 \$8.6 million was generated from the mill levy, which constitutes approximately 36% 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	\$24,524	100%
All Sources without Mill Levy	\$15,593	64%
Mill Levy	\$8,931	36%

**I/DD Program Information and Enrollments**

During fiscal year 2022 an average of 844 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 844 individuals enrolled in I/DD, 96 are enrolled in FC, 20 are enrolled in CSFH, and 14 have a combination of FC and CSFH.

**Supported Living Services (SLS) Program Information and Enrollments**

During fiscal year 2022 SLS had an enrollment of 440 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 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 440 individuals enrolled in SLS, 30 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	19%
Day Habilitation	26%
Respite	11%
Vision	2%
Homemaker	12%
Mentorship	7%
Personal Care	12%
Supported Employment	5%
Specialized Medical Equipment & Supplies	5%
Behavioral	1%
<b>Total:</b>	<b>100%</b>

**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 2022 there were 53 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 283 activities, received on average 64 direct contact hours per month and were provided 91 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 68 athletes that participated in 10 sports:

Fall Sports = 27 athletes

- Bowling
- Volleyball
- Flag Football

Winter Sports = 11 athletes

- Snow Shoeing
- Skiing
- Basketball

Spring Sports = 13 athletes

- Track and Field
- Swimming

Summer Sports = 17 athletes

- Bocce Ball
- Softball

Participation included 144 hours of training and 31 hours of participation in community leagues and 123 hours of competition in SO Regional and State meets. Total staff time equaled 299 hours. There were also 24 volunteer coaches and unified partners from the community who put in approximately 194 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 83 applications for funding and assistance through the SDI during fiscal year 2022, 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 1,500 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 investigation.

DDRC complies with all mandatory reporting laws and HCPF regulations regarding 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 an as needed basis.

**Table 6. Quality Assurance Monitoring and Investigations:**

<u>Type</u>	<u>Number</u>
Review of Individual Incident Reports	1,595
Investigations (approximately 12/hr per investigation)	103
Individual Site Monitoring	102

Comparatively, during fiscal year 2021, DDRC had 98 investigations and 1,022 reviews of individual incident reports. Investigations are slowly increasing due to people returning to day program and as the community slowly recovers from the pandemic.

During fiscal year 2022, there were 818 critical incident reports which resulted in 103 investigations. Out of the 818 critical incident reports, 224 were COVID related. As of July 2022, COVID will no longer be reported as a critical incident. It is expected that the total of critical incident number will decrease accordingly.

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 55 reviews take place each month for the protection of rights for individuals receiving services.

**Table 7. Focus of Human Rights Committee**

<u>Type</u>	<u>Number</u>
Review for Use of Psychotropic Medications	352
Review for Suspension of Rights	150
Investigations	103
Review for Safety Control Procedures	28
Review for Restrictive Procedures	7
Follow-up Reviews	22
Final Reviews	1

**III. Children and Families Service Costs (Mill levy costs of \$1,417,472)**

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 \$7.0 million. Of the \$7.0 million, \$5.6 million was generated through DDRC’s contract with the State for General funds, as well as through fundraising and other revenue. Approximately \$1.4 million was generated from the mill levy, which constitutes 20% 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 55% 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	\$2,761	100%
All Sources without Mill Levy	\$2,207	80%
Mill Levy	\$554	20%

**Table 8A. Children in Services by Age Group (55%)**

<u>Age Range</u>	<u>Percentage</u>
Birth to 4	41%
5-9	11%
10-13	2%
14-17	1%

**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 an average of 1,104 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	27,665	27,665
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. Additionally, in May 2022, Early Intervention Colorado introduced Extended Part C services, which is for children with 3rd birthdays between May 1<sup>st</sup> and the start of the school year. In order to be eligible for consideration for Extended Part C, prior to a child’s 3<sup>rd</sup> birthday, the child must have had their Part B Evaluation, have been found eligible for Part B Special Education services and have their Individual Education Plan developed. If these criteria are met, the family can choose to opt into Extended Part C which would allow the child to continue with Part C services after their third birthday until the school year starts.

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 the Jefferson County Home Visitation Collaborative and the Centralized Intake Pilot, which spun off from Launch Together. Both of these community groups were 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. Responsibility for Part C evaluation completion shifted from Colorado Department of Education/Child Find Early Intervention Colorado in 2022 and on July 1<sup>st</sup>, 2022, DDRC became an Early Intervention Evaluation Entity, now completing 100% of EI Evaluations for Jefferson, Gilpin, Clear Creek, and Summit counties.

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 0-3 Referred Per Month:**

<u>Month</u>	<u>Number of Referrals</u>
July 2021	132
August	141
September	125
October	122
November	100
December	102
January 2022	121
February	135
March	148
April	163
May	155
June	<u>128</u>
<b>Total</b>	<b>1,572 Average of 131per month</b>

Comparatively, during fiscal year 2021 DDRC received a total of 1,367 referrals, an average of 114 per month.

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 715 families in their role as primary caregivers for a family member with I/DD during fiscal year 2022.

**Table 11. Type of FSSP**

<u>Service Per Great Plains</u>	<u>Percent</u>
Respite	31%
Professional Services	28%
Medical & Dental	7%
Home Modifications, Assistive Technology and Supplies	2%
Transportation	8%
Parents & Siblings Education and Supports	5%
Other Individual Services	<u>19%</u>
<b>Total</b>	<b>100%</b>

**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 150 children during fiscal year 2022. There is no longer a waiting list for this program.

**Behavioral Health Services Program Information**

In 2005, 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 certified medical assistant, two Board Certified Master’s level behavior analysts and one Board Certified bachelor’s level behavior analyst. 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 2022, DDRC’s BHT provided an average of 695 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 funded Mental Health diagnosis are referred to Colorado Community Health Alliance for mental health services.

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

Intellectual/Developmental Disabilities
Mood Disorder
Anxiety Disorder
Attention Deficit Hyperactivity Disorder
Autism Spectrum Disorder

Some individuals in service have multiple diagnoses being addressed.

Information specific to BHT’s behavior analytic intervention services during fiscal year 2022: The behavior analysts served 44 individuals with an average length of treatment of 31 months, and an average time spent waiting for such services to be initiated during the current fiscal year was 60 days. Participants ranged from 7-70 years of age with 91% 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. BHT's Manager also conducted three 6-hour trainings courses 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 2022, DDRC employees developed, arranged and/or provided over 88 hours of live or virtual classroom instruction to over 355 caregivers, managers, and service providers. The live instruction was reduced in fiscal year 2022 due to the pandemic. In order to compensate, DDRC increased the availability and use of the internet-based learning systems. Approximately 518 users completed approximately 8,088 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 <u>Families</u> /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   |
| Health Care Policy and Financing for RC                             | Home Access Adaptations                                       |
| ALICE Active Shooting Response                                      | COVID for Licensed Facilities                                 |
| Dignity of Risk   |   |

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

Nearly 4,600 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, still 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 2022.

**Mill Levy Yearly Report: July 1, 2021 - June 30, 2022**

*Chart A: Case Management Services*

<b>Average Cost funded by All Sources</b>	<b>Average Cost funded by All Sources without County</b>	<b>Average Cost funded by County</b>
\$1,662	\$1,455	\$207

*Chart B: Adult Services*

<b>SIS Level</b>	<b>Average Cost funded by All Sources by Level</b>	<b>Average Cost funded by All Sources without County by Level</b>	<b>Average Cost funded by County by Level</b>
1	\$10,805	\$6,870	\$3,935
2	\$26,553	\$16,883	\$9,670
3	\$27,846	\$17,706	\$10,140
4	\$39,962	\$25,409	\$14,553
5	\$40,496	\$25,749	\$14,747
6	\$50,716	\$32,247	\$18,469
<b>Average</b>	<b>\$24,524</b>	<b>\$15,593</b>	<b>\$8,931</b>



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

<b>Average Cost funded by All Sources</b>	<b>Average Cost funded by All Sources without County</b>	<b>Average Cost funded by County</b>
\$2,761	\$2,207	\$554

\* 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	306
80003	255
80127	288
80128	251
80228	244
80226	259
80033	219
80214	197
80227	181
80401	234
80005	191
80232	175
80021	167
80123	162
80215	150
80007	123
80439	107
80465	101

**V. Appeals/Grievances/Complaints**

DDRC had no appeals as they were allowed to continue receiving service during the public health emergency.

**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](http://www.ddrcco.com).

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