



Developmental Pathways is the largest Community Centered Board (CCB) in Colorado, serving over 5,000 individuals with intellectual and developmental disabilities (I/DD) or developmental delays in Arapahoe and Douglas Counties and the city of Aurora. Colorado statute authorized Community Centered Boards in 1964 and in 2014 Pathways celebrated the 50th anniversary of service. Currently, there are 20 CCBs who serve over 11,000 individuals across the state. As a CCB, Developmental Pathways determines eligibility and provides programs for individuals with intellectual and developmental disabilities (such as autism and Down syndrome) and developmental delays in our service area. Our programs serve individuals of all ages, from infants to senior citizens. The programs are funded by a number of state, federal, county, and private sources. For 50 years, Developmental Pathways has provided supports ranging from case management and basic needs to full-time care and therapeutic interventions. We also actively seek assistance for over 4,200 more individuals who are waiting for resources and funding.

Our Vision:

Enriching lives. Strengthening communities.

Our Mission:

To enrich the lives of individuals with intellectual disabilities by providing opportunities to lead a meaningful life.

Our Core Values:

- **Integrity** To be true to our beliefs: respectful, honest, transparent and fair.
- **Strategic** To be intentional and thoughtful; efficient and effective; allowing for creativity, empowerment and pro-activity.
- **Partnership** To be a trusted, vital partner in our community.

For in-depth information about our history of Mill Levy funding and our 2014 strategic plan, please refer to Appendix A.

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ORGANIZATION

Who exactly are the individuals served by Developmental Pathways? According to the Code of Colorado Regulations (CCR)¹, persons with an intellectual disability are those who have “a disability that is a) manifested before the person reaches 22 years of age, b) constitutes a substantial disability to the affected individual ... c) is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation” (10 CCR 2505-10 8.600.4 Definitions). For children under five years of age, eligibility is based on determination of either a significant developmental delay or factors putting the child at a high risk of having an intellectual disability. For a complete list of established conditions that qualify a child, please see the Early Intervention Colorado list of established conditions: <http://www.eicolorado.org/index.cfm?fuseaction=diagnoses.main>.

Programs for individuals with intellectual and developmental disabilities and/or developmental delays are funded through Medicaid, Medicaid Waiver, state funds, and, for covered individuals, private insurance. These funds are available for eligible adults and children in Colorado. Services within each type of program are available to eligible, enrolled individuals based upon the identification and prioritization of individual needs. Services to address the identified needs are purchased from approved contractors and Program Approved Service Agencies (PASAs), using program funds available and as authorized through the individual’s plan.

In 2001, voters approved a Mill Levy to support individuals with intellectual and developmental disabilities with the following emphases:

- 1. To provide services to individuals on the waiting list – particularly children*
- 2. To raise the quality of services for all clients*
- 3. To stabilize and improve the overall service infrastructure, with particular attention to recruitment, training, and retention of quality staff*

Developmental Pathways has responded to this charge over the years, and this report will provide a brief summary of all programs while highlighting the children’s programs, the quality of services, and infrastructure and staff quality. First is a review of the major accomplishments and challenges of 2014.

ACCOMPLISHMENTS FOR 2014

These are the highlights of activities across the agency, including administration, programs, and supportive departments.

- Worked actively at the federal legislative level to help pass the ABLE Act (Achieving a Better Life Experience), allowing individuals with intellectual and developmental disabilities to save up to \$100,000 without risking their eligibility for Social Security and Medicaid.
- Welcomed seven new Board of Director members, including two individuals with developmental disabilities and two family members of individuals in services.
- Enrolled 322 new individuals into the CES, DD, and SLS waiver programs.
- Served 4,169 children under the age of three during the year, with a high of 302 new referrals in one month alone.
- Served 600 individuals through the Community Outreach department. To address the capacity issues of trying to serve more families without increasing staff, we redeveloped and streamlined the Family Support required documentation.
- Updated and streamlined the employee training system. 3,695 discrete staff training sessions were conducted.
- Linked new performance measures for employees to compensation.
- Measured program quality at 95% (or higher) compliance in the Early Intervention department (*The annual report and parent survey results can be found in Appendix E*).
- Returned a score of “No Deficiencies” in a monitoring of Seniors’ Choice day program.
- Completed an organizational restructure of the following departments: Human Resources, Facilities, Transportation and Procurement, Information Technology, Finance, and Early Intervention.

See Appendix A for a complete list of accomplishments in 2014.

UNMET NEEDS/WAITLIST CHALLENGES

There are many challenges in serving the needs of individuals within our area. Programmatic challenges are discussed in the overview of programs, in the following sections. Highlighted below are the unique needs of people waiting for a resource in our communities:

- Affordable transportation remains difficult to find, especially in the more rural areas.
- Respite care is the most commonly identified need in family surveys.
- Behavioral supports are needed for all ages, including support in child care settings.
- Assistive technology, especially in the area of communication devices, is frequently requested.
- Spring break and summer programs for school aged children with I/DD provide much needed respite for families. Not only are these programs scarce, but they are also expensive, leaving families with no choice but to take time off from work or pay for this respite care themselves.
- Even though large numbers of individuals were removed from the wait lists this year, the increasing numbers of new referrals continues to add to the number of individuals waiting for support.

AN OVERVIEW OF PROGRAMS

Our goal is to provide innovative and effective programs characterized by self-direction, choice, and respect for individuals with intellectual and developmental disabilities and/or developmental delays and their families. We provide a person-centered approach to all of our programs. In other words, we tailor programs and services to an individual's strengths and needs, while also catering to the individual's interests and preferences.

Developmental Pathways offers numerous programs to benefit the individuals we serve. The following is an overview of the various programs and services:

CASE MANAGEMENT

Case management services provide entry into the intellectual and developmental disabilities system and may be the first contact for families with Developmental Pathways. The Colorado Developmental Disabilities Act assigns case management responsibility to CCBs for all individuals eligible for services, and specifies the nature and scope of the case management function. CCB case management obligations include information and referral, intake and eligibility determination, assessment of needs, individualized service plan development, assistance in applying for Medicaid programs and benefits, providing information and support to individuals and families in choosing providers, monitoring individual services and supports, establishing and supporting an independent Human Rights Committee (HRC), extensive data collection and reporting, and investigating allegations of client mistreatment, abuse, neglect, or exploitation (MANE).

A case manager is assigned to each person requesting or enrolled in services, and is responsible for ensuring that the functions listed above are performed as needed for each individual and family. The relationship between the case manager and the individual/family is one of partnership, with the case manager ensuring that the individual/family has accurate information for exercising choices and making decisions. Case managers also strive to identify and maximize use of supportive resources in the community beyond those that are funded under the Developmental Disabilities Act. Case managers are charged in particular to safeguard individual rights and ensure due process for every individual.

The Case Management department actively demonstrates conflict free case management through their placement procedures. For every individual that needs supports, a Request for Proposal (RFP), including a non-identifying profile of the individual, is sent to all providers in our area approved to provide the requested support(s). On occasion, an individual/ family will know which provider they prefer at the outset and an RFP will not be sent. The individual /family will provide Developmental Pathways with the information on their selection and an Interdisciplinary Team (IDT) meeting will be held to construct or modify the individual's Service Plan (SP). An IDT includes any number of people supporting the individual, including case managers, family members, caregivers, providers, and therapists.

Accomplishments: This year there was a huge push from the community and from the state to find ways to serve eligible individuals waiting for a resource to enter services. The legislature provided increased funding for the Medicaid Waivers hoping to lead to the elimination of the CES and SLS waitlists. This action by the state of Colorado has resulted in a 300% increase in enrollments into these programs and has reduced the size of the waitlist across the state, including in our catchment area.

Enrollments into Medicaid Waiver Programs from the Waitlist in 2014

Program	Number of new resources*	Number of other resources**	Total Enrollments in 2014
HCBS-CES	166	0	166
HCBS-DD	49	23	72
HCBS-SLS	0	38	38
TOTALS	215	61	276

*New resources to Developmental Pathways due to new statewide resources (for CES and DD), emergency resources (DD), and high risk resources (DD). This excludes any new CES resources enrolled prior to 7/1/13.

** Other resources include CES age-outs (SLS), foster care transitions (DD), transfers (DD and SLS), and those waiting for (SLS).

Challenges: The enrollment process has several pre-enrollment steps, and the statutory and contractual case management obligations placed on CCBs by the state cannot be met within funds paid by the state. The large increase in enrollments has also required devoting additional staff to management of our local waitlists, a largely unfunded activity. Getting new staff on-board and trained to provide case management services means engaging in capacity building to assure the quality of relationships with the individuals and families. Other required case management functions that are under-funded are the Human Rights Committee Review, and MANE investigations. Rapid population growth in Arapahoe and Douglas Counties has resulted in increased demand for adult services. This demand has impacted our intake-eligibility staff and our enrollment staff, resulting in significant staffing increases. The state of Colorado has begun compensating Developmental Pathways and other CCBs for eligibility determinations (also known as developmental disability determinations). However, the flat rate is not sufficient to cover the average cost of determinations and appeals on eligibility if necessary. In addition, the unprecedented growth in enrollments and the cost associated with pre-enrollment activities has been largely uncompensated. Both activities are supplemented with Mill Levy funding.

For more detailed information on numbers of enrolled individuals, diagnoses, and program selections, see Appendix C.

CHILDREN'S EXTENSIVE SUPPORT (CES) WAIVER

Children's Extensive Support (CES) services are provided through the Medicaid Home and Community Based Services (HCBS) Waiver for children with developmental disabilities who require constant line-of-sight supervision due to challenging behaviors and/or high medical needs. Children in CES are often on the autism spectrum, with extreme behavioral issues and/or extraordinary medical challenges. These children are at risk of being placed out of their home without the services and supports of the CES Waiver. Presently, the state of Colorado does not have a program for placement of children with developmental delays or disabilities out of their homes unless they enter the foster care system, an outcome contrary to every system's goal to keep children and families together. The CES Waiver also allows children with developmental delays or disabilities access to Medicaid services who may not otherwise qualify for Medicaid State Plan benefits. Children receiving CES services continue to reside in the community with their family. The services offered include personal assistance with daily living, respite, homemaking skills, community connector services, assistive technology, home modification, and professional services.

Accomplishments: In July 2014, the state provided funding to eliminate the CES waitlist in order to greatly increase the number of children being served. Developmental Pathways has approximately 50% of the state CES Waiver resources and has been actively enrolling children off the CES waitlist since April 2013.

Challenges: These children have the highest needs in the state and not every supportive service is a covered Medicaid or Medicaid Waiver service. The enrollment activities are frequently not covered (as referenced in the case management challenges above).



JESSE'S STORY

Jesse receives respite, communication supports, movement therapy, specialized medical equipment, and is in the process of receiving a home modification.

Jesse has exhibited great improvement after receiving these services.

Read more about Jesse in Appendix B.

CHILDREN WITH AUTISM (CWA) WAIVER

The Home and Community Based Services Waiver for Children with Autism (HCBS-CWA) is a program for children ages birth to six years who have a medical diagnosis of autism. Young children with autism frequently need a wide range of services to assist with their behaviors, to develop speech and language skills, and to learn social and emotional skills to further integrate into classroom settings. Intensive behavioral services assist both the child and the family to learn skills and techniques to enhance the child's development for later success in life.

This waiver program allows children access to Medicaid services who may not otherwise qualify for Medicaid State Plan Benefits, as well as providing funding to purchase specific services which are not covered under the Medicaid State Plan.

Challenges: There is frequently a wait list of several months for a child to be scheduled for an appointment with a diagnostic team. Once diagnosed, there is a waitlist for CWA, which may result in a 6-8 month (or longer) wait for children and their families before services begin. The earlier a diagnosis is made and treatment is begun, the better the long-term prognosis is for the child.

EARLY INTERVENTION PROGRAM

The Early Intervention program (EI) provides developmental supports and services to children from birth through two years of age who have significant delay in one or more of the following areas: communication skills, cognitive thinking, self-help adaptive skills, and social, emotional, and physical development. Children may also qualify by having an established condition known to result in a developmental disability. Early intervention supports and services can help improve a child's ability to develop and learn. They can also help families learn ways to support and promote a child's development within their routine activities and community life.

The Early Intervention program services such as occupational therapy, speech-language pathology, behavioral intervention, and physical therapy to help infants and toddlers grow and develop. The high value and return on investment of EI services are evidence-based in national studies conducted over many years. Research shows that the first three years are the most important time for developing and learning in a child's life. The goal of the EI program is to help children with special needs develop to their full potential and to decrease the need for specialized help later in school. In fact, studies consistently show that for every \$1.00 spent on EI Services there will be long-term savings of \$9.00 to \$13.00 toward future care and educational costs.ⁱⁱ In Colorado alone, approximately 25% of all children served in EI make developmental gains to the degree that they enter regular education programs without any need for further costly special education services.

The additional services the Developmental Pathways EI program provides include managing the intake of referrals from multiple sources, arranging for an evaluation and/or assessment to determine eligibility, service coordination, therapeutic services, and transition planning. An Individualized Family Service Plan (IFSP) is developed to identify each child's unique needs and the family's priorities once a child is determined eligible for services. It is the service coordinator's role to manage the necessary

services and supports to address these identified needs. In order to ensure that all eligible children receive the services they need, a variety of funding sources may be accessed to pay for EI services. These funding sources include federal, state, and local funds, as well as private and public health insurance plans. A service coordinator makes sure that all EI services on a child's IFSP are funded using the applicable funding sources; additionally the state has established a hierarchy by which funding sources are accessed in the most appropriate order for the child in services.

In 2014, Developmental Pathways received an average of 200 referrals each month and served over 1,700 children per month. On a monthly average, more than 115 children reached their third birthday and aged out of the EI program. Developmental Pathways is responsible for the discharge process and referral to school districts or other services. These figures drive a massive intake and discharge workload, in addition to developing and maintaining services to 1,700 children each month, all while complying with extensive state and federal procedural and documentation requirements. We served 3,660 children in the EI program in 2014, and both current state and local projections see a continued increase at a rate of 4-6% per year.

Accomplishments: The EI program maintained over 95% compliance with all federal and state requirements. Given the high volume of referrals, having a parent approval rate of 96% speaks to the quality of services provided.

See the official state report in the Appendix E.

Challenges: The EI program has challenges similar to those of the Case Management department. Many of the required activities for eligibility, including family assessment, occur prior to the child being eligible so they are not reimbursable. The federal dollars have remained stagnant, even when the growing population creates a higher demand for services.



SILAS & PHOEBE'S STORY

This is Phoebe. Phoebe didn't start walking until after most of her peers, and both Phoebe and her brother Silas had a hard time expressing any wants or needs, which led to attachment and behavioral concerns.

Our entire family flourished as a result of the Early Intervention Program.

Read more about Silas and Phoebe in Appendix B.

SUPPORTED LIVING SERVICES (SLS) WAIVER

Supported Living Services (SLS) are provided through Medicaid Home and Community Based Services (HCBS) Waiver as well as the [Colorado] state general fund (State SLS). This program provides a variety of services and supports for adults living in their own homes or with family in the community. The services provided include personal assistance with daily living activities, homemaking skills, employment supports, day services, assistive technology, home modification, professional services, and transportation.

Accomplishments: In the spring of 2014, the state of Colorado announced it would provide funding intended to eliminate the SLS waitlist beginning in July 2014. Developmental Pathways received an additional 387 resources, which was the largest allocation in the state at 19% of the total amount funded. Being able to respond quickly and connect people to needed services was a major accomplishment.

Challenges: Beyond the case management challenges noted previously, finding qualified service providers available to serve new clients and connecting them to families is a challenge. Meeting required timelines when a large number of new resources became available all at once created a challenge as well.



CATHERINE'S STORY

Through Supported Living Services, Catherine receives funding for day program services.

Catherine has become a leader in her day program and encourages others.

Read more about Catherine in Appendix B.

THE COMPREHENSIVE WAIVER (DD)

The Comprehensive Waiver is provided through Medicaid Home and Community Based Services (HCBS) Waiver. This program primarily provides residential services. Group homes, host homes, family caregivers, and apartment homes provide assistance 24 hours a day, seven days a week, and assistance for each individual is designed according to their prioritized needs. This program also provides day program services, behavioral services, transportation and employment services. Resources are limited by the state, and there is a waiting list. Resources over the past year have been primarily been allocated to individuals meeting the following emergency criteria:

- In an abusive or neglectful situation
- A danger to self or others
- In a mental health institute
- Facing imminent homelessness

After emergencies, resources are provided according to eligibility date, also known as an “order of selection” date.

FAMILY SUPPORT SERVICES PROGRAM (FSSP)

Family Support is a state funded program for individuals aged three through adulthood, and assists families caring for a family member with intellectual disabilities or developmental delays. Eligibility for support is based on self-reported needs according to each family’s score on the Most-In-Need Assessment, which is heavily weighted towards health and safety concerns. Mill Levy funds are also provided according to each individual’s identified needs. Families choose the services; frequently the needs are for respite, behavioral support, technical or adaptive support, skill building, and medical/dental appointments for families not covered under the Medicaid State Plan. Families waiting for Family Support services are referred to the Community Outreach department at Developmental Pathways for help in supporting the individual and family connecting to their community.



DUSTY’S STORY

Dusty and his family have recently started using the Family Caregiver Act.

Dusty and his family take every opportunity to help Dusty increase his independent living skills. Every opportunity is a learning experience!

Read more about Dusty in Appendix B.

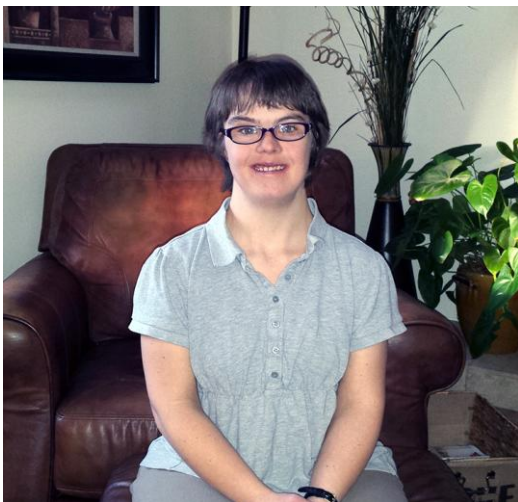
COMMUNITY OUTREACH

This program was created to assess the needs of individuals waiting for services and find ways to connect them with existing supports in the community. Community needs were also assessed. Four areas of focus guided the work this year: direct service to families awaiting a Medicaid Waiver, communication, networking, and capacity building. Both volunteers and interns were used to expand outreach efforts. Community Outreach has increased communication by staffing a telephone information line and developing a weekly newsletter sent to over 3,000 individuals. The Community Outreach department also connected with over 250 businesses, schools, and support agencies to explore new ways to support clients and families who are waiting for services. As the program becomes more visible in the community, networking was developed with a wide variety of resource fairs, outreach to the Spanish-speaking community, and partnerships with related services.

Community Outreach also received funding through grant writing to provide respite care for 50 individuals on the waitlist, which is a much needed service for families not yet receiving this support on a regular basis. An internal food drive, coat drive, and holiday outreach provide food and basic necessities for families, as well as holiday gifts for children with unmet needs.

Mill Levy dollars were allocated to 445 individuals and their families who responded to our invitations and offerings regarding their unmet needs. The greatest amount of services purchased was for respite and behavioral supports. There was a surge in assistive technology purchases, such as iPads customized to the individual's level of learning and communication needs.

Challenges: When children turn three years old, they lose funding for home-based intervention. These families may receive support through the school districts for their educational needs, but families report having many additional needs without resources to meet them. By partnering with the Early Intervention program, Community Outreach assisted families to identify the need for supports for the children transitioning out of EI into either school-based educational services (therapeutic preschool) or community preschools.



AMY'S STORY

Amy volunteers at the Arc, a thrift store whose sales fund advocacy for individuals with intellectual and developmental disabilities.

Amy continuously increases her communication and coping skills.

Read more about Amy in Appendix B.

DIRECT SERVICES

A multitude of direct services are provided in addition to case management services. As stated previously, a person centered approach is applied to all services.

Home and Community Support – This department, as a licensed Home Care Agency, provides quality services to adults and children who need a trusted and caring provider on an ongoing basis. These supports include personal care, respite, supported community connections, homemaker, and mentorship services.

Prevocational Services – In this program, individuals learn traditional skills necessary for community employment. They attend classes to increase skills and are paid for their work providing assembly and packaging services to local businesses.

Day Activities – These programs serve adults with abilities that range over a broad spectrum. A safe and well supervised environment is provided with pre-planned, meaningful activities to meet varying interests and abilities.

Community Employment Services – This program promotes long-term relationships between individuals with intellectual disabilities and the business community. Individuals' skills are matched to the local companies that can utilize those skills.

Behavioral Services – These programs are available to support young children, adolescents, and adults faced with behavior challenges.

Residential Services – Individuals with intellectual/developmental disabilities have more options than ever to live in a home and community based environment that best meets their preferences and level of ability. Providers within this department are able assist in many different ways depending on the individual they are serving. One individual may only need weekly assistance with budgeting or medication administration, and one individual may need 24 hour assistance with all of their daily needs such as bathing and dressing.

SUPPORTIVE DEPARTMENTS

In addition to programs, there are many supportive departments within the Developmental Pathways structure.

TRAINING DEPARTMENT

Mill Levy funds helped support the development and implementation of training programs and technical assistance to ensure quality services and best practices. Training was designed to improve knowledge, skills, and abilities of Developmental Pathways' employees and those of local program approved services agencies (PASAs) and host home providers. Training sessions also were provided to families in areas of particular interest and need, such as toilet training, behavior management, CPR and First Aid, social skills regarding safety, and relationship building. In the arena of individual care, we continue to provide cutting edge education on best practices. These courses promote individual choice, dignity, and whole person care.

A comprehensive list of these courses is provided in Appendix D.

HUMAN RESOURCES

In an effort to attract, train, and retain the highest quality employees, a number of initiatives were implemented to position Developmental Pathways as the employer of choice for nonprofit organizations. Key examples include:

- Completed a total rewards review. This initiative included establishing a compensation philosophy aligned with organizational objectives, analyzing market data, performing cost analyses and updating wage grades. After this analysis, action was taken to adjust compensation where warranted, create a pay differential for medical/therapeutic jobs, and implement wage quartiles to address varying levels of experience and education.
- Strengthened the relationship between work performance and merit-based increases. In the previous fiscal year, we successfully implemented the TrakStar Performance Appraisal System by tying company positions to relevant competencies.
- Developed a new position for a dedicated recruiter in order to help find and place talented candidates in a job best fitting their skills and qualifications.
- Established a tuition reimbursement program. This program has allowed full-time employees who are furthering their education to receive reimbursement for courses that will benefit their work at Developmental Pathways.
- Developed and installed policies conducive with alternative and flexible work schedules.
- Researched and implemented ePath, a learning management system to optimize employee training and development impact. This system was purchased and implemented, in large part, over the summer and fall of 2014. The ePath system will allow employees to be job-ready more quickly by providing self-guided e-learning modules that meet regulatory requirements.

PROGRAM QUALITY

We have developed extensive program quality procedures to assure individuals and families that we are compliant with state rules and regulations and that services are high quality.

PROVIDER PERFORMANCE

Service providers are approved directly through the I/DD Community Services section with the state of Colorado a part of the Colorado Department of Public Health and Environment (CDPHE), which also does periodic reviews of provider performance. Developmental Pathways maintains an annual compliance tracking that outlines program approved service agency (PASA) performance through fulfillment of contractual obligations.

The Case Management and Finance departments measure aspects of PASA performance in the following ways:

- Each individual receives a three and six month monitoring each year, along with other as-needed monitoring, to ensure supports and services are meeting the individual's needs as outlined by their service plan.
- Annual compliance tracking outlines receipt of all annually required documentation, such as quarterly reporting, annual individual assessments, insurance certifications, and fiscal audits.
- The finance department prepares quarterly billing reconciliations for all PASAs billed through Developmental Pathways. These reconciliations track payments made to the PASA versus payments received from Medicaid.
- An annual complaint log is kept to track complaints and resolutions.
- Case managers review the provided services and supports to ensure the billing is in line with the Service Plan amount, scope, duration, and frequency.

INVESTIGATIONS OF MISTREATMENT, ABUSE, NEGLECT, AND EXPLOITATION (MANE)

Developmental Pathways serves a vulnerable population; therefore, staff is diligently trained to observe any evidence that a client is experiencing mistreatment, abuse, neglect and exploitation (MANE).

Developmental Pathways maintains standards and protocols for reporting MANE concerns and allegations and has trained investigators on staff to promptly review and look into such reports. The Division for Intellectual and Developmental Disabilities (DIDD) is notified within 24 hours of all critical incidents and reports of deaths. If there is knowledge or suspicion of a crime, Developmental Pathways immediately notifies the appropriate law enforcement agency. Depending on circumstances (and in accordance with regulations and protocols), we may also file reports with county Adult Protection units and the Colorado Department of Public Health and Environment (CDPHE).

Developmental Pathways supports a Human Rights Committee (HRC), which is charged by law with protecting the health, safety, and rights of individuals receiving services. The HRC is comprised of independent third-party experts and family members who volunteer to meet once a month to review investigation results, psychotropic medication usage, rights suspensions, restrictive programming, and other matters as required under state regulations.

See Appendix E for HRC reviews conducted in 2014.

CONCLUSION

Developmental Pathways meets the Intergovernmental Agreement (IGA) requirements of the Mill Levy funding by:

- Protecting and assisting individuals with intellectual disabilities in ways that help keep families together
- Preventing the costly price of out-of-home placements
- Supporting adults with intellectual and developmental disabilities
- Supporting infants with developmental delays
- Helping adults with intellectual and developmental disabilities acquire employment and job training
- Providing day care and other services to seniors with intellectual and developmental disabilities so working families can care for them at home
- Actively reducing the long waitlists of children and adults who need services
- Reaching out to the community to assess needs and connecting our individuals to new resources
- Achieving these ends through existing county-authorized agencies

Developmental Pathways' capacity building in 2014 facilitated a quick response when funds became available to serve individuals on the waitlist. A major focus has been placed on quality staff who provide superior service to individuals needing support. These efforts have been instrumental in achieving our mission: to enrich the lives of individuals with intellectual disabilities by providing opportunities to lead a meaningful life.

ⁱ <https://www.sos.state.co.us>

ⁱⁱ http://www.highscope.org/file/Research/PerryProject/specialsummary_rev2011_02_2.pdf

APPENDIX A

HISTORY OF COMMUNITY CENTERED BOARDS AND THE NEED FOR A MILL LEVY

In 2001, prior to the Mill Levy, rapid population growth and increased demand for services in Arapahoe and Douglas Counties resulted in a funding crisis. The contract Developmental Pathways had with the state of Colorado, the primary source of revenue for intellectual and developmental disability services in our area, had fallen far behind the demand for services, and we faced major cuts in services to clients and families. This problem was compounded by the disproportionate distribution of funding from the state that resulted in the lowest per capita allocation of resources to Arapahoe and Douglas Counties, relative to any other area of Colorado. The only option available to stave off these cuts and meet at least part of the ongoing rush of service demands was through a Mill Levy election under the conditions set by the Taxpayer's Bill of Rights (TABOR), and in accordance with state statute (27-10.5 C.R.S.) allowing a one-mill county property tax exclusively for services for people with intellectual and/or developmental disabilities and developmental delays.

With the unanimous support of the County Commissioners from Arapahoe and Douglas Counties, Referendum 4A was placed on the 2001 ballot in both counties, which proposed a one-mill dedicated property tax for services for people with intellectual and/or developmental disabilities and developmental delays.

After months of intensive campaigning, which was spearheaded by hundreds of volunteers, the referendum passed in both counties. The efforts required for this win included meetings with community groups, public forums, distribution of voter education materials, grass-roots voter turnout efforts, and much more. As a result of the successful campaign, service cuts were avoided and more than 1,600 new clients were served with Mill Levy funds in the first two years alone. However, service needs in our catchment area had grown to such high levels that Mill Levy funds would reduce the waiting list, but fall short of the funding needed to eliminate the waitlist altogether.

In 2012, Developmental Pathways developed a long-term strategic plan. The primary goals were:

1. To ensure that all individuals with intellectual disabilities in our area are receiving support.
2. To lead in innovation for quality of life standards for individuals with intellectual disabilities.
3. To be a customer-service focused agency, both internally and externally.
4. To actively and openly partner with federal, state, and local agencies to address system-wide changes
5. To fundraise \$1.2 million in 3 years to support strategy #1.

HISTORY OF RATES FOR SERVICES

When the rates for services were established by the Division for Developmental Disabilities, now the Division for Intellectual and Developmental Disabilities, in 2008 and 2009, they were approximately 15% below market and not standardized. In addition, a 2.5% cut was implemented during the recession because of the state's fiscal situation. The state recently increased rates, but they remain below market. Provider staffing costs for services are typically higher in metro areas than in rural areas due to cost of living.

STRATEGIC PLAN UPDATES AND ACCOMPLISHMENTS

At Developmental Pathways, 2014 was a significant year for several reasons, not the least of which is that it was the organization's 50th year serving individuals with intellectual and developmental disabilities and developmental delays. These 50 years have been filled with cherished memories of the individuals and families we have been privileged to serve. Our considerable impact in the community is due in large part to the tireless efforts of our amazing team members and strong, trusted community partners. In 2012, Developmental Pathways established the first long-term strategic plan in its history. Two years into our three year strategic plan, we are pleased to announce that over 200 objectives and milestones have been successfully completed. This appendix outlines some of the major accomplishments from the 2014 calendar year.

Developmental Pathways

- Expanded the Case Management department's operational capacity by hiring and training 30 new employees, resulting in a 50% increase in workforce from 2013.
- Enrolled a record 322 children and adults into all the Medicaid Waiver programs, exceeding last year's historical high of 155 children and adults.
- Collaborated with Arapahoe and Douglas County's Departments of Human Services to comply with changes in Colorado law in order to fast track foster care youth over 18 into the intellectual and developmental disability system.
- Partnered and participated in several initiatives at the county, state, and federal levels, focusing on providing better quality services and supports to individuals with intellectual and developmental disabilities and developmental delays.
- Pioneered, trained, and continued to advocate for Person-centered thinking and the development of meaningful life plans for individuals and families.
- Actively worked with community service providers to enlarge system capacity to meet the growing needs of individuals in services and families.
- Served a monthly average of 1,700 children under age three in Early Intervention services, which resulted in support to over 25% of all families served in this program for the state of Colorado. On average, the Early Intervention department added 50 families into services every week.

- Provided telehealth as a therapy service option to those receiving Early Intervention services, thereby allowing families to receive individualized support regardless of their location. Developmental Pathways is the first CCB in the state to offer this service for clients and families in the Early Intervention program.
- Conducted a training session in partnership with Aurora Mental Health Center and Arapahoe Early Childhood Council for Arapahoe County Child Protection on the positive impact of Early Intervention services and supports.
- Received approval ratings between 93-96% from families on each of the areas measured on the Early Intervention survey.
- Processed approximately 500 “Most In Need” forms this year for families ready to access the Family Support Services program.
- Continued to serve 343 individuals in our Community Outreach program as well as reaching an additional 167 individuals this year. To date, over 700 individuals waiting for services have been served through our Community Outreach program.
- Received and administered respite care funding for 50 individuals living in Arapahoe and Adams Counties through the Colorado Respite Care Grant; administered respite funds for an additional 115 families through the Douglas County Respite Grant.
- Enriched our volunteer program, coordinating 1,224 volunteer hours to help with various projects and programs in the organization.
- Connected with over 300 business and professional community partners via the Community Outreach department.
- Received positive marks from 100% of the survey respondents evaluating the services provided by the Community Outreach department.
- Teamed with the Arc of Aurora and the Arc of Arapahoe/Douglas to host the bi-annual Political Candidate Forum in a more personal and informal “Candidate Meet and Greet” setting.

Adult Services

- Provided Supported Employment services to 34 individuals with unmet needs.
- Graduated seven students from Project Search, a work program preparing clients for additional community employment; five individuals were successfully placed in community employment.
- Incorporated several new and enriching activities into the day program activity schedule including: participating in The Hocus Pocus workshop and The 2nd Annual Derby Day Car Races (pinewood derby); touring the Buckley Air Force base and the Denver Mint; attending theatrical productions at the Littleton Town Center, including *Oz* and *A Christmas Story*; and volunteering with Operation Christmas Child.

- Established a second tier of soft skills training for clients most prepared to graduate from the Pre-Vocational program into community employment.
- Started the Family Caregiver program that provides individualized, comprehensive services and supports to individuals in the comfort of their own homes.
- Decreased medication errors and increased efficiencies in our Residential Services program with the implementation of our web-based medication administration system, Carasolva.
- Teamed with PDC Pharmacy, thereby allowing more sophisticated integration opportunities with Carasolva.
- Worked with a hospice center to allow a host home client to remain in his home for end-of-life care.
- Reorganized the management structure to become more efficient and streamlined.
- Committed to a membership in the Alliance sub-committee on person-centeredness, which strives to implement statewide application of person-centered planning.
- Participated in the House Bill 1360 Statewide workgroup to examine the Supported Living Services and Children's Extensive Supports Waiver rules, along with Colorado Department of Public Health and Environment (CDPHE) Home Care rules, and then address the gaps and conflicts between both sets of rules.

Hosted the two day "Person-Centered Training" course, which was attended by 40 employees

- Developed a partnership with Aurora Public Schools, resulting in offering training and ongoing consultation support to parent and preschool educators in regards to behavioral issues.
- Created and staffed the flex personal care worker (PCW) position, allowing this department to meet emerging client needs more quickly.
- Strengthened the transition between Pre-Vocational services and Supported Employment, thereby providing integrated community employment experiences to individuals currently receiving training and support among other individuals with intellectual and developmental disabilities.
- Expanded and enhanced the program menu provided through the Extended Hours Day Program to include the following participant-inspired activities: masterpieces and mocktails, science experimentation, music, dance, theater programs, as well as summer camp and "night out" functions for young adults. Attendance in several activities has doubled and sometimes tripled since the program's inception last year.
- 93% of respondents were satisfied with their residential services; while 98% of respondents were satisfied with their employment and/or activities services.

- Organized the Direct Support Professional Recognition Month, which included numerous recognition efforts, culminating in the Direct Services Professional Awards Banquet that honored extraordinary employees.

Financial, Transportation, Human Resources, and Facilities

- Completed a total compensation review, which included, but is not limited to: establishing a compensation philosophy aligned with organizational objectives; updating wage grades; adjusting individual compensation where necessary; creating a pay differential for employees working in therapeutic settings or with individuals with high medical needs; and implementing wage levels to address varying levels of experience and education.
- Implemented numerous “Employer of Choice” initiatives including alternative work schedules, tuition reimbursement, a centralized and streamlined hiring and on-boarding process, creation of a Professional Development Plan for all Vice Presidents and Directors, and the launch of the learning management system, ePath, to optimize employee training and development efforts.
- Reduced the financial monthly close schedule by 5 business days and fiscal year-end close by 30 days.
- Provided ticket books, bus passes, or taxi vouchers to 370 clients per month.
- Finalized major remodels at 6 homes which included updates to kitchens, common space and bathroom updates, client choice preferences, and securing properties with new fences.
- Completed updates and remodels to both the Aurora and Inverness offices to maximize space efficiencies and create workspace for over 60 additional employees.
- Consolidated organization email systems into a single cloud-based application accessible from anywhere over the Internet, and subsequently rolled out updated domains.
- Continued efforts to becoming a more efficient and greener agency by moving toward electronic records and reducing the amount of paper generated. The majority of departments have been converted to electronic documents with 450 boxes of paper scanned into the company’s intranet.
- Continued to enhance staff mobility by providing laptops to an additional 100 staff, allowing them to work and access information from offsite locations that are more convenient for our clients.

SUN Foundation

- Raised a year-end total of \$266,949.17 and successfully organized and hosted 47 events.

- Collaborated with the South Metro Denver Chamber to host the Presidential Leadership Forum, which was attended by approximately 150 community leaders. CEO Melanie Worley was featured as the guest speaker.
- Commemorated Developmental Pathways' 50th year by producing a 50th anniversary video, compiling and publishing 50 client stories into a hardbound book, and assembling 50 years of archives for presentation at the Pathways Client Achievement Awards (PCAA).
- Hosted the 12th Annual Pathways Client Achievement Awards, which was sold out with 400 attendees, and raised the highest funds to date, totaling \$121,573.
- Partnered with Park Meadows and Macy's for our inaugural Client Fashion Show. The show starred 25 individuals who receive services and drew an audience of 200.
- Launched the first annual SUN-Raiser Ask Breakfast for 200+ community partners and corporate donors. This well-publicized event raised nearly \$25,000.
- Held the 3rd Annual Family Fun Day Forum, which drew the largest attendance (400) and most volunteer support to date.
- Named the beneficiary organization for Highlands Ranch's annual "Taste" event, resulting in over \$10,000 raised.
- Collaborated with Colorado Community Media, The Villager, Denver Post, and Aurora Sentinel on various media promotions.

APPENDIX B

STORIES OF INDIVIDUALS SERVED BY DEVELOPMENTAL PATHWAYS

The following stories are written by families caring for an individual served by Developmental Pathways.



JESSE'S STORY

“Jesse receives respite, communication, movement therapy, specialized medical equipment, and is in the process of a home modification (ramps). [At their last] monitoring [Jesse’s parents] Betsy and Scott, stated [prior to receiving services], they were at a loss for support and were quickly spending money to provide Jesse with the necessary aid to help him live a happy and healthy life. They stated that Jesse has exhibited great improvement after receiving these services. Jesse engages with his movement therapist, and is slowly increasing his trunk strength through water safety. He is now able to access his general community.”



TEGEGN “SILAS” & AYINU “PHOEBE’S” STORY

“In 2013, we were blessed with 2 beautiful children through adoption from Ethiopia. During all of our adoption classes we were warned of the possible delays or health conditions our adopted children could face. Looking back, I don’t know what we were thinking! We had 2 children already. But from the first moment we held them in Africa, it was love and it didn’t matter what challenges we would face.

It was really obvious from the beginning that they were malnourished and had struggled during their first few months of life just to survive. They didn’t even cry to get basic needs met, because they had been neglected for so long prior to us receiving them. The first few months we just showered them with love and nursed them to health with sickness after sickness, and also brought their weight up to normal. As time passed, different developmental concerns started to be displayed during daily routines. Phoebe didn’t start walking until after most of her peers, and both Phoebe and Silas had a hard time expressing any wants or needs, which led to attachment and behavioral concerns. This began to wear on us as parents, and we started to seek some help. Our pediatrician recommended an evaluation to be completed for the Early Intervention program to see if Phoebe and Silas would be eligible for services. From the first visit to the Child Find center, we were showered with a team of professionals who offered support, love, and advice. We started to feel like we had a plan, and the kids would “catch up” to their peers.

After the evaluation, Early Intervention was able to assist Phoebe and Silas with multiple services in our home (perfect for the kids because leaving the house was too stressful). Throughout the week, I would write down questions and problems that our family encountered. The therapists came to our home weekly, answered the questions I had, and by the end of the therapy session, I felt prepared to support my children with any challenges they faced.

It was a particularly hard year emotionally and financially, and the Early Intervention program, including our Service Coordinator, was able to assist with diapers, wipes, and food. Our service coordinator was always helpful and knowledgeable, and able to find and help with any resources our family needed. At Christmas we were gifted with 3 garbage bags of wrapped presents given to us by the Holiday Outreach program! Our therapist and our service coordinator supported us and brought us through life's challenges the past year and a half. Phoebe and Silas overcame eating issues, separation issues, and aggression issues. Phoebe learned to walk; both of them gained new ways to express themselves and now the kids are comfortable being anywhere in public. Our therapist and our service coordinator invested a year into our family, and during that year, our entire family flourished as a result of the Early Intervention Program".



CATHERINE'S STORY

“Through Supported Living Services, a Medicaid Waiver program, Catherine receives funding for Day Program services. Along with other individuals, Catherine volunteers at a church and two local businesses. They shop for food, learn cooking skills, and exercise together. Staff members say that Catherine has become a leader in her day program and encourages others in their independent living skills. She is a member of Rotary Community Corp (RCC), a group of young adults with special needs. This club is sponsored by Rotary and does service projects in Parker. Catherine loves to attend dances and was voted homecoming queen last fall at the dance sponsored by RCC, Parker Rec Center, and Parker United Methodist Church. She also plays basketball with Special Olympics. These activities allow Catherine a degree of independence as well as the opportunity to be a part of her community”



DUSTY'S STORY

“Dustin (“Dusty”) is a young man who receives funding through the Supported Living Services Waiver (SLS). He and his family have recently started utilizing the Family Caregiver Act. His parents, Sue and Rick, are working with Dusty to help him increase his independent living skills by encouraging and teaching him a variety of household skills and community/safety awareness skills.

Dusty is working at increasing his household skills. He is learning to separate his laundry, start the washer, and then transfer it to the dryer. He is doing “amazing”, says Rick. He is also helping to cook and prepare meals. Rick stated that Dusty is an amazing help with the grill, and Sue is helping him learn how to cook his favorite meal, pasta, from scratch. Dusty would like to one day be able to cook a meal for his family and friends.

Dusty and his family take every opportunity to help Dusty increase his independent living skills. Whether it is a family trip to Hawaii, a camping trip in the mountains, or going to the grocery store, Dusty is encouraged to increase his independent living skills; every opportunity is a learning experience!”



AMY'S STORY

“Amy’s parents last stated that Amy is increasing her communication skills. She is able to now be alone up to 8 hours. They are working with her on stranger awareness skills and appropriate social behaviors. Amy volunteers at the Arc, a local clothing store providing clothes for families. Amy continuously increases her communication skills and self coping skills. She is now able to utilize the microwave (with supervision) to make her own meals. Amy is now able to indicate her wants and needs more appropriately.”

ADDITIONAL COMMUNITY OUTREACH FAMILY EXPERIENCES

The following are written by people caring for an individual served by Developmental Pathways regarding their experiences with Community Outreach and respite services.

Caroline

"It is rewarding to see Caroline go off to camp, have fun, practice independence skills, enjoy the outdoors, learn about herself, and try new adventures. It shows us "she can". It shows us her joy. It shows us, that if given a chance, anything is possible. Her successes make us all happy. This reminds me of how important it is to include fun and adventure in her life. The funding helps provide Caroline with that fun. Going to camp, I see a lot of growth with her social skills, greater confidence in making decisions, working through her fears with peer support, as well as a lot of exercise in the outdoors. I think there is positive growth with all these challenges. I get some time to enjoy life without a clock and the constant driving to all of Caroline's daily events. The unstructured time gives me a chance to think, get perspective, plan for a future direction, work out, and catch up on personal interests. I'm basically more relaxed. So when she is at camp, he'll [my husband] take time to fish, read and also step away from our daily routine."

Chloe

"Developmental Pathways has given me hope. I will be able to provide my daughter with respite care, which in return gives me peace of mind while working. My daughter Chloe needs social interaction with other young ladies that she can relate to upon her social level and Developmental Pathways has given us that. Raising a child with special needs requires just as much social interaction with peers than any other child. Special needs children need one-on-one and face-to-face dialect [communication] and I will be able to have my daughter engage in these activities. Thank you for your continued help and support. Having the funds available for my daughter to have respite care will allow her one-on-one time with her peers and will provide me with a peace of mind. It will allow family free time; perhaps a movie or a night to go play BINGO."

Leonard

"It has helped so much. I was able to take a class one evening per week, something I couldn't have done if not for the respite funds. I don't have any family support and I am now a single mom as well. It's still very new for me to be out and about with other adults, but it is nice to talk at the divorce care class/support group with others about starting a new life. He has encouraged me to continue going each time I wanted to give up. He say "Mom, it does your brain good". I think he is right."

Ashley

“It is awesome to be able to use the funds to provide respite care for Ashley to allow her to participate in activities more frequently at her Day Program than she otherwise would have if we had to pay for all of her programming privately. It also allows me some time for things I need to do. Otherwise she would be at home. Ashley is in a much better mood and positive frame of mind when she is kept active and busy in various programs. It impacts her relationship with both her sister and me. Staying home day after day is not good for her, and she becomes frustrated that she cannot provide her own transportation and plan her own activities. This becomes magnified when she stays home too much.”

Michael

“Community Outreach provides \$100.00 a month that has been going towards his before and after school program. Anything helps at this time, so the \$100.00 a month helps out some. Michael is going on 9 years of age and my husband and I, as well as my mother, have been providing all we can for our little guy. It is hard at times financially, physically, and emotionally to not have any services to help in the home. I realize there are many families in need; I just hope soon that we can get assistance to help out financially and in home assistance. Thank you.”

APPENDIX C

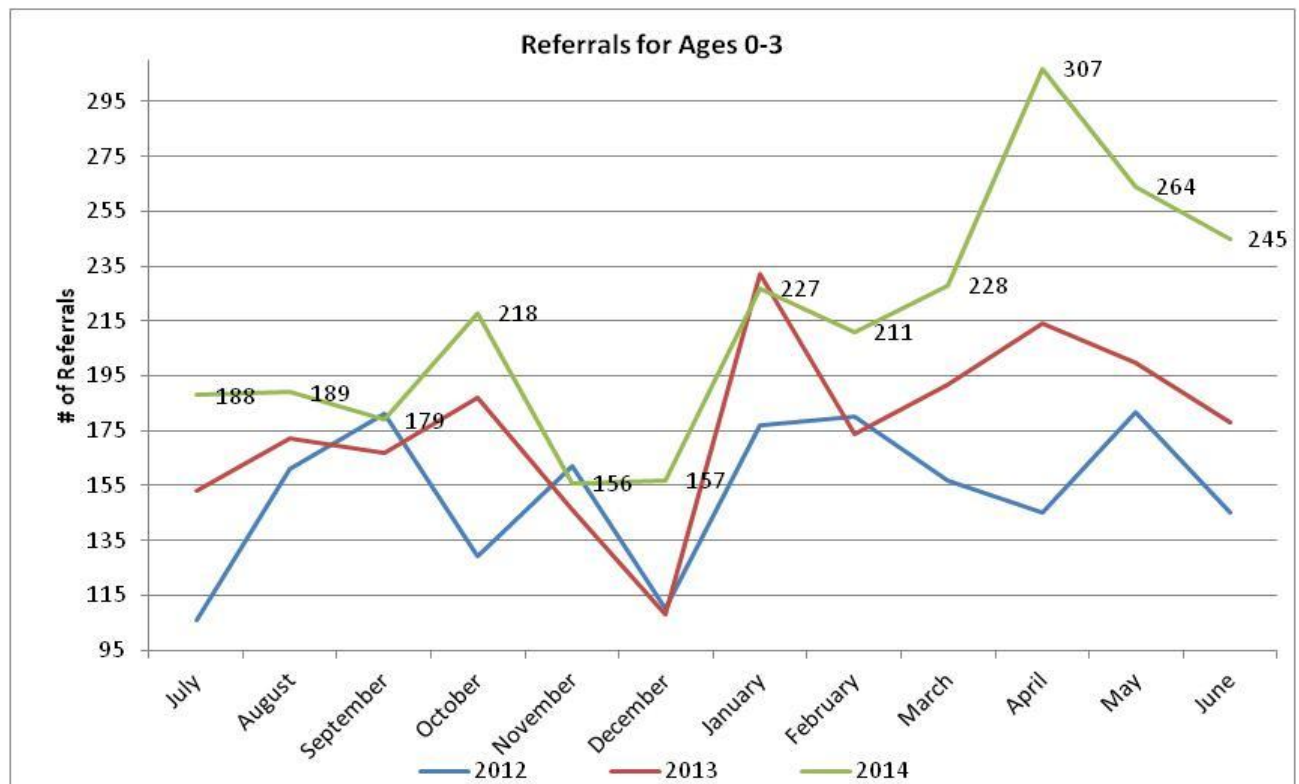
ENROLLMENT, REFERRALS, AND DEMOGRAPHICS

The following graphs are included to show the referrals and enrollments Developmental Pathways received in 2014, and include demographic information such as age, gender, and county of residence.

Early Intervention remains an area of high growth, which is linked to increasing population growth in our communities of service.

Case Management also experienced high growth in number of individuals enrolled in services, due to an increase in funding by the legislature to serve people waiting for services.

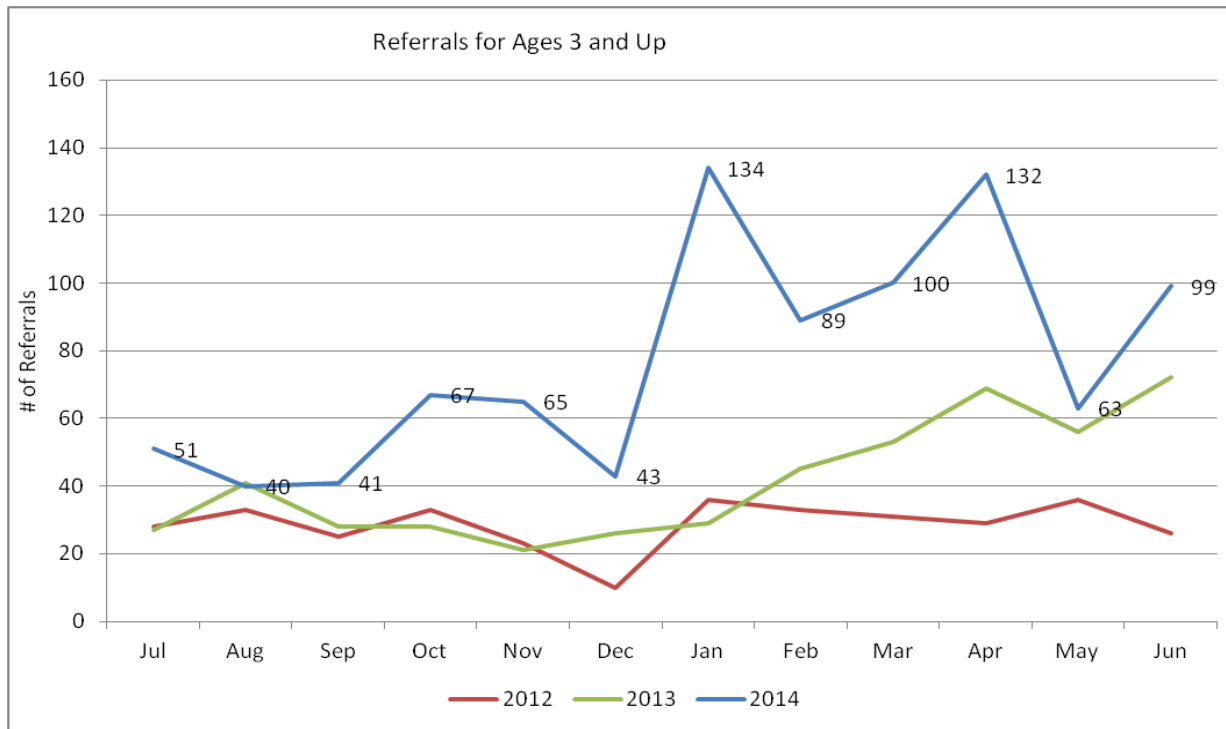
EARLY INTERVENTION: NUMBER OF REFERRALS AGES BIRTH TO THREE



SERVICES FOR CHILDREN BY AGE GROUP

	Arapahoe	Douglas	Other County	Combined Totals
Birth - 3	50.86%	26.38%	3.53%	80.76%
4-9	2.74%	1.40%	0.45%	4.58%
10-14	4.34%	1.82%	0.37%	6.53%
15-19	5.58%	1.97%	0.58%	8.13%
Total	63.52%	31.56%	4.92%	100.00%

NUMBER OF REFERRALS, AGES 3 AND UP



Please note: there was a change in tracking methodology of intake calls, effective January 2014, which accounts for a portion of the spike in tracked referrals.

ADULT SERVICES BY AGE GROUP

Age Group	Arapahoe	Douglas	Other Counties
under 20	3.71%	8.33%	.85%
20- 29	34.40%	48.48%	36.44%
30-39	27.75%	24.24%	23.73%
40-49	16.37%	10.61%	12.71%
50-59	12.15%	6.06%	18.64%
Over 60	5.63%	2.27%	7.63%

ADULT SERVICES BY ETHNICITY

Ethnicity	Arapahoe	Douglas	Other Counties	Total
American Indian/Alaskan	.25	N/A	1.67	.38
Asian/Pacific Islander	2.77	3.73	2.50	2.86
Black	9.82	.75	26.67	10.59
Hispanic	6.80	5.22	12.50	7.25
Unknown	1.39	2.24	N/A	1.34
White	78.97	88.06	56.67	77.58

ADULT SERVICES BY GENDER

Gender	Arapahoe	Douglas	Other	Total
Female	347	57	49	453
Male	435	75	69	579

ADULTS WITH SECONDARY & OTHER TERTIARY DIAGNOSES

Condition	Arapahoe	Douglas	Other
Attention Deficit Disorder	65	18	16
Autism	103	16	9
Brain Injury	22	3	5
Cerebral Palsy	127	20	17
DD/Mental Illness	141	16	37
Developmental Delay	4	2	N/A
Down Syndrome	75	23	14
Fragile X Syndrome	10	2	2
Maladaptive Behavior	75	9	19
Medically Fragile	26	7	5
Mental Retardation	688	119	107
Non Ambulatory	36	4	3
Non Mobile	12	1	2
Other	147	27	32
Other Neurological	44	11	8
Seizure Disorder/Epilepsy	175	29	22
Significant Hearing	50	10	1
Significant Speech	107	25	17
Significant Vision	61	4	7

INDIVIDUALS ON THE WAITLIST (RECEIVING CASE MANAGEMENT ONLY)

Waiting List Case Management Only	Arapahoe County		Douglas County		Adams County and Other		Total	
	2013	2014	2013	2014	2013	2014	2013	2014
						2014		
CES	49	111	16	59	5	9	70	179
FSSP	1,275	1,459	766	846	75	73	2,116	2,378
SLS	498	552	207	240	55	48	760	840
Comp.	455	515	190	226	63	62	708	803
Total	2,277	2,637	1,179	1,371	198	192	3,654	4,200

Appendix D

TRAINING AND STAFFING

Thorough training for employees and outside providers guarantees that the individuals we serve receive the highest quality of service, and receive safe, comprehensive levels of care.

TRAINING CLASSES OFFERED

- Abuse Prevention and Client Rights
- Adult, Infant, Child CPR/AED and First Aid
- Autism and other Specific Diagnoses
- Client Choice and Professional Communication
- Communication and Learning Strategies
- Confidentiality and HIPPA Compliance
- Individualized Service Plans
- Introduction to Intellectual and Developmental Disabilities
- Medication Administration
- Nutrition and Food Handling
- Positive Behavioral Supports
- Respite Services
- Safety Care© for Behavioral Interventions
- Supported Employment Education

STAFFING REPORT

The following table reports on the turnover rates for Developmental Pathways.

2014	Voluntary Turnovers	Involuntary Turnovers	Total Terminations	Active # of Employees	% Voluntary	% Involuntary	total
	144	23	167	557	26%	4%	30

Appendix E

PERFORMANCE INDICATORS

TABLE OF MANE INVESTIGATIONS

Monitoring and Investigations

Type	Number
Monitoring**	1848
Investigations	47

** reflects only tracked monitorings--mostly 3 and 6 month on-site monitorings

Human Rights Committee Reviews

Type	Number
Psychotropic Medications	249
Rights Suspension	24
Restrictive Procedure	0
Safety Control Procedure	5
Combination Reviews	141
Follow-Up	18
Final Reviews	11
Investigations	41
Incident Reports (ECP/SCP)	27
Total:	516

EI REPORT FROM STATE MONITORING

Performance measures are set by the state, and data is reported back based on annual performance. The state target is 88% compliance or better.

Please see pages 2-4 of this appendix for graphs and reporting outcomes.



Early Intervention Colorado FY 2013 -14 Developmental Pathways Family Outcomes Survey Report

The complete “Early Intervention Colorado FY 2013 - 14 Statewide Family Outcomes Survey Report” is posted on the Early Intervention Colorado website (www.eicolorado.org) within the Documents Section, Child and Family Outcomes Report Link. This report provides a summary of results for Developmental Pathways, which serves families in Arapahoe and Douglas Counties.

Comparison of Target and Actual Performance Data

The data in Chart 1 is based on survey results and represents the percent of families involved with Developmental Pathways who report that early intervention services have helped them to know their rights, communicate their children’s needs and help their children develop and learn in fiscal year (FY) 2013-14 (July 1, 2013 - June 30, 2014).

Chart 1: Percent of Families Who Responded

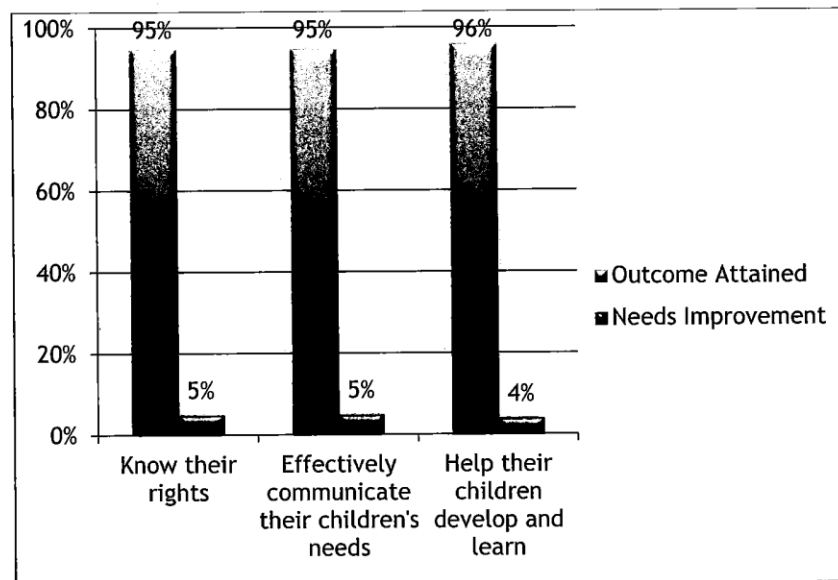


Table 1: Rating Average Score: Part C of IDEA Family Outcomes (Indicator 4)

Description	Responses	Skipped Question	Rating Average (7-Point Scale)
4A: Early intervention helped families know and understand their rights	234	1	6.17
4B: Early intervention helped families communicate their children's needs	234	1	6.23
4C: Early intervention helped families help children develop and learn	233	2	6.45

Progress or Slippage for FY 2013 - 14:

4A: At 95%, the target of 85% was met, and there was progress (an increase of 2%) from the 93% outcome attainment reported in FY 2012-13¹.

4B: At 95%, the target of 88% was met, however there was slippage (a decrease of 1%) from the 96% outcome attainment reported in FY 2012-13².

4C: At 96%, the target of 85% was met, and there was progress (an increase of 3%) from the 93% outcome attainment reported in FY 2012-13³.

Distribution Count, Response Count and Response Rate

During FY 2013 - 14, the survey was distributed to all families served by Developmental Pathways with an active Individualized Family Service Plan (IFSP) who had been receiving early intervention services for at least six months in March 2014 (n=896). The total number of returned surveys was 235 or a 26% response rate.

Early Literacy

Families were asked if early intervention services helped their family include any of the following four early literacy activities in their daily routines with their child: reading, speaking, listening and pre-writing. Table 2 shows the numbers and percentages of the responses for Developmental Pathways.

¹ based on 237 responses in FY 2012-13

² based on 238 responses in FY 2012-13

³ based on 239 responses in FY 2012-13

Table 2: Early Literacy

Early Literacy Component	Total Survey Responses*	Percentage of Survey Responses - Yes**	Percentage of Survey Responses - No***
Reading	220	75.9%	24.1%
Speaking	226	89.8%	10.2%
Listening	224	86.6%	13.4%
Pre-Writing	213	64.8%	35.2%

*N=Total Number of Survey Responses

**N=Percentage of total survey responses received indicating that early intervention services had helped the family include related activities in their daily routines

***N=Percentage of survey responses received indicating that early intervention services had not helped the family include related activities in their daily routines.

Developmental Pathways, Inc
Statement of Activities
FYE June 30, 2014

	Early Intervention	Family Support	Community Outreach	Outsourced Services	Case Management	Developmental Disabilities *	Management and General	Total
State Contract Revenue, Part C, ARRA	6,763,332	735,097		798,425	533,851			8,830,705
Medicaid Revenue Counties	465,583			3,091,743	2,821,618			6,378,944
Other Program Revenue		25,000			387		894,254	25,387
Public Support/Inkind - Contributions	1,150		300					895,704
Other Revenue:								
Rental Income							1,960,040	1,960,040
Other	857,940	41,800			78,014		350,238	1,327,992
Total Revenue by Funding	8,088,005	801,897	300	3,890,168	3,433,870	-	3,204,532	19,418,772
Mill Levy Revenue Applied	378,784	633,616	1,055,060	-	174,271	7,191,301	2,089,851	11,522,883
Total Revenue	8,466,789	1,435,513	1,055,360	3,890,168	3,608,141	7,191,301	5,294,383	30,941,655
Total Expenses by Program	8,466,789	1,435,513	1,055,360	3,674,446	3,608,141	7,191,301	3,227,099	28,658,649
Equity Contributions/Distributions to Affiliates							2,695,000	
Change in Net Assets	0	0	0	215,722	0	0	(627,716)	(411,994)

* Developmental Disabilities represents distributions to providers to provide support services to individuals with developmental disabilities or delays.

The distributions for FY14 supported the following types of services:

Adult Residential	4,180,566
Day Programs	990,743
Employment Services	1,216,862
Behavioral	414,401
Personal Care	388,729
Developmental Disabilities Support	<u>7,191,301</u>

**FY13-14 USE OF
MILL LEVY FUNDING**

Category	Amount	Category	Amount	Category	Amount	Category	Amount	Category	Amount	Category	Amount	Total									
Early Intervention	\$ 378,784	Family Support	\$ 633,616	Community Outreach	\$ 1,055,060	Case Management	\$ 174,271	Adult Residential	\$ 4,180,566	Day Program	\$ 990,743	Employment	\$ 1,216,862	Behavioral	\$ 414,401	Personal Care	\$ 388,729	Management and General	\$ 2,089,851	Total	\$ 11,522,883
3%		5%		9%		2%		36%		9%		11%		4%		3%		18%		100%	

