



Jefferson County “Campaign to Help” Mill Levy June 30, 2024

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, 2023, through June 30, 2024, DDRC received \$12,211,294 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 4,700 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 \$1.3 million from the mill levy, which constitutes approximately 18% 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 \$8.7 million from the mill levy, which constitutes approximately 37% 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 \$2.2 million from the mill levy, which constitutes 23% 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 an 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 the 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.

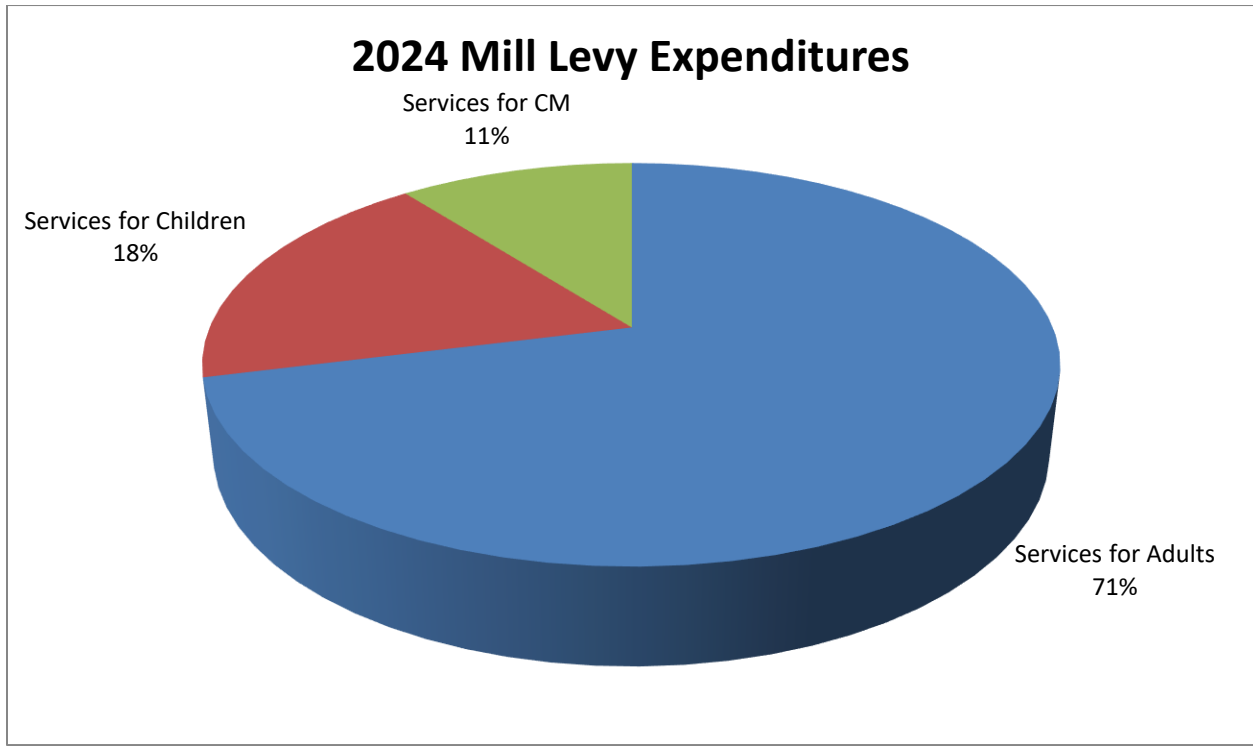
Mill Levy Participation Requirements

While some mill levy funded services may have additional criteria for participation, all services require individuals to be a resident of Jefferson County and meet Colorado's criteria for an I/DD or developmental delay.

Developmental Disabilities Resource Center Report on Intellectual and Developmental Disability Services Supported by Mill Levy Funding July 1, 2023 through June 30, 2024

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, 2023, through June 30, 2024. The report details the expenditure of \$12,211,294 mill levy funding used for the services and supports that were delivered to approximately 4,700 individuals and their families. Graph A illustrates the percentage costs incurred by case management, adult services, and children and family services as funded by mill levy dollars. Section I of the report presents the expenditures for case management services for adults and children, and families. Section II of the report presents the details of expenditures for adult services. Section III of the report presents the details 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 \$1,288,450)

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 \$7.4 million. Of the \$7.4 million, approximately \$6.1 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 \$1.3 million was generated from the mill levy, which constitutes approximately 18% 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	\$1,833	100%
All Sources without Mill Levy	\$1,512	82%
Mill Levy	\$321	18%

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.

DDRC's Resource Coordination/Case Management role and functions were transferred to Jefferson County Human Services as of 7/1/2024 as part of Colorado's Case Management Redesign.

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 2024, there were 1,910 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 1,366, which is the fulltime equivalent of individuals receiving services.

Table 2. Number of Adults by Service Enrollment (n= 1,910)

<u>Service</u>	<u>Number</u>
SLS-Waiver	372
Host Home, PCA, Own Home	902
Case Management/Wait List Only	544
Group Residential	49
SLS-State	43
Total	1,910

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	3%
22-29	9%
30-39	11%
40-49	8%
50-59	5%
Over 60	6%

Table 3 highlights the secondary and other tertiary diagnoses for the individuals who received Adult Services through the reporting period.

Table 3. Secondary & Other Tertiary Diagnoses for Adults with a Primary Clinical Diagnosis of I/DD

<u>Diagnosis</u>	<u>Percent</u>
Seizure Disorder	15%
Dual/Mental Illness	13%
Autism	12%
Speech Impairment/Non-verbal	11%
Cerebral Palsy	10%
Down Syndrome	9%
Attention Deficit Disorder	6%
Maladaptive Behavior	6%
Other Neurological	5%
Non-ambulatory	3%
Visual Impairment/Blind	3%
Hearing Deficit/Deaf	3%
Fragile X Syndrome	1%
Brain Injury	1%
Medically Fragile	1%
Non-Mobile	1%

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 544 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.

II. Adult Service Costs (Mill levy costs of \$8,678,544)

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 \$23.6 million. Of the \$23.6 million, \$14.9 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 \$8.7 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	\$26,360	100%
All Sources without Mill Levy	\$16,663	63%
Mill Levy	\$9,697	37%

I/DD Program Information and Enrollments

During fiscal year 2024, an average of 951 individuals were enrolled in the I/DD waiver. Included are several 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 a 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 2024, SLS had an enrollment of 415 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</u>
Day Habilitation	32%
Respite	15%
Vision	12%
Homemaker	11%
Personal Care	9%
Specialized Medical Equipment & Supplies	7%
Vehicle Modifications	6%
Assistive Technology	5%
Mentorship	1%
Supported Employment	1%
Behavioral	1%

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 2024, there were 40 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 133 activities and received 373 individual and group direct contact hours 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 athletes and partners), and individual competitions.

DDRC had a total of 89 athletes that participated in 10 sports:

Fall Sports = 30 athletes

- Bowling (16)
- Volleyball (6)
- Flag Football (8)

Winter Sports = 20 athletes

- Skiing (6)
- Basketball (14)

Spring Sports = 20 athletes

- Track and Field (10)
- Swimming (4)
- Soccer (6)

Summer Sports = 19 athletes

- Bocce Ball (7)
- Softball (12)

Participation included 125 hours of training, 46 hours of participation in community leagues, and 130 hours of competition in SO Regional and State meets. Total staff time equaled 301 hours. There were also 29 volunteer coaches and unified partners from the community who put in approximately 225 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 Community Funding Programs Coordinator, with the support of a steering committee, funded 105 applications during fiscal year 2024, 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 Community Funding Programs Coordinator.

Provider Support Funding

DDRC formed the Provider Support Funding Program in April 2024. The Provider Support Funding program is a program for Jefferson County providers who serve Jefferson County individuals with I/DD. This program allows DDRC to support access, choice, and unmet need through a variety of community agencies and providers by affording these agencies funding opportunities that they would not otherwise have. This program allows them to increase service and supports capacity.

In general, DDRC uses this program to support local community agencies and providers in increasing access to person-centered services and supports, allowing individuals in Jefferson County with I/DD to participate fully in the community and addressing barriers to services for individuals in Jefferson County with I/DD.

This program allows DDRC to give back to the community and continue to support the great providers/organizations who serve Jefferson County residents with I/DD. These entities would not otherwise have opportunities to enhance, expand, innovate, and maintain the unmet needs services for those with I/DD in Jefferson County.

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. Close to 2,000 incident reports were reviewed during FY24 to determine appropriate follow-up for health and safety and to look for possible need for additional preventative measures. DDRC also had over 400 critical incident reports, with an average of 40-50 reviews taking place each month for the protection of rights for individuals receiving services. As of July 2024, COVID was no longer reported as a critical incident. DDRC had an independent Human Rights Committee (HRC) that reviewed all investigations. DDRC's HRC was comprised of independent 3rd-party review experts and family members who volunteered to meet once a month for approximately 4 hours. The HRC reviewed investigations, psychotropic medication usage, rights restrictions and suspensions, and safety control plans.

Table 6. Focus of Human Rights Committee

Review of Psychotropic Medications
Review of Suspension Rights
Investigations
Review for Safety Control Procedures
Review of Restrictive Procedures

DDRC complied with all mandatory reporting laws and Colorado Health Care Policy and Financing (HCPF) regulations regarding critical incident reporting. DDRC provided mandatory reporting training as requested and appropriate.

DDRC's Case Management Agency (CMA) Quality Assurance role and functions were transferred to Jefferson County Human Services as of 7/1/2024 as part of Colorado's Case Management Redesign initiative.

III. Children and Families Service Costs (Mill levy costs of \$2,244,300)

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 \$9.6 million. Of the \$9.6 million, \$7.4 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 \$2.2 million was generated from the mill levy, which constitutes 23% of the total funding for these services.

Table 7 summarizes the average cost for the year to serve children and their families. Table 7A indicates that 58% of the individuals' receiving services through DDRC are children from birth to age 18.

Table 7. Mean Cost of Children & Family Services: Annual Average per Child/Family

<u>Source</u>	<u>Cost</u>	<u>Percentage</u>
All Sources	\$3,614	100%
All Sources without Mill Levy	\$2,783	77%
Mill Levy	\$831	23%

Table 7A. 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 997 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 8. 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	35,000	35,000
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 2022, 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 2022 and on July 1st, 2022, DDRC became an Early Intervention Evaluation Entity, now completing 100% of EI Evaluations for Jefferson, Gilpin, Clear Creek, and Summit counties. During FY24, DDRC completed 1,057 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 9. Number of Children Ages 0-3 Referred Per Month:

<u>Month</u>	<u>Number of Referrals</u>
July 2023	162
August	183
September	204
October	191
November	117
December	148
January 2024	173
February	173
March	159
April	189
May	164
June	157
Total	2,020 (Average of 168 per month)

Comparatively, during fiscal year 2023 DDRC received a total of 1,780 referrals, an average of 148 per month. Services to children by gender are disproportionate with 39% for females and 61% 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 412 families in their role as primary caregivers for a family member with I/DD during fiscal year 2024.

Table 10. Type of FSSP

<u>Service</u>	<u>Percent</u>
Respite	44%
Professional Services	20%
Other Individual Services	12%
Medical and Dental	8%
Transportation	7%
Parent and Siblings Education and Supports	5%
Assistive Technology	3%
Environmental Engineering	1%

DDRC's Case Management Agency (CMA) FSSP role and functions were transferred to Jefferson County Human Services as of 7/1/2024 as part of Colorado's Case Management Redesign.

Children's Extensive Support (CES) Program Information

CES is intended to provide needed services and supports to eligible children under the age of 18 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 172 children during fiscal year 2024. 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 a 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, psychiatric evaluation, consultation, and medication management. DDRC's BHT mill levy supported services are designated for eligible Jefferson County individuals regardless of age, waitlist status, funding category or service agency.

During fiscal year 2024, DDRC's BHT provided approximately 828 hours in services per month.

The BHT psychiatrist provides services to individuals 14 years of age or older. In fiscal year 2024, the BHT psychiatrist provided support to 87 individuals.

Table 11. Most Common Diagnosis Specific to Psychiatric Services is as follows:

Intellectual/Developmental Disabilities
Mood Disorder
Anxiety Disorder
Attention Deficit hyperactivity Disorder
Autism spectrum Disorder
Impulse Control Disorder
Post Traumatic Stress Disorder
Insomnia

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 2024: The behavior analysts served 48 individuals. Eleven individuals were discharged from services with an average length of treatment of 36 months. Thirty-seven individuals received ongoing services with an average length of treatment of 27 months. Twelve individuals started services, and their approximate time spent waiting for services to be initiated was 20 days. Participants ranged from 18-73 years of age. The most common behaviors supported by the BHT's behavior analytic services were physical aggression, verbal aggression, property destruction, disruptive behaviors, inappropriate interactions, elopement and self-injurious behaviors. 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.

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 2024, DDRC employees developed, arranged and/or provided over 247 hours of live or virtual classroom instruction to over 327 individuals (caregivers, managers, and service providers).

The classes include:

Safety Care – Behavioral Intervention and	New Employee Orientation
De-escalation	Agency Overview/Mission/Vision/Values
CPR and First Aid	Customer Service
Person Centered Thinking	Home Visit Safety – Safer Interactions with
Diversity	Clients
Working with <u>Families</u> /Sensitivity	Human Rights
Employment Law/Legal Update for Managers	Mistreatment/Abuse/Neglect/Exploitation
Restrictive Procedures	Prevention of Slips, Trips and Falls
Positive Behavioral Supports	Hand Hygiene
Universal Precautions/Infection Control	Safe Winter Driving
Unlawful Harassment	Defensive Driving: The Basics
Colorado Mandatory Reporting	Pharmacology Recertification
Health Insurance Portability and	Home Access Adaptations
Intellectual Disabilities Overview	I/DD Rights Restrictions
Health Care Policy and Financing for RC	Principles of Behavioral Supports
Dignity of Risk	Healthy Eating: Grocery Store Guru
Employee Wellness	Large Passenger Van Training
Electronic Visit Verification	
Code of Ethics	
N95 Mask Fittings	

Supervisor Workshop: Experiencing Human
Coaching
Leadership Workshop: Amplifying Our
Influence

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

Nearly 4,700 adults, children and families are served by DDRC. While some individuals need personal care for eating, dressing, bathing and toileting, others may need monitoring of oxygen or g-tube feeding, 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 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 11 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 2024.

Mill Levy Yearly Report: July 1, 2023 - June 30, 2024

Chart A: Case Management Services

Average Cost funded by All Sources	Average Cost funded by All Sources without County	Average Cost funded by County
\$1,833	\$1,512	\$321

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 the County by Level
1	\$10,812	\$ 6,834	\$ 3,977
2	\$32,827	\$20,752	\$12,076
3	\$34,351	\$21,715	\$12,636
4	\$46,971	\$29,692	\$17,279
5	\$55,075	\$34,815	\$20,260
6	\$46,543	\$29,422	\$17,121
Average	\$26,360	\$16,663	\$9,697

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
\$3,614	\$2,783	\$831

* 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. The list below reports the heaviest concentrations of services by zip code where the number of individuals exceeds 100 individuals per code.

Table 12. Heaviest Concentration of Services

80004	80228	80214	80227	80439
80127	80226	80021	80232	80007
80003	80033	80123	80215	80465
80128	80401	80005	80002	

V. 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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