



Jefferson County “Campaign to Help” Mill Levy June 30, 2018

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, 2017 through June 30, 2018 DDRC received \$8,601,298 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 4,300 individuals and their families. DDRC provides person-centered case management services for children and adults with intellectual and developmental disabilities or developmental delays and their families. Approximately \$500,000 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 whom 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 HCBS-DD and Supported Living Services (SLS) Medicaid Waivers are the primary funding sources for these programs. Approximately \$6 million from the mill levy, which constitutes approximately 24% 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 \$2.1 million from the mill levy, which constitutes 36% 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 intellectual and developmental disabilities (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 the 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.

Colorado ranks 47th in the country (as of 2015) in its fiscal effort for services to individuals with I/DD. People with I/DD in Jefferson County have waited for 20 plus years or more for residential services.

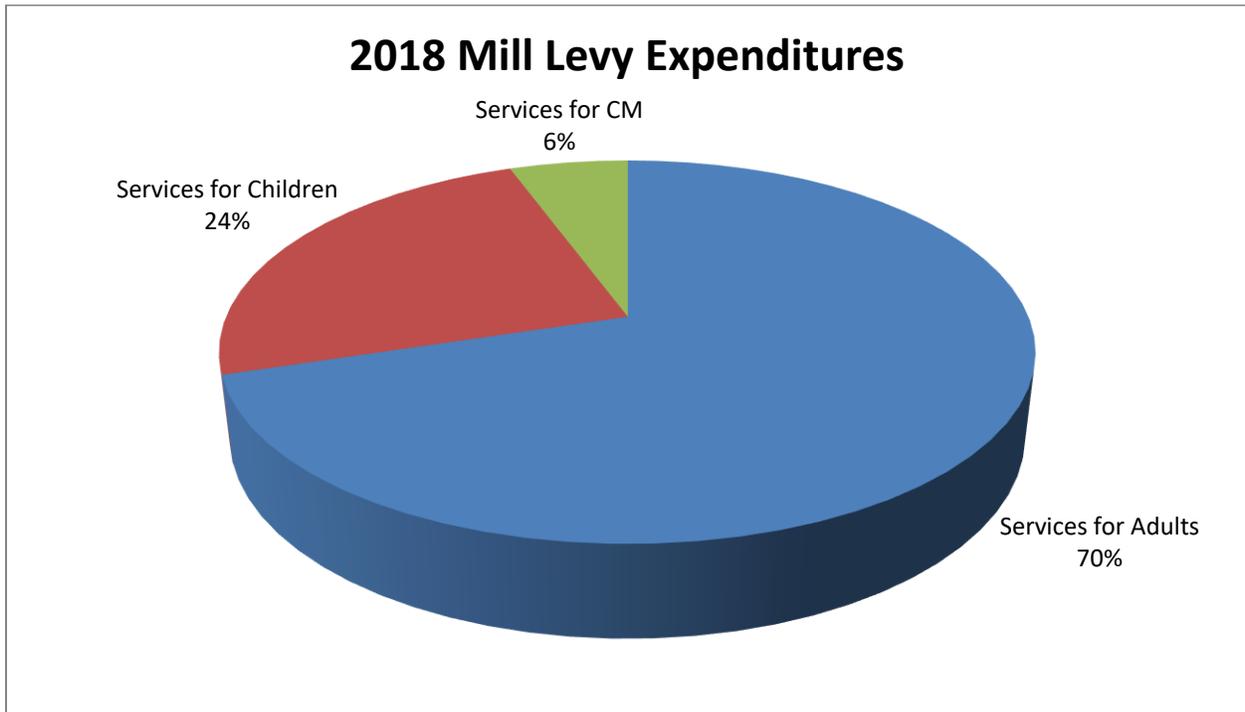
Mill Levy Participation Requirements

While some mill levy funded services may have additional criteria for participation, all services require individuals be a resident of Jefferson county and meet Colorado's criteria for an 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, 2017 through June 30, 2018

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, 2017 through June 30, 2018. The report details the expenditure of \$8,601,298 mill levy funding used for the services and supports that were delivered to approximately 4,300 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 \$481,733)

DDRC provides person-centered case management services for children and adults with intellectual and developmental disabilities or developmental delays and their families. The total cost to provide case management services within the DDRC catchment area, for the year were approximately \$4.9 million. Of the \$4.9 million, \$4.4 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 \$500,000 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 | \$1,443 | 100% |
| All Sources without Mill Levy | \$1,300 | 90% |
| Mill Levy | \$143 | 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 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 Proposal (RFP) process for the Home and Community Based Services Intellectual/Developmental Disabilities (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 Bases Services (CHCBS).

Adult Resource Coordination

During fiscal year 2018, there were 1,604 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 1,209, which is the fulltime equivalent of individuals receiving services.

Table 2. Number of Adults by Service Enrollment (n=1,604)

| <u>Service</u> | <u>Number</u> |
|--------------------------------|---------------|
| SLS-Waiver | 551 |
| Host Home, PCA, Own Home | 497 |
| Case Management/Wait List Only | 395 |
| Group Residential | 97 |
| SLS-State | 64 |
| Total | 1,604 |

Table 2A indicates that 40% of individuals receiving services are age 18+. Approximately 55% of adults receiving services are male and 45% female.

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

| <u>Age Range</u> | <u>Percent</u> |
|------------------|----------------|
| 18-19 | 3% |
| 20-29 | 12% |
| 30-39 | 9% |
| 40-49 | 6% |
| 50-59 | 6% |
| Over 60 | 4% |

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 1 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 | 245 |
| Dual/Mental Illness | 181 |
| Speech Impairment/Non-verbal | 173 |
| Cerebral Palsy | 166 |
| Down Syndrome | 134 |
| Autism | 129 |
| Maladaptive Behavior | 103 |
| Attention Deficit Disorder | 77 |
| Other Neurological | 63 |
| Non-ambulatory | 53 |
| Developmental Delay | 53 |
| Visual Impairment/Blind | 50 |
| Hearing Deficit/Deaf | 41 |
| Medically Fragile | 24 |
| Fragile X Syndrome | 21 |
| Brain Injury | 18 |
| Non Mobile | 12 |

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 485 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 Division for Intellectual and Developmental Disabilities (DIDD) to approve emergency enrollments. In addition to those 485 individuals that received

waitlist Case Management, an average of 521 adults received some level of services while waiting for additional types of services. During fiscal year 2018, DDRC received 12 new requests for emergency enrollment prioritization; 10 were provided an authorization to enroll in comprehensive services, 1 person withdrew their enrollment request, and 1 person was denied emergency status by DIDD.

II. Adult Service Costs (Mill levy costs of \$6,038,988)

Adult Services include I/DD and SLS for adults whom are of the age 18+. The total cost to serve the adult population, within the DDRC catchment area, for the year were approximately \$25.1 million. Of the \$25.1 million, \$19.1 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 \$6 million was generated from the mill levy, which constitutes approximately 24% 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 | \$26,565 | 100% |
| All Sources without Mill Levy | \$20,180 | 76% |
| Mill Levy | \$6,385 | 24% |

I/DD Program Information and Enrollments

During fiscal year 2018 an average of 594 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 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 Family Caregiver model is Comprehensive Services in the Family Home. This also allows comprehensive services to be provided to the individual in the family home but these are provided by service agency providers who are not family members. Within the 594 individuals enrolled in I/DD, 70 are enrolled in Family Caregiver and 15 are enrolled in I/DD in the Family Home.

Supported Living Services (SLS) Program Information and Enrollments

During fiscal year 2018 SLS had an enrollment of 615 of individuals. There are approximately 38 adults waiting for adult services receiving Family and Support Services. 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 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 1 service.

Table 5. Type of Service: Individuals Receiving Specified Services

| <u>Type of Service Served</u> | <u>Number of Individuals</u> | <u>Percent of Total</u> |
|--|------------------------------|-------------------------|
| Transportation | 326 | 28% |
| Day Habilitation | 176 | 15% |
| Respite | 135 | 12% |
| Other | 99 | 8% |
| Vision | 89 | 7% |
| Homemaker | 89 | 7% |
| Mentorship | 83 | 6% |
| Personal Care | 76 | 5% |
| Supported Employment | 43 | 4% |
| Specialized Medical Equipment & Supplies | 39 | 3% |
| Movement/Massage Therapy | 17 | 2% |
| Assistive Technology | 6 | 2% |
| Behavioral | <u>11</u> | <u>1%</u> |
| Total | 1,189 | 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 each individual’s specific needs and desires.

During fiscal year 2018 there were 37 individuals served in this program. These activities involve assessing barriers to community involvement, identifying community resources, education and planning for community involvement along with door-to-door transportation. Individuals participated in 255 activities, received 772 direct contact hours and were provided 200 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.

DDRC had a total of 107 athletes that participated in 10 sports:

Fall Sports = 35 athletes

Bowling

Volleyball

Flag Football

Winter Sports = 26 athletes

Basketball

Skiing

Spring Sports = 22 athletes

Track and Field

Swimming

Soccer

Summer Sports = 24 athletes

Bocce Ball

Softball

Participation included 176 hours of training and participation in community leagues and 119 hours of competition in SO area and State meets. Total staff time equaled 398 hours. There were also 43 volunteer coaches and unified partners from the community who put in approximately 1,353 hours volunteering in the DDRC SO program.

In addition to participation in the various SO sport training and competition, 38 athletes, partners, coaches, and DDRC staff devoted 32 hours to SO fundraisers and community events.

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-Advocacy Coordinator, with the support of a steering committee, reviewed 126 applications for funding and assistance through the SDI during fiscal year 2018, helping them reach unique and individualized goals. The steering committee includes DDRC's Deputy Director & CFO; DDRC's Director of Access and Community a Jefferson County parent, volunteer and former Arc in Jefferson County employee; the Business Development Coordinator with The American Job Center; and the Director of Adult Advocacy for the Arc in Jefferson, Clear Creek and Gilpin Counties.

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 1,700 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 the Colorado Department of Health Care Policy and Financing (HCPF), DIDD regulations in regard to critical incident reporting. DDRC provided a mandatory reporting training on SB-109 reporting processes and regulations to all PASAs. Guardians, also mandatory reporters, participated as well.

Reports of health issues or violations concerning residents of group homes are submitted to the Colorado Department of Public Health and Environment (CDPHE). HCPF, DIDD and Colorado Department of Human Services (CDHS) are notified of all serious incidents and reports of deaths.

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 | 1,794 |
| Personal Needs Audits for individuals with PASAs contracting with DDRC | 140 |
| Investigations (approximately 12 hours per investigation) | 120 |
| Individual Site Monitoring | 99 |
| Day Program Site Monitoring Visits | 14 |

Comparatively, during fiscal year 2017 DDRC had 136 investigations and 1,700 reviews of individual incident reports.

During fiscal year 2018, there were 131 critical incident reports which resulted in 120 investigations; the lower number is due to the peer-to-peer incidents which count as one investigation. DDRC’s HRC reviews do not always occur in the same fiscal year as the investigation, hence the larger number of investigations reviewed by DDRC’s HRC for fiscal year 2018.

DDRC’s HRC is comprised of independent 3rd-party review experts and family members who volunteer to meet once a month for approximately 5 hours. The HRC reviews investigations, psychotropic medication usage, rights restrictions and suspensions and safety control plans. An average of 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 | 339 |
| Review for Suspension of Rights | 146 |
| Investigations | 132 |
| Review for Safety Control Procedures | 19 |
| Review for Restrictive Procedures | 9 |
| Follow-up Reviews | 8 |
| Final Reviews | 2 |

III. Children and Families Service Costs (Mill levy costs of \$2,080,577)

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 \$5.8 million. Of the \$5.8 million, \$3.7 million was generated through DDRC’s contract with the State for General funds, as well as through fundraising and other revenue. Approximately \$2.1 million was generated from the mill levy, which constitutes 36% of the total funding for these services. Table 8A summarizes the average cost for the year to serve children and their families. Table 8B indicates that 56% of the individuals receiving services through DDRC are children from birth to age 18.

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

| <u>Source</u> | <u>Cost</u> | <u>Percentage</u> |
|-------------------------------|-------------|-------------------|
| All Sources | \$3,332 | 100% |
| All Sources without Mill Levy | \$2,143 | 64% |
| Mill Levy | \$1,189 | 36% |

Table 8B. Children in Services by Age Group (56%)

| <u>Age Range</u> | <u>Percentage</u> |
|------------------|-------------------|
| Birth to 4 | 25% |
| 5-9 | 15% |
| 10-13 | 9% |
| 14-17 | 7% |

Early Intervention (EI) Program Information

EI services offer educational and therapeutic supports to children birth – 3 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 the everyday routines and activities of the families.

Research has shown that children who receive early intervention services are more likely to need fewer services as adults, if any at all. Within the current structure, the state of Colorado funds only a portion of the children served in Jefferson County. DDRC’s EI program provides services to an average of 946 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 – 3, so every eligible child must receive services. Research also shows that children birth – 3 respond best to intervention when it occurs in their natural environment and within everyday routines and activities. Accordingly, under IDEA, we are required to provide services in the child’s natural environment, which is the home for most families. Table 9 highlights early intervention services by location and number of hours of services provided.

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

| <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 | 31,357 | 31,357 |
| Percent | 0% | 100% | 100% |

A child can receive EI services under the age of 3 if significantly delayed in 1 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. 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. Individuals in the community need to be informed and educated about developmental delays and disabilities and how to apply for services. In addition, DDRC sends newsletters to eligible children and families, as well as interested community partners. CFS staff are also members of the Triad Early Childhood Council and 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 summarizes the material distribution activities for community outreach for CFS, including EI.

Table 10. Information and Referral

| <u>Type</u> | <u>Units of Material</u> |
|--------------------------|--------------------------|
| Mail/E-mail Contact | 17,000 |
| Hand-delivered Materials | 2,150 |
| Community Events | 8 |

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

| <u>Month</u> | <u>Number of Referrals</u> |
|--------------|---------------------------------------|
| July 2017 | 134 |
| August | 148 |
| September | 134 |
| October | 172 |
| November | 167 |
| December | 128 |
| January 2018 | 193 |
| February | 134 |
| March | 166 |
| April | 166 |
| May | 168 |
| June | <u>140</u> |
| Total | 1,850 Average of 154 per month |

Comparatively, during fiscal year 2017 DDRC received a total of 1,586 referrals, an average of 132 per month.

Services to children by gender are disproportionate with 37% for females and 63% 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 286 families in their role as primary caregivers for a family member with I/DD during fiscal year 2018.

Table 12. Type of FSSP

| <u>Service</u> | <u>Percent</u> |
|---|----------------|
| Respite | 33% |
| Professional Services | 29% |
| Medical & Dental | 20% |
| Home Modifications, Assistive Technology and Supplies | 8% |
| Transportation | 4% |
| Parents & Siblings Education and Supports | 3% |
| Other Individual Services | <u>3%</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 human intervention on a consistent basis. The behavior and medical condition must be considered beyond what is typically age appropriate. Available services include personal assistance, home modification, specialized medical equipment and supplies, professional services and community connection services. DDRC served 126 children during fiscal year 2018. 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, an RN/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.

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 since he is not a child psychiatrist. During fiscal year 2018, DDRC’s BHT provided an average of 648 hours in such services per month. In addition, the BHT’s Manager provides clinical supervision for Adult Vocational Services’ BCaBA expanding behavioral services in their program. The BHT Manager also conducts a monthly training on behavioral principles with prevention and intervention strategies.

Individuals with a Medicaid covered Mental Health diagnosis are referred to Jefferson Center for Mental Health for their mental health services. The Behavioral Health Organization for Jefferson County, Beacon Health Options, does contract with DDRC as a behavioral health provider for some individuals who meet the Medicaid covered diagnoses criteria but whose needs have been determined to be better met through the DDRC BHT.

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

| <u>Disorder</u> | <u>Incidence</u> |
|--|------------------|
| Intellectual/Developmental Delay | 419 |
| Bipolar Disorders Type | 398 |
| Anxiety Disorders | 225 |
| Attention Deficit Disruptive Behavior | 221 |
| Major Depressive Disorder | 208 |
| Pervasive Developmental Disorders | 182 |
| Psychotic Disorders | 76 |
| Schizophrenia | 30 |
| Insomnia | 29 |
| Intermittent Explosive Disorder | 28 |
| Mood Disorder | 28 |
| Communication Disorders | 21 |
| Personality Disorders | 9 |
| PTSD | 8 |
| Reactive Attachment Disorder | 7 |
| Obsessive Compulsive Disorder | 4 |
| Dementia | 3 |
| Avoidant/Restrict Food Intake Disorder | 3 |
| Sad/Depressed | 2 |

Information specific to behavior analyst’s intervention services during fiscal year 2018: The behavior analysts served 61 individuals with an average length of treatment of 18 months, and an average time spent waiting for such services of 210 days. Participants ranged from 4-57 years of age with 59% being individuals over 18 years of age. Most common behaviors addressed were physical aggression, verbal aggression, property destruction, low level follow through/uncooperative behavior/non-compliance and self-injurious behavior. Other targeted behaviors treated included elopement, disruptive behaviors, inappropriate interactions, sexualized behaviors, excessive self-talk, lying, threatening, isolation, safety concerns, social skills concerns and hoarding. 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.

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 2018, DDRC employees developed, arranged and/or provided over 261 hours of in-classroom instruction to over 1,280 caregivers, managers and service providers.

Abuse/Neglect/Exploitation/Mistreatment
 Adult, Infant, Child CPR and First Aid
 AVS Professional Development
 Blood Borne Pathogens
 Code of Ethics
 Community Support of Individuals at
 Risk of Challenging Sexual Behaviors
 Confidentiality and HIPAA
 Conflict of Interest
 Diversity
 Documentation
 Emotional Regulation and Dual
 Diagnosis
 Employee Engagement
 Employee Appraisal and SMART Goals
 Employment Law Update
 Grief, Death and Dying
 Home Visit Safety/Safer Interactions
 Human Rights
 Incident Reporting
 Individualized Service Plans
 Language Sensitivity

Mission/Vision/Values
 Onboarding/Orientation of New
 Employees for Managers
 Performance Management
 Person-Centered Thinking
 Pharmacology
 Physical Transfer – Wheelchair
 Positive Behavioral Supports
 Practical Guide to Trauma
 Professional Ethics and Boundaries
 Restrictive Procedures
 Revive and Renew and Your Interview
 Skills
 Role of IDT in Managing Psychotropic
 Medications
 Safe Driving/Van Safety
 Safety Care/Behavioral Intervention
 Safety Intervention
 Sensitivity
 Sign Language
 Unconscious Bias
 Universal Precautions
 Unlawful Harassment and
 Documentation for Managers
 Working with Families

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

Advanced Care Planning
 Medical Durable Power of
 Attorney/Proxy
 Home Ownership
 Intro to Applied Behavior Analysis

Guardianship and Alternatives
 Grief Dancers
 Self-determination Initiative
 Self-advocacy in Job Search
 Special Needs Trusts
 Life After High School

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

Nearly 4,300 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

Case Manager (Resource Coordinator), which is then submitted to the state. For an adjustment to be considered, Case Managers include an analysis demonstrating that the individual requires an increase in services based on life changes. State staff review and determine whether the request meets criteria for a change.

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

In order to manage cost decisions, an expenditure methodology based on supports intensity scale (SIS) levels is 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 13, in addition to ongoing individualized risk assessments.

Additional cost factors inclusive of the average rate of service include ancillary service costs such as case management, transportation, and durable medical equipment. The following charts report average per person costs for adult and children and family services during fiscal year 2018.

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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 |
|---|--|--------------------------------------|
| \$1,443 | \$1,300 | \$143 |

Chart B: DD Comprehensive 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 | \$30,260 | \$22,617 | \$7,643 |
| 2 | \$39,167 | \$29,275 | \$9,892 |
| 3 | \$43,735 | \$32,689 | \$11,046 |
| 4 | \$50,301 | \$37,596 | \$12,705 |
| 5 | \$53,953 | \$40,326 | \$13,627 |
| 6 | \$62,429 | \$46,661 | \$15,768 |
| Average | \$44,530 | \$33,283 | \$11,247 |

Chart C: Supported Living Services (SLS)

| 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 | \$8,092 | \$6,553 | \$1,539 |
| 2 | \$9,605 | \$7,779 | \$1,826 |
| 3 | \$9,891 | \$8,010 | \$1,881 |
| 4 | \$13,049 | \$10,568 | \$2,481 |
| 5 | \$13,070 | \$10,585 | \$2,485 |
| 6 | \$14,216 | \$11,513 | \$2,703 |
| Average | \$9,979 | \$8,082 | \$1,897 |

Chart D: Adult Services Average

| Average Cost funded by All Sources | Average Cost funded by All Sources without County | Average Cost funded by County |
|---|--|--------------------------------------|
| \$26,565 | \$20,180 | \$6,385 |

*Chart E: 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 |
|---|--|--------------------------------------|
| \$3,332 | \$2,143 | \$1,189 |

* 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 14. Individuals Served by Zip Code

| Zip Code | Individuals Served |
|-----------------|---------------------------|
| 80004 | 275 |
| 80003 | 259 |
| 80127 | 259 |
| 80128 | 252 |

| | |
|-------|-----|
| 80228 | 243 |
| 80226 | 232 |
| 80033 | 209 |
| 80005 | 206 |
| 80401 | 204 |
| 80214 | 196 |
| 80021 | 192 |
| 80227 | 174 |
| 80232 | 159 |
| 80123 | 151 |
| 80215 | 143 |
| 80439 | 116 |
| 80002 | 112 |
| 80007 | 105 |

IV. Appeals/Grievances/Complaints

DDRC had 7 individuals who initiated CES waiver appeals and 1 individual who initiated a CWA appeal. There were 3 formal complaints addressed by the Quality Assurance Manager. These complaints involved issues regarding care and provider concerns.

V. Report Review and Distribution

The DDRC Finance Committee has reviewed this report and approved it for 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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