



Jefferson County “Campaign to Help” Mill Levy June 30, 2023

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, 2022 through June 30, 2023, DDRC received \$11,234,550 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 4,608 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 \$1.1 million from the mill levy, which constitutes approximately 10% 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 \$8.3 million from the mill levy, which constitutes approximately 74% 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 \$1.8 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 50% be family

members of individuals receiving services. Under the Board’s leadership, and with regular opportunities for public input, the Board takes on the challenging task of budgeting available dollars for unlimited and unmet needs of the community.

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, DDRC steadfastly continued in our mission, and adapted and created 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.

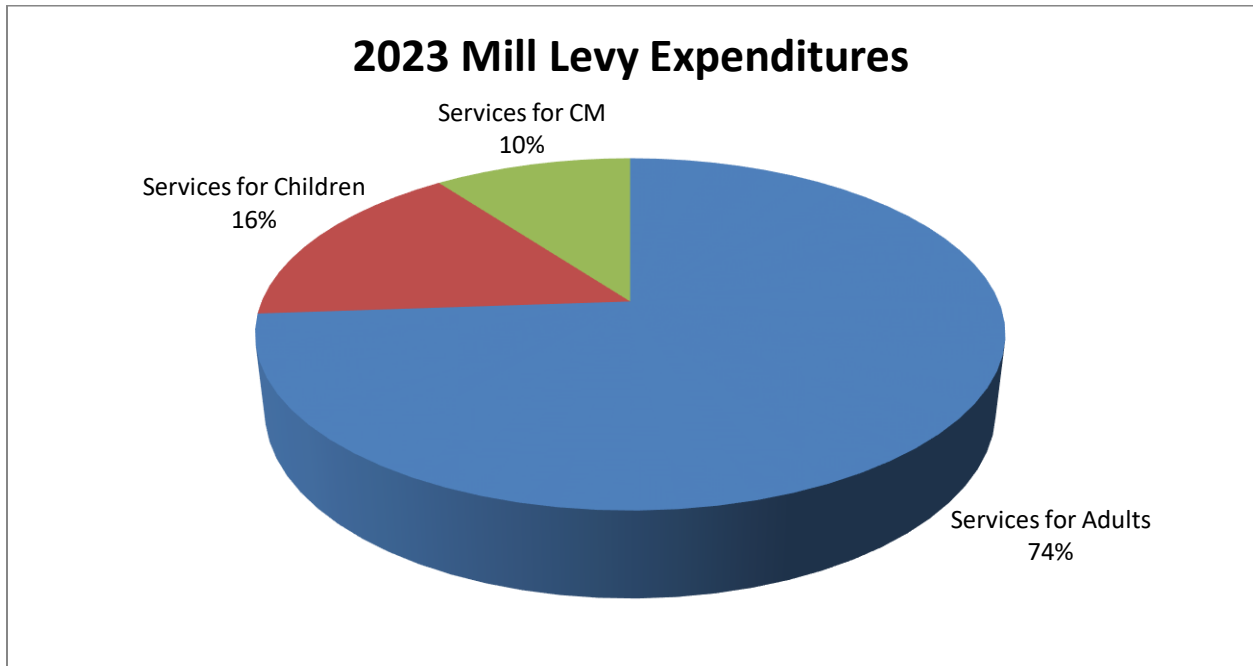
Mill Levy Participation Requirements

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 developmental delay.

Developmental Disabilities Resource Center Report on Intellectual and Developmental Disability Services Supported by Mill Levy Funding July 1, 2022 through June 30, 2023

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, 2022 through June 30, 2023. The report details the expenditure of \$11,234,550 mill levy funding used for the services and supports that were delivered to approximately 4,608 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 intellectual and 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 \$1,143,280)

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 was approximately \$7 million. Of the \$7 million approximately \$5.9 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 \$1.1 million 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

<u>Source</u>	<u>Cost</u>	<u>Percentage</u>
All Sources	\$1,667	100%
All Sources without Mill Levy	\$1,396	84%
Mill Levy	\$271	16%

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 the Children’s Home and Community Based Services (CHCBS) waiver.

Adult Resource Coordination

During fiscal year 2023, there were 1,863 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= 1,863)

<u>Service</u>	<u>Number</u>
SLS-Waiver	374
Host Home, PCA, Own Home	822
Case Management/Wait List Only	581
Group Residential	47
SLS-State	<u>39</u>
Total	1,863

Table 2A indicates that 42% of individuals receiving services are age 18+. Approximately 58% of adults receiving services are male and 42% female.

Table 2A. Adult Services by Age Group (n=42%)

<u>Age Range</u>	<u>Percent</u>
18-21	13%
22-29	27%
30-39	22%
40-49	15%
50-59	11%
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	221
Dual/Mental Illness	192
Autism	180
Speech Impairment/Non-verbal	155
Cerebral Palsy	152
Down Syndrome	137
Attention Deficit Disorder	91
Maladaptive Behavior	86
Other Neurological	67
Non-ambulatory	45
Visual Impairment/Blind	42
Hearing Deficit/Deaf	38
Fragile X Syndrome	20
Brain Injury	18
Medically Fragile	17
Non-Mobile	10

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 581 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 2023, DDRC received 14 new requests for emergency enrollment prioritization; 12 were provided an authorization to enroll in I/DD services, and 2 were denied a request for emergency for the I/DD waiver enrollment because they didn't meet the criteria.

II. Adult Service Costs (Mill levy costs of \$8,300,334)

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 \$22.3 million. Of the \$22.3 million, \$14 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 \$8.3 million was generated from the mill levy, which constitutes approximately 37% 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	\$23,560	100%
All Sources without Mill Levy	\$14,777	63%
Mill Levy	\$8,783	37%

I/DD Program Information and Enrollments

During fiscal year 2023 an average of 869 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. 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.

Supported Living Services (SLS) Program Information and Enrollments

During fiscal year 2023 SLS had an enrollment of 413 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 model is also an option offered through the SLS.

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>
Day Habilitation	32%
Respite	14%
Homemaker	12%
Personal Care	12%
Vision	9%
Specialized Medical Equipment & Supplies	9%
Vehicle Modifications	5%
Assistive Technology	3%
Mentorship	1%
Supported Employment	1%
Behavioral	1%
Total:	100%

Community Access/Recreation

DDRC Recreation Therapists and Specialists work with individuals living in service area group residential settings. This service was developed from input indicating individuals living in group home settings need support to access the community. Therapeutic Recreation Services allow 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 choices.

During fiscal year 2023 there were 43 individuals served in this program. The activities involve assessing barriers to community involvement, identifying community resources, education, and planning for community involvement along with transportation. Individuals participated in 226 activities, and received an average of 56 individual and group direct contact hours per month in addition to transportation.

Special Olympics

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

DDRC had a total of 77 athletes that participated in 10 sports:

Fall Sports = 25 athletes

- Bowling (11)
- Volleyball (6)
- Flag Football (8)

Winter Sports = 20 athletes

- Snow Shoeing (3)
- Skiing (6)
- Basketball (11)

Spring Sports = 15 athletes

- Track and Field (9)
- Swimming (6)

Summer Sports = 17 athletes

- Bocce Ball (6)
- Softball (11)

Participation included 135 hours of training, 33 hours of participation in community leagues and 134 hours of competition in SO Regional and State meets. Total staff time equaled 301 hours. There were also 32 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 82 applications for funding and assistance through the SDI during fiscal year 2023, helping them reach unique and individualized goals. The steering committee includes DDRC's Executive Director, DDRC's Senior 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

2,000 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 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	2,014
Investigations (approximately 12/hr per investigation)	102
Individual Site Monitoring	22

Comparatively, during fiscal year 2022, DDRC had 103 investigations and 1,595 reviews of individual incident reports. Investigations are slowly increasing due to people returning to day program and as the community continues to recover from the pandemic.

During fiscal year 2023, there were 509 critical incident reports which resulted in 102 investigations. As of July 2023, COVID was no longer reported as a critical incident. As expected, the total of critical incident reports decreased 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	357
Review for Suspension of Rights	193
Investigations	102
Review for Safety Control Procedures	24
Review for Restrictive Procedures	7

III. Children and Families Service Costs (Mill levy costs of \$1,790,936)

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 \$8.1 million. Of the \$8.1 million, \$6.3 million was generated through DDRC’s contract with the State for General funds, as well as through fundraising and other revenue. Approximately \$1.8 million was generated from the mill levy, which constitutes 22% 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 58% 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	\$2,800	100%
All Sources without Mill Levy	\$2,186	78%
Mill Levy	\$614	22%

Table 8A. Children in Services by Age Group (58%)

<u>Age Range</u>	<u>Percentage</u>
Birth to 4	41%
5-9	14%
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 to an average of 980 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><i>EI Hours of Services</i></u>	<u><i>Center-based</i></u>	<u><i>Natural Environment</i></u>	<u><i>Total</i></u>
Total Hours	0	29,000	29,000
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 2023, Early Intervention Colorado introduced Extended Part C services, which is for children with 3rd birthdays between May 1st and the start of the school year. In order to be eligible for consideration for Extended Part C, prior to a child’s 3rd 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 Early Intervention Evaluations shifted from Colorado Department of Education/Child Find to the Colorado Department of Early Childhood/Early Intervention Colorado in 2023 and on July 1st, 2023, DDRC became an Early Intervention Evaluation Entity, now completing 100% of EI Evaluations for Jefferson, Gilpin, Clear Creek, and Summit counties. During FY23, DDRC completed 1,030 Early Intervention Evaluations.

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 and Triad Bright Futures. 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 2022	91
August	147
September	154
October	138
November	134
December	111
January 2023	178
February	162
March	185
April	167
May	163
June	150
Total	1,780 Average of 148 per month

Comparatively, during fiscal year 2022 DDRC received a total of 1,572 referrals, an average of 131 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 809 families in their role as primary caregivers for a family member with I/DD during fiscal year 2023.

Table 11. Type of FSSP

<u>Service Per Great Plains</u>	<u>Percent</u>
Respite	42%
Professional Services	25%
Medical & Dental	10%
Transportation	7%
Other Individual Services	6%
Environmental Engineering	4%
Parents & Siblings Education and Supports	4%
Assistive Technology	2%
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 150 children during fiscal year 2023. 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, three 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. DDRC’s BHT mill levy supported services are designated for eligible Jefferson County individuals regardless of age, wait list status, funding category or service agency.

During fiscal year 2023, DDRC’s BHT provided approximately 580 hours in such services per month.

The BHT psychiatrist provides services to individuals 14 years of age or older. In fiscal year 2023, the BHT psychiatrist provided support to 106 individuals through the BHT.

Table 12. Most Common Diagnosis 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. Individuals with a Medicaid covered Mental Health diagnosis are referred to the Colorado Community Health Alliance (CCHA). DDRC currently provides psychiatric services for individuals who meet the Medicaid covered diagnoses criteria but whose needs have been determined to be better met through the DDRC BHT.

Information specific to BHT’s behavior analytic intervention services during fiscal year 2023: The behavior analysts served 42 individuals with an average length of treatment of 37 months, and an average time spent waiting for such services to be initiated during the current fiscal year was 51 days. Participants ranged from 17-71 years of age with 98% being individuals over 18

years of age. The most common behaviors supported by the BHT’s behavior 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, 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 five 6-hour trainings courses on behavioral principles with prevention and intervention strategies.

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 2023, DDRC employees developed, arranged and/or provided over 207 hours of live or virtual classroom instruction to over 396 individuals (caregivers, managers, and service providers).

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 | Safe Winter Driving |
| Colorado Mandatory Reporting | Defensive Driving: The Basics |
| Health Insurance Portability and | Pharmacology Recertification |
| Intellectual Disabilities Overview | Home Access Adaptations |
| Health Care Policy and Financing for RC | COVID for Licensed Facilities |
| Dignity of Risk | Manager Monitoring |
| Employee Wellness | NADSP Supervisory Training |
| Electronic Visit Verification | NADSP Culture of Competency |
| Code of Ethics | I/DD Rights Restrictions |
| Trauma informed Care | Principles of Behavioral Supports |
| Mask Fittings | Microsoft Teams Essentials |
| Coaching – Power of Questions | |
| Generations at Work | |

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

Nearly 4,608 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 2023.

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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	\$1,396	\$271

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	\$9,632	\$6,041	\$3,591
2	\$29,639	\$18,589	\$11,050
3	\$27,509	\$17,253	\$10,256
4	\$39,346	\$24,678	\$14,669
5	\$46,341	\$29,065	\$17,276
6	\$44,494	\$27,906	\$16,588
Average	\$23,560	\$14,777	\$8,783

*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
\$2,800	\$2,186	\$614

* 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	312
80127	280
80003	269
80128	257
80228	237
80226	235
80033	222
80401	219
80214	203
80021	187
80123	182
80005	181
80227	180
80232	167
80215	162
80002	138
80439	126
80007	118
80465	100

V. Appeals/Grievances/Complaints

DDRC had no appeals as individuals 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.

Please send inquiries and comments to:
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